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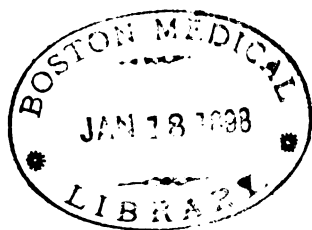
In Certis Unitas,
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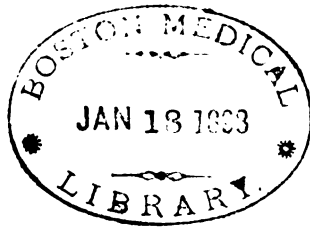
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Original and Translated Papers.

ARTICLE I.—Pleuritis.

By PROF. JOS. BUCHNER, Munchen.

Principes acutorum morborum pleuritis.—J. W. VERNA.

PATHOGENESIS AND ÆTIOLGY.—Pleurisy appears under two different forms, leading either to the thickening of the pleura, and agglutination of its membranes ; or (second form) simultaneously with the thickening, we also meet exudation in the pleural cavity more or less copious, and containing fibrine and pus corpuscles. The thickened pseudomembranes are consequences of proliferation of the normal connective tissue of the pleura ; the exudation is a *parenchymatous* product (nutritive). In the second form we also find an *interstitial* exudation as the cause of the pleuritic effusion.

Causes.—Frequently Morbus Brightii, which pleuritis complicates ; reconvalescence from some diseases ; decrepitude from other causes, increasing the disposition to pleuritis. Secondary pleurisies are caused by morbid infection of the blood (as long-standing intermittents, pleurisy as symptom of septicæmia, with articular inflammation ; puerperal fever, scarlatina, typhus ; here we find the exudation always rich in pus corpuscles).

Exciting Causes of Pleuritis.—1. Injuries of the pleura and of the ribs, penetration of foreign bodies or of fluids, pus, blood in the pleural cavity; they mostly cause a profuse fibrinous exudation. 2. Inflammation of adjacent organs, especially of peripheral parts of the lungs; caries of the ribs, with scanty fibrinous effusion; carcinoma or tuberculosis of the lung in the neighborhood of the pleura, frequently with an hyperplastic or scanty fibrinous interstitial exudation, or with carcinoma or tubercles in the young connective tissue. 3. Unknown telluric and atmospheric influences, the so-called rheumatic idiopathic pleuritis.

Symptoms and Course.—The *pleuritis sicca* (with only hyperplastic exudation of the tissue of the pleural membranes, without effusion on the free surface) gives no symptoms, so that total agglutination of the membranes may be found in the cadaver without any preceding disease. The adhesions are seated on the anterior and lateral parts of the thorax, prevent pulmonary expansion, and produce dyspnoea; they may be found in the region of the heart, spleen, liver, etc., inasmuch as during very deep inspiration and expiration the dulness over the heart, spleen, etc., remains the same.

Pleuritis with scanty fibrinous exudation, showing in autopsies only the frequent deposits on the pleural walls, is rarely accompanied by as high a fever as we find in pleuropneumonia; if added to tuberculosis, where the pleural membranes are not agglutinated, or if it attacks healthy persons, pulse and temperature remain intact. This pleuritis shows severe, generally stitching pains, increased by breathing, sneezing, coughing, etc., by pressure on the affected side, or displacement of the intercostal muscles, therefore, a superficial and careful respiration, the body leaning towards the affected side, in order of approximating the ribs. Cough is often entirely wanting.

In pneumonia the stitching pain may not last as long as the other symptoms. Where pleuritis complicates a tuberculosis, we find it more obstinate and extensive, and where in healthy persons the pains would last eight to ten days, the disease exists for weeks and months in the tuberculous.

Physical Examination.—We find on adsppection the vertebral column frequently curved from the stitching pain, the concavity towards the affected side, the expansion of the thorax diminished during breathing, which is shorter and more superficial. Palpation shows superficial breathing on both sides; rarely a friction murmur, which is more frequently observed when there are only residua of the disease left, with a dry and rough coating of the pleural walls, and with a more extensive to and fro motion of them during respiration, after the disappearance of all painful sensations. The effects of percussion are limited to small spaces, as a full inspiration is never taken. Auscultation gives weakened vesicular respiration on account of the careful inspiration; rarely friction murmurs.

Pleuritis with abundant fibinous exudation, sets in stormy, just like pneumonia; is in the beginning an acute disease, and runs an acute course. It begins with a severe chill, several times returning, and in the beginning simulating an intermittens tertiana. It is followed by high fever, with full, frequent pulse, pains in the head, back, and extremities, and increased thirst. The pains are at the start severe, but they pass off or diminish before the exudation reaches its acme, early followed by dyspnœa, which is wanting in the pleuritis sicca. The superficial respiration suffices, when fever is absent (at the rate of combustion normal), to export the carbonic acid, and to import sufficient oxygen; but where fever is present, the superficially breathing patient has to respire frequently on account of the pain. The intensive dyspnœa is caused by early compression of single alveoli, and by diminution of the respiring surface, and is increased by collateral fluxion towards the healthy lung—swelling of the alveolar walls and stenosis of the alveoli—which must be the greater, the more abundant the effusion, the more alveoli are compressed. The dyspnœa vanishes, as soon as the desire for air ceases with the fever. Tormenting cough is frequently added to it, when by compression of a considerable part of a lung, extensive collateral hyperæmia arises, with severe catarrh and serous transudation in the

alveoli, with foamy serous sputa, which are frequently blood-streaked; after the pleuritis thus lasted six or eight days, it may pass, though not quickly, in the stadium decrementi; with the decline of the fever, pain, dyspnoea, and cough, the resorption of the effusion begins and progresses quickly, but finally is rather slow, on account of the decrease in the quantity of fluid.

There are other cases where the disease also sets in suddenly, but running a slow and tedious course. The fever moderates towards the end of the first week; the exudation remains *in statu quo*, but we wait in vain for the disappearance of the fever, and for the resorption; finally the exudation begins to pass away; parts of the lung, which were compressed, again fill with air, but suddenly the patient is again taken with dyspnoea, coughs more, the sputa are again bloody and foamy, the fever exacerbates, the exudation rises a few inches, yea higher than ever before. With such alternate changes the disease protracts for months and allows an evil prognosis. Such a pleuritis sometimes develops itself slowly, frequently unobserved, and runs a tedious course, the inflammatory fever and severe pain in the beginning are absent; the patient overlooks the slight dyspnoea, considers only his diminishing strength, is pale and thin, thinks to suffer from chronic abdominal troubles, especially where in pleurisy of the right side the depressed liver pushes out the right hypochondrium, producing there pressure and tension; he feels languid and worn-out, as the exudation, rich in albumen, often amounts from ten to fifteen pounds. This is only slowly absorbed, alternately increases and decreases, finally terminating in tuberculosis pulmonum.

Physical Examination.—*Adspexion* shows, wherever there is a considerable exudation, an increase of the affected side of the thorax in its height and in its diagonal diameter. The intercostal spaces are broader, obliterated, even overtop the level of the ribs, partly on account of the paralysis of the intercostal muscles and of the serous infiltration, partly from the pressure which they suffer from inside. If the patient tries to breathe deeply after the disappearance of the pain,

we find a vast difference between the healthy and the diseased side; the latter does not move at all, as far as the pleura is inflamed, as the intercostal muscles and the diaphragm are unable to contract, and the latter also being pushed further downward, as usual, by the exudation during every expiration; inspection also shows us changes of the liver and of the heart.

Palpation brings us as a diagnostic phenomenon of pleural exudation pectoral fremitus abolished in the circumference of the effusion, but considerably increased above the exudation. The wall of the thorax cannot vibrate, because a damper lies on it. We also find in high graded effusion, but not always, on the left pleural sack the sound of the heart dislodged downwards, towards the centre, towards the right side on the other side of the sternum, in excessive effusion in the right pleural cavity the edge of the liver pushed off a few inches below the inferior edge of the sixth rib. Here, by the displacement of the right lobe of the liver downwards, the left one is lifted up as by a lever, and the apex of the heart dislodged upwards and towards the left. At the borders of the effusion, especially after its diminution, the friction of the pleural surface can be felt. *Percussion*, if the effusion is only of a few inches, shows that the lungs are not entirely void of air, but the sound is dull, more empty (higher), and so far as the lung could retract, tympanitic. In large exudation the sound is perfectly subdued in the circumference of the effusion (amphoric sound), but above it, where the retracted lung lies, tympanitic. The empty sound reaches higher up on the back, than on the sides, or in front; its limits never change by change of position, as on the borders of pleuritic exudation constant adhesions and agglutination take place, confining it as it were in a cyst.

Where we have considerable exudation and compression of the alveoli and bronchi, auscultation develops in the circumference of the effusion a weakly conducted, indefinite, or no respiratory murmur at all next to the spine, but to what place whatsoever the lung is pressed, weak bronchial breathing and bronchophony is heard. Even with great dyspnoea,

and in spite of the compression of the lung and absence of air in most bronchi, clear bronchial breathing is heard over the whole thorax, even with a copious exudation, especially on the lateral regions of the thorax.

In the not compressed parts of the diseased side, and on the healthy one, normal vesicular, often puerile breathing is heard.

Pleuritis with purulent exudation (empyema, pyothorax) can only be diagnosed from the long duration of the disease.

All forms of pleuritis may terminate in recovery. The adhesion of the pleural surfaces, which nearly always takes place, produces no morbid symptoms. Large exudations are at the beginning quickly absorbed, but at a later period very slowly. We do not always find a decrease of the effusion, with a decrease of the level of the dulness, for the former may be caused by greater expansion of the now yielding thorax and intercostal muscles, or by greater relaxation of the depressed diaphragm.

An incomplete recovery takes place where the compressed lung is solidified by deposits, or where its agglutinated and fused alveoles are unable to take up air and to expand, where the thorax sinks in, and the adjacent organs take the place of the vacuum caused by the resorption of the pleural effusion. The sounds of the heart in an absorbed left-sided effusion, are heard in the axillary region of the left side and somewhat upwards. The percussion sound is absolutely dull, where the occluded lung or the upwardly dislocated liver and spleen lies at the wall of the thorax; the dulness of the liver does not reach downwards to the edge of the ribs. Auscultation gives bronchial breathing at the places corresponding to the compressed lung; frequently no breathing takes place in the circumference of the dulness. Where no complication exists, even these parts of the lung which contain pus, suffice to oxygenate the blood, and in spite of the destruction of pulmonary capillaries the moderately hypertrophied and dilated right heart may accelerate the circulation in the intact parts of the lung in such a manner that no

disturbance of the circulation arises. If the empyema empties itself outwardly, an œdematous swelling of the skin arises at some of the most dependent places of the 4th or 5th rib, followed by a tough solid swelling between the ribs, which finally fluctuates and discharges large quantities of pus. Perfect recovery hardly ever takes place, so that the lung again expands and fills up the space made by the discharged pus; the thorax is far more frequently drawn in and the thoracic viscera dislodged; we also frequently meet for years a thoracic fistula. Symptoms of a light pneumonia sometimes precede the breaking through of the empyema into the lungs, anew stitches and bloody sputa, etc., and then suddenly large quantities of pus are expectorated with a severe fit of coughing; a cure seldom follows with the retraction of the thorax, more frequently suffocative fits or pyopneumothorax.

Severe peritonitis follows where the empyema perforates the diaphragm, or finds its way into other organs.

Death ensues in recent pleurisies mostly if the collateral hyperæmia increases to a high-graded acute œdema of those parts of the lung which so far remained exempt, with rattling murmurs, foamy, often bloody sputa, severe dyspnœa; poisoning by carbonic acid soon sets in with stupefaction, collapse, weakened action of the heart, small pulse, cool extremities, and sudden death.

The compression of the lung and of its capillaries also causes incomplete filling of the left ventricle, and overfilling of the right one and of the veins of the large circulation. The incomplete filling of the aorta causes a small pulse and frequently *excessive diminution and concentration* of the urine (Traube); the overfilling of the veins causes cyanosis and hydrops. From the obstructed flow of the blood from the kidneys, albumen, blood, and fibrinous cylinders appear in the urine.

An empyema discharging itself into the lungs, the abdomen, etc., may be the cause of death; but the moderately *continuous hectic fever*, with an effusion not absorbed, is far more frequently the cause of death. *Tuberculosis* in the not

compressed lung produces most fatal results, where the empyema is only slowly and incompletely absorbed.

DIAGNOSIS.

Pleuritis may be confounded with pneumonia, when it sets in acutely, runs an acute course without producing an exudation, which expands the thorax and dislocates the adjacent organs. The differential diagnosis is still more difficult, if we have bronchial breathing in pleuritis, and especially if the pectoral fremitus on the healthy parts of the lungs is so weak that its absence on the diseased side is without value for the diagnosis. In every other way our diagnosis is easy, being based (1) on the *anamnesis*: pleuritis very rarely begins with a *solitary* severe chill, which does not repeat; (2) on the *course*, which hardly ever runs such a regular cycle as pneumonia; (3) the *spula* in the course of pleurisy are only catarrhal; (4) *physical examination* showing in pleurisy a *dilated thorax, pectoral fremitus absent, displaced heart, spleen and liver, sharp limitation, and a peculiar form of dulness, respiratory murmurs absent, or weak bronchial breathing.*

Diseases of the liver are frequently mistaken for pleuritic effusions of the right side, and we must find out the cause which pushed out the edges of the ribs, and whether the hyponchondrium is filled out by a depressed liver, or by enlargement of the liver; the diaphragm is only rarely pressed upwards by an enlarged liver, and then only in connection with meteorismus intestinorum, so that the percussed thorax sounds dull higher up; this dulness reaches on its anterior surface further upward than on the posterior one. In pleural exudation the reverse is the case; the dulness of the thorax and of the lower border of the liver moves in an enlarged liver upwards and downwards according to inspiration and expiration; in pleural exudation the diaphragm is also during expiration convexly projecting into the abdomen. In enlarged liver the resistance of the thorax passes immediately over in that of the liver, but between the depressed liver and the edge of the ribs is mostly a small yielding spot. In en-

largement of the liver the lower ribs are frequently somewhat outwardly curved; the intercostal spaces, on the contrary, never obliterated.

Exudation on the left side of the pleura differs from swelling of the spleen by the change of the limits of the dulness during inspiration and expiration, which is absent in pleural exudation. The continuous fever with emaciation, the paling of the skin, hints towards tuberculosis, although fever and emaciation may also be caused by empyema. Pleuritis sicca is perfectly harmless, and without much importance; pleurisy with slight sero-fibrinous exudation, is in itself without danger, although the accompanying pain, as the essential cause of dyspnoea, renders the original disease—pneumonia, tuberculosis, etc.—more critical; an acute pleuritis running its regular course, with abundant sero-fibrinous exudation, is far better than a lingering one, which is so often followed by tuberculosis even when a total resorption occurs, or which may lead to empyema; a primarily purulent exudation allows only a bad prognosis on account of the original disease—septicæmia, puerperal fever, etc. *Favorable symptoms* are: a decrease of the exudation, good strength, as the chief danger lies in loss of vital power. The sooner resorption takes place, the surer the lung expands again, and no deformity of the thorax remains. *Unfavorable symptoms* at the beginning of the disease are: manifestations of œdema pulmonum and poisoning of the blood by carbonic acid, scanty secretion of the urine, *i. e.*, *slight filling of the arteries*. Still worse are the symptoms of overfilling of the veins, cyanosis and hydrops, albumen and blood with fibrinous cylinders in the urine. The prognosis is so much worse, the longer the exudation continued, the more lasting at the same time the fever was, the greater the consumption. All issues except absorption allow only an unfavorable prognosis.

THERAPIA.

Before we begin the differential diagnosis of the remedies useful in pleurisy, we must necessarily mark out the *adjectives* of the disease, as the individualizing physician is obliged to

select a remedy corresponding to the disease as well as to its adjectives, for the colloid presents a different exudation from the fibrinous, the albuminous from the anæmic.

The *fibrinous* one needs such remedies as Acon., Merc.-Acon., Bry., Hep.-Acon., Tart.-Camph., and Phosph. The *albuminous or hyperinotic*, Bell., Ars.-Lauroc., Sulph.-Seneg., Sulph.-Colch., Arsen.-Acon., Kali.-carb. (Tuberculosis)-Acon., Arn.-Acid-sulph. *Anæmic* needs Puls., Ferr.-Chin., Ferr.-Bry., Ars.-Digit., Squill. *Septic*: Acids., Arnic., Ars.-Chin., Carb.-veg., Lachesis.

Every one of these four forms and their subdivisions gives a different exudation, whereby one differs essentially from the other in spite of the similarity of the symptoms. Let us study how such different remedies still may be related to another.

The relation of remedies is based on the similarity of their sphere of action, especially in relation to localization, but specifically they will show a vast difference. The physician who understands well the relationship of remedies in their totality, and also their differential diagnosis, will never become a doubting Æsculapius. The relationship is familiar, chemical, real, and as such fixed, localized, consecutively or sympathetically opposite.

a. Familiar. One group has among itself more similarity as the related one. Jodine and Bromine more than Phosph.; Thuja and Sabina more than Jacuranda, Bellad; and Tabac. more than Dulcam. The especially fibrinous exudation of the arachnoidea of the spinal cord and of the cerebral membranes is covered by Bell. Bellad. rather affects the cardiac muscle and the ostia, tabacco the ostia, and especially the intima of the aorta. Bellad. and Tabac. produce intususception with consequent exudation, but Bellad., a fibrinous, firm and organizable one; tabacco, on the contrary, a fluid, albuminous, badly organizable one. By comparing Dulcamara and Stramonium we find both eminently related to the film-like membranes of the brain and spinal cord, but the exudation of Dulc. is fibrinous, of Stram. colloid. The action on the sphincters and circular muscles is in Bell. far more prevalent, so that it

makes sphincters out of the horizontal muscles, whereas tobacco especially affects the longitudinal muscles, producing strangulation through them; (*i. e.*, Bell. acts on the circular fibres of the blood-vessels, tobacco on the longitudinal; Bell. on the tunica externa, tobacco on the tunica media and intima.)

b. Chemical: Albumen and merc-cor., acids and alkalies, sulphuric-acid and soap, phosph. and magnes., or chemically and physiologically: as hydrated peroxyde of iron and arsen., iron and copper, copper and silver, mercur. and hepar. In cases of necessity, *e. g.* in cases of poisoning we can use every kind of relationship.

c. A reality becomes the highest similarity of the symptoms and their causes—objective symptomatology,—it is always physiological and has to be strictly observed in the selection of consecutive remedies. Thus related are acon. and bry., but not rhus; ignatia and nux, but not bellad; bellad. and merc; atropine and stram; puls. and calc.

Such real relationship is necessarily a fixed formula; if the phenomena resemble each other with exclusion of the ætiology; acon., bry., tart., rhus, give in rheumatism similar symptoms, but they vastly differ in their causes; a mere formal relation alone is therefore without value, because different material and dynamic disturbances may cause the same group of symptoms. Consequences of anger are removed by acon., coloc., ign., cham., but each in another sphere of the organism.

b. Localization. As every disease possesses a certain focus of localization, and even a second and third one, so also every heroic remedy, or, in other words, the dynamic process is directed to a certain anatomic element, in order to develop therein its spontaneity. Arsen. and aurum. affect primarily the left heart and then the kidneys, phosph. primarily the right heart and then the kidneys. Mercur, mezer., asa., aur., silic. possess similar forces in relation to the bones, as syphilis.

c. Consecutive. Certain remedies follow one another in certain diseases according to the disease and especially ac-

according to the adjectivum ; in catarrhal inflammations of the throat, bell., merc. ; in croupy, bell. and hep., in anæmic, puls. and ginseng ; in diphtheritic, apis and acid-nitr ; just so acon., tart., sulf., phosph. in pneumonia ; bry., sulf., kali arsen. in pleurisy under certain conditions.

d. Opposite. One remedy suspends or at least moderates the action of another one, as merc. and hep., opium and coffea, not camphor ; nux and coff., bellad. and acetum.

Aconite is indicated in severe purely inflammatory fever (Hahnemann), and by the absence of any dyscrasia. Rheumatism, croup, form therefore as adjectivum of the disease the chief condition for its application at the beginning of the disease, not excluding even severe fever of tuberculous patients. Where fever and plasticity prevail, where synochal fever is present, *Aconite* is specific, or, in other words, *Aconite* does the most in parenchymatous exudations and far less in interstitial ones. All serous septic forms contraindicate *Acon.* Does it moderate the exudation ? We can affirm it from physiological reasons and from experience. The exudation certainly is the chief result of the inflammation, but this must diminish, the more *Aconite* moderates fever, hyperæmia and stasis, as the curative process only begins when the fever ceases. This *Aconite* does the quickest in fibrinous inflammation, slower in hyperinotic and colloid, and in a septic inflammation *Aconite* is never indicated. The symptoms show, that *Aconite* not only acts by moderating the fever, but also directly by its idiopathic relation to the pleura. The more relapses occur, the less decisive is the action of *Aconite*, as in the so often recurring pleurisies of tuberculous patients ; the less dyscrasic the patient is, the surer and quicker our success with *Aconite*, as it is a physiological necessity that the exudation conforms to the quality of the blood of the patient. How long should we give *Aconite* under these conditions ? Until fever, stitching pains, dyspnoea have greatly moderated, later it will be indicated only in the evening. Where the fever continues a great while, *Aconite* must give place to *Bryonia* or *Sulphur* ; *Aconite* does nothing in serous, hæmorrhagic or purulent exudation, in perforation

from pulmonary abscesses, in carious ribs. *Kapp* in his *Memorabilia* i., p. 307, narrates : a female servant, 25 years old, of strong, thick and small build, and plethoric was exposed to north winds during March, 1828, the barometer standing high, and was taken down with symptoms of severe pleurisy : heat, red face, stupefaction, fever, frequent dry short cough, sometimes with expectoration of blood, suppressed pulse, very severe stitching pains in the left side of the chest. Visiting her at 5 P. M. I removed the patient from the damp room, where she slept, to a dry one, took every stimulant and medicinal article away from her, and gave a drop of Aconite 18. Amelioration set in after midnight, and the next morning she was up free from pain and fever ; 48 hours afterward she received another dose of Aconite 24, and on the third day of the disease she could attend to her usual duties. Two years before she also suffered from an attack of pleurisy, and has since been tormented by dyspnoea and cough. A young physician bled her several times, and she took then any quantity of medicine, as she was then confined to her bed for several months. We would also remark, that Hahnemann recommends *Aconitum lysactonum* with yellow flower in rheumatic and arthritic diathesis.

Bryonia follows well after Aconite, and most physicians speak favorably of it. Its relation to the serous and fibrinous membranes is acknowledged by all. Our duty is to limit as much as possible the exudation, and to bring on resorption and render it innocuous when present. The exudation is in accord with the constitution of the patient ; a serous constitution fails to exudate albumen, or a fibrinous one serum, nor can a gelatinous constitution exudate quickly organizable masses, *i. e.*, in other words, the adjective of the disease indicates the remedy. *Bryonia*, therefore, does as little in dyscrasia as Aconite, and in such cases we have to find some more deeply penetrating remedies, as *Hepar* in hyperinosis, *Kali* in tuberculosis, *Arsen.* in serous dyscrasia, *Carbo* in septic forms.

The action of *Bryonia* on the pleura of healthy persons is of an inflammatory, rheumatic, or of secondary nature. Of

the former are: dry cough, during cough stitching in the ribs at the sternum; quick, anxious, nearly impossible breathing on account of the stitches in the chest, tension of the pleura preventing a free expansion of the thorax and a position on the sound side, therefore aggravation from deep breathing, sensation of oppressicn, soreness, burning, increased by the touch, a sensation as if the ribs were loosened from their connections. The second series is purely rheumatic or arthritic, and relate to rheumatism of the thoracic muscles, especially the intercostales. The third series, secondary from affections of the abdomen, diaphragm, kidneys.

After the fever has moderated, Bryonia is in its place in rheumatic and croupous forms, in miliaria and very fine miliary tubercles on the pleura, in irritation of the cerebral membranes and bronchi, in tearing, dry and blood-streaked cough, exacerbating mornings and evenings.

But Bryonia may also suit at the very beginning, if the fever is moderate and the pain not too severe. Its sphere of action ceases as soon as the exudation neither increases nor diminishes. In pleuropneumonia Bryonia is nearly always specific after Aconite, or also where bronchitis is combined with pleurisy.

Sulphur has a great competitor in pleurisy in Hepar, according as the exudation is fibrinous, also with some tendency to albuminosis, according to the intensity of the interstitial proliferation of the connective tissue, and according to the danger of a malignant dissolution of the exudation; in the same degree as Aconite moderates the latter, just so Sulphur and Hepar, each in its sphere, act amelioratingly on the exudation, especially by favoring fatty metamorphosis. Even according to Virchow's acknowledgment it cannot be disputed that the small dose of Hepar or of any other remedy does not allow the pus corpuscles, etc., to come in any commotion, that it aids in their dissolution and death; we can thus at least moderate the empyema. How skepticism is still possible with such physiological facts may be only explained from the destructive tendency of some natures, who are so unfortunate as to have no guiding star through their life. There

is a difference between knowledge and acts, and the latter perishes without lustre. Hepar finds application in tough, excessive, croupous and sero-fibrinous exudation, which is only absorbed with difficulty, with a yellow or yellowish-brown tint of the face, caused by the enormous loss of fibrine and albumen, as in acute rheuma and puerperal abdominal exudations, in scrofulous and lymphatic persons, especially if empyema is present (even to lateral curvature of the spine, as we often find it after abstractions of blood), distinguishing itself by terrible dyspnoea from paralysis of the thoracic and intercostal muscles, by adhering fibrinous exudation, and by the formation of blood corpuscles in the tissue of the pleura. Beginning hectic fever, even with intermitting paroxysms, is as little contraindication for Hepar as colloid inflammation of the lungs under the same conditions for Phosphorus, showing exudation of miliary tubercles as a finely grained coating on the pleura. An accidental complication with pericarditis or bronchitis may indicate Bell., Lauroc, according to the adjectivum of the disease; but we would especially mention that we always prefer a fresh preparation of the mild as well as of the intensively acting remedies. Intermittent and recurrent forms of fever, as we witness them during epidemics, very rarely require the use of Quinine. Thus we have a case, where every Wednesday noon the patient gets an attack of colic from biliary calculi, intermittent fever, from fatty heart ex tuberculosi. It is, therefore, not the single symptom of intermittens which we have to treat, but its cause. With all the manifold symptoms met in parenchymatous pleuritis, Sulphur will be very often indicated after removal of the febrile storms, at the termination of the process of exudation, and to render innocuous those parts of the exudation which are not absorbed, or where resorption is impossible, and we apply it successfully in pleurisies in the course of acute articular rheumatism or articular gout. In the plastic form it is inferior to Hepar, but in fibrinous pleuropneumonia we prefer again the Sulphur. In circumscribed exudations Sulphur is excellent, but the basis must be a plastic one. Bellad. suits plethoric, lymphatic persons, tuber-

culous women, especially if the cerebral membranes are co-affected and the inflammation is ascending from the diaphragm, the involucrem of the liver, in exanthematic, typhoid, puerperal phlogosis, especially after scarlatina; after Bellad., Arsen. and Helleb.; Arsen., by coagula and renal elements in the urine; Helleb., in purely serous pleurisy, when, except blood coagula, there are no renal elements present in the urine.

Mercurius is indicated in syphilitic pleurisy, sometimes also in rheumatic, after the fever became moderated by Aconite, but the pains and the dyspnoea persist, with copious not alleviating sweats, threatening to exhaust the strength. Other physiological indications are: severe fever with frequent chills, followed by burning heat and debilitating odorous sweats, considerable thirst, severe gastric and intestinal catarrh, with slight icteric coloring.

We can naturally expect very little aid from Aconite, etc., in drunkards, in patients suffering from diseases of the heart and liver, in melancholic persons; *Laurocerasus* helps at the beginning of the disease if the small bronchi are continually irritated in the form of a suffocative cough, the pain in the pleura severe and localized, and where one trouble increases the other, and where in the circular fibres of the arteries hardly any contractility is present; the pulse, therefore, soft, though quick, as we also find it in Prussic acid.

Just as *Hepar* necessarily includes the idea of hyperinosis, so *Arnica* will exclude it, and is, therefore, useful to a nervous habitus, in albuminous nervosity, torpidity, even down to sepsis. Hahnemann, therefore, remarks that *Arnica* is never indicated in purely inflammatory acute diseases with mostly external general heat; and just as little in diarrhoea, where it will always act injuriously on account of its peculiar sphere of action. But the Leopard's-bane is of the utmost value in some forms of spurious pleuritic stitch whenever the symptoms thoroughly correspond. *Arnica* is indicated in restlessness in the affected side, necessitating a constant change of position, asthmatic sensation, dry cold extremities, bruised feeling in the chest, internal heat, collapse, dry tongue, in order to in-

crease the power of reaction after effusion of a plastic or hyperinotic quality when exhaustion threatens, in complication with meningitis and hydrocephalus. We also find great shortness of breath, constant dry tussiculation or very painful cough with expectoration of bloody foam, giving us cases where with the pleuritis there is also present strong hyperæmia of the not affected side, whereas Tartarus causes serous fluxion. Its recommendation for pleurisy from mechanical causes is too general, as it would not exclude the use of certain remedies under given conditions. In tedious traumatic pleuritis *Acid-sulph.* is the consecutive remedy.

Tartarus emeticus.—Kafka's grand remedy for this disease. It is true that we understand this remedy better than years ago, still we must not accord to it a greater sphere than we can physiologically prove. Its sphere of action extends from albuminosity to serosity, only at the larynx it gives us a fibrinous exudation, but always with serous engorgement of the adjacent parts; everywhere else hyperinotic, or serous exudation and transudation even in the cells of the lungs. It produces on healthy persons cough with suffocative loss of breath, dyspnoea only allowing breathing when sitting up, fits of suffocation in the evening, in bed, from constriction of the respiratory tract, so that the patient has to sit up the whole night; palpitation, tingling and pinching in the pit of the stomach, with violent sudden beating of the heart. Albuminous coagulation in the pulmonary arteries, perfect embolism, antimonial pustules in the stomach and in the intestinal mucous membrane. The presence of albumen and renal elements in the urine, in consequence of venous stasis from the right heart, is certainly no contraindication for its use, as Mayhoffer and Nolisberg proved chemically and microscopically. We all know very well that Tartarus remains our sheet-anchor when the healthy side in consequence of fluxion is attacked by œdema, and incomplete decarbonization of the blood sets in.

How do we distinguish the Carbonic-acid poisoning of Tartarus from that of Phosphorus? Simply by the form of exudation. Phosphor. produces, *e. g.*, in the larynx fibrinous exu-

dation, which paralyzes by its position, in the lungs paralysis by albuminous infiltration, whereas Tartarus always produces serous exudation.

We use Tartarus successfully in tearing of the extremities, sudden loss of fibrine with prevailing serous exudation, hence yellow tint, miliaria with abundant perspiration, co-affectation of the arteria pulmonalis, from simple hyperæmia to thrombosis of the intima of the heart, pleuro-pneumonia, complication with bronchitis, especially with difficult expectoration, in rheumatism and tubercles. But we must never forget that antimonials, even in small doses, easily produce collapse, and it ought not to be given for too long a time.

We possess many remedies, even heroic ones, which on account of deficient provings or insufficient formulation of their indications are rarely made use of, although the disturbance of organic functions, produced by them, are well known. Such are: Gummi ammoniac., Acidum oxalicum, Ol. Crotonis, Camphora. The genius morbi changes about after two generations, and with it the remedies; we cannot therefore complain about a temporary disregard of heroic remedies. During the most severe pains of acute rheumatism there is neither a homœopathic nor a palliative remedy, as Chloroform, Opium, etc., which quicker subdues pain, fever, paralytic sensation from fibrinous exudation, than *Camphor*. Although on account of inexact provings the symptoms of the pleura are only few: oppression, stitches in the chest, also with tussiculation, especially on the left side when walking; heat in the chest (Joerg's experiments have never been rendered useful; they relate mostly to the phenomena of the head and abdomen), still Camphora may be applied with benefit in rheumatic pleuritis, with constant pains in other parts of the body, allowing only a mere moaning, but no screaming, which in themselves frequently cause coldness of the extremities, therefore requiring a remedy which produces reaction in its primary sphere, whereas it is indicated by its secondary action in collapse and in pneumonia under the same conditions.

Hufeland considered *Senega* (Tenant of Virginia was the

first who experimented with Senega in pleuritis, and Sarcone of Naples applied it with benefit in the malignant pleuropneumonia of 1764) a sovereign remedy in painful inflammations of the chest, after removal of the diathesis inflammatoria, and felt convinced that he would have lost several of his pleuritic patients, had he not known this remedy. Old physicians justly considered asthenia as the chief condition for its application, but no patient, needing Lauroc., Arsen., Seneg., Carb., etc., can be sthenic. We must look out for other indications, resting on a physiological basis. Such are: affection of the pulmonary mucous membrane, then copious mucous secretion with difficult expectoration, tension, especially pressure, compression, tightness, burning in the chest, whereas the stitching is never severe; melanosity of the blood globules.

Just as some forms of pleuritis need at the beginning Aconite, others Bellad., Lauroc., so others require from the very beginning *Colchicum* for their specific, though it has in arthritic pleuritis a powerful rival in *Aconitum lycoctonum*; Bethmann and Unsinn give us the indication for its application: serous effusions in rheumatic and gouty persons, rheumatic pains not seated in the joints, as is the case with Bry., Gum-am., but tearing and drawing pains in the muscular fibres of every part of the body, aggravated in the evening and at night, and frequently showing themselves only on one side; in hyperæmia of the kidneys, sour-smelling sweat which gives no relief, scanty, turbid, red urine, with acid reaction and containing albumen. Consecutive remedy mostly Arsen.; *Colchicum* also acts well in pleurodynia caused from catching cold or from living in damp dwellings.

Hahnemann says of *Kali*, that hardly any person with ulcerated lungs will get well without the use of this antipso-ricum, thus clearly determining the sphere of its action. *Kali* is the most general remedy in pleuritis of tuberculous patients, as Sulphur is in hyperinosis, so that both remedies exclude one another in spite of the similarity of their manifestations. *Kali* affects especially the clavicular region, where tubercles mostly have their habitat, and causes all

phenomena as we find them in tuberculosis. It is impossible for us to decide if the heart symptoms are of primary or secondary nature, but we also use Kali with benefit in prevailing serous effusion.

According to general principles, the application of any remedy, except Aconite, followed by Kali, appears useless in the gelatinous form. But any one believing that the beneficial action of kali lies in its diuretic power, must study up, or else he will remain behind the age.

Reasons for the application of *Phosphorus* (except in pneumonia) during the later stages of pleuritis, are: Right heart dilated and moderately hypertrophied by this disease; Bright's disease, from stasis of the right heart (*Arsen.*, of the left). The poisoning by Carbonic acid is here, not as in croup, an indication for the application of *Phosphorus*, as it depends on the high-graded acute œdema in the unaffected parts of the lung, whereas it is in croup a sequel of the incomplete breathing, of the incomplete renewal of air in the alveoli. We draw your attention to *Phosphor.* where the pleuritis arises from or with pyæmia or septicæmia, and shows itself as purulent infiltration.

The typhoid forms of pleuritis hardly ever reach such a magnitude as the pneumonial, but there are sometimes epidemics and endemics, where the albuminous degeneration of the kidneys prevails, thus giving several incentives for diseases of the pleura, and we must rely on *Bell.*, *Rhus*, especially the *Acids*, *Phosph.* and *Arsen.*

Pulsatilla, the chief vegetable remedy in Oligæmy, ameliorates in erethic persons the nervous troubles during motion, and aggravates the inflammatory ones, affects the right heart, causes stitches during motion, coughing or breathing, stitching tearing, stitching in the shoulder, in the side. Trauma does not exclude *Puls.*, if the phenomena of the *Pulsatilla* action correspond more than *Arnica*; just as little rheuma, where *Puls.* reminds us of *Camphor*.

As *Hepar* acts in fibrinous inflammation, so *Ferrum* and its salts in anæmic ones (chlorotic, sometimes tuberculous girls), with profuse serous effusions, which cannot be distinguished

from hydrothorax with ascites and œdema pedum, scanty urination, intercalarily in empyema. It is not an organ remedy, but acts directly and specifically in bruised feeling in the chest, orthopnoea, want of air, dyspnoea; worse in walking, preventing inspiration, and urging to sitting up in bed; *aggravation after midnight*, pains in the chest, with stitching and tension between the shoulders, allowing no motion. The poverty of the blood is peculiar to tedious or repeated pleurisy, and the remedy then constitutional.

Dulcamara was already praised by Boerhave in inflammatory stitches in the chest; also by Linnæus and Kuehn in continuous irritable states from rheumatic pleuritis and pleuropneumonia, in tough, discolored, difficult expectoration. We recommend it, if cold was the cause, with simultaneous hyperæmia of the spinal cord.

We know as little positive from *Digitalis* as from Opium, only that the old school uses both remedies frequently. So much is sure, that *Digitalis* only suits serous forms, especially from a rheumatic base, and causing Bright's disease from hyperæmia of the kidneys. *Helleborus* may be the consecutive remedy to *Digitalis*, if the kidneys are only hyperæmic; in every other case *Arsen*.

Chininum gives us, with the general symptoms of exhaustion and over-sensitiveness of the nerves, the following pleural symptoms: Oppression in the chest, pinkish sediment in the urine, crystals in the urine, a nearly stitching pain under the sternum, especially felt during deep breathing, and from sudden movements. Stitches in the right chest up to the axilla, preventing breathing and bending forward, passing off and again returning. Stitches in the left chest, preventing breathing. It suits, like China, old women, when the menses have stopped; hepatic affections, pleuritis biliosa, which must not be mistaken for that after extensive effusions with absorption of hæmatine, as we find it in acute rheumatism, or with *Morbus Brightii*, which in semi-acute forms shows a urine looking like that of jaundiced persons, but which shows under examination not a trace of biliary constituents. After loss of blood, of fluids, too long nursing, diarrhoea, petechiæ, in

typhoid manifestations from tuberculous exudations, here China does more than in intermittens, in tuberculosis pulmonum, although it does not come up to Phosphorus. Many physicians, among others Rademacher, found that Quinine does nothing in many typical diseases, and Rademacher therefore speaks of a nux pleuritis. In intermittent neuralgia, we see so rarely any benefit from Quinine that such patients nearly always take refuge in homœopathy. The Arsenic salts are at any rate more penetrating.

An important remedy for hydræmic persons is also *Scilla maritima*, when the kidneys only show a catarrhal affection, and the urine decidedly fails to give a symptom of Bright's disease. We find here stitches, with every cough and expectoration, partly from the long-standing swelling of the mucous membrane—partly from the collateral fluxion to the healthy lung. In Bright's disease it will at the utmost only palliate.

As there are cases of scarlatina which need *Arsenicum* from the very beginning, so we also find Arsen. indicated in serous effusions (after Bryon. or Digit.) with great dyspnœa and little pain, in weakly and cachectic persons; in drunkards, in suspicion of deleterious dissolution of tedious exudations, with consequent loss of strength, moderating them at first, and then diminishing the present hydropic swellings and febrile symptoms, and finally producing the absorption of the exudation. The moderation of the dyspnœa is not only caused by the beginning absorption and the liberation of the compressed alveoli, by the moderation of the collateral fluxion to the sound side, which swells up the walls of the alveoli and renders them narrower, but especially by the eminent action which Arsen. exercises on the heart and great blood-vessels. The more protracted the course is in cachectic persons, the later petechiæ and miliaria arise, which certainly are no contra indication to the use of Arsen. Hæmorrhagic effusion from neoplasmata, also require after Aconite and Arnica, the use of Arsen. as the simultaneous presence of Morbus Brightii. In 554 cases of albuminous renal affections pleuritis was found fifty-two times, and here we prefer Kali-arsenicosum. Intermittent pleurisies have their chief remedy in Arsen.

Epidemic forms are mostly putrid, or, to use similar expressions, adynamic, typhoid, malignant. We find such a genius morbi during war, famine, misery, or where many persons are huddled together in a small place, as in overcrowded prisons, hospitals, in the hovels of the poor. But also the epidemic constitution alone, *e. g.* quick sinking of the surface water with north wind may favor similar diseases. In such cases we need Plumbum, Ferrum, in more intensive cases the mineral acids, finally Arsen. and Carbo.

Carb. veg., the representative of sepsis, finds its indication in bad cases under the following circumstances: prostration, sunken features, sallow complexion, emaciation, beginning hectic, typhoid phenomena, hinting to a purulent or ichorous degeneration. Where a chronic bronchitis complicates pleurisy, Carbo will be one of our best remedies. After the general state of health has improved, and the dyspnoea diminished, we may use other remedies according to their individual indications.

Paracentesis may be useful where the lungs were not compressed for too long a time, and thus became atrophied or the whole tissue totally softened; a serous exudation holds out a better promise than a purulent one, but even in purulent dissolution of the exudation, repeated paracentesis was performed with benefit. With the direct homœopathic remedies, exactly applied, paracentesis will be only exceptionally necessary, especially if we treat the patient from the beginning of his disease.

Poultices and salves are even to-day favorites with many people. Hippocrates even used bladders filled with warm water, sponges and even poultices, in pleurisy. Broussais recommends very hot poultices, covered with rubber. In serous pleuritis we would not recommend them. Oils and fats may be used for the moderation of the pains. Severe purgatives are getting out of fashion, constipation is more rarely met. In inflammatory diseases we consider it a good omen if no stool passes during the first febrile storm. Flatulency may expend itself, but not fæces. Where constipation lasts too long, we advise injection of warm water according to Baglioso: in pleuritide tanquam pestis fugienda sunt purgantia.

ADDENDA.

Desquamative pneumonia ought to be mentioned in relation to pleuritis. The tracts of interstitial connective tissue of the pulmonary parenchyma run also subpleurally, and the swelling and proliferation of connective tissue is also partaken by the pleura, showing itself during the acute stage of genuine desquamative pneumonia by gelatinous swelling up and opalescence, loss of gloss, velvety dimness of the serous surface, the latter of which is caused by change in the epithelium, enlargement of the cells to enormous dimensions with proliferation of correspondingly large nuclei, but it appears more decidedly at the stage of cirrhosis. The epithelia pass over into fatty degeneration and desquamate like the alveolar epithelia, and below it form villous new formations of connective tissues containing embryonal young capillaries (desmoid fibrine). Abundant serous fibrinous exudation soon takes place, running over the vegetations and compressing the lungs ; but in most cases the affection closes with adhesions of connective tissue among the different lobes of the lungs, and the surface of the lung with the pleura. Just as cirrhosis shows its greatest intensity and extensity in the apices of the lungs, and decreases downwards, so we also find the pleural connective tissue hypertrophy (desmoid fibrine, the swardy callous adhesion) especially at the apices and decreasing downwards. Whereas the thickness of the adhesions on the apices measures one centimetre or more, we find it as thin as cobweb on the lower lobes, or entirely absent. It seems clear, that the adhesive mass can be enlarged not only by its own growth, but also by the cirrhotic shrinking of the lungs. The tendency to shrink, when the space of the thorax cannot become narrower any more, acts clearly from the surface of the lung radiating towards the root of the lung, the same tendency which also leads to bronchiectasy. A thickening of the pleura fills the space out. Of importance also is the pleural desmoid formation, especially in the region of the pulmonary hilus ; as the larger blood-vessels contained therein and the bronchi become constricted, producing

on one side stasis, hæmorrhage and thrombosis, on the other side respiratory difficulties and tendency to bronchiectasy.

Statistics show the frequency of pleural adhesions in connection with pulmonary condensation. We found that three-fourths (73.25 per cent.) of the cadavers, males to females in proportion of 76.4 per cent. to 68.2 per cent., were subject to pleural adhesions. By far the greatest number was on both sides (62.2 per cent.: 13.5 per cent.), showing the general cause of the disease. Especially close adhesions at the upper lobes were found in 26 per cent., of which 33 per cent. were referred to cirrhosis, but of the 14 per cent. which were all over and perfect, we found in 66 per cent. cirrhotic lungs. The number of adhesions in reference to intensity and extensity prevailed on the right side.

It is easy to obviate a mistake between a pleuritic callosity during the formation of cirrhosis with a primary compressing pleuritis, as they differ in so many conditions, but especially in their seat (compression from pleural exudation in the lower lobe, cirrhosis in the upper lobe). Cirrhotic tissue loses comparatively little in space, and consists essentially of fibrous black tissue; compressed lung tissue is strongly reduced, simply obsolete, the elastic arcs of the parenchyma irregularly constricted, nearly without hypertrophy of the connective tissue. In cirrhosis bronchiectasy is not necessary, nothing essential, and if present, only attacking one or another bronchial branch, frequently ulcerating; in compression bronchiectasy is necessarily equally spread out, always cylindrical, the mucous membrane intact.

As even Prof. Buchner finds paracentesis thoracis sometimes necessary, we may be excused by giving the following extract from Dr. Lichtheim's lecture on the operative treatment of pleuritic exudations. (*Volkmann's Klinische Vortraege* No. 43.)

Speaking first of purulent exudations, he remarks: Knowing that the changes of a spontaneous cure are very small, and considering that perforation may happen in an unfavor-

able direction, as for instance, into the peritoneal cavity, into the pericardium, we come to the conclusion, *that the diagnosis of any considerable accumulation of pus in the pleural cavity also gives the immediate indication for its evacuation*, and there is hardly any contraindication to the operation of empyema. The sooner we operate, the better are the chances for a perfect recovery, and it is therefore of the utmost importance to diagnose early and with certainty the presence of pus in the pleural cavity. This in many cases is not difficult. Œdema of the affected side of the thorax, redness of the skin over it, a febrile type characteristic of purulent retention with high evening temperature, normal or nearly normal morning temperature, in some cases also irregularly returning chills, rarely appearing fully in the form of an intermittens, render the supposition of pus in the pleura very probable. Sometimes all these symptoms may be absent, and still we have to deal with an empyema, and a trial puncture is necessary. We prefer the explorative trocar to the Pravaz syringe, as the canal of the latter is too narrow to allow the evacuation of thick fluid pus. We also prefer a *large incision* in order to evacuate freely the pus. By making the incision gradually, layer after layer, all danger of hæmorrhage is obviated, and where such sets in, we can wait with the incision in the pleura till all hæmorrhage is stopped. The incision of the cutis ought to be at least two inches long, divide the muscles layer after layer on the grooved director till we see the lustrous pleura. Penetrating then the pleura with the explorative trocar, we open it on the canula, or we push the knife into the pleura and dilate the wound in withdrawing it. Sometimes the opening may become closed by large purulent coagula, and it is therefore advisable to make always our incision large enough for their removal. We always operate low down, so that the pus can be easily discharged; yet not too low, as in the course of healing the diaphragm rises, and, obstructing the fistula, renders the introduction of instruments difficult. Neither do we operate too far outwardly or posteriorly, as the ribs during the curative process approximate there too much. The fifth and sixth intercostal space

between the mamillary and axillary line is the right place. After evacuating the pus, we push into the opening a piece of linen moistened with oil or leave therein an elastic catheter. During the first 48 hours the discharge may be so great that the cotton laid upon the incision needs twice changing. Our next duty is to prevent decomposition of the pus in the pleural cavity, caused by insufficient discharge and stagnation, and manifesting itself by an increase of fever and by the rise of temperature. For that purpose a watery solution of Carbolic acid (1 per cent.), with the addition of some Glycerine, is recommended, and is preferable to all other disinfectants. Should granulations arise at a later period and clog up the incision, we use the cutting spoon for their removal.

In serous exudations we follow the rule : *When in an otherwise healthy person in the first two weeks after the cessation of pain and of fever an abundant pleural exudation does not increase any more, nor make any attempt of resorption, then it is our duty to evacuate it by an operation.* We puncture the chest in the usual manner, using great care at the same time in order to prevent any air from entering the pleural cavity, or else pyopneumothorax may be the consequence of our neglect. Some, on that account, prefer to perform the puncture when the patient is in a warm bath. By using a large trocar for the puncture frequent interruption of the discharge becomes necessary ; after removal of the canula we put a piece of adhesive plaster over the puncture, which usually heals per primam. Excepting all cases where the puncture is merely on account of threatening suffocation, we find it rather difficult to give precise indication for the operation, for a majority of pleuritic effusions are absorbed without any residua, still there are cases enough where we wait in vain for spontaneous absorption. It is an axiom, that exudations setting in after considerable inflammatory manifestations, have a greater tendency to resorption, than such developing themselves slowly with hardly any disturbance in the general state of health. Causes preventing the resorption of the effusion are : (1) a bad quality of the blood, a too small concentration of the serum. This explains why pleuritic ex-

udations appearing in the course of exhausting diseases, as phthisis pulmonum and chronic nephritis, are only exceptionally absorbed. Thus we may also explain why pleuritic effusions, remaining stationary under an antiphlogistic treatment, were absorbed under a roborant regime. (2.) The concentration of the exudation. The more concentrated the fluid, the greater its quantum of heavy diffusible matter, as albumen, the more difficult the resorption. (3.) Pressure is usually considered an effective means in furthering resorption, and it is a favorite plan of ours in accessible parts of the body, as the large joints, to use compression for the resorption of fluid exudations. But it is well known that pleuritic effusions standing under a high pressure, greatly retard absorption.

As the operation threatens very little danger to the patient, and is hardly ever accompanied by pain, it may be admissible even in pleuritic effusions, where a spontaneous absorption is not impossible, but where, on account of the quantity of the effusion, it will take too long a time and prolongs the disease. Small effusions are always absorbed, though sometimes rather slowly, nor do they compress much the pulmonary parenchyma, nor are the adjacent organs greatly displaced, and we can therefore safely await an even tardy absorption. In large effusions just the contrary takes place, and the changes become worse the longer we wait, as the lungs compressed for too long a time may become unable to expand again, and the dislodged organs may become fixed in their new place.

ARTICLE II.—Reminiscences and Reflections.

BY GEO. E. SHIPMAN, M.D., Chicago, Ill.

The first case in my case-book bears date New York, February 13th, 1843. I was then a student of medicine at the College of Physicians and Surgeons. I had a case before that, however, sometime in January, if my memory serves me. A little child some ten years of age or thereabouts had

a terrible burn or scald some weeks before, which destroyed the skin over all the front of the chest, nearly all the left arm, and a portion of the left forearm. It was a frightful sore, and had been under the charge of several physicians, who, in turn, got tired of it. I applied cold water dressings, and it began to improve at once; but before many days or weeks I observed here and there little black spots, or specks rather, of gangrene. The first Homœopathic dose of medicine I ever gave was for these gangrenous spots. I gave *China*, and well remember how I laughed in my sleeve at the little pills, for, though the theory of Homœopathy pleased me, I had not yet acquired any faith in its minute doses. Well, the next day was to give me a good start in this direction, for the gangrenous spots had all disappeared. They came again several times during the treatment, which extended over several months, but they always yielded to minute doses of *China* 3d or 6th, I do not remember which. That is rather a long story, but I give it to prepare the way for saying that, as I found a single remedy, and in a minute dose, sufficient and suitable thirty years ago, so I have found it ever since. Not that I have cured every case which has come under my care, but I have cured enough of them to satisfy me that, where I failed, the failure was not attributable to the single remedy or the small dose.

About Christmas of 1843 I found myself on the prairies of Illinois. I staid over night with a farmer, who did not find out that I was a doctor till I was about leaving in the morning. He then said that his wife had had a chill every day since September 1st—never missed a day—that she had taken every thing ever heard of—Quinine and Bark, and all sorts of tonics; but all to no effect. I gave her two or three drops of *China* 3d, and she never had another chill unless it has been within the past year. Some say that it was merely a coincidence. Such would say that curing a case of infantile erysipelas of the scalp with *Phos.* was a coincidence, or the curing of fungus hæmatodes with the same remedy was a coincidence; but I never thought so. I always thought it just as fair to ascribe the cure to one remedy where it fol-

lowed the exhibition of one remedy, as to many mixed together where it followed the use of such, and indeed more logical, for what mortal can tell the effect which half a dozen more drugs will have on the human organism in disease, when the effect of no one of them upon the healthy organism is fully known?

I little thought when I gave my first Homœopathic dose, thirty years ago, that it would be necessary for any one, at the end of thirty years, to argue against polypharmacy and the polypharmacy of Homœopathists so called. No. I thought that all the world would be converted to Homœopathy in half that time, so clear did the matter seem to me; but what do we see in this year of grace 1873? Professed Homœopaths surpassing the Allopaths themselves in their enormous doses of mixed drugs, and a considerable branch of our school reaching out to Allopaths, and saying: "Come, make a league with us." Having heard somewhere that "Union was strength," they are sure that union to anything is strength, as if a rope of sand would lend strength to a cable.

I have nothing to say now against Allopathy or Allopaths. I have had the pleasure of amicable relations with many of them, and am always pleased to meet them anywhere, except where the question of the remedy and the dose is to be discussed. I feel here that they are of no use to me, and just as I feel that they are of no use to me individually, so I feel that it would add no strength to the Homœopathic school to be joined to or merged in the Allopathic. If those professed Homœopaths who give mixed drugs and heroic doses would go over to the Allopaths, or any where else out of our ranks, it would strengthen us marvellously, and make the Homœopathic school a true Macedonian phalanx. Why they persist in calling themselves Homœopathists, while they deny every distinctive principle of Homœopathy, is a conundrum which I gave up long ago.

I am familiar with the time-honored saw about charity in an omnibus, but I would never get into an omnibus with a man who insisted upon my agreeing with him in saying that

two and two were not four, as a condition of my riding with him ; nor do I wish to know any thing of any charity which requires me to deny what thirty years' observation of disease has taught me, that one remedy, and a minute dose of it, is all that is needed for all that is curable. Those who deny this may be scholars or gentlemen, or anything and everything else that is good, but they cannot be physicians of any use to the Homœopathic school.

But, if the single remedy and the minute dose suffice, why do patients die ? In the first place, and briefly, because they were born to die ; and, in the second place, we do not know all drugs yet, nor do we know all that we want to know of any one drug. The more drugs we know and the more intimately we know them, the more disease we shall be able to cure.

And this brings me to say that the reason is evident why Homœopathy has made no more progress in the past 30 years. The main distinctive feature of Homœopathy is its *Materia Medica*—while we cultivate this, we are growing in strength, but some, and a very considerable number, have left this fair field to wallow in the slough of polypharmacy, and point with conceit to the mud which is drying on them, and say “ See how big we are getting. We shall be big enough by and by for the allopaths to take us in.”

It may be said that this is a caricature. I hope it is, but my acquaintance with Homœopathy tells me that it is but too true. A pharmacist in this city was formerly in the habit of sending out a person to solicit orders from the various physicians about the country. One time when he was about to set out I asked him to examine the doctors' libraries and see what works they had on *Materia Medica*, and when he returned he brought just the answer which I expected : “ I hardly saw a book on *Materia Medica* in all my visits to the doctors.” There surely can be no doubt that *Materia Medica*, as an independent study, has been long neglected by the vast majority of Homœopathists, and is it not from just these, with a few rare exceptions, that we hear the cry of Union with Allopathy ? Let a proper attention be given

to the study of *Materia Medica* and it will not be 30 years more before Homœopathy will absorb all the progressive medical minds.

But this brings up another trouble. I asked Carroll Dunham once what he would say if any one asked him what work he would recommend for the study of *Materia Medica*. He said he did not know; neither did I, and I do not know yet. If there is such a book I have never seen it; but such a book there must be before we can take the rank which our great fundamental truth entitles us to take, and which no other school can take, for no other school has this truth.

As regards alternating remedies, I cannot agree at all with those who always alternate, nor yet with those who never alternate. My plan has always been to rely upon one medicine where I could, but I have seen cases where one medicine did not answer while two did. A case in hand occurs to me now and I could mention many. It was a case of dropsy. *Ars.* seemed the medicine-indicated, and afforded great relief, but not quite enough. I studied the case carefully, and indeed tried other remedies, but nothing seemed indicated but *Ars.*, and nothing did the good that *Ars.* did, and yet something was yet to be desired. I never gave *Secale* in alternation, and the result was prompt and striking. So also a case which I published several years ago, of convulsions, which *Canth.* 6th and 30th given in alternation cured very promptly, though neither would do it alone. So I have found *Bell.* and *Bry.*, given alternately, do what neither would do alone—perhaps some one knows a single remedy which would fill their place, but I do not, though I have looked with much diligence.

And here it is worth while to make a distinction which is much overlooked. We are told that it is not *scientific* to alternate, that it betrays ignorance. Without acknowledging this latter charge, suffice it to say that the *practice* of medicine is not a science and never will be; nay, never can be. It is founded on many sciences, but it is of itself nothing but an art; hence is and always will be imperfect, hence again variable. Suppose two men, both possessing pre-

cisely the same knowledge of disease and their remedies ; one might conclude that they would be both equally successful in applying this knowledge ; but it would not be so necessarily, and probably would not be so at all ; the one who had the most practical tact would be the better doctor, and might be better than one who really knew more of the sciences of medicine than himself. Art may even be in advance of science, but to speak of art being scientific, or unscientific, is a solecism.

In conclusion, if I may be allowed to express the result of my observations during the past thirty years, it is that the strength of Homœopathy, present and prospective, lies in its keeping by itself, and not in making any entangling alliances with other schools. The theory which captivated me thirty years ago has been fully borne out by the results of practice ; and if, as we all contend, the fundamental principle of our school is a truth, a fact, let us maintain it in the face of all opposition, and without any compromise, assured that whatever may be the present conflicts, the future triumph will be with Truth.

ARTICLE III.—A Chapter from Goullon's Prize-Essay on Graphites.

Comparison of Graphite with Related Remedies.

I. *Graphites and Pulsatilla.* The concordance of these two remedies is so great, that it may be affirmed what the one is in the mineral kingdom the other is in the vegetable kingdom. The thought strikes us that to every remedy from the unorganic world its analogue may be found in the organic one. Thus corresponds in many relations, *e. g.*, Phosphor. to Nuxvomica (cures of paralysis), Arsen. to Ipecac. (anti-emetic and anti-asthmatic), etc.

A. *Concordance.* Both are remedies decidedly more for the female sex than for men. Whereas we read in Graphites : grief about the smallest things, even to despair ; anguish and

uneasiness with fear, as if some terrible accident would take place; we find under *Pulsatilla*: gloominess, melancholy with weeping, sadness and apprehension of dying; silent mood, timid whining mood, in short, attributes of the female sex.

Both are also real specifics in *dysmenorrhœa*. *Graphites*: menses suppressed or delaying, too scanty and too pale; abdominal pains, bearing down and pressing, resembling labor pains, during the menses. *Pulsatilla*: suppression of menses, many ailments during menstruation.

The male sex shows a higher temperature than the female sex. Especially do we find in amenorrhœic troubles (amenorrhœa, chlorosis) an unequal distribution of the blood, and thus a *tendency to chilliness*. This characteristic symptom is also found under Graphite as well as under *Pulsatilla*. Catching cold easily and great sensitiveness to fresh air and drafts, tremulousness under *Graphites*, find their simile in the *Pulsatilla* symptoms: paleness of the face (alternation of redness and paleness, chilliness, horripilations, shuddering and constant internal chilliness, heat and chilliness when uncovering).

In connection with this unequal distribution of the blood and as a symptom of a chlorotic constitution, *Graphites* gives us: congestions and severe pulsations through the body at every movement; *Pulsatilla*: pulsations in the pit of the stomach. In both we also find the sallow color peculiar to chlorosis. *Graphites* gives us with it especially great dryness of the skin and absence of transpiration, cysts, erysipelatous inflammations, moist herpetic eruptions, phagadænic blisters, vulnerability of the skin, stinking granulating ulcers, scurfy eruptions around the mouth and chin, and many other cutaneous diseases; but in *Pulsatilla* we also find: eruption like varicella, erysipelas with swelling, cracking of the skin, easily bleeding ulcers, great tendency to blennorrhœas. Are these dysmenorrhœic disturbances, is there a chlorosis with healthy digestion? We do not believe it, and we are therefore not astonished to find under *Graphites*: great weakness of digestion with many ailments, and especially with

bloatedness and vomiting of all food ; foul, urinous breath ; great accumulation and painfulness of flatulency with excessive passage of foul-smelling flatulency ; tedious constipation or constant inclination to diarrhœa ; a quantity of mucus is passed with every stool. The gastric symptoms of *Pulsatilla* are too well known : foul breath, flat taste or of putrefying meat ; a bitter taste after drinking, eating or masticating, especially of rye-bread, eructations tasting of the food taken ; vomiting of the food (immediately after eating) and diarrhœa. Even as parturient remedies both are in good repute, and we only wish to draw your attention to the symptoms of Graphites, if in large women of venous constitution, here and there with greatly stitching herpetic spots, having a viscous exudation, labor pains become weak or cease entirely. (*C. Hg. in A. H. Z., June, 1868, 1869.*)

Finally, let us glance at the rheumatic symptoms. We already mentioned chilliness, and the liability of catching cold. We find under *Graphites* (contraction), pains, with reddish swelling, and under *Pulsatilla*, wandering pains, with swelling and redness in the joints. Under *Graphites* : tightness as from muscular contraction, and curvation of some parts ; drawing and tearing (especially on parts attacked by ulceration) ; sudden stitches running through the affected parts ; heaviness and numbness of the extremities ; stiffness of the joints. Under *Pulsatilla* : articular pains, tearing, drawing, or stitching in the muscles with numbness ; parietic debility and swelling of the affected parts. Stitches and sensation of coldness at every change of weather. Tingling numbness of the extremities.

B. *Differential diagnosis.*—1. Graphite is the *Pulsatilla* of climaxis. Taking such an opinion *cum grano salis* it facilitates the understanding of both remedies. Just as indispensable *Pulsatilla* is in the practice of children, just as invaluable Graphite is for middle age, especially for women or for men formed with physical and psychical peculiarities of women. Here Graphite approximates *Sepia*.

All the troubles of climaxis are photographed in the patho-

genesis of Graphite, though it acts equally well in youthful patients.

2. *Graphite* is the specific remedy for the so-called darts or herpetic constitution (dry skin). *Pulsatilla*, on the contrary, corresponds to blennorrhœa and suppuration, and thus becomes a remedy for the scrofulous constitution, without a difference about the seat of the blennorrhœa, be it the loose cough of pertussis, or a seropurulent exudation of the ear, a blennorrhœic catarrh of the eye or of the intestinal canal.

3. Although we read under Graphite : tedious constipation or tedious diarrhœa ; although *Pulsatilla* also suits where diarrhœa alternates with constipation (as in certain sub-chronic catarrhs of children), still there is no doubt that obstruction is in the same measure preponderating in Graphite as diarrhœa in *Pulsatilla*, and furthermore, the quality of the *Pulsatilla* diarrhœa (green mucus, bilious) differs from Graphite diarrhœa (knotty stools, the lumps being united by mucous threads). And experience teaches that Graphites acts well in those tedious pultaceous diarrhœas which *Pulsatilla* fails to cure.

4. Other differential symptoms are : *Pulsatilla* has tenesmus, which is absent in Graphites. Tenesmus of the bladder, of the sphincter ani, even of the ear (being an excellent remedy in inflammatory aural diseases), fall in the therapeutic sphere of *Pulsatilla*. *Graphites* also plays an important part in aural diseases, as in dryness of the auricular canal, and where the daily turmoil ameliorates the difficulty of hearing, whereas rest and quiet aggravate it.

5. *Pulsatilla* is an excellent remedy in toothache (hammering, boring pain from a carious tooth radiating to the eye ; in women with irregular or scanty menses, aggravated in the afternoon, in a warm room, and at night in bed, especially before midnight, amelioration in the fresh air), which is not the case with Graphite, but

6. *Graphite* heals genuine herpetic eruptions, which *Pulsatilla* fails to accomplish. We understand under herpes affections of the more peripheric cutaneous integuments with no or more serous (never mucous or purulent) exudations.

Hair grows again on bald spots under the influence of Graphites. The therapeutic difference between both perhaps is most explicit by studying the historical development of man in utero. We know that the embryo consists of three membranes—the outer one, the so-called serous or animal membrane; the middle or vascular one, and the intima. Inasmuch as the serous (nerves, bones, muscles counted in) produces the cutis and the intima (liver, lungs, pancreas, allantois), the intestinal canal, we might truly say Graphite belongs to the former, Pulsatilla to the latter.

II. *Graphites and Platina*.—A. Concordance: *Platina* is still more than Graphite a woman's remedy, its sphere of action the sexual sphere. Among its symptoms are: unnatural excitability of the sexual nisus with sensitiveness of the sexual organs. Painful bearing down from the abdomen towards the genitals; spasms at the appearance of the menses. Sensation of chilliness at different places (in the eyes, ears, face, around the mouth). Pressure at the pit of the stomach after eating. Eructations, loss of appetite. Sadness, especially in the evening, with desire of weeping; anguish unto death. Excessive anguish about the heart, with excessive fear of death which is thought near. Face pale, sallow, sunken. Violent heat of the face with glowing redness. So far *Platina* is the analogue to *Pulsatilla* and *Graphites*, but whereas *Graphites* and *Platina* have constipation, *Pulsat.* has diarrhoea.

B. Differential diagnosis: *Graphite*: menses too late, too scanty, too pale. *Platina*: menses too early, too copious, or too long. *Graphite* is specific in herpes, corresponds to the herpetic constitution and to many forms of scrofulosis (eruptions in the face, behind the ears, on the lids, with photophobia). *Platina*, on the contrary, is an excellent antihystericum, cures therefore *clavus hystericus*, compressing headaches in temples and forehead with heat and redness of the face, roaring and boisterous noises in the head. *Platina* is in a certain sense also a remedy for chlorosis, although chlorosis with hypermenorrhoea is not the rule. *Graphite* and *Platina* remove the labor-like colicky pains, setting in at

the beginning of menstruation, but we choose Graphite where the discharge is too scanty, Platina if too copious, or also regular. Thus Platina cures dysmenorrhœa with consequent hypermenorrhœa, Graphite dysmenorrhœa with consequent amenorrhœa.

III. *Graphites and Sepia*.—For our purpose we may consider Sepia the analogue to Graphite in the animal kingdom. A. Concordance: Sepia again is a chlorotic remedy, like Graphite (and Puls. and Plat.). Both are suitable in suppressed, scanty, rare menstruation, setting in under difficulties. Both are indicated for chronic herpetic exanthemata (moist, itching, burning herpes). The extremities go to sleep easily, congestions with perceptible pulsations in the body, great sensitiveness to cold air; deficient vital heat and chilliness. Sadness with crying; despondency with melancholy; great falling off of the hair; paleness of the face; nausea; great weakness of digestion with many ailments after eating; fruitless straining at stool and hard stool, delaying, insufficient, knotty. Large quantities of blood discharged with every stool (flowing hæmorrhoids). Great increase of the sexual nisus with moisture, soreness and redness at the pudenda.* Leucorrhœa with soreness and itching in the vagina, finally corroding stinking foot-sweats are characteristic of Sepia and of Graphite.

B. *Differential Diagnosis*.—Graphite corresponds more to the psoric and scrofulous dyscrasia, and is curative in herpetic affections, based on such a dyscrasia; Sepia corresponds as an herpetic remedy to those forms of herpes, standing in direct connection with hepatic diseases. Sepia is thus a remedy in migræne, which Graphite never is, although we find among its physiological symptoms sour vomiting, eructations, dulness of the head, frontal headache, dizziness, bitter taste, ill humor, flickering before the eyes. The gastric

* Although we read in Graphite: Sexual instinct and sexual fancies become excited, voluptuous irritation of the genital organs, etc. Still according to Jahr "silence of the sexual instinct" is not only the primary but also the curative symptom of Graphites.

troubles, for which it is curative, are pure gastralgia in connection with dysmenorrhœa and amenorrhœa, mostly with simultaneous obstinate constipation. Graphite is valuable in scrofulosis and especially in scrofulous ophthalmia, where *Sepia* finds no indication.

Another difference we find in the heart-symptoms. Women frequently complain, in the course of other diseases, that they perceive the beat of the arteries in a troublesome manner (the beating in the temples of chlorotic patients belongs to this category), and with the exception of *Kali-carb.* there is no remedy which can reduce or remove this symptom so certainly as *Sepia*. Graphites, though showing similar pathogenetic symptoms, fails to correct the consequences of this faulty innervation.

Some use *Sepia* with confidence in whooping-cough, and we perfectly agree with them, whereas Graphites never can be a specific remedy in pertussis. Under *Sepia* we find: spasmodic cough. The irritation to cough often comes so suddenly and so severely, that he is not able to breathe fast enough and that his chest becomes spasmodically contracted. When coughing, she feels nauseated, is occasionally obliged to retch. Cough from titillation in the larynx. Jahr also mentions "long-standing whooping-cough" among the pathogenetic symptoms, where *Sepia* made many a cure.

There is also a vast difference in the precision, by which they act in suppressed or delaying menses. Though *Sepia* accomplishes something, it never does it with the same certainty as Graphite. The same may be said of other suppressed habitual hæmorrhages (hæmorrhoidal and epistaxis). In fact, Graphites has far more metastatic remedial power, if we mean by it the power of silencing internal (more dangerous) troubles and of simultaneously producing corresponding and related processes on the surface of the body.

IV. *Graphites and Kali-carbonicum.*—Rueckert ascribes to *Kali-carb.* the same therapeutic power in cases of painful scanty menstruation, as to Graphites. But we only found the former specific and reliable in cases of hypermenorrhœa, where it performs great things. It is also in its place, if menstruation lasts for weeks and in passive hæmorrhages

during puerperium. On that point there ought to be no mistake made between Kali and Graphites; it would be more pardonable between Plat. and Kali.

But Kali-c. and Graphites have the following *pathogenetic concordance*: Rheumatic and arthritic troubles; scrofula; paralysis; injuries from strains; congestions and sensible beating of the pulse in the whole body; herpes, anasarca and ascites; dryness of the skin; hair dry and withered; soreness and suppuration behind the ears; difficulty of hearing with singing and whizzing, surring and roaring in the ear; swelling of the upper lip; pressure in the stomach and in the liver; swollen and frequently bleeding hæmorrhoidal knobs; swelling of the testicles; leucorrhœa; hoarseness, with sensation of a plug in the throat.

Differential Diagnosis.—*Graphites*: Constipation; a greater herpetic remedy than Kali, but far less cough remedy, or, scientifically expressed, no remedy for the pneumonic processes of consumptive persons. *Kali-carb.*: intermitting pulse; hæmorrhage from the lungs; stitches; phthisis; asthma; cough with purulent expectoration; headache when riding; pulsating toothache every morning.

V. *Graphites and Sulphur.*—*Concordance*: Both remedies suit persons of sedentary habits. Unequal division of the circulation, stagnating blood, in consequence of which cool spots on the body, cold feet, cold hands, but also hot flashes. Obstinate obstruction, pain, itching during stool, in short, the so-called hæmorrhoidal constitution is formed. Sulphur and Graphites act well under such circumstances, and strict individualization is necessary in the choice of each. Thus we would select Sulphur in the habitual constipation of a plethoric sanguinicus, and Graphite for the constipation of a girl with tardy, scanty menstruation.

It may be considered peculiar to both remedies to produce derivating physiological and we might say semi-physiological * hæmorrhage, and to reproduce them if absent. Thus

* There are hæmorrhages, suppurations and discharges (as *e. g.* sweats), which *per se* are expressions of pathological states, but which at the same time act as a preservative, and causing diseases, if disappearing from the periphery.

it happens that the suffering asthmaticus breathes free again, and the anæmic girl again rejoices in red cheeks.

Sulphur as well as Graphite cure exanthemata, and both love those of a chronic and obstinate character. We also know that such cutaneous exanthemata also appear in a modified manner on the mucous membranes either as real herpes, or as erosions, ulcers and, according to locality or affected tissues, causing hoarseness, chronic looseness of the bowels (dysentery), even deafness and other disturbances. All these apparently heterogeneous states frequently originate from one and the same source, and are removed by the same remedies, indicated in certain skin diseases. We could name many other diseased states suitable for Graphite and Sulphur, but it suffices to put them down as polychrests in diseases of the skin and mucous membrane, being in fact the expression of deeply penetrating nutritive disturbances, or of disorganizations with structural changes. This leads us to a great peculiarity of both remedies, namely, to induce different metastases, *i. e.*, an internal disease disappears under the use of one of these remedies and an exanthema appears on the surface, usually a herpetic affection (Graphite) or a vesicular eruption (Sulphur). Furuncular disposition and erysipelas is cured by Graphite as well as by Sulphur. Warmth (but not the warmth of the bed) ameliorates the pain with Graphite and Sulphur. Both also have dislike for cold and easily catching cold; sensitiveness to wind and fresh air; great sleepiness in daytime and difficulty of falling asleep at night; yellowish pale, sunken features; roughness of the skin and face, fissures.

B. *Differential Diagnosis.*—Sulphur suits male constitutions, Graphite females. But as there are womanly males and manly females, we must take them into our consideration in the selection of the remedy.

Graphite, like Sulphur, cures eruptions, but less suppurating ones than moist and dry herpetic ones; in general the sphere of action in Sulphur is wider, it is a polychrest. Graphite only a half polychrest. The itch (with the acæ... in its manifold forms belongs to Sulphur; Graphite hant-

progressive discharging exanthem behind the ear and on the hairy scalp, at the *mons veneris*, at the chin (*mentagra*). Sulphur suits panaritias as well as favus; Graphite always seeks more the fissuring, corroding, biting exanthemata with coaffection of the epidermoidal addenda (falling off of the hair, diseases of the nails). Foul-smelling foot-sweats rather indicate Graphite than Sulphur (cold feet).

Is Sulphur a menstrual remedy? It would be going too far by saying the menses of males happen by bursting of the hæmorrhoidal knobs, and then Sulphur is quasi emenagogum, as the periodical return of many hæmorrhoidal floodings may allure us to such a comparison. We also know very well that Jahr among his three chief remedies for chlorosis gives the second place to Sulphur. (Puls., Sulph., Calc.)

In herpes zoster Graphite is specific; the same could not be said of Sulphur. Sulphur is not an aural remedy in the same sense as Graphite. In relation to the eye, Sulphur is far ahead of Graphite. The frequent connection of the disease to be removed with a present herpetic constitution always remains the chief criterion for the selection of Graphite, and we frequently witness the reappearance of a formerly present herpetic exanthema, as soon as the secondary trouble (difficulty of hearing, surring in the ears, asthma, cardialgia, etc.) disappears.

VI. *Graphites and Lycopodium*.—A. *Concordance*: *Lycopodium* has in its actions a great deal of Sulphur, and we saw that more than one parallel can be drawn between Graphite and Sulphur. *Lycopodium* like Graphite, is a herpetic and scrofulous remedy. It cured ulceration with burning pain (exactly as the mineral coal), and also the symptom "the hands fall asleep." Constipation and hard defecation belongs to all three, even in connection with flatulency and the troubles emanating from it. It also has aural troubles, especially scrofulous otorrhœa (where only *Mercurius* is ahead of it). Gout, with formation with knobs. Remarkable emaciation; chafing of children; alopecia, and great loss of hair; ophthalmia, with lacchrymation and gluing together at night; photophobia; leucorrhœa; old

ulcers in the legs with tearing, itching, burning at night; cold sweat on feet; cold feet.

B. *Differential Diagnosis*.—*Graphites* is no hepatic remedy, although some symptoms might lead us to consider it so. Graphite stands unexcelled in amenorrhœa of every degree, and quickly cures dysmenorrhœic symptoms proceeding from it. *Lycopodium* has a wider use in gout than Graphite. The difficulty of hearing, cured by Graphite, is combined with dryness of the meatus auditorius. Graphite is no urinary remedy. The relation of Graphite to *Lycopodium* is still like the herpetic or hydræmic constitution to the scrofulous one. Graphite especially suits mild, timid persons, who easily weep. (Remedy of the female sex.)

Lycopodium is a good hepatic remedy (yellow color, yellow expectoration, yellow coating of the tongue). Menses too early, too abundant, and for too long a time. It cannot be dispensed with in rheumatism, in articular stiffness, with simultaneous abdominal disturbances. It is even of great use in the second stage of acute articular rheumatism, hastening the crisis (eruption of miliaria) and preventing dangerous palsies. (It is indicated in the soporous stage of scarlatina.)

Lycopodium suits aural difficulties with or after otorrhœa, also on a scrofulous basis. Herpetic eruptions always show a more impetiginous character, if they are not reflex phenomena from irregularities in the bilious tracts, but then we find no moisture nor suppuration.

Lycopodium hastens the discharge of gravel, and is generally useful in urinary difficulties of the most diverse forms, especially if connected with hæmorrhoidal disturbances or disturbed tardy digestion. *Lycopodium* is, *cæteris paribus*, the remedy for irritable (bilious) temperament. (Male remedy.)

VII. *Graphites and Arsenicum*.—A. Concordance: Arsen. is perhaps in the dartrous constitution equally indispensable as Graphite, and surpasses Graphite in the hydropic (hydræmic) constitution. The application of both presupposes a more dry quality of the tissues, followed especially by Arsen. by the inextinguishable burning thirst, which is rarely want-

ing where Arsen. is indicated. The pathogenesis of Graphite rather shows a disproportion between the solids and fluids, showing itself in all cures by the dryness of the suffering parts (auditory canal, nasal cavity, larynx, intestinal canal, conjunctiva, etc.) Both remedies not only show a burning pain in the affected parts, *e. g.*, in the stomach and in ulcers, but also itching in them.

Leucorrhœa (acid, corroding : Arsen.—watery, occurring in gushes : Graphite). Both remedies cure scrofulous affections, especially ophthalmia. Generally on account of its therapeutic relation to the glands, especially if degenerated by scirrhus, the animal coal manifests more relationship to Arsen. than the mineral coal. (Arsen. is well known to act beneficially, though only as a palliative, in cancer), but Graphite again gives similarity with Arsen. by its asthmatic action, by its curative power in many forms of ulcers (with fœtor), by its influence on the diseased stomach. The pains in the stomach are in both cases alleviated by hot drinks. Finally we possess in both excellent splenetic remedies (Arsen. for splenetic tumor) and both give us emaciation (especially Arsen.).

B. Differential Diagnosis.—*Graphites* : Constipation; menses too late, too weak; amenorrhœa. It is antihæmorrhoidal, and removes affections based on hæmorrhoidal or menstrual congestions. As an aural remedy it excels Arsen., and it also shows more power to remove morbid affection from the internal organs to the surface of the body. It also cures semilateral facial palsies. The eczematous moist eruptions, cured by Graphites, have their seat in the region of the ear (behind the ear) and on the hairy scalp.

Arsen.: Severe burning or painless watery diarrhœa. Menses too early and too copious. Arsen. is a remedy in intermittens, cholera* (in the last stage), unexcelled in chronic vomiting, all accompanied by great thirst.

* Virchow proved in cases of poisoning by Arsen.: (1) rice-water stools; (2) swelling of the Peyerian plaques; (3) the presence of *Cylindrotetium*, fungi also found by Klop, Hallier and Thomas, in the evacuations of Cholera patients.

Arsen. is no remedy for partial paralysis, but suits states of general paralysis, perfect absence of all reaction and dissolution of organic life (in extremely grave cases of dysentery, erysipelas, diabetes, cholera, anthrax, with gangrene, etc.), in fact where collapse sets in. Eruptions suitable to Arsen. generally attack the face (parts of nose and mouth, in and around the nose). In a workman suffering from chronic arsenical poisoning, a peculiar exanthem, urticaria arsenicalis nodosa, set in, attacking several parts of the body, but never the ear nor the hairy part of the vertex, just the parts which Graphite especially attacks. This papular exanthema, burning and itching, never showed any moist discharge. We would finally mention the fact, that Graphite cured several times hydrocele, a pathological state for which Arsen. is specificum.

VIII.—*Graphites and Carbo animalis et vegetabilis. Differential diagnosis* in general. *Mineral coal.*—Graphite gives a decided and extensive action on the skin and in a less degree on the mucous membranes. Dryness of the suffering parts, or a mere moist oozing, is characteristic of the exanthematic affections. Graphite removes the suppression of habitual secretions. Herpetic constitution and partly scrofulous dyscrasia correspond to it.

Vegetable coal has direct relations to the plexus cœliacus (solaris) of the sympatheticus. Thus Dr. Kallenbach explains the wonderful action of Carbo.-veg., when in acute (*per se* not dangerous) diseases, vital force at once gives way, so that the patient is every minute in danger of dying. According to external manifestations this is a beginning paralysis of the ganglionic nerves of the plexus cœliacus, finding its explanation either in a continued pressure from development of gases or in an essential disturbance of the capillary circulation nourishing these nerves. Hilberger, of Trieste, agrees with the former, saying (*N. Z. f. h. k.*, 12) Carb.-veg. is indicated where in acute as well as in chronic diseases the vital power becomes nearly extinct, where stagnation of the circulation threatens, showing itself outwardly by ominous cyanosis, where vital heat sinks to a minimum, and the an-

guish of the patient with unclouded consciousness is perfectly awful; here, where we despair of seeing any reaction, the action of Carbo.-veg. is really miraculous.

Clinical experience shows that Carb.-veg. is indicated in scorbutic dyscrasia, and in ailments from mercurial abuse.

Animal coal decidedly acts on the glandular system. It therefore deserves our confidence in the scirrhus dyscrasia, which, according to the views of some pathologists, is a higher degree (a continuation) of the herpetic dyscrasia. According to Dr. Weise, Carbo.-anim. produces on the healthy painful knots in the mammæ, induration and swelling of the glands around the ear, coppery eruption on the face, which gradually passes off. He found it very valuable in old, stubborn glandular indurations. The transition of suppuration in ichor (septic character) is decisive for Carbo.-anim., which, according to Doebereiner, contains much phosphate and carbonate of lime, some chloride of sodium, phosphate and carbonate of soda, sulphide and cyanide of calcium, besides nitrogenous coal, consisting of 1 N. and 3 C.

Special Differential Diagnosis.—*Graphites or Mineral Coal:* Cardialgia, with simultaneous metastasis or dysmenorrhœa and habitual constipation. Abdomen thick, bloated. Dyspepsia alternating with bulimy. (In patients suffering from eruptions.) Cardialgia of hæmorrhoidal persons (especially after suppressed herpes and severe vomiting.—Altschul). In spasmodic cough (and asthma) after suppressed herpes (Hartlaub). Cough, with dry, rough voice. Amenorrhœa with scanty flow (every six to eight weeks). Color of the blood mostly pale (sometimes dark, coagulated pieces). Burning, and stitching in the labia, and dryness of the vagina (during menstruation.) In congestive toothache of women, without any trace of inflammation, as in menstrual disturbances and in toothache during pregnancy. Chronic difficulty of hearing (Ruckert), where herpetic deposits take place (Lobethal); after suppressed herpes or hæmorrhoids (Altschul), or where the patient frequently suffers from toothache or angina. Deafness and dryness of the auditory canal, ameliorated by noise (Clifton). Especially useful in (scrofulous) ophthalmia

with excessive photophobia and simultaneous facial eruptions, especially fissured, ulcerating corners of the mouth, whereas *carbo anim.* and *veget.* are hardly of any clinical significance in ophthalmiatric.—*Ozæna.*

Carbo vegetabilis.—Cardialgia, with the sensation of burning pressure, flatulency, meteorismus, great sensitiveness at the pit of the stomach; ailments after fat or fatty dishes; burning, bleeding knobs after every defecation; cough, with sore pain in larynx and chest (*phthisis tuberculosa incipiens*); cough, with whitish yellow and green mucous expectoration; asthma suffocativum, with icy coldness; cyanosis and cardiac anguish; chronic hoarseness and aphony; the suppressed menses return; but also menses too early and too copious; difficulty of hearing, with dryness of the internal ear (after measles).

Carbo animalis.—Great weakness of digestion; ailments from nearly any sort of food; contracting cardialgia; burning in the stomach; stool hard or soft, and with mucus (like coagulated egg); large swollen hæmorrhoidal knobs, with burning pains; cough, with purulent expectoration: stitches in the right side of the chest; suppuration of the (right) lung; menses too early and too copious, with dark blood; tearing in the hollow teeth, but also in the sound ones, especially at night, with sensation as if they were too long; great looseness of the teeth; bleeding gums; otorrhœa; epistaxis, the blood being bright red, with swelling of the nose.

We find that Dr. H. Gross, in his comparative *Materia Medica*, also compares the mineral coal with *Silicea*, *Petroleum*, and *Natrum carbon.* Let us see in what symptoms they are in accord, and how they differ.

IX. *Graphites and Silicea. Differential Diagnosis.*—*Silicea* (Dunham, *N. A. J. of H.*, xx., 359) takes high rank as a remedy for cases involving profuse suppuration, causing abscesses to come speedily to maturity, and moderating the secretion of pus, and curing simple ulcers, whitlows, ingrowing toenails, etc. Graphite, on the contrary, is suitable to unhealthy states of the skin; every little scratch ulcerates,

leading to rhagades, excoriations and unhealthy ulcers. Graphite has herpes inside and outside, whereas in Silicea we find hardly any eruptive disease. If Graphite is underrated in some scrofulous affections, especially ophthalmia, Silicea holds out great hope in rachitis and in diseases of the bones, especially in caries and periostitis. Both remedies have considerable photophobia, but in Silicea it is only in paroxysms (sympathetic), and the optical illusions are in black or dark colors, whereas Graphite gives us optical illusions in bright colors. Graphite has dryness of the auditory canal, amelioration by noise of the deafness, herpetic eruption behind the ear; Silicea, on the contrary, suits catarrhal affections of the ear, both external and middle, and of the Eustachian tube, producing temporary deafness, and, finally, discharge of fluid from the meatus. The Silicea patient wants quiet, and hates noise or strong light. He is fagged out, and from his very exhaustion we can explain the exalted condition of susceptibility to nervous stimuli; his vitality has decreased, but there is nothing abnormal in his blood, whereas the Graphite patient suffers from a dyscrasia; there is something in his blood (herpetic affection) which must be eliminated before health can be re-established. The headaches of Silicea are from nervous exhaustion from the occiput to the eyeball, sharp, darting, aggravated by even the jarring of the footstep in the room, or by light, and relieved by heat, and the hair falls out from want of vitality; the Graphite headache, on the contrary, is a congestive headache and toothache, from suppressed menses (another depurative process), semilateral with hot flashes in the face, whereas the Silicea patient looks pale. In the abdominal organs the same exhaustion, with exalted susceptibility, prevails in Silicea. We therefore find with the sensation of weight and pressure pinching and griping pains. Gnawing sensation, relieved by lying with the limbs drawn up, but aggravated by eating, by walking, and accompanied by flatulence, even offensive one. With the desire to stool, the patient has not the power of expelling them, and even after they were nearly expelled, they recede into the rectum. In Graphites we also have weak digestive power, with bloated-

ness; cardialgia, with acidity of the stomach, waterbrash (Puls.), but the dyspeptic symptoms alternating with predominance of hunger. The stools are hard, knotty, too large in size, united by mucous threads, and a quantity of white mucus is expelled with each stool. Both have too late and scanty menses, but in *Silicea* we also find them too soon and profuse, of a strong odor, with paroxysms of icy coldness over the whole body; melancholy and anguish in epigastrium. In *Graphites* all the respiratory symptoms seem to be based on suppressed herpetic eruption, the cough being spasmodic or even suffocative, whereas the *Silicea* cough is only, in the beginning, dry, deep, exhausting, provoked by cold drinks, and relieved by inhaling warm moist air, to be followed by abundant mucous or purulent expectoration. Graphite may be useful in rheumatic and arthritic ailments under certain conditions, which *Silicea* is not, but the latter has spasms and paralysis, which we rarely find in the former.

X. *Graphites and Petroleum*.—Both excellent remedies in herpetic affections, and Burgundy pitch, Kreasot, Carbolic acid, and even soot, have a well-earned reputation in many skin diseases, as their sphere of action is the lymphatic glandular system (scrofulosis), but the *Petroleum* also acts on the great sympathetic nervous system (vomiting and ailments of pregnancy, sea-sickness), which we miss in *Graphite*. Both have painful sensitiveness of the skin, dread of the open air, unhealthy skin, even small wounds ulcerate and spread, but in *Graphite* the eruptions are generally humid, whereas in *Petroleum* they may be dry or humid; in *Graphites* the discharges are a sticky, glutinous fluid, which need not to be the case with *Petroleum*. A dyscrasia is certainly at the root of the affection in both remedies, and we find their pathogeneses, therefore, very similar, with the difference perhaps that *Graphite* is more of a woman's remedy than *Petroleum*, which, on the other side, far more affects the nervous system, especially the sympatheticus, as *Graphite* gives only reflex nervous symptoms from suppressed secretions and excretions. In their mental symptoms both show sadness and despondency, with disposition to weep, and weakness of memory; *Petro-*

leum, showing only a little more irritability and inclination to anger. The pressing congestive headache of Graphite is in the temples, or burning on a small spot of the vertex, whereas that of the Petroleum is mostly in the cerebellum, contractive, cramp-like, constrictive, aggravated by mental exertion and by anger. Graphite again gives us humid, spreading, disgustingly smelling, and scurfy eruption on top of the head, as if from subcutaneous ulceration, whereas we find under Petroleum only sensitiveness of the scalp to the touch, followed by numbness, with aggravation in the morning and by heat; at the utmost only pimples or a dry scurf on the hairy scalp (the eruption of Graphite is frequently at the borders of the hairy scalp). Arteritic and scrofulous ophthalmia belongs to Graphite, the latter especially when accompanied by porrigo in the face; agglutination of the lids, styes (Puls.), purulent, or rather ichorous mucus on lids and eyelashes; great photophobia. Petroleum has far less eye symptoms, and these may mostly be reduced to different forms of weakness of sight. In aural therapeutics both give us humid soreness behind the ear, and discharge of blood and pus from the ear; but in Graphite we find also the inner ear affected, producing hardness of hearing, and cracking in the ear when moving the jaw, whereas in Petroleum paralytic deafness is pre-eminent. Just so again we find in Graphite the nasal complaints internal, and ailments on the inside of the gums predominant, with burning sensation in the teeth, whereas the Rock oil gives us external nasal complaints, ailments on exterior of gums predominant, and sensation of coldness in the teeth. The gastrosis of Graphite shows torpidity, and hence, decomposition of food. We, therefore, find among the symptoms, acidity of the stomach, with canine hunger; loss of appetite, inflation of the abdomen after eating, gastralgia and colic from the incarceration of flatulency, rumbling and gurgling in the abdomen; constipation is predominant. In Petroleum, on the contrary, the abdominal symptoms are of the reflex order, and we find it, therefore, so highly praised in sea-sickness, riding in a carriage, and in the ailments of pregnancy. The emptiness and weakness of the stomach is,

under Petroleum, relieved by eating, and diarrhoea predominates over constipation; but the stools are all passed in daytime, none at night, with hunger immediately after stool. Both remedies have itching herpes at the perinæum. In Graphites the menses are suppressed or delaying, and scanty, and we have congestions to different parts of the body; in Petroleum this suppression or scantiness is due to the want of innervation, and all its sexual symptoms in both sexes are decided symptoms of debility. We mentioned already their coincidence in rheumatritis.

XI. Graphites and Natrum Carbonicum, also Natrum Sulphuricum. HERPES AND SYCOSIS.—In the same manner as herpetic affections may produce external as well as internal manifestations, do we find the same in sycotic affection, as Grauvogl has shown us in the second volume of his Homœopathy. Persons of the hydrogenoid constitution find their counterpart in the Natron remedies, whereas the oxygenoid constitution finds relief in remedies which prevent the oxidation of the tissues, among which Graphite, Petroleum and others find their place. But although the poison, slowly undermining the health of the patient, may be different, in its action on the body, it shows many points of resemblance. In both we find hypochondriacal mood, an anxious fear of approaching misfortune, but in the Natron-salts aggravated during a thunderstorm, at the appearance of rain or snow, whereas foggy atmosphere relieves the oxygenoid and moderates the consumption of his fuel. The congestive headache of Graphite is from suppressed herpes or menstrual discharge, but the stupefying pressing headache of the Natrons shows more similitude to those from abdominal plethora; the eye and ear symptoms of *Natr. carb.* as well as of *Sulph.* are all only nervous symptoms, many of a reflex order, but neither in ophthalmia nor in otitis could they be compared with the plumbago. Both remedies may be indicated in humid eruptions and ulcers on the nose, around the mouth, on the lips, we even find burning rhagades in the lower lips; but in the Natron-salts they are the expression of a scorbutic hydræmic dyscrasia, showing itself also by œdema of and

yellow blotches on the face, whereas Graphite and herpes go hand in hand. The dyspeptic symptoms of the Natron-salts picture the genuine hydrogenoid English spleen: despairing, hopeless feeling about the future, dryness of the mouth, irritable mucous membrane, often with sore tongue and slight ulceration; chronic constipation with hard stools fissuring the anus and leaving a sensation of much soreness at the anus. In Graphite a similar state is based on leucæmia and chlorosis, and we find therefore our patient in a crying mood, in fact a pituitous state, showing itself by accumulation of a great deal of mucus at one end of the canal, with the taste of rotten eggs in the morning, an inflated abdomen, and at the other end hard knotty stools of too large a size, the lumps being united by mucous threads, with excessive discharge of fetid flatulence. It is a curious phenomenon, that we find the cures of fistulæ brought about by remedies, covering herpetic, scrofulous and sycotic dyscrasiæ; nearly all of them have fissures and rhagades in their pathogenesis, giving us a hint to be careful in the removal of such outward signs of internally acting dyscrasiæ. The Natron-salts, especially Natrum-sulph., have many diarrhœic symptoms, as: morning diarrhœa, rumbling in abdomen before stool, which is brown, thin and lumpy, with simultaneous discharge of much flatulency, the stool often coming away in a gush, whereas in Graphite the scalding, light brown stools are made up of half-digested substances and are of insupportable fœtor, followed by great but transient prostration. In Graphite the diarrhœa is painless, in Natrum painful diarrhœa predominates. Both have involuntary micturition at night (wetting the bed), but in Graphite the urine is scanty, smells sour, becomes very turbid, with a reddish sediment, whereas all the Natron-salts give us copious micturition, urine dark yellow, smelling fetid or sour, depositing a mucous lateritious sediment. Great burning in the urethra during and after passing urine, and a discharge of thin glutinous substance (gonorrhœa). Both have excited sexual desire, especially in the male sex, but in women we find under Graphite the catamenia too late and scanty, or suppression of the menses

with congestive headache and toothache, leucorrhœa, profuse, white and thin, watery, whereas in the Natron-salts the menstruation is profuse, the menstrual blood acrid, corrosive the first days, with discharge of lumps of coagulated blood the last days. Gonorrhœal sycotic rheumatismus finds frequently its simile in Natrum-sulphuricum, or we even may have an inflammation of an internal organ (pneumonia) from the same cause, but the rheumarthritus of Graphite rests on an herpetic base, we have gouty nodosities, thick and crippled nails, stiffness and contraction of the muscles, whereas Natrum, in its different preparations, gives us tearing, piercing pains, with great weariness of the body.

ARTICLE IV.—South American Clinics.

By S. B. HIGGINS, A. B.

CASE No. 1.

June, 1865.—B. F., æt. 32, mother of three children; a girl, æt. 10, right foot curved inwards; a boy, æt. 7, has left arm and hand curved inwards, and the muscles of the wrist contracted, so that the hand is useless. Youngest child is a boy, aged 6 months. Since its birth the entire right side, arm, hand, leg and foot, is perfectly paralyzed. The child has absolutely no power of moving them. At the age of 7 years the mother had chills and fever for six months, daily; chills first, then a high fever, and finally termination of the access, by a profuse perspiration, lasting an hour or more. One day, while still perspiring, she ran out to cross the street, her foot slipped, and she fell into a puddle of water, which caused sudden cramps. She was unable to rise, and when taken into the house a few moments afterwards, her hands and limbs were drawn up, and features were much distorted. Two or three days after this the cramps had ceased, but the right arm had remained curved inwardly, and the palm of

the right hand was turned inwards and upwards, so that it was entirely useless. The spinal column lay in a double curve, like the letter S, and the head was somewhat inclined towards the right shoulder. The faculty of memory was dormant.

In this condition she had grown up into a woman, and at the date of my examination, or twenty-five years after the accident, she was a medium-sized, very well developed woman, with all the manners and ways of a girl not yet in her teens. She had borne three children, *without wing who was the father of either one of them*; but all these children inherited somewhat of the mother's physical imperfections, yet the two older ones had the faculty of memory.

An interesting question may be asked here, from a physiological point of view, viz.: How could this female, with a mental faculty dormant, incapable of concentrating her thoughts upon any subject for ten seconds at a time, impress upon the fetus at the instant of conception, so much of her own self as to reproduce in the child her own physical imperfections? The case proves indisputably and undoubtedly that such an impression is possible.

The mother had never had more than a passing sickness. Could find no traces of Syphilis, Psora, Scrofula, or a leprous taint. Two or three moles on different parts of the body, indicated a trace of Sycosis. Her menstrual flow had been present and regular since she reached the age of twelve years, and generally lasted four or five days.

As close a study of the case as possible from all the reliable symptoms which could be obtained led to the selection of *Bell.* as the remedy indicated.

Six globules of the 6th cent. potency were administered on June 6th, and six globules of the 15th cent. were given on June 9th.

The curvature of the spine measured at its upper end and lower points of maximum deviation from a perpendicular drawn through the centre of the base of the neck and the centre of the base of the os coccyx, $5\frac{1}{2}$ inches at the superior point and $4\frac{1}{2}$ inches at its inferior point, on June 6th.

June 21st.—The semi-diameters of the curves of the

spinal column are $4\frac{1}{2}$ inches and 4 inches respectively. No other apparent change.

June 28th.—Semi-diameters measure respectively 4 inches and $3\frac{1}{2}$ inches. The chords of the wrist have dilated somewhat.

July 13th.—Semi-diameters measure respectively 3 inches and 2 inches! or, in other words, they have shortened both above and below $2\frac{1}{2}$ inches in 37 days under the influence or action of the two doses of the remedy. The chords of the wrist have dilated so much that she can grasp a two-handed pestle for braying corn; *and she repeated to me a story I had related in her hearing a week previous, to test her powers of memory*; as the people in the family where she lived told me, she could go an errand to the grocery store to purchase several articles and bring them all, giving an account of their cost, etc., correctly, a thing she had never done before since she was paralyzed; which fact of the apparent restoration of her memory caused such surprise among the women of the neighborhood that they advised her to procure at any cost a handsome picture of the "Miraculous Lady," or, as she is sometimes called by the Catholics, "Our Blessed Lady of the Miracles," to hang up in her bedroom!

July 26th.—Superior semi-diameter measures 2 inches; lower one *coincides very nearly with a perpendicular line*. She carries her head straight, without any inclination towards the right shoulder. *Memory* seems to be perfectly restored to her. The right hand still remains considerably curved inwards. Repeated *Bell.* 15 cent. 6 globules in a single dose. Two months later no further change was apparent, and having no higher potencies of the remedy, her treatment was discontinued.

CASE NO. 2.

Child of above.—Seeing the wonderful effects of the action of *Bell.* in the preceding case, I chose it as the remedy indicated for the child of six months, which had its entire right side paralyzed; and on July 26th administered *Bell.* 15 cent. 2 globules.

August 3d.—*The child has entire use of the paralyzed side.*

August 15th.—Nothing in the appearance of the right side indicates any trace of the paralysis.

The treatment of these cases was known to more than fifty persons, all of whom came at different times to inquire of their progress while they were under my care; but the facts were indirectly known to the inhabitants of the town of Morales, in which the patients resided.

In 1870, in February, there had been as yet no relapse in either of the preceding cases. Cures were confirmed.

CASE NO. 3.

July 23d, 1865.—Antolius B., æt. 16 years., mestizo; has had both eyes inflamed for 3 months, and at present is stone blind. The veins of sclerotica of both eyes are highly injected with blood, lachrymation excessive; sleeps very little at night, eyes worse at night; they feel excoriated, right eye has a small bursa or vesicle on its centre of the size of a grain of wheat; left eye looks as if it had been touched with a live coal; is drawn up and slightly wrinkled; both pupils are covered with a thick, whitish, lead-colored film. The whole list of household remedies has been exhausted without any of them affording the patient any relief. ℞ *Euphras.* 3d cent. 1 drop in 3 ozs. aq., a dose every 12 hours.—July 25th; right eye has a detached thread like fibre pendant from it since yesterday. (I had ordered *extra*, a drop of the liquid from the glass containing the remedy in each eye hourly from 9 A. M., on the 23d.) Inflammation of sclerotica much diminished; less lachrymation; continued *Euphras.* 3 cent. 1 drop in 3 ozs. aq., a tablespoonful every 12 hours *intus*, and *extra* as before.—July 26th; vesicle has burst, and the thread has detached itself; lachrymation and inflammation less. Patient has an eruption with prurigo on arms and legs. ℞ *Sulph.* 7th cent. 1 dr., ut supra, to commence first dose at 6 P. M.—July 29th; right eye very much inflamed; lower lids a very bright red; eyes *very hot* to touch; meibomian glands slightly swollen. ℞ *Bell.* 7 cent. every 6 hours, from 6 P. M.—August

1st; right eye very much blood-shot; veins in the sclerotica very much distended; the film on the left eye is becoming semi-transparent in the centre. ℞ *Cannabis* 2 cent., 6 ozs. aq., dose every 12 hours. Patient says he sees an illuminated space in left eye which *seems to grow lighter* daily.—August 6th; sees more clearly every day with the left eye; with the right eye he can see objects *in bulk!* Sclerotica of left eye very red. ℞ *Spigel.* 6 cent., 5 ozs. aq., dose every 12 hours. August 16th; veins of sclerotica still somewhat injected. ℞ *Con.-mac.* 12 cent., 6 globules, 2 ozs. aq., dose every 24 hours. August 20th; *Spigel.* 6 cent., ut supra; 21st, a portion of the film on left eye seems to have rent itself asunder since last night, and to-day the boy sees his mother's face for the first time since some time in January last. The action of the remedy is marked in daily diminution of the film till October 2d. On October 10th repeated *Spigel.*, 6 cent. ut supra, October 30th; patient can thread a cambric needle (No. 5) with a No. 24 thread with the sight of the left eye; film on right eye becoming more transparent daily.

At this stage of the case, treatment was suspended on account of my leaving the place.

Although I wished to take the boy with me to continue his treatment, the mother would not consent. Two years later I learned from the parish priest that the boy still retained nearly normal sight in the left eye, and partial sight in the right one without having suffered a relapse in the meantime.

CASE NO. 4.

Morales, August 10th, 1865.—Dr. R. M., æt 44, nervo-bilious. Patient has been addicted to strong drinks, and at present is habitually so entirely under the influence of liquor every day before 10 A. M. that it is impossible for him to transact any business after this hour.

Seventeen days previously he had been called to attend a case of paralysis in an old lady of 60, in a town 15 leagues distant. The son of his patient, who knew the Dr.'s failing,

kept close by him day and night for 15 days and only allowed him rations of a pint bottle of strong ale daily.

August 10th.—Patient returned here yesterday at 9 P. M., and since that hour has lain in a state of helpless inebriation.

He got up at this 10 A. M. and took two bottles of strong ale at once "to settle his stomach," as he afterwards expressed it to me, and sat down to breakfast at that hour.

He had swallowed two or three spoonfuls of soup, and threw back his head to take another, when a spasm of the throat and stomach caused him to throw up the contents of the spoon and stomach, and along with this a clot of very dark-colored blood, as large as a hen's egg, and firmly coagulated. The mouth remained open, lips rigidly contracted over the teeth, hands drawn up, nearly touching the chest, fingers apart, points of fingers drawn in towards the palms of the hands; right eye *turned upward*, and left eye *turned toward left ear*; no part of either pupil was visible; breathing stertorous, inspirations deep, pulse 60, heavy laborious beats, every fourth or fifth one fainter than the others; skin cold and covered with a cold clammy perspiration. The indications seemed to lie between *Nux v.* and *Opium*, rather inclining to the latter. ℞ Op. 12th cent. 6 globules dry on the tongue. In two minutes by the watch, the muscles of the face relaxed, mouth and eyes closed, breathing became free and easy, inspirations deep; pulse augmented to 70, 75, and in five minutes was 80!

At this stage of the case I announced him out of immediate danger, and asked the crowd of men and women who filled the room to retire and allow the fresh air to reach the patient. He seemed to remain in an easy slumber for ten minutes longer, when he awoke, recognized, and at the expiration of twenty minutes from the time I put the globules on his tongue was sitting up on the edge of the bed interrogating me as to what had occurred to him. Op. 12th cent. 6 globules was administered to him at 2 P. M. and again at 9 P. M.

Aug. 11, 9 A. M.—No relaps. Patient entire'y recovered;

allowed him a pint bottle of strong ale every six hours, and gave *R Nux v.* 6th cent. 1 drop, 3 ozs. aq., a spoonful every 6 h. from 9 A. M. to-day.

At the expiration of three days more, or on the 14th, every trace of the apoplectic attack had disappeared, and treatment was suspended.

The state of the patient during the attack, and the administration of this single dose, after *Sal volatile*, Florida water, and *Tinct. camphor* had been applied to the nostrils and poured upon his head and hands and wrists, was witnessed by more than fifty persons.

In such a case as this all comment is unnecessary, and it affords a brilliant example of the magical effects developed in a drug, by potentizing or dynamizing, and which every physician of experience in the Homœopathic school has repeatedly witnessed in practice.

CASE NO. 5.

1864.—Early in the month of April, of the present year, Mr. F. C. came to my house for the purpose of begging me to undertake the treatment of Madam S., dangerously ill. He said to me, “Speaking frankly, I do not think this lady can be cured, because the physicians who have treated her have one and all abandoned her, some sooner, some later, as incurable. Some say she has tumors of a cancerous nature in the womb; others that they are polypic.

“What is undeniable, however, is that she suffers horribly, and even if she be incurable, something must be done to relieve her if possible.” I was taken to the sick lady’s house, and after a patient examination the diagnosis was formed from symptoms, as noted below.

Two distinguished physicians had examined her previously, and one of them said to me “that the nature of the tumors was doubtful, that he believed them to be polypic, of a degenerated, fungous nature; that there were many of them, and one pediculated from the neck of the womb, extending down to the lower extremity of the vagina. What

was most certain was the fact that the disease had made terrible progress during thirty-eight years since her first confinement, when there originated catamenial disturbances, and uterine pains, aggravated during the succeeding periods of pregnancy.

Table of Symptoms: æt. 54, plethoric constitution; bilio-sanguineous temperament; mother of five children; has frequent attacks of an apoplectic nature; skin is of a pale yellow color; feels faint at spells; cephalalgia; vertigos; has fainting fits; has excruciating pains in the throat; palpitations of the heart, which can be heard distinctly, and with acute pains; feels a weight and lancinating pains in the womb and ovaries, which extend through the whole lower part of the abdomen, hips and back; constant pains in the liver, with œdema and hardness; pains in the legs down to the feet; one or the other foot swollen; during a stool a foreign body protrudes from the vulva to a considerable length; abundant and frequent metrorrhagias; leucorrhœa, flow reddish, extremely fetid, and disagreeable to the patient, who is naturally exceedingly neat in her personal habits; alternately constipation and diarrhœa, periodic fever.

Symptoms of secondary importance have been omitted, as they only confirm the foregoing, which led me to declare a prognostic of fatal termination to the case, and I only consented to begin treatment with the hope of alleviating the patient.

Homœopathic Treatment.—Cold baths (entire) of two or three minutes duration, immediately after a copious perspiration, provoked by an alcohol lamp until it was normal (perspiration had been wanting for some time previous).

The baths caused great relief, particularly from the pains in the liver.

Symptoms indicated to me successively the administration of *Acon. nap.*, *China*, *Carb. veg.*, *Sabina*, *Arn. mont.*, according to the fever and other symptoms, but the principal remedy, and that which was most relied on, was *Conium. m.*, 6 cent., which after the third dose caused the expulsion of polypus 1, of a spherical form, measuring 5 centimetres

long and 4 do. wide; expulsion was attended with great uterine pains, metrorrhagia and fever. When this aggravation had subsided Con. m., 15 cent., was administered, causing a renewed aggravation and the expulsion of another polypus of the same dimensions as the former, but of a sphero-cubical shape. The excessive metrorrhagias and indispensably rigid diet had caused great debility, on account of which it was necessary to wait a month after the aggravation had ceased.

℞ Con. mac. 30 cent., 12 globules in 12 spoonfuls of alcoholized water, to give a spoonful every 24 hours.

I was absent from the city for a month from this date, and learned that after taking the last dose of the remedy at the 30th potency, an excessive aggravation supervened, much more violent than the preceding ones, and in the midst of a torrent of blood, accompanied by fever and very acute pains, there was an expulsion of *three polypi* from the uterus, viz., of an oval form of equal size, 7 centimetres long, one of which, No. 4, was softened and somewhat contracted, and opened lengthwise; the other, No. 3, was hard, and of the same consistency as Nos. 1 and 2. A third, No. 5, had the appearance of a section of an intestine, was 10 cms. long., 2 cms. wide, hollow throughout the greater part of its length; was the one which protruded at stool. Besides these five polypi of large size, others were expelled of the size of a large flat bean.

After the aggravation caused by this triple birth had calmed itself the patient enjoyed comparatively good health, and was relieved of the enormous weight in the uterus which she formerly experienced. Other sufferings have some of them disappeared, and others been notably relieved.

The foregoing took place during 75 days.

(Signe

ANGEL MARIA CHAVES.

Translated from Vol. I. of "La Homeopatia," pp. 321, 322.

CASE NO. 6.

Vaginal Polypi.

Oct. 9th, 1864.—D., a female, presented herself at my house in Neiva, State of Tolima, asking for a remedy for "falling of the womb." Being Sunday, my duties only allowed me to ask her a few questions, and the assurance with which she replied, as well as the opinions of several "wise women," and also of two or three physicians, in support of her assertion, that her sufferings were caused by a falling of the womb, led me to resolve to give a remedy on condition that she should return at the expiration of fifteen days for an examination before applying a pessary.

Reflecting upon the case for a moment while opening my medicine chest, I could not satisfy myself conscientiously by giving a remedy blindfolded; it might be that some error had been made in the opinions so positively expressed; that the diagnosis had declared prolapsus uteri, what might be a tumor or a polypus; that upon more than one occasion the surgeon's knife, used to excise or extirpate a tumor, had excised the womb itself! No! I could not do it. So, shutting up my case, I manifested to the woman the necessity of a minute examination, and cited her for the following day at 10 A. M.

She came at the hour fixed, and a scrupulous examination revealed the following:

Table of Symptoms.—Aged 40; she was married and had three children; of an indefinite temperament, possibly bilio-lymphatic, if such an anomaly merits the name, dark complexion, wiry muscles; scrofulous diathesis, which showed itself in that inveterate kind of goitre which never yields except to a persistent constitutional treatment; catamenial flow abundant.

During the previous four years she had first had a serous vaginal flux, and later she felt a tumor, which grew perceptibly larger; when in a reclining position this was not perceptible; in the morning she could feel it back of the hymen; during the day and while walking she could feel it protruded

from the vulva and pendant. All the examinations which had been made of her had indicated this as the fallen uterus, which no manipulation or remedy had been able to restore to its normal position.

An exploration (digital) per rectum and per vagina made me conclude :

1st. That the supposed tumor was not the uterus.

2d. That it did not originate in that organ.

3d. That the sphincter uteri and adjacent parts were perfectly free and in their normal form.

4th. That the supposed tumor was in reality *two fibrous polypi* 11 centimetres long and from $3\frac{1}{2}$ to 4 centimetres in diameter ; that they were not pediculated, but had a long attachment extending from near the sphincter uteri, down either side of the walls of the vagina, two-thirds of its length, and that these polypi were indolent.

5th. That per rectum the uterus could be felt in its proper position, above, and independent of the point of attachment of the tumors ; and,

6th. That a copious flux of a white pus-like liquid accompanied these bodies.

Moreover, as the patient had had the good fortune not to have taken a single massive dose under Allopathic treatment, her digestive functions were undisturbed, and the physical organization was otherwise in a healthy condition.

Diagnosis.—There was hardly a doubt that instead of a falling of the womb there existed two vaginal tumors.

Treatment.—℞. *Thuya. occ.* 1 cent., 6 drops in 250 grammes aq. dest., to take a tablespoonful twice a day.

Oct. 24th.—Fourteen days had elapsed, and she sent word that although there was no perceptible change in the polypi, yet the flux was reduced to a scanty flow of a serous liquid, and as she felt so much better, asked me to send her more of the same remedy. I sent, however, *Calc. carb.* 3 cent., 4 grs. in 180 grammes aq. dest., to take a spoonful daily.

December 15th.—During the 45 days past I had heard nothing of her, when to-day a sister of the patient came from her to say “ that she was *entirely well* ; that she had taken

the remedy daily for 15 days, and at that date the discharge ceased ; otherwise she noticed no change till a few days thereafter when she felt one of the polypi separate itself (No. 1), and fall away, and a day or two thereafter the other one also separated and came away. That to me she owed her restoration to complete health, and this had caused a reunion with her spouse, from whom she had been living separated for years."

It is seldom possible to obtain so speedy a cure as in the preceding case, because there are few instances in practice in which the patient has not as yet been subjected to the complications of a medicinal, with the morbid condition, that inevitably follows the administration of massive—drug—doses.

S. M. ALVAREZ,
Bogota.

The records of such cases as the preceding ones suggest the reflection how many cases of a similar nature are and have been treated by mechanical and surgical operations, which were really unnecessary ; and in all such, no radical cure is performed by extirpation or excision, any more than that you can arrest the growth of a finger nail or a corn by paring it off with a knife. Scores of cases could be cited where conditions as positively abnormal as in the case of a tumor, a prolapsed uterus, a polypus in the nose or vagina or uterus, are just as certainly rendered perfectly normal, and radically so, by the administration of internal remedies (and the majority of cases are cured by *high potencies* and not by low ones), without the slightest necessity for using the knife.

ARTICLE V.—Contribution to the Diagnosis of Cancerous Diathesis (Carcinosis).

BY WILLIAM B. NEFTEL, M. D., New York.

Oncology, the doctrine of morbid growths or tumors, is perhaps the most interesting and instructive branch of pathology. It reflects in a high degree the state of our scientific knowledge of the structure and development not only of the morbid, but also of the healthy tissues, and serves as a criterion of our practical ability to interfere with morbid processes, so as to modify them in a manner favorable to health and life.

Having observed malignant tumors during a considerable number of years (since 1852), in hospitals and private practice, and having studied their histological structure and mode of development in the pathological institutes of Foerster and Virchow, I finally came to the conclusion that malignant tumors, for instance, carcinoma, are of a local origin. In accordance with this theory, we find that the organs which are primarily affected by carcinoma are those exposed to constant mechanical and chemical irritations, like the lips, tongue, œsophagus, stomach, rectum, breast, testicle, uterus, etc. In exceptional cases a primary carcinoma occurs in internal organs, but even then a careful investigation shows that the carcinoma has been preceded by some local irritative process. I have notes of a number of cases in which the most malignant kinds of carcinoma developed themselves in perfectly healthy persons without the least hereditary disposition, in an organ that had previously received a mechanical injury. This can often be ascertained in investigating the etiology of carcinoma in the female breast.

The primary carcinoma may remain localized for a shorter or longer period, according to the species of carcinoma, and its intimate connection with other structures, etc. But afterward it invariably becomes generalized through the lymph-

tics and blood-vessels, thus affecting various and distant organs.

I do not mean to deny the existence of a hereditary disposition to malignant tumors, though I think it has been greatly exaggerated. This disposition does not consist in a congenital acquisition of some morbid germs, but in the inheritance of a faulty arrangement or structure of some tissues and organs which necessarily offer less resistance to morbid causes, and are therefore more liable to be affected by them.*

The theory of a local origin of carcinoma seems to be easily refuted by the clinical history of this neoplasm. Indeed, were it of a local origin, it ought to be always cured by extirpation of the tumor. Daily experience, however, teaches us just the reverse, and the rule is, that such an operation is followed by a relapse and by the generalization of the disease. The explanation of this discrepancy between theory and practice is very simple. On making a microscopic examination of the surrounding so-called healthy tissues after extirpation of malignant tumors, we invariably find them undergoing the cancerous degeneration. Consequently there is no real relapse, but an uninterrupted growth of the neoplasm. The only difference is, that while before the operation the morbid process was slow and chronic, it assumes, after the operation, a more acute course, in consequence of which the fatal termination is decidedly accelerated. It seems as if, by the active interference, the remaining cancer cells have been stimulated to an increased proliferating activity.

My experiments have convinced me that there is but one means by which this difficulty can be obviated. This is the electrolytic treatment, employed according to certain methods, the description of which I give in another place. I found that as long as carcinoma remains in the stage of a local affection, it can be cured by electrolysis. But when deposits already exist in the internal organs, the disease is

* Virchow, Die krankhaften Geschwülste. Berlin, 1863; Bd. I. p. 63.

incurable ; though even then much can be done by electrolysis to relieve pain and improve the general condition of the patient.

From the foregoing it follows, that the prognosis in carcinoma depends upon the circumstance whether the affection is still local, or has already become generalized. In the first case only we are now enabled to make a favorable prognosis.

Under these circumstances the diagnosis of cancerous deposits in internal organs acquires such a high practical importance as could have never been expected before. Formerly, when carcinoma was considered of constitutional origin, such a diagnosis had merely a theoretical interest, and the existence of external deposits was judged mainly by the external appearance of the patients, by the so-called cancerous cachexia. This is not entirely correct. The majority of patients who were under my observation did not at all exhibit a cachectic appearance during the earlier stages of the disease ; on the contrary, they presented a healthy and vigorous appearance. The cachectic phenomena developed themselves in the latest stage of the disease, from the moral and physical suffering of the patient, from the extensive suppuration and destruction of tissues, and especially from absorption of the products of decomposition of the cancer-cells, which, like other excrementitious matter, act deleteriously upon the system.

In regard to the diagnosis of cancerous deposits in internal organs, we must bear in mind that those organs which are usually affected by a primary carcinoma are scarcely ever the seat of secondary cancerous deposits. On the other hand, the organs that are generally exempt from the development of a primary carcinoma are almost always affected secondarily. Thus we never meet with a primary cancer of the lymphatic glands, though they almost always become secondarily affected. The same is the case with the lungs, kidneys, liver, etc. It would seem, therefore, quite easy to find an affection of the neighboring lymphatic glands in order to enable us to make the diagnosis of a cancerous diathesis. For example, in carcinoma of the breast it would seem easy

to discover the affection of the axillary glands, and thus arrive at a correct diagnosis of constitutional carcinosis. This, however, is not always the case. Pathological histology teaches that lymphatic glands may undergo the cancerous degeneration to a considerable extent, and yet not present during life any change with regard to their size and resistance. At the same time large cancerous deposits may exist in the liver and elsewhere. Again, the neighboring glands may be found affected, while all the other internal organs would be free from secondary deposits, in which case the prognosis, though doubtful, is not absolutely bad, as in this stage the disease may yet be arrested. We must, therefore, examine the different internal organs that are known to be the frequent seat of secondary cancerous deposits. If the physical examination of the organs of the chest, the chemical and microscopical examination of the urine, reveal an organic affection of the lungs or of the kidneys in a person affected with carcinoma, we can conclude with a great deal of probability that the generalization of the disease has already taken place. But the most pathognomonic sign of internal cancerous deposits can be derived from the affection of the liver—the most frequent seat of secondary deposits. On examining the urine in carcinoma of the liver we find it containing a large amount of Indican. This coloring matter is occasionally found also in typhus, cholera, and other diseased conditions, but its presence in large quantities in persons affected with malignant tumors I consider as pathognomonic of carcinoma of the liver, and consequently of the generalization of the disease.

The easiest way to discover Indican is by the method of Jaffé.* The urine is mixed with an equal volume of hydrochloric acid, to which are added a few drops of a concentrated solution of chloride of lime. The liquid at once assumes a blue color, and forms, after a while, a blue sediment of indigo. This sediment can be filtered, but it contains, be-

* Jaffé, *Über den Nachweis und die quantitative Bestimmung des Indicans im Harn*. Pflüger's Archiv. 1870, iii., pp. 448.

sides indigo-blue, other coloring substances and indigo-red, which have to be eliminated in order to make an exact quantitative analysis of the former. Some of these substances are dissolved in boiling water, others in ammonia, and the indigo-red in alcohol. If the urine contains a very small quantity of indican it must be concentrated before making the test. For this purpose the urine has to be evaporated in the water-bath to the consistency of syrup (to avoid decomposition it should be kept alkaline during the evaporation), treated with strong alcohol, filtered after twenty-four hours standing, and finally freed from the alcohol by distillation. The remainder is dissolved in water, precipitated with chloride of iron, filtered, and the iron salt removed by boiling ammonia, then again filtered and evaporated to one-fourth of the volume of the urine. This filtrate will now give the reaction of indican as above described.

To illustrate the importance of discovering indican in the urine for diagnostic purposes, I shall mention here a few cases from my practice.

“Mr. E. H., an elderly gentleman, suffered for years from distressing symptoms of catarrh of the stomach. He vomited frequently, especially after his meals, complained of a great deal of pain in the epigastric region, and of constipation of the bowels. He presented an appearance in the highest degree anæmic and cachectic. He felt very prostrated and exhausted from want of nourishment, as the food he took was every time rejected. He was treated by most experienced and eminent physicians, all of whom recognized symptoms of carcinoma of the stomach, but could not admit of its existence, finding no tumor in the abdomen. March 13th, 1870, I saw the patient in consultation with Dr. G. A. Peters, and, like others, not having discovered the presence of a tumor, I was unable to make a positive diagnosis. Subsequently, on examining the urine of the patient, I found indican, and diagnosticated the affection of the liver. The *post-mortem* revealed a cancerous ulcer of the stomach, and large secondary cancerous deposits in the liver.”

“M. W., aged 54, consulted me in regard to an abdominal tumor. His general health was very good, and he only complained of a heaviness in the abdomen, which did not amount to a real pain. By palpation I could discover several tumors in the liver, two of which were large, apparently of a globular shape, very elastic and fluctuating, and I suspected the presence of ecchynococci. In consultation with Drs J. C. Nott and Stephen Rogers, March 20th, 1871, I inserted into the tumors a hypodermic syringe, in order to draw some of the characteristic contents of the supposed hydatid cysts before resorting to the electrolytic treatment, which I consider very efficient and not at all dangerous in hydatids of the liver. To our surprise, nothing but pure blood was obtained. Not the least reaction followed this exploration. I examined subsequently the urine, which I found contained indican, and I, therefore, diagnosed carcinoma of the liver. I was told afterwards that his tumors increased in size, that he became cachectic, and finally died of carcinosis.”

“Mrs. C. had her left scirrhus mammary gland amputated last year. The wound healed, with the exception of the upper portion, which assumed the appearance of a cancerous ulceration. This latter continues to enlarge in all directions, involving all the neighboring tissues, and is accompanied with a great deal of fetid suppuration and pain. I saw the patient in consultation with Dr. E. Herrick, of this city, Jan. 11th, 1873. The lady seems to be the picture of health, and except the ulcer in the left mammary region, no cancerous deposits can be discovered anywhere; even the axillary glands seem not affected. Nevertheless, I found a large quantity of indican in the urine, and concluded that there must be cancerous deposits in the liver. I accordingly made a very unfavorable prognosis, though there was apparently no evidence of the affection of any organ, and the general health of the patient seemed in an excellent condition.”

The physiological and pathological significance of indican in the animal economy is as yet undetermined.

Kühne's researches show that indol is one of the products of

pancreatic digestion. From Jaffe's* experiments we know that after hypodermic injections of indol, large quantities of indican invariably appear in the urine.

To explain the presence of indican in the urine of patients affected with carcinoma of the liver, we have either to admit of some obstacle to the elimination of the indol with the excrements, or perhaps of an increased production and absorption of indol.

ARTICLE VI.—Inversion of the Uterus.

BY DR. L. M. PRATT, Albany.

Read before the Homœopathic Medical Society of the State of New York,
February 11th, 1873.

On the 25th day of September, 1872, I was called to attend Mrs. V. in her fifth confinement; passed middle age, general health good, of a nervo-sanguine temperament. The labor progressed favorably, pains occurring at regular intervals, and vigorous, when in the course of three hours after my arrival she gave birth to a fine healthy male child.

On examining for the placenta, I found it wholly occupying the uterine cavity, and the os firmly contracted upon the cord; when I delayed any effort to deliver the placenta till uterine contraction took place. I placed my hand upon the abdomen over the uterine tumor, making but slight pressure, when very soon uterine contraction followed, attended with unusual and vigorous expulsive pains, insomuch, the patient remarked, they were almost as severe as the pains of labor. I concluded the violence of the pains were equal to the emergency, provided there was no attachment of the placenta, which seemed quite probable from its not being expelled by the efforts of nature, and which oftentimes does her

* Ueber den Ursprung des Indicans im Harn. Centralblatt für die medic. Wissensch. 1872. No. 1.

work better than art, if left to herself, as she did in this case, with very little assistance; without pulling upon the cord, it came away, attended by considerable hæmorrhage, but no apparent attachments. On making an examination, as I always do, for any deciduous membranes protruding from the os and external parts, I detected a large spherical tumor protruding from the vagina, which I immediately concluded must be the inverted uterus. Without scarcely a moment's reflection or delay, I brought the fingers of my right hand in the form of a cone, depressed the central part of the tumor with thin points, carried my hand up through the vagina, the uterine orifice, and quite up to the fundus of the womb; when I had the gratification of knowing that I had reinverted that organ with but very little suffering to the patient, or loss of blood; she simply exclaimed, "you hurt me, Doctor."

On visiting her the following day, I found her with slight tenderness over the womb, pulse a little quick, no considerable amount of hæmorrhage, had slept some during the night, and was feeling very comfortable.

She made a good recovery, no unfavorable symptoms following her confinement, or resulting from the accident, but in all respects was quite as able to attend to her domestic affairs after a lying in of ten or twelve days, as from any previous confinement.

The infrequency of this accident, and the obscurity attending both its cause and treatment, is a sufficient reason for calling the attention of the profession to its consideration and careful study.

It is held by authors generally, that a great majority of cases of inversion of the uterus result from too violent traction upon the cord in the delivery of the placenta, carelessness and ignorance on the part of the physician. Various other causes have been enumerated by authors on obstetrical practice to which they have attributed this accident, showing it may occur independent of proper management, at the bed side of the parturient woman. I do not propose to dwell at length upon the various theories which have been advanced as to the cause of this accident, or to suggest a mode of

treatment not already found in the books and reports of cases as having occurred in private practice; but I am permitted to quote from a pamphlet or report submitted to the New York State Medical Society, in 1859, by Doctor J. V. P. Quakinbush of this city, then Professor of Obstetrics in the Albany Medical College, on the subject of inversion of the uterus.

After enumerating the different causes to which authors have attributed this accident, such as traction on the cord, quick labors, irregularly active condition of the uterus, producing dimpling of the fundus, irregularity of action of the uterine fibres, and a want of correspondence between the muscular action of the neck and body of the womb, producing a cup-like depression of the fundus uteri, with a patulous condition of the os and cervix uteri, affording no impediment to the protrusion of the body and fundus, resulting in complete inversion of the womb—

Allowing all these conditions to exist, our author asks the question: "Can we advance any more plausible theory by which to account for its occurrence? It is well known that there are two layers of fibres in the uterus, one the circular or horizontal, the other the longitudinal layer; the former encircling as a band the os and cervix uteri, while the latter extends from this band and passes over the fundus of the uterus. When labor commences and proceeds, both these layers contract, but after a time the circular fibres yield to the more powerful action of the longitudinal, the os uteri opens, and the vagina and uterus become one continuous and regular canal. The organic contractility continues, and the organ is freed from the fœtus which it contained. Another contractility now comes into play. This is the contractility of the tissues, a property by which the womb, after having been emptied, returns gradually to its former state, and thereby has its cavity nearly obliterated. Now, at this stage there may be irregularity of contraction. The circular fibres, constituting a sort of sphincter muscle of the womb, are relaxed, and form no firm attachment for the longitudinal fibres. The longitudinal fibres, which may represent so many columns

resting on this circular band as a foundation, contract, and, having no support, they begin to yield from the bottom. Evolution takes place, the neck doubles in upon itself and passes through the os, the body follows, and finally the fundus, dragged down upon the body, preserves the same course, and we have complete inversion. The fundus being the last portion instead of the first, as has been generally, or I may say universally admitted."

As I before remarked, most authors attribute this accident to depression or dimpling of the fundus, and pulling at the fanis; but all allow it is difficult to decide positively what the cause may be, leaving much room for speculation as to the manner of its occurrence; as the experience of each practitioner may differ, who has been so unfortunate as to have had a case fall into his hands.

In examining the different works on obstetrical practice, and the various theories they rest their opinions upon, I regard the one which is advanced in the report referred to as eminently philosophical and practical, both as to the manner of its occurrence and the method applicable to the treatment in recent as well as long standing cases.

The method which this report suggests to reinvert the uterine tumor, is simply "to grasp the inverted uterus in the palm of the hand, and compress firmly so as to render it less bulky by having its quantity of blood lessened. It should then be carried up into the vagina and pressed steadily; the vagina will become tense and reinvert the mouth; steady pressure should be maintained, and the uterus will continue to double upon itself; evolution takes place, the uterine tumor shortens at its neck, complete reinversion is effected, and no dimpling of the fundus is at any time perceptible; and at no time by this method are there more than two layers of the uterus passing through the mouth."

This method is applicable, it is held, in long-standing as well as in recent cases, and is precisely the treatment which proved successful in the case I had the misfortune to encounter, and the good fortune to apprehend before leaving the bedside of the patient, otherwise she would have been subjected to great in-

convenience and suffering in having the organ reinverted at a later period. In view of the circumstances attending the accident, I consider it occurred spontaneously; as the delivery of the placenta was not hastened by undue traction upon the cord, or was there any adhesion, or an unusual amount of hæmorrhage requiring immediate attention; on the other hand, nature was doing all that seemed necessary to expel the placenta unaided by art, as the uterine fibres began to contract vigorously very soon after the delivery of the child.

The theory advanced in the report from which I have quoted, I consider philosophical, and upon it I propose to account for the accident as it occurred in the case to which I have alluded in the foregoing. First, there was irregularity of action of the two layers of fibres of the uterus; the circular and the longitudinal; the organic contractility of the latter overcoming those of the former, which becoming relaxed, yielded, while the longitudinal continued to contract powerfully. Second, a want of correspondence between the muscular action of the neck and body of the uterus, resulting in drawing down the fundus through the patulous mouth of the womb, producing inversion. Inversion of the womb fortunately is of rare occurrence; but it is liable to occur in the hands of the most skilled in obstetrical practice, and were it possible to detect always the agencies operating in producing this condition, we might arrest them perhaps before complete inversion took place. Cases are on record, and one where the woman had suffered for several years with an inverted womb, a reposition of it at the time it occurred would have saved her untold misery, when it could have been done with comparative ease; but left till the organ became rigid and unyielding, its reduction must evidently be attended with great difficulty and suffering as well as hazardous to the life of the patient.

To avoid the mistake of leaving the uterus inverted, I hold it to be the duty of the attending physician in every case, before leaving the bedside of the parturient woman, to place his hand on the abdomen, to ascertain the condition of

the womb, and whether contraction follows the expulsion of the placenta; also to examine for any remaining clots or membranes occupying the vagina; by so doing an accident of this kind would be readily detected, and its restoration to its normal condition effected with comparative little suffering to the patient.



ARTICLE VII.—Practical Cases.

Natrum-mur. and Intermittens. By W. DESCHERE, Hoboken, N. J.

L. S., 22 years old, suffered for two years in Texas, from intermittens quotidiana in spite of all the treatment of the orthodox school. Arrived three months ago in Hoboken, he had daily his usual attack with the following symptoms: between 9 and 11 A. M., severe chill, lasting from one to two hours, followed by dry heat and great thirst; perspiration soon followed. Every paroxysm terminated with great lassitude and weakness, preceded by headache, as if the head would burst, and nausea shortly before getting up; continual stitches in the hepatic region even during apyrexia; urine red and muddy with sandy sediment after standing; little appetite, pulse during the chill 108, small and hard; during the heat 132 and more full; sleep, defecation, and all other functions normal. R. *Natr.-mur.* 30, six powders, to take a powder, dissolved in two table-spoonfuls of water, daily after the paroxysm. (October 11, 1872.)

Oct. 13.—Less headache, chill begins at 1 P. M., the whole paroxysm shorter and of less severity.

Oct. 14.—Light paroxysm. Oct. 15th. No paroxysm and no medicine. Oct. 16th. Light paroxysm with the usual concomitants. Oct. 17th. No febrile symptoms any more, but the hepatic stitches, though less severe, are still present. Continue the *Natr.-mur.* 30 powders, to take one every other night half an hour before retiring, which entirely removed this last remnant of his disease. The urinary sediment in-

creased the first week of treatment and gradually ceased with the hepatic pains.

I see the young man frequently, and he now enjoys the very best of health. Change of climate did not play any part in the removal of the intermittent, for he resided for three months in Hoboken before taking the remedy and every thing remained in the same state as in Texas.

Natr.-mur. 30 cured also a tertian fever with similar symptoms in a girl of five years, after taking fruitlessly any quantity of Quinine.

(Natr. mur. in Lippe's text-book : 89. Bitter taste, 90. Continuous thirst, with nausea. 96. In the region of the liver stitches and tension (chronic inflammation of the liver). 117. Pale urine with brick-dust sediment; red sediment in the loam-colored urine. 214-17. Intermittent fever. In the forenoon chilliness for three hours, with blue nails and chattering of teeth; this is followed by heat, lasting as long, accompanied by obscuration of sight, stitches in the head, much thirst, pains in the back, followed by perspiration. 218. Faintishness and weakness of the eyes after the attack. 219. Intermitteus after the abuse of Quinine, with yellow complexion, great debility, drawing pains in the limbs, headache—worse during the hot stage—pressure in the stomach, loss of appetite, excessive thirst, fever blisters on the lips.

Uræmic Convulsions Five Weeks after Scarlatina. By Dr. DITTRICH, of Dresden.

During an epidemic of unusually severe scarlatina, my children were attacked with the exanthem. My oldest daughter, 13 years old, had already passed through the disease and a consequent albuminuria, and, as she kept her bed for five weeks already, I hoped to see her up in a few days. One morning, just as I was starting to see my patients, she complained of some frontal headache, but felt otherwise well. A few hours afterwards the headache increased, she suddenly became blind on both eyes, and at 2 P. M. severe convulsions broke out. Bell., Hyosc., et id omne genus had already been given before

my return without any benefit. I found her in the most terrible convulsions, pale and disfigured, death in every feature. The spasms extended especially to the face, the head, which was drawn to all sides, and to the arms. I immediately gave her one grain *Moschus*. It soon produced quiet, the severe convulsions diminished, pulse rose, respiration became more free, and an hour afterwards she opened her eyes and asked what was the matter, as she had slept so quietly and sweetly. She only complained of some lassitude. The urine, which for several days contained no albumen, showed some traces again the next morning, which disappeared under the use of *Arsenicum*.

(There can be no doubt that these were ammoniæmic convulsions, and that *Moschus* saved the life of the child. The symptoms of acute uræmia (ammoniæmia from decomposition of the urea, whereby Carbonate of ammonia circulates in the blood) are, severe chills, headache, amaurosis, convulsions followed by deep sopor and debility; pulse usually very quick, filiform, irregular, respiration accelerated, dyspnoic or stertorous. *Moschus* is well known to be an excitans to the circulation and to the central nervous system, and it has gained a well-deserved reputation in states of collapse, especially when appearing in the course of cardiac diseases or during typhoid zymotic diseases. Hughes (*Pharmacodynamics*, 406) finds its of great value in hysterical paroxysms and nervous palpitations; but as albumen was again found in the urine after the paroxysm, the diagnosis of uræmic poisoning is allowable. Among the symptoms of Musk we find: attacks of sudden blindness; vertigo as soon as the head is moved; stupefying compressing headache, mostly in the forehead; headache with nausea, compelling one to lie down; earthy pale complexion; great dryness of the mouth (a symptom also found in uræmia); copious watery urine (secondary or curative effect); convulsions, etc.).

Chronic Impetigo Figurata. By Dr. PROST LACUZON.

Crevat, 13 years old, was brought to me by his mother in the following state : face swollen and covered with a crust of the thickness of a centimetre, formed by a purulo-sanguinolent exudation and of the color of chocolate. Only the eyes, the tip of the nose and the lips escaped this affection ; all the other parts of the face are covered by the mask, which gives out a disagreeable smell. All the other functions are normal, and so far as the parents recollect, none of their other children ever had any skin-disease. Ordered *Dulcam.*⁹, *Lycopod.*¹⁶, *Rhus-tox.*⁶, *Hydrocotyle asiat.*⁶. Three doses of each according to their order in the following manner : *Dulcamara* : one dose of eight globules dissolved in six table-spoonfuls of water ; three spoonfuls daily for two days, then three days rest ; again a powder dissolved to be taken during two days with the same intervals. After the third powder of *Dulc.* is taken, an interval of five days, and then the second, third and fourth remedy is taken in the same manner and with the same intervals.

As soon as the medicines were finished, the mother reported great improvement, inasmuch as half of the mask was already detached, the fissures and redness of the skin diminished, and the discharge was more like suppuration. Ordered another course of the four remedies.

Two months afterwards the boy could hardly be recognized. The whole face was of natural color, except some spots, which looked still red. Under the influence of *Hydrocotyle* and *Graphite*, given in the same manner, these last remnants disappeared and the child is now perfectly well. (*Biblioth. franc.*, Oct., 1872.) (Dr. *Andouil's* proving of *Hydrocotyle asiatica* is found in the *Brit. Journ. of Hom.*, xvi., p. 461. *Boileau* cured 57 cases of lepra with this plant ; *Devergie* found it of surprising benefit in five cases of the most obstinate and inveterate eczemas, four of which were completely and rapidly cured.)

Sunstroke, by Dr. Espinay.—The summer of 1868 was excessively hot, and the papers contained many cases of sunstroke. On July 26th, towards evening, I was called to a little boy, who the whole afternoon slept exposed to the sun. I found him unconscious, the eyes glassy and half-closed, the face pale. The coma was so deep that no stimulus produced the least response. He could not swallow, and a trial of giving him a teaspoonful of water produced such a spell of suffocation, that I thought he would die. Pulse regular, 70; skin cool. I wished to give him Opium, but having none with me I left Bellad.³. The parents, tired out, neglected to send for the Opium, and the child died during the night.

A few days afterwards I was again sent for in the country to a girl of three years. She also had slept in the sun during the afternoon, and next morning the mother found it impossible to awake her. I found her sleeping quietly and normally, pulse regular, skin cool, but nothing would awaken her. I pinched her, pulled her hair, held vinegar under her nose, and even threw water in her face, all in vain. I then left one drop Opium³, in half a glass of water, a teaspoonful every three hours. She had hardly swallowed the first teaspoonful when she woke up, rubbed her eyes, jumped out of her bed and asked for something to eat. The effect of Opium was here instantaneous, clearly proving that we have to deal in such cases with cerebral spasm, and not with any inflammatory process. (*Biblioth. franc.*, Dec., 1872.)

Our esteemed colleague, *Dr. Th. Bruckner*, of Basle, publishes the following interesting case in the *A. H. Z.*, No. 13, 1873:—I was consulted last August by a healthy-looking gentleman of 22 years. According to his report he suffers from childhood (he had the scarlet fever in his second year) from an oedematous swelling of some part of his body, regularly returning every eight days. Sometimes the back of his head swells up, sometimes the foot, knee, either right or left. Since three years the oedema throws itself sometimes on the glottis, causing fits of suffocation, and he has

already been several times operated on on account of suffocation. He had already this year three attacks of œdema glottidis, which he now renders more bearable by blisters of caustic Ammonia. This œdema, wherever it may appear, always terminates in twelve hours. Before the attack patient complains of nausea, loss of appetite, followed by bilious vomiting and some headache, but not severe; after the bilious vomiting excessive thirst, but he must only drink a small quantity, or else it sets him to vomiting. In the part attacked by œdema, the patient feels a certain stiffness and tension. The urine is, during the fits, very dark with yellowish-red sediment; if the œdema attacks only the hands, patient can walk out after the vomiting is over. The attacks of bilious vomiting are not always of equal severity, lately even quite light. Patient had already consulted many allopathic authorities in Germany, and France, and Switzerland; has taken any quantity of drugs; his urine has been examined many a time, without ever receiving any benefit. Quinine, Arsenic, etc., brought no change; a purgative day before the attack prevented it for that day, but it only came a day later. On account of the regular weekly return on the same day I gave *Cantharis* 200, six powders night and morning.

August 28.—I visited the patient at his hotel. The paroxysm which ought to have appeared to-day, came yesterday, but light. œdema did not set in. *Canth.* 200, 12 powders, every evening a powder.

September 8th.—I received a letter. Paroxysm on the 5th with considerable œdema of the hand, but general ill-feeling less than usual, and vomiting light. I sent a high potency of Sulphur, *Sach. lact.* during the interval to be followed by *Apis* 200, every evening a powder.

September 17th.—By letter: Paroxysm on the 15th. Hardly any œdema, only some tension and redness in the left lower arm. Abdominal and gastric ailments hardly worth mentioning. *Apis* 200, 10 powders, one each evening.

October 18th.—Paroxysms as usual, but less œdema. The bilious vomiting and the ill-feeling in the stomach and in-

testines are again on the increase. The paroxysms are not so regular any more, a day sooner or later. Appetite decreased and complains of his old constipation. Arsen. 2^{00} , and Nux. 2^{00} . Arsen. 2^{000} , and Nux 1^{000} , with Sach. lact. at intervals (Ipecac. for the nausea and vomiting).

The patient is still under treatment, and Dr. Bruckner would feel pleased to hear from other physicians, whether they had similar cases under treatment and how they succeeded.

(Some of our authorities advise never to repeat the same potency, but to go upwards or downwards in the scale according to the diseased state of the patient, which may vary through the influence of the remedy given, and also according to the remedy. In such inveterate cases "tolle causam" seems to be of great importance; here a severe attack of scarlatina, of which probably the patient has only a faint reminiscence; still the remedy indicated for that scarlatina will probably be a good simile, and twenty years ago many a case of scarlatina was covered by Rhus-tox, just as in Hahnemann's time Bell. covered the smooth variety).

1. *Insufficiency of the mitral valve. Pulsatilla.*—I., director of a sugar manufactory, 52 years old, suffered for the last six years from palpitations, with anguish, and from asthmatic difficulties, with moderate bronchial catarrh, without finding any relief from the remedies given. Auscultation showed clear systolic murmurs on the apex of the left ventricle, and we prescribed Puls. 3 , 4 drops in a cup of water, 4 times a day a tablespoonful. Two weeks afterwards he reported amelioration, less palpitation, can move about with more ease, and coughs less. Systolic murmur still present; continue medicine.

Reported three weeks afterwards continued amelioration, and examination revealed diminished murmurs. After two months' treatment not a trace of the cardiac murmurs could be found. Six months afterwards he consulted me about some gastric troubles; none of his former difficulties had re-

turned, and the sounds of the heart appeared perfectly normal.

2. *Insufficiency of the mitral valve. Spigelia.*—Miss W., 23 years old, complains for two years, when walking fast or during other bodily exertions, of oppression of the chest with palpitations, for which she did nothing, as she felt well otherwise. For the last few weeks this oppression increased and became more frequent, and aid was called in.

August 19th.—Examination revealed strong systolic blowing at the apex of the left ventricle, without any other abnormal state. Pulsatilla as above.

August 28th.—State, the same. Spigelia instead of Pulsatilla.

September 4th.—Patient reports that she can walk better and auscultation showed improvement in the heart's action, and a few weeks afterwards patient could even take long walks on a hot summer day without any oppression.—*Dr. H. G. Schneider, in Internat. Presse, iii., 2.*

[We must here rely on the diagnosis of our worthy German colleague, although he fails in giving us all the differential points of mitral insufficiency. Fully acknowledging the great value of the symptom, "systolic murmurs at the apex of the left ventricle," still there are other causes which also produce this very symptom, as simple roughness of the mitralis, or irregular vibrations of this valve in consequence of anæmia or of chlorosis, or of faulty innervation, all of which may produce functional symptoms, simulating insufficiency; and we would feel more satisfied with the diagnosis if also the results of percussion would have been added to those of auscultation. Another question arises, why was the first case cured by Pulsatilla, which so decidedly failed in the second, and which was cured by Spigelia? The sequel of gastric ailments may shed some light on the indication for Pulsatilla, as the patient also complained for years of asthma, anguish (præcordial?) and palpitations. Middle age gives us also abdominal plethora, and hence pulmonary engorgement may ensue, and, as we know that under the action of Pulsatilla the veins lose their vital resistance, we find it in-

icated in dilatation of the right ventricle, a complication often met with in insufficiency of the bicuspid valve with stenosis ostii venosi sinistri.

The second case is that of a young lady, where the palpitations were aggravated by bodily exertions, and one of the chief indications of *Spigelia* is aggravation by motion and noise. It suits the irritable heart, especially where the whole trouble is based on a rheumatic diathesis or on debility from anæmia (chlorosis?). There are only few remedies showing so distinctly the symptoms of valvular disease of the heart: percussion sound normal, or else dulness on percussion sound over a large surface; increased shock of the heart, raising the wall of the chest, not synchronous with the radial pulse; instead of the usual sounds a noise is perceived in various parts of the heart, either during the systole or diastole, or during both.]

Chorea from Fright cured by Viscum album (Mistletoe), by Dr. John Wilde.—A boy, about 9 years of age, of strumous habit and with tendency to skin disease, was frightened by a drunken man pushing against him, causing him to strike his face against a lamp-post. A few days afterwards the symptoms were: perfect inability to remain still for the space of three minutes; the muscles of the face, arms and legs were in constant agitation; the face looked distressed, vacant; he looked almost idiotic. He could scarcely protrude his tongue, and his speech was quite inarticulate. He was unable to walk around the table without assistance. I found that, contrary to my former experience of chorea, the movements continued at night, and the boy was quite worn out from want of sleep. I prescribed *Belladonna* 1". For the next few days there was some abatement of the movements in the daytime, but no amelioration at night. I then changed to *Hyosciamus* for a few days, and though we could see improvement in daytime, the nights were the same. About this time the mother informed me that he complained of seeing objects double, and this diplopia was like that recorded in the proving of *Stramonium*, the phantom object always being seen above and to the side of the real one. I accordingly gave stramonium with

the effect of his sleeping much better and quieter, and I heard no more of the double vision. The treatment had by this time lasted about three weeks with very little improvement. I now prescribed *Viscum album*, one or two drops for a dose, and ordered medical rubbing, which seemed to make him worse, and there was still no improvement. The mother asked me at this time whether I had any objection to the patient taking "mistletoe tea," which some one recommended to her. Thinking that the cause of my failure might be the smallness of the dose, I ordered fifteen drops of the mother tincture four times a day. Improvement set in directly, and the nervous movements became suddenly lessened; the boy's countenance began to assume a more intellectual expression, and he slept well. After continuing the *Viscum* for a week, ulceration of the corners of the mouth and great soreness of the tongue appeared. There was also some redness of the conjunctiva, and I therefore discontinued the medicine. The mouth then got better, but the choreic symptoms returned. We then resumed the medicine in the same (15 drops) doses, and again the sore mouth and the red conjunctiva appeared, so that I now resolved to give the medicine in smaller doses and at longer intervals (5 drops thrice daily), and the patient improved daily and persistently, until a perfect cure was effected.

I have found the *Viscum* very useful in two cases of epilepsy of long standing, but it failed in other instances. The two cases cured were both women, who suffered severely from menorrhagia, and the medicine not only cured the convulsive paroxysms, but likewise relieved the menorrhagic condition; and hence I infer that the characteristic indication for its use in epilepsy may be where undue uterine excitement accompanies the epileptic attacks.—*Brit. Monthly Hom. Review*, April, 1873.

Fragmentary Pathogenesis of various Stimulants and Partial Suppression of Foot-sweat.

BY U. V. MILLER, M. D., Syracuse.

(NOTE.—The italicized symptoms are confirmations.)

C. T., 27 years old ; gray eyes ; dark, sallow complexion ; bilio-nervous temperament ; very intelligent. At the age of four years, was warned by Prof. Fowler, who then charted his cranium, never to indulge in tea, coffee, or any other stimulants, on account of their deleterious effects upon such a delicate and sensitive nervous organization. But during early youth he had indiscreetly practised the solitary vice. The consequent debility subsequently induced him to discard Prof. Fowler's sage advice, and to indulge freely in stimulation. Another noteworthy fact is, that during the past three years, a habitually profuse and offensive foot-sweat has been partially suppressed.

PATHOGENESIS OF TOBACCO.

During the past three years especially he has observed the following symptoms to result from smoking : Great *burning in the stomach*; *ravenous appetite* (Jahr : absence of appetite ; constant hunger and nausea as if nothing had been eaten) ; *trembling of hands and arms* ; *circumscribed redness* of the cheeks, especially the left (Jahr : right) ; this symptom was so prominent that his wife could always tell by it when he had been smoking to excess ; darting pain extending from the heart upwards to the vertex and sensation of *constriction* across front of upper chest with *dyspnœa* and disposition to take a full inspiration. Note : The cardiac and thoracic pains were probably an aggravation of symptoms caused by partial suppression of foot-sweat.

ALCOHOLIC STIMULANTS.—WHISKEY OR BRANDY.

Liquor-drinking increased the redness (congestion) of the cheeks, excited the organ of amativeness and produced ver-

tigo with whirling sensation in head, and finally very sour emesis.

TEA AND COFFEE.

For many years he has used these beverages, and often to excess on account of lassitude and debility, which developed an almost irresistible craving for their primary stimulating effects. But during the past three or four years only has he observed their secondary pathogenetic effects.

Since that time such effects uniformly resulted from using these beverages to excess, that is, drinking two cups of tea or coffee of moderate strength at one meal. Then he would always experience more or less of these symptoms.

PATHOGENESIS OF GREEN TEA.

This beverage, taken as above to excess, invariably produces in his case, more or less of the following symptoms: Determination of blood to the head with sensation of fullness, especially in the forehead over the eyes; flashing, fiery lines darting from the eyes, and radiating outwards from the axis of vision; sensation at root of nose as if epistaxis would occur; vertex-heat (Calc. c., Eupat. perf., Euph. orb., Nat. mur., Nat. s., Graph., Phos. and Sulph.), and vertex-vertigo, with sensation of pulsation at vertex—can feel every heart-throb there.

PATHOGENESIS OF RIO OR JAVA COFFEE.

Drinking coffee to excess, as above, each time produces more or less of the following primary symptoms: *Great loquacity* (Stram.); *his brain feels clear and is active*; he feels strong enough to do anything; feels impelled to push things; wants to keep going ahead and *doing something*; veneration for the Supreme Being, and love for family; desire to perform good deeds intensified (benevolence excited); stinging pain into locality of amativeness on left side; pulse full and frequent. Then the following secondary symptoms: Sensation of heaviness in the forehead over the eyes, and cold,

clammy perspiration all over the body, but chiefly in the palms of the hands (Veratr. forehead); feet and hands cold; on account of easy perspiration, *chilliness* and shivering from the least exposure to cold air; chilliness, with general shaking and chattering of the teeth; cannot get warm; the chills ascend from the fingers and toes to the nape of the neck, and thence to the vertex (Lippe: descend the back); when chilly, Cayenne pepper taken internally produces general warmth, and makes him feel fearless and courageous; *vertigo* with whirling sensation in the head, occasioning a general faint feeling, with aggravation, when thinking—has to banish reflection; with vertigo, burning in stomach; vertigo partially relieved by a change of position, and general amelioration of symptoms from moderate out-door exercise (Lippe: aversion to open air, which aggravates the symptoms); on going to sleep, *starts up suddenly* in affright (Bell.) with groans and fear of falling (compare Caps., Cina., Dig. and Spong.), or of some impending danger; great *sleeplessness from mental and nervous excitability*; timidity and fear of sudden death (Acon., Ars.); this fear sometimes occasions trembling from head to foot; muscular jerking; *jerking of limbs*; great lassitude and general debility; pulse variable, often weak and almost imperceptible, sometimes intermitting; sensation of heaviness in cardiac region*; frequent micturition; *profuse* (Jahr: midnight) and colorless urine; at close of micturition, a slight milky discharge (probably prostatic, attended with a *smarting* or burning sensation at orifice of urethra; afterwards cutting pains below the bladder (in sphincter vesicæ or region of prostatic gland; great *fullness* (Jahr: oppression) in epigastrium and partial loss of appetite; cold water and cold food aggravate the distress in the epigastrium and left chest*; left side generally affected*; constipation only when drinking coffee.

TREATMENT.

Aconite 6, 30 or 200, repeated three or four times a day until relieved, succeeded at first better than any other remedy.

* The thoracic and cardiac pains were probably aggravations of symptoms caused by suppression of foot-sweat.

This was suggested by the physical and moral symptoms: restlessness and great anxiety, with fear of sudden death. On taking the Acon. 6 or 30, he would first experience a warm glowing sensation in cardiac region, and then gradual but general relief of symptoms, especially of the neuralgia of the heart.

Subsequently on ascertaining by means of the olfactories, that the patient had offensive foot-sweat, I obtained the following additional symptoms: When his bowels were constipated, he almost invariably had a dull, heavy pain in the forehead above the eyes, and sometimes a pain like a nail pressing *from within outwards in the forehead (Sil.) above the right eye*; pain like a heavy weight in the heart, finally amounting to a numb feeling; then vertex-dizziness; offensive foot-sweat, but this was formerly much worse than it has been during the past three years; never had persistent thoracic pains previously to the partial foot-sweat suppression, three years ago; *easily takes cold when the feet are exposed*, when his boots are off and *also when his head is uncovered*—generally keeps his hat on quaker-fashion (Sil. agg. from uncovering head or feet). Sil.^{2 c} gave speedy relief of the sensation of weight and numbness in cardiac region.

Since taking the Sil. his general health has been much improved, and he has been enabled to drink coffee with less heartache than before in three years. But the remedy has developed some new cephalic symptoms: pulsation in frontal and occipital region; fulness, heaviness and darting pains from occiput to junction of frontal sinuses; venous congestion, with enlargement of veins in forehead and occiput. The foot-sweat remained about the same.

Contrary to my advice, he resumed the use of coffee, and several time reproduced the pain in the heart, which Sil. as often relieved.

My experience in this case has been of great use to me, enabling me to cure other similar cases of neuralgia of the heart or other organs, especially when caused by the suppression of foot-sweat.

Three Cases of Ovarian Tumors.

BY MERCY B. JACKSON, M. D.

CASE 1ST.

Mrs. G. N. M., a married lady of about 30 years, fair hair, blue eyes, and rather stout, consulted me on the 15th of Oct., 1870, for an enlargement of the left ovary. Her general health was fair, but a good deal of aching in the small of the back, especially when fatigued; menses a little delayed, and a good deal of soreness in the ovarian region. The enlargement in the left ovary had been of several years' standing, constantly increasing, but slowly. The tumor was about six inches in diameter, pretty round, somewhat sensitive to pressure, quite hard; cannot walk much without great fatigue and aching in the small of the back.

Has a steatoma about two inches in diameter on the right thigh; has had it a long time.

Gave Caul. 3d, every second night a few pellets. Continue Caul. until the 21st of November. She has felt some better while taking the Caul., but there is no change in the tumor or the aching in the back.

November 21st.—Gave Lach. 200, two pellets every third night.

Dec. 8th.—She writes that she has improved some. Continued Lach. 200 as before.

Dec. 23d.—She thinks she has felt better, but I see little change in the tumor, or pain in the back; continued Lach. as before.

January 8, 1871.—The back is a little better, but no change in the tumor. Gave her Liliūm tig. 3d every second night.

February 2d.—She has improved very much under the Liliūm. The back is now better all the time. Continued the Liliūm.

February 20th.—Still improving. Continued Liliūm.

March 24th.—The ovarian tumor is smaller, the steatoma smaller, less backache. Continued Liliūm every third night.

April 21st.—She has improved, has less pain and feels better. The tumor on the thigh is smaller. Continued Lilium.

May 22d.—She is still improving. Continued Lilium.

June 18th.—She writes that she is better every way, bowels softer, very little pain ; continued Lilium every third night.

July 15th.—She has constantly improved since I saw her on May 22d, and the tumor is smaller. Continued Lilium every night.

July 29th.—She writes : “ I am continuing to gain, but over-walking makes the abdomen swell. Sent her Lilium 10 every third night.

August 13th.—She is as well, but does not walk much. Gave Lilium 16 every second night.

September 2d.—She has had little pain in the tumor, but it has not diminished much since I saw her last ; continued Lilium.

October 21st.—She is in better health, but I do not perceive any change in the size of the tumor since I last saw her. Continued Lilium till the 16th of January, 1872. She does not see any improvement in the tumor of late ; sent her Plat. 30, a powder every second night.

February 19th.—The tumor has decidedly lessened since I saw her, and the tumor on the thigh has also lessened. Continued Plat. 30.

March 28th.—She has “ been nicely, and thinks the tumor is diminishing, also the hunch on the thigh.” Continued Plat. every third night. A severe cold interfered with the treatment for the tumor.

May 28th.—She has improved very much.

June 15th.—The tumor is very small, but there is a general anasarca appearance, and a stiffness and slight lameness in the left knee for which I gave Puls. 200.

July 13th.—She is feeling nicely. Gave her Puls. 200.

August 30th.—She feels very well, but I can just perceive a little fulness in the left side. Gave Plat. as before.

October 5th.—Gave Plat. Saw her on the 8th of Feb., 1873, could see no difference in the sides of the abdomen. Consider her cured of the ovarian tumor, and in good health.

CASE 2D.

Mrs. J. M. W. consulted me Sept. 21st, 1871. She is about 35, medium height, fair complexion, blue eyes, quite stout, has been married some six or eight years, has never been pregnant. On examination found the left ovary enlarged, quite hard, and about five or six inches in diameter; the uterus is an inch and a half too low, pressed down by the ovarian tumor. She has some leucorrhœa, menses delayed two or three days, last three days. Has some bearing down. Bowels in good order. Appetite good. Inclined to be sleepy. Pain between the shoulder-blades and nape of the neck, after walking or driving. Gave *Lilium tig.*, two pellets of the 3d every second night.

Oct. 23d she writes: "The abdomen is a little softer, but no smaller." Sent *Lilium*, every second night.

Nov. 13th she writes: "Have no suffering, except the backache, and sometimes a bearing down."

Dec. 21st.—Cannot see that the tumor has lessened. Gave her *Lach. 30*, two pellets every second night.

Feb. 2d, 1872.—She feels pretty well, little pain between the shoulders. Continued *Lach.* every second night.

Feb 29.—She has improved. The tumor is much smaller. On account of same symptoms which I did record, gave *Platina* every second night. Continued *Platina* until April 29th, when I saw her. The abdomen is smaller and she feels better generally, but has hæmorrhoids protrude and bleed. Gave *Nux.* and after it *Sulph.*, which removed them.

May 17.—Sent her *Plat.* as before.

June 24.—She feels nicely, and there is much diminution of the tumor.

July 11th.—Sent her *Plat.*

Aug. 1.—She is about the same, she writes. Sent her *Plat.*

Aug. 25.—There is not much change. Sent her *Lilium tig.*

Oct. 14th.—There is no particular change. Sent her *Lach. 200*, which was continued till Jan. 24th, 1873, when I saw her, and considered her cured.

CASE 3D.

Mrs. C. G. L. consulted me June 28th, 1871, for an enlargement of the right side of the abdomen. She has dark hair, black eyes, medium height, rather stout; is about 36, the mother of three children, the youngest six years old; has not been pregnant since.

On examination found an ovarian tumor on the right side about six inches in diameter; can lift it up from below; not so hard as the two before described.

Menses regular, but too frequent; last a week, blood much clotted; has slight leucorrhœa.

Bowels very costive, fœces large, appetite good.

Has severe pain in the right side opposite the hip, and in the back, and down the thigh. At times it is *very* severe, lasting some two days.

These paroxysms three years ago were at long intervals, but have grown nearer and nearer, until they recur once or twice a week.

Had severe pain in the head with suppression of the menses for nine weeks, two months since. Eyes smarting, a blurr and black motes floating before them.

Gave *Lilium tig.* every 2d night, 2 pellets of the 3d.

July 12th.—She has felt better, and had no paroxysm of pain in the evening. Continued the *Lilium*.

July 28th.—She has constantly improved, and no return of the paroxysms of pain.

Given *Lilium* as before.

Aug. 2d.—She went into the country, rode 75 miles on the cars, and had the next day a severe return of the pain. Sent her *Lilium* and *Plat.*; she was obliged to call help before the medicine reached her, and when the Dr. left her she sent to me.

Aug. 31st.—Sent her *Platina*.

November 17th.—She has been improving, but still constipated. Sent her *Lilium* and *Sulph.* for the constipation.

December 8th.—She has been improving, the tumor lessening fast. Sent her *Platina*.

December 28th.—Still improving. She has been very comfortable, tumor diminishing ; constipation some better. Gave her Platina as before.

January 18th, 1872.—She is doing finely, had no pain, and tumor almost gone.

February 20th.—Still improving ; can perceive little, if any difference in the sides of the abdomen. Did not hear from this patient again for several months, when I learned that she was pregnant. She has since been confined, and has a fine infant and is well.



ARTICLE VIII.—Our Outsiders—Historical Reviews.

BY C. HERING.

Nicknames—A Variety Show—The Pernicious Parable—The Six-legged Wood Ant—A Castle in the Air.

The "Fragmenta" of Hahnemann, published in 1805, after having been criticised in two or three papers, was killed by silence and became waste paper ; not a single physician in the world, notwithstanding the work had been written in Latin, was induced to adopt Hahnemann's great plan. In Germany the bellwethers had the staggers ; the hydatid in their brains ; the *Coenurus cerebralis* was John Brown ; Kant was the fashion, Lambert forgotten.

The "Materia Medica Pura," published from 1811 to 1821, was attacked violently by the old schools, and repeatedly, during a score of years, of course with nothing but absurdities. Then they became tired, and one after the other preferred the method of killing by silence.

In 1830 the Anti-Hahnemanians sprang up within the ranks of the Homœopathic school. Admitting the so-called law of cure and the advantage of drug-provings, they repeated all the objections of the Anti-Homœopaths, and attacked especially our *Materia Medica* ; this has been continued up to the present time—now two score of years. They had of course very soon the majority on their side, and by their

efforts the crowning work of our great master, the "Chronic Diseases" with the antipsoric remedies in the second edition, 1835 to 1839, became like the "Fragmenta," waste paper.

But notwithstanding all this gnawing of worms, devouring leaves and blossoms, Hahnemann's *Materia Medica* stands, a widely-spread, fruit-bearing tree, eighty-three years old, gaining all the time in the "struggle for life."

In Jan., 1873, we received as a New Year's present a re-hashing of most of the objections made by the Anti-Hahnemannians during the last 40 years against the *Materia Medica*, concentrated into six numbers filling 19 lines. Around it a curious grotesque frame in the Rococo taste, the meagre dry piece of meat freely interlarded with religious phrases. As we are expecting very soon a complete *Materia Medica* by the men most able to perform this work, on this side of the water, we consider it a duty, a holy duty, to defend our great and invaluable treasure-house against objections warmed up again and again, stale as they are, to show how illogical and absurd each one is.

The old story of the fox who could not reach the grapes by his jumping, and who wisely said "they are sour after all!" has been often repeated in our school. All who do not find it agreeable to study *Materia Medica*, or else find it is too much for their abilities (some even after making a repertory themselves), all such who, of course, in their practice still meet with "insuperable difficulties and uncertainties of every kind and on every hand" (all who found it too much trouble after all), turn their backs towards it and say, "entirely too much trash has been gathered," "piles of rubbish," pshaw!

But where is the proof of all this? We do not find even the slightest attempt at this time, as if it were not worth while any more, as if it had been done long ago.

The mean attempts which have been made years ago have been repudiated completely! But as a slanderer never wants a proof, because he *believes* it to be so, and imagines that others must believe the same thing, only because he says he *believes* it; and after such sayings have been repeated often enough,

the masses believe it, and are astonished, if what they suppose to have been well proven long ago, is doubted by one who knows better.

The rehash of accusations in our late New Year's present is condensed into six points on page 9, and fill the first 19 lines. They are in a much better order than the last published rehash in a malarious book.

Some of the six points are true, but not of the slightest importance. Some appear to be true, but it can be proven that they are absurd. Some are false, and their worthlessness is easily shown. Some are slanders and based on ill will. If mere possibilities are taken for granted, nothing remains to be done but to follow the old wise rule: "live them down." We will take the big frame of the small picture first, and say something about *nicknames*.

One of the first nicknames used by our opponents was, *mysticism*; and this on account of the so-called small doses. That it is one of the most horrid and stupid superstitions to object to small doses, because they are small, the rabble among the learned cannot understand; they see it through a mist, and as in our age mysticism came into discredit, and they, not knowing what the word really meant, applied it to the Hahnemannian doctrine. As they abhor facts, and proofs by facts, and shun experiments, they grasped for such words to assist them. The vulgar minds are satisfied with it, what more do they want? They did it in spite of the historical fact that Hahnemann himself had all his life belonged to the rationalistic school in religion as well as in philosophy, and especially in medicine, being an opponent to the spiritualistic school of Stahl. They did it in the face of the historical fact that Hahnemann's first followers, all the main propagators of his new school from Stapf down to Grauvogl, belonged as men of science to the opposers of Orthodoxy, and still more to the opponents of the mystical outgrowths from it.

Another nickname was brought into play; they called it *piety* towards the old master, if practitioners published their corroboratory facts to prove that Hahnemann's observations

were right. "*Piety*," they said pitifully, "*piety* induced many to swear by the words of their master." This was rehashed by a man who wrote a big boasting book full of lamentation about the imperfections of our school (not his own of course), full of misapplications, and recklessly barbarous in his treatment—a man who had not even learned enough to know the difference between objective and subjective, and had to be corrected in a public meeting repeatedly of this school-boy blunder. He does not know it up to this time. He did not know from our history that all and every one who have worked to build up our school, did not hesitate for a moment to do what they supposed to be required, even if against Hahnemann's wish or will.

Stapf commenced to publish his archives in spite of Hahnemann's discontent. Gross published the errors and mistakes in *Materia Medica*. C. Hering proved the plumbum in spite of the advice of Hahnemann to let plumbum alone. He put the axe to the root when he first published the question: "What do you mean by similar?" He exposed the falsity of Hahnemann's views about primary and secondary symptoms, which he had used to explain the possibility of a cure by similarity, etc., etc., etc.

But what does a slanderer care about history or historical facts?

Another nickname, often used before, particularly by our enemies, has been, in our New Year's present, nailed on the flag-staff—*credulity and incredulity*. We have to remind our readers that the credulous as well as the incredulous have nothing to do with science, and science has nothing to do with them. These words it might be said do not belong to the dictionary of science.

Credulity is childish and incredulity boyish. Children who do not believe what is said to them and have become sceptical, are miserable monstrosities. The main source of their inner life has been made muddy. If a child believes implicitly the nursery stories, all the higher truths hidden in them enter its mind. Hence it was the Lord's way to speak in parables.

If a child blows with a pipe into soapsuds, it enjoys seeing the rising bubbles with their beautiful colors. The ripened man, the thinker, may ask, by what law breaks the sunlight into such rainbow-like circles?

The boy may not believe everything told him, and may begin to ask the why and wherefore; but he has to walk a long way and must have a leader, and in him he must have faith, and believe the reasons given him, and must not shun earnest labor. If he takes it easy, and nothing is cheaper than to say no to everything, he very soon will be one of those over-wise *blasés* disgusting the world while they are disgusted by every man of science. If the child's faith has been guarded by its good angels, the higher truths received trustingly are like a stream of living water, throughout its life a stream of true poetry. If such trustful minds enter into the fields of science, they are surrounded as it were by the warm air in spring, and scientific truths grow up to wisdom. All the great unfoldings of our knowledge, all the laying open of new fields for further human researches, have been made by men with such a poetry of mind, as for instance Kepler, and also Hahnemann. Some such poetical minds, if they remain without the strict method of the mathematician, or do not follow the logical rules, may become, as we often see, enthusiastic. Such are never disappointed themselves, but often disappoint others. Such enthusiasts may even degenerate and become caricatures, fanatics.

On the other side, the boyish incredulity may continue through life, and sceptics who boast of their own scepticism may be formed. Such men are like some detectives, looking all the time for crime, until they finally like the crime. Such men lose the greatest delight of the human soul, the charming love of truth.

They often boast of their scepticism until they put the saw to the branch of the tree on which they are sitting.

A sceptic is like a man who bites his nails off until his finger-ends are bulbous lumps, of no use to scratch himself with when he itches.

In the history of medicine, we find of course all the above

represented classes mentioned. But we do not find a single one of any importance whatever, whom we could prove to have been "credulous," and we do not find a single one "incredulous."

In medicine there is no credulity except among the uneducated masses, if they believe the puffs of the nostrum vendors in the papers. It is not incredulity either, when physicians have nothing to do with such nostrums, but it is a positive knowledge that every quack medicine is a cheat, and must be, as every thinker knows. Diseases never can be cured, but we have to try to cure the sick. Thus we protest against this nickname, and particularly against the epithet incredulous. Luther was, being entirely loyal to the Holy Scriptures, indignant about the indulgences sold by Tetzels, Bacon gives in one of his books, a receipt for making gold, and denies all the great fruits of the strict method, the doctrines of Copernicus, of Harvey, and of all the rest. Hahnemann was neither credulous nor incredulous, nor were any of his honest scientific followers.

We have now to throw light on the second part of the frame work, that is, our author's *variety show* of history.

After Galen had borrowed from an old Greek philosopher the two so-called opposites of hot and cold, dry and moist, and put them like two step-ladders crosswise on the floor of his theory, and had gotten out of that as the acme of wisdom, the hot and dry, hot and moist, cold and dry, cold and moist,—he put into that "square of the circle" all creation, the winds, the seasons, the temperaments, the juices of the body, and finally all diseases human flesh is liable to, following it by all known and unknown drugs, and put a high flag-staff in the middle, with the vane "contraria contrariis," on the top.

For one thousand and three hundred years all the doctors in the civilized world swore by that until Hohenheim broke down this heap of worthless stuff and was murdered for it. But not until now in our age, three hundred years afterwards, is he acknowledged by those who know as the saviour of science through his method. Now Galen's method is put in

that old lumber-room full of rubbish, called history of medicine.

Was this superstitious veneration of Galen credulity? Certainly not!

The doctors wanted a law by which to go, and they were satisfied with that kind of a philosophy, and all such who opposed it, as in Galen's lifetime, Lykos, who said that only the "similia" could cure, and later in every age some independent man who opposed Galen's rule, we may not call incredulous. They had other axioms, other principles. It was neither credulity nor incredulity that decided their opinion *pro* and *con*.

A Dr. Weinhold learned from the common laborers in a looking-glass factory at Venice, how to cure the tetter with graphites.

These men had tetter-like spots with cracks or fissures which from the dust of the workshop turned black, and according to the popular notions of "signatura rerum," they rubbed something black in them.

Weinhold after coming home wrote a treatise on it, and there very soon were more lead pencils used by the apothecaries in Germany than by all the artists in Europe. Every one who suffered with tetter had to swallow graphites by the spoonful until the stools became black.

We may not call this credulity! All doctors considered it their duty to try the experiment.

Very soon after the trial had been made by hundreds of practitioners on thousands of patients, the boxes with the black powder were put in the furthest corner of the shops, and graphites was hardly given any more.

But it was not incredulity now. They were disappointed with the new remedy, and another fashion was trumpeted out by the journals.

Was the "great" Cullen credulous or incredulous?

He used the goose wing very freely (it may have been a gander wing), and with or without reason cleared the drug shops of old rubbish. But he followed the fashion, and it obtained for him so many titles that they filled eleven lines

on the title-page. Still he was very credulous in one respect, *e. g.*, to believe in his own greatness. In the preface to the first part of his *Materia Medica* he used the "I" 74 times, and "my" and "me" 30 times. This preface fills eleven pages, and has 210 lines—thus he had himself mentioned once every other line.

The so-called "greatness" thrust upon Cullen would not give him a place in history, but what he has done indirectly is remarkable.

By his theorizing he was the unwilling originator of the most horrible of all the so-called "systems," framed by one of his pupils, the opium-eater Brown, distinguished by a recklessness unknown before in history, and doing nothing but harm.

Cullen by his speculations also unwittingly gave the start to Homœopathy. His absurd proposition was that cinchona cured the intermittent fever by being a bitter tonic and at the same time an aromatic stimulant. Hahnemann, as his translator, exposed this as a great absurdity, and showed that much more bitter drugs mixed with much more aromatic ones would not make a specific for fever, and it was this that induced him, the man of the strict method, the disciple of Lambert, not of Kant, to ask his own body what influence the bark had.

Hahnemann was not "credulous" nor incredulous; he observed for ten years, day after day, and after this he was enabled by the small doses (objectionable only to the incredulous folks) to work another ten years, day after day, and then, after twenty years of research, he published his "Organon," followed by the "Materia Medica Pura."

We would consider it a mean slander if some one should say that Hahnemann became "credulous." He all his life upheld what he said in his "Fragmenta," p. viii.

"Quatenus observare mihi datum est, veritate litavi scrupulosissime, religiosissime. Utamur his qualibuscumque; nemo me melius novit, quam manca sint et tenuia."

In his "Materia Medica Pura," 1811 to 1821, he separated his own observations always from the symptoms obtained

by others. After Stapf had adopted the new doctrine, and had brought over his friend W. Gröss, and A. Haynel became his (Hahnemann's) assistant, he got a class of students, and nearly all were willing provers. They were not scattered here and there as on page 8 is asserted, without the slightest reason for it.

Hahnemann examined every report before the class carefully and with closest scrutiny. Every one had solemnly to affirm before the class that what they had written was the truth and nothing but the truth.

Still Hahnemann kept his own symptoms separately, and what he observed himself was of greater importance to him. He did it to the torment of all who joined the new school, and were obliged to read all the volumes as far as published, to find the most similar drug, and he adhered to this plan and doubled the difficulty, not being credulous or incredulous, but he was more certain of his own symptoms. We all had to read both; first his, then that of others, in looking for a corresponding medicine.

Even in the second edition of the "Materia Medica," 1822 to 1827, he still kept up this, for all of us, distressing separation.

It was not until 1828, when he published his "Chronic Diseases," that he allowed all his own symptoms with those of his provers, and such as were obtained from books of the old school, to be brought into one arrangement.

In the same way he allowed it in the 3d edition of the *Materia Medica*, 1830, Vol. I.; 1833, Vol. II.

We never got the 3d edition of any of the other four volumes, because the Anti-Hahnemannians, by their boasting and braying, brought it into such a discredit, that the 2d edition of the "Chronic Diseases," 1835 to 1839, became like most of the *Materia Medica*, waste paper.

In the same "Chronic Diseases," 1837, Vol. III., pages 291 to 338, we find graphites, which was mentioned above as one belonging to the "worthless rubbish" of the old school, but alas! with 1,144 symptoms!

In 1828 it had only 590, and as Hahnemann gives no

names and had no provers, he himself being 73 years old, these 590 came mostly from the sick. When he published the second edition, he was 83—nine years older—there are 554 more symptoms. In the second edition only four provers are mentioned, who all took the higher potencies. We see by that that nearly all the rest must have been taken from the sick.

The “incredulous” Hahnemann, one of the “great reformers,” had of course, by the influence of old age, become a “credulous” one.

“Credulity has done much to render *Materia Medica* unsatisfactory.”

“Entirely too much trash has been gathered.”

Prophetic, our author quoted the true and graphic words of the “great” Cullen,” they are given on p. 5.

The writers on *Materia Medica* (also the Homœopathic!) abound with false conclusions, which we, however, supposed or presumed to be drawn from experience. Such, indeed, is the state of this matter (also in the Homœopathic school!) that nobody can confute the writers (like the provers of Homœopathic school), with any success or safety, unless he is prepared with a great deal of scepticism on the subject.

Poor “great” Cullen, with his poor great scepticism, what could he do with all the use of his goose wing? Did he make any thing more reliable and useful? Not even the bark!

[TO BE CONTINUED.]

ARTICLE IX.—Spermatorrhœa.

BY S. LILIENTHAL, M. D.

During the last two or three months I received several letters of consultation from former pupils, and all complain that they find so little about sexual aberrations and its consequences in our text-books. My usual answer always is, that he who diligently seeks, will find plenty of material for these morbid states in our *Materia Medica*. Leaving the

pathological states to be studied in the different works on pathology, I yet hope that a collection of some of the most prominent remedies affecting the seminal organs might not be out of place.

Kafka (*Hom. Therapy*, i., 942) gives the following hints :

Nux vomica. Frequent pollutions with lascivious dreams ; sleeplessness in the fore part of the night, and sleep with pollutions towards morning ; ejaculation of semen from the slightest cause without erection, and coldness and weakness of the lower extremities after it ; nervous erethism all over, and especially in the sexual sphere ; excitation of the sexual organs, soon followed by depression ; hypochondriasis, with irritability ; dyspepsia and constipation.

After *Nux v. Calcarea carb.* will be frequently indicated, especially for pressing pains in the head and back after the pollutions ; lassitude and weakness in the lower extremities ; patients perspire easily after the least exertion, and the debility reaches such a degree that their hands tremble ; violent sexual desire, but deficient erection, with excessive weakness and great irritation of the nerves after an embrace ; emission of prostatic juice after stool and micturition.

Sulphur follows well after *Calc.*, especially where we find perfect impotence and almost complete extinction of the sexual desire, or involuntary emission of watery semen. The fetid sweat of the genital organs in males as well as the acrid leucorrhœa in woman shows that there is some noxa in the circulation (venous capillary congestion), which must be eliminated before health can be re-established.

In many cases a methodical use of these three polychrests will suffice for a cure. If not, we may consider :

Mercurius. Burning pains down the back ; pollutions without erections and without a thrill, or where the erections are painful and the semen mixed with blood ; icy cold hands after the pollutions. Similar to *Sulphur* we find also under *Mercur.* a peculiar fetor of the secretions from disintegration of the blood. Sexual excesses and abuses with or without syphilis may produce an anæmic state with apathy and

disinclination to all work, for which Mercurials will be strictly indicated.

Staphysagria (also *Hughes' Therapeutics*, 392). Long-continued erections before the pollutions; pollutions with lascivious dreams, and followed by *excessive lassitude in the upper extremities*; voluptuous itching of the *outer parts* of the scrotum, increased by rubbing (painful sensitiveness of the pudenda in women); eyes sunken or surrounded by blue rings, canine hunger, and great desire for wine and tobacco; apathy, sadness and irritability.

Phosphorus. Unusual irritation of the genital organs, rather *interiorly*; irresistible desire for an embrace; erections day and night, but followed by excessive debility and lassitude in consequence of the frequent pollutions; paleness of the face; sunken eyes; heavy dragging gait; loss of appetite; depression of mind after the former absence of shame; absence of mind, and indifference to work.

Phosphori-acidum. Frequent emissions after onanism, sudden relaxation of the penis during an embrace, preventing the emission; constant brooding over his ailments (*Zincum*), taciturnity and apathy.

Sulphur-acidum has nearly the same range of symptoms, but the patient is already so exhausted, that pollutions take place without erection, and without sensation of pleasure.

Reconvalescents from severe acute diseases frequently suffer from repeated pollutions, which retard the return of strength. China 1st or Chinin-sulph. 1st are here indicated, or Ferrum met. 1st, where anæmia prevails.

In my repertory, I find indications for the following remedies:

Agaricus. Voluptuous itching of the external sexual organs (*Staphys*); frequent continued erections; great desire for an embrace, with little ability, and insufficient emission of semen; every embrace is followed by great debility and languor, profuse night-sweats, and sometimes a burning itching of the skin. (Compare with Phosph. in its septic influence on the blood, rendering it thin and fluid.)

Agnus castus. Diminished sexual instinct—*after an embrace the body feels easy and light*; complete prostration and impotence; semen watery and deficient, with utter absence of erections; extreme absence of mind.

Anacardium. Sexual debility, *nervous prostration* following seminal emissions; weakness of memory, and general temporary feebleness of brain-power; hypochondriasis, sullen mood, dread of labor, difficult digestion, weakness of stomach, relieved by eating, but all the symptoms come on again two hours afterwards; frequent urging to stool without being able to accomplish anything; discharge of prostatic fluid with the stool, and after emission of urine.

Anantherum mur. Great exaltation of the venereal appetite, increasing the oftener coitus is accomplished; venereal desire, with impotency; frequent seminal and prostatic losses; nocturnal pollutions without dreams and unconscious of them.

Aurum met. Nightly erections without emission of semen, or *nightly erections and pollutions* (for three nights in succession), *without any subsequent weakness*; discharge of prostatic fluid from a relaxed penis; settled melancholy, with suicidal mania.

Belladonna. Discharge of prostatic juice from a relaxed penis; nocturnal seminal losses from a relaxed penis; the sexual instinct seems to be extinguished from his fancy, he is unable to conceive any lewd or lascivious ideas.

Bufo. Longs for solitude, to give himself up to his vice; quick ejaculation, without thrill, with spasms and painful uneasiness of the limbs; frequent nocturnal emissions followed by debility; slow emission, or entirely wanting; aversion to coitus; impotency.

Caladium. Impotency?

Cantharis. Frequent nocturnal emissions; spermatorrhœa from a relaxed penis, early in the morning, in bed, without sensation; discharge of blood in the place of semen (Merc. semen mixed with blood); excessive desire for sexual intercourse; frequent painful erections; pernicious consequences of onanism.

Carbo veg. Frequent pollutions without any sensation;

continual erections at night, without any voluptuous sensations or fancies.

Cobaltum. Nocturnal emissions with lewd dreams; pollutions, waking him from sleep; emissions without erections during sleep, but with lewd dreams. Impotence and emissions without erections.

Conium. Insufficient erection during an embrace; excessive pollutions; pollutions with subsequent excitement of the sexual desire; even when merely dallying with women, he has an involuntary emission of semen; discharge of prostatic juice during every emotion, without any lascivious thoughts.

Digitalis. SPERMATORRHŒA; irritation of the sexual organs, with frequent painful erections day and night; pollutions always accompanied by lewd dreams, with subsequent pain in the penis; violent palpitation of the heart at the least movement; despondency and fear for the future.

Dioscorea. Nocturnal emissions, with erections and amorous dreams, or without erections, sensation or dreams, but with great weakness of the knees; depression of spirits; pain in the lumbar and inguinal regions, extending to the testicles; desire to be alone.

Eryngium aquat. Excessive erotic priapism; nightly emission with erection; semen also passing by day with the urine, with lassitude and depression; depression of the virile force; dull dragging pain in the lumbar region.

Gelsemium. Pale face, sunken eyes; depression of spirits; heavy dragging gait; excitable sexual desire; nocturnal emissions and lewd dreams, followed the next day by great languor and irritability of mind; involuntary emission of semen without any erection; seminal weakness from irritability of the seminal vesicles; *spermatorrhœa from relaxation and debility.*

Graphites. Seminal emissions with flaccid penis; almost involuntary emission of semen during an embrace; pollutions almost every night; costiveness from previous sexual abuse; emissions from debility of the organs; eruptions on the penis; weakness and pain in sacrum.

Iris versicolor. Spermatorrhœa with pale face; sunken

eyes ; depression of spirits ; heavy dragging gait and excitable sexual desire ; nocturnal emissions with amorous dreams ; confusion of mind with great mental depression.

Hamamelis virg. Amorous dreams with emissions, followed by lassitude ; gloomy depressing mood and dull pain in lumbar region ; great prostration of the animal passions with severe neuralgic pain in testicle, suddenly changing to bowels and stomach, causing nausea and faintness ; profuse cold sweat of the scrotum at night. (Caladium, ustilago ; Capsicum has coldness of scrotum, but no sweat.)

Kali-brom. Nocturnal emissions with amorous dreams and erections ; excessive sexual desire with constant erections at night ; diminution or total absence of sexual desire with impotence ; profound melancholy ; loss of memory ; great nervous prostration (Anacardium), epilepsy (Bufo, from onanism).

Lachesis. Nocturnal emissions with a thrill of delight ; emissions with profuse night-sweats ; emissions with cheerful disposition and a feeling of ease on waking ; emissions succeeded by an increased mental concentration ; the semen has a pungent smell.

Lycopodium. Mental, nervous and bodily weakness ; exhausting pollutions, producing emaciation ; feeble erections, or entire absence of erections, the penis being small, cold, and remaining relaxed ; impotence ; desponding, grieving mind, with extreme sensitiveness ; weakness of memory ; pale, wretched complexion ; weakness of digestion.

Naja tripudians. Gloomy headache, with spinal pains and palpitations from disorders of the sexual functions.

Natrum mur. One of our polychrests for deficient nutrition, and dirty, flaccid, torpid skin. The genital organs smell very badly and strongly ; feeling of weakness in the genital organs ; sexual instinct dormant, with retarded emission during an embrace ; frequent nocturnal emissions in spite of frequent embraces ; pollutions bring on coldness in the joints and weakness ; emission of prostatic fluid without erection, when thinking of sexual fancies.

Nuphar lutea. Complete absence of sexual desire, even volup-

tuons thoughts do not cause erections; impotency, with involuntary seminal losses during sleep, at stool, and when urinating; spermatorrhœa even with erections, but more frequently with entire absence of erections.

Opium. Erections during sleep, and impotency after waking; nightly emissions with amorous dreams.

Selenium. Seminal emissions with lascivious dreams, which awaken him; lumbar weakness and lameness; the semen is thin and inodorous; weak and ill-humored after an embrace; nervous debility.

Sepia. After an emission he feels lazy, faint, is sensitive to damp air, with turbid urine, vertigo, and constipation; feeble thrill during an embrace, with insufficient erection; nightly emission with dreams; a threatening pollution is suppressed by waking up; weak and watery emission; emissions after onanism; despondency, relaxation of the body.

Stramonium. Lasciviousness; abnormal sexual excitement; epilepsy after onanism.

Tarantula. Sexual excitement; seminal emissions; lasciviousness reaching almost to insanity; onanism, followed by prostatic sufferings, hypochondriasis, and unhappy mood; continual seminal emissions on account of onanism, followed by imbecility, stupid laughter, and progressive wasting. (Bufo.)

Thuja. Extraordinary excitation or depression in the genital system; irresistible inclination to onanism (Bufo), even during sleep; nocturnal emissions, which wake him; discharge of prostatic juice in threads, early in the morning, after waking; palpitations, parietic debility of the extremities.

Ustilago madis. Sexual dreams at night, without emission; painful loss of all sexual desire, with great relaxation of the scrotum, which is covered with cold perspiration; painful testicles; seminal emissions, and irresistible tendency to masturbation; erotic fancies, great prostration of strength, dull pains in the lumbar region, with great despondency and irritability of mind.

Viola tricolor. Nocturnal emissions, accompanied by very vivid dreams; they are not very exhausting, but cause uneasi-

ness of mind ; loss of seminal fluid at stool and in the urine ; trembling, poor appetite, feels dull, sleepless ; amorous dreams.

Zincum oxydatum. Spermatorrhœa in hypochondriac patients, who annoy their physicians by their fears ; their nervous system is shaken, they are restless, sleepless, and generally miserable.

Pollutions with increased irritability :—Anantherum, Calc-carb., Camph., Canth., Digitalis, Eryngium, Gels., Kali-brom., Phosph., Tarant. *Pollutions with diminished irritability* :—Chin., Clem., Con., Dig., Graph., Lyc, Natr.-mur., Phosph.-ac., Sulph.-ac. *Spermatorrhœa* :—Digitalin, Digitalis, Cal.-carb., Canth., Con., Gels., Iris-ver., Phosph.-ac. *Irritable weakness* :—Agar., Calad., Selen., Sep., Nitr.-ac. *Impotence* :—Agnus, Baryt., Calad., Cann., Caps., Cobalt, Kali-brom., Lyc, Natr-mur., Nuphar-lut., Op., Sulph. *Consequence of onanism* :—Canth., Chin., Nux-v., Phosph.-ac., Staph. *Pungent smell of genital organs* :—Lach., Mer., Sulph. *Excessive lassitude of upper extremities* :—Staph. *Constant brooding over his ailments* :—Ac.-phosph., Zinc. *Voluptuous itching of external sexual organs* :—Agar., Staph. ; of internal, Phosph. *Pollutions without subsequent weakness* :—Agnus, Aurum, Lach., Viola-tric. *Solitude for vice* :—Bufo, Dioscorea, Thuja. *Excessive nocturnal emissions* :—Cadmium, Carb-veg., Cali-carb., Caust., Chin., Collins., Con., Gels., Graph., Hydrast., Iris, Mer., Lyc, Nitr.-ac., Nuphar., Nux-v., Phosph., Phosph.-ac., Puls., Selen., Sep., Stann.

Benedict and Schulz recommend the constant current for the consequences of onanism and impotence. They apply the positive pole in the region of the fifth vertebra, the negative one to the os sacrum or the perinæum. It ought to be applied one or two minutes only, and repeated three or four times a week. Cold sitz-bath or cold sponging of the sexual organs have gained a reputation of strengthening the parts, and of preventing pollutions. It ought always to be done in the morning, as at a late hour in the evening, or before re-

tiring, they may aggravate the case. Late suppers, and especially rich ones, are injurious to everybody, and certainly to such patients; but still, where we have to deal with exhaustion, a plain, and even nourishing meal may be found more advantageous than the sensation of goneness, of precordial anguish, of irritable weakness. Individualization is as necessary in hygienic treatment as in the remedial one, recollecting, at the same time, that a cheerful mind is a great invigorator, even for a weakened body.

ARTICLE X.—Therapeutics of Diabetes.

By G. OEHME, M. D., Tompkinsville, N Y.

(Continued from Volume XXI, page 51c.)

21. *Phosphori Acidum.*

CASES.—24. A phlegmatic man; urine like milk, smelling like raw meat, with coagulated blood; no other complaints. Phosph. acid cured.—*Arch.* 14, 1, 41. *Hrg.*

25. A phlegmatic man. After every motion the urine looks as if it had been mixed with lime; it also contains red, jelly-like lumps. Phosph. acid cured.—*Ibidem.*

26. A pregnant woman. Urine milky white, like curdled milk, with lumps of a bloody, jelly-like substance. Pain in the back and kidneys; emaciation. Phosph. acid cured.—*Ibidem.*

27. A negro. Urine flows interruptedly, because it is very thick, as if stirred up with flour, with jelly-like, stringy, bloody lumps; at times dull pressure in the region of the bladder. Phosph. acid cured.—*Ibidem.*

28. A negress. Urine like milk, with blood in it, mostly before the menses. Phosph. acid cured.—*Ibidem.*

29. A woman of 30 years, robust; had for a long time violent pressure in stomach, and pit of stomach; worse in moving; urine white, almost as thick milk; 2 days after

Phosp. acid 200, no pain, and urine normal.—*N. Arch.*, 2, 1, 82.—*Stapf*.

30. Diabet. mell. in a man of 40 years; urine like water, 3 times as much as the drink he takes; continued desire to urinate; unquenchable thirst, especially at night; very great emaciation and extreme weakness; sleeplessness; allopathy ineffectual during 3 months. After a week's use of Phos. acid 30, the patient convalescent.—*Rivist. omeopath*, 26, *Pompili*.

31. A robust man of 25 years has had lumbago-like pains for the last 3 months. Constant thirst, especially for strong drink. Specific gravity of urine, 1038, daily, 4-6 quarts, containing much sugar. Allopathy useless. Phos.-acid., 15 grains, in 6 $\frac{3}{4}$ of water, every 3 hours 1 spoonful. After a 3 months' use of this medicine, and a dietetic treatment of another three months, cured.—*Allg. h. Ztg.*, 57 39, *Walker*. In the same place, 2 other cures are reported, but in one Phos.-acid was given alternately with Ferr.-carb., in the other previously, Antim. crud.

32. Diabetes without sugar, in a man of 54 years. At first chronic inflammatory state of the liver, then pain in the back and small of the back, and drawing pains in the legs; weakness and lassitude of the body; dryness of the skin; face grayish, cachectic; violent thirst, appetite medium, afterwards increased; urine considerably increased, 4-5 quarts in 24 hours; at times paler, at others darker than natural, but always turbid, sour, rapidly decomposing, of high specific gravity; more at night. As the urine grew more in quantity, the anæmic (cachectic) condition of the patient grew also worse, to a very high degree. The weakness was so great, that he could not lift his arms, and the least motion of the head produced violent dizziness and obscurity of sight. This disposition to dizziness appeared at the very commencement of the diabetes. It was accompanied by weakness of memory so severe, that one might have suspected a disease of the brain. Hydrops. Phos.-acid., 6. 4., afterwards, 2, 8, 1 cured. All other remedies had no effect. Only Lycop. improved the nightly desire of urination, for a short time. Oc-

casional pain in the small of the back, and a more frequent urinating than common, are the remaining symptoms.—*Kirsch, N., Ztschr., 5, 148, Bürkner.*

33. A boy of 13 years has sugar and albumen in the urine, but has not yet run down very much; diarrhœa, Phos. acid, *undiluted*, was of effect after a useless administration of dilutions. The albumen remained; the boy improved in 17 days.—*Brit. Journ., July, 1861.*

Resumé.—Phos. acid seems to be adapted to the following three forms of diabetes:

1. Nos. 24–29 show much similarity in the following symptoms: urine thick, like milk or lime water, with whitish curds, with stringy, bloody lumps, with red, jelly-like lumps. The presence of sugar not mentioned. Pain in the back and kidneys; dull pressure in the region of the bladder; pressure in the stomach and pit of stomach.

2. In No. 30 the urine was clear, like water, and contained much sugar.

3. In No. 32 the urine turbid, *without* sugar. Excessive weakness, dizziness, obscurity of sight, weakness of memory. Hydrops.

Nos. 30 and 32 distinguish themselves by the weakness and emaciation reaching the highest limit. If such a condition is present, and also furunculosis, Phosph. acid will be especially indicated.

In No. 33 Phosph. acid was without effect in dilutions.

22. *Plumbum.*

a. It has always been a surprise, that no homœopathic physician has used or recommended *Plumbum* in this disease, as of all proved remedies, none corresponds in general and particular to this disease so well as just this one.—*Hyg., 7, 21, Kuntz.*

b. We find the symptoms of diabetes in the poisonings by lead stronger marked, and, what is very important, more frequent than in the poisonings by *Arsen.* and *Cuprum.* It is known that, in the poisonings by lead, the emaciation reaches a very high degree; that the symptoms of suppuration in the

lungs are very common ; that hectic fever and complete impotence almost always appear. The constipation is very great ; the urine, although frequently diminished, is at times much increased ; the appetite very great ; the taste at times sweet, at others sour. We find, also, an inclination to ulceration of the mouth, and to malignant inflammation of the throat. We are therefore of the same opinion as Kuntz, that of all our remedies, none has such a similarity to diabetes as lead.—*Baehr*, 1, 686.

c. Kirby (allopath) praises the splendid effect of Plumb. acet. basic. in diabetes well, regarding the diminution of the sugar and quantity of urine.—*Dubl. Med. Press*, 1845, Nov.

Resume.—It is very singular, that not one cure with Plumb. can be found in the whole *homœopathic* literature, although there exists so great a similarity between it and the disease, and although two physicians have drawn attention to this remedy. The first report of its success comes from *allopathic* quarters.

23. *Ratanhia*.

34. A sea captain was taken on the coast of Texas, sixteen months ago, with inflammatory rheumatism, followed by a disease of three months duration, which he called slow, or bilious fever. During the latter, he had much pain in the region of the kidneys, and passed a great deal of offensive urine. Being under allopathic treatment, he took large quantities of Calomel and Quinine. Afterwards, the present disease commenced, and he continued to grow worse, until he reached home, 2 months ago. Since that time, it has remained about the same, until I saw him. Present state : considerable emaciation and weakness ; limbs sore and aching ; great appetite, insatiable thirst, and constant dryness of the mouth ; gums livid and swollen ; soreness in the kidneys. He is obliged to rise at four o'clock in the morning, on account of pain in the small of the back, which is improved by motion. The urine looks entirely natural, is light-colored, and passed in great quantities. During the night alone it amounts to 6 quarts, from 5 or 6 discharges. A great

deal of sugar in the urine. Arsen. 3, useless ; Ratanh., 1 drop of the Tinct. 4 times a day, caused much improvement in 2 days. In 13 days, it reduced the quantity of urine during the night from 6 quarts to 2, and improved, in a like manner, the other symptoms, the urine containing only about $\frac{1}{4}$ or $\frac{1}{2}$ part of the former quantity of sugar. He felt, in every respect so much better and stronger, that he went to sea again. He remained well for several months, but got sick again, and died about a year later of tuberculosis and diabetes, under allopathic treatment.—*N. E. Med. Gaz.*, 2, 146, *Oehme*.

N. B.—Dr. Demeaux reports, that he has treated diabetes for years, with equal parts of burnt alum and radix Ratanh., and seen the best result. In a few days, the morbid appetite and thirst always disappeared, and the sugar and urine grew less. Complete cure, if the disease had not progressed too far.—*Med. Neuigkeiten*, 1861, No. 46.

Alumina has also many symptoms which point to diabetes, but nothing is learned by mixing remedies. *Ægidi* draws attention to it in diabetes.

24. *Secale cornutum*.

The following symptoms of *Secale* have great similarity with those of diabetes : great general lassitude ; heaviness of the limbs ; *loss of strength* ; paralysis ; emaciation ; *gangrene* of the fingers and toes ; *skin dry and withered* ; furuncles ; *petechiæ* ; fever, with *unquenchable thirst* ; utter despondency, with general weakness ; *diminished power of the senses* ; amaurosis ; dryness of the mouth ; *excessive, unquenchable thirst* ; *morbidity great appetite* ; *no gain in weight, in spite of great appetite* ; cardialgia ; costiveness ; diarrhoea ; *watery urine* ; increased quantity of urine, etc., etc.—*H. Goullon on Diabetes mellitus*, 107.

25. *Sulphur*.

Sulph. has some prominent symptoms which resemble those of diabetes, for instance, the great emaciation, the sweetish taste, the costiveness, the increased urine, etc. I

have given it in two cases for some time, in the 30th dilution, but without the least benefit.—*Baehr*, 1, 686.

35. A miller of 44 years, choleric, lean, with great bones, had, 22 years ago, arthritis, and 2 years later, an intermittens tertiana for 17 weeks. For the last three months, he lost flesh and strength; no appetite, bitter taste in the mouth, cough, with foamy expectoration, no fever. Allopath. treatment, chronic diarrhoea. Feb. 20th, great emaciation; dizziness on rising; for many years, ambliopia of both eyes, so that he cannot read well; tongue coated with thick, yellowish, white phlegm; bitter taste in the mouth; no thirst, no appetite at all; in the stomach, a constant sensation of fulness; stomach sore on pressure; liver enlarged; daily, 4 or 5 watery, slimy, painless discharges from the bowels, frequently involuntary, on passing wind; urine pale, with whitish-gray, clay-like, slimy sediment; frequent, annoying cough, with expectoration of white, foamy, viscid phlegm; percussion tone in top of the lungs somewhat dull; skin dry, withered; pulse weak and soft; constant inclination to sleep; great weakness; sadness; Phosph. 3, 3 times daily, one drop. Feb. 27th: all the symptoms of the digestive organs removed; cough less troublesome, loose; on the back of the joint of the left hand, a dry, red, itching spot of about $1\frac{1}{2}$ inch diameter; the next day, a similar spot on the corresponding place of the other hand. During the next days, bran-like desquamation of those places. Very frequent and abundant discharges of urine, even at night; it is watery, without sediment, pale green, and smells strongly, like ammonia; no dizziness; sees objects as if through a mist; tongue white and slimy; bad taste in the mouth, appetite and digestion unchanged, at times even hunger; quantity of urine, 2 quarts in 24 hours, although he takes scarcely $\frac{1}{6}$ quart of soup; skin like parchment, dry, rough; the two eruptions itch very much, and feel sore after scratching; great emaciation, especially of the upper part of the body; debility, can rise only with difficulty. March 5th: Sulph. 3, 3 times a day, 1 gr; plenty of food, particularly meat. March 6th: constant hunger, in spite of abundant food; no thirst, drinks $\frac{1}{2}$ quart water, and

passes $5\frac{1}{2}$ quarts urine. March 8th : the two eruptions have disappeared ; intolerable itching all over the body ; enormous voraciousness ; March 9th : no itching ; voraciousness and emaciation increasing ; $9\frac{1}{2}$ quarts of urine. March 10th : has moderately perspired for $\frac{1}{2}$ hour last night ; 5 quarts urine ; $\frac{1}{4}$ quart drink ; cough and expectoration have disappeared ; looks considerably better ; Sulph. continued. March 13th : Sulph 1, 3 times daily 1 gr. ; skin softer and more pliant. March 14th : perspired last night for 5 hours, with subsequent relief ; 4 quarts urine, $\frac{2}{3}$ quart drink ; the sight grows daily better. March 15th : perspiration for several hours ; voraciousness, as before ; 3 quarts urine, $\frac{1}{2}$ quart drink ; strength gaining. March 17th : perspires daily, voraciousness changed to good appetite ; skin moist and soft ; 3 quarts urine ; gains strength, and leaves the bed for $\frac{1}{2}$ hour ; sleep good. March 20th : quantity of urine normal ; continued improvement ; no medicine ; 3 weeks afterwards completely cured ; 5 months later, strong and hearty.—*Oestr. Ztschr.*, 1, 2, 43 Huber.

Compare No. 14 and No. 45, in Appendix.

26. *Sulphur-acidum.*

36. A woman of 40 years has had diabetes mellit. several years ; the most prominent symptom was an unquenchable thirst ; in order to satisfy it, she was obliged to swallow incredible quantities of water, which distended her stomach enormously. Constant vomiting of water. Such a constant acidity of the stomach, that her teeth looked as if they had been corroded and partly dissolved. She could take no solid food ; skin completely inactive ; nothing would produce perspiration. She had remained cold and dry during a cold water bath of several hours ; she could endure a steam-bath only a few minutes. Phosph.-acid., Kal.-carb., Carb.-veg., etc. ineffectual. The patient grew weaker and weaker, and could not rise from bed. Sulphur.-acid. 3 ; the acidity of the stomach, the vomiting and thirst soon grew better and subsided in 3 weeks ; the strength and weight of body increased greatly ; the sugar in the urine diminished considerably, but

did not disappear entirely.—*Hom. V. Schrift.*, 11, 455, C. *Mueller*.

27. *Terebinthine Oleum.*

Almen observed that the urine of patients contained sugar after they had taken about 100 drops of *Ol. tereb.* in their emulsion ; on leaving off the medicine, the sugar disappeared the next day. One patient took daily 12 gram. *Ol. tereb.* in pills ; already, on the second day, traces of sugar could be found in the urine ; no albumen ; Balsam Copaiv. and Cubeb. produce no sugar.—*Centralblatt*, 1870. Apothecary Ibach noticed sugar in the urine after large doses of *Ol. terebinthinæ*.—*Popul. Ztschr. f. Hom. No. 6*, 1871.

28. *Uran. muriat.*

Uran. muriat. 1, 5 centigr. daily, produces, very soon, sugar in the urine.—*Baehr*, 1, 688. Ulceration of the stomach and duodenum are constant symptoms of Uranium.—*Allg. h. Ztg.*, 85, 94.

CASES.—37. A boy of 13 years and a farmer of 40 years had diabetes. On account of the great distance they lived, and the irregularity of their calling at my office, I had only an imperfect chance of observing the disease during a treatment of 2 months. I gave *Uran. mur.* 2, and allowed both their usual diet. The specif. gravity of the urine of the boy fell from 1042 to 1030, and of the man, from 1039 to 1031 ; its quantity, thirst, and hunger diminished considerably.—*Baehr* 1, 688. Weber made the same observation in 2 other cases. *Ibidem.*

38. A stout man of 70 years had to urinate often for the last 3 years, and lost in weight. Constant thirst. Sugar in the urine. He retained his usual diet, and drank Vichy, which gave some relief. *Uran. nitric* 1–3 tritur. caused an improvement. *Uran. nitr.* 12 cured. No sugar in urine.—*Amer. Journ. of Hom. Clinics*, 2, 270, *Jousset*.

39. A fat and full-blooded man, of 52 years, became so thirsty that he was obliged to drink several times at night. Good appetite ; loss of strength ; passing of much urine, of

1844 specif. gravity; 1 litre contains 85 gr. sugar. Uran. nitr., twice daily, improved quickly, and diminished the thirst in 3 days. Specific gravity, 1025. The sugar did not disappear entirely, although he took Uran. 3 months.—*Ibidem*.

40. A woman of 30 years has been sick, and gradually lost flesh for the last 5 years. Allopathy useless. She is excessively anæmic; eyes sunken; cheeks prominent; body very emaciated; acidity of the stomach; costiveness; hæmorrhoids; palpitations of the heart; violent thirst; humming in the ears, with fainting; heart and lungs sound; spine, in the region of the kidneys, sensitive; from 8 to 10 quarts of urine in 24 hours; it had increased very slowly. Uran. nitr. 3, 1 gr. 3 times a day. Very considerable improvement in 14 days; lips and cheeks red; more strength; feels well; 2 quarts of urine in 24 hours. Thirst, palpitation of the heart, acidity and costiveness removed; a fortnight later, complete health. In several other cases, Uran. nitr. was also of benefit.—*Allg. h. Ztg.*, 82, 144, and *Am. Journ. of Hom., Cornell*.

41. In a treatise on diabetes in the *Brit. Journ. of Hom.*, several cases are reported, in which Uran. had been given. The result was, in some of them, a complete cure, in others, at least, great improvement. Curie, in Paris, reports 3 cases, of which one was cured. In the other 2, the quantity of urine was reduced one-half.—*Allg. h., Ztg.*, 85, 94.

42. A merchant had diabetes. Sugar in the urine, specif. gravity, 1036. Uran. nitr. 1 improved at once, and cured in 14 days.—*Hughes*. Drysdale also mentions the good effect of Uran. in diabetes.—*Ibidem*.

43. An unmarried lady of 56 years, quite fleshy, had been losing strength and weight for some time. Great emaciation and weakness; considerable amblyopia; violent thirst; dryness of the mouth; flat taste in the mouth; not much appetite; aversion to meat; distension of the abdomen after eating; pain in the region of the liver; costiveness; dry stools, looking like the excrements of sheep; frequent urinating, day and night; urine of 1043 specif. gravity, containing 85.72 sugar per litre. Lungs and heart sound. Sulph. tinct., Nux tinct., and again Sulph. tinct., cured in 5 months; she

grew even fleshy, only some amblyopia remained. Some years later a return of the disease. Great emaciation and weakness; skin dry and grayish; amblyopia much worse; thirst and quantity of urine not very excessive; 76.0 sugar per litre; urine rather muddy, with yellowish sediment after standing, of strong but normal smell, and of 1034 specif. gravity, and sour reaction; no albumen. Retains her usual diet; Uran. mur. 6, twice daily one drop. One month after, general improvement, sugar 35.0 per litre; at the end of 3 months entirely cured.—*Bulletin de la Société hom. de France, J. X., No. 11, 1 Apr., 1869.*

Resumé.—It is a very great pity, that so many cases should be reported, without paying attention to *other* symptoms than those which are common to *most all* cases of diabetes. With the exception of one (No. 40) we learn only that Uran. causes sugar in the urine, and that in many cases of diabetes it will remove it, in others only diminish it, and, I may add from my own experience, in some cases have no effect at all. This, for a *homœopathic* physician, is *very little* to learn from so much opportunity, perhaps 20 or more cases.

Remedies briefly related.

Of the following, we find only a short notice in the literature :

1. I know only six drugs which cause sugar in the urine; they are Canthar., Chlorof., Curare, Morph., Uran. nitr., and Asclep. Vincetoxicum.—*Hom. V. Schr.* 9, 310. *Cl. Mueller.*

2. Fel. tauri and Natr. bilic. cause the disappearance of sugar in the urine.—*Hirsch, Ztschr.*, 1, 96. *Kuntz.*

3. Sugar is found in the urine after inhalations of the vapors of any anæsthetics (Grauvogel explains from this the good effects of large quantities of strong wine in diabetes); after the use of Arsen., Plumb., Antim., Preparations of Mercur., Quinine, Opium, etc.—*Heller's Archiv. for Chemistry and Mikroskop.*, 1852, Febr.—*Grauvogel*, 2, 175.

4. In diabetes are recommended: Bovista (Raue, 357),

Apocyn., Cann., Chimaph., Cimicif., Eriger., Eup. pur., Gelsem., Geran., Hydrast., Kal. hydrobrom., Lycop., Senec., Trillium, Veratr.—*Hale's New Remedies*.

5. *Baccæ Juniperi*. Waldek gave a strong decoction of Junip. berries with good result, and Leo cured five cases with it.—*Med. Centr. Ztg.*, 1862, 59.

6. *Natr. sulph.* and *Thuj.* in alternation cured one case of diabetes.—*Allg. h. Ztg.* 67, 156 and 193.

7. Table salt.—A man of 60 years was taken with diabetes, in consequence of excessive use of table salt; after leaving off the bad habit, the diabetic symptoms disappeared.—*Baehr.* 1, 587.—*Compare Asclep.*

Dietetic Remedies.

1. *Glycerin*.—Prof. Schultzen, in Dorpat, gives Glycerin (*Glycerini purissimi* 20.0–50.0, *Aqu. font. libras duas*, Acid citric or tart. 5.0, to drink in the course of the day) and a sufficient quantity of animal food. All symptoms improve as long as the patient takes Glycerin.—*B. K. W.* 35, 1872.

2. *Yeast*.—Case of diabetes mellitus. Great emaciation and weakness; specif. gravity of urine 1044; 850 grains of sugar in one pint of urine. Common yeast from beer, one table-spoonful in some milk, three times daily; two days later, specif. gravity 1020; 300 grains of sugar in one pint of urine; cured completely in six weeks. *Ass. Med. Journ. and Gaz. hebdom.* No. 35, *Bird-Herepath*.

3. *Skim-Milk*. The great results of the skim-milk treatment, obtained and published by Donkin (*The Skim-milk Treatment of Diabetes and Bright's Disease*. By A. S. Donkin, M. D. London: Longmans, Green & Co., 1871, a book of 317 pages, which we recommend), are of too great importance, especially as it can be easily combined with the use of Homœopathic medicines, that we feel justified in giving below the most important extracts.

The treatment might be persevered with in the most careful and methodical manner. For this purpose the two following rules must be *scrupulously* observed: 1. *The skim-milk must be prescribed in carefully measured quantities and at defin-*

ite periods. If the patient has an aversion for milk, or if there is indigestion or feebleness of the digestive organs, we must begin with small and well-regulated doses. During the first day, half a tea cupful of skim-milk may be given every 2 or 3 hours; on the second day, double the quantity, at the same intervals; on the third day, half a pint for each dose at intervals increased to 3 or 4 hours, so that in all, 3 pints are consumed; on the fourth day, 4 pints, and so on up to 8 or 9 pints at the utmost, as the case may require. In most cases commence with 4 or 5 pints, and increase to 6 or 7. The milk may be cold or warm, *but never boiled.* 2. *The skim-milk must be given alone, and every other article of food must be strictly prohibited.* This rule is even more important than the first. 24 hours are generally sufficient for the production of a marked improvement, and seldom more than from 2 to 6 days are required to procure complete relief from suffering; even in hopeless cases great benefit is obtained. In one case, the skim-milk treatment, *without the aid of any other remedy,* reduced the daily quantity of the urine from 27 pints of a mean specific gravity of 1040 to 4½ pints, specific gravity 1027, at the end of the 3d day; the sugar was completely removed from the urine at the end of 35 days. I have arrived at the following conclusions: 1. This treatment will very generally cure diabetes, if the second stage is not too far advanced, and if it is not of too long standing; the time required for a complete removal of the sugar from the urine, in these curable cases, varying from 12 days to 5 or 6 weeks. 2. If the disease is of very long standing, and the second stage too far advanced, a complete cure will not be effected; but in a large proportion of cases the further progress of the disease will be arrested for a longer or shorter period, so that patients will be restored to a feeling of comparative health and comfort. I have seen this result obtained when the patient seemed moribund. In about 3 weeks or a month after the disappearance of the sugar I give, in addition to the skim-milk previously taken, from 2 to 4 pints of skim-milk made into curd by the essence of rennet, and at 2 or 3 separate meals. When this *middle course* has been continued a length

of time, suitable to the exigencies of the particular case under care, lean meat and *green* vegetables are allowed, also *in addition*, at one meal, and in moderate quantity. In some instances the meat is tried without the vegetables for a week or so, and if no evil effect is produced, the latter are added to the meal. Gradually the patient is allowed eggs, fish, game, poultry, etc., and a variety of dishes made from lean meats, so that two solid meals in the day are taken in addition to the skim milk, which is then either reduced in quantity or the curd is partly or wholly withdrawn. Such are the principles on which the treatment is to be conducted, but no two cases can be treated equally alike. After a complete recovery from diabetes, a *strict regimen*, excluding vegetable substances containing starch and sugar, must be adhered to for a lengthened period. Indeed, it would appear, that with a considerable proportion of those who have been affected with diabetes an idiosyncrasy remains, rendering them incapable of assimilating starch and vegetable sugar. With such persons, therefore, a cure is purely *conditional*: they must abstain from bread, flour, rice, etc. *The patient must be very warmly clothed, and avoid damp air.* He relates in detail 7 very interesting cases, covering 58 pages, and showing the astonishing results from this treatment. We can only make the following brief extracts: "Case IV. A sea captain of 38 years had diabetes for 11 months; passed from 27 to 36 pints of urine daily, exclusive of what he voided nights involuntarily (3 to 4 pints); specific gravity 1035 and 1040; 27 pints of urine contained about 35 ounces of sugar; consumed daily 2 pounds of beef, eggs, puddings, bread, potatoes, tea, coffee, also *from 8 to 10 pints of the best milk* besides water; lost flesh fast, and had all the symptoms common to diabetes. Now, he was allowed *nothing but 6 pints* of warm skim milk at intervals during the 24 hours; urinated the *first day only* 4½ pints of the same gravity; the involuntary nocturnal micturitions ceased on the first night, and he slept soundly. Removal of sugar from the urine in 35 days. Cured."—"Case VI. A man of 27 years has had diabetes for more than 2 years. Now, his skin dry

and parched, mouth parched, tongue denuded of epithelium, and preternaturally red; thirst intense and unquenchable; appetite voracious; extreme emaciation, reduced to a mere skeleton, with extreme debility; legs cold and very cedematous; pulse very feeble, 120; no sound sleep at night for months past; urine 20 pints, specific gravity 1040, loaded with sugar, no albumen. Now from 6 to 8 pints skim-milk daily, afterwards 9 pints; during the next 24 hours he voided only 7 pints, of 1040 specific gravity. On the following morning he began to sleep, and continued to do so during the whole of the succeeding night, when he began to perspire freely; thirst greatly subsided; the next day the patient wonderfully relieved and refreshed; skin perspiring. He improved considerably, *was free from suffering*, but the sugar did not disappear entirely; he died some months afterwards of bronchitis." These excerpts from Donkin's interesting work must suffice.

A man of 56 years passes daily from 8 to 10 pints of urine, specific gravity 1035-1040, and loaded with sugar. From 8 to 10 pints of *skim-milk* daily; no other food being used. In 2 weeks the sugar was gone from the urine; the patient gained flesh, strength and energy. In 7 weeks allowed meats and green vegetables. Cured.—*A. S. Doullin, H. M., Sept., 1871, page 86.*

We insert properly here the following, for which we are indebted to Dr. S. Swan, of New York City: Below I give the symptoms of Lac Vac. Defloratum, verified in several instances: "Excessive flow of urine, either of high specific gravity, or colorless, watery, low specific gravity, but in both cases strongly impregnated with sugar."

Case. Patient, lady 80 years old. Frequent and profuse urination, urine colorless; odor natural; slightly acid reaction, taste salty. Specific gravity 1005. Trommer's test showed sugar. Accompanying were "intense vertigo, more on opening the eyes or raising up in bed; deathly sickness at the stomach." Deflor. 1m. Fincke in water. Cured.

Case. Lady. Urinates profusely every half hour. Urine colorless; sp. gr. 1005. In half-hour after Deflor. 1m., urine

became normal in color and quantity. Trommer's test showed sugar.

APPENDIX.

After we had sent off the first half of this treatise, we received Goullon's Monograph on Diabetes mellitus, which we recommend to those who understand German. We take from it the following, in order to make this article as complete as possible :

1. *Arsen.*

44. Two diabetic patients took Arsen., one of them one-third grain a day, the other two-thirds grain a day; the quantity of sugar diminished about one-half in the first case in two months, in the second in six weeks. The allopathic physician forgot to mention whether the patients were cured; from the whole tenor of the account it appears as if they were not.—*Deutches Arch. f. Klin. Medic.*, 1869, 3 and 4. *Med. Central Ztg.*, 1869, 42.

2. *Bellad. and Sulph.*

45. A robust man, of 54 years, frequently afflicted with erysipelas in the face, and inclined to easy perspiration and secretion of mucus, noticed, about five weeks since, the sudden appearance of great thirst, frequent and abundant discharge of urine, great dryness of the skin and mucous membranes. Under allopathic treatment for typhoid fever the patient run down very fast. He is now *weak and feeble, has lost more than half of his former weight*; dry skin; at night great uneasiness and sleeplessness; memory and other mental powers very much impaired; face pale, *amblyopia* considerable; mouth and tongue dry, the latter coated on the tip with a soapsuds-like phlegm; sensation of cramp-like constriction in the pharynx; *excessive thirst, much hunger, costiveness, frequent insupportable desire to urinate*, with inability to retain the urine; urine *sour, light yellow, transparent, abundant*, containing sugar; increased respiration,

breath smelling strongly of Acetic acid ; pulse 120 ; cramps in the calves of the legs at night. Bellad. 15, 3 drops 3 times daily. One reason for this medicine was, because at that time it was the reigning remedy. Three days later : feels better and stronger, sleeps better, thirst and urine less ; respiration 20, pulse 80. Nine days later : improvement continues ; Bellad. 15, twice daily. Twenty-six days from the beginning : the improvement, which has been great, has ceased. Strength and mental powers essentially better ; sleep little interrupted, some thirst, but not annoying ; stool somewhat hard, but regular ; urine still more than normal and still containing sugar, but no more the insupportable desire to urinate ; respiration 18, pulse 68 ; skin and nose still dry. Sulph. 30, 3 doses the next 3 days. The first day after, while walking in sunshine, the first perspiration all over the body ; the skin remains pliant and soft ; the breath begins to lose the smell of Acetic acid ; he improves in every respect during the following weeks ; 26 days after taking Sulph., no sugar in the urine. Lycop. removed afterwards the dryness of the nose. Entirely cured.—*Allg. h. Ztg.*, 79, 50. *Heinigke*.

3. *Calcar. carbon. and phosph.*

46. A formerly healthy farmer of 45 years had diabetes. Great weakness, skin deep yellow, tongue much coated, excessive thirst, acidity of the stomach, disturbed digestion, much sugar in the urine. Salt of Karlsbad (Bohemia), Extr. Chelid., with Fel tauri, ineffectual. The patient has run down so much that he cannot leave the bed ; weakness very great ; sclerotica deep yellow ; tongue brown, dry, cracked ; not the least appetite ; costiveness, alternating with watery, fetid diarrhoea ; ascites ; lower extremities, up to the abdomen, very cedematous. Apparently a hopeless case. Calc. phosph. and Calc. carbon aa ʒj in Aq. melissæ ʒ6 (single dose not mentioned), had an astonishing effect. Within a week all hydropic symptoms had disappeared ; he improved daily ; thirst diminished ; at the end of the third week no sugar in the urine ; 3 times a day one spoonful of the above mixture. Cured in two months.—*Med. Cent. Ztg.*, 1861, 43. *Kirchner*.

4. *Kreosot.*

47. A strong, stout man of 60 years, noticed three or four months ago loss of strength and appetite; thirst, and frequent urinating. His weight has fallen from 148 to 129 pounds; mental powers somewhat impaired; the digestion very low; has always been inclined to acidity of the stomach, especially after fat food. Urine contains $4\frac{1}{2}$ pr. c. sugar, is sweet and clear, just like sugar water; is obliged to urinate soon after every drinking; from six to eight quarts of urine a day. On the end of the spine a slight eruption; tiredness of the limbs. Aqua Kreos., one drop the first day before dinner, each day one drop more, from the sixth day each day one drop less, and the common diet of such patients. Three days later: thirst and frequency of urinating much less. Seven days later: the appetite normal, passes urine only three or four times a day, in all $1\frac{1}{2}$ quarts, which tastes *very salty and bitter* and contains less sugar. Four weeks later: has gained in weight, feels better and stronger, digestion perfect, no more acidity of the stomach; drinks and urinates little, urine contains three per c. sugar, its specif. gravity normal. Four months later: greatly improved, weighs 150 pounds, healthy look; *even fat food is easily digested*; urine, which smells still disagreeable and sweetish, contains $1\frac{1}{2}$ per c. sugar; still some weakness in the back and hips. Five months later: feels excessively tired and weak after walking; appetite not as good; urinates four or five times a day. Arsen. (Tinct. Fowleri $2\frac{1}{2}$ drops) morning and evening. One week afterwards weakness and appetite better. The patient took afterwards Chinin. sulph., and recovered a few months later, entirely. Two years afterwards he was in perfect health.—*Goullon on Diabetes mellitus*, 54.

General Resumé.

It will be observed we have mentioned several cures by *allopathic* physicians, whenever only *one* medicine had been given. To cases of *homœopathic* physicians where medicines *in alternation* have been given, no attention has been paid.

The following substances cause sugar in the urine : Canthar., Terebinth. Oleum, Opium, Morph., Curare, Chinin., Asclep., vapors of Anæsthetics, Uran., Arsen., Plumb., Mercur., Antimon., excessive use of table-salt.

Chief remedies in diabetes are probably the following : Carbol. acid, Kreosot, Helonin., Hydrogen hyperoxyd., Phosp. acid, Plumb., Uran. ; *next in order :* Bellad., Ars., Sulph., Calcar. ; *finally :* Asclep., Canthar., Coloc., Cupr., Magnes., Mosch., Nux vom., Ratanh., Sulph. acid, Terebinth. Oleum, Argent., Chinin., Lycop., etc., etc.

Of great importance are the following *mineral springs :* Vichy, Karlsbad, Gastein ; and the following *dietetic remedies :* Glycerin, beer-yeast, and *skim-milk*, and the potencies from the latter.

It is singular that in this disease even the better physicians have furnished very insufficient reports of their cases. In many instances a *careful* enumeration of *such* symptoms which characterize *each individual* case, has been neglected for the symptoms common to *all* cases of diabetes and chemical examinations of the urine. In consequence of this neglect much opportunity has been lost to establish the indications for *each* medicine.

In the above mentioned cases the following remedies have been used, when the following symptoms were present. We have, of course, left out those symptoms which are common to *all* cases of diabetes (*viz. :* emaciation, thirst, hunger, sugar in the urine).

Arthritis, Asclep. ; hydropical symptoms, Argent., Arsen., Calcar., Phos.-acid. ; chlorosis, Arsen. ; excessive anæmia, Uran. ; excessive weakness and emaciation, Arsen., Calcar., Phosph.-acid. ; great uneasiness, Bellad. ; herpes, Sulph. and Magnes. ; great sleeplessness, Bellad. ; buzzing in the ears with fainting, Uran. ; despondency, desire of solitude, inclination to weep, Arsen. ; dejectedness, Canthar. ; hallucinations, Arsen. ; sclerotica deep yellow, Calcar. ; face yellowish green, Arsen. ; cramp-like constriction in the pharynx, Bellad. ; no appetite, Calc., Kreos., Canth., Sulph. ; appetite changeable, Arsen. ; vomiting of water, Sulph.-acid. ; acidity of the stom-

ach, Uran., Calcar., Kreos. ; decomposing the teeth, Sulph. acid. ; can not eat solid food, Sulph. ; pressure in the stomach and pit of the stomach, Phosph.-acid. ; left lobe of the liver sensitive and lower, Arsen. ; diarrhœa, Arsen. (watery), Phosph.-acid. ; costiveness alternating with watery, fetid diarrhœa, Calcar. ; kidneys enlarged, Arsen. ; pain in the back and kidneys, Phosph.-acid. ; kidneys sensitive, Ratanh., Uran. ; the pain in the kidneys forces him out of bed early in the morning and is eased by walking, Ratanh. ; constant sensation of fulness in the bladder, Coloc. ; dull pressure in the bladder, Phosph.-acid. ; is forced to urinate soon after every drinking, Kreos. ; urging to urinate, with inability to retain the urine, Bellad. ; urine like water, Lycop., Phosph., Ratanh. ; pale green, ammoniacal, Sulph. ; neutral, Lycop. ; muddy, Arg., Arsen., Coloc., Uran. ; white, Coloc. ; like whey, Argent. ; like milk, with stringy, bloody lumps, Phosph.-acid. ; in cooling coagulates and becomes a milk-white, jelly-like mass, Coloc. ; with yellowish sediment, Uran. ; dry, short cough, Carbol. acid. ; breath smells of acetic acid, Sulph. ; dyspnœa with palpitations of the heart, Arsen. ; palpitations of the heart, Uran. ; ischias, Asclep. ; pain in the limbs, Ratanh. ; cramps in the calves of the legs nights, Bellad. ; legs very œdematous, Calcarea.

Results : On the whole satisfactory ; many, even very severe cases recovered entirely, others improved so much that the patients considered themselves cured, although the urine still contained much sugar. If tuberculosis is far developed, a cure is impossible.

Doses : Mostly low attenuations, in many cases the medicine in substance. In some cases higher dilutions were useless, while the lower one operated quickly.

General Record of Medical Science.

Principles for the Treatment of Croupous Pneumonia. BY PROF. JUERGUESEN.

Patients suffering from pneumonia crouposa die from *insufficiency of the heart's action*. The heart becomes insufficient, because the pneumonic infiltration, obstructing the lesser circulation, puts too much labor on the right ventricle, because it burdens with too many obstacles the quantity of blood which has to be pushed through the affected part of the lung, and because it thus forces the heart to push, at the same time, the same quantity of blood through a contracted capillary system. This obstruction acts less on the left heart, for here only the bronchial arteries have to be considered as being supplied by the left heart. We must also recollect that the lungs, in their diseased state, are only partially able to support the circulation, as the infiltrated parts cannot change their volume, complicating pleuritic pains necessitate superficial breathing, and the position on the affected side prevents the respiratory muscles from dilating the corresponding lung. By this diminution of the respiring surface the right heart is obliged to perform more labor, in order that a sufficient exchange of gases may take place.

2. *The fever alone gives expression to the disturbances brought about by the pneumonia*, inasmuch as it causes increased labor of the heart and weakens the muscles of the heart, showing itself by a rise in the frequency of the pulse, by an increase of carbonic acid, the excretion of which is only possible through increased action of the heart and by degeneration of the muscular fibres of the heart.

In the treatment of pneumonia our work consists in removal of the fever, as only thus we can successfully support the heart and enable it to perform its increased labor. In spite of all theoretical anxiety, the cold bath, preceded by a stimulant (Claret, Port, Madeira, Champagne), is of great benefit in pneumonia. Children suffering from grave pneumonias need relatively more wine than grown persons. An attentive observation of the pulse, which is of more importance in the treatment of pneumonia than the curve of temperature, gives us reliable indications for the application of stimuli, which must be unsparingly given as long as we use cold bathing for our patients, and where there are no complications we follow the same rules in our hydropathic treatment as in typhus. In old, weakly, or fat persons, where the temperature oscillates between 38.5° and 39.5°, baths of 20 to 21 R. are recommended in the morning for about 20 to 30 minutes, and repeated according to necessity during the day. A wet pack of the thorax suffices for nursing infants; general wet packs, covering the whole body, are necessary for older children.

Tartar-*emetic*, *Digitalis* and *venesections* are contra-indicated on account of their depressing influences on the heart, although they may be borne without injury by persons whose heart is strong and robust.

Quinine, on the contrary, reduces the temperature without injuring the heart. He prescribes it to grown persons in the following formula: *Chinin sulf.* 2 grm., *Acid hydrochlor.* 9.5 at solut. *Aq. dist.*, grm. 10; the whole portion to be taken in the evening between 6 and 8; to children up to five years, 0.1 grm. for each year. But these are not maximal doses, as, where the cold baths and small doses remain without effect, he increases it even to 5 grm. *pro dosi* for grown persons, and to children under one year he even gives, if necessary, one gramme for a dose. Where *emesis* sets in shortly after taking it, the dose must be repeated, and may be prevented by swallowing small pieces of ice as soon as *nausea* manifests itself. Such large doses of quinine must not be repeated under 48 hours. Mouth and teeth must be frequently cleansed, and the temperature steadily reduced, so that the appetite returns. He allows his patients finely scraped broiled meat with bread and butter, strong beef tea, with 1 to 2 eggs *pro die*, milk and wine.

Opiates are only mere palliatives for the removal of pain or of sleeplessness, and where *Hydrate of Chloral* is given to fevering patients, some diluted *Muriatic acid* ought to be given before or immediately afterwards; as without a strongly acid reaction of the surface of the stomach the *Chloral* will be decomposed.

The insufficiency of the heart may show itself in *œdema pulmonum*, which is always of a secondary nature. *Niemeyer*, on the contrary, derives the *œdema* from increased pressure of blood in the healthy parts of the lungs (*collateral œdema*). But experience shows that pulmonary *œdema* is rare in *pneumonia*, and then it manifests itself with increased activity of the heart. *Venesections* were therefore considered a necessary indication in *œdema pulmonum*; but, without denying a momentary relief to it, it is nothing else but a usurious loan, and hastens the catastrophe, for heart and respiratory muscles must perform more work after a *venesection*, in order to carry the same quantity of oxygen to the tissues of the body. A stimulant applied at the right time, on the contrary, empowers the heart to perform greater labor, and thus to overcome the momentary trouble, without diminishing the quantity of blood, and procures even for the heart the oxygen necessary for its continued severe muscular labor. Such stimulants are: heavy wines, camphor emulsion; in sudden intense collapse, 5-15 *egr.* musk *pro dosi*, champagne, hot whiskey or brandy, coffee and tea. There is no maximal limit to the application of stimulants; we must increase the dose till we gain our purpose, and must continue them to keep it up. In extreme cases of collapse he even takes his refuge in baths and excessively large doses of Quinine.

After the crisis has set in, even then a sudden collapse is still to be dreaded, and the continuation of light wines is to be recommended; he also gives to his reconvalescents easily digestible ferruginous preparations, and where the resorption is tardy, six times a day 12 drops *Oleum terebinthinæ* in milk or in capsules.

He lost only 24 out of 200 cases of *pneumonia*, and they mostly succumbed

to complications independent of the pneumonia, or where death was hastened by preceding diseases or old age.—*Volkman's Klin. Vorträge, No. 45.*

Virchow remarked at a meeting of the "Berlin Medical Society," where the two negro girls, known under the name of "the double-headed nightingale," were exhibited: "They are grown together from the lumbar vertebræ downwards at the posterior part of the pelvis, single os coccygis, single os sacrum, single lumbar vertebræ, one anus; and though the external genital organs were confluent, they were separately developed internally for each of them; the urinary apparatus, the anterior and lateral parts of the body, the upper and lower section of the body were also double." Such cases do not arise from a growing together of two individuals, but rather by a division of an originally simple germ. A few years ago, a monstrosity was exhibited, namely, a child with a large, but automatic swelling on the back. Whereas, in the double-headed nightingale (or in the Siamese twins), the one person is nearly as large as the other, the second fetus in the latter case developed itself only as a swelling, and both cases give us both extremities, between which there may be a whole series of malformation, as a third leg, two supernumerary legs, etc.—*W. K. Wochenschr. No. 10, 1873.*

Ephelides, freckles.—*Dr. Hirsch* divides them into *ephelis flava* and *lenticolor*. The former, of lighter color, and of a more roundish form, can be removed by the local application of Chlorine water. The affected place, or the whole face, is moistened morning and evening repeatedly with the solution, and allowed to dry in. It takes about two weeks for the entire removal of the freckles. Another kind, the *ephelis lenticolor*, is of a darker color, irregularly formed, and for the removal of this more intensive pigment he uses Chloride of lime in the same manner, and where its action is too small, he alternates it with Tincture of Sulphur. According to the sensitiveness of the skin he uses the solution of the Chloride of lime in the strength of 1:10, 15, 20. Where the strong solution is used, he only touches the spots with a camel's hair brush, and allows the fluid to dry in.

For the removal of warts, he recommends the local application of a saturated solution of Kali-causticum, and where a whole crop of them appears in children, the frequent use of a concentrated solution of marine salt will remove them.—*Hirschel's Klinik, 4, 1873.*

A Curious Case of Congenital Malformation of the Bowel. By DR. CROUCHER.

Mrs. V., of Hastings, was confined with her sixth child, a boy, at the eighth month, on Sept. 28th, at 11 P. M. The child, when born, was partially insensible from pressure in the vagina, but recovered after sundry shakings, etc.,

and afterwards appeared tolerably comfortable. On my visit next morning, I was informed that the infant had passed neither urine nor stool—it seemed to be in pain—and whatever nourishment he obtained from the breast, or by artificial means, was always rejected shortly afterwards. Canth.ʒ, gtt. ʒ, 3tis horis.

30th. The infant takes the breast occasionally, but invariably vomits the milk, and is in great pain; no evacuation, but a small quantity of urine, of dark color, was passed this morning; no flatus passes per anum; the infant is much jaundiced. Nux. v.ʒ, 3tis horis.

Oct. 1. I was called at 8 A.M. to see this child, as the nurse considered it in a dangerous condition. It had passed a small quantity of whitish matter, covered with mucus. I passed a No. 6 elastic gum catheter, without the stilette, into the rectum, in order to find the obstruction, if possible, and the irritation thus produced caused an effort to relieve the bowels to be successful, and a small quantity of the same substance as before was evacuated. I also passed a No. 1 elastic catheter into the bladder, which I found empty. No stool nor urine were passed during the day. Bell. ʒ x, 3tis horis.

During the next two days the infant gradually became weaker, frequently vomiting, became comatose and died.

Post mortem appearances. The stomach and duodenum were considerably distended with flatus; but there was no connection between the duodenum and the jejunum, so that at the left end of the duodenum, and at the upper end of the jejunum, there was a cul de sac, and consequently the jejunum and ileum were loose in the cavity of the abdomen. The bladder was empty.

The small quantity of urine which was excreted on the second day was most probably in the bladder at birth; the reason that no more urine was secreted being this, that the fluids swallowed into the stomach were unable to find their way into the intestines; so as to allow of their passage by absorption, or by imbibition into the capillaries of the portal system, and those fluids could not reach the emulgent arteries; consequently no urine could be secreted. The fluids swallowed were, in fact, soon rejected by vomiting, so that early and frequent sickness must always be taken as a presumptive sign that the impediment lies in the upper part of the intestinal canal. When it is situated in the large bowel sickness is late, in general, to come on, unless it be excited by drugs, or by accumulating food; Dr. Barlow was the first to draw attention to this fact, as a means of detection of the position of the impediment in connection with mechanical obstruction of the intestinal tube.—*Brit. Monthly Hom. Review, April, 1873.*

Dr. Netter, in a recent number of the *Gaz. des. hopit.*, enlarges on his treatment of cholera by large quantities of fluids. In cases of sporadic cholera he gives a mixture of *Aqua gummosa* with Seltzer-water. In epidemics he prefers highly diluted veal broth (an ounce of veal to 2 quarts water). This fluid, differing from pure water, is easily absorbed, still contains some nourishment, which may partially supply the lost serum. It is furthermore a decoction of

the water, deserving our consideration during epidemics. The beverage ought to be of the temperature of the room, neither hot nor tepid, as it would taste disagreeable to the patient, nor too cold, as this would stop the vomiting. The beverage ought to be given at short intervals, but only a small glassful at a time, never a gobletful, and it must be swallowed slowly, in order not to induce atony of the intestines. A nurse ought to be constantly with the patient, in order that the patient gets every ten minutes his two to three ounces of fluid. Vomiting is of no more importance here, than in seasickness. Where cyanosis already sets in, we would not despair as long as there is still a breath in the body, and would inject large quantities of fluids with the œsophageal tube. Never despair, encourage your patient, and hold out the hope to him that he will recover under this treatment.—*Internal. Presse*, III. 3.

Sclerodermy, by Dr. Bockenheimer, and Arnold Keller. According to the former the affection begins on solitary places of the body, and probably exclusively in the corion, and spreads hence all over the body. During the first stage the skin is hard and immovable, but it may still be lifted up from the subcellular tissue, which is impossible during the second stage when the skin becomes like parchment and shows a darker color with dirty yellow spots; after remaining for some time in that state, it becomes perfectly immovable, white, shining and as hard as a board (3d stage). Considering the first stage as infiltration and proliferation of the connective tissue of the corion, the second as a gradual shrinking process of the connective tissue with compression of the cutaneous glands and hair-follicles situated in the skin, then the third stage is only a perfect shrinking with a total destruction of the glands and hair-follicles, and the coloring in the second stage might be explained by the transparency of the glands and hair-follicles at a time when they gradually become atrophied. The first stage is the shortest, the second the longest, the third forms itself only slowly and not simultaneously in all places. The subcutaneous cellular tissue begins only to take part in the second stage, but in the third stage it also becomes fully sclerosed.

Dr. A. Heller found at the post mortem of a case observed by him, small nodules, not strictly separated from the surrounding tissue, and mostly interrupting the course of lymphatic vessels, partly containing some reddish lymph in the subcutaneous cellular tissue, in the connective tissue covering of the muscles, in the serosa of the small intestines, on the surface of the heart, in the renal pelvis, and in the mucous membrane of the bladder; these nodules consisted of tough connective tissue, and of cells lying in striæ, of a peculiar nature, but similar to the epithelium of serous membrane. Such cells, partly in striæ, partly accumulated in large quantities, were also found in the connective tissue of these organs. There was in the place of the ductus thoracicus a cord, eleven mmtr. thick, consisting of strong connective tissue with the same cells; this cord was full of small holes, discharging on pressure a clear, light brown fluid. The solitary follicles of the small intestines, Peyer's plaques, and the capsules of the lymphatic glands, were also full of such deposits. The medullary substance of the lymphatic glands was changed in a

connective tissue mass without lymphatic bodies. The skin was blonded with the subcutaneous cell-tissue to one mass of tough fibrillæ. The epidermis and the Malpighian layer trifling. The corium and the subcutaneous cell-tissue showed neoplasmata of fibrillary connective tissue, and of fine elastic fibres. The papillæ were flat, and their borders partly erased. In the mouths of the perspiratory and sebaceous glands, thick masses of epidermis were found, in every other way the glands were normal, the hairs partly fallen out.

Heller believes, that in his case the seat of the disease has to be looked for in the ductus thoracicus, and that its obliteration caused the diseased state of the other organs. (Virchow observed the same in elephantiasis.) He, therefore, considers sclerodermy and cognate diseases as a consequence of different morbid states of the lymphatic system, connected with obstructed circulation. —*Schmitt's Jahrb.*, 12, 1872.

(In Heller's case copious sweat was present, and sensibility everywhere preserved. In the course of the disease ascites and œdema of the lower extremities set in, in consequence of which the patient died. In Bockenheimer's case the sensibility of the skin was also not much diminished, and every other way the health of the woman was tolerably good. In the symptomatology of *Hydrocotyle asiatica*, a remedy favorably mentioned in the treatment of elephantiasis and lepra, we find Symp. 147, violent perspiration, especially in the leprous insensible spots; 148, copious perspiration; 164, swelling of the lymphatic vessels and cellular tissue of the groin. Hale, in the third edition of his "New Remedies," mentions Guaco, Solanum, and Stillingia among the remedies which may be tried in this cutaneous hypertrophy. Kafka recommends Graphites (fissures), Silicea, Phosphor. The disease, as well as the remedies, need more careful study, and looking at their different causes, the treatment also must differ.)

Abortive Treatment of Furuncles and Whillows by Alcohol.

Dr. Simon de Forges recommends that every suspicious spot be softly rubbed 8 to 10 times with the fingers dipped in Spiritus camphoratus. As soon as the place becomes dry, some Oleum Olivar. camphorat. is applied with the finger. Repeat this three times a day, and a few applications suffice for the removal of the swelling. —*Press med.*, 48, 1872.

Tarnier affirms, that pregnancy gives to all tumors a transient hypertrophy, whereas the lying-in state acts in a contrary manner. A normal physiological analogon may be found in the transient hypertrophy of the heart during pregnancy. The retrograde movement of the tumors after confinement was in some cases so perfect, that they totally atrophied, whereas in others the retrogression progressively diminished, so that the tumor after confinement always remained somewhat larger than it was before the beginning of pregnancy. —*L'Union*, 118, 1872.

Bourneville made thermometrical observations in puerperal eclampsia and found: 1, that at the beginning of an eclamptic paroxysm the temperature rises rapidly, increasing with the frequency and intensity of the fits; 2, the temperature falls in the same degree as the paroxysms decrease; 3, *vice versa*, in uræmia the temperature progressively falls in proportion as the fits increase, and that the temperature rises and even becomes normal, when the uræmia passes off. (Needs confirmation).—*L'Union*, 118, 1872.

On the Relations of the Weight of the Body in Mental Diseases.

By Dr. B. STIFF.

1. When a patient, suffering from mental diseases, has been skilfully treated (in a lunatic asylum) without increasing his nutrition, the prognosis for the cure of his mental disorder becomes unfavorable. 2. But where we find a lasting steady increase of the bodily weight the prognosis is favorable, especially if we can exclude by anamnesis a periodical psychical disturbance. The only thing we have then to fear is, that a weak intellect may remain after the amelioration of the melancholia. 3. When during the first time of his sojourn in an asylum the bodily weight of a patient does not increase, but even decreases in spite of appropriate treatment, we may still be hopeful for the first six weeks; but the longer he is treated without any amelioration in his nutrition, the more doubtful the prognosis becomes. 4. The prognosis will be favorable (again excepting periodical psychical disturbances) the more the changes in the patient's mental state correspond to the improved state of his nutrition. 5. A continual increase of the curves of bodily weight, where in spite of quietude of mind a corresponding clearness and freshness fails to manifest itself, must be considered as the beginning of mental hebetude. And if the weight of the body, after the normal standard of such a patient has been reached, still continues to increase, if obesity develops itself without the mind becoming clear, every particle of hope vanishes; such a patient is doomed to dementia and idiocy. 6. A relatively quick or precipitous rise of the curves arouses the suspicion of a relapse, but a slight decline of weight after the cure of the mental disease, and after the normal standard of nutrition had been reached, may be considered a favorable omen for a durable and lasting cure. 7. An exception to this nearly general rule is the *Folie circulaire* constant, where the transition from the state of exaltation into that of depression produces a sinking, and, *vice versa*, the transition from depression into exaltation a rise of the bodily weight, whereas the relatively or really free interval between the two states corresponds to the medium state of the bodily weight. That exaltation in *folie circulaire* corresponds with a rise of bodily weight (and of nutrition) marks it already as a particular form of insanity.—*Schmidl's Jahrb.*, xii. 1872.

Permanent Compression for the Reduction of Incarcerated Hernia.—*Demarquay* improvised on a large incarcerated scrotal hernia, where the manual reduction had been tried in vain, the following mode of compression, having no

elastic bandages on hand. He folded a piece of muslin like a cravat, put the centre under the hernia, carried both ends forward, and then crossed them. Two assistants, standing at either side of the bed, took hold of the end with the order to draw on it steadily but with moderate force. Two hours steady traction sufficed for the reduction of the hernia.—*Tribune Med.*, Jan., 1873.

Ingrowing Toe-nails.—*Chuppot* applies successfully *Plumbum nitricum* over the affected part of the ingrowing toe-nail. This local application is not new, as *Vanzetti* used it for such troubles, and also for onychia maligna. This treatment is to be especially recommended where the patient cannot regularly visit his physician.—*Tribune Med.*, Dec. 1872.

[Dr. S. Swan recommends the internal administration of *Magnes. australis* 1 m. for ingrowing toe-nails.]

The Pancreas in Diabetes Mellitus.—*Goullon*, in his prize essay on Diabetes, remarks: *Rokitansky* found in thirty cases thirteen times the pancreas remarkably small, relaxed and anæmic. Observations of other authors leave it without a doubt that the pancreatic shrinking or degeneration is more constantly found in diabetic corpses than in any other pathologico-anatomical state. *Recklinghausen* describes a case where the central part of the pancreas was changed in a circular sac of the size of a child's head, the head only being preserved. The sac might have originated by extension of the ductus *Wirsungianus*. A body corresponding in form and size to the pancreas was found in another case instead of it, whose lobules consisted nearly entirely of fatty tissue. The ductus was greatly dilated, and by lateral dilatations took on the form of varices. *Hartsen* gives two cases with atrophy of the pancreas of such a grade that it could not be recognized any more. *Fles* found at the dissection of a diabetic patient the pancreas changed into connective tissue.

Dr. Julius Blumenthal praises *Chininum muriaticum* as the best corrigens to neutralize the sugar in diabetes. After the fruitless use of *Sol. Fowleri*, of Glycerine, Opium, etc., he began his treatment with Quinine ($\frac{R}{2}$ Chinin mur. 2.0. Acid mur. 0.5. Aq. dest. 120.0. Detur signetur: to use during the day). 1st observation, absolute animal diet; 2.0 grm. pro die. Sugar fell from 1.05 to 0. 2d observation, absolute animal diet; 0.75 Chinin pro die. 3d observation, mixed diet, only 0.4 Chinin pro die, 1.0 sugar. The disease had been treated for several years, and this is the first time that the sugar in the urine, at first with absolute animal diet, came down to 0. under the use of Quinine, even when given in small doses. At first the quantity of urine passed daily decreased decidedly, and the thirst diminished. Whereas under absolute animal diet the specific gravity oscillated between 1026 and 1030, it now went down to 1022, and remained at 1025, even under a mixed diet. The albumen in the urine disappeared entirely as long as the patient took Quinine, but reappeared when it was left off. All nervous affections ceased entirely after taking Quinine. Under

the direction of Prof. Traube, we follow now the following plan of treatment. As long as the patient takes only animal diet, 3 to 4 weeks, no medicine is given. When tired of it he uses a mixed diet, and takes at the same time 0.4 to 0.8 Chinin pro die, with the result that the excretion of sugar in the urine is also reduced to 0, or, at any rate, reduced to a few grm.—*Berl. Kl. Wochrsft.* 13, 1873.

Fatty Degeneration of the Heart. By DR. PONFICK.

The fatty degeneration of the heart attacks either a diseased, hypertrophic, or atrophic, or a normal myocardium; the former is partial, the latter total.

The partial or localized fatty degeneration of the heart depends on an obstacle of the circulation, or organic diseases of the heart, chronic pulmonary diseases, deformity of the thorax for the right heart; obstacles in the large circulation, stenosis of the aorta, aneurisma, diffuse nephritis for the left heart.

The general genuine fatty degeneration of the heart is caused by acute mostly infectious diseases (typhus abd. recurrens, pyæmic and puerperal fevers), by intoxication (Phosph., Arsen, Acid-sulph.), and we find a *cor adiposum chronicum et idiopathicum*, where not only general changes are far advanced, but where solitary foci of fatty degeneration are found, especially on the papillary muscles. There are two forms of this pure idiopathic fatty heart, and it is necessary to distinguish clearly the one from the other.

Both forms have in common the fatty degeneration extending over the whole heart, the absence of valvular disease or of any obstacle in the circulation, which is more apt to produce a localized fatty degeneration, as a sequel of overwork of a certain part of the heart. One form is more frequently observed in old, but strong and plethoric persons; the other in young persons (20 to 40), who are excessively anæmic, and especially in women.

In the senile form we simultaneously find the other well-known changes in the different organs, appertaining to old age, we find in the heart with the fatty degeneration deposits of brown pigment inside of the muscular fibres, the whole vascular system, including the coronary arteries, intensively diseased, sclerotic, calcified, atheromatous; hence embolism and thrombosis, which are the usual cause of death. In the anæmic form the vascular system is normal, at most stenosis (mentioned by *Virchow* in sclerosis), and slight fatty degeneration of the intima and media; all the other internal organs are sound; we only also find fatty degeneration of the secretory cells of the liver, of the funnel-shaped glands of the stomach, as well as around the cortical substance of the kidney, often intensive icterus, and a peculiar state of the blood, which is thin, watery, and by letting it run over a plate of glass, it leaves a gravelly residuum, consisting of red blood corpuscles in a row, but not united together.

Allowing this blood remaining quietly in a glass-cylinder, it forms an upper very broad layer of pure, light greenish-yellow plasma, a middle very thin layer of light, reddish-gray, creamy appearance, and a lower, broad, intensively red layer. The second layer, that of the white blood corpuscles, is always

relatively large, being $\frac{1}{2}$ or $\frac{1}{3}$ of the third, or even perfectly equal to it. In such a blood the red blood corpuscles have so much decreased that a relative increase of the white ones takes place.

Olygæmia, with hyperinosis, is, therefore, the criterion of the second one; plethora and hyperinosis criterion of the first form of idiopathic fatty degeneration of the heart, and corresponding to it we find the second form frequently complicated with dropsical manifestations.

The senile form of fatty degeneration of the heart is easily explained by the diseased state of the blood-vessels, especially by that of the coronary arteries of the heart, and embolism of its branches explains the formation of circumscribed foci of fatty degeneration, produced by local anæmia.

But anæmia is also the motor-power of the second form of fatty degeneration of the heart, as it is so frequently observed in diseases which cause chronic anæmia and hydræmia.

In poisoning by Phosphorus we also meet acute destruction of the red blood corpuscles, and hence fatty degeneration of the heart, of the renal epithelia, of the liver, and of the funnel-shaped glands of the stomach.

Chronic anæmia of the myocardium must be, therefore, considered a frequent cause of fatty degeneration of the flesh of the heart, but setting in under most different conditions.—*Berl. Kl. Wchschrift*, 1 and 2, 1873.

A Case of Congenital Aphasia. By PROF. WALDENBURG.

The patient was a boy, six years old, when he came under the observation of the Doctor. The mother was suddenly attacked, in the third month of her pregnancy, with right-sided hemiplegia and perfect aphasia, and she never recovered fully from it. Pregnancy ran its regular course, and she had an easy confinement, but the infant showed at birth an imperfect development of the right side of the body, and a shortening of the right leg; the movements of the right extremities were from the beginning imperfect, and remained so; otherwise the boy was well developed and healthy, screamed loudly, his hearing was normal, he understood perfectly what was spoken, showed great intelligence, but could only indistinctly pronounce a few words. The muscles of the right extremity are even now less strong than on the left side, and the right leg about three ctm. shorter than the other. Examination of the vocal organs, inclusive of the larynx, proved them to be normal, only the tongue showed deficient motility. The whole case proves, therefore, unconditionally a congenital morbid state of the left cerebrum.—*Berl. Kl. Wchschrift*, 1, 1873.

Congenital Malformation of the Heart. By DR. S. M. BRADLEY.

On April 22d, 1872, an infant was born apparently perfectly healthy, only the respiration was somewhat accelerated; 24 hours afterwards respiration became more frequent, the child ceased nursing; after 30 hours, vomiting set in with cyanosis and suffocatory fits; after 44 hours, death. Autopsy revealed a

beautiful example of a *batrachial heart* (one ventricle). The heart was normal in form, weight and position, had two auricles and one ventricle, whence one artery took its origin, from which two pulmonary arteries were given off, otherwise it run its normal course as the aorta. This arterial trunk was on the right anterior edge of the ventricle and had three normal semilunar valves. It gave off the pulmonary branches about half an inch above the ventricle, the left one somewhat more distant than the right one. The left auricle, into which both pulmonary veins discharged, was very small, the right one, into which both venæ cavæ emptied themselves, unusually large, the foramen ovale wide open, the left-sided wall of the one ventricle twice the size of that of the right side. Between the right auricle and ventricle was a valve somewhat similar to a mitral valve. There was not a trace of a ventricular dividing wall.—*Brit. Med. Jour.* 6.8, 1873.

Epilepsy after Contusion of the Nervus Ischiaticus. By DR. SCHAEFFER.

A soldier was wounded before Orleans October 7th, 1870, by a ball in the left thigh, the surgeons failed in finding the ball. February 6, 1871, he had the first fit. These fits steadily increased in intensity and frequency. He entered the hospital at the beginning of 1874 and pointed to a painful spot at the lower end of the left thigh as the presumptive seat of the ball, as the pains start therefrom and then spread over the left side of the body, along the spine to the occiput, followed by unconsciousness and epileptic fits. At the request of the patient another trial was made to find the ball, and the ischiatic nerve exposed between musc. semi-tendinosus and biceps, and separated from all connective tissue, which was rather tough at that point. No ball was found, the wound reunited, and since that time the patient remained perfectly free from fits.—*Psych. Cent. Bl.*, 1, 1873.

Case of Pneumo-pericardium. In the Transactions of the New Hampshire Medical Society for 1871, Dr G. P. Coan, of Concord, reports a remarkable case. A man, aged 41, died in the State prison after a brief illness. He had been a free drinker, and for some years had slight paralysis agitans and occasional cramps in the chest, with cold surface, but he was able to work most of the time. He was attacked in the night, 11 or 12 hours before his death, and when seen in the morning was cold; pulse 130, weak and fluttering; respiration 25, labored; unable to lie down, the attempt causing violent cough with profuse expectoration, tinged with blood. Auscultation did not reveal the condition of the lungs and throat, so as to afford a satisfactory diagnosis, the throat being filled with mucous rales, while the heart, though feeble in its action, seemed to be struggling against some unseen force, which was slowly, but surely overpowering its action. Examination 18 hours after death: body in perfect preservation; lungs congested; pleura healthy, no

effusion. From the bladder-like appearance of the pericardium it was suspected there might be hydropericardium. However, on puncturing that membrane, we were surprised to hear air escaping with an audible hissing sound, and in a moment's time the pericardium assumed its natural relation to the heart itself, there being no effusion or any trace of inflammation. Nothing abnormal was found in the heart, lining membrane, or valves.—*Pacific Med. and Surg. Jour.* April, 1873.

Abortion. Prof. Hildebrandt remarks, that in the treatment of abortion we have to study four points: prophylaxis of abortus, moderation of the flooding, method of removing the ovum in toto, after-treatment. The indications for the treatment are given by the ætiology. Abortus may arise by mechanical noxæ, causing effusion of blood in and around the ovum. A greater part is caused by diseases having their seat either in the ovum itself or in the uterus and its adnexa; or from syphilis, tuberculosis, cholera, typhus, scarlatina, variola; a frequent cause is chronic inflammation, tumors, flexions and excessive mobility of the uterus; also tumors in the neighborhood of the uterus, in the ligamenta lata, in the ovaries, in the pelvis.

Prophylaxis may be tried in those cases of habitual abortus caused by lues, by relaxation, excessive mobility or retroflexion. In too many cases *the husband must be cured of his lues*, before his wife can be enabled to go to the end of her term. Many recommend in relaxation and flexions constant position on the back, and Hodge's pessaries; but we prefer the use of cold ferruginous baths, in combination with a good pessary.

In the beginning of an abortion, where the flooding is not too excessive, rest and the application of the indicated remedies may still prevent it, but where large coagula are thrown off by the painful contractions of the uterus, the ovum is too much loosened already, especially if also parts of the decidua are passed, and then we must remove the ovum *in toto* as soon as possible. The worst treatment is *Secale cornutum*; it produces contractions of the corpus long before the cervix is ready for the passage of the ovum. The bag bursts, the fœtus is discharged with the amnion, but decidua and placenta remain, and it takes sometimes weeks before they are expelled. Far better advice is to dilate the cervix with compressed sponge, and where the cervix is wide and soft, leave everything to the action of the corpus uteri; where the cervix is hard, use a tampon of cotton or lint, which in such cases is preferable to the colpeurynter, as the latter only compresses the lower part of the cervix, whereas the former, filling up the vagina, embraces it everywhere and compresses the cervix. Compressed sponge and tampon are also the best means to keep the hæmorrhage down.—*B. K. W.* 17, 1873.

On the use of Amylnitrite in Melancholy.—Brunton experimented with amylnitrite in Prof. Ludwig's laboratory, and found that it reduces the pressure of the blood, causes a dilatation of the capillaries, especially of the

head, and accelerates the activity of the heart. Prof. *Meynert* and Dr. *Hoesterman* experimented therefore with it on melancholic patients. The remedy is inhaled 2 to 4 times daily, 4 to 5 drops for 35 to 40 seconds, till symptoms of hyperæmia set in, the dilatation of the blood vessels increases still after interruption of the inhalation, reminding us to be careful in anæmic persons, or in those liable to congestions; in $\frac{3}{4}$ to 1 minute these symptoms disappear. The physical changes correspond to those of an increased supply of blood, the eye shines, the features show more vivacity, the flow of ideas becomes more lively, and a general well-feeling takes place. These manifestations, produced by Amylnitrite are parallel to those caused by a febrile state in melancholic patients, and the sphygmograph affirms in both cases this analogy, for just as fever removes symptomatically the melancholic state, so also is Amylnitrite an eminent remedy in the symptomatic treatment of melancholy, especially in simple melancholy—less so in cases with sensations of anguish. — *Wien Med. Wechsft.* 48, 1872.

Obstruction of Cerebral Arteries.—Dr. Eliza Walker, in her inaugural dissertation, gives the following statistics of embolism and thrombosis found in the cerebral arteries.

Unilateral. Art. f. sylv., r. 36, l. 21. Art. carot. int. with A. f. sylv. r. 1., l. 12. Art. carot. int.: r. 3, l. 3. Art. carot. com.: r. 1, l. 1. Art. prof. cer.; r. 2, l. 2. Art. vert. l. 1. Art. vert. with art. f. sylv.: l. 1. Embolus on right side, probable, 2., on left side 2. Total, right side 45, left side 43. Art. basilaris, 6 times; Art. f. sylv., side not mentioned, five times.

On both sides. Both Art. f. sylv. 3, and probable also in two more cases: both Art. carot. int. 4; Art. f. sylv. sin. and art. vert. dext. 1—several small arteries on both sides of the brain 2. Art. f. sylv. dext. and Art. basil. 1—both carotids and Art. basil. Several arteries of the pia 1. Several cerebral arteries, either obstructed or atheromatous in a high degree, 7 times.

Cundurango.—Dr. A. Ernst, who studied this remedy in Venezuela, classifies it with the genus *Macrocepis*, and not with *Mikanea*. Dr. Paolo de Sanctis tried it externally and internally in several cases (epithelioma of the head, pityriasis rubra, lepra tuberculosa of the face, with stomatitis ulcerosa and tremor mercurialis), and never witnessed the slightest benefit. It produced, at most, a transient nervous irritation, followed after some time by a corresponding lassitude and weakness. — *Schmidt's Jahrb.* 2, 1873.

Reviews and Bibliographical Notices.

The Ophidians: their Poisons and their Galls. By S. B. HIGGINS. Boericke & Tafel. 1873. Pp. 239.

This valuable and interesting little work is evidently the outgrowth of investigation, in that peculiar aspect of *therapeutics* where *Homœopathy* has become *Isopathy*, so many tell us. So are we learning to antidote the effects of drugs, given in the crude form by *high* attenuations of the same drug. What, then, more to be expected than to find in the serpent which inflicts the injury, the remedy? And, indeed, such is the wonderful and apparently well-established fact. Dr. Higgins claims to "have developed a new law in therapeutics, which may be expressed in the following terms: '*Every animal poison has its perfect and specific antidote in the gall of the animal or reptile in which that poison is secreted.*'"

This law, we believe, to be truly homœopathic, as shown by the author. Just as much so as is the law by which a *high potency* of *Chininum sulphuricum* is competent to overcome many intermittents which have stubbornly resisted and grown worse, even to producing the toxicological effects of the same drug, under its exhibition in massive doses. Of this action of *Quinine high*, we are fully prepared to testify and bring witnesses. It is with no small degree of satisfaction, therefore, we hail the promulgation of a new law in therapeutics, which, at the outset, appeals to both reason and precedent for a thorough trial. The labor of classing ophidians, the author justly remarks, is one of great difficulty from many causes, and he is at considerable pains to compile a table from Dr. Günther (who gives us no, or few, North American genera), and Baird and Girard, and others.

The anatomical descriptions of the numerous genera (two hundred and twenty-seven) are excellent, and cannot fail to be valuable to those who need such means of identifying various serpents. But it is to be regretted that the symptoms following the bites of particular species are not more frequently and minutely noticed, as well as the habits of such serpents. Among others most deadly are the *wort snakes*, a species of which (*hero choceæ*) is found in great abundance on the banks of the River Atrato, in the United States of Colombia.

"Immediately after the death of the snake, a thick, milk-like liquid exudes from the worts, which, if applied to the skin of man or beast, produces a well-nigh incurable ulcer." . . . Its bite produces death in from two to three hours; the first symptoms which the poison develops are lethargy, trembling of the muscles in the whole body, a flow of blood from the pores of the skin, eyes bloodshot, and loosening of the hair, followed by distortion of features."

This symptomatology the author gets from the "curers," and he justly adds, "What effects the poison does actually produce can only be determined by experiment."

Dr. Higgins thinks it probable that all snake poisons act markedly on the blood; one class of ophidians, *the viper*, producing fluidity, and the other, *the colubers*, thickening of the blood. "But, under certain conditions, the same kind of poison, taken from the same reptile, produces such widely different effects that sometimes it kills quickly, at other times it kills slowly, and during a certain annual period in the life of the reptile, it does not produce death, but only causes a partial septicæmia. Just at the time when the snake begins to change its skin, and enters into the state of semi-torpidity consequent upon this change, the poison loses its venomous principle, and what is still more singular, *the gall loses its bitter principle, and becomes sweet to the taste.*

. . . The poison continues in this condition until the state of torpidity ceases, and when the colors on the new skin are very brightly marked and distinct, *the venomous principle is again restored to the poison, and the bitter principle to the gall.* . . . Another fact is worthy of notice in this connection: the action of the bile in the snake is precisely the same as the gastric juice in the human stomach. After the reptile has swallowed its food, a discharge of the bile into the digestive canal takes place; next ensues a precisely similar condition to that which occurs in jaundice. The whole muscular system becomes saturated with it, and the remaining portion, which decomposes the food, passes off in the fæces. In this condition, if its own, or the poison of another snake is introduced into the body, death does not ensue; because the bile which has already been absorbed by the muscular system antidotes the action of the poison, however fully its venomous principle may have been developed when injected."

The author gives a large table of experiments, which seem chiefly to show that "Injections of Liquor ammonia in fowls were not attended with success in any case . . . that despite the compression of the arteries and veins in the limb, a ligature cannot be put on so tightly but that the poison will pass with great rapidity into the general circulation, and produce death;" that carbolic acid, even in small quantities, is fatal to the poisonous serpents; that the best of all the old-fashioned hap-hazard remedies are alcoholic liquors and cauterization. In the latter part of the book the author gives the three principal methods of the "Curers," together with his own, and a number of curious facts full of suggestions, but too numerous to be noted here.

The style of the work shows that it is the author's hobby, and albeit the subject matter is not arranged very perspicuously, the book is full of valuable hints whereby we may enrich our pharmacopœia. The few animal poisons in our *Materia Medica* already are trump cards. (*Apis, Iachesis, Elaps, Corall*.)

We cannot close this review without calling attention to the very similar condition produced by many poisons, and that found in the hemorrhagic diathesis! Dr. Higgins only proposes his book as a *step*, and we most heartily join him in the hope that all who have any opportunity to investigate this subject will do so, and give us the benefit thereof.—C. M. C.

A Practical Guide for making Post Mortem Examinations, and for the Study of Morbid Anatomy, with Directions for embalming the Dead, and for the Preservation of Specimens of Morbid Anatomy. By A. R. THOMAS, M. D. Boericke & Tafel, New York & Philadelphia. 1873. Pp. 330.

Another strong argument and valuable monument, by which to vindicate homœopathic scholarship and repudiate the slanderous assertions of our enemies, that we are ignorant and care nothing for diagnosis! And we are glad, too, that this work, so long needed, issues, *ex cathedra*, from the pen of the Professor of Anatomy in the oldest, if not one of the best Homœopathic colleges in the country. And further, we do not think it will suffer greatly in comparison with any work now extant on the subject. Prof. Thomas does not pretend to offer a complete treatise on pathology; but merely to show the student *what* he shall look for, and *how* he shall best be able to see it. And he has well performed these labors, especially the latter.

The work is divided into *four* parts, the first three treating of the three great divisions of the body, the head, chest and abdomen, and the last or fourth part devoted to miscellaneous subjects. In this division will be found a very plain and simple account of *Tumors*, Dr. Thomas adopting the classifications of Gross—of course purely diagnostic signs are not specially noticed, but only such points as appertain to pathology, and we may as well here as anywhere remark, that the work is full, from beginning to end, of historical data of great value and interest. A brief discussion of a few of the most important poisons, and of the appearances of the cadaver after death by suffocation, strangulation, and drowning, fills up another chapter. The remarks on medical evidence, we commend to a careful reading, by physicians in practice as well as by students. We believe the same facts have never been put so clearly and well formulated. Not least valuable is the chronological (so to speak) description of the process of putrefaction.

To perform the old classic manœuvre, *hysteron-proteron* ("the first last"), we go back to the preface, and Dr. Thomas gives us a terse but well drawn argument, showing the great value of autopsy in all obscure cases, from several stand-points. The preliminary chapter contains a description of the necessary instruments, and is embellished by cuts of the same, together with hints and directions, invaluable to the novice in post-mortems, and suggestive to the experienced. Heading each of the chapters of which we have spoken (*Head, Chest, Abdomen*), is a description of the mode of operating, and we only wish that when we first dissected we had used so clear and explicit a manual. Nor can we recommend too highly to the student Dr. Thomas's section on the heart; his directions for the examination of that organ being superior to any we remember of having seen. As a whole, the style of the work is chaste, remarkably simple, and free from unvalued or technical expressions, making it a book of value to students, and we hope it will be adopted as a text-book by our colleges; at least until a better treatise appears, which probably will *not* be speedily. It is a standing proof too (as we

said) that Homœopaths are not ignorant of anatomy, pathology and nosology, as *some* would have the public to believe. Let us have more such works from our competent writers. Nothing but inertia prevents. C. M. C.

Complete Repertory to the Homœopathic Materia Medica. Second Edition. Revised, Rearranged and Enlarged. Diseases of the Eyes. By E. W. BERRIDGE, M. D. Alfred Heath, 114 Shury St., London, 1873. Pp. 321.

The attention of the Homœopathic profession has already been called to the great value and utility of *repertories and monographs*, both of drugs and diseases, but to Dr. Berridge must be accorded the honor of laying the cornerstone of a *Complete Repertory* to our *Materia Medica*. It may be objected, why not begin in the Hahnemannian way, with the mind? Because, from the teaching of our master, we have ever been wont to observe the mental symptoms more carefully than any other class of phenomena; whereas eye symptoms, especially subjective signs, have been but little noted. To supply this need, Dr. Berridge has undertaken and nobly performed one of the greatest labors in the record of Homœopathic literature. It has been already objected that this book is difficult to be understood, and requires much study and use to be in anywise available. Some persons are lazy, some are stupid, some are bigoted. To all such we say, don't get the book; you will find you have drawn an elephant. But, seriously, we find no more difficulty in using the *Eye Repertory* than we do in consulting Dr. "Bonninghausen's Therapeutic Pocket-book." The great difficulty with the book in hand is that so many merely glance into it, see all its difficulties, its peculiar arrangement, and its new nomenclature; but on such casual observation fail to discover its perfect system, regularity and perspicuity. They are disappointed, throw it down, and pronounce it either a failure or too recondite for their comprehension. Such was our first impression of the work; but on reflection, the idea suggested itself that probably the fault lay with us and not in the book; and so we took it and set at work in earnest to comprehend it. After about an hour's study we found any symptom in the *Repertory* at pleasure. First, then, remember Dr. Berridge regards this book as but *one chapter* of the "*Complete Repertory*." This *chapter* he divides into two sections. "I. The Symptoms themselves," which he subdivides into (A) *Functional Symptoms*; (B) Symptoms in different *anatomical regions* (as eyelids, eyeballs, canthi, etc., etc.); (C) Symptoms according to *general character, sequence and direction* (i. e. of pains); for example, periodicity, symptoms changing or alternating in character, or alternating pains; or symptoms alternating with symptoms in other parts, etc. etc.; (D) Symptoms on *Right Side*, and (E) Symptoms on *Left Side*. Section II. he subdivides into only two sub-sections: (A) *Aggravations*, and (B) *Ameliorations*. All the symptoms in these sub-sections are arranged alphabetically except *peculiar symptoms*, which, not falling under any general head, are placed last. In Section II. (*Conditions*), he gives concomitant

symptoms of all the different regions, which, at first sight, may seem confusing, but we have only to keep our minds fixed on the *eye signs*, using the other symptoms as *conditions*, and we cannot be misled. In one word, follow strictly the instructions of the Preface, and you will succeed. No better explanation of the method of using the book can be given than the cases cited by Dr. Berridge as illustrations (pp. xi and xii.) The adoption of a new nomenclature has also proved an objection to some. But what is more simple than to differentiate the remedy in the cypher, and then look in the list of remedies and see *what* the cypher is? We see no reason why the new abbreviations should interfere with the free use of the book. And although we may not agree with the Doctor as to the necessity of a new nomenclature, it cannot be denied that the system he presents is thoroughly scientific, accurate, and concise. The perspicuity of the work is much enhanced by a brief table of synonyms immediately following the Preface. To say that the book is the most valuable, in the fullest sense of the word, in its scope and field yet published on homœopathic therapeutics, is only to do justice to the untiring diligence of a staunch homœopath. It now remains for others to emulate the example so well given, and present us with what we so sadly need, Repertories of the mental and throat symptoms, and so on through the body. The book can be procured for twelve shillings, gold, post paid, at the publisher's, or of E. W. Berridge, M. D., 4 Highbury New Park, London, England.

C. M. C.

The Treatment of Typhoid Fevers; a Part of the Analytical Therapeutics. By CONSTANTINE HERING, M. D.

Constantine Hering, the Nestor of Homœopathy, gives us a specimen of a work, which he is willing to publish, if the profession desires it.

Now, for Heaven's sake, wake up, you lazy drones, and when a full meal is set before you, do not become dumbfounded because the repast is so rich; and you who hardly know how to apply half a dozen unusual remedies, do not become frightened at the multitude of them with which you may *break up* a fever that is so often said to run its course with or without your aid. But *two dollars and fifty cents*, lawful currency, is a big price for a pamphlet, and who knows how many such pamphlets may be inflicted upon us! **Y**es, there is the rub.

To buy or not to buy, that is the question.—
 Whether 't is nobler for the mind, to purchase
 The books and pamphlets of outrageous authors
 And thus rouse up a sea of troubles;
 Or, by opposing, end them?—To smoke,—to drink, —
 No study,—and in our ease, allow to end
 The heartache, and the thousand natural shocks
 That flesh is heir to,—'t is a consummation
 Devoutly to be wished.

But setting aside the name and prestige of Hering, let us see, before we subscribe, if there is any intrinsic value in the pamphlet before us.

Now we, with our synthetic mind, would have wished, after the analysis was given, to have the symptoms, corresponding to each remedy, again grouped together, for we love a *pons asinorum* which saves us a deal of labor; but let us hear what others have to say, and then give our verdict.

Dr. Fellows, in the *Investigator* (June, 1873), greets this new work with pleasure, which enables us to apply exactly the great homœopathic law. Dr. Hering gives us, in his analytic therapeutics, an *index for the whole Materia Medica*.

Dr. McClatchey, in the *Hahnemannian* (June, 1873), truly calls Father Hering "a living encyclopædia of knowledge," and unreservedly assures his readers that each one who purchases a copy will get more than the worth of his money.

The editor of the *American Journal of Hom. M. M.* closes his review with these words: "We are free to say, that Dr. Hering here furnishes a model for all future authors who write on therapeutics for professional readers. All former works have necessarily seemed only as enlarged domestic works, or else a feeble copy of allopathic methods, or both combined. Here is a plan which must commend itself to every physician who, like the author, cultivates his art in the manner prescribed by its founder. *Let all try and master it. It will pay in every sense.*"

Let this suffice; a work recommended by the whole editorial fraternity must have some good points. Now, my friends, it is your business to see to it that we come into possession of the different points already worked out in such a masterly manner by our venerable friend.

The Science and Art of Surgery, compiled from Standard Allopathic Authors, and adapted to Homœopathic Therapeutics.
By E. C. FRANKLIN. Vols. I. and II. St. Louis, 1873.

Dr. Minor, in the *Medical Union* of June, 1873, thus closes his notice of this work: "It is a good work; beyond comparison the best for homœopathic practitioners. It has some defects, which are mere omissions of some good things rather than commissions of bad; but we find so much to commend in Dr. Franklin's work that we advise our readers to place these volumes on their book shelves for reference in surgical cases."

Now, we confess to have a perfect horror even for a surgical instrument, and the sight of blood pales our face and syncope threatens. Considering Prof. Minor a good authority in surgical matters, we freely endorse his opinion, but we still would advise the worthy Surgeon of St. Louis to allow the medical part of the work to be worked out in the next edition by a good student of *Materia Medica* (one cannot be a paragon in every branch of our profession), and only thus can we hope to get a work perfect in all its different parts.

A Medical Hand-Book for Mothers. By Alfred C. POPE, M. D.
London, 1873.

A book written for mothers, and not for medical men, and still many a young physician may cull from its pages many a valuable hint. Thus he shows clearly the evil consequences of tight dressing, and the Roman woman, when she found herself pregnant, at once removed the girdle or cincture which at other times was worn tightly drawn around her waist—she walked during pregnancy incincta, unbound (hence the French word *enceinte*), p. 49.

The chapter on "Miscarriage" deserves credit, and as it is a hand-book for women, who desire to become mothers, and not murderers, the crime of abortion is left out. Prof. Hildebrandt, as allopathic authority, considers Secale contraindicated in all cases of miscarriages, and Dr. Pope, as a Homœopath, has more confidence in its application than in any other remedy.

Dr. Pope still clings to the old-fashioned notion of tying twice the umbilical cord before separating the infant from its mother. On the placentar side it is certainly unnecessary, as the discharge of blood on that side aids in the loosening of the placenta, and on the infant we are in the habit of tying the cord before the child is dressed, as during the absence of the physician hæmorrhage might set in. The binder is still a point in dispute, although we have long ago given up its use and abuse, and apply it only exceptionally in cases where syncope threatens.

In relation to the diet after confinement, we fully agree with the Doctor, who raises his voice against the former rule of starving your patient, and the anathema against the usual purgative is well put in.

The physiology and pathology of infant life are equally well given, and deserve careful perusal; but we object to the use of such low dilutions for infants, as our experience has shown us, that the higher dilutions are more of a simile to the delicate infantile constitution; and most authors on infantile diseases, as Teste, Hartmann, and others, side with us.

The Mineral Springs of the United States and Canada. By
G. E. WALTON, M. D. New York: D. Appleton & Co.
1873.

A most valuable and timely acquisition to our medical literature. How often have our patients asked our opinion about the different mineral springs with which our country is so bountifully supplied, and we were unable to give them the desired opinion. How often have patients been sent by their physicians to mineral springs, which, instead of benefiting them, only increased their suffering and finally hastened the fatal issue. How often have patients been sent, at great and unnecessary expense, to Europe, where Balneology has become a separate field of medical literature, when equally good springs were nearer home and could be used to better advantage.

Walton's work fills, therefore, a gap in our medical literature. At our

leisure we intend to study it thoroughly, and compare it with the balneological tables of Europe, just issued by Prof. H. Quincke, and then give the result of our studies in the NORTH AMERICAN.

The Homœopathic Medical Directory of Great Britain and Ireland. 1873.

The Directory itself comprises 200 pages, and as far as England is concerned is most probably as correct as any Directory can be made. According to it *London* contains 71 homœopathic physicians, *Liverpool* about 12, *Manchester* about the same number; *Vienna* about 30; *Paris* between 80 and 90, *whole France* about 450; *Germany* about 275 (*Berlin* 12, *Dresden* 13, *Leipzig* 7, *Munich* 12); *Italy* 125 (*Naples* 13, *Rome* 9, *Turin* 9); *Portugal* 54; *Russia* about 100; *Spain* about 200 (*Barcelona* 25, *Madrid* 45).

The second part begins with a complete (?) list of English and foreign serials, and of the books, tracts, and pamphlets on Homœopathy (30 pages), and finishes with an abstract of the principal contents of the three English serials and of seven American journals. This work has been well done, and compares favorably with our American *Record*, although the latter is far more full, and a better book of reference on that account. We are glad to see by the "Obituary," that the health of our British colleagues is so good, as only seven shuffled off this mortal coil to exchange this world for higher spheres of usefulness. The whole work closes with a clinical index to the abstracts for the years 1867-72.

Specific Medication and Specific Medicines. By JOHN M. SCUDDER, M. D. Fourth Edition. Cincinnati, 1873.

In his preface the learned author remarks that "specific medication requires specific diagnosis. We do not propose to teach that single remedies are opposed to diseases, according to our present nosology. These consist of an association of functional and structural lesions; varying in degree and combination at different times; very rarely the same in any two cases. To prescribe remedies rationally, we are required to analyze the disease, and separate it into its component elements, and for these we select the appropriate remedy."

Now the homœopathic usage of words would be symptoms for component elements, and the simile would be to us the appropriate remedy.

Page 10 he again says: "We so observe and group the signs and symptoms of disease, that we may get the exact idea of the pathological condition to be opposed, and (p. 15) this departure from health is one of these directions—*excess*, *defect* (the plus and minus of Hausmann), or *perversion*—above, below, or from. As there are many elements that go to make healthy life in man, so there are many that go to make the sum of disease. These will be found

in varying combination, yet in most cases there are certain prominent lesions (our characteristic symptoms or hints', which may be regarded as standing first in the chain of morbid phenomena, and upon which the others rest." Page 17: "The processes of retrograde metamorphosis need more study, and it is just as much specific medication to be able to select the proper food for the sick as it is the proper medicine."

And, as Scudder agrees with Grauvogl in the definition of our law of cure, we may be perfectly satisfied, and though he may go his own way, still we are glad to know that he is on the right path on medical therapeutics, and his chapters on the administration of medicine (it is best to do *one* thing at a time), the form, dose (which should be the smallest quantity that will produce the desired result) of medicine, the preparation of remedies, will well repay a repeated perusal by any medical student.

Space forbids us to compare the different remedies with the symptomatology found in our *Materia Medica*, but we found Scudder so often coming to the same results in the indication of his remedies, that we cordially recommend "Scudder's Specific Medication" as a valuable addition to any medical library.

Miscellaneous Items.

Editorial.

Prof. Jos. Buchner, of Munich, will henceforth be a regular contributor to the pages of the *N. A. J. of H.*

With this agreeable announcement we greet our readers with this first number of the 22d volume, and Dr. B.'s first instalment will be found as the first number of a series of articles promised to us by this distinguished writer. Words of encouragement and promises of active support have also been given to us by other Transatlantic physicians, and with the aid which we are sure to receive from our physicians we are now enabled to promise our readers a continued series of papers not only of ephemeral value, but of such a nature, that we may justly claim the device of our State as the motto of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

A chapter of "Practical Cases" will be henceforth included in every number. The utmost latitude will be allowed so long as the selection of the remedy, and hence the cure, stands the test of our therapeutic law; it will be our endeavor to show this to have been the case, or we will demonstrate that the removal of the disease was owing to the restorative power of nature, and not the aid of the physician. Thus only can be accumulated a clinical repository of great value, and we will thankfully receive such reports of cases from the different sections of our wide-spread country.

The Twenty-sixth Session of the American Institute of Homœopathy was a great improvement on former meetings, and there is hope, great hope, that its members intend to make it a live organization. In fact, there were several points which gave us great delight. The recital of strictly homœopathic cases was always received with storms of applause, and it could be easily perceived that the higher dilutions are growing in favor with our physicians. Another favorable point was that Hygiene is receiving more attention; and the papers on "Phthisis Pulmonalis" have our most hearty endorsement. "How to feed children" was another interesting debate, and it is only a pity that the brief time necessarily allowed to each bureau forbids a continuation of a debate just when it becomes most interesting. It was just the same with surgery, for we would have listened with close attention for a long while yet on the interesting discussion about the restoration of bone, carried on with such zeal and earnestness by Franklin, Beckwith of Cincinnati, Willard, McClelland, and others.

Would it not therefore be advisable, after the time for a certain bureau has passed, to allow this section to continue its discussion in another part of the building, and permit a report of this discussion to become part and parcel of the Transactions of the Institute. As the rule is now, some bureaus are continually slighted, and interesting as their reports may be, they are necessarily unmercifully slaughtered. Physiology, Psychology, Hygiene, were thus ignored, whereas some of our best men had elaborate articles on these branches, and a discussion of them would have been beneficial to us all.

The announcements of our different colleges are before us, and it is a healthy sign of the times that they all favor and recommend the graded or three years' course. But even this does not strike at the root of the evil. The preparation for the study of Medicine should be as thorough as that which is required of the matriculate in a literary college. The dead languages are really too much dead to most of our physicians, mathematics a terra incognita, physics and chemistry are hardly known. Indeed, even the "king's," "queen's," or our republican English is most unmercifully treated, and it has been a question in my mind if a student should be passed when he cannot spell properly in his own language. True enough, a man may be a good physician and a bad speller; but, certainly, a good preliminary education and a two years' medical course will give us better students for life than a graded course without preparation. It is a fact worthy of notice by teachers, that very many of the graded students are those who have passed through college, and thus learned the value of graded instruction.

The signs of the times are, indeed, hopeful. May the harvest correspond to the promise.

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NEW SERIES, }
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{ WHOLE No. LXXXVI
VOL. XXII }

Original and Translated Papers.

ARTICLE XI.—Anal and Rectal Fissure.

By W. EGERT, M. D., Indianapolis.

This affection, which is of a quite common occurrence, has not received that attention it most certainly deserves. Homœopathic, as well as allopathic, literature has but little to say about it, and in most instances when mention is made of it, it has been in complication with or confounded with hæmorrhoids, or the irritable ulcer and the rhagades of the anus and rectum. Even in Ruckert's clinical experiences not a single allusion is made to it. Its independent pathology is almost entirely overlooked, and in therapeutics it has been by both schools, until very lately, assigned to the knife of the surgeon.

How often does it happen that we are called upon to treat a case of hæmorrhoids, and, having readily succeeded in subsiding the protruding tumors, the frequent and debilitating hæmorrhages, having restored the bowels to normal action, and still our patient is dissatisfied. Why? Because he is suffering excruciating pains during a stool, or long after the evacuation takes place, no matter if the fæces were hard or liquid. Thus much for one class of patients. But there is an-

other, who are pleased to let us in darkness open their real condition, on account of extreme modesty. I refer to the female, and in particular to the young and unmarried ladies. We meet this affection more frequently in the female than in the male, although little children are not exempt from it. Its position is generally dorsal, still cases will be found where it is perineal or lateral.

A long, narrow ulcer, frequently emanating from a renal circular ulcer, which easily may be detected, either per speculum when higher up into the rectum, or when at the verge of the anus, or, at least, commencing there, by separating the buttocks and anus with the fingers alone. If the fissure is of no syphilitic origin, we hardly ever find more than one, which will bleed easily, particularly so if not of very long standing; it presents a whitish or grayish appearance, with more or less indurated edges, and discharges a yellow or whitish pus. But if of syphilitic origin, we often find several fissures, either independent of each other or radiating from a certain point; their edges are always very elevated and hard when the bottom of the ulcer lies deep, having a lardaceous appearance; the secretion is corroding, acrid, and often bloody, which is rarely the case with the former. The stools are usually exceedingly painful and excruciating, either during or some time after the evacuation; walking and sitting are often interfered with. It is strange to observe how this affection, so insignificant in its appearance, will wear out—nay, even break down the patient's health and constitution, and stranger still is the observation that patients often will endure all the torture for years before seeking the advice of a physician. Hypochondria, as well as hysteria, are common associations with persons thus affected. If the situation of the fissure is higher up in the rectum, it is less painful than when at or near the verge of the anus, on account of the great mobility of the external sphincter as well as the great supply of nerves thereat located. The sensitiveness to the touch finds its explanation from the same reason, for it is by no means uncommon that in the fissure as well as in a simple ulcer one or more nerves become fully exposed. This may also explain the

fact, that a person will more willingly grant an examination to any other part of the body, no matter how painful such may be, or how great the exposure that may be required, than subject himself to an inspection of the anus or rectum, or other manipulations necessary. I have seen powerful men tremble at the very thought of it, men that would hardly flinch when having an arm amputated; and if the surgeon should fail to be successful with an operation, it will require a most extraordinary effort to get the patient to submit to a second trial. Frequently are the edges of the fissure trimmed with some kind of polypous excrescences, and true polypus, either fibrous or gelatinous, has been observed on either termination of the fissure. But the generally observed symptom and complication of a fissure is undoubtedly the stricture of the sphincter, by which it most decidedly distinguishes itself from a mere crack, or from the not uncommon rhagades, so often present with hæmorrhoids. This constriction of the sphincter, which later even is liable to become hypertrophied, has been by some authors considered to be of a neuralgic nature; others deny this, and as it appears, not without good reason and justification. A fissure may terminate sometimes into a blind fistula, and we may be particularly apprehensive of this, if it emanates from a rather deep-seated ulcer. The surgeon, therefore, always will do well to use the probe, in order to establish the diagnosis correctly; it will also further to a great extent his decision, whether he will have to adopt a surgical or medical treatment. As stated before, as patients have great objection to have the anus or rectum examined, I will recall in short a few symptoms, by which the physician with some degree of certainty may diagnose the existence of a fissure, and avoid the examination without falling in the common error, to put these complaints erroneously down as external hæmorrhoids. It is not the stricture of the sphincter alone, as some authors assert, because such may be found as well without any fissure; but if with the stricture we hear of extreme excruciating and tearing pains, either when the bowels operate, or more or less time after the operation, or only with the es-

cape of flatus, or even without any special cause, except some exercise, moderate as it may be—and in addition, perhaps, uterine or urinary difficulties, we may be well assured of the presence of a fissure. Pains caused by hæmorrhoids alone, are more of a dull, burning, sore, itching and smarting character. The causes and complications of fissures are manifold. Most prominent are hæmorrhoids, parturition, uterine displacements, of which particularly the anteversion and retroflexion, with a train of urinary difficulties and nervous agitations. Constipation or, the reverse, diarrhœa and dysentery, polypus, syphilis, chronic proctitis.

Treatment.

Here prevails almost the same difference of opinion as exists with regard to the fistula in ano. Many ignore the possibility of our successful medical treatment entirely, and rely on the knife, while others look with some degree of contempt and haughtiness upon the knife and pretend to accomplish everything with the remedy. I do not doubt, for a moment, that both assertions are the offspring of honest convictions; but I do not believe that large experience or faithful trials have corroborated them. I for myself believe, that as certain as it is that some cases require the knife, the majority can be cured with the remedy alone; nor do I think it wise that any physician, and particularly any member of our school, should resort to the knife without having tried fairly the armamentarium of our *Materia Medica*.

The surgical manipulations are threefold, and resemble those for fistula in ano; we either practise the incision, or we tear and break the tissues asunder, or we make a forced dilatation of the sphincter. Either method has its advocates; and, comparing the results, it will be difficult to say which deserves the preference. I prefer the division. But I shall say no more upon this subject, because the details can be found in any good work on surgery. My object is to lay more stress in this paper upon the medical treatment, which may be classed as internal and external. It has been always an interesting study to me, to compare the treatment of the

different schools, in all cases of disease, and I intend to do so briefly here. Nowhere can I find in allopathic literature, and I have searched extensively, a case that had been treated with internal remedies alone, nor do I even meet the slightest recommendation to that effect. Their treatment is always a combined internal and external, and even this medical practice is only of recent date. But let us see. Remedies taken internally: Magnesia sulph., the compound of Aloe., Nux v. and Iron, or a confect of Senna and Sulphur. Combined with either of them we see applied externally ointments of Zincum, Belladonna and Opium; of Hydrargiri subchloridi, Opium, Belladonna and Sambucus, or the acid Nitrate of mercury, or Nitrate of silver, or Belladonna alone. Extreme pain is also counteracted with Opium and gall ointment; or with Bromide of potassium and Glycerine, or the ice-bag. The latter application I consider very efficient by extreme pains after a surgical operation, as well in a distressing proctalgia, it ought to be tried if remedies fail to allay the suffering. Dr. Van Halsbach states, that he has succeeded in curing fissures which have resisted even the division of the sphincter, by introducing morning and night a tent moistened with a solution of one part of Tannic acid to sixteen parts of Glycerine. The bowels are to be kept open. From the allopathic point of view, we perceive at a glance the object of these prescriptions and the principle that underlies them. The possibility even of a constitutional disturbance is completely ignored, and the affection treated as purely local; hence the frequent relapses we are called upon to witness and to testify, notwithstanding the strenuous denials which come from the other side. I could point from my record to quite a number of cases in the condition described. The disease is suppressed but not cured, and the patient may often have reason to congratulate himself, when the local manifestation made its appearance again, and not instead of it, some more vital organ may become the sufferer.

How different is our mode of treatment; I shall try to lay down here my experience. First discriminate between cause

and effect, because it is impossible to effect a permanent cure, if the cause remained unremoved. Thus it followed, that if constipation, a displacement of the uterus, hæmorrhoids, etc., are the causes of the disease, or if these affections have at least become disturbing or irritating elements, they must be removed first of all; and, again, if we are successful in removing these disorders, we shall often exterminate the fissure likewise, although the remedy we have employed may apparently not exactly correspond with the anal and rectal symptoms. The explanation of this fact I consider twofold. It may be that the remedy employed has not been so extensively proved as to cause anal or rectal symptoms; or the remedy exerted healing influence indirectly, by giving to the parts affected that great essential for the treatment, rest. I do not intend to point out the treatment affecting the causes, but I shall give here the indications by which a remedy may be successfully employed in cases of fissure uncomplicated, or in cases in which the complication has been removed, the fissure remaining. Let us discriminate carefully, if we have to treat a mere ulceration of the anus or rectum, or a fissure alone, or both. In doing so, we shall limit in number the choice of our remedies. For the ulceration merely I have successfully applied Arsen., Carb. ac., Ham., Hydrast., Mer. jod., Natr. mur., Pæonia and Phosph., but with neither of them, except Pæonia could I remove a single fissure. The remedies for that purpose, are not many. Nit. ac., Pæonia and Thuja head the list; next follow Cautic, Graphites, Ignatia, Lachesis, Mercurius, Mezereum, Natr. mur., Bellad., Sepia, Sulphur.

Nitr. ac. will often cure hæmorrhoids associated with fissure—at other times, Nux. v., or any other remedy, may relieve the hæmorrhoids, but leave the fissure untouched; for such cases I prefer Nitr.-ac., particularly so if the patient has been in the habit of taking much mercury, and more so, if he was formerly affected with syphilis. But these last named conditions don't need to be necessarily present, if only the symptoms otherwise correspond. I have applied it with equal advantage in the 3d and 200th dil. The specific influ-

ence of Nitr.-ac. is mostly at those points where the mucous membrane merges into skin. This I think is a general observation, and would suit our case exactly. But now a glance at the symptoms.

On going to stool, pains in the rectum as if something were torn away.

On going to stool, twitchings in the rectum, and spasmodic contraction of the anus many hours afterwards.

Smarting more in the rectum than in the anus, immediately after stool, and continuing two hours.

Contraction of the anus almost every day.

Heat and burning at the anus after stool.

Twitching and scraping sensation in the rectum and anus after stool.

Proctalgia.

Prolapsus ani.

Humid moisture on the anus.

These the symptoms with special reference to the anus and rectum; let me add furthermore, that Nitr.-ac. is homœopathic to a mind disturbed about its disease, sad, desponding, or irritable, as well as to a tendency to looseness of the bowels, less to constipation, and we have before us all the characteristics peculiar to the disease.

The next remedy I think of is Thuja. In speaking of the pathology of fissure, I stated that frequently the edges of the fissure were trimmed with some kind of polypoid excrescences, and that even the true polypus was not uncommon. These are the cases for which I found Thuja indicated. If in addition to this, our patient has varices of the skin here or there, or if he had, in former times, condylomata of any kind clipped or burned away, or if the urinary organs partake in the general suffering, the indication will be stronger still. The symptoms observed at the rectum and anus are:

Stools oily and greasy.

Painful constriction of the anus during stool.

Offensive perspiration at the anus and perinæum.

Sycotic excrescences at the anus.

In two cases I treated, Thuja, although seemingly well in-

dicated, 'effected a cure only portionally. I followed it with Nitr. ac. and completed it. I only saw good results from the higher attenuations, that is, from the 200th upwards. Next I refer to Pæonia, a remedy almost unknown to many, much neglected, imperfectly proved, hardly ever abused, and I trust that my allusion here will not lead to it. Its known virtues are mostly gathered from the clinic. The symptoms given by Hartlaub and Trinks with reference to the anus, are: Painful ulcer at the anus, with exudation of fetid moisture, extending towards the perinæum. My attention to this remedy was first called by a paper from Dr. Ozanam, read before the International Congress at Paris, 1867. In his report favorable mention is made of this remedy in the treatment of different kinds of ulcers, seated on different parts of the body below the umbilicus. He cited also a case of fissure successfully treated. I can corroborate his experience with my own. From several cases I select one. A gentleman of wealth and culture, aged 52 years, nervous bilious temperament, and who, at first sight, would indicate the confirmed hypochondriac, applied to me for aid in regard to anal and rectal difficulties. He had never tried Hom. before, and was almost unwilling to do so now, and only yielded to gratify his friends. He frankly confessed that he had no faith whatever in our system, to which I replied that faith was not needed at all, and that if his case was curable he would get well without faith as well as with; all I asked was a fair trial. This he promised. History: Is afflicted with hæmorrhoids, fistula and fissure for 18 years; has been cauterized and operated upon three times, by some of the best surgeons of New York, but all in vain; became worse than ever. Had never syphilis; no appetite, constipated, great pain during and after stool; sleeplessness, emaciated, extreme nervousness; fainting spells from general debility are a daily occurrence; headache and vertigo when moving much about; the least exertion throws him into a perspiration, and exhausts him for hours; a disagreeable smell, hard to describe, emanates from the body, no matter if the skin be moist or dry; a shortness of breath when exer-

cising ; great pain in the small of the back ; depressed spirit ; much trouble about his health ; feels generally better when resting, and worse when walking much about. Inspection of the anus and rectum : Separating the buttocks, I approach the anus—but what a sight ! All the surroundings resemble a purplish, hard mass, with a thick crust covering the entrance to the rectum. The slightest touch caused him to scream, so intense was the pain. I gave up the attempt for the present, and ordered a tepid hip bath of fifteen minutes' duration, together with a glass of California sherry and a cracker ; when coming out of the bath to have the anus lubricated with a solution of carbolic acid and glycerine, and to remain in bed or on the sofa. To have the same process repeated in twelve hours, and then to be followed with one, or, if necessary, with two enemas of tepid starch water, until the bowels have been freely evacuated. This done, I proceeded to another examination. The crust had dropped off, the inflammation was less, and so the tenderness. When introducing the index finger into the rectum, it met with a firm resistance from the contractions of the sphincter. With gentle perseverance I succeeded at last, and had the speculum also introduced. At the verge and at the entrance there were several small ulcers visible, seated upon inflamed surroundings, and the touch proved the elevated and indurated edges more than the sight. The examination was still very painful, every further effort caused considerable hæmorrhagia ; the patient was covered with a clammy perspiration, he fainted. Gave him Hep. 5, 100. From these ulcers a fissure issued and was buried in the folds of the rectum. There were several clefts also, remnants of badly operated or unsuccessfully treated fistula, but the probe could not discover any burrowing process ; the whole mucous membrane at its verge was in fact studded with ulcers, cracks and rhagades, presenting a disgusting appearance ; the coating of the rectum was purple and congested ; the veins also were congested, but not to such an extent, as to cause much trouble. Gentlemen, you will agree with me, when I pronounce this to be a very bad case, with a poor prognosis.

Two remedies presented the best simillimum, Psorinum and Natr. mur.; I gave the former in the 200th potency, one dose every other day for a week, and thus I left him for one month without medicine; ordered a hip bath every other day, and one or two glasses of sherry every day; but no change occurred. Considering Psorinum still strongly indicated, I gave him the same in 1c. potency, in the same manner as I had given the 200th, and waited two months to see if any progress would become perceptible—but in vain. Now I gave Natr. mur., and followed it up in the same manner as I did Psorinum. After four months there was undoubtedly a change for the better, so far as his general health was concerned; but the anal and rectal symptoms did not differ. I almost became discouraged, and so did my patient. Finally I decided to give Pæonia 3d dec. morning, noon and night, three or four drops in a little water, the same to be applied externally. The result was magical. In two months my patient was discharged cured, and remained to be a well man for the last three years. Pæonia is indicated for this irritable ulcer at the anus, and for the fissures emanating from such ulcer; it may be applied with good result internally alone, but the additional external application will hasten the cure.

Some practitioners tell us of great results accomplished with Ignatia; strange I never could succeed with it. It has done me good service in cases of fissure complicated with hæmorrhoids, and even with the prolapsus recti, particularly so if the pains are shooting up into the rectum, or even into the abdomen; and this the more so if the pains become aggravated when the stool is loose; it has proved to be an excellent intercurrent remedy in controlling severe proctal-gia, but it never effected in my hands a cure of the uncomplicated fissure or ulcer. Here are the symptoms with reference to our subject:

Contraction of the anus, unattended with pain, a kind of shrinking, which lasts many days.

Constriction of the anus in the evening, returning the next day at the same hour; painful when walking.

A short time, or immediately after stool, pain in the anus, similar to that which proceeds from blind piles or a laceration.

Pain in the rectum, similar to that of hæmorrhoids, constrictive and smarting, like that of a wound.

One or two hours after stool, pain in the rectum as after blind piles, consisting of constriction and smarting. I give the 200th potency; in highly nervous persons I go higher still. The best time to give it is in the morning. A comparison of this remedy with *Nux. v.* in treatment of rectal diseases is a highly interesting and profitable study, and should not be neglected.

Next I speak of Sulphur. Undoubtedly diseases of this kind are in most instances the offsprings of psora; thus it is that antipsorics are so often indispensable. We meet frequently cases that will not yield to any single remedy, but will require a course of remedies in rotation; or we may find that a remedy, no matter how well chosen, will fail to accomplish anything like our expectation; thus Sulphur or Psorinum will have to be called into service with great advantage. In very scrofulous persons it is my custom to commence treatment almost invariably with either of them, provided the symptoms point to it, which usually is the case.

Tenesmus for an hour after having been at stool; the pain in the anus prevents his sitting down.

After stool, pulsating pain in the rectum during the whole day.

After stool constrictive pain in the anus.

After a difficult but not hard stool, lancination from the anus towards the rectum, so violent as almost to cause syncope; afterwards still and prostration.

At night cannot rest either in lying or sitting posture, on account of lancination, and a kind of painful smarting at the anus.

Swelling, soreness of the anus.

Stitching at the anus.

Itching, soreness, and discharge of acrid fluid from the anus.

The first effort to stool is very painful, compelling the patient to desist.

I give Sulphur only in a highly attenuated form, and rarely repeat the dose, or if so, I give it still higher. But we must have patience and wait; it has no inclination to flatter, but means never ending work.

For ladies in the climacteric period I recommend the heroes of our M. M., Lach. and Sepia; amongst this class of patients anal and rectal affections are quite common. Both remedies have prolapsus recti, constriction and pain in anus and rectum, during or after stool, but by Sepia the pains also extend into the perinæum, the vagina, sometimes even into the abdomen; both have discharges from the rectum, independent from the stool, but that of Lach. is mostly bloody, of Sepia mostly mucous; the Lach. pain is beating and hammering, that of Sepia stinging and tearing. I favor the 200th potency.

Symptoms indicating a fissure, or at least strongly pointing to it may further be found under Caustic., Graph., Hep., Sulph., Mercurius, Mezereum, Natr.-mur., Nux.-vom., Petrol. Silic., but my acquaintance of these remedies with reference to the subject presented is limited; still any one reading the provings of them will admit a more or less close relation. All of them have constriction of the anus either during or after an evacuation.

Caustic. has served me in cases where the fissure had a tendency to dry up; little matter is discharged, and the edges have quite a darkish hue; walking causes considerable pain in the anus, and the fissure bleeds after it.

Graphites I have successfully employed when aside from the fissure the anus was studded with little cracks.

Petroleum I found indicated with herpes around or near the anus and perinæum, or furuncles at the verge of the rectum. Mercurius in its different forms will hold its place in connection with syphilis.

In conclusion, I am compelled to confess that sometimes the best selection of remedies, the most faithful trial with high and low potencies, will fail to accomplish a cure, and we

are at a loss what to do. We either shall have to abandon the case or resort to the knife. But before doing so I advise the following plan, by which I have been several times agreeably surprised. Examine the patient once more with all possible care, and select from our antipsorics the remedy that will cover the most symptoms, and give this remedy in attenuation; or, if the patient has been a victim of syphilis, and such remedies as Merc., Nitr. ac., etc., have been in vain faithfully tried, give him or her a single dose of highly attenuated Syphilinum, and wait for a few weeks, at least, for a result. Pursuing this course, I have frequently observed that the general health of the patient will improve, although the fissure may remain unchanged. (In one case Syphilinum cured the fissure.) Now, wash the ulcer well with diluted Carbohc acid, and paint it afterwards with the tincture of Ferrum muriaticum; this to be repeated once a day until improvement becomes apparent, when it should be done gradually less and less. In one case, a highly anæmic lady, I gave Ferrum muriaticum 3 in dilution, likewise internally, 5 and 6 drops three times a day, and succeeded admirably. In order that the student may have at his convenience references, I shall recite here all that is known in homœopathic literature on this subject, outside of our standard works:

A valuable treatise is found in the N. A. JOURNAL, i., p. 79.

Reported cures with:

Ignatia and Graphites, and reference made to Nitr. ac., Platina and Plumbum. Annual Rec. of Hom. i., 216.

Hammamelis, Petrol., Silic. Annual Rec. of Hom., ii., 123.

Hep. sulph, Nitr. ac., and Rhus tox. Annual Rec. of Hom., iii., 153.

Pœonia. Journal of M.M., Clinical part, iii., 40. Allg., 77, 95.

Ratanhia, applied internally and externally. Am. Observer, 10, 255.

Hammamelis. Medical Investigator, 7, 581.

Operation. Annual Rec. of Hom., i., 343.

Dilatation. Medical Investigator, 8, 439.

The Gynecological Journal, vol. iii. p. 171, has also an interesting article.

Lastly, I refer to Dr. Allingham's treatise on diseases of the rectum, notwithstanding his ironical sneers at Homœopathy.

ARTICLE XII. The Diagnosis of Ovarian Tumors, especially of Cysts.

BY PROF. OTTO SPIEGELBERG.

The patients F. and R. are living proofs of the difficulties in the diagnosis of ovarian tumors. Let us recapitulate the cases. Miss F., 44 years old, was sent to the hospital with an uncertain diagnosis, one physician pronouncing it an ovarian cyst, the other a hepatic affection with ascites. She gave all the percutory symptoms of ovarian cyst, but the exploring puncture gave a doubtful result, inasmuch as the chemical and microscopical examinations failed to reveal anything. Examining per rectum, I discovered a sac wedged in between the posterior surface of the uterus and the promontorium, of ovoid form, whose walls contained secondary cysts, and fluctuation could be distinctly felt; a broad cord went from it to the left ligam. latum, on the right the space was more free, but even here the hand could not penetrate towards the abdominal cavity. Our diagnosis was: a part of a cyst situated behind the uterus, probably of left-sided origin, wedged in at the entrance of the pelvis and adherent. Ovariectomy confirmed our diagnosis in all essential parts.

The patient R. suffered from a large smooth spherical tumor, reaching to the epigastrium and laterally to the lumbar region, of equal elastic sensation and indistinct fluctuation, and after puncturing it no fluid escaped. The neck of the uterus was drawn up towards the left and front; behind it, and especially on the left side, was a round smooth segment of the tumor pushed deeply and immovably into the

pelvis, which the hand, carried into the rectum, could not pass. We could not decide whether this tumor, feeling like a soft myoma, was of uterine or of extra-uterine origin, and, in the latter case, whether it was secondarily connected with the uterus, inasmuch as the fundus uteri could not be felt from outside. An experimental incision was therefore made, but we found that the tumor could not be separated from the uterus or from the left pelvis, *i. e.*, from the parietal serosa, and we closed therefore the incision. The autopsy, eight weeks afterwards, revealed the impossibility of isolating the neoplasma from the pelvic organs; it originated from the body of the uterus and implicated the parenchyma of the left lig. latum, but the ovaria were free.

Such doubtful cases are not so very rare, and let us therefore study all the adjuvantia to bring clearness into every individual case. Suppose a patient comes to us on account of enlargement of her abdomen with abnormal resistance and unusual troublesome sensations, and believing that she has a tumor, our first duty will be to find out whether she has a tumor at all. An affirmative answer will be easy, where we find under the skin a sharply circumscribed mass; but in many cases palpation gives no result on account of the sensitiveness or tension of the cutis. Here there may be a cyst, and but there may also be two states, simulating a cyst at a superficial examination, tympanitis and ascites.

A mistake with ascites is more frequent and more easily explained, as we have to deal with an accumulation of fluids, and a mistake with tympanitis appears to some unpardonable, but as it has happened to most experienced practitioners, we may take it for a warning, not to judge too harshly the errors of others. Simpson* reports six cases, where the incision was made, and only tympanitis found, but no tumor, and I could cite still more, *Maissonneuve, Lizars, King, Smith, McDowell, Dolhof*. Twice were women sent to me for ovariectomy, and still more frequently on account of pregnancy, where it was only tympanitis. In most of such

* The works of Sir J. Y. Simpson, 1872, vol. iii., p. 426.

cases we have before us hysterical women, whose extended abdominal walls are so stretched and hyperæsthetic, that they cannot bear palpation. The walls cannot be pressed in, change of position fails to produce change of form, sometimes solitary muscles contract, even single parts of the recti, simulating secondary knobs of a tumor. And still a diagnosis is easy, if we rely on a physical examination and accustom ourselves not to allow too much weight to anamnesis and to subjective symptoms, for I am quite sure that neither age, nor the relations of the sexual functions, nor local sensations, nor disturbances in the circulation, in the digestion, offer anything specific for ovarian diseases. The means for recognizing tympanitis is, next to the absence of fluctuation, examination by percussion, under chloroform narcosis, as then the walls are relaxed, the abdomen sunk in and can be everywhere deeply pressed. The same may be done quicker and more forcibly if you overcome *by steady strong pressure the tension of the abdominal walls*; for that purpose I steadily and strongly press with full extended hands the abdomen against the spinal column, after putting the patient in an absolutely horizontal position with flexed thigh, and advising her to take deep in- and expiration at the same time; if with the expiration the tension of the abdomen decreases, I press down with full force to keep up the flattening of the abdomen in the respiratory pause, and during the next inspiration I repeat this manipulation several times. Thus the resistance of the patient and her illusory ideas are soon overcome, and our hand can easily examine the abdominal walls and the pelvis. A great obstacle to such manipulation may be found in obesity. Atlee* relates several cases, where such fatty masses were taken for ovarian tumors and ovariectomy proposed. Especially during climaxis fatty accumulation is sometimes enormous in some women, either diffuse or isolated, as around the umbilicus. Such masses lose themselves indefinitely into the surrounding tissues and in

* W. L. Atlee: General and Differential Diagnosis of Ovarian Tumors. Philadelphia, 1873, p. 399.

depth, and are elastic; percussion causes a trembling, an oscillating, which is taken for indistinct fluctuation; the sound is dull tympanic or quite empty, as the intestines are percussed through a fatty layer of several inches. Repeated examination, especially exact bimanual of the internal sexual organs; percussion with the hand deeply pressed in after sufficient evacuation of the intestines; the consideration of a general fatty development, which is generally absent in neoplasmata; the possibility of lifting the thick mass of fat from the underlying muscles; its decrease in the inguinal and lumbar regions,—are valuable hints to clear up the diagnosis.

A mistake between ascites and cysts is only there possible, where, by the production of fluctuation, the pressure of fluid is proved, and our decision is easy where we can grasp the full and tense sack and move it about under the abdominal coverings; or where, on the contrary, the fluid is nowhere distinctly confined, we feel a quaggy sensation in the deeper lying parts, and every change of position changes the level of the fluid. Difficulties only arise with considerable accumulations. A large cyst, uni-or multilocular, has no sharply defined outlines, when the walls are thin and little tense; fluctuation is easily produced, and its waves extend over a large space, and this essential symptom of a cyst, the sacking, cannot be proved. The following symptoms may help us out: we usually find in ascites the abdomen equally protruding towards both sides, the lumbar region expanded, the umbilical region relatively flat, the umbilicus frequently prominent. In cysts the form of the abdomen is more pointed, or, at least, like a barrel, the navel pushed rather strongly upwards; the expansion of the abdomen is also rather unequal, one side being more prominent than the other. Dilatation of veins is found in both cases from circulatory obstructions in the cava and v. port. Edema of the lower extremities from the same cause is rather more frequent in ascites; but it is a symptom of no value, as cysts, by pressure on the large pelvic veins, may produce edema from stasis in the lower extremities, and on the other side ascites may exist without anasarca.

The most essential differences are given by palpation and percussion ; in ascites the fluid gravitates in every position to the most depending points ; the results of percussion, therefore, change with the position of the patient, whereas in encysted fluids the territories of dulness and of sonorous sound remain absolutely or approximately the same in whatever position the woman may be. In ascites, when the patient is on the back, the sound of the lumbar region is weak ; in cysts the contrary takes place, as those ascending from the pelvis take their place at the anterior abdominal wall, pushing the bowels above and behind them, whereas in ascites they swim on the surface of the fluid.

But different points may lead to mistakes. We may find in ascites that the right iliacal and even lumbar region sounds tympanitic, because here the cœcum provided with short mesentery lies, sometimes morbidly fixed, and frequently greatly expanded by gas ; on the other side, we may find before the lower circumference of the ovarian cyst, especially when it is relatively small, a convolution of intestines, producing a dull tympanitic sound on the anterior surface of the hypogastrium. In relation to fluctuation, we find it more marked in ascites, but it may be the same in cysts. *Vice versa*, fluctuation may be indistinct with thick fat persons, and where there are considerable accumulations it may not change with change of position. *Prof. Breslau* gives us here a valuable hint : In a cyst the fluctuation ceases there, where the intestinal sound begins (lumbar region and epigastrium), as both are defined, one from the other, by the walls of the sack ; but where the fluids move freely through the whole abdominal cavity, where they also flow between the convolutions of the intestines (ascites), fluctuation will also appear at those points where the intestinal sound is clearly perceived.

But all these diagnostic hints fail, where we have an enormous expansion of the abdomen ; the free fluid may be quantitatively so enormous, and expand the abdominal walls to such a degree, that the intestines do not reach it, as the mesentery is too short for the distance between its root and the

abdominal covering; or the mesentery is thickened and shortened, and then even with a moderate ascitic accumulation the bowels cannot reach the anterior walls of the abdomen, and we find then, just as in cysts, an empty sound. There are ovarian cysts of such dimensions that they push themselves in every free space, forcing upward the compressed stomach and the small intestines below and behind it into the left side of the diaphragm, and compressing the cœcum so that it cannot be percussed. We then also find, just as in ascites, none or an indefinite intestinal sound in the lumbar region. We must also recollect that an ovarian cyst, in consequence of communication with the intestines, or from decomposition of its contents (for instance, after a former puncture), may contain gas, and the anterior abdominal surface sounds sonorous, as in ascites.

Puncture alone can elucidate these points, and we are partial to it in spite of its dangers. Only after evacuating the fluid it may be possible to palpate and to percuss the abdomen, in order to diagnose the tumor, though even then it may be impossible on account of deficient evacuation and on account of parietal and visceral adhesions of the tumor, or of its hidden position. Therefore the examination of the fluid itself, chemically and microscopically, is of more importance.

The contents of an ovarian cyst vary from a watery, light yellow, clear fluid, to a viscous, colloid, drawn out in threads, dirty brown or yellowish mass; ascitic fluid is always thin and comparatively clear. According to *Eichwald* we find in cystomata especially two series of organic substances: Mucine the so-called colloid matter and albumine, especially Paralbumine, as *Scherer* calls it, and we know furthermore that the contents of the Graafian follicles are a pure solution of paralbumine (*Waldeyer*). The latter is never found in ascitic fluid, which is always rather deficient in solids; in standing in the air it always deposits a rich tender fibrinous coagulum, which again is never the case in ovarian cysts. It is true, that *Virchow* (*Verhdl. d. Ges. f. Geburtsh. iii., 217*), also saw spontaneously coagulating the fluid of a cyst, when exposed to the air, but he does not mention of what

nature that coagulum was, whether it embraced the whole fluid or whether it appeared in such a manner as is the case in ascites. *Klob* (pathol. Anat. d. w. Sexualorg. 357) also mentions spontaneous coagulation of cystic fluid, and *Spencer Wells* (Diseases of the Ovaries, 1872, pp. 89 and 133) speaks of the presence of fibrinogene in ovarian cysts, and we must therefore further examine the morphological differences. We find in ascites the endothelium of the serosa and the wandering cells originating in the latter, the corpuscles of the lymphacs; in ovarian cysts cylinderepithelium in most diverse changes: remnants of cells, large fatty granule-cells, cells swelled up and engaged in paralbuminous, mucous and colloid alteration, many well preserved cylinder cells—a most notable result; furthermore masses of detritus, fatty and especially cholestearine crystals, also products of dermoid formation, here and there fresh and altered red blood corpuscles, pigmentary flakes and granules. We never find wandering cells, except where suppuration took place on the walls of the cyst.

Peritoneal fluid offers such elements as we can expect from a lymphacs, a cyst epithelial formations, and for a clearer understanding let us study the following schema:

OVARIAN FLUID.

Color and consistence changeable; light color with thin quality of the fluid. Usually a dull whitish or brown or greenish-yellow thick fluid mass (mucilaginous). Sp. gr. 1018-1024 and over.

ASCITIC FLUID.

Usually light yellow, clear, thin fluid, hardly viscous. Sp. gr. 1010-1015.

CHEMICAL ELEMENTS.

Mucine (colloid matter, mucous peptone), albumine and especially *paralbumine* (metalbumine, albumine-peptone).

Fibrine, the fluid depositing when exposed to the air after 12 to 48 hours a tender gelatinous coagulum.

MICROSCOPIC ELEMENTS.

Cylinder cells, remnants of them, colloid balls (swelled, mucous degenerated cells); often cholestearine crystals; red blood corpuscles and pigments emanating therefrom. Pus cells after suppuration of the inner surface of the cyst.

Amœboid bodies, laminated epithelia; both, especially the latter, sometimes very abundantly.

After having convinced ourselves of the presence of a cyst we must examine whether it belongs to the ovary, *i. e. whether it emanates from the ovary and not from the uterus*. For inasmuch as tumors of the tube, of the parovarium, of the lig. lata, cannot be differentiated from those of the ovaries, as all of them have the same base, and as these neoplasmata emanating from the pelvic bones are very rare and easily recognized, we can limit our studies to that point, whether ovarian and uterine, especially as most errors were made in that direction.

Bimanual exploration teaches us, where a tumor rises from the pelvis; we usually reach a segment of it and determine its position, connection and motility in relation to the other pelvic organs. It is a great gain if we succeed in isolating the uterus from the tumor, for which the hand usually suffices, and most probably we have to deal with an ovarian tumor. The position of the uterus to the tumor is of no great account, for it may constantly differ. As a rule the uterus lies before the enlarged, degenerated ovary, just as it lies before the not enlarged one, is by it pushed downwards, even prolapsed, or slightly anteverted—flexed, if the collum resists too much the downward motion. In other cases the body of the uterus is pushed sideways and laterally verted or flexed, or the whole organ lies extramedian. Where the diseased ovary forms at an early period adhesions with the uterus, it draws it along when rising up and elongates it considerably. I also found the uterus retroverted behind the cyst, though such a position is rare; here the ovarian tumor rising from the pelvis takes its position before the uterus and presses by its growth the body of the uterus against the sacrum; both organs may even then grow together. But also apparent retroversion has been observed, apparent, as the uterus, though behind the ovary and situated with the fundus towards the sacrum, turns its anterior, and not the posterior surface downwards; such a dislocation sets in where the ovarian tumor adherent to the normally situated uterus takes a turn around its longitudinal axis.

But not every ovarian tumor can be reached from the

pelvic cavity (certainly not with a very long pedicle), and intestinal convolutions may press before its lower periphery against the pelvic entrance; or, *vice versa*, it lies close to the uterus, may be adherent to it, and isolation therefore impossible. Again, uterine tumors have sometimes such a slight or indistinct connection with the womb, that palpation leads to no positive result; finally peritoneal neoplasmata, renal cysts push themselves sometimes from above downwards into the pelvic entrance. The important characteristics for the ovarian character of the tumor, elevation from the pelvis and isolation from the uterus, may therefore not be present, or, at any rate, not reliable.

Let us for a few moments consider the states which may lead to diagnostic errors, and they are neoplasmata of the uterus, especially pregnancy, and the soft, sometimes cystic myomata, renal cysts, tumors of the omentum and of the serosa.

Pregnant women were several times sent to me with the diagnosis "ovarian cysts." Such a mistake ought never to be made, as auscultation and bimanual exploration can be carefully made. Still, auscultation fails sometimes to give any result, and manual exploration fails to show sometimes fetal parts; but I must ascribe such a diagnostic mistake to carelessness or to a want of knowledge.

We always think of pregnancy when we find, by external and vaginal palpation and by percussion, a hard, elastic, equally defined tumor, rising up from the pelvis, and auscultation usually gives us positive or negative results. With a living foetus we nearly always hear the beat of the heart, and where this is not the case after most careful observation, too large a quantity of amniotic fluid may be the cause, or a dead foetus. In the latter case the bimanual external, as well as the combined examination, gives us the balloting large parts of the child, and the movable small ones; and where too much amniotic fluid prevents examination and auscultation, or where pregnancy exists only for a few months, still we can easily find the close connection of the tumor with the sack and lower section of the uterus, the direct transition of

one into the other. During the first half of gravidity the body of the uterus, in most cases inclined forwards, and only rarely backwards, can be easily palpated; in the second half still easier, and we have then, as another symptom, the anterior fundus of the vagina horizontally drawn towards the backward directed collum, and on that account smooth. Our full attention must also be rendered to the shaking of the internal genitals during pregnancy, to their color, to the puffing of the vaginal walls, to the beating or surring of the arteries running over the anterior and lateral fundus of the vagina (to the touching finger of the same importance as the uterine murmurs for the ear), to the uterine murmurs, to the uterine contractions setting in during palpation, to the cessation of menstruation, also to those minor symptoms, as the hypertrophy of the abdominal walls, the lax umbilicus, the turgescence and secretion of the mammæ, the coloring, the muscular and glandular development of the areola.

Myomata of the uterus have also been frequently mistaken for ovarian tumors. Though solid tumors rarely emanate from the ovary, still they do present themselves, and juicy myomata, on the other side, fluctuate so that they simulate cysts, and even contain, off and on, large spaces filled with fluid. Differential symptoms between uterine and ovarian tumors we have hardly time to mention to-day. We find them in the anamnesis, the age of the patient, menstruation, pelvic symptoms, the form of the abdomen, form, size, and consistency of the tumor, its motility, and its relations to the adjacent organs. All of them may be absent, or they do not appear characteristically, or complications may dim their value, or, under certain circumstances, be also found in ovarian tumors. Even the uterine murmur, so often heard in myomata, and characteristic of it, has also been observed in the other. Repeated and exact palpation of the abdominal and pelvic cavity will clear up many a case, but may also disappoint a most experienced examiner; and though errors may be, therefore, pardonable, it would be wrong to operate before we are sure of our case, for there are still some other means of elucidation—the examination per rectum with half or the whole hand, and the experimental incision.

Simon taught us methodical palpation of the pelvic and abdominal organs (Arch. f. Klin. Chir. xv. 99, and Deutsche Klinik, 46, 1872), which must always be made under full anaesthesia and in the position of lithotomy. After it the patient must be kept quiet for a few days; the stools will be retarded for ten or twelve days. In six cases, where such examination was necessary, I introduced the whole hand without trouble and without an incision through the raphe, as one or two very superficial cuts on the anterior wall of the anus sufficed; in one patient such an incision tore through the sphincter, the wound healed by granulation and perfect continence was only regained after two weeks; in other cases three or four days sufficed to put everything to order. Strict knowledge of the topography of the pelvic organs is certainly necessary, in order to find out the changes which took place, which is only possible, if we isolate the tumor from the uterus and the lig. lat., and where we can aid the hand in the rectum by supporting and palpating the abdominal walls. Where rectal examination fails in giving any result, we may yet try an experimental incision for clearing up our doubts. Such an abdominal incision ought to be long enough for the introduction of four fingers or of the hand in order to find out the origin of the tumor, and we ought to be always prepared for immediate extirpation of the tumor where the case allows it. The incision is therefore only indicated, where patient and surgeon agree upon a radical operation. *Sp. Wells* made such a trial incision in 24 cases, in 17 cases without any injury, seven succumbed. I made it four times. In one case ovariectomy followed, in another case I discovered a retroperitoneal left-sided Echinococcus-sac, cut part of it out and sewed the remnant in the wound; the patient recovered.

The third case, our R., died from pelvic suppuration a few months after the operation. The fourth case happened in a lady, suffering from a tumor of the size of a man's fist in the right side, which could be reached from the pelvis, and could be moved about upwards and downwards and over the median line, but always returned in its cavity on the right

side ; the uterus was free, the right lumbar region sonorous. After making the incision we found on the right side a retroperitoneal tumor, unconnected with the pelvic organs or the intestines, and probably belonging to the kidney. I closed the wound and the patient quickly recovered. But the tumor grew rapidly and the patient died within a year. Autopsy was not allowed.

Renal tumors, especially cystic ones, have also been mistaken for ovarian tumors, especially as the movable kidney is mostly found in women, but exact examination ought to prevent errors. It is otherwise with those spacious cystic degenerations of the kidneys, the echinococci with their hydronephrotic sacs. *Sp. Wells* gives us a large number of such observations, and *Dumreicher*, *Esmarck* and others, report such mistakes, and in fact the diagnosis is not so easily made out, as neither the seat of the tumor, nor the position of the intestine to it, nor functional disturbances, are absolutely reliable in far advanced cases. I have shown (*Arch. f. Gynæc.* i. 146, iii. 272) that a renal tumor may lie in a central position and reach into the pelvis, like an ovarian tumor, and may even form adhesions with the pelvic organs ; and when getting very large, the intestines may be found above and at the side of them, or they may push away the intestine and even break through the mesentery, and it is well known that the same happens in ovarian cysts. Motility may be present in renal tumors and absent in ovarian ones ; the original seat of the tumor is only characteristic in the first stage of development, a time when only accident leads to their discovery. In many cases puncture may enlighten us by showing epithelial formations peculiar to the ovary, or elements belonging to the kidneys, of salts and sediments of the urine, of urea, of parts of echinococcus (a parasite never yet discovered in the ovary) ; but mistakes may still happen, for urinary elements are not always present in sacs emanating from the kidneys, and may be present in ovarian cysts. (*Naunyn* observed allantoin in such ones) ; even present echinococci are not always thrown out, as it happened in the case reported when making an experimental incision, and

on the other side, cholestearine and paralbumine, peculiar to the ovaries, has been found in hydronephrotic sacs. (*Schetelig.*) In all such cases a careful rectal examination is of the greatest value, showing, at least, whether the cyst emanates from the pelvic organs or not, and even where we cannot feel its real origin, it helps to clear up the case.

Tumors of the omentum and of the serosa may cause mistakes when they become so large that they reach into the pelvis, especially when between single parts of it peritoneal fluid accumulated and became sacked in the form of cysts, as we find it in lymphatic sarcomata and carcinomata of the omentum, the intestine and its mesentery. The similarity with multilocular cystoma may be then very deceptive, as such neoplasmata, like the ovarian ones, are placed on the anterior wall of the abdomen, distinctly fluctuate, and secondarily may become connected with the uterus, may attack an ovary—when at the same time we hear intestinal murmurs on its upper and posterior surface. Such a mesenterial and retroperitoneal sarcoma, giving to the examiners all the characteristics of an ovarian cystoma, came already three times under my observation, but puncture showed in all cases the lymphatic and not the epithelial character of the fluid, removing at once all thoughts of ovarian cystoma, and then other modes of examination must be always united to give certainty to our diagnosis.

In cases of *retroversio uteri gravidi an expanded urinary bladder* has been taken for a cyst and punctured. As such mistakes have happened to most experienced surgeons, we would advise you to study up your diagnosis, when the bladder is empty. Mistakes of *accumulated old fecal masses* in the colon with cystoma have also been reported, especially where the patient suffered from diarrhoea, and thus no constipation was present. Mistakes with *hepatic and splenic tumors, pelvic exudations, hæmometra, etc.*, especially when they formed extensive tumors and were complicated with ascites, are reported in different journals, and our constant aim must therefore be: exact study of the general state of the patient, very exact and repeated percussion and palpation of the abdominal

and pelvic cavity in order to prove or to reject the connection of the tumor with the pelvic organs, and to rely on puncture, wherever fluctuation is present, and to make a rectal examination with the whole hand, and if necessary to make even an experimental incision, in order to clear up all doubts; but even where this is impossible the knowledge that an exact diagnosis cannot be made out, will save us from operative errors.

Finally, a few words about the character of ovarian cysts, whether uni- or multilocular, whether on the right or left side, whether adherent or not.

We consider a cyst multilocular by the uneven, irregular formation of its surface, by the indistinct fluctuation, by the proof of solid masses next to large cystic spaces. Far different is the state in unilocular cysts, which are more rare (in 26 cases of ovariectomy I find only six), and simple cysts without papillary proliferations still more rare) (only once in those six cases); still a great space with deeply seated small secondary cysts or two large cysts lying closely together (therefore a multilocular tumor) may appear to the feeling like a unilocular one. This point is at any rate of no importance whatever for the prognosis of excision, but of value in consideration of injection and drainage, and the uncertainty on this point of the diagnosis is it, which gave so many opponents to the former treatment, and so many adherents to extirpation. We have still less certainty in relation to the extent of the cyst or the presence of adhesions, as both ovaries lie too close together, and in enlargement according to the size of the pedicle, and the relation of their different connections may be located centrally, on the same or on different sides; valuable symptoms are, if we can find out where the tumor was first felt, over which lumbar region it rose, at what points pain was felt during its development, which leg was swollen, but only so far as we may thus diagnose the side of the tumor. All who frequently performed ovariectomy, acknowledge that in spite of all schematic rules the cognition of adhesions and of the length of pedicle will always remain mere guess-work. — *Volkmann's Klin. Vortraege*, 55.

ARTICLE XIII.—Intermittent Fever.

By G. B. HIGGINS.

The perusal of Dr. Hering's article in your February No., "How to Treat Prevailing Diseases," etc., particularly that part of it which refers to the treatment of intermittents, has interested me greatly because it accords so closely with my own experience in South America.

In the treatment of more than 300 cases of bilious fevers, or intermittents, remittents, and malignant types of the same, I have found Chinin. Sulph. indicated (and consequently only efficacious) in about 6 or 7 per cent. of cases. Plant.-maj. in 30 per cent. of cases; and Nux. v. followed by Ipec. (or alone) in say 60 per cent of cases, while other remedies used rarely have been *Arsen.*, *Ant. crud.*, *Cact. g.* and *Bryo.*, with only now and then *Acon.*, and in rarer cases *Natrum s.*, *Puls.*, and *Laches*. My rule has been to give a dose or two of some preparation of Mercury where the patient had traces of syphilitic affections; Sulph. where there were indications of psora or helminthic traces, and *Cag. Colomb.* where any leprous taint existed.

These latter remedies have been administered as intercurrents in all cases where the indicated remedy did not produce the desired effect; and the result has proved that in these cases, after the administration of the intercurrents, by repeating again the indicated remedy the desired action almost invariably supervened.

Leading indications for the remedies are, viz. :

Nux Vomica.

Vomiting of greenish matter, or undigested food; inclination to vomit accompanied by retchings, with or without colic or colicky pains; any abnormal condition of the urinary organs; bitter taste in mouth; cephalalgia accompanied by pains and a feeling of suffusion or fulness in the eyes; pains

in all the joints of the body ; feels as if the back was broken ; exceedingly bad humor.

Ipecacuanha.

Vomiting of a dark-colored liquid with or without traces of blood in it.

Colliquative diarrhœa (Apis. m.) of dark-colored stools ; or of greenish and dark-colored matter with particles having the appearance of coagulæ ; stools of light yellow color, or like fermented matter ; tenesmus (Arnica. m., Lycopod.), pressing or bearing down pain in the rectum after each stool ; impatience, fretfulness ; lancinating pains in the head ; difficult respiration ; pains in the left hypochondria ; pains and tired sensation in the joints.

Plantago Maj.

Fever which has run its course for many weeks or months, either daily, or in accesses repeated every two, three, four, seven, or fourteen days ; in cases which have proved intractable to Quinine and the entire list of popular febrifuges ; any traces of Quinine cachexia will disappear after a few doses of Ipec., followed for 8 or 15 days by daily doses of Plantago (8th potency has been almost invariably administered). The only *marked* indications for this remedy with which I am acquainted are, a recurrence of the access during the daytime, and a relaxation of the sphincter vesicæ.

Cactus Grandiflorus.

Flushes of heat to the face ; suffocation ; fever brought on by exposure to the sun's rays ; eyes bloodshot ; coma ; symptoms of cerebral congestion ; suppression of the urine, and pains in the bladder during febrile access ; lancinating pains in the heart ; violent vomiting not controlled by Nux. v. or Ipec. Whenever a crisis is desired and the perspiration does not show itself, Cact. g. 30, 1 drop in 4 ounces aq. dest., a tablespoonful of the mixture every 30 minutes, will always cause a much more profuse perspiration than any known rem-

edy, not excepting Ars.; quite as profuse as a Turkish bath.

Arsen. Alb.

Has that peculiar cadaveric hue of countenance seen in some cases of helminthic affections; unabated and excessive thirst; burning pain in stomach; great anxiety; unrest; nervous tremor; feels as if there was a stone or something heavy in the pit of stomach; tongue dark-colored and its surface deeply indented or marked by irregular fissures; marked periodical recurrence of febrile accesses; dropsical effusions. This is the remedy *par excellence* for cachectic and atrophied patients.

Antimonium Crudum

Is indicated when the pains in the joints are mostly or entirely absent; perspiration comes on slightly, then suddenly disappears and shortly reappears again; rheumatic pains in joints of upper extremities; very abundant discharge of urine; tongue covered with a chalky white coat, except in small round maculæ, here and there at regular intervals, or instead of the maculæ, certain prominent papillæ of a pinkish red (this is invariably a symptom of the presence of vermes in the intestines, and which I have never seen referred to in any medical work), which also corresponds to *Cina*, and when accompanied by worm colic, to *Cicuta v.*

Bryonia Alb.

When the fever has been caused by getting wet (*Rhus tox.*), and when the cephalalgia is felt in the occiput, more particularly in the cerebellum, or when preceded by rheumatic pains in the muscles of the whole body; pains in the right hypochondria; when there is any existing hepatic affection; hunger dissipated by a mouthful or two; rumbling in the bowels (*Cag. Col. 30 or 2 c.*); rotatory vertiges, then pains in the head and chills, with ague fits, redness of the face and thirst.

Chininum Sulph.

Is only and solely efficacious in cases where there exists an affection of the spleen, or where there are pains in the left

hypochondria, severe cephalalgia with vertigo, humming in the ears, and in cachectic persons or patients weakened by loss of blood or from continued and long prostration.

Aconitum

Is useful to control and shorten a violent or continuous febrile access; but I have latterly given it only in such cases, following Dr. Laurie's advice to await the termination of the febrile access, and when the apyrexia has declared itself, administer *Nux. v.*, or *Ipec.*, or any indicated remedy.

In 24 hours another set of symptoms will present themselves; the corresponding remedy causes them to disappear, when in all probability there will be, in most cases, indications for *Plantago*.

In nearly half the cases presented, two or three doses of *Nux. v.* or *Cact. g.* will cause all symptoms of fever to beat a quick retreat.

In *very persistent cases*, where the periodicity of the return of the access is distinctly marked, and *Ars.* or *Ipec.* do no good, give some remedy in repeated doses *till its type changes*; that is, if the accesses are diurnal, give *Ipec.* till they are repeated every third day twice, then look close to the symptoms *in their totality*, and give the corresponding remedy. Any one adopting this mode of treatment will be surprised at its incomparable efficacy.

In cases of a malignant type the febrile access is invariably continuous, and there appears to supervene at once a *sudden and general collapse of the whole system*, making the type more unmistakable in the sanguineous putrid evacuations which are soon present. Indications for this type point to *Ars. alb.* or *Ipec.*; but I gave *Fel. vip. acuat. car.* till the blood and putrid smell had disappeared from the fæces, and after this had been effected the remedy corresponding to the symptoms was administered.

One case I thought would terminate fatally, notwithstanding repeated doses of the gall of the *Fel. v. acuat. c.*: (I have become persuaded since this occurred, that a high potency would have been efficacious) when I inoculated the 1st

decimal potency, at the lower point of attachment of each deltoid muscle; the febrile access abated and the patient's life was saved. The indication for this seemingly bold experiment (as many physicians would doubtless qualify it) was a knowledge of the fact that one of the *toxic* effects of the poison of this snake is a sudden hæmorrhage throughout the entire length of the intestinal tube, and the results fully justified my boldness.

The results of treatment of these 300, or more, cases by this simple method were two fatal cases, and two cases of fevers of several months' duration, in which the treatment was suspended on account of relapses brought on by obstinate self-abuse and carelessness by the patients themselves. The remaining cases were all promptly cured.

All of them occurred in the Valley of the River Magdalena, in the U. S. of Colombia, extending through a period of six years previous to 1870.

Much has been said of the Cedron nut as a febrifuge (Simaba Cedron).

I have administered a tincture made from this substance, to dispel symptoms premonitory of intermittent fever; sometimes it has proved efficacious, at other times it has not done so; nothing in its action, however, has ever led me to think for a moment of substituting it for Nux vom., Ipec., Ars. or Plantago in the treatment of these fevers.



ARTICLE XIV.—Clinical Cases.

By E. W. BERRIDGE, M. D.

(1.) Mr. —, an artist; Sept. 13th, 1871. Two years ago had irregular meals and smoked much; had a sensation in throat as if throttled, which recurred on mental worry, as if he could not swallow; fear of being in company in a room; these symptoms lasted 4 or 5 months; then, after *perfect rest* and Allopathic tonics (Bark and Valerian), ceased for 5 or 6

months; they then returned and have now lasted for the last 11 months.

Present Symptoms.—Feeling as if he could not swallow, from any mental worry, which causes also a feeling as if he could not remain in company; this comes on when fasting, but is removed by food; when he leaves off smoking, he gets irritable with every one; he has been gradually leaving off smoking; at night lies awake thinking of the business of the day. When the feeling comes on he is very angry with himself, and loosens the clothes from his throat; cannot bear noise; the nervous symptoms are always relieved by alcohol; drinking water relieves the throat feeling; he must completely swallow one drink before he takes a second, otherwise it goes up to posterior nares, and the back part of the throat then feels constricted; when the feeling comes on he must stand still; fear of going out of doors; cannot swallow solids, without drinking; six months ago difficulty in swallowing liquids; the same again lately; swallowing saliva is difficult constant desire to swallow, with feeling as if he would suffocate if he did not; the choking is brought on by the repetition of scenes which had formerly caused it; pain at occiput as if a string were tied there; throat feels dry; the dysphagia is worse when he thinks of it, better if he thinks of something else; throat feels contracted; for a year has had warts on hands, first on right, then on both. *Before the throat symptoms first came on, he had itching red pimples in axilla and upper arm, which were removed by application of vinegar and other lotions.*

Prescription.—Belladonna, 60m. (Fincke), one dose. Advised to gradually discontinue drinking.

20th. Has been much better; more able to think; only one throat attack, which was on 17th; no more fear of going out; enjoyed a long walk last night more than he has done for years; the pain in head once or twice, but considerably less; slept very well last week; can bear noise better; feels decidedly better generally.

27th. Feels better; has had several throat attacks, but not so often as before; better able to walk; sleep good; has

had no throat attacks when indoors ; when he first came to me he had them at all times ; the attacks are less strong when they do occur ; less depressed in spirits ; was over-fatigued last week.

Oct. 4th. Much better ; only 3 or 4 attacks ; has been hard at work, and can do it well ; the last attack was on the 2d ; they are less severe than before, and are shorter ; can walk well ; very much less depressed ; painting no longer brings on the attacks as it did when I first saw him.

16th. Only 3 or 4 attacks, shorter and slighter ; none when indoors ; has felt "wonderfully well" since last visit ; has none of the nervous feeling which used to prevent him going out of doors ; still smokes, but less.

24th. No more attacks, though inclined thereto at times ; has been to a theatre without bad effect ; has smoked rather more ; says he feels quite different since he has been to me.

Nov. 10th. Has been a long railroad journey ; had no attacks in the train, but afterwards had 2 or 3 from worry ; since last visit has had only 3 or 4 attacks altogether ; has smoked more ; smoking causes dryness of mouth and bodily depression more than it did.

27th. Was quite well till yesterday, when he had an attack for 10 minutes from worry ; has not been free for so long a time before.

Dec. 13. No more attacks, but once or twice a threatening ; has not diminished smoking.

Feb. 13th, 1872. No more attacks, but a threatening of them at times ; has been much worried for some weeks.

April 13th. Has been quite well till 2 weeks ago ; has had much worry and mental work ; has had, once or twice, a slight return of throat symptoms ; has not left off smoking ; on swallowing food feels as if it would not go down ; appetite not good. Belladonna 60m. (Fincke), one dose.

May 18th. No more attacks ; appetite better ; warts on hand going away for a week. (He has drunk *claret* last week. Could this have affected the warts?).

June 30th. Has had little throat irritability ; must swallow food slowly *when he thinks* of it ; warts almost gone.

1873, May 20th. No return of symptoms to this day.

(2.) Mr. —, Oct. 21st, 1872, 8 P. M. From 7 A. M. has had attacks of vomiting; paroxysms of *shooting across abdomen from left to right*, which cause nausea and vomiting; vomits froth and bile, with difficulty; mouth parched; bitter taste; *when vomiting*, coughs to bring it up, and sweats; cries out from the pain; cold feet; offensive black stools. Since 1 P. M. there have been 14 attacks; constant nausea; sleeps for a few minutes, then is woke up by the pain; has eaten scarcely anything to-day; the vomiting causes great pain in loins and hips, and "as if all the bones in body were being torn to pieces;" the cause of the attack was that he had eaten something indigestible, combined with worry; he is subject to these attacks. Ipecac cm. (Fincke), one dose.

In 5 minutes said he felt better; had rumbling of wind and eructations; had slight attack soon afterwards, then remained well. He had taken *Arsen.*, *Iris v.* and *Nux* in low dilutions, and *Verat.* and *Zinc* in high dilutions, without benefit.

Dec. 13, 6.10 P. M. H. J., similar attack from the same causes; woke at 6 A. M. with gnawing pain in stomach and bowels; vomits food and froth; it tastes of what he ate last night; cold at first, afterwards sweat; mouth dry; tongue dry and cracked; has vomited 14 or 15 times; at first food and froth, then yellow bitter, then frothy; vomiting difficult, preceded by shooting in abdomen; retching causes shooting in right side of abdomen; breath offensive, perceptible to himself; sweats after vomiting; constant gnawing in abdomen; *when vomiting*, coughs in order to bring it up.

He has taken *Iris v.*, *Ipec.*, *Nux.*, *Bry.*, *Arsen.*, in low dilutions, and *Ipec.* high, without result. One dose of *Acon. cm.* (Fincke) was given. In a few minutes was nearly well, and soon recovered.

(3.) A child, aged 5, Jan. 14th, 1873. Yesterday morning cough, afternoon feverish and hurried breathing, also last night. To-day, 9.45 A. M., cough, which sounds loose; pulse 184; skin hot; palms and body perspire; breathing very rapid, but could not well be counted, as it if was interrupted every few seconds by cough, but it was certainly 72; tongue

dry ; sibilus all over chest, especially lower right lobe ; crepitation in both lower lobes ; chilly yesterday. *No alæ nasi movement except when she voluntarily moves them.* Breathing very loud when lying on right side, less when lying on left ; during cough noisy escape of flatus *per anum* ; left chest dull on percussion ; had an attack of pneumonia a few years ago. Sulphur em. (Fincke), one dose.

7.15 P. M. Pulse 150 ; breathing 84 ; cough less ; has had 7 or 8 loose stools ; sweat the same ; much less crepitation in lower lobes.

15th, 9.15 A. M. Very restless last night ; cough and breathing better ; nose bled this morning ; much sweat ; pulse 150 ; breathing 66 ; right lung nearly well ; left lung better ; talked in sleep last night.

7.10 P. M. Cough and breathing much better ; three loose stools to-day ; pulse 120 ; breathing 60 ; hot ; left chest still dull ; a little sibilus on both sides ; no crepitation.

16th 9 A. M. Cough and fever much less ; pulse 120 ; breathing 50.

8.55 P. M. Has slept well ; cough less ; pulse 144 ; breathing 54 ; heat and sweat.

17th, 5.30 P. M. Very little cough ; pain in throat on swallowing ; bowels natural ; pulse 126 ; breathing 54 ; much less heat ; sweat ; lungs more natural.

18th, 6.20 P. M. Cough, breathing, and throat better ; pulse 96 ; breathing 48 ; slept better, but talked in sleep.

19th, 4 P. M. Slept much better ; cough better ; no pain in throat ; very little appetite.

20th, 6 P. M. Slept well ; breathing sounds rather rattling ; cough and appetite better ; pulse 96 ; breathing 30 ; percussion and auscultation otherwise natural.

21st. Rather more restless last night ; no fever ; more appetite ; less cough ; rather more rattling in left lower chest. (Has been exposed to cold.)

24th. No more cough ; breathing natural, weak and thin ; pulse 72 ; sleep good for last few nights ; auscultation and percussion natural ; appetite better. After this she soon gained strength and recovered.

(4.) Mrs. —, aged 35. Oct. 2d, 1871. Left arm painful for 6 weeks; for last month has been under allopathic treatment, but with no benefit. Numbness of left forefinger (and like "pins and needles"), extending up radial side of hand and wrist. First phalanx of left thumb feels, at times, as if in a vice; gnawing pain in left forefinger; when severe extends up radial side of arm to elbow, where the bone feels as if it would come through; sensation of heat in these parts, worse at night. The gnawing seems in the bone. Gnawing and burning are better by lying on back or leaning back; on letting left arm hang down, feeling of rush of blood to forefinger, and as if the nail were being pulled out. Menses scanty, regular; before menses much flatulence rolling in abdomen, causing great pain; relieved by bending double and by hot drinks. Last menses were last week. The flatulence and pain come on 14 days before menses, and last during the period also. (This she has had for 8 or 9 years.) After drinking, especially warm drinks, face and arms are red; warm drinks make her feel as if she could not get her breath. (These dyspeptic symptoms she has had for 18 months.) The 1st and 2d left fingers swell for 3 hours every day. Left 1st finger is contracted; cannot straighten it except by the aid of the other hand; pain in the hand prevents sleep; bruised feeling at root of left thumb; dislocated pain in left knuckles and wrist, extending as far as elbow (for 3 weeks). Has taken *Nitre*, *Belladonna*, *Opium*, and *Chloral* without benefit. Phosphorus cm. (Fincke), one dose.

Oct. 9th. Numbness the same; pain in thumb better; stiffness of forearm; no burning, but the place where it was feels sore to touch; rush of blood the same; arms not red after food, face very slightly so; less dyspnoea from warm drinks; slept better; still bruised pain at root of thumb; pain in wrist and knuckles less; no return of the swelling till 3 days ago; gnawing extends up to shoulder and left neck; it is better if she place the arm over head at night; pain in nail better.

16th. Numbness the same; feeling as if thumb were squeezed is gone; gnawing only in elbow and shoulder; burn-

ing returned for 6 days ; rush of blood less for 5 days ; flatulence before menses less, and with less pain ; the symptoms from warm drinks returned last night ; bruised pain less ; dislocated pain better ; pain in nail better till yesterday, when it returned ; swelling only twice ; the pain in the elbow is like grating the bone ; has been generally better till yesterday ; has not needed the sling for a week ; yesterday sneezing and running from nose, worse out of doors, with burning in the eyes ; gnawing still in left neck.

23d. Numbness gone ; gnawing from middle of arm to shoulder is worse ; scraping in elbow bone ; forearm and hand feel burnt, as if skin were off ; no rush of blood ; flatulence only lasted 2 days before menses ; the symptoms from warm drinks only at times—used to be constant ; bruised pain still ; dislocated feeling in wrist worse ; pain in nail gone ; swelling has been worse ; straightens finger more ; pain in neck on bending head backwards.

31st. Pain only in elbow bone, which feels sore or stiff ; burnt feeling nearly gone ; no dislocation pain for 5 days ; gnawing gone for a week ; can play piano ; menses last week ; symptoms from warm drinks or eating returned for 5 days ; all other pains gone ; can straighten finger ; felt tired for 5 days, and sleepy in morning, and after sleep does not feel refreshed.

1872, May 14th. Reports that about a month after last visit the dyspnoea on drinking ceased ; in two months the redness of face and arms and flatulence ceased. The other symptoms went in 8 days after last visit.

(5.) Mrs. — went out in a cold wind and felt chilly ; catarrh followed ; cough caused by tickling in throat ; dislike to food ; feels ill ; constant flatulence and wind in bowels preventing her from lying down ; only relieved by a ginger lozenge.

Zingiber 200 (Leipzig) every 4 hours till better. Got better after first dose ; soon well.

(6.) Miss —. Cough worse by reading aloud, waking her at night, with sore throat. Several doses of Ambra 1500

(Jenichen) cured after other medicines had been taken without result.

(7.) Mr. — cut one of his fingers and grazed the skin off the other. The wounds will not heal ; they have suppurated, the pus being a dirty white color ; throbbing pain in abraded surface.

Silic. cm. (Fincke). One dose was given, and oiled lint applied to the wounds. They healed at once.

(8.) March 27th, 1872. A boy, aged 3 years. Has been ill for a year at times with attacks of the following kind, from 11 to 12 a day : Screams, then draws legs up, and arms across chest, grinds and clenches teeth, and becomes blue under eyes and around mouth, sometimes sick or retching. When the attacks are most frequent urine is high-colored. Had two fits when teething. Asks for something to eat directly after the attacks. Six months ago had thread worms. Pain in stomach with the attacks. During the attacks face is first flushed, then pale, and the blueness comes ; skin dry and hot ; body becomes stiff and bent backwards, and head is drawn back, knees drawn up, and elbows pressed into sides, and hands clenched. Attacks last 3 minutes ; moans in sleep when attacks have been had. Has had Allopathic treatment without benefit. Attacks have been worse for last 3 days ; generally they are worse in morning and in cold weather ; stools and vomit smell sour when attacks are bad. Stramonium cm. (Fincke), one dose.

April 5th. The attacks gradually improved at once, and since March 31st has had none. Two days ago passed thread worms, the stool being gray, slimy, loose, and as if shaking or moving.

Sept. 3. Has remained quite well.

(9.) Mr. —, Dec. 5th, 1872. For 9 days dull aching pain in right face, which is tender to touch, relieved by smoking. Has decayed teeth on right side ; face worse by lying on painful side ; shooting upwards in right face, sometimes into right eye, ear and temple ; breath offensive to others ; with the pain much saliva, especially if smoking. At times has

kept him awake all night. Has tried many remedies without benefit. *Clematis cm.* (Fincke), one dose.

18th. In about 2 hours after the dose had the worst paroxysm he ever had; after that it began gradually to mend; on 3d day was quite well.

(10.) *Diplopia*; he sees a second dim representation of the object on each side of it; from the candle proceed rays of the same color as the flame, and outside the rays there is a variegated halo, the inner circle being green, the middle red, and the outer white; when walking, he also sees a round black ball hovering, a little larger than a pea. All this he sees before his *left* eye. Cured by one dose of *Bellad. 3m.* (Jenichen.)

(11.) On lying down, or even inclining head from the upright position (but not so much by bending it forward), feeling as if warm water were flowing over and from both eyes, *first right, then left.* Relieved by cold water. (In syphilitic Iritis.) Had lasted three days. *Nitric acid 200* (Lillie) every 2 hours till better. Was better in 8 hours. Cured.

(12.) *Stye* on left lower eyelid, near inner canthus. Cured by *Colchicum 200* (Leipzig), one dose.

Provings.

Nux Vomica.—Mr. — took 3 globules of *Nux MM.* (Boericke's new preparation) in the evening of April 2d, 1873.

April 4th, 6 p. m. When lying on the sofa was seized with a most curious feeling from head to feet as if his whole body inside the skin (brain included) was made of the finest threads; it felt something like numbness, and the ecstatic feeling after a mutual and warm embrace; it lasted about 2 hours and then passed away, returning in slighter degrees up to to-day (April 14th).

April 5th. On walking in open air, a curious feeling in left thigh as if a string was drawn right down the thigh; a very lame feeling, and a dread of taking the next step; he thought he must limp, but did not; an empty feeling about

both knees; erections of penis very frequent, but with no *moral* desire, it seemed quite *physical*.

April 6th. In morning, a few minutes after getting out of bed, his wife came into the room; the erection was so sudden and intense for about half a moment and appeared so ridiculous that it made him laugh heartily; a feeling of being puffed up and swollen in the lower half of the abdomen; no relish for food; soon satisfied; much fetid flatus *per rectum*.

Calcarea.

Mrs. — took several globules of 107 m. (Fincke); on 1st day, in the dark, a flash of light seemed to shoot upwards before the eyes, and then fall down again in a shower of sparks.

Sepia.

Mr. —. Sepia 200 (Lehrman) causes in him a deathly paleness of face.

Nux Vom.

Mr. — took Nux 200 (Lehrman); it caused pains in knees and all the joints, worse in the morning.

Cantharides.

E. W. Berridge, M. D., took 28 globules of CM. (Fincke); very frequent urination of a normal quantity each time (2d and 3d days).

Berberis.

E. W. Berridge, M. D., took 10 globules of 70 m. (Fincke); feeling of weakness (1st day).

Conium.

Mrs. — took a dose of 30 m. (Fincke); 10 P. M. after sunset, a crash heard with right ear (3d day).

Lac Vaccinum Defloratum.

Miss — (patient) took a few globules of CM. (Fincke); most absurd dreams (1st week).

Clinical Symptoms.

Frequent desire to urinate, much at a time, worse when lying, preceded by aching pain in bladder; cured by Nux CM. (Fincke.)

Cough caused by tickling in throat, worse by lying on sides, especially left; hurts the bone of throat, which is tender to touch and feels swelled. Cured by Phosph. CM. (Fincke.)

For a month the gas flame seems a bright, yellow ring, the two not being distinct; he sees black objects moving in the ring, moving with the eye; one dose of *Sarracenia purpurea* 200 (Lehrman) was given; better in 2 or 3 days. Cured.

Pain in region of right scapula, worse on stooping or moving right arm, especially lowering it after having raised it, from deep inspiration or lifting a weight with right hand; the pain makes him breathe short and quick at times. Cured by one dose of *Ruta* 1 m. (Jenichen.)

Cough caused by bending head back, cured by one dose of Lyc. CM. (Fincke.)

Feeling of sand in left eye, relieved by rubbing; white pustule on outer segment of left cornea. Cured by Phosph. 19 m. (Jenichen), one dose.

Left upper Tarsal edge itches, better by rubbing; on looking at the sun, hot water runs out of left eye, scalding the cheek and making the eye smart. *Staph.* 1500 (Jenichen) was given, one dose; the pain and itching disappeared and the lachrymation decreased.

Buzzing in ears, beating in vertex, can only see objects when looking at them sideways. Cured by one dose of *Chininum sulphuricum* 200 (Leipzig).

Throbbing of temples, pain in left occiput on sneezing. Cured by one dose of *Gratiola* 30.

ARTICLE XV.—Surgical Cases.

BY DR. F. HILLER.

When we compare the present with the past, we find that surgery has made wonderful advancements ; the results of which demand the attention not only of members of our school, but of every well-meaning surgeon.

Every year adds to surgical experience more curative agents, and gives us more knowledge of the healing powers of Homœopathic remedies, in cases requiring surgical interference.

The great desideratum in the practice of surgery to-day is, improved methods of after-treatment. However skilfully an operation may be performed, it often proves fatal from want of experience in the nurses to whom the after-treatment is too much intrusted.

Conservative surgery is the order of the day. The sooner the people are educated to a knowledge of the fact, that he who saves the injured limb is a better surgeon than he who, for wanting skill, resorts at once to the knife, the better will it be for suffering humanity.

In many cases of contused and lacerated wounds accompanied by destruction and loss of tissue, so frequently caused by accidents on railroads and by machinery, it is surprising to witness how perfectly the parts are restored by the use of Arnica, Calendula, Kali caust., Argentum nit., and many other remedies judiciously applied. I have frequently seen large portions of destroyed tissue completely regenerated without leaving ugly cicatrices.

The motion of hands, fingers and joints, even where bones have been fractured and the joints were open and exposed, can be saved and restored to perfect usefulness. In presenting to this bureau surgical cases, as they occurred in my practice, I omit such details as are familiar to all surgeons.

I adduce these cases to show the superiority of our reme-

dies over those of the old school, and to prove that injuries of joints are often curable by our mode of treatment, when pronounced incurable by allopathic practice. In many cases I have even removed portions of the joint and yet saved the patient from losing the use of the limb.

CASE 1.—Compound comminuted fracture of the arm involving the elbow joint.

E. W—, aged 28 years. A professor of music. A well developed man, of good habits, received a compound comminuted fracture of left arm, by the accidental discharge of a navy revolver. The ball entered above the wrist, fracturing and passing through the radius, and in its course upwards fracturing the ulna in its upper third, passing through the elbow joint, splitting the condyles of humerus in two. Kept along the internal surface of the humerus and imbedding itself in the axilla.

The bones were much splintered and displaced; there was considerable loss of blood, but the principal arteries were not wounded, which is surprising if we consider that the ball in its course passed in close proximity to them.

I had but little hope of saving the arm, because I have seen cases terminate fatally where the joint was less involved. In this case the ball after fracturing the ulna passed along and over the inner surface of the same without injuring the olecranon, striking the humerus in or near the trochlear depression, and after splitting off the internal condyle of humerus, running up to the axilla as above stated.

After the bones were brought into position as nearly as could be done under the circumstances, the arm was placed in an angular splint, slightly bent, for the reason that, should the arm be saved, the patient might be able to follow his profession; it appeared at the time that ankylosis was inevitable.

Arnica lotion was employed for the first two days.

Feb. 11th. Arm much swollen and inflamed. Calendula substituted for Arnica.

Feb. 12th. Arm is very painful, swollen up to axilla, has

an erysipelatous appearance, high fever, pulse 110; Acon. 3. Opened several abscesses, scant discharge of milky pus. Calendula externally.

Feb. 13th. Profuse discharge of sanguineous pus; less pain, no fever. A very weak watery lotion of Kali caust. was now substituted for Calendula, compresses moistened with this solution placed over the whole arm, the abscesses and sinuses well syringed with the same.

Feb. 20th. There has been no change of treatment; the wounds were syringed twice a day; less swelling and suppuration.

Feb. 21st. Called in haste; found the patient bleeding from the arm, profuse arterial hæmorrhage, easily controlled by pressure of the brachialis.

Feb. 24th. Several bleeding spells during past three days, easily controlled as above and appropriate bandages.

After this the arm gave no more trouble. No change of treatment, except that an occasional dose of Lachesis or Silicea was administered.

April 1st. Wounds in forearm are closing; suppuration continues from upper arm.

April 10th. Bones of forearm are firm; probe passes in a sinus up to the axilla without discovering the ball.

Examination disclosed that the internal condyle of humerus was loose and necrosed, which necessitated its removal.

The patient being put under the influence of chloroform, I made an incision over and along the condyle, for about two inches and a half, through which the necrosed bone was with difficulty removed, which proved to be the entire condyle with the trochlear articulation and three inches and a half of the internal border of the shaft of humerus.

After the dead bone was removed, and while the patient was in an upright position, to have his bed changed, the ball dropped out of the wound. The wound healed readily, patient sits up every day. On the 6th day of May he was discharged, with an arm still greatly serviceable to him. He has lost use of the elbow, but has free use of his forearm and

fingers. He plays the piano and the organ with great facility.

CASE 2.—A. J. J., aged 26 years, was shot in right knee, the ball lodging in internal tuberosity of tibia.

The man was treated by several physicians for over two months, when they recommended amputation. The friends as well as the patient objected, and demanded further counsel. Called to see the patient. I found the leg much swollen, a number of fistulous openings, connected with putrid abscesses, burrowing into the muscles of the leg.

After learning the nature of the injury, I probed down to the bone, and discovered the bullet imbedded there.

On account of the putrid suppuration, the swelling of the limb and the low condition of the patient, I deferred operating until there should be manifest improvement.

Administered *Ars. 6 c.* in water, to be taken during the day, and a very weak solution of *Kali caust.*, applied with compresses externally; the sinuses were syringed with the same solution.

In two days the leg had a much better appearance, swelling and discharge diminished. After the patient was under the influence of chloroform I made an incision of 4 inches to the bone, near the border of the ligamentum patella. An assistant separated the tissue in a manner to enable me to cut down into the bone with *Hey's* saw, and to remove, with the chisel, a triangular piece of bone, with the ball imbedded. All the necrosed bone was removed, and after carefully cleansing the wound it was united with four wire sutures.

The leg being now placed on an inclined plane, and kept in a slightly bent position, the wound healed kindly, and in about two months the patient moved about on crutches. It was several months before the wound had entirely closed, but it gave no further trouble except that the knee was ankylosed, as was anticipated. Treatment as in preceding cases.

CASE 3.—Geo. H. M——, aged 19 years, returning from Camp Lyon in Montana, with a Government freight wagon,

when about six miles from Dun Glen, in attempting to shoot a hare, the gun burst, lacerating his left hand in a fearful manner. Fragments of the gun passed through the hand, carrying off portions of the metacarpals of the two middle fingers, and fracturing the same in the forefinger and the thumb. The hand was fearfully torn. Being out on the plains, where surgical assistance could not be had, the hand was tied up rudely; cold water was applied when it could be had.

He suffered much from loss of blood. As soon as he could bear transportation, he was conveyed to Virginia City, Nevada, a distance of 140 miles, being four days on the road.

When I saw the patient, I found the hand very offensive, badly swollen, and very painful. Although he had kept up very well during the four days and was courageous, it was necessary to bring him under the influence of chloroform. After removing the bandage, the hand appeared like a mass of decaying flesh, and alive with maggots.

There seemed to be but faint hope of saving any portion of the hand. Considering, however, that two or three fingers would be of great future value, I made the attempt.

The two middle fingers were at once amputated, the remnants of the metacarpals disarticulated; the dead tissue, so far as this could be done, removed with the knife, and after the wound was carefully cleansed with a weak solution of *Caustic potassa*, it was united with several sutures, and splints were applied to forefinger and thumb. The wounds healed kindly.

After a few days the patient was able to carry his arm in a sling, and in about two months he was discharged cured, having some use of the thumb, fore and little fingers. Treatment as in preceding cases.

Kali Causticum.—Of all the remedies recommended in surgical cases, after suppuration ensued, *Caustic potassa* takes the first rank. See *U. S. Med. and Surgical Journal*, vol. v., page 169.

By its application the formation of pus is greatly diminished; it produces a healthy granulation; it cleanses the

wounds and favors the discharge of pus ; it keeps the neighboring parts in a healthy condition.

In more extensive traumatic injuries it prevents inflammatory swelling, and where it exists it readily reduces it.

In hospital wards it cannot be dispensed with ; as a dressing it suppresses foul odor and thus purifies the air.

I have during the past ten years of surgical practice, employed this *alkaline solution* extensively, and I have obtained results which cannot be produced by any other remedy.

Carbolic Acid.—The practice of employing *Carbolic acid* in fresh wounds and suppurating surfaces has become the fashion of the day.

Almost every number of the medical journals of both schools has something in its praise. I believe, and this belief is confirmed by experience, that most of these recommendations in favor of *Carbolic acid* in the treatment of surgical cases cannot be sustained.

My experience does not confirm such reports.

I find *Carbolic acid* does not prevent complications nor constitutional disturbances ; nor does it prevent sloughing.

It retards the process of healing and destroys granulation.

Wounds dressed with *Carbolic acid* leave unsightly cicatrices.

It is a life-destroying poison, especially remarkable for its toxic action on microscopic forms of life, both animal and vegetable.

Its disinfectant qualities are supposed to be due to this destructive power, but the theory on which its use has been founded is not well established, and in practice its efficacy is very doubtful.

ARTICLE XVI—Herpes and Graphites.

From Dr. GOULLON'S Prize Essay on Graphites.

We divide Herpes in four groups, according to its origin from affections of the digestive organs, of the female sexual organs, from venous stases, or from diverse dyscrasiæ, and find thus: (1), herpes gastricus; (2), herpes hystericus; (3), herpes plethoricus; (4), herpes kakochymicus. To one and all of them Graphites is more or less related.

1. *Herpes Gastricus and Graphites.*

HERPES GASTRICUS.

Receding or still present.
Gastric disturbances.
Defective digestion.

Acidity of the primæ viæ; *retention of all excretions*; accumulation of mucus;* want of motion; sedentary occupations, or such whereby the abdominal organs become compressed.

Emotional alterations; grief, care, etc.

Arthritic and hæmorrhoidal complications are frequent; hæmorrhoids with retentions in the portal system cause herpes gastro-hepaticus, hæmorrhoidalis, having its seat around the anus, at the perinæum, scrotum, on the inner sides of the thighs.

Such a herpes causes unbearable itching, has a specific cheesy odor, and is very obstinate. (Galen already

GRAPHITE.

Great weakness of digestion; sour vomiting.

Pressure in the stomach; constant eructations; pyrosis.

Nausea; cardialgia; burning in the stomach. Lastly, *bitter* sour taste, with loss of appetite; all food tastes bitter.

Decided chronic constipation.

Difficulties from sedentary habits

Great tendency to grief about the least trifle; anguish and anxiety.

Graphite acts well in rheumatic arthritic troubles, is a great anti-hæmorrhoidal remedy, and has specific relations to the stasis in the portal system. (Compare Graphite and Sulphur.)

The hepatic symptoms of Graphite are less pregnant, still we meet bitter taste, and pains in the hepatic region.

* Hippocrates and Avicenna consider tough phlegm as the sole cause of herpes.

HERPES GASTRICUS.

considered increased secretion of hot bile as a cause of herpes, and our best pathologists acknowledge the influence of hepatic diseases on the skin, which they discolor or produce peculiar efflorescences.)

GRAPHITE.

The relations of Graphite to erysipelas, and of the latter to the liver, are well known.

2. *Herpes Hystericus.*

It embraces every herpes as an expression of certain internal disturbances appearing during climaxis (herpes hystericus), as well as those forms arising from menstrual irregularities or retention (herpes menostaticus). In both cases symptoms manifest themselves, which are thrown together under the name of Hysteria.

HERPES HYSTERICUS.

Even slight affections of the sexual organs give a peculiar suffering expression to the physiognomy, and such patients look sick at first sight. The cutaneous activity stagnates; hot flashes alternate with cold hands and feet; rheumatic troubles force them to be extremely careful not to catch cold.

Hence arises great irritability, habitual headache with bilio-gastric states (migræne); palpitations not from any organic cause, even without inflammation, congestions without hyperæmia, debility of reproductory power.

Hysterical pusillanimity; oppression of mind during menostasis and climaxis.

GRAPHITES.

Irregularity of menstruation, amenorrhœa, dysmenorrhœa with its accompanying congestive states in the head, chest, and abdomen; general dryness of the skin with simultaneous easy sweating of single parts (scalp, feet).

Increased liability of catching cold, rheumatic troubles, from the slightest degree even to paralysis; acidity of the stomach with simultaneous bitter taste, pains in the hypochondria, vomiting, gastralgia.

Anxious, troubled feeling, with forebodings; depression of mind.

3. *Herpes Plethoricus.*

Not every herpes plethoricus indicates Graphites, and it will be hardly ever indicated in general plethora (H. pleth. verus), but far more in local hyperæmia (H. pl. spurius); depending on sedentary mode of life. General plethora, and hence its herpes, arises more frequently from too high living,

especially when associated with insufficient exercise, and rather indicates Sulphur than Graphites; but where the hyperæmia is the effect of the non-appearance of habitual bloody discharges, Graphite will open again the safety valve. Erethismus, sthenic character, are as such contraindications, and a phlegmatic pasty habit on the base of a more or less melancholic temperament promises good results for Graphites. It never corresponds to arterial plethora, but only to venous stasis, as we may learn from the following symptoms: Strong pulsations over the whole body; great lassitude; difficulty of falling asleep; sleep at night restless, with heat; anxious sensation, which does not allow him to remain in bed; restlessness; oppression, with uneasiness in the stomach; headache, vertigo, ill-humor; excessive irritability, fretfulness; obtuseness of the head, especially in the morning. The head feels like intoxicated; pressure in forehead; hammering in sinciput; congestion to the head; disagreeable heat in the head (after dinner); pains in the eyes, when opening them, as from exciting them too much by reading. Inflammation and burning of the eyes; scintillation; surring and tingling of the ears. *Epistaxis*; bleeding of the nose in the evening, with palpitations, or after rush of blood to the head. Abdominal heaviness and bloatedness, especially after meals, with heaviness of the head; flatulence.

A peculiarity of Graphites is the constipation with stitching, tearing and soreness in rectum. Swollen varices, bloody discharges from the rectum. Oppression of the chest and asthma in different degrees. Dyspnœa.

4. *Herpes Kakochymicus.*

Herpes on the base of a specific dyscrasia. It is clear that a person might be habitually disposed to herpetic affections and at the same time remain under the influence of a specific constitutional disease, as syphilis, scorbutus, scrofula, etc. We cannot expect that Graphite will correspond to so many diverse forms, but it will cure those resting on scrofula and psora, and a large majority show such a basis. Scrofulosis is now well known, but the definition of Psora is yet

in dispute. Our own definition is, that all cutaneous diseases are of psoric origin, which in their uncomplicated purity find their simile in Sulphur. It is only an apparent contradiction, when we expect from Graphite good success in herpetic diseases complicated with psora. The following symptoms lead us to Graphite :

Itching on the back and arms, over the whole body, corroding scratching. Small watery vesicles after the itching over the whole body. Purulent efflorescences on the chin and chest, itching. The pimple full of corroding serum. Many itching purulent efflorescences, itching worse in the evening and at night. Crusts, under which corroding fluid accumulates. Unhealthy skin, every little injury causes supuration. Unhealthy and sensitive ulcers. We also have the well-known symptoms of scrofulous ophthalmia, of the aberrations in the organs of smell and of hearing, the numerous manifestations of digestive disturbances so often witnessed in scrofulosis.

Let us also examine the *herpetic ulcer*. It appears very frequently on the leg, and especially at its anterior surface. It is superficial (reminding us in its genetic connection of the quality of herpetic affections, to extend themselves superficially), and severe itching with pains is often present. The epidermis is very red. The secretion is acrid, ichorous, serous, foul-smelling, forming crusts, one rising above the other in the environs of the irregular edges of the extensive ulcer. Whereas now herpetic ulcers may emanate from varices, *Fraenkel* shows that varices and œdema are frequent sequels of the purely herpetic ulcer. As Graphite in all its symptoms corresponds so fully to the herpetic ulcer, it will not only heal it, but also the œdema and varices arising from it.

It has been frequently said, that a homœopathic remedy deserves still more confidence, when traditional medicine also bears witness to its efficacy. *Siedenburg* (*Horn's Archives*, July, 1835) prescribes Graphite and Sarsaparilla for *Herpes crustaceus* (*Impetigo*), and remarks : the most frequent cause of impetigenous eruptions is *suppression of the cutaneous*

perspiration and of the urinary secretion. In as much as then the necessary escape of the gaseous nitrogen and carbon from the capillary vessels is prevented, and these and other matter is retained, which give a different quality to the blood in the vessels, eruptions arise, which we find so difficult to cure. And *Gigot-Serard*, in a monograph on Herpetismus, also derivates the eruption from the retention and poisoning of the blood by matter, which ought to be excreted by the urine.

But the primary action of Graphite is decidedly *desiccating*, and we do not believe that Graphite increases the cutaneous and urinary secretion. According to homœopathic principles Graphites has cured *dryness* of the nose with loss of smell; deafness with *dryness* of the auditory canal; general *dryness* of the skin; constipation with *dryness* of the rectum; amenorrhœa with *dryness* of the vagina, burning and itching of the labia during the flow of the scanty menses; cough with *dry* rough voice.

Inasmuch as the panegyrist of Graphite put the cause and the essence of herpetismus in a *retention of Carbon* and in a retention of cutaneous transpiration, they tacitly acknowledge the truth of the Homœopathic law, as Graphite is a true representative of pure Carbon. Others did not refuse to work with less pure Carbon, and thus *Polga* introduced the anthracite (Anthrakokali), *Arnheimer* the Aqua picea (tar-water), *Hufeland* the pure tar, and *Ulrich* even the Burgundy pitch. *Reichenbach* discovered then the Kreasot as a constituent part of tar, and used it for herpetic eruptions. *Otto*, *Grandjean*, *Guitti* and others followed, and truly remarked: *in chronic diseases the cure necessarily is also a chronic one, or else relapses will follow.* (According to *Hahnemann*, Graphite is a long acting remedy, and its action therefore ought not to be interrupted by repeated doses; or else we only gain a palliative effect.)

But if the views of *Siedenburg* are more than mere hypothesis, and if we derivate the importance of Carbon (Graphite) for herpetismus from the genesis of the latter, *nitrogenous* combinations must also be very useful, as according to his

supposition, herpetic affections not only arise from a suppressed excretion of Carbon, but also of Nitrogen. We all know that *Acidum nitricum* is a valuable homœopathic remedy in different eruptions, especially such around the mouth and chin in connection with hepatic stasis, corroding, easily bleeding, forming crusts and fissures. Internally the old school prescribes Nitric acid for chronic liver-complaints, jaundice, chronic skin-diseases, as impetigo, lepra, eczema, elephantiasis, and applies it externally, concentrated or diluted, *pro re nata*.

Another explanation of the action of Graphite in cutaneous affections may be found by studying Graphite in relation to the oxygenoid constitution.

GRAPHITE AND THE OXYGENOID CONSTITUTION.

Grauvogl, in his compendium, teaches that the oxygenoid constitution, characterized by the consequences of too large an influence of oxygen, finds its remedies mostly in the range of Carbons and Nitrogens, which prevent the oxidation of the tissues. Rademacher gives here the first place to *Ferrum*, but *Iodide of Potassium* might be preferable, inasmuch as it absorbs all the Ozone. Directly acting remedies are: *Coal*, and the carbonaceous Alkaloids, *Graphite*, *Petroleum*, *Kreasot*, *Benzol*, *Citric-acid*, *Hydrogen Cyanide* (Prussic acid), *Laurocerasus*, and from inductive reasons, especially *Antozon-water*; also *Nitric-acid* and many Narcotica, especially *Aconite*; furthermore, China, Quinine, Arsenic—but given alone by itself—and all metals which arrest the process of decomposition; therefore, also Chrom and Kali bichrom—but the law of similars must always decide about the special indication.

We frequently witnessed in cases of chronic ulcers of the feet in old people splendid results from Kali hydrojod, but also from Graphites; and the wherefore is now cleared up.

Constant combustion takes place in our body. Everything oxidizable will be oxidized. As a preparation, the incor-

porated nutritive material enters into new chemical combinations, and are thus made accessible to the oxidation, to the (neutral) atmospheric oxygen. Thus constantly arise numerous changes in $C O_2$, and $H O$, and in relation to nitrogen more concentrated products remain, till they are excreted in the urea, as the chief parts of the incombustible Nitrogen. Thus, milk and semen are excreted as incombustibles. They stand so low in the series of oxidation, that they again serve as nutritive material, or even as elements of reproduction. *The deleterious influence of oxygen makes itself less known by an absolute surplus, but rather by a relative loss of power of resistance of the tissue to its action.* This yielding of the tissues will be always found, where a deficit of carbo-nitrogenous combinations prevails. Nitrogen more yet than Carbon acts in opposition to Oxygen. Thus, the nitrogenous atmosphere in cow-stables acts favorably on consumptive patients, and nitrogenous food (milk, eggs, meat) acts in the same manner.

Grauvogl considers scrofulosis, chlorosis, anæmia, leucæmia, oligæmia, rhachitis, atrophia infantum, dentitio difficilis, etc., originally as expressions of a hydrogenoid constitution, but which degenerate into the oxygenoid constitution, when their peculiar nature is not taken care off, and the specific hygienic and remedial measures are neglected. Hyperæsthesiæ and rapid consumption accompany then these characteristic disproportions; tubercular forms emanate from chlorosis and tuberculosis, which improve in an atmosphere full of nitrogen and carbon (tar-making in pineries), and where the air is saturated with fat and empyreumatic oils.

We know that the different constitutions trench upon one another, and they are not isolated, and only thus we understand how iron (Graphites contains iron), according to Rademacher, corresponds to the pathological states of the oxygenoid constitution, and how we find it again acting well in chlorosis and scrofulosis, complaints of the hydrogenoid constitution.

GRAPHITE IN ITS RELATION TO DIFFERENT CONSTITUTIONAL ANOMALIES.

1. *Chlorosis*. 2. *Scrofulosis*. 3. *Hydrops*. 4. *Rheumatismus*.
5. *Arthritis*.

1. *Chlorosis*. *Graphites* gives us the following corresponding symptoms: Great lassitude. Bruised sensation through the whole body. Lassitude. Single parts go to sleep. Amelioration in the fresh air. All arteries pulsate strongly. Emaciation. Chronic dryness of the skin. Great sleepiness in daytime. Falls asleep late at night, with frequent waking. Dejection of spirit. Great tendency to weeping. Irritability, is easily vexed and wrathful. *Headache*. Pressure in the forehead. Hair turns gray, and falls out. Weak eyes. Scintillations. Singing and surring in the ears. Paleness of the face, with blue rings around the eyes. Yellowness of the face, with weak eyes. Hot flashes. Gums bleed easily. Foul breath, or foul, sour, bitter taste, with sour eructations. Loss of appetite. Nausea, vomiturations and vomiting of the food. Pressure in stomach. Gastralgia. Tension in the hypochondria. Bloated abdomen, flatulency. Chronic constipation. Decrease of sexual instinct. Menses tardy, too late. Suppressed menses. Scanty and pale menses. Copious leucorrhœa. Dyspnœa. Oppression of the chest. Severe palpitations. Pains in small of back. *Cold feet*.

2. *Graphites and Scrofulosis*.

Generalities. Heaviness of the extremities. Great lassitude.

Skin. Small red itching pimples, containing pus. Moist, but also crusty herpes, with itching in the evening and at night. Crusts with acrid fluid under them. Glandular swellings. Excoriations, especially in children. Unhealthy skin; *every little injury produces suppuration*. All ulcers become foul-smelling, painful, and full of proud flesh. Nails thickened and stunted.

Sleep. Frequent startings when asleep. Vivid anxious

dreams; awakes frightened. Incontinentia urinæ nocturna. Frequent micturition. Twitchings in sleep.

Eyes. Pressure in the eyes, especially mornings. Pressure in the eyelids, as from sand. Stitching and smarting with heat, as from acrid matter. Burning of the eyes with dryness. Ophthalmia, with redness and profuse secretion of gum, or with drawing pressure and smarting lachrymation. *Hordeolum.* *Ulceration of the eyes.* Agglutination. A great deal of gum on the lids and eyelashes. Sensation of dryness in the lids. *Great photophobia.* Daylight dazzles his eyes. He sees as through a mist. Scintillations.

Ears. Pressure in the internal ear, like a painful dragging. Stitches. Hammering in the ears. *Swelling.* *Eruption behind the ear.* (Oleander also has this symptom.) Moist and sore spots. Foul smell from the ears. Discharge of pus from the ears. Bloody discharge from the ear. Hardness of hearing. The ears feel stuffed (especially at the full moon). Pealing as of thunder and detonations, especially when swallowing.

Nose. Sore feeling in the nose, when blowing it. Itching internally, burning externally. Red, swollen nose. Painful clinkers. Sore, fissured, ulcerated nostrils. Expulsion of bloody mucus from the nose. Foul smell from the nose. *Obstruction of the nose.* *Dryness of the nose.* Copious mucous secretion, either thin, or thick and yellow. Coryza, either dry, or running with frequent sneezing.

Face. Blue rings round the eyes. Yellowness of the face, with weak eyes. Eruption on the face, as if the skin were raw. *Ulcerated corner of the mouth.* Eruption on lips, and on the corners of the mouth. Scurfy eruption on the chin, with glandular swellings.

Throat. Swelling of tonsils, with painful deglutition.

Gastric symptoms. Acidity of the stomach, with bulimy, Loss of appetite. Pyrosis. Gastralgia. Bloatingness. Want of digestive power. Sleepiness. Pressure in stomach.

Stool. Constipation. Hard stool. Knotty stool. Several stools a day. Diarrhoea, with burning in ano. A quantity

of mucus is expelled with the stool. Lumbrici pass with the stool.

Urinary organs. Sudden desire to urinate. Enuresis nocturna. Yomentous urine. Urine of an acrid sour smell, and becoming very turbid.

3. *Graphites and Dropsy.*

Graphite has cured a severe and obstinate hydrocele. As dropsical accumulations are only partial manifestations of a general morbid state, as, for instance, in chlorosis (œdema around the malleoli), and are caused by pathological states, as habitual constipation, disturbances in the return of blood through the central veins, emphysema, splenic diseases, etc., we easily understand how Graphite may be useful in dropsies. Certain pathogenetic symptoms of Graphite also remind us of dropsical states. Great lassitude. Strong pulsations all over the body, especially of the heart, and increased by every motion. Heaviness of the extremities, with ill-humor, Chronic dryness of the skin. Every little scratch ulcerates. Restlessness at night with heat. Constant anxiousness, so that he cannot remain in bed. Chilliness. Cold hands and feet. Sweat from the least exertion. Tension of the hypochondria; pains in the hepatic region; heaviness of abdomen; fulness of abdomen, with loss of appetite and constipation; Abdomen tense. Flatulency. Constant inclination to urinate, but passes only a few drops. Dyspnœa, oppression of chest, nightly paroxysms of suffocation.

Emaciation. Arthritic tearing. Restlessness; heaviness of the legs, which feel stiff and numb; pains in malleoli; stitches in the heels; burning of the feet; sweating of the feet; swelling of the legs and feet.

4. *Graphites and Rheumatismus.*

Rheumatic paralysis has often been cured by Graphites. It gives us also chilliness and sensitiveness to cold and dampness. Many complaints cured by Graphite were caused by dampness, and sometimes the patients complained about

the sensation as if a pailful of cold water were thrown over them.

Tearing and drawing in the extremities, especially in the ulcerated spots, hints to rheumatic influences, also the following symptoms: Cramp-like curving of single parts, stiffness of the extremities, especially of the elbow and knee-joint. Drawing over the whole body. Stitches here and there, like lightning flashes through the whole body. Bruised sensation all over. The joints feel tired when bending or sitting down, and difficulty to get up. Single parts go to sleep. *Sprains himself easily. Catches cold at the least exposure. Pains at every atmospheric change.* Wants to stretch himself all the time. Erysipelatous inflammation of the affected parts. Sweat from the least exertion. *Night sweats.* Morning sweats. Sour-smelling sweats. Drawing, tearing headache. Paralysis on one side of the face. Tearing in old stumps, or in all teeth. *Toothache at night.* Drawing pains in abdomen. Stiffness of nape of neck; paralytic pressure in the forearm. Pains in the joints, when stretching the arm. *Sensation as if cold water runs through the tubular bones.* Tearing in the hips. Heaviness, numbness, and stiffness of the lower extremities, from the thighs to the toes. Twitchings in the calves. Drawing in the tibia and tendo Achillis; stitches in the soles.

5. *Graphites and Arthritis.*

The rheumatic symptoms of Graphite coincide with the gouty ones; but the urinary symptoms show the urine acrid, sour-smelling, dark-brown, with red sediment when standing, and becoming turbid. Numbness and stiffness of the toes, which become crippled. Pressure in the right big toe. Severe stitch in the left big toe. *Arthritic nodosities.* Weakness of digestion; pyrosis; sour-smelling stool. Darting, drawing pain in the thighs, in the direction of the pubes, especially when rising from one's seat. The fingers cross one another by a kind of involuntary spasm. Arthritic tearing with stitches in the carpus, the olecranon sore to the touch.

Silicea, Calcarea, Sulphur, and especially Lycopodium, will be more frequently indicated in rheumathritic complaints, still we find cases pointing more closely to Graphite. Dry fissured skin, painful rhagades, herpetic soreness between the fingers, thickening of the nails, a pain as of a foreign body in the throat, herpetic eruption on the lips, corners of the mouth or chin, and the peculiar intestinal torpor, will always remain characteristic hints for the selection of Graphites.



ARTICLE XVII.—Our Outsiders—Historical Reviews.

(Continued from page 103.)

By C. HERING.

The Pernicious Parable.

The author of "Credulity" says, in his pamphlet, page 8, in the five lines near the bottom: "The *Materia Medica* furnished by Hahnemann and others, has been vitiated through the pernicious belief 'that the tares must be gathered with the wheat.'" Like everything else, and like all the philosophical and historical points, this reference to the parable of the Lord is perverted and corrupted. The same comparison of the wheat and the tares runs through the whole pamphlet like the tingling with the *triangle* in the "Turkish" music of a regimental band.

Jahr's new manual is called our greatest! storehouse of "wheat and tares," on page 9; further below, line 16, the "tares" appear, and no wheat; page 10, after one of the most perverted applications to Eusebius, he "gathers up the wheat and casts the tares away," and, finally, page 12, the furnished genuine symptoms are "wheat," and not "tares."

The author of "Credulity" did not make his quotation from his Bible, or he might have been a little more careful. No! it was taken from an Introduction to a beginning of a comparable *Materia Medica*, in the Philadelphia Journal of

the Hahnemann College, 1867, and from there it was quoted in a corrupted form.*

The words of the Lord's parable, quoted in this introduction to the *Materia Medica*, were, page VI. ; "It is an old, wise rule, and very applicable in this (our) case, '*while ye gather up the tares, ye root up also the wheat with them ; let both grow up together until the harvest.*'"

Our harvest is practice, and a sufficient collection of cases cured. We will make it as convenient as possible, so that every practitioner may use what is stored up, and be enabled to take his part in this great wished-for undertaking, "*to gather the tares to be burned, and to gather the wheat into my barn.*"

Page VII., Put the test of practice to it. *We shall soon see the tares.*

Page XIV., If we discover their special or peculiar individual characteristics, then we are enabled to pass judgment, sound and certain, on every symptom, whether it be genuine or false. *Let both grow up together until the harvest.*

Now let every one who does not know the words of the Lord by heart, take up his Bible and compare the language, to find who made an honest use of the Lord's advice, and who perverted the entire divine lesson.

And now in the New Year's Present, 1873, it is referred to as the "pernicious" belief.

Is it possible to misunderstand such a plain divine truth, and even go so far as the distortion, "the tares must be gathered with the wheat," instead of "let them grow up together until the harvest." Why? "While ye gather up the tares, ye root up also the wheat with them." Has this not been done continually these past two scores of years? They have rooted up also the wheat, and have injured our new field

* The said introduction will appear this fall with the whole 16 medicines, in a new edition, from the same plates, but alphabetically arranged from the Alum to the Theridion, including all in the College Journal, and in the Hahnemann Monthly, from the first, Natr. Sulph., to the last, Phytolacca. A second volume will appear as soon as the last of the "Analytical Therapeutics" has left the press.

and trampled regardlessly upon the plants growing up from the good seed with the tares. They remained outsiders to our *Materia Medica*; pretending to belong to Hahnemann's School, they did not attempt to follow his wise rules, and either never tried to study his *Materia Medica*, or soon became tired of it, and found themselves unable to master it. They created a cloud of suspicions, not only to excuse their own ignorance of it, but also to keep others outside of our *Materia Medica*.

In order to keep the readers of our "Historical Review" posted up, we will publish, as an appendix to this chapter, part of a satirical poem, which was printed fifteen years ago. There the parable of our Lord, Matthew xiii., 24 to 30, was quoted for the first time in our literature. This poem, "Trostelegie für Aerzte die nicht bei Troste sind," did not appear in the trade, but was only given to friends, and sent to some opponents, and could be read only by such as understood the German.

The "old wise rule" has been applied by several prominent men of our school, and used with great success, to the perfection of our *Materia Medica*. It was very difficult to get a translation, as it ought always to be, in the metric form of the original. But one of the first who acknowledged Homœopathy, among the learned men in Philadelphia, a great scholar himself, induced one of his friends to translate it; and it was done by one who masters the classical form of elegies in the English language, better than any other ever has before him. We will explain first how the "old wise rule" should be applied by our school, then the part of the poem referring to it will be understood much better.

All real progress in the natural sciences is depending on the true method of exploration. Our *Materia Medica* must become one of the natural sciences, and being entirely and altogether a new one, Hahnemann, the founder of it, had to discover the best method. The greatest of all the difficulties with which he had to meet and had to overcome, was the uncertainty of the result. In all provings on the healthy, the symptoms following the drug might be or might not be

caused by it. We have a decided historical proof that Hahnemann never did "believe" (as the fools call it) a single symptom in any of his provings, much less in provings made by others; nor did any of all his followers in proving drugs on the healthy "believe" a single symptom of his own or of others. In the midst of the greatest enthusiasm they never concluded in a single case, according to the old, well-known saying: *post hoc ergo propter hoc*. It is one of the meanest slanders that our opponents supposed we did, and originated only in their own inability to avoid such a vulgar error themselves. The conclusion of *post hoc ergo propter hoc*, is the only conclusion that animals are able to draw. Children do it also very often. Uneducated people too. An Indian from the interior of South America, when, in the evening witnessing for the first time the firing of a gun (loaded with a ball) at a board, said, "your little lightning has a great powerful thunder." He supposed that the flash in the pan caused the report, and that the "thunder" made a hole in the board. My friends laughed at him; but I said that they had laughed at myself when I had been telling them, since 1828, that lightning was not always the cause of the thunder, but that a sudden formation of water might cause both; for the rain always came after the lightning was seen, and the thunder heard, at the very moment that we had calculated, knowing the exact time water required to fall from a certain altitude, which had been found by the velocity of light and sound; yet the world up to this day is in the same error. In all the school-books it is said that lightning causes the thunder, and they are all imitating the Indian when they say that the electric flash is the cause of all that follows. Thus, the same false inference would have been very excusable, but neither Hahnemann nor any of his followers can be accused of it.

The very first observation that Hahnemann made, when he took the bark and found symptoms following it, shows that he did not "believe" them, because he repeated the experiment. He would not have done this had he taken the *post hoc* for a *propter hoc*, and he repeated his experiments

with others again and again, and finally tried them with the sick. After all this, he was not such an incredulous fool as to doubt any of them, without a good and sound reason. Thus, he considered repetition required to increase the probability, and so we all did, and have done, and have always looked out for confirmations. It is a most horrible mistake to suppose that we must always believe or disbelieve every statement we meet with! What a poverty of thought it shows, to say that a man must, with regard to an observation in any of the natural sciences, be credulous or incredulous! We certainly cannot do anything except to find some observations more and others less probable, and, of course, confirmation increases the probability, until a higher law decides.

It is fifty years now since I joined the Homœopathic school, and I have never met a single prover who did "believe" the symptoms he obtained, and who did not seek confirmations. We not only repeated our experiments again and again, but we were anxious to have other provers, and if the results were published, we always compared anxiously those of others with our own.

How Hahnemann made all his observations on the healthy as well as on the sick, has been quoted already, page 101, last lines. How Hahnemann proved with his class has been fully explained in the *Hahnemann Monthly*, vol. vii., page 173, line 15 from below, and on following pages.

The greatest possible care was taken in every case by all his genuine followers. There was not one of them, not a single one, who did not know *errare humanum est*. There was not one of them who did not know that in experimenting upon themselves, they were putting their feet on very uncertain ground, where they had to expect possibilities and probabilities of all kinds. But they were working with a holy zeal for a great and good cause; they suffered and enjoyed their sufferings as redeemers of mankind from sickness. There was not one of them who did not know that every symptom he put down in writing was, if not corroborated by similar observations of others, doubted, and especially if not

confirmed by cures. That great law was acknowledged by all, and to heal the sick was the aim above everything else ; every cured case, and every case improved after giving a drug according to the law of similars, was gladly welcomed, and was taken as a confirmation.

Here evidently we entered upon another field, full of possibilities of error. But what else could be done than to go on ? Here we had the suffering sick, and there was a collection of symptoms, all gathered *bona fide* with the best intention ; and being convinced that if we could only find the right remedy the patient would recover, we exerted ourselves to the utmost in order to learn to examine the sick according to Hahnemann's rules, and after this (according to Hahnemann's apothegm) "most difficult work" was done, we tried our best to find the most similar among all of our drugs, the only one that would cure, and we did not shun the tedious labor of finding it.

What we had repeatedly found confirmed by cures, day after day, week after week, and year after year, is what we took as our basis, as a true gain in the new science ; these were what we called the characteristics of the drug. Our author's idea of characteristic key-notes must be a very queer one, if he expects that they are waiting till "slow, stumbling clinical experience should prove them to be false." Of course they never can, never will be so proven, as they have by great labor, study, and by the successful experience of scores of years, been shown to be true symptoms.

In the midst of this we stood when, in 1830, the Asiatic cholera came. Hahnemann, according to the symptoms reported in the medical journals, called the attention of his followers to *camphor*, for the worst and sudden attacks, and for the spasmodic form to *cuprum*. He had a satisfaction that never another medical man has had since we have had a history, that, while the plague afterwards went all over Europe and America, *not one of the workers in copper was attacked by it !*

An English lady, leaving at that time for the East, brought the good tidings concerning camphor to the same country where the camphor-tree grows, brought it to the very home

of the cholera for ages, brought it where *camphor never had been given to cure it.*

Hahnemann had, to come to this important and historically unparalleled result, studied his *Materia Medica*—the same which is, according to the outsiders, “full of uncertainties,” “full of spurious symptoms,” “gathered trash,” “vast piles of rubbish,” “the thousands of worthless symptoms.”

All the homœopaths had, in this awful epidemic, the greatest success; even here in Philadelphia, Dr. George Bute, my first student, had, in 1832, been trusted by the authorities with a hospital in Cherry street. The highest loss of the old school (50 per cent.) they brought by their efforts, according to their abilities, and the circumstances, down to 5 per cent. (in 1849 to 2 per cent.).

These successes brought a new class of doctors into our ranks. They were not unbiased enough to learn from Hahnemann the examination of the sick; they were embarrassed by pathological notions; they wanted “specifics” for diseases; they had an unconquerable antipathy to Hahnemann’s *Materia Medica*; they could not learn to appeal from the mere symptoms of the sick to the single symptoms of the drug; they called Hahnemann’s method—which is the only right one, and is also the strictest—unscientific; they wanted something to be pushed between these true copies of realities, the real symptoms of the sick and those of the drug. They worked very hard to change Hahnemann’s collections, true as a photograph to nature, into caricatures, and welcomed such monstrosities, such counterfeits of nature, as “prize essays.”

Such monkeyism of the old school *Materia Medica* they used against similar abstracts of what was called a “disease,” each one treated of in the pathological books as if it were a reality. “They took *le cheval* of Buffon’s *Natural History*, and supposed they could plough the field with it.” The real reason was that they found it a great deal too much trouble to study our *Materia Medica*, and thus they slandered it, which was much easier done. They heaped all sorts of abuse upon it without proving anything. The first one of

the apostates who tried to give it a scientific appearance by dressing it like a Professor of Oxford, made a dreary fiasco.

During forty years, complaint followed complaint; the greater the ignorance, the greater was the impudence; from hypocritical objections they rose to the most nonsensical pretensions, and even to a real purification-mania. The word "pura" Hahnemann had used to signify the characteristic difference of his *Materia Medica* from all others; as it was always used in science to signify: free from theoretical guessing. Hahnemann translated it in the customary way of scientific men before him, as "*rein*"; they took up this word with a washerwoman's meaning! Was this an eristic trick, or was it ignorance? Probably the latter, as their many many other blunders showed the want of a truly scientific education.

Those were the men who formed an anti-Hahnemannian sect within the Homœopathic school, and dropping all the difficulties in learning to heal the sick as absurdities, they got, of course, the majority on their side, and they have had it now for forty years. They pretended to purify the *Materia Medica*, and to take the tares out from among the wheat. It was to them that it had been said, "While ye gather up the tares, ye root up also the wheat with them;" and to them the Lord's advice was given: "Let both grow together until the harvest." Is the great harvest of Homœopathy coming? We all, who try our best to heal the sick, are, as it were, only beginning "to pluck the ears of corn," "rubbing them in our hands," to eat single grains, because we are "hungered." What means the harvest? Of course it cannot mean aught else than the time when we shall have sufficient results from our practice, cures according to the symptoms, and as rich as we are with provings (too much we have, some say) as insufficient are the reports of cures. For we have, according to the most careful calculation of the cases that must have been cured by homœopaths, only one per mill reported and published.

Hahnemann's folios, with the most careful records of all the symptoms of every case he ever treated, have been lock-

ed up now since his death for more than thirty years (no one having access to them). What he has given in the introduction to the antipsoric remedies would be doubled, nay, tripled. Stapf, who had (in 1846) a very long row of similar folios standing on his shelves, containing innumerable reports of cures, particularly in later years, of eye affections, has left them inaccessible, since they are locked up among the archives of the family. W. Gross, likewise. Haynel took his hidden treasure with him when he returned; hundreds of good practitioners have left their records but to be lost.

We suppose that the boastings of the would-be critics among the anti-Hahnemannians have been largely the cause of this. The heirs avoided the most certain attacks by them, and were disgusted by the prevailing and ruling absurdities. Boenninghausen's careful day-books, with all their invaluable observations, are kept from the public by his sons. Even inquiries by letter whether one would be allowed to copy such additions and corroborations as he had entered in his printed works, were not answered; and to oral questions they replied that they would publish themselves what had been left; but it never has been done. Many of those yet living have large collections of notes upon their shelves, but cannot find time to sort out what might be valuable. We do not count such as kept no books, or if they did, in such a way that they could not be made useful.

Boenninghausen is the only one who has given us, in his Repertory, an inside look into his practice, and the results of it; but his manner of separating organs from sensations, and cutting the modalities out from their connections, and giving all the concomitants only in heaps, allows only hints; leaves all the main questions undecided.

Still our harvest is coming. We are very happy that we may refer this year to a little work of great importance. It is the prize essay of Goullon, Jr., on Graphites. It is the last of a series approved of by the committees of the yearly meeting of German homœopaths (similar to our American Institute).

The first appeared in 1858 by W. Reil, on Aconite; the

next, 1859, by B. Bähr, on *Digitalis*; the third, 1862, by G. W. Sorge, on *Phosphorus*. They had been getting worse and worse. The only good proving, that of *Chelidonium*, one of the best in our literature, did not get the prize. They were all written with the mean intention of being acceptable to the old school, to a set of pretenders who do not care at all to heal the sick, but are only anxious to have the good opinion of the people, a reputation, or money. All these prize essays were written with a disgusting submission to the ruling superstitions of our age. This was particularly done by the essay on *Phosphorus*, which even had adopted a quackish title-page, and had left out Hahnemann's best characteristics. These prize essays have been followed now by one on *Graphites*, the best of all; while the torn rags of its predecessors are still hanging around its loins, it is still a forerunner of a new period; it appears as a proof that the divine advice we have quoted will be of benefit. Our harvest is coming.

After thirty-six years it is beginning to be shown what is "wheat" in Hahnemann's provings; after the former prize essays, with all their bombs of science and pretension, being a brand-mark upon our literature, comes this, the first good one. It compares the cures with the symptoms; it says not a word about what is wheat or what belongs to the tares. It concludes with a very strange excuse why *Graphites* was chosen: "Es galt eine verkannte Person aus ihrem bescheidenen Verstecke zu ziehen;" that is to say, out of the corner where the outsiders had pushed it in, because, with every real follower of Hahnemann it always was, and has been since more than forty years, one of the foremost standing heroes. "Und ihr Gelegenheit zu geben sich in ihrer ganzen Glorie zeigen zu können."

Let us have more of such books, and Hahnemann's doctrine will have a chance to show itself in all its Glorie.

Then is the time of harvest; then we may gather the tares and bind them in bundles, but not until then.

This little book, written with a full knowledge of the old school, gives a collection of cases cured by *Graphites*, and

shows with great skill the connection of these cases. That is all; but it is a great deal and a decided gain. All the customary harangue against Hahnemann has been avoided, all the foolish fault finding is dropped, and all the criticisms based on rotten axioms are kept in the back ground; principally only are facts given, and too, placed in their proper light.

It is the same Graphites which is mentioned on page 100, line 13, and again on page 102, last five lines, and 103, first seven lines; the same Graphites, with its 1144 symptoms, say one thousand one hundred and forty-four, and its large list of cured symptoms in the preface; the same Graphites proved only by four others, all of whom took the higher potencies, and still worse! Hartlaub, Rummel and Kretzschmar observed their symptoms on the sick; Nenning only got his 169 symptoms from provings on healthy girls. Nenning! condemned root and branch by wholesale in Roth's *Razzia* and the *British Quarterly*.

If we take from Hahnemann's 554 the 202 from others, there are 352, and with the 590 in the first edition of Hahnemann's *Chron. Diseases*, they make 942; *they were nearly all taken from the sick*, which fact will make every purificationist shudder. Still here there is the greatest number confirmed by cures, with objective symptoms, so that even those who are full of doubt cannot question them in the least.

Our harvest is coming.

THE EYES AND NOES.

At the great yearly meeting of the Natural Philosophers in Germany, in Bonn on the Rhine (1857), an attack was made, not against Homœopathy, which was treated by the much more preferred silent contempt, or playing opossum, an attack only against the proposition of proving drugs on the healthy. According to the papers of the day, the whole meeting rose and applauded. This called forth a satirical poem under the title "Trostelegie." In the midst of all the condemning ridicule, there was a nucleus given, commending

with deep earnestness the only way of finding out what is true, particularly in our field of science.

In the German original it is, v. 373 to 444 :

- Errors are here—they are there, and around us, yet Truth is among them ;
 Truth—aye, single and one, how can we know her aright ?
 Mighty confusion exists, and oft are the pathways divergent ;
 Far more probable this, that 'tis our judgment that errs.
- 5 Old is the sceptic's sneer, "What is truth ?" Yet older is wisdom !
 Sure is conclusion's step, if but intelligence guides.
 If you take something for true, then strictly question "What follows ?"
 'Tis by the sequence that truth plainly from error is shown ;
 Truth engenders in fulness the true, forever extending.
- 10 Folly is falsehood's fruit, speeding itself to destroy.
 Carefully weigh what it is, to establish a tenet with clearness ;
 How the conclusion dislimbed rests on the axiom fixed ;
 Close be the scrutiny ere but the smallest we take as established,
 Closer the scrutiny yet, ere we reject it as false.
- 15 Err in the *aye*—take falsehood for truth—the result will disclose ;
 Err in the *nay*—spurn truth—ah, what a rent will be torn !
 Error awaits without fail our steps. In the *aye* be it always.
 Err in the *nay*—we are hurled back to delusion yet worse,
 That which is undetermined remains like saved up remnants
- 20 Which, in inquiry's course, haply to profit may turn ;
 Stirring them over, in time, perchance, may their worth be discovered.
 Oft has the shapeless pile been to the grandchild, a prize.
 Every development helps—stand fast by intelligent labor ;
 Whether it please thee or not, further it—lend it thine aid ;
- 25 But for the *nay*—the boyish dissent—the flippantly uttered,
 Ne'er without rigidest proof—ne'er let it sully thy lip.
 Plain in the precept, unerringly certain the penalty also.
 Error in *aye* is light—weighty the error in *nay*.
 Grasp, if thou canst, at the wheels—in the circlings of Law, the eternal
- 30 Juggernaut's wagon, it rolls, even o'er civilized ground.
 Wilt thou attempt it ? Thou may'st, and the multitude then will ap-
 plaud thee,
 Caught though thou be in the cranks—crushed in thy marrow and bones ;
 Therefore faithfully search out *facts*, and undaunted, desist not,
 Be the result as it may ; ne'er let it trouble thy soul.
- 35 Blow upon blow, ever driven, will rend even granite primeval.
 He who but looks to himself, surely himself will destroy.
 Who knows aught, let him show it. Be no man abashed by another ;
 Bravely confide in the truth, e'en though it aid thee in naught ;
 Clamor of cliques be despised, with cabal and ooterie clatter.
- 40 Seeming of moment at times, long hath it never endured.
 Seek, above all, the truth to achieve ; let self be forgotten.

- Arrogance swells like the frog—swells to be seen—but it bursts.
 Hate is more imbecile yet. Since memory was, there is strife 'twixt
 Dogs and cats; be it so; who minds the mewing of cats?
- 45 Envy is folly supreme; when it draws in the reek of the dung-bed.
 Hot-house lettuce may sprout—aye, and young radishes too;
 Nought more lasting;—commodities limp, they lack in duration.
 Ev'ry denial of truth brings its most certain amend.
 Each is a laborer; each has been called to the toil of the vineyard.
- 50 There is thy labor—begin! even will bring thy reward.
 Pays thee the Lord for thy day not more than to those who were later?
 Tell me is evil thine eye? Seest thou his bounty askance?
 Simple indeed is the law that rules in the story of mortals;
 One man, great though he seem, one is but nothing, alone.
- 55 One by himself, howe'er he grasps, and most deftly the guide-reins
 Fast in his left, while his right proudly he poises aloft;
 One is but nothing; for each man errs in a different pathway.
 Yet there's a spirit above, ruling, that never hath erred.
 Each one, each, though much he hath wrought, and produced, and dis-
 covered,
- 60 Chaff-like is wafted his work, if but to God 'tis unmeet.
 Trust but in Him, and the victory truth shall surely accomplish.
 Cherish with confidence, too, *patience*, the hardest of all—
 When time comes that the sun stands high in the sign of the Lion—
 Then when harvest appears, then is the parable known.
- 65 Weeds grow up, for thick in the grain the foeman hath sown them.
 Then shall we have to uproot all that we reckon as ill?
 Nay, saith the Lord, for then, with the tares, ye would root up the
 good seed.
 Let them together grow up; sure there is sunshine on both;
 Harvest will come in its season, and then will I say to the reapers,
- 70 "Cut down the tares with the wheat—lay them in sheaves by themselves
 Ready to go in the flame that devours, and burns them to ashes;
 Gather the wheat by itself, clean, to be stored in my grange."



ARTICLE XVIII.—Report upon some of the Recent Researches in Neuropathology.

BY WM. B. NEFTEL, M. D.

The pathology of the nervous system, more than that of any other, is intimately related to its physiology. Indeed, the modern physiological researches and discoveries in the domain of the nervous system have exercised a great bearing

upon the neuropathology. On the other hand, the neuropathological phenomena have often been applied with great advantage as illustrations and tests for the correctness of physiological facts. The reader of these pages, therefore, will not be surprised at the absence of lines of demarcation between neurophysiology and neuropathology.

Until quite recently, it has been unanimously accepted by the greatest authorities, that the cerebral hemispheres, especially their cortical substance, are only the seat of the psychical sphere, and are absolutely destitute of irritability, though it has always been conceded that for the nerves, irritability (the property to react by their specific energy against stimuli, mechanical, chemical, electrical) is an indispensable vital condition.

The assumption of the absolute want of irritability of the cerebral hemispheres was based upon the results of experimental researches of Longet,* Magendie,† Matteucci,‡ Eduard Webber,§ Budge,§ Schiff,¶ and others.

These great physiologists had irritated the cerebral hemispheres of living animals mechanically, chemically, electrically, without succeeding to call forth muscular contractions. Van Deen went so far as to deny the irritability to all the nervous centres. But the strongest arguments against the existence of irritability in the cerebral hemispheres were derived from Flourens's** celebrated experiments. From the result of removing the cerebral hemispheres he concluded that they are not the seat of the immediate principle (*prin-*

* Longet. Anatomie et physiologie du système nerveux de l'homme et des animaux vertébrés. Paris, 1842. T. I., p. 643. "On peut irriter les lobes cérébraux mécaniquement, chimiquement, galvaniquement, chez les animaux sans donner lieu à des secousses convulsives."

† Leçons sur les fonctions et les maladies du système nerveux. Paris, 1839.

‡ Matteucci. Traité des phénomènes électro-physiologiques des animaux. Paris, 1843, p. 242.

§ Ed. Webber, in R. Wagner's Handwörterbuch der Physiologie. Bd. III.

§ Budge. Untersuchungen über das Nervensystem. Frankfurt a. M., 1842.

¶ Schiff. Lehrbuch der Physiologie des Menschen. 1859, p. 362.

** Flourens. Recherches expérimentales sur les propriétés et les fonctions du système nerveux des animaux vertébrés. Paris, 1842, p. 35.

cipe immédiate) of muscular movements, but only the seat of volition and sensation.

The experimental researches, an account of which I present in this paper, mark an epoch in the history of the physiology and pathology of the brain. Made independently by several investigators, and with entirely different methods, these remarkable researches have led to an identical result, contrary to the one obtained by the former investigators, viz. : that the cortical substance of the cerebral hemispheres is in close relation to certain muscular groups (psychomotor centres of Gudden).

The starting-point for the researches of Fritsch and Hitzig* was the fact observed by Hitzig that contractions of the eye-muscles can be produced in the living man by the galvanic excitation of the hemispheres. This fact being entirely in opposition to the generally adopted theory of the want of galvanic excitability of the hemispheres, Fritsch and Hitzig instituted the following experiments. Having removed in dogs a portion of the dura mater (which was found extremely sensitive) and of the pia mater (which is not at all sensitive), the cerebral hemispheres were irritated with an extremely weak galvanic current. By intercalating a rheostate as an accessory current, they were enabled to experiment with great precision and with all the precautions necessary for exact scientific researches.

They found that the excitation of distinct and limited localities (centres) of the anterior convex portion of the brain produces movements of certain muscular groups on the opposite side of the body, whilst the same excitation of portions of the hemispheres, situated more posteriorly, produced no such effect. Thus they found the centre for the muscles of the nape of the neck situated in the middle of the præfrontal convolution (*gyrus præfrontalis*); the centre for the extensor and adductor muscles of the anterior extremity at the extremity at the external end of the postfrontal convolution;

* Fritsch und Hitzig. Ueber die elektrische Erregbarkeit des Grosshirns. Reichert and Dubois-Reymond's Archiv. 1870, p. 300.

and somewhat behind, the centre for the flexor and rotation muscles of the same extremity. The centre for the muscles of the posterior extremity is also situated in the postfrontal convolution, but more behind and towards the median part than the centre for the anterior extremity. The muscles, innervated by the faæial nerve, are controlled by a centre located in the middle portion of the supersylvian convolution. The irritation of these centres by metallic closing of a galvanic current of minimal intensity will call forth a single contraction of the corresponding muscles on the opposite side, whilst tetanizing currents will produce tonic and gradually disappearing contractions of these muscles, followed by epileptiform movements. A very remarkable phenomenon is noticed in these experiments, viz. : the predominant effect of the anode. Unlike the nerves, the cortical cerebral substance is easier excited by the anode than by the cathode, and if the current be of a minimal intensity, the contractions can be produced only by the anode. On placing the anode on one centre and the cathode on another, only those muscles will contract whose centre is under the influence of the anode, and no contractions will take place if the anode, not the cathode, be moved away from the centre.

That the muscular contractions were produced by the excitation of the centres situated in the cortical substance, and not by current loops affecting the central terminations of the motor nerves, is proved by the minimal intensity of the employed current, by the extremely small distance between the electrodes, by the great resistance of the brain-substance, by the appearance of the contractions only on the opposite side of the centres, by the cessation of the contractions at the least shifting of the electrodes, and, when the irritability of the brain is rapidly abolished, by hæmorrhage. Immediately after the death of the animal the irritability of the brain is entirely extinguished, and no contraction of the muscles can be obtained by the galvanic excitation of the described centres; but the irritability of the nerves and muscles remains perfectly intact for some time after death, and contractions, therefore, could have been called forth, had they been pro-

duced by current loops exciting the central terminations of the motor nerves. Fritsch and Hitzig have given, besides, a direct demonstration of the above assumption.

By introducing Carlsbad needles, which were isolated except their points and heads, into the posterior parts of the hemispheres, not a trace of contraction could be produced, though the employed current was much stronger than the one used for the excitation of the centres. They proved also that the contractions are produced by a direct excitation of the centres, and not through reflex action. The reflex convulsions produced by irritation of the dura mater, for instance, are of an entirely different character than the localized muscular contractions, following the excitation of the cortical centres, in one limb or one group of muscles on the opposite side, and ceasing altogether as soon as the electrodes are moved away from the centres. When Fritsch and Hitzig removed in dogs the centre for the muscles of the anterior extremity, this latter did not become entirely paralyzed; the animals could use it, but imperfectly, and seemed quite unconscious of the condition of the limb, which could be placed into the most uncomfortable position without attracting their attention. There must therefore exist another conducting way from the psyche to the muscle, whereas the conduction from the muscle to the psyche must have been interrupted at the above centre.

It may be asked why former investigators, among whom are the most brilliant names, obtained contrary results. This is explained by the superiority of Fritsch's and Hitzig's methods. Their predecessors, penetrated by the idea of the presence of the psychical functions in all the parts of the cerebral hemispheres, contented themselves with examining only those parts of the cortex which are easier accessible in vivisections, viz. : the lateral and posterior portions of the hemispheres. They would have arrived at contrary results had they admitted of a localization of the psychical functions, and not drawn a conclusion for the whole convex surface of the brain from experiments on the posterior or lateral parts.

The experimental researches of Fritsch and Hitzig may

be thus summed up: In the anterior part of the cortical substance of the cerebral hemispheres (in dogs) exist certain centres which are indispensable for the production of muscular movements. Electrical irritation of these centres calls forth contraction of certain groups of voluntary muscles, their destruction inhibits these voluntary movements. [Compare abstract of J. Hughlings Jackson's paper, p. 490.—EDITOR.]

The Franco-German war afforded Hitzig* the opportunity of demonstrating the existence of the motor centre for the facial nerve also in man. A French soldier who received a wound in the right side of the head, causing a circumscribed abscess in the anterior central convolution, was attacked with spasms followed by incomplete paralysis in the sphere of the facial nerve, on the opposite side.

The experiments made on dogs by Fritsch and Hitzig are also corroborated, with reference to human pathology of the brain, by observations made during the Prusso-Danish war, collected and edited by Löffler.† The gunshot injuries of the brain, in some respects, resemble those produced by the experimenter. The organ is attacked in its healthy condition, and the employed force is so sudden and so intense that the injury is often limited to the part of the skull that was touched and to the corresponding portion of the brain.

The gunshot injuries of the hemispheres have to be classified into two distinct categories. Injuries produced by bullets entering more transversely and affecting the lateral portions of the hemispheres (temporal lobes), and those where the bullets enter in an antero-posterior direction and injure the convexity of the hemispheres. The statistical tables show a striking difference between these two categories of injuries of the brain as regards their symptoms and termination. The injuries of the temporal parts produce no

* Hitzig. Ueber einen interessanten Abscess der Hirnrinde. *Archiv für Psychiatrie und Nervenkrankheiten*. 1872. Bd. III., H. 2, p. 231.

† Löffler's Generalbericht über den Gesundheitsdienst im Feldzuge gegen Dänemark. Quoted by Simon. *Berlin. klin. Wochenschr.* 1873, No. 4.

paralytic symptoms, but a comatose condition, and generally terminate fatally. The injuries of the convex portion of the brain always produce a paretic or paralytic condition of one or both extremities on the opposite side, generally without sopor, and are often followed by recovery.

Thus even these observations, though hastily made on the battle-field, still tend to prove that in man also there exist motor centres for the extremities in the cortex of the cerebral hemispheres.

Nothnagel's * experimental researches on the functions of the brain are made mostly on rabbits, and by means of a new method introduced by him.

The oldest and most frequently employed method of experimenting presents very great disadvantages. It consists in the removal of a part of the skull and of portions of brain-substance. This method, therefore, causes hæmorrhages, refrigerates the brain, and changes the intracranial pressure, and does not admit of the removal of very small portions of the brain. Again, the mammalia die within the first twenty-four hours after the removal of the cerebral hemispheres, the corpus striatum; and the experiments of Nothnagel have shown that, as a rule, the symptoms appearing in the first hours after the operation are of no great value. Another method, formerly employed—to introduce a small knife through an opening in the bone, and produce sections of certain portions of the brain—had also great disadvantages. In the first place, it could be used only for certain regions of the brain, and caused intracranial hæmorrhages, which obscured the result of the experiment by the symptoms of compression, and offered great difficulties for determining the extent of the section.

Nothnagel's method is as follows:—A simple incision is made on the rabbit's head; the skull is perforated with a needle fixed to a handle (like those in use for microscopic examination, but very much shortened so as not to penetrate

* Experimentelle Untersuchungen über die Functionen des Gehirns. Virchow's Archiv, Bd. 57, Heft II., p. 184.

into the brain). Through this canal in the bone a minimal drop (about $\frac{1}{4}$ or $\frac{1}{2}$ of a medicinal drop) of concentrated chromic acid is injected by means of a hypodermic syringe with a silver canula, having the thickness of a fine needle. The cutaneous wound is then united by a suture. This operation is easily performed without any assistant; the rabbit, not even being tied, keeps quietly on the table, and shows no signs of pain, except at the sewing of the wound. After the operation nothing particular can be noticed in the appearance of the animal, except the functional derangement incidental to the lesion. Generally the animals live two or three weeks, seldom only a few days, and never more than three weeks. They appear healthy, sometimes become emaciated until they are found dead. Nothnagel could not ascertain the cause of death. It seems singular that such a minute circumscribed foyer in one hemisphere should cause it. No cheesy processes are found in the lungs, no affections of the intestinal canal; and it is quite improbable that the very small quantity of the chromic acid that remains encapsulated should have any poisonous effect.

In one exception the operation is followed by immediate death; it is when the chromic acid is injected into one of the lateral ventricles, whence, through the foramen Monroi, it enters into the third and fourth ventricles, which calls forth dyspnoea, general convulsions, and death.

These experiments with an immediate fatal result, of course, have not been taken into consideration.

In the successful experiments the following is found at the autopsy: A minute circumscribed place, where the chromic acid was injected, appears of a green color, resistant and hard. If the animals survived the operation for a considerable time, a thin yellowish encephalitic zone develops itself around the circumscribed lesion (foyer). When the injection was made, not on the surface of the brain, but in its interior, the trace of the canal above the chromic acid lesion can be noticed.

The advantages of this method are obvious. The hæmorrhage and exposure of the brain surface are entirely obviated.

The intracranial pressure, though at first somewhat changed by the access of air through the small canal, becomes normal at the closure of the communication. The animals survive a considerable length of time and admit of a continued observation. This is so much the more important, since Nothnagel has shown that many morbid phenomena which appear during the first five hours after the operation entirely disappear afterwards. They are caused by the operation, by its producing a change in the intracranial pressure and in the circulation, and disappear when the immediate effect of the operation has ceased and the normal conditions are reëstablished. Only the functional derangement caused by the circumscribed cerebral lesion remains more permanently. This shows how careful we have to be in explaining the morbid phenomena observed with methods where the animals die soon after the operation. Nothnagel's method affords the possibility of producing at a given time and in a given locality a small circumscribed organic lesion, with which only by chance we occasionally meet at post mortem examinations. By means of the above method Nothnagel made a circumscribed chromic acid lesion on the surface of the cortex which penetrated into its substance about one millimetre deep, in a certain limited locality, corresponding exactly to the external end of the post-frontal convolution (Fritsch and Hitzig's centre for the muscles of the extremities in the dog).* The animals appeared to be perfectly healthy during many days after the operation. Their locomotion and appetite were quite natural, and the cutaneous sensibility perfectly normal. A more careful observation, however, revealed a very interesting phenomenon. The animals had lost the muscular sense in the anterior extremity on the opposite side to the cerebral lesion. The affected paw could be put into the most unnatural and uncomfortable position, and remain so for several minutes, while the animal would frustrate any attempt at handling the other paw in a similar manner. This condition remained from six to twelve days, after which it

* The brain of rabbits does not possess any convolutions.

became less distinct and finally disappeared, the animals then presenting nothing abnormal until death. In the same way Nothnagel produced the loss of the muscular sense in dogs, in which the effect upon the posterior extremity by injuring the corresponding centre is still more marked than in rabbits. The movements of the affected extremity present a very characteristic symptom of ataxia.

The described phenomenon can be called forth only by producing the lesion in the above-named limited locality, but in no other place. In this locality, therefore, must be situated a central station for the passage of the peripheric sensitive impressions which are produced by the different positions of the limbs. From the fact, however, that after a certain time the animals recover the lost muscular sense, Nothnagel concluded that the terminal station, or the real centre for the muscular sense, must still exist elsewhere, and that in the above locality was destroyed only an intermediate station in the tract of the muscular sense. After a while, however, other ways become opened for the passage of the muscular sense.

The characteristic phenomenon of ataxia produced in dogs by the lesion is in perfect accordance with the theory of Leyden. This distinguished clinician does not admit in locomotor ataxia an affection of the centre of coördination in the spinal cord, but assumes that the morbid process of the cord merely interrupts the conducting ways to the coördination centres, which are located in the brain.

Nothnagel found further a circumscribed locality in the cerebral cortex, the lesion of which produces hemiplegia of the opposite extremities (a cerebral hemiplegia is always incomplete in quadrupeds, especially in rabbits).

The chromic acid lesion that produces this effect occupies a very distinct and limited place in front of that for the muscular sense; not, however, on the convex surface of the cortex, but entirely on its lateral side, and penetrating about one or one and a half millimetres into the cortical substance. The cutaneous sensibility remains intact. In the first days or hours a *manège-mouvement* occurs occasionally in an op-

posite direction to the lesion. The hemiplegia, like the above-mentioned loss of muscular sense, continues for about six or twelve days, when it gradually disappears, and in about fourteen days the animals entirely regain their healthy appearance in all respects.

This affection, therefore, presents a perfect analogy with that of the muscular sense, in regard to the clinical history, the anatomical lesion, and the explanation of the morbid phenomena. In both cases the affection is produced by a destruction of a peripheric layer of the cerebral hemisphere in a certain limited place, and in both the functional derangement disappeared by degrees. The inference to be drawn from both cases is, therefore, entirely the same. Unlike Fritsch and Hitzig, Nothnagel assumes that the above localities in the cortex are not the terminal centres of the nerves which conduct the excitation from the will to the muscular groups, but that they are merely intermediate stations, and that other conducting ways may transmit, in a vicarious manner, the commands of the will to the same muscles. Nothnagel failed, however, to demonstrate that the restoration of the functional derangement is not due to a compensatory activity of the not destroyed homologous parts of the other hemisphere. The animals invariably died soon after he produced a lesion in the corresponding parts of the other hemisphere.

In no other portions of the cerebral cortex, except the above-mentioned, have the chromic acid lesions been followed by paralytic symptoms.

According to the experiments of Flourens, Longet and Schiff, no paralysis can be produced in the lower animals by partial lesions, or even by the removal of a whole hemisphere. Nothnagel, on the contrary, demonstrated the existence in the white substance of the cerebral hemispheres of certain localities a lesion of which will invariably produce paralysis on the opposite side. The place more especially endowed with this property is the white substance surrounding the cornu ammonis.

Very interesting are also the effects produced by the

chromic acid lesions of the great cerebral ganglia. A lesion of the nucleus lenticularis invariably produces paralysis of the opposite extremities, and a lateral curvature of the spine. This scoliosis affects the whole vertebral column, the convexity of the curvature being always on the opposite side to the cerebral lesion.

The mechanism of the lateral curvature needs no further explanation; it is evidently produced by the paralysis of the muscles of the trunk on the opposite side to the lesion. Like all the above-mentioned affections, this also gradually disappears, though more slowly, if the animals survive the operation for any length of time. No alteration of the cutaneous sensibility has been noticed. The result of these latter experiments is not in accordance with human pathology. It has been asserted by some authors that lesion of the nucleus lenticularis is followed by paralysis of the extremities only, but not of the muscles of the opposite side of the trunk, and that they are accompanied by anæsthesia. These assertions, therefore, will have to be verified by new observations.

With regard to the nucleus caudatus, Nothnagel has confirmed the much disputed result of Magendie's experiments, which he gives in a more precise and modified form. By producing a lesion of a minimal extent in a distinct point of the nucleus the animal is attacked by an irresistible tendency to run forward. If it meets a wall or any other impediment it turns and continues to run until, after five or eight minutes, it falls exhausted upon the side, still continuing to make forward movements with the extremities. If raised up it runs again some distance until it falls. This the animals repeat several times during half an hour or more, after which they remain quietly in a condition of perfect apathy and exhaustion. They never survive the operation more than twelve or eighteen hours. Nothnagel calls this distinct point, the lesion of which produces the described phenomenon of running forward, *nodus cursorius* (running knot). This point is situated in the middle of the nucleus caudatus near its free margin towards the ventricle. The chromic acid lesion of

any other part of the corpus striatum, even including the nodus cursorius, is always followed by paralysis on the opposite side, without the above-described tendency to run forward.*

The experimental researches on the nervous system by Gudden† are highly important and interesting. He has experimented on new-born animals (mostly rabbits), the first or second day after birth, kept them alive a considerable time in order to study the effect of these lesions of the nervous centres in the grown-up animals. The younger the animals, the more striking the subsequent effects. The experimental operations and their results are very much promoted by the following peculiarities of the young animal: by the undeveloped state of sensibility, the absence of hair, the great coagulability of its blood, and the extraordinary rapidity of its growth.

The young animals offer no resistance to the cutting instruments, but with every postponed day increases the sensation of pain, and consequently the resistance. The rapidity with which the blood coagulates in the young animals is extremely favorable for these experimental researches. Even when large vessels are injured, the hæmorrhage is soon arrested spontaneously. Thus portions of brain can be removed in such localities where no ligature can be applied, or where, if applied, it would interfere, as a foreign body, with the result of the experiment. But the greatest advantages from experimenting on new-born animals are derived from the wonderfully rapid healing of the wounds by first intention, without the intervention of any secondary accidents, provided the old animals take care of their young, furnish them with food and warmth, and protect them from being

* After the completion of Nothnagel's researches, Beaunis published his method of making injections into the brain, in the *Gazette Med.*, 1872. He, however, obtained no satisfactory results, owing probably to the large quantities injected or to the selection of improper substances.

† Experimental untersuchungen über das peripherische und centrale Nervensystem. *Archiv. für Psychiatric und Nervenkrankheiten.* B.I. II., p. 693.

injured by other rabbits. It is astonishing with what immunity the new-born animals undergo the most severe operations, which have no parallel in other vivisections. This is owing to the great energy of tissue-metamorphosis that continues for some time after birth.

The operated animals, being marked with a small excision on the ears, are put back into the nest with the parents, and allowed to live until fully grown, when they are killed by a hypodermic injection of hydrocyanic acid. In experimenting on the brain, Gudden found best not to incise the bones, but to make use of the cranial sutures, so as to separate the bone on three sides, and turn it over like a lid. The incisions in the brain-substance always give rise to profuse hæmorrhage, that soon, however, stops by the rapid coagulation of the blood. After the object of the operation is accomplished, the bony lid must then be carefully put into its former place, and the cutaneous wound sewn together. Until now Gudden published in full only his researches on the olfactory and optic organs, an abstract of which is here given.

Concerning the result of his experiments on the cerebral hemispheres, the following short notice was published in the *Correspondenzblatt für Schweiz. Aerzte*, 1871, No. 4: "Very convincing facts are obtained by removing the cerebral hemispheres in new-born animals, and allowing them to grow up. The result is idiotismus. There is also reason to locate the organic conditions of voluntary movements in the cortical substance of the brain, but there is no reason to accept the corpus striatum as a motor ganglion. The hemiplegia following the destruction of the nucleus lenticularis can be satisfactorily explained by the rupture of fibres passing through the internal capsule. But, admitting the cerebral cortex as the organ for voluntary movements, there is no necessity to have another motor ganglion. Indeed, Gudden's experiments on new-born rabbits, by removing portions of the hemispheres, have demonstrated that the organ of voluntary motion is located in the frontal part of the cerebral cortex. . . . He presented the brain of a grown-up dog, in whom, immediately after birth, he removed those frontal

convolutions in which are located the psycho-motor centres. In this specimen, as in those of rabbits in which the superficial layer of the frontal convolutions was removed, can be seen an atrophy of the corresponding (opposite) pyramid of the medulla oblongata.”

1. *Experiments on the Olfactory Organs.*

In the majority of mammalia the olfactory organs play an important part; in some animals especially they serve to the excitation of the sexual and other functions. These organs consist of the nervus olfactorius, bulbus olfact., and tractus olfact., and also of the lobus pyriformis and the commissura anterior, the development of which in different animals is in a direct ratio to the functional activity of the olfactory sense. The olfactory bulbs are independent sensory centres, and must, therefore, present a high significance in the doctrine of hallucinations. They communicate with the external world by means of the olfactory nerve and its terminal structures in the olfactory region, and with the hemispheres only by means of the tractus olfactorii. These latter enter into the cortical substance of the lobi pyriformes, which are (*i.e.*, their cortical substance) mutually connected by the anterior commissura.

Gudden closed in a rabbit, immediately after birth, one nasal opening, by cutting off its margin and uniting the wound with sutures. After six or eight weeks the animal was killed, and all the olfactory organs on the operated side were found in a high degree of atrophy, while those of the other side were hypertrophied.

Not only the nervus olfactorius, bulbus and tractus olfact. of the operated side presented considerably smaller dimensions than on the other side; but the cranial covering of the olfactory organs was much thickened on the injured side, and very thin on the other.

The same result is obtained by removing, in the new-born rabbit, the olfactory nerve on the mucous membrane (with the conchæ) of the olfactory region.

After the removal of the bulbus olfactorius, the empty

space is found partially taken up by the hypertrophied bulbus of the other side, but mostly by the hemisphere of the operated side. But the most important result of this experiment is the disappearance of the tractus olfactorius, of which only an insignificant trace can be discovered with a loupe.

The lobus pyriformis, in whose cortical substance the tractus olf. enters, is also found atrophied on the operated side.

The innervation of the lobus pyriformis separated from its bulbus takes place through the commissure. Gudden gives numerous illustrations showing the high significance of the commissures which are the real ways of communication between double organs. By the existence of commissures can be explained that after the removal of a whole hemisphere in the new-born animal, it afterwards cannot be distinguished from other animals possessing both hemispheres, either with regard to its voluntary movements, or to its reaction against sensory impressions.

The removal of a whole hemisphere is easily borne by the young animals, especially if performed immediately after birth. They recover very rapidly after the operation.

The removal of both bulbi olfactorii is in itself an easily performed operation and produces a comparatively slight injury. But the young animals deprived of the olfactory sense, are unable to find the mother's breast, and invariably perish.

Gudden removed the eyes and closed the external auditory meatus in new-born animals. Deprived of their sight and hearing, the animals were obliged to be guided by their olfactory sense, in consequence of which the olfactory organs became very much developed.

Gudden discovered the fact that wherever a portion of brain is arrested in its development, the corresponding cranial bone is very much thickened, and, on the contrary, it is very thin over the more developed cerebral parts.

2. *Experiments on the Optic Organs.*

Gudden produced a permanent closure of the eyelids of one eye in new-born rabbits, by cutting off the margins of the

lids and uniting them by sutures. The eyes remain intact under the closed eyelids, and the animals can regain their sight by an operation of separating the lids again. But if, after having had their eyelids closed at their birth, the animals are killed when full-grown, the optic nerve of the operated side and the corresponding anterior prominence of the corpora quadrigemina are found atrophied, though not in such a degree as are found the central olfactory organs after the closure, of one nasal opening. It seems that, notwithstanding the closure, sufficient light penetrates through the lids to excite and preserve the optic apparatus. The effect is more decided when one retina is destroyed or one eye enucleated. One-eyed rabbits turn afterward their head so that the preserved eye should be directed forward. Besides, both ears act in a vicarious manner for the lost eye; the ear of the blind side playing constantly forward and that of the seeing side in a backward direction. At the autopsy of the full-grown animal the optic nerve belonging to the destroyed retina is found atrophied, gray and transparent (instead of being white like the one of the existing retina), which atrophy can be traced in the tractus opticus on the opposite side of the chiasma.

There is also atrophy of the corresponding anterior prominence of the corpora quadrigemina.

When both eyes are enucleated, the rabbits present a very characteristic appearance. Both ears act very vividly in all directions, in a vicarious manner for the eyes, especially if the animals are brought into a new place, into new surroundings.

The ears of the blind rabbits become more developed, and the muscles and nerves increased in size.

Both nervi optici, tractus optici, and anterior prominences of the corpora quadrigemina are in the highest degree atrophied and transparent.

Gudden was enabled to ascertain with exactness the effect of the atrophy of the optic organs upon the hemispheres in rabbits; he therefore instituted the following experiments upon pigeons, in which the sight is the predominant sense:—

He enucleated one eye in a newly-hatched pigeon, and made the autopsy after eight weeks. There was found a strikingly marked atrophy of the corresponding optic nerve, of the corresponding half of the corpora bigemina (lobi optici), and of the corresponding hemisphere. The effect upon the psychical development of the pigeon when both eyes are enucleated is quite different and immensely greater than in rabbits. The grown-up pigeons remain in a condition which may be called idiocy. At the autopsy (after 8 weeks) only traces of the optic nerves can be found; the lobi optici and the hemispheres are greatly arrested in their development. The brain of the operated pigeons compared with that of non-operated pigeons, hatched contemporaneously, of the same pair, and killed simultaneously, shows the following difference in weight: the brain of the non-operated pigeon weighed 1.84 grammes; the brain of the blinded on one side, 1.73 gm.; and that of the completely blind one weighed 1.39 gm. These differences are still more striking in the illustrations accompanying Gudden's researches.—*Brown-Sequard's Archives*, 1873.

ARTICLE XIX.—Clinical Studies.

1. Several years ago I was called to treat M., 34 years old, subject to hæmorrhoids and to hypochondria. As a child he was sent to the country to be nursed, where they brought him up on wine to strengthen his delicate constitution. This wine-bibbing, and some later gonorrhœas, produced in his manhood a hæmorrhoidic affection of the bladder and of the prostata, and an increased tendency to melancholy.

*Cantharis*¹² was prescribed for the vesical affection. A month later he writes: "Your powders cured my vesical troubles, and produced also another effect which I did not hope for. Naturally of a timid character, I was all my life *subject to fear*. This is not the case any more. Formerly my *ideas were confused, and my judgment not clear*. Now I can *think and judge clearly*."

After several years he still remarks that his *fear is entirely gone*, and only when his bladder troubles him, his ideas become somewhat confused.—*Gallavardin*.

Irresoluteness, vanishing of thought when meditating; confusion of the mind; great anxiety, with restlessness, obliging one to move constantly, are found to be among the symptoms of Cantharides. (Symptom Codex I., 394.)

2. A boy, 4 years old, lymphatic, for two years addicted to Onanism, received *Silicea* ³⁰. A month later the parents consider him perfectly cured of his vice, but there was also an entire change in his character. Formerly he was neither pleasing nor kind, always egotistic, domineering, disobedient, violent, headstrong; now he is merry, in good humor, compassionate, and cheerfully divides everything with his playmates.—*Gallavardin*.

(Compare Symptom Codex I., 798, where all these symptoms are found.)

3. During the war of 1870-71, several soldiers were brought to the hospital, suffering from excessive fatigue, want of nourishment and hygienic care, which were so exhausted from weakness that they could not answer the most simple questions. Recollecting that young girls just arriving at puberty, and becoming dull, regain their former brightness under Belladonna, I gave them a dose Bell.¹² every hour, and it strengthened their intellect; and in 24 hours they were able to give sensible answers. Dilated pupils were another hint to its application.—*Gallavardin* (Bibl. Hom. Jul., 1873).

(Derangement of the will-faculty, deficient physical and mental activity, perfect apathy and indifference, are secondary symptoms found in the pathogenesis of Belladonna. The excitement of the battle is over, the beaten army is desponding, and perfect apathy the consequence. Just so with Belladonna, whose primary action is excitement, the reaction at least a derangement, if not decided hebetude).

4. *Eczema impetiginoides*. A child of one year, his face covered with eczema, was treated for six months allopathically, and still the eruption kept spreading. It began at first as a *moisture behind the left ear*, and from there kept

spreading over the cheek and down to the clavícula. The lobule was *thickened, full of serous infiltrations*, all the eczematous surfaces shining red, uneven, and constantly discharging a serous fluid. The child moaned continually, on account of the *constant severe itching*. As it had taken any quantity of mercurial preparations, we gave Hepar.³, a small dose morning and evening for a week, but without the slightest effect. Graphites was then thought of, and the child received a few pellets of the 100th dilution, and 12 placebos. After the third powder, improvement set in, the child was more quiet, and the discharge greatly diminished. The placebos were continued, and after another week the amelioration was so evident that this one drop of the 100th dilution was allowed to act, and placebos continued, till the eczema entirely disappeared, and the child was considered cured.—*Dr. Hirsch (Intern. Presse, 5, 1873).*

(The symptoms of eczema (*crusta lactea*) are here clearly depicted, and just so the symptoms of Graphite; but it is a valuable contribution, as Dr. Hirsch uses more frequently low dilutions, and it is therefore more praiseworthy that he gave the right remedy time to finish its remedial action, as by repetition it would have only acted as a palliative.)

5. *Scrofulosis*.—A little girl of seven years, and lymphatic constitution, suffered for some time from soreness of the internal walls of the nose. Iodized injections were used, but the nose became stopped up, and an erysipelatous spot appeared on the cheek. Graphites^{1 5}, a powder every 5th day, removed not only the nasal trouble, but cured her of her *constipation and intestinal torpidity*.—*Dr. Hirsch (l. c.)*

(The intestinal torpidity is very characteristic of Graphite. Painfulness and tight feeling of the *inside of the nose*, even ulceration with soreness when blowing it, and sore, cracked, ulcerated nostrils are all found in the pathogenesis of Graphites.)

6. *Neuralgia*.—Mrs. B., 42 years old, strong and well nourished, complained of different troubles, which her physicians failed to diagnose. Some days she looked extremely well, so that one physician ordered her to be bled, and perhaps

the following day she looked wretched. Prof. S. saw her on such a poor day, considered her anæmic, and sent her to ferruginous springs, but she returned more debilitated. At my first visit I was astonished how well my patient looked, and after hearing her story, I asked if she was not in the habit of taking Aqua Laurocerasi. She acknowledged it, believing it the only remedy which gave her some relief. Considering the want of vital heat, the frequent yawning, the sleepiness in daytime and the sleeplessness at night, the emotional and mental depression, the spasmodic cough with the sensation of constriction in the throat, etc., as symptoms produced by Laurocerasus, she was urged to discontinue its use. Her chief symptoms were: about noon, sensation of heaviness and pressure in the forehead, as if it would press out the parts; *she dares not move her eyes*, or else twitchings set in in the sinciput. This continues for eight to ten hours, and returned twice or thrice a week. Coffee or tea brought some amelioration, but gastralgia then set in after dinner, an extremely painful constriction and pinching, with burning, partly *relieved by bending over*. After two or three hours' suffering, several soft, pultaceous stools followed. *Camphora*¹ on account of its antidotal power, especially as the patient had constant chilliness and want of vitality, was given for several days, and although it did not change the disease, still it removed a great many symptoms caused by the Laurocerasus. Sleep became more normal; the spasmodic yawning and coughing, the sensation of constriction in the throat are nearly gone. This gave me time to study out the simile, and my choice fell on *Silicea*. Patient received eight Sach. lac. powders, of which the first one was moistened with Sil. ³⁰, to take a powder every night; and before the package was used up, the headache was gone, and the gastralgia reduced to a mere soreness. Two doses *Silicea*³⁰ more in the space of two weeks restored her to health and cheerfulness.—*Dr. Hirsch in Prague.*

(The *Silicea* headache is a severe pressing or shattering headache, extending from the occiput to the eyeball, sharp, darting pain and a steady ache, the eyeball being

sore and painful when revolved, and when most violent, accompanied by nausea and vomiting; aggravation by noise, light, motion, even the jarring of the room by a footstep; relief by heat, but not by pressure. Silicea gives us the wretched, pale complexion, as after a long sickness; also sensation of weight and pressure in the stomach, pinching and griping pains. Gnawing sensation relieved by lying with the limbs drawn up; worse after eating, and increased by walking.)

7. June 23d.—I was called to see a little boy. His playmate had thrown unslacked lime in his eyes. The pains were excruciating, and the lids enormously swollen. As I could not come immediately, I ordered to wash out the eyes with diluted vinegar, and to apply compresses wet with it over the eyes. Half an hour intervened, till I saw the child. *The lids of both eyes were so much sw^l that they formed an even plane with the forehead, and the poor boy rested in the arms of his father, crying and moaning. With some difficulty I opened the lids; I found the eyes red, the sclerotics injected, and the lashes pressed inwardly by the excessive swelling. It was impossible to make a thorough examination, but I think the pupils were somewhat dilated. After removing every particle of lime by constant injections of diluted vinegar, our indication was to consider the consequence of the action of lime on the lachrymating eye, a combustion or scald, and also the constantly increasing swelling of the lids. We selected Apis (1 cent.) in water, to take a teaspoonful every hour, and 15 drops Apis tincture in ice water for constantly renewed external applications. Next morning I found the child up and lively, every trace of inflammation gone, and the parents joyfully related that after every application the swelling decreased, and after taking four times the medicine, the child fell asleep, and towards morning woke up as well as ever.—Martin Deschère, M. D., Hoboken, N. J.*

(Compare Hering's Amer. Arzneipreifungen. 234, Inflammation of eyes and lids, with burning, smarting pains, and itching. 259, The upper lids swollen so that they hang down over the face like little sacks. 290, Oedematous swelling of the lids.)

8. A common prostitute, aged 24 years, complained of steady stillicidium from the sexual organs, which weakened her greatly. She confessed having had gonorrhœa many times, which were treated with the usual adstringentia. An examination per speculum revealed an excrescence at the os uteri, as if a thick wafer were glued over it, free at the edges, and giving the sensation as if the pedicle of the tumor were deeply imbedded in the uterus. Blood oozed out from the whole surface of it. Vagina, labia majora and minora looked swollen and red. I ordered Thuja²⁰⁰ in water, a teaspoonful every two hours.

May 27th.—Hæmorrhage, bearing-down pains, as in labor.

May 28th.—Severe flooding, with labor-pains, and I easily removed the polypus, which was already lying loosely in the vagina. On account of the flooding I gave *Secale cor.*²⁰⁰, till the hæmorrhage stopped, and then returned to Thuja²⁰⁰. Copious hæmorrhage now set in, and the whole vagina became studded with small condylomata. I stopped now all medication. After three weeks, the vagina looked clear again, but the leucorrhœa continued. *Mercurius sol.*²⁰⁰ steadily given for several weeks, brought improvement, and finally a cure of the disgusting disease.—*Th. Meurer, M. D., New Albany, Ind.*

(Gonorrhœa cannot be suppressed with adstringentia, without endangering sequelæ. Grauvogl proved this in his text-book on Homœopathy; and sycotic neoplasmata were the consequence of this suppression. Probably that woman had not only gonorrhœa many a time, but perhaps, also syphilis, for which Thuja failed to be the remedy, and which needed the anti-syphilitic Mercury for its eradication.)

9. *Acute arthritis, with brain fever.*—Robert T., 9 years old, usually enjoying good health, but with a hereditary tendency to gout, felt during school-hours tired and sleepy, missed his lesson, and was therefore reprimanded by the teacher. After coming home, he complains of stitching in the eyes, pains in the extremities and in the back, which the parents ascribe to the severe cold weather and to the punishment, and goes to bed complaining of headache and nausea, fol-

lowed by vomiting of mucus and bile. Sleepless night, severe pains in head and extremities, restless throwing about in bed, especially with the head; boring and bending it backwards to the neck, constant moaning and crying, with deliria. Towards morning he jumped out of the bed, but sank back exhausted. Then stretching and flexing of extremities, with the head stiffly bent backwards; chilliness, heat, red face, great thirst, constant moaning about the stitches in the head, temples, forehead, eyes, with photophobia, nausea, mucus in the mouth and throat, colicky pains, deliria, with fear; cannot stand on his legs. Jan. 1st.—Bellad.²⁴.

Jan. 2d.—Restless night; no sleep; constant headache, though less deliria; thirst. Complains at noon that he has to die on account of the severity and constancy of the pains; a pain in occiput, as if somebody struck him hard, as if a vein would burst. Eyes half closed, lids red and swollen, with twitchings, especially when exposed to the light; begs for a dark room; face red and bloated; white coating of tongue; disgust for all food; drinks little but often; pains in the nape of the neck; head remarkably stiff, bent backward, and cannot raise it up on account of the severity of the pains in the nape of the neck; pulse 125 to 130, rather hard and tense; urine scanty and red; pains in the extremities to the touch, and when standing upon them, less on motion. Rhus¹² during the day, in the evening a dose *Kali carb.*

Jan. 3d.—Pains less severe, but still a restless night without sleep; much thirst; several blisters around the mouth; still occipital pains, and in the nape of the neck; pains in deglutition; some sweat during the afternoon.

Jan. 4th.—Night more quiet, though little sleep; nape still stiff; dry cough, and in the evening stitching and tearing in left thigh, bellyache, thirst, heat, chilly sensations, pulsus celer.

Jan. 5th.—No sleep; heat without sweat; pains in all extremities; head, nape, arms, shoulders, legs and feet very sensitive to the touch, and painful; moaning and screaming at every motion; respiration short, as if the breathing hurt him; nausea; pulse 120-130; face pale, ashy. *Kali carb.*²⁰⁰.

Jan. 6th.—Restlessness towards evening; pains flying about, but less severe; quiets down, and sleeps the whole night, with some sweat. Wakes up refreshed, and rejoiced that the pains left him. At noon some appetite, then sleeps again, and in the evening a stool. *Kali carb.*

Jan. 8th.—Slept well, is free from pain, only weak; no thirst, good appetite. Neck still a little stiff. *Kali c.*¹².

Jan. 10th.—Full recovery.—*Dr. Schelling, A. H. Z. 4, 1873.*

(We doubt whether the hereditary gout had anything to do with it, considering it a severe case of *Cerebro-spinal meningitis*, where we find the symptoms (Raue, p. 14): Sudden attack, commencing with a chill, followed by a fever; violent headache, restlessness, extraordinary prostration of strength; great aching in all the limbs and sensitiveness to the touch; quick, irregular pulse; stupor; convulsions; contractions of the nape or one side of the neck; throwing the head backwards or sidewise; convergence of the eyes; double vision, and flabbiness of the enlarged tongue. Irregular, purplish, ecchymosed spots on various parts of the body, which give the whole the name of "spotted fever," were absent in this case. Our choice of a remedy would have been *Gelseminum*, or *Cimicifuga*, or *Cicuta*. But as *Kali carb.* cured, let us study its pathogenesis, and we find there: anxiety on account of his illness; great tendency to *start, especially when touched*; starting with a loud cry on account of an imaginary vision; delirium day and night; violent pressure over the whole skull; throbbing in the head and the whole body, aggravated *by the slightest touch*; pressure and burning deep in the occiput, with heaviness of the head so great that he threatened to fall over; the eyes are painful to the touch; painful sensitiveness of the eyes to the light of day, the room has to be darkened; pale, wretched complexion of the face; sore throat, with difficult deglutition (painful vesicles all over the inner mouth); flat taste; no appetite; drawing and cutting pains in the abdomen; violent tension in the nape of the neck, becoming still more painful when moving the head; drawing, tearing pain in the nape of the neck; drawing, tearing pains in the extremities; weak-

ness of the lower limbs, they give way involuntarily ; jactitation of the muscles of the limbs ; stitches in the joints and tendons, etc.)

10. An infant of one year old took sick in winter with fever ; crying and moaning, restlessness, heat, red face, thirst, and lost his appetite. Bell. was given on account of imaginary dental troubles. The child moans and cries continually day and night, hardly sleeps a quarter of an hour, and always wakes up crying, takes hardly any nourishment, drinks very little, is afraid of it, perhaps on account of the blisters on the tip of the tongue, as it swallows well enough ; *it screams and cries when lifted up and carried about*, and loves to be let alone in his cradle, and hardly moves an arm, as if every motion or touch were painful. Face red, especially cheeks and forehead ; *lids and forehead swollen* ; epigastrium tense and painful to the touch and slight pressure ; *short, dry cough, dry skin*, pulse quick, some diarrhoea. *Kali carb.* 200 cured the child in less than three days.—*Dr. Schelling, A. K. Z., 5, 1873.*

11. *Graphite and Hydrocele.*—*Nuñez* cures hydrocele with three doses of Graphite in the third trituration, in 40 to 60 days, when the following characteristic symptoms are present : herpetic eruptions on the scrotum, in the groins, or on the lower extremities, either preceding or accompanying it, or when arising from the suppression of the cutaneous disease.

F., 60 years old, of good constitution, but with a gastro-hepatic idiosyncrasy ; suffered for many years from an herpetic eruption on the scalp, with dry, firmly-adhering crusts ; no suppuration, but an unbearable, corroding oozing. Sulphur baths and purgantia drove it from the scalp to the scrotum and groins. After several years, the patient observed a gradual enlargement of the right testicle ; diagnosed by several celebrities of Madrid as sarcoma. Dr. Nuñez, being called in, found the following state : Considerable swelling of the right testicle, hard as marble. No fluctuation, and no transparency with artificial light, considerable adhesion to the scrotum. Deep-seated pain. Scaly herpes over

the whole raphe, the posterior part of the scrotum, perineum, and anal region. Graphite^s, three doses of $\frac{1}{2}$ gr., daily a dose in water an hour and a half before breakfast. A week later patient was obliged to go on a journey, and with too much caution kept it well wrapped up and too hot, so that the swelling had increased, and he could hardly walk. The wrappings were left off, and Graphite repeated, which brought on a hæmorrhoidal discharge, from which he had suffered before, and which lasted three weeks. After 36 days the testicle was reduced to its normal size, the herpes furfuraceus gone, and the patient's health fully restored.

Nuñez acts here too modest, in making a wrong diagnosis. It certainly was not a hydrocele, but a suspicious tumor of a sarcomatous nature. He closes the report of this case with the following words: Many physicians are well acquainted with the peculiarity of Graphite to reproduce a blénorrhœa suppressed by astringent injections, or Copaiva. In our case Graphite reproduced hæmorrhoids, removed the herpes furfur. of the scrotum, and the herpes crustaceus did not reappear as a crisis of the secondary affection. Thus we possess in Graphite a remedy which, by the reproduction of suppressed discharges, simultaneously cures manifestations on the skin.—*L'Hahnemannisme*, Nov., 1872. *A. H. Z.*, 5, 1873.

12. *Encephalopathia Saturnina*.—A child, two years old, suffered nearly uninterruptedly from constipation and bellyache. Hydromel infantum, fruit raw or cooked, only brought transient amelioration. The child, which got all its teeth easily and without trouble, except the last molars, lost lately flesh, and looks pale, with its eyes sunk in. Abdomen not bloated, and painful to pressure; lungs normal. Sept. 2d, Dr. Kersch found the child squinting, cool to the touch, pulse 90 to 115 and dull; cerebral pressure seemed to be present.

Sept. 5th. Tonic and clonic spasms, lasting five to six seconds, returning several times during the day. The child received Zinc oxyd. alb. and laxantia, and the child again improved with the exception of the constipation.

Sept 9. Kersch surprised the child eating cooked plums

from a tin vessel. Considering the utensil suspicious, he examined it for lead, and found 15% of this metal. It was now used for macerating and cooling of milk, vinegar, meat, vegetables, etc., and food so prepared and given to dogs produced loss of appetite; the animals moaned, had colicky pains, vomited, had bloody fæces, and died with convulsions four or five hours after feeding.

Franz K., a manufacturer of gloves, suffered for a year from severe colics, with constipation, intercurrent pains of the joints, headache, convulsions, weakness of sight and of hearing, and total loss of appetite. He is greatly emaciated, and shows a sallow complexion; skin cool, temperature low; perfect atrophy and anæmia; lungs normal, urine pale, passed in large quantities; excessive thirst. The examination of the urine, and the cessation of the appetite, disproved a suspicion of diabetes; pulse 90; insomnia for some time. Kersch suspected a chronic intoxication, and found the paralysis of the digital muscles, atrophy of them and of the muscles of the arms, corroborating symptoms of lead-poisoning. Patient acknowledged to use Carbonate of lead and Magnesium silicates (so often adulterated with lead) for tanning, and he had inspired so much of either of them during the course of years, that a chronic lead-intoxication was the consequence.

—*Schmidt's Jahrb.* 4, 1873.

ARTICLE XX.—Sick Headache.

BY DR. J. B. BAYLIES.

Jan. 7, 1873. Mrs. W. H., affected with dull, oppressive pain in the forehead and temples, deathly nausea and vomiting; chills running up and down between the shoulders; coldness and pallor of the whole surface of the body. Was relieved within an hour after taking a powder of *Lac vaccinum defloratum* 10th millesimal. Fincke. The nausea accompanying her attacks usually lasts three or four days. She has also at times a different kind of headache, with

burning and pain in the forehead, eyes and temples, pain in the occiput, throbbing in the head, sprained feeling in the cervical muscles, the head being drawn backward, and toward the left shoulder, which is removed by *Causticum* 5 m. Fincke.

A young lady in the same house very soon relieved of a frontal headache, with nausea and flushed face, by a single powder of *Lac. vac. def.* 10 m., taken dry.

Jan. 8, 1872. Mrs. D. was relieved of a sick headache, and temporarily of an obstinate constipation, by taking two powders of *Lac. vac. def.* 10 m., F., at the interval of four hours.

May 11, 1873. Miss C. came under my care with sore throat, beginning on the left tonsil, which was swollen and ulcerated, or presented a depression covered with a white patch. The throat feels swollen and raw, and pricking and cutting pains shoot through the tonsil when swallowing; sub-maxillary glands swollen; sore and aching pain in the left ear; most pain when swallowing solids; the food seems to pass over a lump; no aversion to cold drink; gargling with warm water brought up a little stringy mucus.

May 21st. While drinking, the fluid escaped through the nose; no benefit from the remedies employed. The left tonsil is more swollen, and the disease has extended to the palate, and right tonsil, the parts red and shiny. The throat has a burnt and drawn feeling, as from caustic.

May 25th. The remedies thus far used were *Bell.*, *Lachesis*, and *Kali bichrom.* (Fincke's potencies); also *Arnica*, *Phytolacca*, *Pulsatilla*, and *Natrum Mur.*, all 200ths, as I had hitherto found high potencies rapidly effectual in the treatment of diphtheria. Thus far progressively worse; tonsils swollen so as almost to close the throat; swallowing almost impossible. In the evening I procured from Dr. Samuel Swan, of N. Y., two powders of *Lac. caninum* 1 m., one taken dry at 12 P. M., the other two hours after, mixed in half a tumbler of water, and a teaspoonful taken every two hours.

May 26th, 11 A. M. About three-fourths of the swelling gone; the throat quite open; the patient swallows freely.

May 27th. Improving.

May 29th. Well.

Note.—The patient had been treated years before for sore throat with application of lunar caustic.

Mrs. J. H. had chronic sore throat, with frequent relapses.

May 26th, 1873. Tonsils swollen and diphtheritic. Ordered *Lac. caninum* 1 m., pellets dry, and two hours after, a solution of same strength in half a tumbler of water, a teaspoonful every two hours. May 30th, well.

Mrs. J. R., aged about 50, of spare and slender form, light red hair, lymphatic nervous temperament, was subject to chronic bronchial catarrh, which was benefited by *Calcarea carb.*, and to sick headaches, for one of which I saw her. She was attacked in the morning of Dec. 6th, 1872, and at 1 o'clock P. M., *dull, heavy* pain extended all over the head, from the forehead and temples to the occiput. There were some throbbing in the vertex, a sense of deathly sickness, and a frequent vomiting of green, watery, bitter fluid and slime; cold hands and feet; chills creeping along the back and between the shoulders; the face very pale and bluish, with a dark, depressed circle around the eyes. I gave pellets of *Lac. vaccin. deflorat.* 10 m., one dose dry. At 5 P. M., having some headache, she took another dose dry, went soon to sleep, and at 6 P. M. was entirely relieved, and ate a hearty supper. The following morning I found her remarkably bright, and well, and also better of a constipation of the bowels, which was habitual.

She stated that she had been more quickly relieved than by any other medicine, and that the attacks of headache usually continued three or four days.

I am indebted for the use of this remedy to Dr. Samuel Swan, of New York, who had shown me a manuscript of provings of *Lac. v. def.* made at his request, and containing also some account of his clinical experiences with it.

ARTICLE XXI.—Clinical Cases.

BY W. EGGERT, M. D., Indianapolis.

Feb. 1st, 1873. Mrs. B., 18 years of age, tall, but finely built, pale face, still healthy in every respect, called to get relief from a terrible face-ache, from which she is now suffering for five days. "Doctor," said she, "you know there is a grand party to be given to-night, and I wanted to be there; see if you can help me. I have tried all our domestic medicines in vain." The pain, which is of a darting and shooting character, centred in about the middle of the right cheek, from whence it extended to the eye, particularly to the right inner cuticle, to the ear, and up into the right temple. It is most severe at the centre of the cheek, but becomes considerably less the farther it extends from this point. I gave a few pellets of Sac. lac. 200th, dry, on the tongue, and a few placebos, to take one every half hour. To my surprise, I met her the same evening at the party, when she exclaimed: "Doctor, my pain had all left me before I got home, which may have been in course of half an hour."

June 23th, 1873. Was called to see Mrs. B., the widow of two allopathic physicians, and a lady of high order and culture; age 38 years, rather delicate looking, but from an exceedingly healthy family; mother of three children, all alive and well; the youngest is eight years of age. She has been afflicted since womanhood with sick headache, independent of her menstruation, which is normal; no uterine disease ever existed. For this headache she was treated in vain by her first husband. Her second husband renewed the attempt to cure her, but only succeeded in giving the affliction a somewhat different character. The pains formerly affecting the whole head, became more concentrated upon the right side, the temple, the eye, and in front of the ear. To use a common phrase, it became neuralgic, and all the former gastric symptoms ceased. When this change took place, she had an attack, perhaps twice a month, but after-

wards the occurrence became more frequent, and last fall she suffered attacks of intermittent fever; but when she had the fever she never had the headache; and when she had the headache she never would get a chill, no matter how promptly they otherwise would make their appearance. Finally she had to confine herself to the bed, and after doing so for now three months, she was persuaded to give up old prejudices, and try Homœopathy. For the last two months she had taken daily from 36 to 48 gr. of Chin. sulph., first in small and divided doses; but they seem only to excite her the more, and now she took her 48 gr. in four doses per day, with some degree of temporary relief. I need not say that she had used, besides Chin. sulph., mostly everything to be got in a drug shop. Present condition: shooting, darting, stabbing pains in right side of the head, down to the right occiput and neck; the pain seemed not to follow the course of any nerve specially, but affected the temple, eye, region in front of the ear, region below the eye to cheek bone, all alike. The eye is sensitive to the light, and is somewhat congested; the left eye partially sympathizes, so did to some extent the whole left side of the head; coldness of the right hand; tenderness in the right ovarian region; urine scanty and very dark; painful, smarting micturition; right foot cold; great tenderness of the head to the slightest touch, and to the slightest draught of air; wrapping up the head warmly gives but slight temporary relief. The pains were alternating with the chills; sleep only during the fever; no perspiration.

Prescription: It is an old observation of mine, that in seasons when the flies sting with unusual vigor, Apis will often do excellent service. Such a season we had, after so much rain and storms alternating with heat. It has done me great service in these times of chills and fevers; many of the symptoms given correspond exactly with the remedy. To-day she had her headache, and I dissolved Apis 6 in water, a teaspoonful to be given every two hours.

29th June. In the morning the pain in head ceased gradually, and gave away to a much slighter chill than usual in

the afternoon; fever following was also slighter. Continued medicine.

30th. Pain in head commenced during night, almost as severe as ever. No pain in the right ovarian region; urine more in quantity, and of a lighter color; micturition free from pain. Apis 100, one dose.

July 1st. No chill; headache less. Placebo.

July 2d. Headache bearable, except a terrible occasional shooting pain from the inner canthi of the right eye, through the eyeball, to the front of the right ear. Head exceedingly painful to touch. According to Berridge's repertory, she received Cinnabaris 200, one dose.

July 3d. The pain from the eye to ear had left as if by magic. She had a good natural sleep, the first for several months. Head still tender to the touch; urine normal in quantity and quality; micturition somewhat smarting. Since early morning hours she experienced short, flying, darting stitches in different parts of the body; they are quite painful but bearable, and appear in the head, eye, ear, and face, as well as in the extremities, confining themselves to no special locality. Sac. lac. 200, one dose.

July 4th. When calling at noon, my patient was out of bed, sitting in an easy chair, and awaiting my permit to receive company. She received the permission, but to make use of it with great moderation. No pain, no ache, no chill and fever, nothing had remained but a sense of great weakness.

July 13th. I meet her on the street; she is well, and feels like a new creature.

May 12th, 1873. In comes Mr. L. K., a sober, industrious, hard-working shoemaker, of fifty-two summers. "What can I do for you, my dear sir?" "Doctor, I want to try you. I am neither sick, nor am I well; but I am suffering from a stiff back. The doctors have plastered, and rubbed and cupped and electricized me for years, but all my money is thrown away for nothing; I want to know if you can help me for certain." "That I can neither tell nor promise you, but I will promise you to do my best. Tell me what ails

you." "It is not much, Doctor, but it troubles me a great deal. When I rise from my seat, after working awhile, I can hardly straighten myself, so stiff and painful is my back. I have to do it very slowly, until I have moved about awhile, when it all ceases, and I feel well, except a pain on the inner side of my right thigh and in the right hip. This pain is more or less constant, but worse after rising, the character of which I cannot describe." "Did you ever have rheumatism?" "No."

Prescription: *Rhus. tox.* 200. One powder every other day for one week, and to report again in two weeks.

May 26th. The stiffness and pain in the back is much relieved, can rise much better, and with more freedom. Placebo for two weeks.

June 9th. Back well; can rise with perfect ease. Pain in thigh and hips worse. *Sac. lac.* 200, one dose; placebo. To report in two weeks.

June 23. Is well in every way. The pains had left him on the fourth day after he took *Sac. lac.* There was considerable aggravation on the first and second days, so that he almost regretted ever having seen me.

May 10th, 1873. Mrs. E. H.—, a well-to-do farmer's wife, 62 years of age, came to consult me after trying almost every "pathy" in vain for years. Principal troubles are eructations and cough. Terrible, loud and painful, tasteless eructations, almost constantly, with little intermissions during the whole day, sometimes even at night. She lays the blame upon no kind of food, if food is the cause. Even after sour-kraut she will often have it, and often not. The easiest kind of food will bring it on, when a rich, substantial, good meal will not affect her at all, and *vice versa*. There is at times bloatedness of stomach and bowels, at other times not; the flatus passed all in this one direction. In addition, she has, as she called it, a stomach cough, with more or less glairy, tough, and stringy mucous expectoration. The lungs are sound. No pain anywhere, even not after meal. She is emaciated and weak. Stool regular; mother of ten children, all well. *Lycopod.*, *Carb. veg.*, *Kali bich.*, etc., were all

tried in vain, carefully selected, and given in high and low attenuation. The case became desperate, for she starved herself almost to death. Finally I proposed to give her Pepsin. "O," said she, "I have taken the wine of it almost by the gallon; most every doctor prescribed it, and it never had done me a bit of good." But I insisted upon her to take Bœricke's Saccharated Pepsin, a small dose before each meal. From that day she got better; in three weeks she suspended its use; is now well and growing fat. No more eructations nor cough.

May 20th, 1872. I have seen Mrs. W., and thoughts and speculations are flying through my head like the clouds during a storm. Here is an array of facts for you. The lady is a picture of health and beauty; only 38 years of age, quite corpulent, nervo-sanguineous temperament, black hair, black sparkling eyes. I hardly ever saw a finer set of natural teeth. She is a widow for now three years; had never children, nor was she ever pregnant; was reared and lived all her life in luxury and wealth; was never an hour sick until she married. Her husband, a healthy, powerful man, but addicted to high living and drinking, was a most unnatural and beastly provider. The reader would consider it almost impossible, nay, ridiculous, if I should relate her confessions upon this point; but I have good reason to believe every word she said. This fact she considered to be the cause of all trouble, for which, when in its height, she would prefer death a thousand times. Her menses, which are regular with regard to time, quantity and character, are preceded for three days by the most terrible menstrual colic, which to describe she has no words for; the pains extend all over the body; head and face look bloodshot to bursting; the pain runs into the head from the neck; pulsation in head, neck and carotides; sight disappears at times, and at times, again, everything is moving in confusion before her eyes; tongue feels heavy, but is clean and looks natural; great thirst; pulse full and bounding.

This case has puzzled for the last five years the master minds of our school, as well in America as in Europe; per-

haps there are some of the readers who may remember the case. Nothing will give relief except leeches on the cervix, and electricity, and this was only temporarily; and having been so frequently, are fast losing their beneficial influence. Physicians of so undoubted ability and skill had prescribed for her that I thought it almost laughable to try my hand on it, and still the urgent demand was there, to do something. That such remedies like Acon., Bell., etc., etc., had been faithfully, although in vain, used, she told me frankly; and her knowledge of our M. M. would set to shame many a Homœopathic practitioner. But when she insisted on knowing the remedy I would prescribe, I positively declined to do so, knowing that it is better to keep it to myself. I gave her almost empirical, Verat. vir., 1st dec., 5 or 6 drops to be taken once every half hour during 6 hours, when I promised to return. This remedy had undoubtedly exerted some beneficial influence; she became calmer, and pains became somewhat less, until the flow commenced, when she felt quite well again. After its cessation, I made an examination per speculum, which revealed but little; the vaginal walls, as well as the cervix, were somewhat congested and puffy, no induration; otherwise everything had a natural appearance. I now gave her for two weeks, every other night, a dose of Verat. vir. 200, anxiously awaiting the next term; and on it came, and as bad as ever, too. I at once fell back upon Verat. vir. 1, with the same apparently good result as formerly. After cessation, I ordered her to take the same remedy in the same form, during the whole time intervening, 5 or 6 drops every morning and night. At the following term, the good office of this remedy became so apparent that I concluded to try it for another month; but here it seemed improvement ceased. I still persevered with the remedy, but 6 days ahead of the next term, I ordered, twice a day, a warm hip bath, to which I added 2 ounces of Verat. vir. During the bath I made her insert a speculum, so that the water might enter freely the vagina. The result proved to be beyond expectation, and the continuation of this treatment during the next four months restored my patient to perfect and normal

health. I may also mention here, that warm baths, as she had used them formerly, never exerted any influence whatever.

March 12th, 1873. Mrs. W. B., 37 years of age, nervous temperament, voluptuous form, and tending to obesity, had been attended by myself in former times for a pain (like that of gout) in the right toe, with sometimes slight pains upwards, in the right limb. Menses had become gradually less, and appeared sometimes too late; is constipated; although having from her youth everything at her command, she always lived on plain diet, averting, as she thinks, to become fat; is mother of six children, all are well; accouchements easy and normal; in three times I attended her myself. Full of gayety and life; no pain in spine; no uterine disease, nor any other kind of complaint. The symptoms are so few that the selection of the proper remedy became exceedingly difficult. After more than a year's faithful trial, I abandoned the case, and she went to New York, when Homœopathy and electricity were tried again, but all in vain. The last winter she had to stay at home, for her toe would not bear the contact of any shoe; pain is always the same, if standing, walking, or lying down; only continued exercise would aggravate it. In this said condition I met her, when calling to see a sick child of hers. Meanwhile I had become acquainted with the action of Sac. lac. I induced her to take a dose of the 200th. The toe improved at once considerably, but she relapsed. Now I gave her the remedy in water, morning and night a teaspoonful for two weeks. The result the reader may learn from the fact that she now travels through Europe, enjoying herself with old gayety as ever. Still, this pain is not entirely cured; it is there, but only to annoy her a little, and not preventing the freedom of exercise. Had I been, at the last time I saw her, in possession of the 1000th potency, I should have given it to her, with the certain expectation to cure her completely.

Cases of sudden suppression of the menstrual discharge are almost an every-day occurrence, and for the satisfaction we have derived when treating such conditions, we look with

pleasure and pride upon such heroes as Acon., Bell., Nux v., Puls., etc., and still the busy practitioner will remember occasional perplexities when these remedies, however skillfully applied, have failed him, and he had to look for distant resources. Hence it becomes a pleasant duty, if we can enlarge our armory, and add to a meagre proving this weight of clinical experience.

Miss D. H. went to a pic-nic on the fourth of July, 1873. She is 21 years of age, healthy constitution, menstruated always regularly, and endured no suffering from it. At that day her menses had just commenced, but a thorough wetting from a heavy rain had put a sudden stop to it. Foot and hip baths were of no use, nor had hot tea any effect upon her. On the 7th of July I was called to see her. She lies on her bed weeping, and feels so tired and languid that she is hardly able to turn over; the limbs almost tremble when she tries to use them. In addition, she has a terrible frontal headache over the eyes, and throbbing in the temples, with occasional deathly sickness at the stomach, but no vomiting; face very pale, and the eyes look heavy; bearing down pain in abdomen and back; feels sleepy all the time, but is much disturbed by unpleasant dreams; has now and then chilly sensations; the hands are cold. On former similar occasions *Lac. vac. defloratum* had been of great service to me, and I concluded to try it again. I dissolved some pellets of the 200th attenuation in water, and ordered her to take a teaspoonful every two hours. Result: in six hours the menses reappeared as natural as ever, with some griping pain for a short time.

Cases of this kind I treated several, with a similar promptness; the indications are: first, the peculiar headache, always frontal and above the eyes, extending into the temples; one side more affected than the other, with great nausea, less vomiting; second, great paleness of the face, and third, utter prostration and languor.

Headaches of this character, in connection with the other symptoms mentioned, will also find prompt relief when appearing independent of menstrual disturbance. Since I be-

came acquainted with this remedy, I have cured several cases of sick headache after other remedies, seemingly well indicated, have utterly failed to produce good results.

ARTICLE XXII.—Sarsaparilla in Spermatorrhœa.

ENGLEWOOD, N. J., *August 23, 1873.*

Dr. S. LILIENTHAL.

DEAR SIR,—In your valuable article on *Spermatorrhœa* in last N. A. JOURNAL I miss a remedy that has been of great service to me—*Sarsaparilla*. I have used it for 'same indications in general as Nux Vomica and Phosporic Acid, where these have given only transient relief, with prompt success.

Recently in a case of three years' continuance, where all the ordinary remedies had failed, Sarsaparilla removed the whole difficulty in a very short time.

I find nothing in the proving but "painful seminal emissions at night." These were not painful, and were excited even in day time.

Excuse my mentioning it if it needs apology, but I was much interested in the article, as well as in the JOURNAL, which has become to me one of most looked-for of all upon my table.

Yours respectfully,

D. A. BALDWIN.

ARTICLE XXIII.—Sphere of the Feelings.

By C. G. RAUE, M.D.

§ 45.—*During our waking state there are always more or less mental modifications, either simultaneously or successively excited into consciousness.*

This is easily proved. When reading, for instance, the several ideas which the letters represent, are roused

into consciousness, and frequently other ideas besides them; when engaged in conversation or listening to a lecture, again all the ideas rise into consciousness, which correspond to the words heard. Even when alone, with stillness and darkness around us, when no external excitants act upon us, we may be, and usually are full of thought, and often observe just in such loneliness quite a tumultuous agitation of the mind, which may entirely prevent us from getting to sleep, or may drive the timid almost to despair. It might be difficult to define always the number of mental modifications which rise in quick succession into consciousness, or the velocity with which they follow one upon the other. The velocity of thought any way depends upon the degree of rapidity of the primary faculties of which we have spoken; and, as this quality varies in different persons, so must necessarily vary the rapidity of excitation into consciousness. Attempts to define this velocity of thought in numbers can give, therefore, only approximate results. Still, time is required for the excitation of vestiges into consciousness, and in some persons it takes so long that their best thoughts become after-thoughts, whilst in others the most complex mental processes often roll off with astonishing rapidity. In the quiet hours of life, which are by far the most numerous, we do not observe such hasty rushing of mental modifications. They then take a more even and quiet course; but we always find, if we pay any attention at all to what happens in the mind, *that the excitation into consciousness is never confined to one modification alone, but spreads over several, either simultaneously or successively.*

§ 46.—*All mental modifications differ more or less from one another.*

“Whenever a sufficient number of similar vestiges have united for us to have a clear consciousness of the object from which the external elements were obtained—although the external object be no longer present—we have a conception of that object” (§ 10). This combination of similar vestiges belongs to all conceptions. But the conception we

have of the *red* color has originated in altogether different elements than that which we have of the *green*; and the conception of the word "green" has again originated, not only in different external elements (elements of sounds), but also in different primary faculties, those of hearing. The conception of "hard," again, has its origin in primary faculties of touch, and external elements corresponding thereto, etc. In so far we may say that all our conceptions differ more or less from one another. And we may trace this difference still farther. No two of them will consist of exactly the same number of vestiges, neither will the quantity of external elements by which they have been formed be ever alike, one having grown out of full, another out of nearly full, another out of pleasurable excitations, etc., and this difference of genesis necessarily gives each mental modification a different character.

Notions, judgments, and syllogisms originate in single perceptions and conceptions. If, now, as we have seen, all conceptions differ greatly from one another, it is easy to conceive that those more complex mental modifications which have grown out of them must have a still greater mutual difference. All notions are *similar* only so far as they are a combination of the similar elements of different perceptions (or conceptions) into one act of consciousness. (§ 15.) They differ, however, in many respects. One has originated in such, another in a different kind of elements; one out of a great number of single perceptions, another out of a few; one out of perceptions which are characterized by great richness of external elements, another out of perceptions of an opposite nature. The same holds good as regards judgments and syllogisms. If we compare single *desires*, we find that they *correspond* with each other so far as they have originated in a dissociation of external elements. (§ 26.) But already a superficial consideration of their formation must teach that this dissociation of external elements will take place with some on a larger, with others on a smaller scale, that with some it will go on rapidly, and with others slowly, and thus cause great variety

amongst the single desires. To all this we must add that two desires must necessarily differ in the object they strive for, and that each one may have grown out of different quantitative relations between the external elements and the primary faculties. (§ 25.)

In regard to *aversions*, the same is true (§§ 34, 35), as the various quantitative relations will cause still greater varieties between them. So, with *inclinations*, *repugnances*, *passions*, etc.; they are still more complex modifications; and this fact gives room for the greatest variety in the quantity and quality of their vestiges.

An act of *will* requires always a desire. (§ 41.) If, now, all desires differ from one another, then the difference between single acts of willing must be still greater, because each single act of will requires also its special series of ends and means. (§ 41.)

This proves clearly *that all our mental modifications differ more or less from each other*. There are, in fact, no two modifications which can be considered as entirely alike. Indeed, if they were alike they would cease to be *two*, as, by the law of attraction of like to like, the two would fuse into one. (§ 9.) Not only must they differ in regard to the external elements (their objective side), and in regard to the primary faculties (their subjective side), which are differently developed by the various quantitative relations of external elements (§ 25), but also in regard to the number of vestiges of which they consist, and in accordance with which some are stronger, clearer, etc., than others. We find a similar diversity among objects in the external world. Among the billions of things there are no two which could be considered as entirely alike.

§ 47.—*We immediately become conscious of the difference between mental modifications which are simultaneously excited into consciousness; feelings.*

a. If we go from a close room into the fresh air we feel refreshed.

b. If, however, we enter another room just as close, or go

from the fresh air into the fresh air, we have no such feeling. How is this to be explained? In analyzing these cases we find (1) that in both there are two mental modifications excited into consciousness—namely, in *a.*, the perceptions of closeness of the atmosphere and fresh air; in *b.*, the perceptions of closeness of the atmosphere and closeness of atmosphere, or fresh and fresh air; (2) that in *a.* there is a great *difference* between the two perceptions simultaneously excited; in *b.* there is no such difference; and (3) that in *a.* we feel refreshed, in *b.* not. Why did this feeling originate in *a.*, and no feeling originate in *b.*? There was not the slightest hindrance in the latter case, nor the slightest additional proceeding in either case. There was in *a.* simply a perception of “fresh air,” excited in close conjunction with a perception of “close air,” and we became conscious of the difference at once; or, to express it otherwise, with the consciousness of the two different perceptions we had immediately a *third* perception: *the feeling—i.e., the consciousness—of the difference*, which necessarily was a feeling of refreshment, because in this property fresh air differs from close air, and only from close air. For in *b.* there were likewise two perceptions excited into consciousness, and still there was no distinct feeling springing from them. The reason is obvious. Consciousness can discover no *difference* between the two. All like and similar modifications must fuse into *one* according to the law of the attraction of like to like (§. 9), and therefore no *feeling* can originate.

We come thus to this conclusion: *A feeling can originate only when several (at least two) mental modifications which differ from each other are excited into consciousness, either simultaneously or in quick succession. This difference we are conscious of immediately; and just this immediate consciousness of the difference between mental modifications, simultaneously excited, we call a feeling.*

Like modifications produce no feelings, neither do like sensations; they simply remain what they are.

It is clear that the word “*feeling*” is here used in an entirely different sense from what it was used in § 1. There

it designates some classes of primary faculties ; here, however, it means what some psychological writers have also termed *sensibilities*. I do not think that this latter word improves matters much. The Anglo-Saxon term "feeling" is decidedly the best, since the psychological result is surely a feeling. A consciousness of the difference between several mental modifications has nothing to do with the senses.

§ 48.— *Factors of Feelings.*

A feeling can originate only when several (at least two) mental modifications which differ from each other are excited into consciousness, either simultaneously or in quick succession. (§ 47.)

Let us conceive a man vividly impressed by his present circumstances, and these circumstances shall be narrow means. As long as these modifications alone are excited in his consciousness, he will undoubtedly have no painful perception of his state, as we, indeed, find thousands of people live contentedly year in year out under just such conditions. We say: "They don't know any better," and this opinion contains a great deal of truth. For, take the case differently, and suppose that the man above mentioned has formerly lived in better circumstances, that he therefore knows of better circumstances, and we shall find that he can not help bringing his former better circumstances (pleasurable excitations) into a simultaneous consciousness with his present poor circumstances (painful excitation). What will be the consequence? Contentedness will vanish ; he will not be capable of resisting a *feeling of pain*. And this originates simply in this way : he measures or compares, if I may figuratively express it, his present circumstances with those he formerly enjoyed, and thus becomes aware of the difference of the two during their co-existence in consciousness.

For better understanding, we may call the modifications on which others are measured the *basis of an act of feeling*, or the *measure* by which the difference is felt. In the above,

instance, the recollection of former better circumstances is therefore, the basis or measure by which the present poor circumstances are measured, or with which they are compared. Both the *measure* and the *measured*—that is, the basis, and what has been felt, measured or compared on this basis, are the *factors* or *elements* of an act of feeling. They need not, however, be always a consciousness of a single perception, as cited in the first example of close and fresh air; complex mental modifications produce the same effect as soon as they are measurable or comparable.

Let us, for the sake of further explanation, suppose that the man above mentioned has regained a state of prosperity. What will now be his feelings? We may mark out three different possibilities:

1. The consciousness of his former *better* circumstances forms the basis on which the recent prosperous condition is measured. As the difference between the two is not great, the recent lucky turn cannot produce a very marked feeling; it will leave him in quiet content.

2. The consciousness of his former *poor* circumstances forms the basis on which his present prosperous condition is measured. This will undoubtedly cause a feeling of *joy*, in as much as his present condition is a pleasurable excitation compared with the former.

3. His present prosperous condition remains latent in consciousness, and his *former* prosperous state rises as a basis for comparison with the poverty that followed. In this case he will have the same feeling of pain that he had before. This life, limited to the past, is common even in a prosperous condition. Why? Because in the time of his suffering, both his former prosperous conditions and his following poor one rose so frequently into consciousness that they were bound together by mobile elements into *groups of series*. (§ 38.) *As long as this connection lasts, so long will it produce the identical feeling to which it first gave rise.* With some persons this feeling, never having been very strong, does not seem to have a protracted duration, and their present happy time occupies so entirely all their thoughts, that their former

condition can rise but faintly into consciousness. By and by the combination in consciousness between their former prosperous and their following poor condition dissolves altogether, the single factors are drawn into other combinations, and thus the old *feeling of pain* ceases entirely.

We may say, therefore, *a feeling endures only so long as its factors remain combined in groups or series. When, however, the simultaneous consciousness of the factors—the measure and the measured—is interfered with, or the connection between the two is broken, the feeling, which is the consciousness of the difference between the two, must likewise cease.* Thus we come to the very important fact, that *feelings* differ very materially from *conceptions* and *conations*. *The latter, both of them, endure as independent vestiges; the feelings, however, only in so far as their factors have become united by mobile elements into firm groups or series, for they consist, as we have seen, only in the consciousness of the difference between the different mental modifications during their conscious excitation.* Thus follows that *feelings* are not a new kind of mental modification, but only a particular kind of consciousness—a consciousness of the difference between different modifications, as long as they are together in a state of excitation. The one acts then as a basis upon which the other is lifted into the foreground; as in a picture, the prominent parts appear as such only because of the surrounding shades. That modification which acts as basis—the measure—is usually the less prominent in consciousness, but that which is measured is foremost in consciousness, and this causes the feeling. We find, therefore, that a white object appears still whiter beside a less white object; and so a pleasurable excitation is felt in a higher degree when it co-exists with a less pleasurable modification. If both modifications are excited with equal strength, each of them may produce a separate feeling, in so far as each may act as basis for the other; or both may produce a mixed feeling, in so far as neither is taken as a distinctive basis. Thus we frequently have a feeling of joy mingled with grief, or feel pleasure and pain following each other alternately.

Now that we understand the nature of feelings, their great variability according to the continual change of mental modifications in consciousness, by which new groups and series perpetually originate, it may be easily understood why in the old Psychologies there is such a confusion in regard to these mental phenomena. Some deny them the rank of a separate class of mental powers, whilst others (since Kant) give them the same rank with cognitions and conations. Still more confused do we find the attempts to classify them. And, although a great deal of labor has been spent upon the elucidation of feelings, yet nowhere do we find an analysis, which even approximately demonstrates in what they consist, and by what mental processes they originate. This has been done by Beneke, and the following will show still more how wonderfully keen his observations were in solving the most obscure mental phenomena.

§ 49. *Extent of the feelings ; their freshness or vividness.*

When awake there are always several mental modifications, either simultaneously or successively, in a state of excitation (§ 45), and all mental modifications differ more or less from one another. (§ 46.) If now, as has been shown in § 47, we immediately become conscious of the difference between mental modifications which are excited simultaneously into consciousness, it follows that we cannot be without feelings for a single moment of our life. Is this confirmed by experience? Seemingly not. For what particular feeling has the reader had while perusing these pages where a great number of different mental modifications have risen into consciousness? If he considers this question superficially, he will answer "None." And, indeed, this is the case when modifications rise into consciousness, the primary faculties of which are neither pleasurable nor painfully developed, as is the case with our ordinary conceptions. And this is natural enough, for where there is no marked difference between the single modifications, there, of course, cannot originate a consciousness of any, or, in other words,

we cannot have a marked feeling during the consciousness of modifications which do not differ much from one another. Still, even at such times we are not entirely without feeling. This is necessary; for if there be a difference, if ever so small, this difference must be felt, and a closer observation makes this evident, for we find that when a notion is excited in conjunction with a perception we have a *feeling* of greater clearness, for just by its greater clearness the notion differs from a mere perception (§ 16); and, if some new ideas have been developed before our mind, we have the *feeling* of their newness. In the same way no one can mistake a perception for a desire, a desire for an aversion, a recollection for an apperception, determination for ficklemindedness, courage for fear, etc., because the difference of all these modifications makes itself felt immediately. Although in the language of common life only *manifestations of the more marked and striking differences* are called *feelings*, a closer observation must assign those manifestations also which have less marked differences to the class of feelings; and thus we find that this class of mental developments extends as far as there are any manifestations of difference between simultaneously excited mental modifications. Of course the difference between the feelings as regards their *strength* is very obvious. Some are stronger than others; some often so little marked that their character as feelings is lost altogether to the superficial observer.

He who always enjoys health does not usually esteem its value. After a spell of sickness, however, he feels quite differently about it. So the rich man does not value the gain of a few dollars, which would delight a poor man, for in this all feelings concur: *The greater the difference between modifications simultaneously excited, the stronger, fresher, or more vivid is the feeling, while the less this difference the weaker or fainter is the feeling; or, as it might otherwise be expressed, the greater the difference between mental modifications simultaneously excited the greater is the vividness with which this difference manifests itself.*

§ 50.—*One of the same mental process may be conception, desire, and feeling, at the same time.*

Suppose we see a fine picture or hear a good piece of music ; in both cases we gain a conception of what we see or hear. At the same time we are pleasurablely excited by sight or hearing, because the impressions we realize from the picture or the music are of a richer nature than the other things which we see or hear at that time. This difference at once manifests itself in a corresponding *feeling of pleasure*. If, now, the picture be carried away or the music cease, it is quite natural that we should want to look at the picture once more, or to have the music repeated ; proving that some of the received external elements must already have escaped again out of their union with primary faculties, setting the latter free to again exercise their conative power, and thus convert the same mental process into a *desire*. The seeing of the picture or the hearing of a piece of music has had, therefore, the following threefold effect upon us : (1) *As far as the external elements have combined firmly with our primary faculties, so far a conception has originated of what we have seen or heard ;* (2) *As far as this conception differed from the other conscious mental modifications we happened to have at that time, so far this difference manifested itself immediately as a feeling ;* and (3) *as far as some of the received elements were only loosely united, and the primary faculties, for a while occupied, regained their conative force, so far a desire has originated for a renewal of the same impressions.* Thus we see that the same mental process—the seeing of a picture or the hearing of a piece of music—may result in a conception, a feeling, and a desire at the same time. This is quite frequently the case.

[To be continued in February number.]

General Record of Medical Science.

The Electrolytic Treatment of Malignant Tumors.—In opposition to *Bruns and Groh*, who only witnessed from the electrolytic treatment of malignant tumors more or less cauterizing effects, but never a radical cure, *Nefel* publishes cases in support of his views of a radical cure. Holding fast to the views of *Virchow*, that carcinoma is originally only a purely local affection, and that only at a later stage through the numerous lymphatics of such a tumor the intoxication of the body and metastatic formations follow, he shows that extirpation never totally removes all affected parts, and fails to cure radically, because apparently healthy parts in the surroundings are already morbidly affected, and soon cause relapses. Electrolysis, on the contrary, changes the protoplasma in the cells, wherever the force of the current reaches, and they lose thus their vital qualities; carcinomatous parts, as microscopic preparations show, are more easily affected by currents of a certain force than healthy tissue, they become more readily turbid, and finally are entirely destroyed, although the excessive power of proliferation in the neoplasma sometimes destroys the desired result. Thus *N.* cured by electrolysis a carcinoma of the mammary gland in a gentleman, where the cancerous mass had been several times extirpated by the knife, but always returned again. After three years the electrolysed mamillary region still looked normal, the skin could be moved to and fro, and considerable adipose tissue had formed. Patient succumbed to an intercurrent disease. In the case of a lady, 18 months had passed after the electrolytic treatment of a mammary carcinoma, and no relapse followed. In the third case, happening to a physician, 2 years had passed without any relapse after electrolytic removal of a malignant tumor from the forearm. In other cases a definitive cure did not follow, but electrolytic treatment acted well palliatively, inasmuch as large tumors and degenerated lymphatic glands were destroyed without pain, and the general state of health thereby greatly ameliorated. *N.* candidly believes that every malignant tumor, if it comes under electrolytic treatment at the right time, may be radically destroyed, and the general infection prevented. The whole method consists in sticking needle-electrodes in different parts of the tumors, which may be done at different sittings, following one another at short intervals; afterwards, and for some time, weak currents must be carried with flat electrodes through the tumor. This after-treatment is of great importance. *Bruns* considered cauterization as the cause of the diminution of the tumors. *Nefel* believes this to be erroneous, as he saw tumors disappearing without eschars and suppuration; the tumor rather becomes fluid and disappears by absorption.—*Virchow's Archiv*, 57, 3 & 4.

Icterus Catarrhalis cured by Faradization of the Gall-bladder.—Prof. Gerhardt remarks: We carefully percuss the lower edge of the liver, and we thus

find out the position of the gall-bladder. It may even frequently be felt as a small protuberance, or be seen with the eye, especially during the inspiration. We put on that point an electrode of a strong secondary induction current, and press the point of it in the direction toward the posterior abdominal wall. A second electrode is quickly applied on the horizontally opposite part of the posterior abdominal wall. With a strong current an audible concussion of the abdominal organs arises by the contraction of the abdominal muscles. After a few seconds the electrodes are removed, and the whole procedure several times repeated. In most cases bilious stools appear in the following days. Vascular nerves of the kidneys will be always coaffected, and the urine is more pale and diluted the following day. In several of my cases the dulness over the gall-bladder returned after bilious stools were passed, and faradization had to be repeated.—*Berl. Klin. Wechsft.*, 27. 1873.

Wiederhofer, of Vienna, gives the following treatment for *whooping-cough* in his clinic for infants: The first stage is treated with simple catarrhal remedies: in the second, where no rales are present, inhalations of Benzine act well; 6 to 8 drops are put into hot water and either inhaled or directly applied by the spray apparatus. In the third stage, turpentine is used in the same manner. *Cholera infantum* is treated with mustard baths; internally during collapse, green tea with cognac. Children who had collapse for several days, with all the symptoms of sclerema and cool sticky mucous membrane of the mouth, recovered under this treatment.—*Bay. Aerzt. Int. Blatt.* 28. 1873.

Secale Cornutum in Labor.—*Dr. A. Wernich* experimented with Ergotin, and found the bladder filled to the utmost in all his dissections. Most authors explain it as an irritating effect of Ergotin preparations on the sphincter vesicæ, and hence its therapeutical application in paralysis of the sphincter vesicæ after typhus (*Oppolzer*), for enuresis infantum and senilis from simple weakness of the sphincters (*Clarus*), for paralysis of the sphincters in palsies (*Barbier*, *Arnal*). Other experiments taught him that this fulness of the bladder is not only caused by the retention of normal quantities of urine, but by a simultaneous increase of the urinary secretion. The following cases prove this assertion: 1. A woman, 5th pregnancy, twins. Os uteri fully open, labor pains cease for eight hours. First child easily extracted, and immediately afterward free and copious urination. Head-presentation of the second child, but no pains. Pulv. *Secale. corn.* 0.05 every half hour. After three hours good pains set in, but the head does not advance. I find the bladder enormously full, and after evacuating the bladder a moderate pain pushes the head into the small pelvis, and labor is soon over. 2. Primipara, occiput low down in pelvis, pains have stopped, bladder perfectly empty. As she fears instruments, Pulv. *Secale.* is given. After the second dose pains increase, and after two hours the head failed to advance. Put into the position for forceps delivery, the bladder is felt as a large tumor lying horizontally over the abdomen. Catheterizing brings away large quantities of clear urine, and immediately the head comes down, the forceps is easily applied, and a few

moderate tractions deliver the child. Such cases teach us the precaution to examine the bladder before applying the forceps, and the safety of catheterizing, so that the head can come down.—*Centralbl. f. Med. Wissenschaft, May, 1873.*

Magnesia Carbonica in Surgery.—Dr. Ohleyer uses a paste prepared of sweet oil and magnesia in atonic ulcers; (2) in cases where the skin, bereft of its epidermis, becomes the seat of pain, with tendency to suppuration; (3) as a soothing application in severely inflamed wounds; (4) in irritable wounds, in order to keep the air off and to diminish suppuration; (5) in erysipelas facies, where the paste is to be prepared with water instead of oil.—*Allg. Med. Centzeit., June, 1873.*

Leucæmia and Affections of the Osseous System.—*Neumann* discovered a peculiar change in the marrow of the bones, which affirms *Waldeyer's* case of diffuse hyperplasia of the marrow of the bones; *Mosler* lately observed a case of splenic leucæmia, where the autopsy revealed an affection of the marrow diffused over the whole skeleton, just as if emanating from a purulent osteomyelitis. Its ætiology is interesting, as the disease of the spleen was here the primary affection, and the osseous affection secondary. A laborer, 44 years old, suffered for a long time from intermittens; complained of frequent stitches, and of a swelling in the left side. The leucæmia began, since a *trauma acted on the splenic tumor*. On mounting a horse he fell with the left side of his abdomen on the pommel of the saddle, producing an inflammatory state of the spleen, followed by leucæmia, as a drop of his blood, brought under the microscope, gave more than one-third white blood globules. The blood immediately after a venesection, showed alkaline reaction. There was high fever, with the pains in the spleen, showing a high inflammatory process. He also complains of *excessive pain over the sternum*. He could not bear the least touch, and percussion was out of the question. We considered this at first as a nervous symptom, or as an abnormal sensitiveness of the thorax over places where swollen lymphatic glands are situated, as the patient had cough with expectoration, but post mortem showed an osseous affection as the cause of this manifestation, for diffuse hyperplasia of the marrow was found in all bones. It was of a dirty yellow color, and its blood-vessels in some parts full of white blood globules. The spleen showed all the characters of a leucæmic tumor. It was tough, adherent to the abdominal wall, with numerous inflammatory foci. There was nothing abnormal in the lymphatic glands.—*Virchow's Archiv, 57, 3 & 4, 1873.*

Drs. Margagliano and Boffio publish chemical examinations of the urine in variola. The chlorides are diminished, or were entirely absent in grave (hæmorrhagic) cases. This diminution sets suddenly in before the stage of maturation, and remains stationary in favorable cases; whereas in unfavorable cases, it increases to a total disappearance of the chlorides. *Where the chlorides are already absent, or greatly diminished during the eruptive stage,*

the prognosis is unfavorable. Of the same importance is the diminution of the Phosphate of magnesia. The appearance of Urocyanogen is a fatal symptom. Where hæmatin is found in the urine, hæmorrhagic variola was present. Albumen is mostly found in fatal cases; purulent mucus only in fatal ones.—*Med. Chir. Rundschau, February, 1873.*

Prof. Biermer relates fifteen cases of *chronic progressive pernicious anæmia* with processes of fatty degeneration in the circulation and with capillary hæmorrhages; death ensued in every case. The patients were women in the thirties; and the causes of the disease were unfavorable relations in life, loss of fluids, especially chronic diarrhœa and puerperium. It characterizes itself by anæmic hydræmic look *without a disappearance of the fatty tissue*, anæmic nervous symptoms, anæmic murmurs in the blood-vessels, fever, loss of appetite, weakened digestion and capillary hæmorrhages, especially in the retina with or without disturbance of vision, also of the meninges and of the brain itself, and also causing here either no disturbances or very grave ones, finally of the skin, kidneys, etc. Autopsy nearly always showed partial fatty degeneration of the papillary muscles and of the smaller vessels of the different organs, rarely increased fatty degeneration of the heart.—*Centralbl. f. med. Wisschft 7, 1872.*

Silicea seems to cover such a chronic progressive anæmia; it gives us the anæmic vertigo and headache, the sympathetic eye symptoms, the sallow complexion, the weakness of the whole alimentary canal with craving for food, icy coldness of the body during menstruation, the secretion of which has a strong odor, palpitation of the heart when sitting quietly, despondency, etc. *Phosphorus* gives us the capillary hæmorrhages, caused by the fatty degeneration of the walls of the blood-vessels, and if we read oligocythæmia, instead of anæmia, the similitude becomes much more clearly defined.

Splenetic Tumors and the Cold Douche. Prof. Mosler comes to the following conclusions: The immediate contact of cold water with the normal spleen causes a visible contraction of it. According to the temperature of the water and the duration of its application it differs in degree. (2.) In a slighter degree the action of cold water on the spleen makes itself also known through the abdominal walls, more with the cold douches where its mechanical influence must also be considered, than with the simple application of cold compresses on mere pieces of ice on the region of the spleen. It does not give the same contracting influence on the spleen as Quinine. (3.) The effect of cold water on pathological tumors of the spleen, acute as well as chronic, is the same, it diminishes its size. (4.) Intermittent fevers can be cured by cold douches, according to the method of Fleury (one or two hours before the paroxysm begins, a cold stream of the diameter of 3 Cm. is thrown on the spleen, the water having a temperature of 12 to 14 C. It produces an alteration on the whole nervous system, a strong reaction, and a powerful stimulation of the whole skin, changes the movements of the capillary circulation and especially of the spleen, and thus breaks up the chill). (5.) It does not

always prevent relapses, and a chronic tumor of the spleen may remain, as after the use of Quinine. (6.) In typhus, cold water also diminishes the splenic tumor. (7.) A combination of hydropathy and Quinine is therefore to be recommended.—*Virchow's Archiv*, 57, 1, 1873.

A New Method of Exarticulating the Femur. By DR. ESMARCH.

1. Before the operation the extremity is tightly bandaged to render it anæmic, and to save to the patient as much blood as possible (also indicated in other amputations). 2. After the formation of the anterior flap the large blood-vessels are closed by a ligature, a posterior flap is thus formed, and by a circular cut all the muscles divided. 3. The femur is sawed off. He claims by this procedure to reduce the loss of blood to a minimum. He operates in the same manner in amputations of the femur where the patient is already greatly reduced, in order to stop all bleeding as quickly as possible. The soft parts are then dissected off from the stump, and the bone again sawed off higher up, or the exarticulation performed. In two cases of exarticulation (one for osteomyelites femoris, successful; the other for sarcoma femoris, fatal) the blood was caught up during the operation, defibrinated and used for transfusion in the divided vena cruralis.—*B. K. W.*, 31, 1872.

Irrigation of the Bladder.—*Dr. Reliquet*, of Paris, recommended irrigation of the bladder for removal of incrustations. Patients suffering from such concretions adhering to the inner surface of the bladder complain usually of severe cystospasmus, and the capacity of the bladder is greatly reduced. As the bladder does not extend, as in its normal state, the plicæ of the mucous membrane come closer together by the incrustated masses. By extending the bladder with any fluid these folds necessarily expand, get smooth, and thus the incrustated masses lose their hold, and they are worked out of the bladder with the fluid. Common or medicated water may be used for that purpose. When the bladder is so sensitive as not to bear the injection of large quantities of fluid the constant galvanic current is introduced into the bladder through a catheter-like instrument, and the result is always brilliant, as immediately afterwards large quantities of fluid can be introduced into the bladder without any pain, and the incrustations thus washed off.—*Med. Chir. Rundschau*, March, 1873.

Tetanus and Chloral.—*Dr. McNamara* treated in the Native Hospital of Calcutta 23 cases of tetanus in a year, of which 17 recovered. He uses Chloral and the thermometer. As long as the temperature of the patient does not rise over 103° F. he receives, in the evening, one dose Chloral of 40 grains, no matter how severe the spasms are; if the temperature rises above 101° F., he receives, at noon, another dose of 30 grains Chloral. The patient must take, three times a day, four ounces milk with egg; or tea, soup, or brandy, if the heart's action is weak. The egg-nogg diet (with arrow-root during ameliora-

tion) is strictly kept up during 20 to 25 days. Under this treatment he found out that the prognosis is rather favorable as soon as the patient had passed the first ten days, and that the Chloral does not diminish the severity of the spasms, but certainly the number of paroxysms, by procuring rest and time for sleep. He is totally opposed to the system of giving Chloral in small doses and frequently repeated. One suffices with a temperature of 101°, and two if higher. Cumulation of it endangers life, as after a prolonged sleep a tetanic paroxysm of fatal severity follows. The most characteristic symptom of danger is the intensity of the spasms, especially of the muscles supplied by the spinal nerves, and a rapid rise of the temperature. In such hopeless cases the Calabar bean deserves a trial.—*Med. Chir. Rundschau*, April, 1873.

Iodine and Prolapsus Uteri.—*Dr. Nicolai Andreeff*, of Kasan, gives the following indications for the application of diluted Tincture of Iodine in descensus and prolapsus uteri completus from relaxation of the ligaments: 1. It must be possible to replace the uterus. 2. Before this is done, other complaints of the vagina and uterus, as erosions, ulcerations, etc., must be cured, or inflammatory symptoms might set in. 3. Only the cul de sac of the vagina must be touched, at first with diluted solutions (Tinct. Iodine, Alcohol $\bar{a}\bar{a}$), and afterwards the strength of the solution may be increased (4 Grmm. of 2 parts Tinct. Iod. to 1 part Alcohol); at the same time cold vaginal douches must be employed to prevent any irritation of the vagina and uterus. 4. In most cases, after two applications, the patient need not keep up the horizontal position, but she must not perform any heavy labor. 5. The bowels ought to be kept regular. 6. The intervals between the applications ought to be at least three days, and the vaginal douches must be continued for some time after the treatment is closed.—*Med. Neuigkeiten*, 1, 1873.

Old Callous Ulcers of the Legs.—*Prof. V. Nussbaum*, of Munich, treats such ulcers by dividing the skin in the whole circumference of the ulcer about a finger's breadth from the edge of the ulcer, the cutting being carried down to the fascia, and in many cases he witnesses a rapid cure of the ulcer, whereas the cut surface changed into a benign annular ulcer. This change he ascribes to the division of the conducting blood-vessels. Other methods, used by *Nussbaum*, are the transplantation of skin, which, by partial dissection with preservation of bridges, were rendered more voluminous, or *Reverdin's* transplantation of pieces of skin, which he takes without any injury from cadavers, about six to eight hours old.—*Bayer. Aertz. Intbl.*, 14, 1873.

Pyæmia and Osteomyelitis.—*Prof. J. N. Demarquay*, remarks that wherever pyæmia happened in complicated fractures, he always observed an osteomyelitis of the bone or bones of the fractured extremity. He considers this osteomyelitis the cause and not the consequence of the pyæmia, as only the contused or fractured bones are affected with it. He saw cases, where the ball did not break, but only contused the bone; in 12 to 15 days pyæmia set

in and autopsy revealed osteomyelitis of the affected bone. In order to prove the power of absorption on the part of the internal cavity of the bone, which was already known to Cruveilhier and Ollier, Demarquay introduced Strychnine in this cavity with a Pravaz syringe, without injuring the blood-vessels, and the characteristic toxicological symptoms followed.—*Arch. Générales*, Ser. vi., v. xx., 258.

Incarcerated Hernia and Hypodermic injections of Morphine.—Dr. Haller highly praises a hypodermic injection of Morph. muriat. 0.03 before attempting reposition of a rupture, and so far has succeeded in every case. A woman, 45 years old, suffered already for 5 days from incarcerated hernia, with faecal vomiting, meteorismus, cold sweats, and hippocratic face with filiform pulse, where two surgeons had tried every means, except the knife. After a subcutaneous injection, the vomiting ceased, but taxis failed. After changing the former warm applications to ice over the rupture, and ice-water injections, which were retained for some time, another subcutaneous dose of Morphium 0.015 was applied, so that the patient felt more comfortable, and some milk was relished. Taxis failed again, but faecal masses passed per anum. Next day two subcutaneous injections of Morphium 0.015; a copious stool followed, after which reposition succeeded with great ease. From the very first the woman refused any operative interference, and no blame can, therefore, be attached to the physicians in attendance.—*Bay. Int. blatt.*, July, 1873.

Carbolic Acid as an Anæsthetic.—In proportion of 1 to 6, mixed with oil or glycerine, it is one of the most soothing applications in burns, carbuncles, panaritium, varicose ulcers of the legs, and in erysipelas phlegmonodes in a more concentrated solution of 1 to 3, or even of 1 to 2. In the proportion of 1 to 10 it acts beautifully in the first stage of gonorrhœa, and in ten days that oprobrium medicinae is usually removed; the same, or a somewhat more concentrated solution acts well in epididymitis gonorrhœica, applied on compresses over the painful and swollen parts. As anti-parasiticum it gained some notoriety in skin diseases, especially where a great deal of pruritus is present.—*Bay. Med. Int. blatt.*, July, 1873.

Catarrhus Duodenalis and its relation to Psychoses.—*Holthof* remarks that catarrhus duodenalis gradually produces emaciation in spite of sufficient nutriment, as resorption is prevented by a layer of tough mucus, and the deficient flow of bile and pancreatic juice only allows an imperfect chance of the alimentary matter, or the mucus also acts as a ferment on the food. As flatulency is thereby increased, the thoracic coating becomes diminished by the pushing upwards of the diaphragm, the abdominal blood-vessels are compressed, producing on one side dyspnœa, on the other side circulatory disturbances. Chronic duodenal catarrh is thus the cause of mental depression, leading to mental aberrations. Such patients are hypochondriacs, are constantly troubled about their epigastric pain, and steadily studying out its causes. Peculiar sensations appear either by reflex on the vasomotor centre, or by pres-

sure of the gases on the abdominal vessels, and a melancholic state is developed, with fixed ideas of persecution, or self-condemnation. Aggravation always takes place after eating.—*Psych. Central blatt., June, 1878.*

Neuralgia.—Hypodermic injection of Morphia.—The hypodermic injection of Morphia is as dangerous as it is effectual in neuralgia. Those who have learned to fly to the syringe as a remedy for instant pain, soon discover that in it they find also a stimulant which possesses a fascination as potent as that of Alcohol. The regular use of Morphia in this way, sets up a periodicity in the system which actually favors the return of pain, and, moreover, during that regular use, other treatment is useless.—*Dr. T. C. Albatt, Braithwaite, July, 1878.*

Singultus and Faradization. *Dr. Dumontpallier* observed favorable results from faradization in several cases of singultus, which resisted other means. He applies the positive pole in the course of the nervus phrenicus on the neck, and the negative one along the basis of the thorax quickly to and fro. The current should not be carried through longer than three to four seconds, during which the diaphragm will be in a tetanic state. Six or eight seconds usually suffice in removing the hiccup.—*Bull. de Therap. v. 82, p. 518.*

Ischias and Galvanization per rectum.—*Prof. M. Benedict* recommends galvanization per rectum in obstinate ischias, where the pains are localized in the bones, and considers former failures to be due, that the current does not pass strongly enough through the plexus lumbo-sacralis. He uses conical-cylindrical electrodes for that purpose, whereas the other one is applied to the regio sacrolumbalis, and to the different painful points. It is better not to hold fixedly at one point the rectal electrode on account of its cauterizing power, but to keep it moving about.—*Wien. Med. Presse, 22, 1872.*

Pressure on the Carotids to control Intercranial Circulation.—*Dr. McNary, of Holden, Mass.,* makes the following suggestion: It is exceedingly strange to my mind, that the very simple and efficient means by which the intercranial circulation may be controlled by means of digital pressure upon the carotids, has been so universally overlooked. The pulsation of these arteries may be plainly and easily felt on either side of the trachea, and the circulation through them may be almost as certainly controlled by properly applied pressure, as if they were held between the thumb and forefinger. The applicability of the principle to a great variety of diseases in which it is indicated, will suggest itself to any physician, but will remark by way of illustrating its practical applicability, that I have succeeded in relieving a great many cases of violent headache, convulsions or fits. But the stronger proof of its value as a remedial means was afforded in the case of a boy, who had been very dangerously ill for several days, with what was supposed congestion of the brain. He had had several convulsions, and had been perfectly blind

since his illness began. I was requested to see him at night, and remain the next morning, till the physician in whose care he was could meet me in consultation. Utterly at a loss what to do immediately, the above idea occurred to me, and I had hardly got my fingers well and firmly fixed, when he told me that his headache was better, and within less than five minutes I think his sight had perfectly returned, he was free from all pain and uneasiness, and continued to recover rapidly, *without any medicine*.—*Half-yearly Compendium, July, 1873.*

Noma and Nosocomial Gangrene. Billroth energetically scratches out with a sharp-edged instrument (spoon or closed hollow scissors) all gangrenous parts, till everywhere inflammatory infiltrated, copiously bleeding tissue presents itself; after stopping the hæmorrhage by compression he energetically cauterizes the parts with fuming brown Nitric acid.

Dr. Pernitza used the same treatment in a case of noma. A child of four years passed through a mild attack of variola, and as appetite and strength were satisfactory, the doctor took his discharge. Six days afterwards his aid was urgently asked for. He found moderate fever, exceedingly foul breath, and a thin, yellowish, foul-smelling discharge from the mouth. The lower lip and both cheeks were swollen, shining red, and the infiltration felt as hard as a board. Internally the mucous membrane was changed to a pultaceous, gangrenous, gray mass, and still spreading. Billroth's treatment was energetically applied, followed by cleansing the mouth with Solutio kali hypermang. (1.500), and a nourishing diet. The child fully recovered.—*Wten Med. Wochst 31, 1873.*

Diabetes Mellitus and Electricity. *Dr. E. Bischoff* draws attention to the fact that fatty degeneration of the arteries at or around the fourth ventricle may cause diabetes mellitus. In such a case, a man of 44 years, the negative electrode was applied high up on the neck, the positive at first between the angle of the lower jaw and the mastoid process; then on the upper fossa claviculæ, or when the positive pole was held in the last position, the negative pole was moved along the n. occipitalis and the process. spinos. of the cervical vertebræ; finally, the negative pole was alternately applied on the right and left fossa supraclavical. and the positive one at the pit of the stomach and in the hepatic region. Every position was kept up for one or two minutes. During 32 days this treatment was continued, and the quantity of sugar decreased more than half, and even after its cession the sugar never reached more its former quantity. The man finally died from an apoplectic fit, and autopsy revealed the vessels at the base of the brain strongly dilated, atheromatous, the pons strongly fluctuating, and when cut through perfectly destroyed by hæmorrhage, extending to the crura cerebri, crura pontis ad cerebellum, and into the fourth ventricle.—*Aerz. Intek. bl. 23, 1873.*

Hypodermic Injections of Ether. *Dr. E. Bayer* applied them nine times during and immediately after labor, seven times in cases of dangerous

flooding, also in a case of shock after an obstetrical operation, and finally in a case of collapse after narcosis. He made four to five injections of 1.0. A sure sign of the absorption of the ether is when the expired air begins to be tainted with it. Any place will do for the injection, and he never observed abscesses or circumscribed necroses of the skin. Its early use is far preferable to transfusion of blood.—*Centrallb. f. med. Wiss.*, July, 1873.

Dr. R. W. Tibbets uses injection in the veins of *Liquor Ammonia dilut.* (10 grs. to 2 ounces water) for the same purpose. Even where it does not save life, it allows time for the use of other stimulants.

Dr. Pribram recommends *Atropinum sulph.* in doses of 1-70 of a grain against the colliquative sweats of consumptive patients. Even after the first dose the sweating ceases for the following night, and by repetition of it the sweating ceases entirely. It is contraindicated, where paralysis of the terminal fibres of the *vagus* in the heart is to be feared, in deficient expectoration, and by preceding hæmoptoe, although copious drafts of water or Opium (1-8 gr.) or Morphium might diminish the danger.—*Med. Neutgk.*, 31, 1873.

Ammonia as an Antidote to Mercurial Poisoning.—Dr. Meyer, physician to the looking-glass manufactory at Chanay, discovered that the injurious effects of quicksilver could be prevented by Ammonia. It suffices to sprinkle, after the workmen are dismissed in the evening, the whole floor with a quart of commercial Ammonia. Since this procedure was introduced in the factory, none of the workmen were attacked by symptoms of hydrargyrosis, whereas, formerly, they showed themselves after a few months; and even in old workmen, who already suffered from mercurial tremors, the paroxysms became milder and at longer intervals.—*Schm. dt's Jahrb.*, 5, 1873.

Reviews and Bibliographical Notices.

The Homœopathic Treatment of Surgical Diseases. By J. G. GILCHRIST, M. D., Chicago; C. S. Halsey, 72 State Street, New York; Boericke & Tafel, 145 Grand Street, 1873. Pp. 413.

This valuable and attractive book, the first fruits of Homœopathic Surgery in the field of Therapeutics, is one which no Homœopathician can afford to be without. In saying "*first fruits*," we do not for an instant forget nor underrate the valuable labors and pre-existing works of Dr. Franklin and Dr. Hel-muth. Nor can we refrain from paying a tribute to the pure Homœopathy

emphatically taught by the latter surgeon, who has repeatedly said in our hearing, that "It is far more scientific and a greater proof of the skilful surgeon to remove any morbid growth or condition by the internal administration of medicines in accordance with *our law*, than to cure by the most brilliant and skilful operation conceivable!" But these works were *not* exclusively and avowedly on the subject of Therapeutics, as is the work under consideration. How closely our author has confined himself to his text, we shall see presently. The work is divided into *subjects*, which the author has the good taste *not* to denominate chapters. We find mentioned diseases of various anatomical parts, also sections on Mental Diseases (*Shock and Traumatic Delirium*), Diseases of Joints, Bones, Nails, Blood-Vessels, and Nerves; an excellent discussion on suppuration (*Viewed of course merely therapeutically*), followed by Ulcers and Gangrenous Sores (including Mortification, Bedsores, Sloughing, Phagedæna, Carbuncles and Boils), a good section on Tumors, and finally the effects of Heat and Cold. The work is preceded by a table of contents, and its use greatly facilitated by a *full* index.

At the outset we must remember this is a maiden effort, both as to the man and the subject, and in that light we can't fail to be proud of the book. In each department the Doctor gives a brief, and, of course, incomplete *repertory* of drugs and morbid conditions, and then gives a fuller symptomatology of drugs, alphabetically arranged. The advantages of such an arrangement are too obvious to need enumeration. In this work is advocated the early evacuation of pus; yea, the cutting of whitlows, carbuncles, and boils even before fluctuation can be detected, the author claiming that such early lancing often cuts short, and even averts the more serious stages of these affections. With all this we heartily concur, but we have never been taught to regard the knife as a *homœopathic* therapeutical agent; and therein, we judge, lies one of the faults of the book. Dr. Gilchrist does not preserve the unity of his work. He starts with remedies, but he turns aside too often to speak of this or that operative procedure. That the great majority of so-called surgical cases cannot be treated exclusively with internal remedies, we believe no man of the least experience in practice will deny. But that almost all (if not quite all) such diseases are most satisfactorily treated by mechanical and local measures, combined with the appropriate constitutional treatment, we believe will be quite as readily granted. Why, then, divorce the mechanical treatment from the medicinal in surgery? Is anything gained? Is not *everything* lost? But it will be argued, we have full and exhaustive treatises on the mechanics of surgery already, and what we want *now* is the therapeutics. True, but *Homœopathic Surgery* is no longer a myth. It is a *real, living* science and art; and the young surgeons of our school now need a reference book, where *all* the necessary treatment for any given case shall be found—where *all* the facts at present well authenticated shall be laid down. And from this aspect we are better satisfied with Dr. Helmuth's plan, and believe it to be the better. If there is no surgeon among us who feels himself competent to undertake such a work, then take Gross, or Erichsen, or some other standard Surgery, and insert the homœopathic therapeutics. But we do not yet despair of a great *Hahnemannian Surgery* on the plan of which we speak.

The style of Dr. Gilchrist's work is not all that could have been desired, and in many places awkward expressions occur. But this weakness is too common among our writers to be severely criticised. Nevertheless, the writings of our school would be of more influence, and do more for the spread of Homœopathy, if their authors would polish and refine their work more carefully. But the book in hand is too valuable to be discarded because of a few failings: As a hand-book in the treatment of the diseases which are mentioned in it, we know of nothing to rival it. As we said in beginning this review, no homœopathic practitioner should be without it.

C. M. C.

The Homœopathic Family Guide, for the Use of 28 Principal Remedies in the Treatment of the More Simple Forms of Disease. BY GEORGE E. SHIPMAN, M. D. Chicago, 1873.

May Heaven's choicest blessings be forever the portion of this good and pious man, is our daily heartfelt prayer. Shipman nobly devotes his life and his labors to the little forsaken waifs of humanity, and, assisted by woman, his home for them will soon be the proudest monument which the Doctor could wish. To devote another mite towards its completion, the profits from the sale of the *Guide* are given to the *Chicago Foundlings' H.me*.

We are always in favor of domestic works, as they teach our patrons how to help themselves in simple forms of diseases without taking refuge with Mrs. Winslow's Soothing Syrup, with Mrs. Porter's Cough Drops, with Vinegar, or with Chicago Bitters, or to the innumerable nostrums, with which the market is flooded. But of the many works for family use, we consider *Shipman's Hom. Family Guide* one of the best, especially on account of its conciseness in diagnosis and therapeutics.

Its intrinsic worth alone should command a rapid sale, but in buying this book we help a charitable object, and we trust, therefore, that a new edition will be soon necessary.

Boenninghausen's Homœopathic Therapeia of Intermittent and other Fevers. Translated with the addition of New Remedies. By A. KORNDERFER, M. D. Boericke & Tafel.

Boenninghausen was not a common physician. As a layman, he took up the study of homœopathy and mastered it in such a manner, that we doubt whether there ever was another mortal so well versed in homœopathic materia medica as the author of this work. No wonder, therefore, that neophytes will find the same trouble in studying this work, of which they complained in using Boenninghausen's Whooping-Cough for the treatment of diseases of the respiratory tract. To all such we can only say, "try, try, again;" just such works will teach you to be exact in the examination of your patient, exact in the study of the adjectiva of your case, and finally exact in selecting the one remedy for your case. The more we follow such works in our studies, the

more convinced will we become that alternation of remedies is only exceptionally allowable, as there will be no need of it in curing our cases cito, tuto, et jucunde.

Dr. Korndörfer has performed his task well, and the changes which he necessarily made in the text, only enhance the value of the book, as clearness of style makes a book far more readable, and Bönninghausen, like so many other German writers, is too much given to obscure phraseology; in its original text it has been an old friend of ours since it first made its appearance, but still we confess that we often failed in treating our intermittent cases according to his indications, and we had to look up the symptoms showing themselves during the apyrexia, in order not to be driven to the suppression of the paroxysms through Quinine. Thus we find in the *Arsenicum* patient, great prostration during apyrexia, with burning pains in chest and abdomen, and aching pains in the hepatic region; in *Quinine*, the thirst keeps on during the apyrexia and the painful sensation in the dorsal vertebræ remains unabated; *Ipecac.* and *nux v.* give us derangement of the digestive organs during apyrexia; *Apis*, pain under the short ribs, especially in the left side, œdema and scanty urine, great soreness of the limbs and joints. *Diadema* gives us hæmorrhagic tendencies, and from the loss of blood great lassitude and disinclination to work, with numb feeling in the fingers, etc., etc.

In another edition we also hope that our worthy friend will allow to the symptoms of thirst a more conspicuous place in the first part of the work. We learned the value of this symptom from the Austrian physicians, and it sometimes decided the selection of the remedy.

It could not be otherwise expected, that some valuable symptoms are left out, and we beg the publishers who do so much for the spread of Homœopathy, to have some copies interleaved, in order that by hearty co-operation the next edition may become as complete as possible.

Our space forbids us to enlarge on this valuable addition to our English literature. We only hope that it may find a place in the library of every physician, or rather that it may constantly be found on the table for close reference in every case of intermittent fever. *Quinine is homœopathic to intermittent malaria, but only under certain conditions.*

Miscellaneous Items.

Editorial.

The *Pacific Medical and Surgical Journal*, for September, 1873, contains the following item:

CHANGE OF BASE IN HOMŒOPATHY.—The original idea of Homœopathy regarded the symptoms of disease as the exclusive guide in the selection of remedies, and entirely ignored pathology. Of late, scientific men of that sect

begin to appreciate and study morbid anatomy and to apply its revelations to practice, thus paying tribute to regular medicine. One of their German champions, whose elaborate essay on pleuritis forms the leading article in the N. A. JOURNAL OF HOMŒOPATHY, discovers by dissection four forms of exudation in that disease, differing essentially from each other in spite of the similarity of symptoms, and requiring different remedies, which the rational symptoms are not competent to indicate. "Different material and dynamic disturbances," he says, "may cause the same group of symptoms." If the disciples of Hahnemann would preserve their distinct character, they must not open the door of exclusiveness to let in the light of science.

We are glad to see that allopathic physicians put a higher value on the compositions of Prof. Buchner than the editor of the *British Journal of Homœopathy* does; and we hope to be frequently honored by the contribution of this distinguished German teacher. Men like Buchner, Kafka, Schmidt, etc., and a host of others in different countries, prove by their works, that we do not wish to preserve a distinct character, that the exclusiveness does not lie in us, but in the so-called "school of regular medicine," which excludes us from participating one with another in collegiate intercourse.

May we ask the gentlemanly editor of the *Pacific Journal* what he understands by Homœopathy? Webster defines it: "The theory and its practice that disease is cured by remedies which produce on a healthy person effects similar to the symptoms of the complaint under which the patient suffers, the remedies being usually administered in minute doses," or, in other words, a *system of therapeutics*, whose corner-stone is the law of similarity, by which we are guided in the selection of the remedy (no experimental application), and which is open for study and practice to all physicians. There is no exclusiveness; we have the truth on our side, and though years may pass by, that law of polarity (similarity) will be acknowledged yet by all physicians, and thus only a union will be possible. We never paid tribute to *regular medicine*, as just in their therapeutics the old school was and still is irregular, ever changing, experimental, guided by fashion and mere caprice, without any scientific basis to guide them in the proper selection of the remedy. Cures will happen, but *post hoc* is not always *propter hoc*, and the old school acknowledges its failure in therapeutics by the ascendancy of the expectant plan of treatment, by their system of polypharmacy, by putting hygiene justly in the foreground.

In the same number of the *Pacific Journal*, Dr. T. A. Snider sneers at homœopaths, eclectics, spiritual doctors, and other *avowed enemies* (p. 138).

Now, in the name of Homœopathy, we distinctly disavow any enmity to any school or to any member of such a school. We have no need of enmity, but we may pity the delusion which fears investigation, and the intolerance which forbids investigation of our therapeutic law and its application.

Dr. Snider advocates "blood-letting" in that leading article, and, page 164, he quotes B. W. Richardson: In considering the practice, the first thought is that those effects of blood-letting which might be expected to be useful, are such as may be called *mechanical effects*; in plain words, whenever the venous reservoir is under distention, so that due motion of blood and function of part

depending on motion of blood for function, is disturbed, abstraction of blood is the most direct remedy.

We ask, would it be considered against the principles of Homœopathy, if in such a given case of pneumonia, apoplexy, etc., a homœopathic physician uses such a mechanical appliance for equalizing the circulation and of reducing the blood of an over-worked heart? Your own physicians prefer Quinine and brandy, to stir up the waning energy of the organ affected; many of our physicians would use this *surgery* for the mechanical obstruction, and after the removal of the obstacle put their whole reliance on that remedy which corresponds to the totality of symptoms, *i. e.*, to the subjective as well as to the objective symptoms.

For all zymotic diseases the treatment of the regular school is constantly vacillating, and just now the thermometer and hydrotherapeutics are in the ascendancy. Shall we be denied the benefits of these adjuvantia, because we are able to cure without them?

But, according to Dr. Gibbons, Homœopathy must have nothing to do with pathology. Who told you so? Webster defines pathology the science which has for its object the knowledge of disease, treating of the classification, causation, symptoms and cure of diseases. The classification is to an homœopathist of no importance whatever, but the causation and symptoms are, and we fully agree with Dr. Snider, when he says, "it is the due appreciation of these more minute shades of difference as well as the broad distinctions observed in the varying forms of disease, that constitutes the truly skilful physician, and enables him to meet the emergencies of each case, instead of relying on conclusions drawn from groups of cases."

Such a light of science may be perhaps just dawning to allopathic minds, but it is an old, old homœopathic principle, not only to *strictly individualize each patient*, but also the *symptomatology of each case*, as, *e. g.*, Buchner shows in pleurisy, and then also strictly INDIVIDUALIZE THE REMEDY, corresponding to the patient and to the disease. This does not make a disease an entity, and the adjectives of the diseased state frequently decide the selection of the remedy.

We may be allowed to ask Dr. Gibbons another question: How much of pathological anatomy was known in Hahnemann's time, and are not all our great acquisitions of recent date? Still you sneer at the father of Homœopathy and his early disciples, because they rejected the vagaries which then passed for physiology and for pathology. We would ask our honorable opponent still another question: How many American physicians distinguished themselves by scientific discoveries in the field of physiology and pathology? The answer is plain: A physician in this country has to work for a living, we have no endowed colleges, we have no pension fund for worn out scientific men or for their relicts. Far different is it in Europe, where universities are governmental institutions, paying their professors such salaries, that they can afford to spend their whole life in the study of their respective branches, free from anxious care and from the tribulation of the practice of the medical pro-

fession. And who were *excluded* until lately from the enjoyment of all such privileges?

Oh! the regular school was always intolerant enough to throw obstacles in the way of any one who failed to bow to their tyrannical behests; but we may say, in the language of your own correspondent (p. 183): We are aware that in doing so (for us practising Homœopathy), we have submitted ourselves to the criticisms of the profession; but the result has shown so favorably, compared with the common practice, that we are content to risk the issue that experience has shown.

Yes, Homœopathy, the *science of therapeutics*, is intrusted to our care, and it will task for years yet all our energies, to put it by provings on the healthy, by experiments on animals, and by the crucial test of clinical experience, on such a sure basis that mere experimental therapeutics will be entirely discarded. Our duties now are to explain the action of every symptom on every tissue of the body; but we claim an equal right in every scientific discovery, as belonging to no particular school, and to apply it to the best of our knowledge for the relief of suffering humanity. Exclusiveness! certainly this cannot be laid at the door of homœopathic practitioners; it is rather our aim to *include* everything in the circle of medical science which may benefit our patients. Progress, constant progress is our device, liberty of thought and of action the guiding star of our professional life, and we hope that the time may soon arrive, when the *excluding, intolerant, regular (!)* school of medicine may learn and practise the golden rule, "to do unto others as they wish that others may do unto them."

N. Y. COUNTY H. M. SOCIETY.—APPEAL IN AID OF THE LIBRARY.—Members of the Profession are urgently solicited to contribute books, periodicals, relics, etc.; and the Committee beg leave to suggest, especially to the older members, that this Society being permanently established by law and a proper custodian, could receive indentures conveying books to the Society, terminable at the decease of the maker.

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Original and Translated Papers.

ARTICLE XXIV.—Studies on Cholera.

BY PROF. J. BUCHNER, M. D.

PREFACE.—The causes why man submits to the tribulations of life (Darwin's Battle for Existence) may appear, superficially considered, of no importance; their consequences are certainly the contrary. Virgil's irreparable fatum, the doctrine of Mohammed, the predestination of Zwingli, all belong to one sphere. Many persons are followers of Zwingli without knowing it. They have their views about everything, which fail in practical life. "Fata volentem ducunt, invitum trahunt," is a Roman proverb. Natural necessity (*ἀνάγκη ἀθήριτον σθένος*—*Aeschylus*) also savors of fatalism and gives no better direction. Ethic freedom and strength of will is the only impetus by which we not only solve the problems of culture, but whereby we also conquer understandingly and successfully the different tribulations of life. With such a basis man remains strong in will and in action, free from fear, though carefully guarding himself and his family. All else are miserable surrogates.

It is of some importance to judge rightly, whether cholera is miasmatic or contagious, as only one thing can be true, and of great importance to the welfare of humanity; in

the former case we can do very little to prevent the disease, whereas the contrary would be the case with contagion. Cholera decimated the population on the shores of the Wolga, but Sarepta, Windau, Belgrad near Bajukdere, also Newcastle, which closed itself up entirely, remained free; thus also Montevideo, 1867, by its most severe quarantine regulations. This closing-up system cannot be applied any more to large cities; but patients can be isolated and the healthy ones removed from the infected habitations.

It is advisable, that during the epidemic every family ought to have its own medical counsellor, who should not be changed during the course of the disease nor a different method instituted; this physician ought to be called immediately, as, according to McLaughlin, of 3,902 patients suffering from cholera every case was preceded by diarrhœa, which ought never be neglected, as prevention is better than cure. The Board of Health must, in such cases, rule with tyrannical severity, and they ought never allow the disease to gain a foothold in particular foci. Some authorities doubted the efficacy of disinfection, but we have now plenty disinfectants, which diffuse no foul or unhealthy odor. Clothing, linen, beds of patients, need the most careful disinfection.

HISTORY.—The history of cholera begins with the year 1817, when the disease spread from Calcutta over India, Java, and the islands of the Indo-Chinese Archipelago; 1820 it penetrated into China, Persia, and Arabia; 1823 it passed the Caucasus and the Caspian Sea. The Persian war of 1826 brought it to Europe, and the Turco-Russian war of 1828 aided in its further progress, as well as the Polonio-Russian of 1831, when it showed itself in Dantzic, Petersburg, Finnland, Berlin (Prussia tried to close itself up by close quarantine, but a Russian vessel carried the cholera into Dantzic), Vienna; from Asia it penetrated into Egypt and Constantinople; 1832 to Paris and London; 1834 the northern part of France, Spain, Portugal, Havana on one side, Great Britain, Canada, and the United States on the other side, were visited by cholera; 1836 it penetrated from the southern part of France into Savoy and Italy, through

Tyrol to Munich; 1837 to Berlin and other parts of Northern Germany.

In the fall of 1846 the disease spread from Persia to the Caspian Sea, 1847 to Tiflis, Astrachan and Trebizonde, from Tiflis into Russia and the Wallachy, hence to Constantinople; 1849 the Russians encamped in Hungary, and cholera reappeared in Vienna, Hamburg, England, Scotland, America. It broke out in Paris, March, 1849, and spread over France, Belgium, Holland, North and Middle Germany, Austria. Since 1851 cholera has only appeared in separate cases in Europe, gaining its greatest dimensions in Southern Germany (Augsburg and Munich), Italy, France, and in its paralytic form, 1855, in Southern Vienna. In consequence of the Crimean War, it again extended over the whole world. Our means of travelling and the constant intercourse of nations drove the cholera, 1865, again all over the world, but it had no vitality. Just as the Industrial Exhibition of Munich aided in its spread, so we find the same repeating itself by the World's Fair in Vienna in 1873.

Fibrinosis of the blood has disappeared more and more since 1827, and this is the reason, why cholera has travelled repeatedly so easily all through Europe; as soon as fibrinous diseases regain the ascendancy, the albuminous cholera will disappear.

ÆTIOLOGY.—Asiatic cholera is an epidemic catarrh, producing transudations, similar to rice-water—from the mucous membrane of the stomach and bowels, which are discharged by vomiting and purging; at the same time the secretion of urine, bile, carbon, is stopped, the absorption of oxygen diminished. The appearance of a contagious disease in one place presupposes its presence in another place; it existed already in the latter before it could break out in the former. We understand under contagiousness, that a person suffering from cholera or cholera, or his excreta, clothing, etc., becomes the cause for a similar peculiar morbid state in others, if they possess receptivity for it, so that the disease and the grade of it are not only fixed by the agent, but also by the individuality of the patient.

We set down as axioms: 1. The cholera contagium is developed also by processes of decomposition from the dejections of cholera patients, just as in epidemic dysentery. The dejections infect, according to the exact experiments of *Thiersch*, most intensively from the sixth to the ninth day, at other times their action is decidedly less powerful.

2. When the contagium is transmitted, the disease may develop itself independently of all influences of the soil as soon as the contagium finds occasion to spread. Such opportunities are found wherever processes of decomposition take place.

3. The cholera contagium may communicate itself also to other decomposing matter, so that from it contagium may develop itself anew, or at any rate favor its formation.

4. Everything which arrests processes of decomposition: low temperature, abstraction of water, disinfectants, moderates the continued formation of cholera.

5. The cholera contagium may be conveyed by air, water, by the use or handling of materials tainted with cholera dejections, which we observed on persons who used water-closets in which even disinfected cholera dejecta were thrown. We thus clearly see that in most cases the spreading of cholera is caused by the dejecta of persons who are infected by the cholera poison, though they may be only down with cholera. Such views were already held by *Dr. Veith* of Vienna, by *Dr. Schubert* of Leipzig, etc., and thus we understand why a house, a street, a ward of a city may become especially dangerous, as it happened in 1855 in Vienna.

The duration of the infective power of the dejecta may be set down as from 14 to 21 days.

It is still in doubt, whether the morbi-facient agents of cholera communicate themselves through the atmosphere, or mix with the surrounding atmosphere, through fungi or through ciliated spores, as they are far smaller than the elementary bodies of the blastema—less than $\frac{1}{8000}$ '''—and far more diffusible than homœopathic remedies, which permit chemical and microscopical proof. At any rate the

burning of fires at night at Toulon and other places was based on such suppositions.

We do not consider the fungi, as we observe them in diphtheritis, dysentery, glanders and similar diseases, of any therapeutic importance; still they are considered as agents for the spread of the poison.

The receptivity for cholera is general, because the blood is defibrinated by the continued action of the poison, and prepared to become anhydrous. When an epidemic rages in a place all its inhabitants more or less suffer from it, because the human organism reacts as surely on cholera as potassic cyanide on iron, and discharges the poison by sweating, by diarrhoea, but in some cases with an array of most dangerous manifestations. The resisting power of the organism will be diminished by dietary errors, especially by the use of fat, which also changes the biliary secretion, by emetics and purgatives, by strongly acting preservatives, by catching cold, by remaining out during damp evenings in the fresh air (especially when enjoying his lager at the same time).

It is the greatest nonsense to expose one's self unnecessarily during a season of epidemics, as thus unfavorable changes are incurred. On Monday the hospitals of Paris always received one-eighth more of cholera patients than on any other day of the week.

The subsoil of large cities is frequently charged with decomposing and putrid matter, as with the drain of breweries, of gas factories and other manufactories, with the accumulations of dirt and organic detritus, all of which become important agents for the spread of the disease.

A porous soil, penetrable to air and water, with surface saturation, offers a better field than compact rocky strata impenetrable to water (*Pettenkofer*): a view against which the Petersburg physicians strongly remonstrated. *Fourcault* already showed, that cholera does not fix itself on primitive and transition strata, but it usually rages on carbonaceous, calcareous, chalky and alluvial formations; ascribing at the same time essential influence to the quantity of salt in the soil, and to the power of organic detritus.

A region full of precipitous cliffs, or sudden drying up of the surface water favors the spread of cholera and of all other albuminous poisons, as they all ferment, but only under the condition that organic substances are present.

PATHOLOGICAL ANATOMY.—As soon as a disease becomes epidemic mortality increases, as in acute exanthemata, dysentery, etc. This fact must be added to the foci of localization in cholera. Patients dying in the cold stage present the following symptoms: General and high-graded collapse, shrinking of the cutis, with bluish-grey, cyanotic color, dryness of the connective tissue, dark-red rigid flesh, the intestinal tract full of a rice-water fluid mixed with flocci of detached epithelium; during the protracted stage we find after preceding copious discharges, a whitish, more consistent, milky fluid, especially accumulated in the colon, sometimes of a reddish color from the admixture of blood. The mucous membrane is lined with a whitish mucous layer, consisting of absorbing epithelia and elements of exudation. The intestines, especially the small ones, are relaxed as if paralyzed, of a light-red color from the quantity of blood retained in the finest venous ramifications. After a while capillary hyperæmia of a dark-red color, with hæmorrhages in the form of ecchymoses of the mucous membrane, appears in the lower ileum and colon, giving a bloody color to the contents of the bowels. The mucous membrane is puffed, loosened, the villi of the small intestines swollen from imbibition and shedding of the epithelia, and of a dull color. The solitary and conglomerated glands are swollen during the protracted stage and we find here and there a retiform Peyerian plexus. The mesenteric glands are moderately swollen and of a white or reddish-white color.

The stomach contains a watery, flocculent, dull-looking fluid; its mucous membrane generally pale and loosened. The epithelium of the œsophagus and pharynx, the fauces and buccal cavity swollen, loosened, white, exfoliating. The liver void of blood, the spleen shrunken, small, its tissue condensed, except when cholera is joined to intermittens. The peritoneum and pleuræ are coated with a gluey, synovia-like

fluid, and dissolving epithelium. The bladder is strongly contracted, its mucous membrane pale, covered in the region of the orificium internum with vesicular exuberant follicles, which are sometimes surrounded by a light-red vascular circle. At a later stage we observe a creamy epithelial coating. The mucous membranes of the ureters and renal pelves are similarly coated. The renal pelves pale, the corticalis swollen, the urinary canaliculi, there and in the tubular substance even to the papillæ, filled with exfoliated, swollen epithelia, filled with albuminous molecules and fatty granules. In short we find all the changes which an albuminous nephritis produces. The lungs are, especially anteriorly, puffy, anæmic, of a light-red color, posteriorly and in the lower lobes hyperæmic, dark-red—hypostatic hyperæmia—congested. The heart, especially the right one, with its large veins, contains a tarry, gluey, dark-red blood with scanty soft coagula, the white blood corpuscles in it increased.

There is frequently venous hyperæmia of the cerebral and spinal arachnoid. In the central abdominal ganglia we often find small ecchymoses. The cervical ganglia and the ganglion cœliacum look like light-red lumps of flesh, from which the nerves go out as white cords, and when cut through very little nerve-structure can be observed; the nervus vagus is often relaxed and atrophic, so that it looks like a hollow or shrunken cord; in other cases it looks tense and like a sinew.

The so-called typhoid stage distinguishes itself by hyperæmia of the most diverse organs, hæmorrhages, inflammations with croupous exudations, hæmorrhagic infarcts, diphtheritis, necrosis. We mention here especially Brightian degeneration, dysentery of the mucous membrane of the lowest ileum and colon in form of croupous exudation and diphtheritic necrosis, croupous pneumonia and bronchitis—combined with it croupous exudation on the mucous membrane of the œsophagus, usually with proliferating fungoid vegetation in the exudate; croupous exudations on the mucous membrane of the bladder, with diphtheritic sloughs on the mucous membrane of the vagina and uterus; croupous exudation on the

mucous membrane of the gall-bladder and ductus communis with their branches in the liver. Hæmorrhagic infarcts are frequently observed in the spleen and kidneys, more rarely in the lungs; coagula are frequently found in the cavities of the heart or in some veins, being carried by the latter into the former. Inflammations and suppurations of the sub-cutaneous connective tissue, finally gangrene of the nose, the cheeks, the external female sexual organs; noma, softening of the mucous membrane of the stomach.

The chief pathological loci of cholera are, therefore, the ganglia, the mucous membrane of the stomach and of the small intestines, the kidneys, the liver, the serous sacs.

Anatomically, we cannot establish any difference between sporadic and epidemic cholera.

SYMPTOMS AND COURSE OF THE DISEASE.—Most persons living in the reach of the cholera poison observe some pressure in the precordia, a rumbling in the bowels, night sweats, symptoms of a threatening diarrhœa, frequently produced by mental emotions and by the unexpected news of fatal cases.

The lightest form of cholera is a simple diarrhœa without colic, without tenesmus, with debility and general relaxation. The stools are copious, watery, but neither without color or without smell. Such cases are not recorded in the official lists of cholera, but they must be counted in, although not in the tables of a board of health, before a scientific commission, as genuine cases of cholera (Niemeyer), on account of the notorious transmission of cholera by persons suffering from such a diarrhœa, on account of the transition from simple diarrhœa to the gravest forms of this disease. The peculiarly decomposed blood, the colorless dejecta, the frog-like skin, the cessation of the urinary and biliary secretions, are still absent.*

* Should an individual in health be suddenly attacked with diarrhœa, even during a cholera epidemic, and should, on examination, *no albumen be found in the urine*, cholera will not develop, not even if the individual be in such a position that he cannot protect himself in any way. Such a diarrhœa may

The transition-forms from the lighter to the more severe types are those cases where violent vomiting is added to the diarrhœa, and where the dejecta take on the characteristic appearance of rice-water, though still without arterial paresis and of that of the muscular coat of the bowels; inspissation of the blood, paresis of the heart and, *pari passu*, uræmia, form the fearful picture of asphytic cholera. The discoloration of the dejecta depends upon the excessive dilution of the fluid transuded into the bowels. The brown and yellow color and the odor of fæces disappear. The dejecta now consist of a colorless and odorless fluid, wherein white flakes—intestinal epithelium—swim. It depends on the intensity and extensity of this process whether the loss of water of the blood reaches a threatening height, how far the functions of the ganglia are arrested, whether the malpighian tufts become changed, and whether symptoms of paralysis of the heart set in.

With the appearance of the rice-water stools the thirst, already present, increases considerably. To the discharges, the severe thirst, the hebetude and general malaise, are now added the consequences of the renal affection, of the non-excretion of the urea and its change into carbonate of ammonia, spasmodic contractions of single muscles especially of the calves, which are also observed in cholera nostras, collapsus of all cellular organs. In favorable cases the discharges diminish, the intestinal contents become covered with bile; reconvalescence is slow. In other cases the disease gathers new strength, in others no amelioration sets in, and gradually the picture of asphytic cholera develops itself before our eyes. Asphyxia is want of oxygen as a nutriment.

Tea-green discharges from the admixture of decomposed bile should not be considered as an unfavorable omen, if

even be maltreated, and still it will not lead to cholera. New observations have only confirmed me in the opinion that, however severe apparently choleraic symptoms may appear, the disease is not to be considered as true cholera if albumen is absent in the urine; on the other hand, the most anxious attention is to be directed to a case, even in the earliest diarrhœa, when the urine is albuminous.—*Philadelphia Medical Times.*

no disease of the heart is present. Fecal admixtures are more unfavorable.

Even after the first diarrhœic stools the patients complain of excessive debility and malaise, sensation of fainting, so that they cannot reach the bed from the closet. Spasms and thirst increase. The more the patients drink, the earlier vomiting of the contents of the stomach, later of the transudated fluids sets in; the weakness increases; the voice loses its timbre, the discharges pass involuntarily, the blood becomes inspissated by the enormous loss of water, and is deprived of its salts; the urinary secretion ceases, the muscular spasms increase in severity and frequency, thirst unbearable, great anguish and oppression on account of the stagnation in the capillaries from the inspissation of the blood. The eyes sink back into their cavities, the nose becomes pointed, the cheeks fall in, the skin wrinkles on the fingers, and remains as a fold wherever pinched, which only gradually disappears, as the blood bereft of its water seeks for a fresh supply of fluid from the interstitia of all tissues; even hydropic accumulations are absorbed. The tongue is cold and of a leaden hue; the lips, extremities, genitals are more or less of a bluish color, frequently the entire surface of the body. The radial pulse cannot be felt in many patients, even at the beginning of the disease; finally the pulse on the carotis also disappears; the cardiac sounds lose their clearness; the circulation becomes more and more imperfect in consequence of the suspended inhalation of oxygen, and of the paralysis of the blood globules; cadaveric temperature sets in more and more, in the proportion as warm blood fails to reach the surface. Consciousness remains clear, but the patients are remarkably apathetic, complain of pains and oppression, but are indifferent to the danger. The angular-rent cholera exanthema is observed in about one case out of seventy, but is of no importance whatever.

Asphyctic cholera runs its course in 6 to 24 hours. The clammy coldness hardly ever lasts over two days. The cessation of the discharges, from paralysis of the intestinal muscles or of those of the stomach, with a continuation of

the asphyxia, is an unfavorable omen: *Cholera paralytica*. Therefore absence of vomiting, no thirst, excessively weak and intermitting contraction of the heart, the blood surcharged with carbon. In favorable cases the diarrhœa diminishes, the vomiting ceases, the inspissation of the blood is equalized by absorption of fluid, the capillary circulation re-established, pulsation returns at first in the carotis and then in the radial arteries, the blue skin turns red, then warm and able to carry on its function, the distorted features become again normal, and urine and bile are secreted. The disease enters the stage of convalescence. Fecal stools are discharged, and the lost epithelium regenerated. The urine contains albumen and renal elements.

Stormy reactions are rare. Where the reaction is imperfect or excessive, or the cold stage absent, a cholera typhoid may develop itself, based on the pathological processes which the cholera-poison produces in the blood and the nerves, especially in the kidneys. This typhoid is sometimes a marked diphtheritic inflammation of the intestines.

Symptoms of the cholera typhoid are: heaviness of the head, illusions, somnolence, warm head with circumscribed redness of the cheeks, injected conjunctiva, a yellowish-grey tongue dry in the centre, want of appetite, after a while deliria mussitantia, the pulse less frequent than in typhus, ammoniacal sweat, vomiting of mucous or bilious masses, daily feculent stools. Severe cases prove fatal mostly by coma, because the fatty degenerated epithelium of the Bellinian tubes has lost its power of secretion, and, *vice versa*, secretion of a normal urine is the best proof of amelioration.

The subjective symptoms of a local disease always appear in the background, even when, for instance, a pneumonia sets in.

A mode of explanation how cholera typhoid emanates from the kidneys, inasmuch as the urea absorbs one per cent. water, and thus changes into carbonate of ammonia—ammonioæmia—may be thus given:

Arterial blood supplies brain and nerves with oxygen through the oxygen-absorbing hæmatine of the blood cells.

This hæmatine not only loses by many substances the already absorbed oxygen, but also its molecular power of absorbing oxygen and of conducting it further, and of all different materials. Ammonia acts the most deleterious. Such a state is known as uræmia, arising when the anomalous, qualitatively changed, less coagulable soft fibrine of the blood, which is in a peculiar state of putrefaction, exerts its catalytic influence on the urea of the accidentally stagnated urine, whose normal se- and excretion is rendered difficult or suspended either by a morbid state of the kidney or by a partly mechanical, partly dynamical obstacle. It is well known that urea, incited by the contact with ferments, decomposes with absorption of water to carbonate of ammonia. If then the ammonia is not quickly carried off by diuresis or diaphoresis, it changes the hæmatine of the blood cells by depriving it of the molecular absorbing power for oxygen, and thus causes the already mentioned asphyxia; we witness nowhere more exquisitely this uræmic asphyxia, than in the picture of Asiatic cholera, where at the height of the asphyctic stage the lungs of the patient return the air unchanged, so that the supply of oxygen sinks to the minimum. The biliary elements remaining in the blood also favor the decomposition of the blood globules, and thus morbus Brightii and uræmia.

Cholera may co-exist with any other disease, especially with intermittens and typhus, tubercles, rheuma, scabies, etc.; but as soon as it becomes established, other morbid processes can proceed with it; only after its disappearance the disease, which was displaced, reappears. During pregnancy it causes uterine spasms, abortus, miscarriage, depotentised crisis of the infant.

DIAGNOSIS.—1. Epidemic. Cholera non est cholera, si non est epidemica; the usual summer cholera should only be known as acute catarrh of the intestines.

2. The transmissibility of the disease. The excretions of cholera nostras, when fermenting, are not contagious, and in hospitals never infect patients down with typhus or intermittens, as is the case with cholera Asiatica.

3. The rice-water transudations of the mucous membrane

of the stomach and small intestines, which are present, though they are not discharged on account of the paralysis of the ganglia and the anhydrosis resulting therefrom, which in sporadic cases never reaches a high grade.

4. The albuminous nephritis, which only in Asiatic cholera causes secondary diseases under the form of morbus Brightii or uræmia, is falsely called "cholera typhoid." Another cause of it may be simultaneous intestinal diphtheritis.

5. Acholia. Perfect non-elimination of the bile and retention of the secreting elements in the blood.

6. In the worst cases, paralysis of the sympathetic ganglia, also only peculiar to the epidemic.

7. The unfavorable report of mortality: 20 to 60 in 100; still higher in homes for the aged.

8. The severe secondary diseases, which are entirely absent where no epidemic rages.

All other exquisite manifestations of marble coldness, loss of voice, cramps, asphyxia, uræmia, are only symptoms of symptoms. The clammy coldness may be absent, in which case death mostly sets in with the manifestations of a protracted typhoid. In the paralytic form we certainly cannot expect cramps; but not when the cœliacus is paralyzed, where no vomiting takes place.

PROGNOSIS.—In the most favorable cases the prognosis is doubtful, especially with infants and old people without power of resistance, even when it runs apparently a mild course; patients suffering from diseases of the heart and arteries succumb to a moderate attack, frequently only after several days. Considering that a patient without any organic defect must fight against epidemic cholera and its sequels, uræmia, diphtheritis, etc., the uncertainty and unfavorableness of prognosis is more than justified.

The prognosis depends especially:

1. On the regularity of its course.
2. On the localization and extent of the disease, on the number of cases in one family.
3. On the grade of the disease.
4. On the intensity of the epidemic; some distinguish

themselves by very quickly-appearing paralysis of some ganglia, as in 1855 in Vienna.

5. On the organized changes in tissues supplied by branches of the sympatheticus : hypertrophy of the thymus, degeneration of the cardiac muscles, adhesions of the pericardium to the heart, to the diaphragm, emphysema pulmonum, granulated liver, easily cause paralyse of its organs, and such partial paralyse lead to death.

6. On the mode of reaction, and on the secondary diseases.

7. On preceding diseases and natural debilitating processes : anæmia, puerperium.

8. On age ; children with hypertrophy of the thymus, and aged people with atheromatous degenerations, may even succumb to cholera diarrhœa.

9. On the quickness and judiciousness of the aid rendered.

10. On the absence of the cold stage ; the patients offer all the symptoms of cholera with the exception of the clammy coldness. They pass well over the first attack, but succumb mostly after a few weeks to morbus Brightii.

The impossibility of the patients to keep themselves covered on account of the want of air from the inspissation of the blood, the continued presence of unexcreted carbon and biliary matter in the blood, may be always considered a bad omen. A great mortality must be the rule, as the single symptoms of cholera, as morbus Brightii, acholia, etc., are *per se* very dangerous diseases.

PREVENTION.—Disinfectants take a high rank among our prophylactic means. Though a large majority of partisans with their followers deny the action of small and invisible agents, not only on the sick, but also on the healthy organism, still they are forced to acknowledge them in all epidemics and contagious diseases, as cholera, dysentery, typhus, scarlatina, variola, diphtheritis, and so far nobody has ever measured the detritus of a contagium ; even the materialists with their large doses fail to reach the small achievements of our school. Theory as well as practice speaks against them.

Disinfection is based on the axiom first announced by

Lichtenstaedt : The excrements of cholera patients, having been in contact with air, spread the contagium, as the epidemic of Ancona proved in 1865. In the prison of Massachusetts the prisoners used the same privy ; after the first case of cholera 205 prisoners were down with the disease in 24 hours.

The conservative power of substances used for disinfection may be thus enumerated : Nitric acid, sulphuric acid, muriatic acid, turpentine, wood vinegar, cuprum, sulphur., zinc, iron, alum, chloride of mangan., tannin, salt. Carbohc acid failed in gaining any reputation in Vienna; its odor is strong and it oxidized in too small a degree. Acetic acid is injurious, as it defibrinates the blood, and therefore favors the spread of cholera.

What is disinfection ? The dejecta of cholera patients by the mouth, anus, and bladder ; the privies and dung-holes into which the dejecta are thrown (because the contact of them with animal matter in a state of decomposition remarkably favors the development of cholera) ; sink-holes, sewers, drains, urinals on cars and railroad stations or hotels ; the linen of cholera patients (as choleraic excreta have not only the power of immediate infection, but also retain it during transportation, and by penetrating into porous soil, where they are carried forward into the springs and streamlets.) Clothing of a deceased person, beds, furniture, may be disinfected by the burning of flowers of sulphur, but *Dr. Lion* recommends their destruction by burning them up. The dwellings of cholera patients must be freshly whitewashed. Disinfection means, therefore, a temporary counteraction against the spread of the poison. But what are our means for such a purpose ?

We find it mostly recommended, to disinfect the dejecta and the water closets with ferrous sulphate ($O_3, Fe O., 70 H_2$), with cupric sulphate ($O_4, Cu., 50 H_2$), which is better, although dearer, and the linen with zinc sulphate, ($O_4, Zn., 70 H_2$). The first is known as green vitriol, the second as blue vitriol, and the last as white vitriol. Disinfectants may be divided into such as destroy the odor,

into such as stop fermentation and putrefaction, and into oxidizing ones; that disinfectant, possessing most of these qualities, must be therefore the best one. The chief matter is to prevent the spread of the disengaging gases, and we prefer the sulphates of the metals on account of their oxidizing qualities; they suspend the formation of mediate products, the development of organized germs, and change fermenting matter into innocuous products. They restrain especially the formation of ammoniacal gases, which aid in the volatilization of the contagium.

We distinguish *causa morbi*, *dispositio morbi*, and *morbus*. The external causes do not act injuriously, if no predisposition is present, and whoever has the predisposition may prevent the disease by guarding himself against the occasional causes. External occasional causes favoring the disease are: moist, cold, and deteriorated air; stagnant rain-water; badly constructed latrines, with wooden pipes; cleansing of water closets without disinfection, or their cleansing during epidemics; general uncleanliness; dark, badly ventilated, low and damp dwellings; close tenements overfilled with human beings; sudden atmospheric changes, whereby persons are apt to catch cold, especially in the feet and abdomen; sleeping in barns; getting overheated and tired out (when this disease takes hold in a family, the relatives must take their turn in nursing, and if necessary employ regular nurses; the usual precaution ought to be doubled in such cases); too much mental work, as well as laziness and deficient exercise in the open air; deficiency or suppression of the natural excretions; indigestible food or beverages, chilling or souring in the stomach, as bad, spoiled, very fat meat, fat soups, cold sausages, lard, rancid butter and oil, raw vegetables, as melons, cucumbers; vegetables not enough cooked, as turnips, cabbage, sour kroust, pears, unripe sour fruit. Of beverages, too much cold water, cold and sour milk, young and sour wines, poor beer, and especially liquors. We might still add, deficient nourishment, as well as overloading the stomach, gormandizing—every revelry consists in a big dinner of the most diverse, outlandish masses, excesses of all sorts, and late

hours; and last, but not least, fear and depressing emotions.

We may put down, as a general rule in regard to internal morbid dispositions, that internal and external causes stand in inverse relations. If external causes are weak, they only become injurious where great predisposition is present, but where they are powerful a slight disposition suffices in originating the disease. Only a few persons are susceptible to cholera in comparison to other plagues. Cholera and cholera-diarrhoea are about in a proportion of 1 to 17, and we would remark that by far the majority of infected persons discharge the poisons by a few night sweats.

The greatest disposition to cholera is given by intermittens, then by typhus, in general by any albuminous quality of the blood. Patients suffering from intermittens or typhus must be, therefore, kept separate in hospitals from cholera patients, and even diarrhoea and cholera patients ought not to be left together in one ward.

Whoever remains at home during an epidemic ought to be careful of his diet, never use a strange water-closet, and be careful to have his own well disinfected. With the first sensation of sickness, rest in bed is of the utmost importance, and remedial measures rationally taken. Whoever is full of fear and anxiety should better go travelling for about half a year, as during that time all traces of the epidemic will most probably be extinguished. In 1855 the disease lasted only one month in Dresden.

Persons who do not care to set to other people a noble example, and who have the means to travel, are perfectly justified in leaving an infected neighborhood, for the more inhabitants, the more sickness; the more extensive the disease, the greater the danger of infection. To take care of the needy is the duty of the State and of the community, and physicians and ministers (in the United States our Howard Associations) are the most suitable persons to take care of all who are in want. The intercourse with cholera patients and the nursing of them is not by far so dangerous as people imagine, for physicians who are constantly in imme-

diate contact with cholera patients are not oftener attacked by the disease than others who never meet a patient, and we consider it far more dangerous to use a water-closet where cholera dejections were thrown, than to nurse a patient; for nurses handle only recent discharges, and know how to disinfect them immediately, whereas carelessness is far too often the rule among strangers.

Among all preservatives only Copper gained some renown; some carry it on their back in the form of a metal leaf, others as a medallion, and others again take every two days a drop of a solution of copper. It is a well known fact, that mining districts of copper have never been visited by cholera (Riciunto, Huelva), and that even artisans in copper hardly ever suffer from it, as we see from the statistics of *Burq* in Paris, while among the gold and silversmiths, 16 cases of cholera occurred in 11,500 individuals, or one patient to 719 persons, although the scourge raged terribly all around. The same immunity we find among artisans in pinchbeck, engravers, polishers, laborers in rolling works and public mints, where they are employed with copper, 6 cholera patients to 6,000 or 1 to 1,000. Laborers in foundries, lamp-makers, artisans making chased work in copper or bronze, etc., 6 patients to 14,000, or 1 to 2,000. Coppersmiths, tinkers, artisans of musical instruments, dry polishers, turners in copper, no cholera patients. The whole number of workers in copper in Paris formed a population of 37,000 persons, among which only 29 took the cholera, or 1 to 1,270. We may remark in comparison, that among 28,000 laborers in iron or steel 202 cases happened, or 1 to 209. Of 7,500 laborers in other metals exclusive of copper, iron or steel, 42 cases, or 1 to 178.

THERAPY.—According to *Virchow* we must know under what conditions a certain remedy may be chosen in a certain disease, and we mention therefore the remedies applicable to this disease in toto, and then the conditions under which they may be used.

Cholérine.—Acidum phosphoricum, ipecacuanha 1, veratrum 1.

Cholera.—Camphora, cuprum aceticum 2, cuprum ammoniato-sulphuricum 2, veratrum 1, ipecacuanha 1.

Cholera Paralytica.—Nicotine 5.

Typhoid ex Diphtheritide.—Acidum nitri 1.

Typhoid ex Morbo Brightii.—Arsen. 5, cuprum acet. 2, phosphor. 3.

Other remedies, which may be indicated, are : Acidum oxalicum, carbo veg., cicuta, jatropha curcas, oleum crotonis, opium, plumbum, secale, tabacum, tartarus stibiatus.

Chief remedies are : *Camphor, cuprum, veratrum*; in the paralytic form, *nicotine*.

Let us turn our attention to the differential diagnosis of these remedies :

Camphor, spiritus camphora, was already recommended by *Hahnemann* before the appearance of cholera and was found verified in diverse epidemics. *Alexander*, 1773, already showed that the action of camphor is somewhat of an enigma and difficult to prove on healthy persons, as its primary action so frequently alternates with the secondary actions of life, so that the counteraction of life will be difficult to distinguish from the secondary action of camphor. Its quickly passing action and the sudden change of its symptoms renders it incapable of application in most chronic diseases. The physiological phenomena having relation to our theme are taken from our general literature, especially from *Joerg*, and from our own observations, and are the following : great heaviness and stiffness over the whole body, as if exposed to cold water or after some corporeal exertion ; unusual sinking of the vital powers, with yawning and stretching ; unusual exhaustion and debility, with frequent yawning and stretching, sopor and delirium, convulsions, trembling, vanishing of the senses, loss of consciousness, sleepiness and dulness of the head, cloudiness of the head as after the use of wine ; (10) irritable state of the brain with congestion of blood in the head and increased heat in the face, irritation without vertigo, excessive determination of blood to the head, pressure in the head (*Hahnemann*), heaviness of the head, troublesome heaviness in the forehead, hammering in the head, pressure in the centre

of the forehead, pressing pain in the forehead or in the temples, headache as from a contusion or wound, constricting pain at the base of the brain, aggravated by stooping and pressing upon it, with coldness of the hands and feet; hot forehead and waking sleep, warmth in the head, with the sensation as if he would perspire, with shuddering in the extremities and abdomen; (20) single severe stitches in the right central brain, H.; tetanic fit, with loss of consciousness, and vomiting, followed by complete inability to recollect, as if he had no memory; vanishing of the senses with confusion of ideas, he does not know where he is or what he does, after a while every thing appears strange to him; dull headache above the os frontis with inclination to vomit, H.; short attacks of vertigo after nausea, H.; vertigo forcing him to lie down, the head is spasmodically drawn sideways towards the shoulder; trismus, H.; pressing pain behind and above both eyeballs; (30) dilated pupil constantly increasing, H.; countenance first pale, with eyes closed, but afterwards staring and open, the eyes looking upwards; he stares at everybody full of astonishment, without consciousness; when reading, the letters form a muddled crowd of trembling pictures; surring in the ears; epistaxis, twice observed; twitching in the corners of the mouth, especially on the left side; temporary paralysis of the tongue; deep and slow respiration, heavy, slow, difficult breathing; (40) respiration nearly suspended, H.; asthmatic oppression of the chest, as from a pressure in the pit of the stomach, H.; palpitation of the heart; the heart contracts with unusual power and quickness; movements of the heart and of the arteries powerful and quick, with increased general heat of the body; sensation in the heart as if grown fast, its first sound increased; dryness in the mouth with sensation of thirst; continuous thirst; pressure in the pit of the stomach or in the upper part of the liver, H.; severe pressing pain at the ganglion cœliacum, with fear that inflammation will set in, and cold sweat; contractive pain around the hypochondria extending to the lumbar vertebræ, H.; (50) sensation in the pit of the stomach, as if internally the abdominal cavity were at that place overfilled and the diaphragm

pushed upwards, with oppression in breathing and heat in the pit of the stomach; loss of digestive power; a scraping sensation, nearly burning, either on the right or left, or on the anterior or posterior surface of the abdomen, degenerating into a tormenting pain of the ganglion cœliacum, with cold sweats and light chills between; after a while a cough, with painful sensation at the internal surface of the spinal column, from the diaphragm upward, with surring in the head and accelerated pulse; agitation in the renal region and sexual nisus; a peculiar hastiness to evacuate simultaneously the three great abdominal excreting organs—the intestines, the urinary, and sexual organs; and therefore the sensation as if they would discharge their contents at the same time; thus the forcing sensation in the rectum, the urgency to urinate not only emanating from the bladder, but from the kidneys and extending through the ureters to the bladder and urethra, the urgent sensation in the direction of the seminal cords to the testicles, and thus a general turgescence towards that part of the body where these three great organs empty themselves; after a while real trembling of the bowels; diminished power of the bladder; the urine never smelled of camphor (*Murray* observed such an odor), but constantly contained an increase of uroxanthin; yellowish-green turbid urine, of a musty odor; he passes turbid urine, becoming turbid and thick while standing, of a whitish green color, without making a deposit; the urine becomes turbid, with a whitish, thick, flaky sediment, gradually increasing; urine dark yellow and very saturated; (60) painful urination, H.; urinary tenesmus, H.; strangury, Hæbærden; retention of urine for the first twelve hours, with strong desire to urinate, and after two hours more urine passes; pulse accelerated, with surring in head; pulse quicker, stronger, and more full; slow pulse, diminished by ten beats; slow pulse, which becomes still slower (primary action), for several hours irregular; after eating he feels and hears the beating of the heart on his ribs; frigiditas universalis maxima, H.; cold sweat, H.; (70) shuddering, with gooseskin and painful, sensitive skin, H.; cold sweat on the head, F. Hoffman; warm

sweat on the forehead and palms of the hands ; general warm sweat, H. ; the loins, knees and feet feel as if broken, H. ; numbness of the left fingers, followed by coldness on the tips ; dysknesia et lassitudo crurum, H. ; trembling of the feet, H. ; convulsive circular movements of the arms.

Where there is periculum in mora, Camphor is given, according to Hahnemann, every 2, 3, 15 minutes, in a saturated alcoholic solution in water. The provings show that Camphor primarily and especially affects the gastric region, and principally the cœliac plexus, and thus shows some similarity to Ipecacuanha. But also the sympathicus, with all its branches, belongs to its sphere. It increases the activity of all abdominal ganglia, and draws only secondarily the brain into co-affection. It is especially suitable in diminished vital power, especially of the abdominal canal, with deficient reaction, excessive thirst, great anguish (emanating from plexus solaris and cardiacus), small pulse, pale face with sunken eyes, cool skin after taking opium, which destroys the power of resistance, whereas Camphor increases it. It is our sheet-anchor at the beginning of asphyctic cholera, to be followed by Cuprum.

Camphor is the chief ingredient of all cholera preservatives in trade, sometimes mixed with Oleum Cajeputi.

The second important remedy is *Cuprum aceticum*.

A chief characteristic of the action of Copper is the production of severe symptoms in groups, appearing in renewed attacks of equal or increasing severity, depression in contradistinction to the irritation and versatility of Arsen. In looking over the general provings of Copper, we find it to be the most general specific in cholera.

Anguish unto death, with heat ; restlessness of the body, with twitching of the extremities ; restless throwing about and constant restlessness, staring sunken-in eyes with pallid lids, paleness of the face, bluish countenance with blue lips ; changed anxious features, cold hands, cold sweat, are all symptoms hinting to severe ailment, great prostration, asphyxia. Excessive thirst, hiccup, nausea over the whole abdomen, especially in the pit of the stomach, vomituration

constantly rising up, constant vomiting, severe vomiting, severe vomiting returning from time to time, severe vomiting with nausea and diarrhoea, drinking of cold water, anguish, colicky pains, thirst, cold extremities, vomiting of mucus, burning in the stomach, prove not only an affection of the abdominal sympathetic ganglia and vagus, but also an exudative process of the mucous membrane and the presence of uræmia.

Spasmodic movements of the abdominal muscles, severe abdominal cramps and spasms in the upper and lower extremities, severe diarrhoea, paralysis.

In relation to nutritive disturbances in the liver, experiments on animals show remarkable emaciation of the liver, imperfect or suppressed secretion of bile, biliary stagnation up to granular kidney. Our provings show only sharp drawing on the right side, icterus (from congestion?) with the desire for rest, whereas severe hepatic diseases show no symptoms at the beginning. Copper taken inwardly is again found in the liver; so much is certain, that no other remedy causes such a high-graded acholia, which we know to be such an important symptom in cholera as well as in Bright's disease.

Renal symptoms are: scanty urination or less than usual, and, as secondary effect, frequent discharge of a foul-smelling urine. This is the only action of *Cuprum aceticum* on the kidneys.

Many chemical and anatomical experiments show that it produces morbus Brightii, and thus both these symptoms are reduced to their physiological value. This eminent primary renal disease we find again only in turpentine. *Cuprum* possesses therefore the ability to cause not only asphyxia, but even uræmic asphyxia.

Another series of Copper symptoms are: obstinate hoarseness so that he cannot speak a word, with inclination to lie down; spasmodic paroxysms of short breathing even to suffocation, and when the fit ceases spasmodic vomiting, after which rest for about half an hour; cramps in the calves; a stretching, drawing, crampy pain in the calf; boring pain in

and below the calf; spasms of the extremities. Secondary effects are: relaxation of the whole body, excessive debility of the whole body. The spasms produced by Copper are not only based on an idiopathic affection of the nervous system, but are also, as in cholera, secondary, from intoxication of the blood through Ammonia and Acholia, which is so rarely mentioned in cholera.

Cuprum and its preparations, of which we prefer for prevailing vomiting, which can hardly be stopped, Cuprum ammoniato-sulphuricum, possesses the same places of deposit as cholera, and produces in these organs similar disturbances in groups and repeatedly. Copper has been tried in many countries during epidemics of cholera and everywhere proved its high value.

French physicians used Cuprum sulph., but in such large doses, that they had to antidote it with iron. *Liste* in Marseille treated 39 cases of cholera in the usual manner and lost 29; of 36, which he treated with Sulphate of copper, only 9 died.

Allied to copper is *Veratrum album*.

If we could show physiologically in *Veratrum* the albuminous affection of the kidneys and liver, it would then stand at the head of all remedies in cholera, but still it remains our best vegetable remedy, as none other penetrates so deeply the vegetative sphere, and reduces to such a degree the processes of organic formations, so that mechanical and chemical relations arise. The circulation becomes languid, the pulse slow, the energy necessary for the movement of the blood in the capillaries is absent, the blood stagnates in them and cyanosis follows. The serous part of the blood inclined to decomposition oozes mechanically through the relaxed muscular walls, and is mostly deposited on the intestinal mucous membrane, and hence copious discharges of watery masses upwards and downwards. In consequence of the organic detrition the temperature sinks far below the normal, and the turgor decreases; so much, that the hand becomes flabby and wrinkled, the eyes sink into their orbits, and the tip of the nose becomes pointed. In spite

of such enormous disturbances consciousness remains intact, very little clouded, and the faculty of thinking not so much injured, that it could not be kept in action by the will power.

This picture of *Veratrum*-cholera is verified by the following symptoms observed by provers: skin flabby and without turgor. Cold sweat on the forehead; paleness of the face, cadaveric countenance; bluish color of the face. Great thirst for cold drinks; excessive nausea with great thirst. Eructations, nausea before vomiting, vomituration. Frequent vomiting and nausea at the intervals. Vomiting of large quantities of mucus with extreme debility. Hiccup. Cutting pains in the bowels with diarrhœa. Diarrhœa with pain during and after stool. Superabundant discharges. Severe bloody diarrhœa. The small quantity of urine is yellow and turbid when passed; fruitless straining with an empty bladder; a secondary symptom is copious micturition. Painful constriction of the chest. Suffocating anguish, taking the breath away. Respiration can hardly be noticed, as if he would not breathe any more. Paralytic sinking of the vital power, the pulse slow and nearly gone; filiform pulse; cold sweat. Coldness of the whole body. Internal chilly sensation from the head to the toes, with thirst.

We apply *Ipecacuanha* in the erethic form of the disease, when the following symptoms are present: Overloading of the stomach, catching cold, affections of the ganglion solare, in consequence of which more vomiting than diarrhœa, especially in women and children; trifling deposition of the cholera poison in the kidneys. Provers' symptoms correspond to this sphere, as: no heat in the body, feet ice-cold and bedewed with cold sweat, with ill-humor and debility. Awful coldness in the extremities, as if he had been frightened. Nausea and vomiting. Vomiting of large quantities of mucus. Frequent fluid stools, bloody stools, diarrhœic fermenting stools. Frequent urging to urinate, but little urine is passed; bloody urine. Dyspnœa; reflex spasms, but not uræmic, in the calves.

A differential diagnosis between Ipecacuanha and *Nicotine* shows them to be opposites. The former has erethismus, the latter not only depression like Cuprum, but perfect paralysis of the ganglion solare, followed by paralysis of several abdominal ganglia, so that with the vomiting and from the extension of the paralysis no discharge downwards takes place. The same difference, in spite of great similarity, we find between Cuprum and *Nicotine*, being in proportion as stimulus to torpor, spasm to paralysis. With the cessation of the vital tonus, of the erethismus, the hyperæsthesia (Cuprum, Arsenicum), the time has arrived for the application of *Nicotine*, whose characteristic is loss of irritation and of all power of reaction, collapsus without resistance. Cases induced by paralysis of the abdominal ganglia or by paralysis of some plexuses from the sympathetic or its branches, for instance, of the diaphragm, showing themselves without vomiting, without diarrhœa, with an icy cold forehead, without the least symptom of activity in the vegetable muscles, such cases end always in death without *Nicotine*. *Nicotine*-asphyxia arises either from direct depression of the energy of the cardiac muscles and of the muscular coat of the arteries, from paralysis of the cardiac plexus and of the nerve-branches going to the arteries, or from uræmic poisoning of the blood corpuscles, which become so far changed by the presence of Carbonate of ammonia in the blood, that they are unable to take up the atmospheric oxygen. The uræmia of *Nicotine* arises differently from that of Cuprum or Arsenicum. With a general paralysis of the sympathetic ganglia and of the nerves going to the blood-vessels we naturally also find the walls of the renal arteries and Malpighian tufts more or less paralyzed; the next consequence is diminished movements of the blood, stagnation of the blood and of the urea; but the non-eliminated urea finds inside of the blood-vessels a fibrine broken down by the deleterious *Nicotine*, and thus necessarily finishes the chemical change into Carbonate of ammonia (uræmia).

Rueckert, therefore, justly said in 1832: Tobacco offers in its primary action on the healthy body so many remarkable phenomena similar to cholera, that we might be tempted to

consider it a remedy for it. The physiological proofs for the indications of Nicotine in the paralytic form are: paralytic affections of the spinal nerves in preference to those of the brain. Severe vertigo with nausea and anxiousness; death-like paleness during the nausea; clammy cold sweat, though the body feels warm, with small weak pulse; clammy sweat with cold skin and small weak pulse; cold extremities. Sensation of coldness with nausea and vomituration. Hiccup. Burning in the stomach. Vomiting of pure water. Vomiting as often as he moves. Hepatic region sensitive to pressure. Gurgling in the intestines. Several diarrhoeic discharges. Pressure in the kidneys. Oppression in the chest with want of breath. Sensation of anguish emanating in the chest and præcordia. Spasms in the extremities. Icy coldness from the knees to the toes. Paralytic sensation in the legs. Tingling sensation. Unusually small and intermitting pulse. The pulse becomes smaller and irregular. According to experiments on animals the beats of the heart cannot be felt any more an hour before death.

Acidum hydrocyanicum and Nicotine act similarly in relation to asphyxia, but differ in the degree of rapidity with which the oxidation of the blood is destroyed according to the organs on which each of them acts. The non-taking-up of Oxygen arises in the former from either slow or quick paralysis of the cardiac muscle; in Nicotine from prevailing destruction of the functions of the cerebral and abdominal part of the sympatheticus with the splanchnic ganglia and plexuses.

Even allopathic physicians find great similarity between cholera and *Arsenic* disease. We differentiate in the following manner: Cholera depresses in the highest degree, affects primarily the kidneys, produces undeniable anhydrosis, inspissates the blood, poisons the blood-globules with biliary and renal ingredients, which cannot be excreted; paralyzes, through Ammonia, the primarily produced quantitatively large transudation on the intestinal mucous membrane, or begins immediately with paralysis of some ganglia. Arsenicum, on the contrary, irritates the kidneys secondarily from the left heart, causes gradual hydræmia, not anhydrosis;

causes tertiary inflammatory affections and transudations, with ulceration ; therefore, after preceding inflammation, decomposes the organic substance, with symptoms of irritation, but not of depression. There is, therefore, between cholera and Arsenicum no thorough similarity, and it is, therefore, only indicated for the sequelæ based on Morbus Brightii, but not on diphtheritis. Moreover, such heroic remedies always deve'op some action, but here it is not a direct one. In embolism after cholera, *Calcareæ arsenicosa* is the remedy indicated, of which we may justly expect great service.

Phosphorus is just as little suitable, for it changes the kidneys only after a long-lasting affection of the right heart, and even roughly applied on the intestinal mucous membrane causes no transudation, on account of its specific relation to the pulmonary substance ; even the formation of ulcers by Phosphor. extends only to the duodenum. Phosphorus has primary poisoning by Carbon from croupous exudation in the respiratory organs, and only tertiary carbonic ammoniæmia from venous stasis. In pneumonia after typhus, Phosphorus would be the most suitable remedy.

Opium has in its primary action diminished irritability of the muscles subjected to the will ; it restrains temporarily the excretions, but they reappear after a while in a more threatening manner.

Secale produces cramps in the calves, stasis of the venous circulation, paralysis of the heart, but neither nephritis nor exudations on the intestinal mucous membrane ; it is only a superficial similarity. Hartmann also recommended *Tartarus emeticus*. We have an analogy for its application from the transudation which it occasions in the pulmonary cells.

POSOLOGY.—The agents producing cholera, typhus, etc., on a healthy person, are microscopically smaller, and chemically not more demonstrable than the Homœopathic remedies, and therefore not everything which acts on the body must appear coarse, material, so that the hand could touch it or that we could smell it in the retort.

We may give a few drops of Phosphoric acid in water, or Veratrum and Ipecacuanha in tincture. Of the salts of copper,

one-eighth of a grain dissolved in water may be given on account of the rapidity of the disease, but just as little as the patient craves nourishment or that they could do him any good, just as little, or still less, could he bear medicines, which act not less dangerously with such a great prostration, such deficiency of power of absorption during the stage of reaction, than the disease itself; the patient has then to conquer two hostile potencies, the cholera and the medicine.

Even scientific men, like Wunderlich, do not know that Hahnemann already recommended the undiluted Spiritus camphoræ, and that one ten thousandth part of a grain of a strongly acting remedy may be yet chemically demonstrated. But old prejudices are deeply rooted, and the old school still considers all homœopathic remedies indifferent, and therefore such a treatment only expectative. Everybody has the right to think, to utter, what he reasonably pleases, but they never gave the reasons therefor, as if true it would also prove there are no cells, no atoms; that the cells as monads cannot get sick, that the most fatal disease could not arise from an entelechy (actuality), that animal poisons could not propagate themselves through the smallest atoms, in short all our present axioms, even our own existence, would become questionable. They might express themselves more clearly by saying: we do not wish to know anything of Homœopathy, therefore we deny the principle, but when we can use it for our own benefit, as Liebig did in his agricultural chemistry, then it is true. To us the axiom suffices: The dose of the remedy must be so small, that it is unable to produce medicinal aggravations, but only curative effects, and so large, that it will produce the desired effect. In any given case a certain dose can therefore only be the right one.

Camphor will be given in drop doses; of the other remedies eight drops may be put in a wineglassful of water to be taken in teaspoonful doses, *i. e.* $\frac{1}{3}$ of a drop, and this dose more or less frequently repeated according to the urgency of the symptoms, every quarter of an hour to every 2 or 3 hours. Some remedies follow one another extremely well,

but an alternation is hardly ever to be recommended, and mixing several remedies—a kind of civil marriage—must be considered entirely wrong.

DIET.—Simple diet is at all times to be praised, during a cholera season necessary, as even heavy meats, as roast goose, sausages, etc., taken in the evening, easily cause vomiting during the night. We cannot recommend too plain a diet to persons of sedentary habits and whose mind is always at work, as it may cause an artificial venosity of the abdominal organs, and thus a disposition to cholera. Just as faulty, and for the same reason, is it to banish all vegetables from the table. A sudden change from even a poor diet is also not desirable, and persons used to drink their wines or liquors must only gradually diminish their daily doses.

Common sense forbids to give nourishment to patients suffering from an attack of cholera. Tepid beef tea, the fat well skinned off, and *very small portions* of water of good quality, or else small portions of Selters, suffice. Some ask for beer, others for wine ; if necessary we would use a light red wine mixed with water (Hungarian or California), or stronger wines (Tokay, Frascati,) where prostration is extreme. But whatever beverage the patient prefers, he must never change from his first choice.

We must not try to overcome the marble-coldness by hot applications, and many physicians will recollect of having lost many patients in spite of them. Compresses wrung out of cold water must be put over the abdomen—we want the action of the cold temperature, not of the water—or frictions with the flat hand, with flannel. In hospitals ice is frequently prepared on account of the saving in time, but in private practice the water is cold enough.

After the paroxysm is passed, and the patient entered the stage of reaction, still greater caution is needed in order to ward off every injury from the intestines bereft of their epithelium ; everything also must be avoided which might increase the action of the kidneys.

In typhoid cholera, whether it depends on typhoid, croup-

ous, or diphtheritic inflammation of any organ, the diet must be a strict one—beef tea, water, a little wine.

We must not forget a pure air, when speaking of nutriments, the only purifier without detriment, and far preferable to all fumigations, be it incense, chloride of lime, vinegar, sugar, etc. Ventilation is especially to be cared for in tenement houses, and at least in daytime the windows should be kept open long enough to drive away all foul odors. In the same way clothing, pictures on their reverse, where fungous vegetations easily form, and especially trunks and boxes, in which the air always stagnates, ought frequently to be exposed to fresh air.

The higher the atmospheric heat the more vapors will be dissolved in it, and the stronger the process of decomposition, and in the same ratio the renewal of air is necessary; the quantity of air for each inhabitant of a room is also of great importance. With 0 R. 3, 65 gr., vapors will be dissolved in a cubic foot, with plus 20 R., 16 gr. With a moist, warm atmosphere the spread of cholera is greater and quicker than with a cold and dry one, as fermentation is thus facilitated. Wind and heavy showers never do any injury, nor ventilation by any way whatever. The colder the air, the quicker ventilation is carried on.

The soil is in cities impregnated with dejecta, especially where many manufactories are located, and whose drains run into the soil, whereby the old-fashioned well-water loses its purity, so that it may be even unfit for cooking purposes. Water-works, leading pure and healthy water, are, therefore, a necessity to large cities. We give, as a proof, that in London those houses which received their supply of filtered Thames water from the Vauxhall Company, lost, in 1854, by cholera, 13 per cent. pro mille of their inhabitants, whereas the inhabitants of other houses, living in the same circumstances, but drawing their supply of filtered Thames water from the Lambeth Company, lost only $3\frac{3}{4}$ per cent. The former tapped the river at a place where already a great many sewers had emptied themselves into it, whereas the lat-

ter tapped it higher up, before the sewers mixed their impurities with the water. In 1843 both companies took their water from the same spot, and we need not wonder at the great mortality then prevailing in that city.

The falling of the subsoil water causes the remaining organic detritus to putrefy, and when there is no wind stirring in the atmosphere the impurity of the air necessarily increases.

STATISTICS.—In relation to the crowding of human beings into one room and the mutual use of one privy, we have the following statistics : During the epidemics at Berlin from 1831 to 1855, 35 per cent. happened with one case in one house, in the other 65 per cent., two or more cases in the same house. Breslau, 1831, gave one case to each of 428 houses, 2 to 3 cases in 198 houses, 4-8 in 61, 9-19 in 8. In 1849, 678 houses had one case each, 452 houses 2-3, 162 4-8, 28 9-19 ; one had 22 cases and in another one 57 were down with cholera.

Buhl reports, that of 63 persons between the ages of 14 and 20, who were troubled with diarrhœa, 21 or 33½ per cent. took the cholera ; of 202 between 20 and 30, 97 or 46 per cent. ; of 116 between 30 and 40, 65 or 56 per cent. ; between 40 and 50 of 72 : 45 or 62 per cent. ; of 22 between 60-70 : 18 or 81 per cent., and of 9 between 70 and 80 : all of them.

Romberg remarks, that medicines are of no use, and that the mortality was less in villages where the inhabitants could not procure medical advice and lived under many privations, than where every sort of medicinal agents was tried to stay its ravages. *Velpeau* affirmed the same in the French Academy of Science and was laughed at, which certainly was the most easy way to disprove it.

In some places the inhabitants may be thus thrown on their own resources, and it may happen that some simple homœopathic remedy is applied. Thus, 1831, a village of 800 inhabitants, Osterwettingen, was attacked by cholera ; 80 persons down with it took Spirits of camphor and more than sixty recovered. In 1831-32 the Board of Health of Tisthnowitz published the following report :—

Inhabitants.	Patients.	Cured.	Died.
6671	680	540	140
Treated in the usual manner....	331	229	102
“ homœopathically.....	287	251	27
“ with Camphor, but not by a physician.....	71	60	11
	—	—	—
	680	540	140

Count *Nadasdy*, of Doeker, treated his subjects suffering from cholera with Spirits of camphor and cured 146 of 161 cases.

Rubini, of Naples, affirms that in 1854 he did not lose one patient of 377 cases; 1865, none in 55 cases, using no other remedy but Camphor.

Buchner and *Quaglio*, of Munich, treated in 1854, 95 patients; 69 recoveries, and 26 deaths. At the Homœopathic Hospital of Gumpendorf, near Vienna, 1844, there were treated from the 2d of October to November 30th :—

Entered.....	124 males.	.....	148 females.	.....	272
Recovered.....	76 “	.....	80 “	.....	166
Died.....	37 “	.....	43 “	.....	80
Remained.....	11 “	.....	15 “	.....	26

At the same hospital were treated from 1835 to 1844, 6551 persons; 724 with cholera, 519 with typhus, 300 with pneumonia, 224 with pleurisy, 98 with phthisis pulmonalis, of whom they lost 407. At the same hospital, 1866, 251 cases of cholera with 178 recoveries and 73 deaths.

The mortality rose higher, 1866, in Breslau (as 1873 in Magdeburg), and there are recorded in the city hospital (allopathic) 6,310 cases with 4,445 deaths and only 1,600 recoveries; of 205 the report fails to give advice. In the same year were treated at the Homœopathic Lazaretto 344 cases, with 182 recoveries and 160 deaths.

Six homœopathic physicians treated, 1866, in Leipzig, 271 cases of cholera and 234 cases of cholera, and lost 95 cases

by death. Of former years we collect the following data from our older physicians :—

Rummel	44 cases.	.....	28 recoveries.	.....	16 deaths.
Knorre	37 “	.....	21 “	.....	16 “
Schweikert.....	30 “	.....	20 “	.....	10 “
Reil.....	107 “	.....	71 “	.....	36 “
Drysdale.....	175 “	.....	130 “	.....	45 “
Adler.....	255 “	.....	245 “	.....	10 “
Hofrichter	97 “	.....	90 “	.....	7 “
Fleischman, 1836...732	“	.....	488 “	.....	244 “

We might, therefore say, that on an average under homœopathic, or if you choose, expectative treatment, the death rate runs up to 30 per cent., according to Kafka only to 20 per cent.; under allopathic treatment 50 per cent. is the usual rate.

In 1855 the death rate in Constantinople was 95 per cent., and we need not wonder that allopathic authorities like Romberg, Velpeau, recommend an expectative in preference of heroic treatment. Dr. Seyder treated in Wischny-Wolotschok, 93 cases according to the old school, and lost 69 cases; dissatisfied with such a result he turned to homœopathy and lost only 23 of 109 cases. Thus we also gained over to our school Hanusch, Lederer, Schmidt, Baer of Prague, and others.

QUALITY OF THE BLOOD AND OF THE DEJECTA OF CHOLERA PATIENTS.

<i>Blood.</i>	<i>Healthy.</i>	<i>Cholera patients.</i>
Water.....	790	diminished.
Sp. gr. of the blood	1058	somewhat increased.
Sp. gr. of the serum	1028	diminished.
Blood globules.....	127	relatively increased.
Fibrine.....	3	indifferent.
Solid matter in serum.....	80	indifferent.
Albumen	70	relatively increased.
Abnormal matter...	none	urinary (more rarely biliary) particles with carbonate of ammonia in larger quantity.

VOMITUS.

<i>Constituents.</i>	<i>Normal vomitus.</i>	<i>Cholera.</i>	<i>Uremia.</i>
Free gastric acid...	copious.....	none.....	diminished.
Chlorides.....	copious.....	copious.....	copious.
Mucus and epithelium.....	copious.....	mucus little, epithelium much	copious.
Albumen.....	absent.....	traces.....	rarely.
Biliary matter.....	absent.....	absent.....	rarely.
Urea.....	absent.....	traces.....	copious.
Carbon. fixed alkalies.....	absent.....	copious.....	absent.
Ammon. combinations.....	absent.....	traces.....	copious.
Pus.....	absent.....	absent.....	absent.
Blood.....	absent.....	absent.....	absent.
Sarcini and other fungi.....	absent.....	fungi.....	absent.
Water.....	copious.....	increased.....	increased.

DEJECTA PER ANUM.

<i>Constituents.</i>	<i>Normal</i>	<i>Dysentery.</i>	<i>Cholera.</i>
Alimentary detritus...	copious.....	very scanty.....	none.
Water.....	scanty.....	copious.....	extremely copious.
Fecine.....	copious.....	nearly absent.....	none.
Soluble salts.....	scanty.....	very copious.....	copious.
Mucus and epithelium.....	copious.....	very copious.	mucus scanty, much epithel.
Biliphæine.....	copious.....	nearly always absent.....	nearly always absent.
Cholic-acid.....	absent.....	“ “ “.....	absent.
Albumen.....	absent.....	always present.....	traces.
Ammonia.....	absent.....	always.....	nearly always.
Fungi.....	absent.....	copious.....	mostly.
Pus.....	absent.....	copious.....	only in late stages.
Blood.....	absent.....	frequently.....	mostly absent.
Reaction.....	sour.....	alkaline.....	alkaline
Fixed alkalies.....	absent.....	scanty.....	copious.

URINE.

<i>Normal urine.</i>	<i>Cholera urine.</i>	
Sp. gr.....	1023.....	mostly less.
Reaction.....	four.....	sour.
Urea.....	30%.....	less.
Uric acid.....	1%.....	nearly null.
Chlorides.....	5%.....	less.
Sulphates.....	6%.....	normal.
Earth phosphates.....	2%.....	less.
Alkaline phosphates.....	4%.....	mostly increased.
Urophæin.....	11½%.....	indifferent.
Urine indican.....	traces.....	increasod.
Carbonate of lime.....	traces.....	absent.
Mucus and epithelium.....	½%.....	copious.

6. Foreign constituents : albumen copious ; ammon.-carb., oxalate of lime rarely ; pus, blood, exudate-cylinders of the Bellinian tubes, fungi ; very rarely sugar.

We might now ask the question : is cholera a neurosis or a hæmotosis ? We find ourselves here in the same dilemma as in morbus Brightii, as the nerves cannot be thought off without the blood, and *vice versa*. We meet especially diminished function, not a substantive paralysis of vegetative nerve-life, nor of the mental cerebral life, as from virulent agents, also albuminosis of the blood, because every neurosis renders the blood albuminous.

Wherever the functions of the nervous system supplying the blood-vessels, with slight co-affectedion of the spinal cord, are diminished, we may find the lowest grade of cholera, but at the same time already semi-paralysis of the circular fibres of the intestines and arteries, with more or less sympathy of the truncal nervous system. As soon as the sympatheticus in its whole extension becomes affected, the whole picture changes ; the cœliacus, the most important plexus of the sympatheticus, not only causes the specific vomiting, but, on the contrary, also paralysis with neither vomiting nor thirst. The heat of the tongue depends upon the functional ability of the hypoglossus in consequence of its connection with the sympatheticus, the loss of voice from the affection of the

plexus laryngeus, even without an affection of the vagus, and thus of the trigeminus, with which it is connected through the ganglion cervicale supremum, and thus the coldness of the face. Whenever the vagus is drawn in coaffection by the sympatheticus, breathing not only, but also the movements of the heart are rendered difficult, and sudden paralysis of the heart may set in through the cardiacus, if organic diseases of the heart are present.

By the semi-paralysis of the peripheric nerves all cellular organs are more or less shrunken, so also the lungs, but not in the stage of reaction.

There is no doubt that also the corpora quadragemina are disturbed in the exercise of their functions, in consequence of the morbid state of the kidneys, or *vice versa*. Of Hæmatisis we have already spoken at length. ;

Dr. Friedlander (Berl. Kl. Wchschrft, 38, 1873) remarks, that in relation to the stage of incubation in cholera, we must consider the quantitative as well as qualitative difference of the contagium taken into the body, and by comparing the time of incubation with the intensity of the disease, we frequently find the shorter the time of incubation is, the more severe an attack may be expected.

ARTICLE XXV.—Notes on Yellow Fever.

By CONSTANTIN HERING, M. D.

Dr. S. LILIENTHAL,

DEAR FRIEND,—If you think the following remarks will be of some use you may publish them. The late Dr. Campos; of Norfolk, Va., left a paper in my hands wherein he quoted all such symptoms of Belladonna and Carbo veg. in Hahnemann's M.M. as he had observed in his patients during the last murderous epidemic of yellow fever, 1853, called the African. In a conversation we had a year before, he declared

Belladonna to be the most similar, and I had supposed *Carbo veg.* would be the most important.

He had the experience of a practitioner during the severest epidemics, and I had never yet seen a case. Thus it was no wonder if he had not much confidence in the proposition; but he convinced himself afterwards, by the comparison mentioned above, that he would have been much more successful by freely using the charcoal. It is rather a lengthy document, but the most accurate of all descriptions of the said epidemic, going into the minutæ. It is at your service.

After the Sulphur was found, in 1833, to be very likely the best preventive to cholera, when applied in substance to the skin, a supposition confirmed afterwards in 1849 here, and in Germany in 1855, the Sulphur symptoms in the M. M. were compared with the well known descriptions in the books. The similarity was really surprising; but of course the symptoms were not numbered, but weighed. (See *Stapf. Archiv.*, Vol. I., No. 3, pp. 91, 92, 1831.) And when we have, according to the rule given by Hahnemann, in all prevailing diseases summed up the symptoms to make one image of all, then we ought to lay, in every zymotic disease, the greatest weight on, 1st, the characteristics in the very first beginning; 2d, upon those through the development; and 3d, upon those during the departure of the disease. We ought not to look to the corpse, if a man dies—let the pathologists do that—but we should take, with great care, all the symptoms while a patient recovers; thus the disease dies, not the sick.

These three groups of characteristics are not the most striking symptoms, the most conspicuous, the most alarming, seen by everybody, but those who have their source in inner life. The former correspond more to cases of poisoning, the latter are only produced by the higher potencies, or appear as the so-called secondary effects, the last in a proving.

To mention some of the indications for Sulphur as an illustration of this rule, cholera Asiatica commenced nearly always with a sudden diarrhœa in the early morning hours; throughout the disease cramps in the calves (mostly in left) were torturing the sick (the typhoid stage corresponds exactly),

and during recovery the red spots or furunculi appeared, such as Sulphur produces. All this had led to the supposition that in such zymotics, when the chemical antidote had such a real correspondence with the dynamical effects, we might from the dynamical correspondence draw a conclusion as to the chemical antidote.

The Rule of Three, applied to find in zymotic diseases the leading medicine, if thus used in the case of yellow fever epidemics, points to *Carbo veg.* We mention only the bleeding sore gums and bad breath appearing days before the patient is obliged to keep his bed, the peculiar spasmodic tension in the head, the great heaviness in the head and limbs, the numbness or "falling asleep" of the extremities, the peculiar ache in the lumbar region, the unusual indifference (33 to 36), or the ecstatic easiness of perception in the worst cases; and among the symptoms of convalescence, the over-sensitiveness of the stomach, the burning in the skin, and the furuncles and carbuncles with a tendency to gangrene. In fact all the characteristic symptoms of yellow fever, even the vomiting of blood, were to be found in Hahnemann's list, and from this the conclusion was drawn that charcoal in substance would also be a chemical antidote and preventive. While the old school was trying to find a general antidote to all poisons, and up to our times in the most absurd way proposes common disinfectants for all miasms—for instance, Carbolic acid to prevent the small-pox—we, true observers of nature, have to individualize. The well known peculiarity of charcoal in largely absorbing gases, the gaseous nature of the miasm of yellow fever confirmed it so strongly, that twenty years ago the use of coarse charcoal powder was recommended, and in the following way: All that is discharged by vomiting, urinating, or per anum, should be covered immediately with a handful of charcoal powder; all the bedclothes and shirts if changed, put into water and covered with charcoal; plenty of charcoal should be in the rooms of the sick in open dishes; on ships the same should be thrown into the bilgewater in the hold; every coffin be filled with it before being nailed up. Alas!

what an indignation did the proposition meet with. A nurse going South, turned up her nose ; " who would wash such terrible shirts ! " A captain of a merchant ship sailing to New Orleans, shrugged his shoulders: " My ship is nicely painted ; not for the world would I allow it to be soiled ; my ship must be clean ! " Both died about six weeks after with yellow fever. A high standing politician from the South, smiled and said no power would be able to enforce such a law, to cover the corpse of a white man with charcoal powder ; they would not for the world look like niggers ! Afterwards he had the yellow fever, but being under homœopathic treatment, he happily recovered, but thousands died in the same city.

The proposition of using charcoal was a grand fiasco. Finally help came from heaven. A few years ago a vessel of the United States Navy was struck by lightning ; the newly painted ship was in flames in a moment, and was scuttled to save her. After she had been brought up again, and was to be repaired and the charred part scraped off, an order came for sailing to New Orleans. The protest concerning the burned and black condition was not accepted, and with her sailed two nicely painted vessels. Upon the arrival at the place of destination, they on the injured vessel were teased by their comrades ; but suddenly the yellow fever appeared on two of the ships and not on the charred one. They lost the usual percentage, but on the black ship not one was attacked with the disease. The Secretary of the Navy ordered that casks of charcoal should be on every ship that was in danger of meeting with the yellow fever.

The present horrible epidemic at Shreveport has evidently been caused by the partial removal of the Red River raft to the shore. It is a well known fact that rotten vegetable matter causes the yellow fever. If the poor Circus men who are said to have brought it to Shreveport had anything to do with it, it was only as a spark in the hay-stack. If it does not spread now, it may next year, particularly if they commence again to meddle with the Red River raft. Never ought rotten wood to be brought on shore. That is

like the cure of an allopathic doctor according to the misunderstood rule, *tolle causam*.

But to consider how the raft of the Red River could be cured homœopathically, would lead us too much out of our way. We ought certainly to have a more careful examination made of all the symptoms before we will be enabled to find out the true similar, which is, you know, the true opposite.

I remain, as ever, your old friend,

C. Hg. }

ARTICLE XXVI.—Sphere of the Feelings.

By C. G. RAUE, M. D.

[Continued from page 272.]

Already in § 28 we have seen that an act of desire is at the same time an act of conception ; in order that the same act be also a feeling, nothing else is required but the co-existence of other modifications in consciousness, from which it differs. The immediate manifestation of this difference is the *feeling*. If, for instance, I *desire* an apple, I have, at the same time, a *conception* of it, and as far as an apple, compared with many other eatables, has caused in me a fuller excitation, so far this conception manifests itself as a pleasurable *feeling* ; and thus we see that the same mental process can be of a threefold nature—a conception, a desire, and a feeling. Usually one of these forms has a greater or less preponderance over the others. Conception, desire, and feeling are, therefore, only three different forms of one and the same mental process ; they originate in the same primary faculties and excitants ; the form of feeling requires merely the co-existence of other mental modifications in consciousness as a basis whereupon the present impression can be measured.

§ 51. *Feelings of pleasure and pain. Difference between sensation, feeling, and perception.*

When external elements act in greater abundance upon the primary faculties than the latter require for their development, we have an immediate *feeling of pleasure* (§ 25). We can see now *why* this must be so. The present plentiful excitation follows or meets in consciousness other modifications of a less plentiful character, which act as a basis upon which it is measured. The greater agitation of the primary faculties caused by this abundance of external elements, compared with but ordinary developments, manifests itself as a *feeling of pleasure*; this is the *difference* between them.

Now, there are also pleasurable *sensations*. What is the difference between them and *pleasurable feelings*? *Sensations* are understood by the new psychology only as *simple actions of the senses*, where a single primary faculty unites with a corresponding external element without the accession of similar vestiges previously acquired. Such an act is almost without consciousness, as we observe in the new-born child. Only by repeated assimilations of similar external elements by corresponding primary faculties, and the union of their vestiges into homogeneous aggregates does the full consciousness of the same originate (§§ 9, 10), and thus the mind becomes gradually enriched with a great number of conscious modifications. But even then new impressions of external elements continue to unite with single corresponding primary faculties, and these assimilations would, indeed, continue to be mere obscure sensations through life, if it were not for the accumulated similar vestiges which are excited with each successive sensation, and thus augment the embryonic consciousness of the mere sensation, and convert it at once into a full conscious *perception* (§ 12).

We may say, therefore, that *perceptions are sensations which receive their full consciousness from the aggregates of similar vestiges previously acquired*; in short, *perceptions are multiplied sensations*. Consider this course of reasoning in reference to *pleasurable sensations*. They differ from non-pleasurable only in this, that they originate in a fuller afflux of external elements (§ 25). If, now, the present pleasurable sensation excites the vestiges of former similar pleasurable excitations,

it at once partakes of the degree of consciousness which is a property of these multiplied vestiges, and thus becomes converted into a pleasurable *perception*. Now, as at the same time when such an act of pleasurable sensation takes place, other non-pleasurable modifications are likewise present in consciousness, these latter will serve as basis for comparison between them and the higher excitation of the pleasurable perception, its abundance of external elements will manifest itself as a pleasurable *feeling*.

There is, then, between a sensation of pleasure and a *perception* of pleasure, no other difference than that which exists between a sensation and perception in general. The pleasurable *sensation* is a single act of union between abundant external elements and corresponding primary faculties; as such it is already a *feeling*, although of the very faintest kind, a feeling in degree corresponding to its elementary consciousness. The *perception* of pleasure, on the contrary, is a full conscious modification during later development, such as in the commencement of mental life never exists. Only by repeated pleasurable sensations do pleasurable perceptions originate, and they produce actual *feelings* of pleasure only by the above explained measurement or comparison with other mental modifications. In the new born soul all sensorial activities are, therefore, sensations, whilst in the developed mind they result in perceptions and feelings. But even in the developed mind, such sensations no doubt take place, since not in all instances their similar vestiges are excited into consciousness. This is the case especially when we receive entirely new impressions, or where the impressions are of a very fleeting character, or where the consciousness is concentrated upon other subjects. These sensations endure, as we shall see in § 70, in their elementary character.

In common language the notions: *sensation, perception and feeling* of pleasure are usually confounded; all that manifests itself either as pleasure or pain is called indiscriminately sensation or feeling. Such ambiguous use of words ought to be confined, however, only to manifestations in the lower

senses, because here it might be admissible to speak of sensations, because none of the modifications arising in these senses ever attains a very great clearness (§ 8), their reproductions are always obscure, and therefore might be designated by either term indifferently.

In paragraph 38 and in other places it has been shown, that in reality there is no line of demarcation between the quantum of external elements which constitutes a full or a pleasurable excitation. We cannot say, just so much external elements produce a full and just so much produce a pleasurable excitation. From this it follows that there must exist also a great difference between the different *pleasurable* feelings, and this is already indicated by the different expressions we have to signify different degrees of pleasurable feelings, such as: "Pleasure, joy, delight, rapture, enchantment, ecstasy, etc.

The mode by which pleasurable sensations are converted into feelings, is the same by which all other sensations take the same form. In the case where the quantum of external elements is too *scanty* for the capacity of the primary faculties, we have faculties side by side which are partly developed and partly not; this by itself must cause a sensation of non-satisfaction; but when this insufficient excitation, the vestiges of former similar insufficient excitations, are aroused into consciousness (as is usually the case), and at the same time also modifications of fuller excitations, with which they can be measured, then the mere *sensation* will at once be converted into a decided *feeling* of non-satisfaction.

In the case of satiating excitation we feel the increase of external elements in its relation to the primary faculties as a gradual over-excitation, which causes a sensation of *satiety* or *loathing*. If, however, as is usually the case, this sensation excites the vestiges of previous similar excitations and is measured upon the basis of the other more perfect modifications, existing in consciousness at the same time, we have a clear *feeling* of satiety or loathing. Lastly in the case where the primary faculties are suddenly overwhelmed by too great a quantum of external elements, we have a feeling

of *pain*, which becomes stronger in proportion as more numerous similar vestiges are drawn into this process, and are measured on more perfect modifications, excited at the same time. A simple irritation of primary faculties causes only a dull sensation of pain.

The feelings of non-satisfaction, satiety and pain, may be comprised under the general term "feelings of *pain*," as the opposite under the term "feelings of pleasure;" in this nomenclature, we take the word "pain," in its widest sense. And just what we have seen of the pleasurable feelings, is equally applicable to the feelings of pain; they have within themselves no sharp lines of demarcation; they gradually merge into one another, and it is possible that a *weak* painful feeling, in the presence of one more powerful, may lose entirely its painful character, "*dolor dolorem solvit*," or may be felt even as pleasure.

We see thus, that the difference between pleasure and pain, as with other mental modifications, arises for the most part from the peculiar development which the primary faculties receive from the varied quantitative relation of the external elements to them. This varied development of the primary faculties endures in independent vestiges, and thus forms their *peculiar pleasurable or painful character*, a kind of development which, by the law of the attraction of like to like, grows gradually into conscious modifications, and these in the presence of other measurable modifications produce actual *feelings* of pleasure or pain. A *conscious* feeling would not be possible without these peculiar fundamental developments of the primary faculties; that is without that peculiar painful or pleasurable character which they have received from the varied quantitative relations of the external elements, and thus it is this varied quantitative relation of the external elements that constitutes the basis for all kinds of moods, dispositions and characters of the developed mind.

§ 52.—*The same excitation does not always cause the same feeling.*

Some patients cannot bear the common light of the day, or the sound of usual talking, or the touch of even the

bedclothes. Why is this so? The *excitants* cannot be the cause, or other people would be equally affected by them; the reason must be looked for in a peculiar *condition* of the patient's *primary faculties*. These are undoubtedly weakened by the disease, or, what is perhaps the most frequent occurrence in such cases, the bodily organs are diseased, and in these, that is in the lowest or vital senses, originate the painful sensations. That this is so, we see when the patient gets well, that is when the primary faculties of the higher or of the vital senses have regained their normal energy; the same *excitants* cause then no over-excitation. *Whether, therefore, this feeling or another be caused by the same excitants, depends, 1: upon the condition of the primary faculties.*

Furthermore. When a poor man gets a chance to satisfy his hunger with a frugal meal, it causes in him a decided pleasurable feeling; another, who is accustomed to a daily rich table, might feel rather disappointed by such style of fare.

One who is brought up in a large city is little affected by the beautiful signs, show windows, statues and so on, which he meets every day, while the country boy, coming to town for the first time, is almost stunned by the new impressions he finds. The *excitants* cannot be the cause of this difference: they are the same for both parties; neither can it be the *primary faculties*, for in both we suppose them to be in a natural condition. The cause must lie, therefore, in something else.

When the poor man satisfies his appetite he compares his present impressions with those he has received from his usual poorer quality of food, and in the comparison the present impressions are of a much more agreeable nature, and as such they manifest themselves immediately as a feeling of pleasure. The rich man, on the contrary, measures the impressions of a frugal meal with impressions derived from meals of richer qualities, and finding thus his present fare rather "inferior" to his accustomed mode of living, has immediately a feeling of dissatisfaction. The same is the case

with the boys of city and of country breeding. The impressions which the country boy receives on coming to town differ greatly in splendor from those received in the village or on the farm, and just this immediate consciousness of this difference constitutes his feeling of astonishment; while in the city boy all these splendid things are old acquaintances. There is no difference in the usual impressions, and, therefore, no particular feeling of astonishment.

So we shall find it to be in all other cases. The kind of feeling which any impressions are capable of producing depends entirely upon the *kind of mental modifications with which they are brought into conscious co-existence*. Another basis, or another measure for the same impressions, gives another measurement, and thus a different feeling. Thus we find as causes for different feelings aroused by the same impressions, 1, *the condition of the primary faculties*; and, 2, *the co-existent mental modifications with which the impressions are measured*. Other measures, other measurements, *id est*, other feelings. The measure or basis, it will be observed, is in all these cases the less conscious modification; the measured new impressions are the most prominent in consciousness, and condition the feeling. (§ 48.)

In this way only is it conceivable that the same object can produce at one time a pleasurable, and at another time a painful, feeling.

§ 53.—*Feelings of the agreeable, of the beautiful, and the sublime. Their proximate factors.*

To originate these feelings, a pleasurable excitation is always required. But abundance of external elements alone is not sufficient to produce them. There are required also, as we shall presently see, certain qualities of the primary faculties, and to these a cultivated mind must add its acquired treasures to form fully the feelings of the beautiful and the sublime.

When a lively piece of music is played; when vivid colors of a picture or a bouquet strike our eyes; when sweet odor in spring scents the atmosphere; when we partake of a richer

dinner than usual, we then feel pleasurablely excited. When dazzling lightning cleaves the dark clouds, and rolling thunder shakes the earth; when the whole ocean seems in uproar, and dashes its waves against a precipice; when in a clear night we look up to the firmament and see worlds upon worlds in the immeasurable space, then we likewise feel pleasurablely excited.

But the difference between these feelings is vast. We call the first *agreeable*, the latter *sublime*. What, then, is the essential character of each constituting this difference?

If we at present dismiss the consideration of the elements that must be educed from the mind itself for the formation of feelings of the sublime, we see at a glance, that in the instances of the first order the excitants are of a *light and vivid* nature, which require for their assimilation nothing but a sufficient degree of rapidity and *acuteness* of the primary faculties. In order, however, that these vivid impressions may result not merely in *obscure sensations*, it is necessary that they find vestiges of former similar impressions, in order to attain the character of *conscious perceptions* (§ 50).

In the instances of the second order, we find the excitants of a much graver, more comprehensive nature, which act, therefore, in a much more weighty, steady, and *s'ow* manner upon the primary faculties. This requires a *greater energy* of the primary faculties to support and assimilate them, and that such impressions should result not merely in obscure sensations, but in full conscious perceptions, there is required, as in the former case, an excitation of similar impressions previously received (§ 51).

Furthermore, when the setting sun clothes the sky in purple, or the splendid colors of light appear on the sky as rainbow; when a fine country scenery spreads before our eyes with villages, woods and lakes intermingled; when we listen to a finely executed opera of Beethoven, Mozart, etc., we then also are pleasurablely affected; but we do not call the feelings produced thereby agreeable or sublime, we call them *beautiful*.

Here, too, as in the above instances, the addition of

similar vestiges to present impressions is necessary, in order to make them full conscious acts; the excitants, however, are neither so light as in the instances of the agreeable, nor so grave and weighty as in the instances of the sublime; they stand, so to speak, between them, act vividly, steadily, and energetically, and require, therefore, for a thorough assimilation, primary faculties of correspondingly sufficient *vividness and energy*.

From this explanation we may learn the following two things: 1. Animals may and do have sensations of the *agreeable*, but never attain to feelings of the *beautiful* or *sublime*, (although the same excitants act upon them as upon men,) because their primary faculties lack the energy necessary to retain received external elements as independent vestiges; and it is by the simultaneous excitation of these, shedding all their concentrated light upon present impressions, that a simple percipient act is elevated at once in man to a full conscious act. As, however, animals often possess the qualities of acuteness and vividness in a very high degree, they undoubtedly are capable of forming various *sensations of the agreeable*, as daily observation may teach. 2. In man we have observed (§ 8), that the lower senses lack retentive power, and thus it is intelligible why we never form the feelings of the beautiful or the sublime in the sphere of smell, taste, or vital senses. "A beautiful smell" is an exaggeration, and we never speak of a "sublime taste." But the feelings of the agreeable are very common in these senses.

The feelings of the beautiful and sublime are called "*æsthetic feelings*," and, from our former reasoning, it is clear that only man, and in his higher senses, is capable of an æsthetic development.

As one and the same mental act (compare § 50) may be at the same time an act of conception, conation, and feeling (the one or the other preponderating), it is clear that the feelings of the beautiful and sublime, of which we have spoken, are pleasurable conceptions (§ 27), which have their root in the qualities of the primary faculties and their peculiar

development in a certain quantitative relation of external elements to them.

§ 54.—*The more remote and deeper factors of the æsthetic feelings.*

Thus far we have explained the origin of the feelings of the beautiful and sublime (æsthetic feelings) only superficially. We have yet to answer the following questions: What is their real nature? Why do some persons remain entirely indifferent in the presence of a beautiful or sublime object? Why is it that the same æsthetic feelings originate in objects so different? and why do feelings of the sublime originate in some persons more easily than feelings of the agreeable?

1. Suppose we have a violet before us, and on account of its blooming in such a quiet and hidden way we feel disposed to give it the attribute of modesty. It is clear that in this case we have ascribed to the violet something which, in fact, is derived from *our own spiritual being*. For whether the violet really is modest we do not know; but this much is certain, the nettle we could not call modest; we would rather feel inclined to call it impertinent, as it answers the slightest approach by a sting. And is the rose, the symbol of love, really inspired with that sentiment? Is the lily innocent, the tulip haughty? We do not know; but the impression we receive from these flowers is of such a nature that it rouses in us the conception and feeling of such attributes, and the disposition to imagine these objects as possessed of such qualities, because their exterior, by its kind of impression upon us, corresponds with an *interior of our own*, and this we *lend them, ascribe to them*. We thus take a deeper view of them, inspire them with our own feelings and dispositions. We do this when we look upon the oak as an image of strength, upon the rock in the ocean as an image of consistency, upon the flowing stream as an image of the fleetness of human life, upon a ruin as the image of the transitoriness of earthly splendor, etc.

In looking at things merely as they appear to our senses, we receive only sensorial impressions which may be agreeable or disagreeable. When we, however, underlie these sensorial

impressions with feelings and dispositions of our own mental life, as in the foregoing instances ; when we thus deepen our views by transferring *our interior life into external objects*, we then consider them *æsthetically* ; we then penetrate, so to speak, beyond their exterior, and mentally translate them as they might be in their peculiar interior constitution. Now, all that which by this combination of external and internal view is capable of producing in us a mild, gentle pleasure, as the rose and the lily, fine country scenery, etc., we call *beautiful* ; while all that which, by a more energetic projection of our personality, causes an intenser feeling of pleasure, like the rock in the ocean, the starry heavens, thunder and lightning, etc., we call *sublime*. There our primary faculties are pleasurably excited, here they are energetically exalted. This is the real nature of the *æsthetic feelings*.

2. What kind of persons will remain indifferent in presence of beautiful and sublime objects ? Such as are not developed sufficiently to be capable of underlying sensorial impressions with feelings and dispositions of their own, like children and uneducated people. Children perceive only by the senses. The modifications of modesty, consistency, and innocence, have not developed into consciousness, and cannot, therefore, be combined with the mere sensorial perception of the violet, rock, lily, etc. ; consequently these impressions remain merely as agreeable, and do not attain the character of beauty or sublimity. Uneducated persons may possess these modifications, but having never been led or trained to underlie their sensorial perceptions with personal attributes, they cannot experience feelings of the beautiful and sublime, and remain, therefore, indifferent, or at best only agreeably excited, in the presence of beautiful and sublime objects. They are *æsthetically* uneducated, for without special spiritual culture beauty and sublimity remain a *terra incognita*.

3. Why is it that the same æsthetic feelings originate in objects so different ? According to § 49 we know that for the production of a feeling there is a basis or measure required, whereupon a given impression can be measured ; if this basis be altered, the feeling will be correspondingly al-

tered ; other measures, other measurements, § 52. Now, in consequence of the development of man, his earlier measures must necessarily change in the course of time ; the pictures, poems, pieces of music, etc., which we considered beautiful when young, do not come up to the more perfect types which we attain by advancing education ; those pictures, etc., which delighted our boyhood are now measured upon a basis so different that we wonder how it was possible for us ever to find them beautiful ; and yet the *things* have not changed, but our *ideals* have changed. The little girl imagines herself smiled upon by her doll, because she transfers her own happy state to it ; a young lady of twenty has gained, through her knowledge of men and things, a measure altogether different, stands upon a higher plane, and this prevents her emotions to be transferred to a lifeless doll ; however charming its expression may be, she cannot imagine the smiling face as endowed with life, and it therefore ceases to be an object of beauty. Thus we can understand why feelings of the beautiful and sublime may originate in different persons, even in the same person at different ages, from quite different objects, and also why the same objects, although unchanged, lose their character of beauty and sublimity as the mind advances in culture. Persons who are charmed with works of a low artistic nature, and who do not appreciate those of higher value, show that they are still on a low plane of mental culture.

4. Why do in some persons feelings of the sublime originate more easily than feelings of the agreeable ?

Feelings of the sublime we never find in persons with weak and dull primary faculties ; this formation requires a high degree of energy and acuteness (§ 53). He who is in possession of such qualities will naturally acquire a rich, deep and energetic mental development. Upon the basis of such highly developed mental modifications mere sensorial impressions will be felt as flat and common, and thus the feelings of the agreeable, which in such cases would originate in less strongly developed minds, cannot come into existence. When, however, on the contrary, such minds are acted upon by objects which, in consequence either of the kind or the abun-

dance of their excitants, correspond to this elevated state of mind, an underlying of suitable modifications will then be an easy matter, and feelings of the sublime will originate readily. Agreeable feelings we find, therefore, most predominant in children and persons of not very strong capacities, inasmuch as vivid and acute primary faculties are sufficient for their formation. By a corresponding mental development, however, in consequence of a certain degree of energy of their primary faculties, it cannot fail, that they will also attain to feelings of the beautiful and sublime in their way, only that this beauty and sublimity will be of a lower grade, compared to that which develops itself in deeper minds, to whom it must appear rather as flat and imperfect. Still it is a necessary mental development in either case, and confirms only the truth of the old proverb : *De gustibus non est disputandum.*

Impressions which act overwhelming, as for instance, those of a heavy thunder storm, may and do prevent in some persons the formation of æsthetic feelings altogether. Such impressions, which by their violence are capable of producing in the strong mind the sublime feeling of greatness and power, waken in the weak the consciousness of his own helplessness to such a degree as to fill the soul with fear and terror.

Condensing now the above given explanations, we may state the whole as follows :

1st. *Æsthetic feelings are the result of external impressions and internal developments. They originate in this way, that, being not satisfied with the mere external appearance of things, we try to penetrate into their inner being and life, by transferring our interior into theirs ; id est, we imagine their inner being and life analogous to ours, and thus spiritualize the mere sensorial impressions.*

2d. Such translations must be done correctly, that is, we must underlie objects only with such feelings and dispositions as correspond accurately with their impressions upon us, which alone represent the interior of external things.

3d. Nevertheless, mistakes will frequently take place in such processes ; because the interior of external things remains forever hidden to us. We can merely suppose them to be so, and as each one, who forms an æsthetic perception, can underlie only what is *in him*, we see at once, that the correctness of such processes depends also upon the grade of mental development to which the observer has attained to. If now, as we have seen, the standard of mental development has its root especially in the qualities of the primary faculties, it is easily to be seen that the degree of æsthetic perfection depends upon the degree of energy and acuteness which one possesses in his primary faculties ; but it requires also training and education.

4th. Agreeable feelings originate without the need of such translations ; they are the simple result of pleasurable excitations, consequently we cannot count them to the *æsthetic* feelings. Common language calls frequently beautiful, what indeed is merely pleasant or agreeable ; it is a very far-spread disposition to exaggerate pleasure as well as pain. Lower degrees of the beautiful we signify with : pretty, nice, fair, charming, lovely, naive, etc. ; towards the sublime tend feelings like the noble, the dignified, the grave, the splendid, the magnificent, the solemn, etc.

5th. Æsthetic feelings are free from self-interest, because they carry satisfaction within themselves ; they are pleasurable conceptions which appease and elevate the mind, and to work them out into shape and form is the artist's greatest delight. They may and frequently do originate in the absence of the external objects, and so may even painful sensations be sublimated into æsthetic feelings, of which, however, it is not the place here to speak more fully. Compare Beneke's *Pragmatische Psychologie*, V. II., p. 222 *et seq.* A very excellent explanation of the æsthetic feelings we find also in the work : "Das Æsthetische nach seinem eigenthümlichen Grundwesen und seiner pädagogischen Bedeutung dargestellt." Eine gekronte Preisschrift von Friedrich Dittes. Leipzig, Julius Klinkhard, 1854.

[To be continued in May number.]

**ARTICLE XXVII. — Lac Defloratum. A Partial Proving.
Clinical Cases and Comments.**

BY A. M. PIERSONS, M. D.

In the winter of 1870 I received from my friend, Dr. S. Swan, some Lac defloratum 15th, for proving.

March 14th.—Mrs. ———, aged 22, bilio-sanguine, rather stout, and apparently in perfect health, took two lozenges, medicated with the above, every hour while awake. She made no change in diet or habits.

March 15th (med. every hour).—Awoke with a dull, unpleasant feeling in the head, which developed into a severe frontal headache, slight nausea and chilliness. Bowels have not moved since the 13th.

March 16th (med. every hour).—Nausea and gagging after rising. The nausea returned several times during the day. Felt cold all day. Sat near the fire, but with no permanent relief. Bowels have not moved. Appetite not as good as formerly. Everything tastes alike. Tongue moist. No thirst.

March 17th (med. continued.)—Violent retching and straining to vomit, but cannot succeed. Indescribable nausea. Severe frontal headache. Was unable to go down stairs or to eat a particle when brought to her. White coating all over the tongue. Great depression of spirits. She felt that some calamity was near. Her nausea returned every six hours. Bowels yet unmoved. The rectum felt impacted with fæces, but was unable to eject them. There was general coldness of the body, and her finger nails looked blue, as if from ague. A heavy shawl did not prevent her from shivering. Increasing despondency.

March 18 (med. same).—Awoke with sick headache. Had empty retching. Felt hungry and faint, but could not eat from loss of appetite. The thought of food nauseated her. Her bowels were partly moved, but with much straining and

some laceration of the anus. Stool was very large and hard. She was cold, and had forebodings all day.

March 19.—She had a restless night. Her feet did not get warm during the whole night. Nothing could induce her to take another dose of the medicine. Her headache, nausea and coldness were worse, if possible, than any previous day. Her bowels moved again, but with the same laceration of the anus. Stool very large and hard. The pain, while passing stool, extorted cries. Passed considerable blood with the stool.

Some of these conditions lasted upwards of six weeks after cessation of the medicine. The constipation was so intense that I was applied to for help. *Nux v.* 15 m. (F.), one dose gave immense relief in 24 hours. For a long time the nausea and empty retching returned every morning after rising. The natural warmth returned after several weeks. My prover obtained no urinary symptoms. Her catamenia, which were naturally scanty and postponed, came nearer the usual time, and the quantity of the flux was increased for many months.

CLINICAL CASES.

CASE 1ST.—Mrs. W. H. R., married, small, delicate, nervobilious, mother of four children, has had sick headaches for sixteen years. Has never passed a month of this period without one. During the last two years has had an attack every Saturday, lasting from one to three days and confining her to the bed. Symptoms: nausea, with occasional vomiting, which latter gave relief. Headache bursting, frontal and blinding. Head felt better from tightly tying up with a handkerchief, and worse from light and noise. Bowels habitually costive, stools large. Feet and hands generally cold. Had given one dose of *Nux v.* high, and several weeks later one dose of *Sul.* 10 m., when the cumulative symptoms seemed to require it, but with no perceptible benefit from either. Was called to her bedside during one of her worst attacks. Gave placebo as a *palliative*. After the paroxysm, gave her seven powders of *Lac defloratum* 1 m., to be repeated every

night. Two years and more have now passed, but *her headaches and attendant symptoms have never returned.* A very suspicious cough, of three years' standing, with scanty yellow and sweetish expectoration, accompanied by a sharp pain extending through the lower third of left lung to lower edge of left scapula, was radically cured by *Sul. cm. (F.)* I mention this last fact because *Sul. 10 m.* had previously been given without producing this most desirable result.

CASE 2D.—Mrs. J. H., 29, married, tall and slender, light hair and blue eyes, the mother of two children, has had sick headaches from childhood, but worse after the establishment of the catamenia. Menses always scanty and attended with colic. Headache periodical, frontal and bursting, with violent retching, seldom vomiting. Had been through the whole curriculum of allopathic and the "Aconite and Belladonna" school of homœopathic medicine. Had taken "Quinine tonic" from a homœopathic (?) physician. Does not want to try anything more, but wishes to die and end her misery. Thus far I learned from her husband, who called on me one evening to get some "bilious medicine" for her. Said she had a "bilious" turn, she had always been "bilious" and always would be "bilious." Sent *Sac. Lac* and called next day. The "bilious attack" had certainly been severe. She had just completed a three days' attack of sick headache. Could only vomit by putting her finger far down her throat. Had cold hands and feet, alternate diarrhœa and constipation, with a predominance of the latter; loss of appetite, the smell or thought of food nauseates; tongue coated white, moist, and no thirst. Gave nine powders of the *Defloratum*, to be taken one each night at bedtime. It is now nine months, and she has had but one slight headache, and that without nausea. This occurred after going down town shopping, a thing she was formerly utterly unable to do. She is now quite stout and in perfect health.

CASE 3D.—Mrs. R. N., 32, mother of four children, is small and stooped. Has had headaches, with nausea, for the last seven years. Has taken everything that was well-recommended, with no benefit excepting a trifling relief while in-

haling lavender. Attacks were periodical, returning every eight days. Can neither eat nor drink during the attack, nor can she bear light or noise. Did not want to be spoken to. Was very despondent, especially at or near her menses. During the headache had coryza and an apparent tonsillitis. Tongue coated white, food tasteless. Gave one powder of *Defloratum* 1 m. each night. She had two slight attacks after beginning the medicine, but in three weeks was discharged cured, and she has remained so for nearly two years.

I have chosen three of the worst cases out of over sixty that I have cured with *Lac defloratum*; purposely chosen them to meet, better than any argument can do, the silly objections many have made against this most valuable therapeutical agent. I have given this medicine, *as I do all others*, in the one-thousandth and higher potencies, and for the simple reason that it is my conviction that such potencies can make quicker and more lasting cures than the lower, and that many diseases which are incurable with the lower are easily and readily cured by the higher potencies.

ARTICLE XXVIII.—South American Clinics.

By S. B. HIGGINS, S. A.—Continued.

CASE 5.—In the latter part of 1869 Col. Anselmo Velez came to my house to have me treat him. His words were: "I desire to make one last effort to recover my health under this new (Homœopathic) treatment, because the old school method under our best Professors has failed. I grow worse from day to day; I feel myself marching slowly towards idiocy; I have lost my memory—sleep is broken; I awake suddenly, as if frightened. My appetite diminishes daily. Pains in the head increase. When I have the attacks (epileptic) I am thrown to the ground, whether walking, standing, or riding; my body has always, in some part, an ache or pain, from disease, or blows, or falls. I feel myself to be a useless

member of the human race; and, to add to my misfortunes, I am burthened with a family."

I thought Col. Velez could be cured, and said as much to him, but, obliged to make a journey into the State of Florida in a few days, I proposed to postpone beginning his treatment until my return, unless he could accompany me, which he consented to do without a moment's hesitation. We left the city in company with another friend, passed the first day well; but on the day following, while at dinner in the parish of Viane, my patient of a day had a terrible attack of epilepsy, with the following table of symptoms:

Age, 40 years; body well formed; skin pale, of an earthy bluish tinge; countenance had a dejected look; a very deeply marked bluish ring around the eyes. The attack was preceded by a sudden increase of the customary headache. All at once, with a sudden scream, he fell backward in opisthotonos; a stiffness in all the limbs and corpse-like rigidity of all the joints ensued; the ends of the thumbs were drawn into the palms of the hands, and the feet were contracted into a short curve and backwards; the features sunken, wore a bluish pallor; the mouth either opened and discharging foam, or firmly shut with grinding of the teeth; the eyes were opened wide, and rolling about in their orbits in a frightful manner; body was ice-cold, and apparently the only possible termination to the scene could be—death. The access terminated by a violent vomiting of bilious matter, after which remained the customary cephalalgia, and great mental depression.

I had at my disposition near to the town of Guayabal, in the state of Tolima, a Hydropathic apparatus, where, during ten years, I had practised the application of water in curing diseases of different kinds with great and perfect success in hundreds of cases. At this place Col. Velez was restored to health by the following simple treatment:

Hydropathy in Combination with Homœopathy.

Daily, after a half-hour's exercise on horseback, to provoke perspiration, and a few moments of rest, he took an

entire immersion bath in cold water, temperature 25° Reaum. of two, three, or four minutes, according to the reaction noticed, caused by the bath. The whole body was completely dried as quickly as possible and another half-hour's exercise on horseback taken.

After ten days, baths of immersion were substituted by the "douche." A longer rest was taken after the exercise, and he was placed under a stream 3. cms. diameter (nearly one inch), falling from a height of 2½ metres (8 feet), the body being turned about in every possible direction, so as to receive, in every part, the shock of the water. This "douche" bath lasted, at first, two minutes, and was lengthened one minute every three days until it was prolonged to ten minutes. After twenty-six days of these baths, or thirty-six days from the commencement of his treatment, a very abundant miliary eruption, attended with great pruritus, presented itself on the whole surface of the skin. This lasted three days, and then disappeared.

Remedies administered during the whole treatment were Bell., Ipecac, and Nux Vom., at the 15th and 30th cent., according to indications.

Fifty days after the date of our departure we returned again to Bogota. Col. Velez was perfectly restored to health.

The preceding facts are well known to his many friends, among whom I will mention Dr. P. P. Cervantes.

Remarks.

As the use of water at different temperatures in curing diseases, and as a prophylactic agent, is not considered generally a part of the Homœopathic treatment, and is consequently not incorporated into the Homœopathic *Materia Medica*, it becomes my duty, in the present case, to explain why I employ it, sometimes as a principal, and at other times as an auxiliary restorative agent.

Hahnemann and all his pupils agree that "any substance which, in its exterior or interior contact with the human or-

ganization, disturbs its functions (normal), producing a so-called medicinal disease,—this same substance cures diseases exhibited under similar symptoms, which arise from natural causes.”

I not only accept this theory restricted to this class of diseases, but I generalize it by its application to all those morbid conditions developed by the action of water (Hydrogenoid, of Grauvogl) in the organism; and which I have tested, as proven in my publications of clinical cases from time to time during sixteen years' practice.

The surprising effects of water in its direct action, as well as reaction upon the human organism, do so patently proclaim the axiom “*Similia similibus curantur*,” that this fact made me a Homœopath even before studying the doctrines of Hahnemann, or verifying the truth of this fundamental law by the administration of “potentized” remedies.

If water makes sick, and cures as well; if its action at different temperatures stimulates the system in every possible degree; and if, as well authenticated facts prove, the reactions of the system are in proportion to the degree of this stimulus relatively with the different temperatures of the body; if, in the application of water, a thermometer will indicate the degree and length of its action, fixing the limit of the latter and determining the commencement of the reaction in the organism,—then we have in the use of water a medicinal and Hygienic agent of the first order. Hence we infer that this should not have led to the formation of a new system, with the names *Hydrophathy*, or *Hydrotherapy*; but that the use of water should have a *Pathogenesis* of its own and be incorporated into the *Homœopathic Materia Medica* on account of its vast record in *Therapeutics* and *Clinics*, extending from the days of *Moses* down to our present day.

RUJEL MARIA CHAVEZ,
Bogota, 1866.

!Nasal Polypi.

CASE 6.—Cayetana Perdomo, living in the town of Guagua, female, age 16, unmarried, was brought to my house in Neyva in 1847, by her mother, to extirpate two polypi on either side of the nares. These had grown to such a size that the obstruction in the nostrils impeded respiration; caused a broken sleep; so painful that she could only lie quiet for a few moments, when she would suddenly start up as if being strangled by the dyspnoea and consequent dryness of the throat. She had consulted several physicians, all of whom had recommended an operation for extraction: as the only remedy advisable in the case.

I had had little practice in surgery, as hitherto I had confined myself almost exclusively to physic and its attendants; although I had commenced the study of Homœopathy in 1838, the scarcity of elements to be obtained at that time, only with great difficulty, had obliged me to follow a mixed practice, sometimes allopathic and sometimes homœopathic, until the year 1845, at which time I abandoned entirely the allopathic practice as being prejudicial, absurd, and extravagantly conjectural and uncertain; and became a "pure Homœopath."

This was, then, under my newly embraced school and practice, the first case of nasal polypi which had presented itself for treatment, and I confess frankly that it caused me to vacillate between doubt, perplexity, and beating a precipitate retreat. In many cases of organic lesions I had witnessed the effects of potentized remedies developed in a decisive and sure manner, and cures effected which could not be considered otherwise than radical; but in cases like the present I doubted the efficacy of dynamic action without the aid of the surgeon's scissors or scalpel. However, in the annals of Homœopathic Therapeutics I found recorded cases of cures of polypi of a similar nature, and this fact decided me to treat the case in hand.

The symptoms seemed confined to their development in the organs of voice and respiration. I administered Phosph.

30 cent. 4 globules, allowing 20 days to elapse for the action of the remedy.

In August the polypi had diminished in size ; respiration was more free ; the patient could sleep better ; was awakened during sleep less frequently than formerly, and I repeated the same remedy at the same attenuation and waited another month.

In September no apparent change. Another examination of my patient revealed to me traces of a psoric taint, and this caused me to administer Sulph. 30 cent. 4 globules each—3 doses for 3 consecutive days. After the third dose a herpetic eruption presented itself on the nose, accompanied by intense pruritus, nervous excitement, and coryza. In a few days all this disappeared, and I waited till October to allow the action of the remedy to exhaust itself, when I exhibited Calc. carb. 30 cent. 4 globules, in a single dose.

In a few days (10 or 12) a notable diminution in size of the polypi was noticed, which continued in a rapid degree during November and the month of December. In January there was not a remaining trace of a polypus in either nostril, and all the accompanying troubles had entirely disappeared.

Remarks.

This is not the only case ; each one of the Homœopathic physicians in South America has had in his clinics several cases of nasal polypi, which have been radically cured by infinitesimal doses. This case is presented because some of our Allopathic brethren have insisted that the two cases of vaginal polypi from Dr. Chavez's practice were probably spontaneous cures, because any physician knows that instances have occurred in which vaginal polypi have come away of themselves, without any surgical operation having been performed, or any remedy administered. The case just cited is quite distinct. What do our censors say to it? How many instances can be cited in which a polypus undergoes *spontaneous absorption*? Yet this latter is precisely as rea-

sonable in judging it critically, as to apply it in the cases above mentioned.

This gives us occasion to say a few plain truths that place the subject in a light widely different from that in which our censors hold it up to the public, but we refrain. To speak only plain, unvarnished truth, the facts are, that a consultation of all the classic works of the Old School reveals to us that in such cases the *only recourses* at the disposition of the medical practitioner are reduced to *four* methods of treatment; these are *Ligation, Twisting it off, Cauterization, and Excision*; or, to resume them all in one word, the treatment recommended is, *Ablation!* This same operation takes place when the nails are pared off or the hair is cut. Does this prevent the growth of the nails, or of the hair?

We may keep on excising polypi, but just so long as the constitutional vice (diathesis) exists they will keep on reproducing themselves *ad infinitum*. If Allopathy does not attack this *cause* of the disease, then it only declares itself impotent, helpless to treat such cases with any hopes of producing a cure. Here Homœopathy steps in and offers the physician in the treatment of that diathesis, by its internal remedies and *positive, rational* treatment, using as an unerring guide those symptoms which the cause and disease itself have developed, the hope of a radical cure for his patient.

That this hope is well founded, and that its resources are far more abundant than those offered by any other school of medicine, the hundreds of cases recorded in our clinics in all parts of the world, and under every condition of age, sex, and climate, bear ample testimony that cannot be gainsaid or disproven.

S. M. ALVAREZ,

Bogota.

ARTICLE XXIX.—Dysmenorrhœa.

BY W. NEFTEL, M. D., N. Y.

The affection to which I now desire to call the attention of gynæcologists is dysmenorrhœa. In another place* I have spoken of its yielding to the galvanic treatment, but hesitated to give an account of this method until time and more numerous cases would have confirmed my first observations.

The majority of patients, before coming under my care, had been treated for a considerable time, some even for many years, by the most skilful gynæcologists, who had exhausted all the remedies and tried the different surgical methods without avail.

The following being my first case of dysmenorrhœa treated with the galvanic current, I give a more detailed history of it, though it is contrary to the plan adopted by me in this article.

“ Mrs. P., aged 24, married six years, but sterile, suffered from dysmenorrhœa in its intensest form. She had regularly menstruated from her thirteenth year, and was always healthy until seven months before her marriage, when she had a fall, striking with great violence in the lumbar region against a solid wooden box. The accident was immediately followed by the untimely appearance of a very profuse menstrual flow. Since then she suffered a great deal of pain in the lumbar and the left part of the hypogastric regions, and also of profuse menstruation accompanied by the severest dysmenorrhœa. Several distinguished gynæcologists treated her in succession with different internal remedies, especially narcotics, and using sponge-tents and other applications to the uterus. Her general health, however, and the local affection of the genital organs, grew constantly worse. Even during the intervals of the painful menstrua-

* Galvano-Therapeutics, p. 109.

tion she complained of constant bearing-down pain, of dyspepsia, loss of appetite and sleep, and of general debility.

"An incision of the neck of the womb was performed, followed by applications of caustics, in combination with large doses of opiates, during the menstruation. Under this treatment, which lasted eighteen months, all the symptoms became very much aggravated. The menstruation assumed the character of menorrhagia, and the intense dysmenorrhœa necessitated the keeping in bed of the patient under the complete influence of opiates.

"I first saw the patient April 20, 1870, and found her well-built, but very pale and thin, the uterus increased in size, especially the neck, indurated, tender to the touch, and showing a cicatrix from the previous incision. She complained of a dull headache, a sensation of fulness and heaviness in the lower part of the abdomen, of a burning sensation in the internal genital organs, with bearing-down pains. She was scarcely able to walk, especially up the stairs, could not stand or sit straight, and was obliged to lie down most of the time. She had very little sleep or appetite, and ate no meat at all. The tongue was coated, and she complained of different symptoms of dyspepsia.

"I commenced the galvanic treatment a few days before the expected menstruation, Aug. 22. A stable current of 20 Siemen's elements was used, applying the anode to the dorsal and lumbar regions, and the cathode to the hypogastric region, over the ovaries and uterus. On the following three days the anode of a current of 12 to 17 Siem. elements was applied to the nape of the neck, and to the lumbar region; the cathode as before. The effect of this treatment was extremely favorable. The headaches, the pain in the back and in the region of the left ovary disappeared. She felt stronger, and could walk a considerable distance—had a good appetite, and slept better than she had for a long time. The menstruation appeared painless for the first time after so many years, and the loss of blood was perfectly normal, so that the patient, who on former occasions was obliged to

keep her bed during the entire period, remained up, and suffered from none of the former symptoms.

“ I repeated the galvanic treatment at different times, after long intervals. The general health of the patient became completely restored, the chronic metritis has disappeared, and the menstruation is still perfectly normal.”

This change had been so sudden and so complete that it aroused a doubt in my own mind. I knew not whether it had to be ascribed to the galvanic treatment, or simply to the discontinuance of the former, especially of the last severe, treatment. This supposition seemed so much the more probable, as, judging from the earlier history of the case, the patient must have been entirely free from any structural uterine disease. The chronic metritis might have developed itself either in consequence of the accident, or perhaps from the frequent use of sponge-tents and other intra-uterine medications employed against the dysmenorrhœa, and it might have disappeared spontaneously, thus removing the cause of the dysmenorrhœa.

Other cases of dysmenorrhœa, in which I obtained the same result, would have confirmed the efficacy of the galvanic treatment, had not all these patients, like my first, previously undergone different heroic treatments. At last some cases of severe dysmenorrhœa came under my care, which had been treated only by the expectant method, though narcotics were necessarily administered during the menstruation, and to correct displacements of the uterus simple pessaries were worn in the intervals. In these cases the womb presented various conditions; either there was no morbid alteration, or there was ante flexion, or an undeveloped state, conical neck, etc.

One of the first cases belonging to this category was a patient of Dr. Steele, of this city.

“ Mrs. H., aged 26, married several years, but sterile, always suffered from dysmenorrhœa, that became more intense after a miscarriage in the seventh month of pregnancy. Her menstrual flow has always been very scanty, and for several days during her period she had to remain in bed under the

influence of narcotics. For the last two years she was under the treatment of a distinguished gynecologist, who tried different mild methods, with no improvement of the dysmenorrhœa. I commenced the galvanic treatment Dec. 13, 1871, and the second period came on quite painless. While, before the galvanic treatment, the unpleasant premonitory symptoms would keep her at home on the approach of the menstruation and in bed during several days, it now appears without any warning, allowing her to exercise every day in the open air.

“It would be too monotonous to give the histories of analogous cases, and I shall only mention the following case of dysmenorrhœa, particularly interesting on account of its complications. Miss T., about 35 years old, belongs to a very healthy family, and was formerly in comparatively good health. Whilst travelling in Europe, she exposed herself to a great deal of fatigue and atmospheric changes during her monthly period, which suddenly became very painful, and remained so during the last twelve years, notwithstanding the different modes of treatment she was subjected to by a number of experienced physicians. During three days of every month she suffered intense pains, besides being obliged the week preceding and following the menstruation to remain in bed, owing to the great prostration. The menstruation was very profuse and irregular, appearing sometimes at intervals of ten or fourteen days. She was chlorotic, extremely emaciated, and her hearing was very much impaired, the galvanic reaction of the auditory nerve exhibiting qualitative changes of Brenner's formula. My attempt to make a digital examination was frustrated by the intense vaginismus the patient was suffering from. October 24, 1872, I commenced the treatment of vaginismus and dysmenorrhœa with iodide of potassium and the galvanic current. Her next menstruation was very little painful; she was not in bed, and could even walk outside the house. The vaginismus having almost disappeared, I was able to make an examination, and found all the genital organs in a perfectly healthy condition. They were undoubtedly so before

the beginning of the treatment, which could not have produced any material change in so short a time."

Thus, a fact important for the theory of dysmenorrhœa has been demonstrated to me, namely, that the most intense dysmenorrhœa may exist without any organic affection of the uterus and its adnexa, and that dysmenorrhœa may last for many years without producing an organic affection of these organs.

In this case, as in the others, the dysmenorrhœa yielded to the galvanic treatment.

The particulars of the method shall be described when speaking of amenorrhœa and other disturbances of menstruation.

It is evident that dysmenorrhœa is a symptom accompanying various morbid conditions of the uterus. The fact that dysmenorrhœa may occasionally exist without any structural alteration of the uterus, proves that it belongs to the so-called functional diseases, and is analogous to other visceral neuralgias. Therefore the mechanism which produces the phenomena of dysmenorrhœa must be essentially the same, however different may be its primary cause; it depends upon some nervous, probably spasmodic, affection of the uterus.

As an illustration of this, I shall briefly mention the following two cases:—

"Miss P., aged 38, well built, but exceedingly anæmic, has suffered, during the last ten years, of dysmenorrhœa, with very profuse menstruation, generally lasting eight or ten days. During the first four days of menstruation she suffered excruciating pains, nausea, and vomited constantly after each meal. For the last year she has entirely given up taking food through the stomach during the first four days of menstruation, and takes instead an enema of beef-tea, to which laudanum is added. The uterus is antelected, and presents a tumor of the size of a child's head. The increased size of the uterus is owing to the existence of a fibro-myoma, which is partially intramural and partially protruding into the uterine cavity. A few years ago, to relieve the menstrual pain, an incision of the neck of the uterus

was made, however without any result. I commenced treating the patient with very strong galvanic currents, January 22, 1872. After twelve daily treatments the menstruation appeared with much less pain, though she took no laudanum; she could eat, having vomited but twice during the whole period, that lasted one week. The loss of blood was less than usual, and she soon recuperated and felt stronger than on all former occasions. I continued the treatment the following month, using, especially during the week before the period, voltaic alternatives of a powerful current directed through the pelvis. Her general health has very much improved. The next menstruation came on during the night, with pains of a peculiar character, which she had never experienced before, and, according to her own description, and those present, exactly resembling pains during labor. When they reached their climax, becoming perfectly unbearable, a large solid mass was expelled through the vagina, followed by a dangerous hemorrhage and syncope. Unfortunately the solid mass was thrown away, and only half a vessel of coagulated blood was left for my examination. A spontaneous expulsion of the intra-uterine portion of the tumor undoubtedly took place, called forth, as I presume, by the powerful voltaic alternatives. Indeed, an examination through the abdominal walls and the vagina showed the uterus greatly diminished in size. It took several weeks for the patient to recuperate from the consequences of the acute anæmia. Afterwards the menstruation became normal, and the general health of the patient restored."

Besides the interest this case presents with regard to the expulsion of the tumor, it shows the possibility of abolishing the phenomena of dysmenorrhœa without removing the organic disease of the uterus by which they are caused.

This was still more evident in the following case, where the dysmenorrhœa disappeared during many months, though the tumor, which caused it, remained almost in the same condition.

" Mrs. Ch., aged 43, married 23 years, but sterile, has suffered from dysmenorrhœa, and has been treated by most dis-

tinguished gynecologists. A large fibro-myoma developed itself in the posterior wall of the uterus, which called forth various symptoms, among which were constipation of the bowels, pain in the back, difficulty to walk, etc. To remove the tumor by a surgical operation was considered perfectly impossible. I commenced to treat her daily with the galvanic current, and the next menstruation appeared without any pain.

“Here the galvanic current removed the visceral neuralgia (dysmenorrhœa), though its primary cause—the tumor—could not have been much modified by it in so short a time. The continuation of the galvanic treatment, however, seemed to have subsequently diminished also the size of the tumor, in consequence of which the constipation of the bowels was removed, the patient could walk great distances without any inconvenience, and her general health was restored.”

The mechanism of dysmenorrhœa can be supposed to take place in the following way: An irritation originating in the uterus (or perhaps elsewhere) is propagated to a nervous centre, whence it is transmitted to motor nerves which produce the spasmodic contraction of the muscular fibres of the uterus. Usually the irritation is caused on the mucous membrane of the uterus by the pressure of the accumulated menstrual blood, the free escape of which is impeded. The nervous centre where the irritation is transmitted from the sensitive to the motor nerves remains undetermined. Supposing this hypothesis to be correct and able to stand the test of a direct experiment, it may be asked which are the sensitive nerves conducting the reflex irritation to the motor fibres, and which are these latter that contract the uterus? This question has not yet been satisfactorily answered. It is known from the experiments of Kilian, that uterine contractions can be called forth by irritating the cerebellum, the medulla oblongata, and the spinal cord. The sympathetic is the way through which the excitation of these organs is propagated to the muscular fibres of the uterus, according to Longet, Valentin, Budge, Oebner, Frankenhauser, and

others. Frankenhaeuser * has proved by direct experiments that the plexus uterinus is the motor nerve of the uterus. This is corroborated by the fact that all the nerve-branches composing this plexus contain motor fibres, such as the plexus mesentericus superior (the irritation of which produces contractions of the intestinal canal and of the uterus), the renal nerves, and those originating from the second and third lumbar ganglia of the sympathetic. These latter communicate with branches of the spinal cord, and Budge has produced most powerful uterine contractions by irritating this region of the cord. The motor branches from the renal ganglia to the plexus uterinus bring the kidneys into close relation with the genital organs. This explains the frequent derangement of the urinary secretion during pregnancy, and in various uterine diseases.

The sacral nerves are considered as the sensitive nerves of the uterus. The following case described by Scanzoni † is very instructive with regard to these points. A woman with complete paralysis of the lower half of the body was delivered of a child without feeling any pain. The patient died ten days later, and at the *post mortem* the spinal cord was found compressed by a hydatid tumor at the level of the first thoracic vertebra. The symptoms can be explained by admitting that the sympathetic produces the uterine contractions, and that the sacral nerves are the sensitive nerves of the uterus.

In dysmenorrhœa, as in other visceral neuralgias, we meet with abnormal activity of the vascular system, which must be considered as a reflex phenomenon from irritation of the sensitive abdominal nerves upon the vagus. The splanchnic nerves, the most powerful vaso-motor nerves which exercise so great an influence upon the circulation in the abdominal viscera, very probably also participate in the production of the phenomena of dysmenorrhœa.

* Die Nerven der Gebärmutter. Jena, 1867, p. 42.

† Scanzoni. Lehrbuch der Geburtshülfe. Brown Sequard's Archives, No. 4, 1873.

It is likewise probable that in dysmenorrhœa the galvanic treatment not only affects directly the uterus and its nerves, but also influences them indirectly through the splanchnic nerves, by modifying the circulation in the pelvic organs.—*Brown Sequard's Archives, No. 4, 1873.*

ARTICLE XXX.—Two Cases of Congenital Hydrocephalus Cured by Belladonna 900, Jen.

BY MERCY B. JACKSON, M. D.

Being summoned by Mr. C. to see his child, a male infant of ten days old, found the head enlarged, the fontanelle elevated, and hard; the frontal and sagittal sutures opened about two-thirds of an inch at the vertex, the coronal suture also open its whole length.

The eyes were turned inward toward the nose, the pupils dilated, and the child had an idiotic appearance. The mother said that the child had a large head when born, and that it had increased since, and the child was growing more and more stupid.

There were contractions of the muscles of the extremities, which indicated the approach of spasms. I diagnosed a case of congenital hydrocephalus, and gave Bell. 900, Jenichen, 2 pellets in 8 teaspoonfuls of soft water, one spoonful every two hours.

Saw the child next morning; found the fontanelle softer, the twitchings in the extremities gone. Continued the Bell., as before.

Visited the child daily, and found a continuous improvement, until further attendance was not required.

This child, however, continued to have febrile attacks at longer and longer intervals, until a year old, during which the pupils were dilated and the child extremely irritable, especially as it grew older. The mother would then call for a prescription. For these attacks Bell. 900 was always the remedy.

During the year Cal. c. was given several times, and Sulphur in high potencies, but the Bell. 900 was the only thing to relieve the paroxysms, and without it I believe that the hydrocephalus would have increased until idiocy would have developed. The boy is now 15 years old, and bright and healthy as any boy.

CASE 2D.—Was called to see a female infant of five weeks old, which had been attended by an allopathic doctor from birth. He had all the time told the parents that there was water on the brain, and that the child could not recover, as the bones of the skull were separated, and could never be brought together again. Such an instance, he said, had never occurred. The parents were persuaded to try Homœopathy, although they had no faith in it.

On examination, found the frontal, sagittal and coronal sutures open, wide enough, for a considerable distance, to put my finger between them, the fontanelle being much elevated and as hard as wood. The eyes turned in toward the nose, so much as to obscure some part of the iris, the pupils so enlarged as to show only a line of the iris.

The child had ceased to nurse for the last twelve hours; then some slight spasms of the fingers and eyes, no indications of sight, and the case truly a hopeless looking one.

But deeming it my duty to try to save the child, I dissolved 4 pellets of Bell. 900, Jenichen, in half a tumblerful of water, and ordered one teaspoonful every two hours. Called in fourteen hours, and found some less severity in all the symptoms. Continued the same prescription, and saw the child in twelve hours more.

There was then a marked softening of the fontanelle, and the child had nursed a little once. Continued the Bell. as before. Visited the child daily, and each day found it better, and on the 10th day the sutures had closed. The child continued to improve, the eyes had returned to their natural position, the pupils nearly contracted, but after a week or two the right eye, which had been turned in farther than the left, returned partially to the former position, sufficiently to make her squint a little. Several remedies were tried to in-

duce the eye to return to its natural position, but were unsuccessful, and, as the child became well in less than three months, the parents were satisfied.

This case, although more severe or farther advanced than the first, was perfectly cured in a shorter time, never having to prescribe for her after 3 months old. She walked well at 14 months, and in all respects appeared to be a perfectly healthy and vigorous child, and remained so as long as I had any knowledge of her, at which time she was 6 years old.

Jan. 15, 1873.—Miss F., about 35, came to me with a swelling on the patella, about $2\frac{1}{4}$ inches in diameter and perfectly round, elevated about $\frac{3}{4}$ of an inch from the bone, with almost perpendicular edges, and filled with fluid. Gave her Arsenicum 200, 3 pellets in a powder, one powder to be taken every 2d night till an improvement comes on. Hearing nothing from my patient at the expiration of the fortnight for which the prescription was given, supposed she had consulted a surgeon. But after six weeks received a letter saying she needed no more medicine, as she could not distinguish one knee from the other in shape. The enlargement has been coming for a long time, but had lately increased more rapidly, and greatly interfered with the motion of the joint.



ARTICLE XXXI.—Verification of Some Lachesis Symptoms in a Case of Fungus Hæmatodes.

BY MERCY B. JACKSON, M. D.

More than twenty years ago I had charge of an interesting case of fungus hæmatodes, several inches diameter and about $1\frac{1}{2}$ inches elevation from the left mammæ. The case had been exhibited at the Massachusetts Hospital, and the patient advised to do nothing, as it would soon begin to bleed, and the hæmorrhages would destroy her within a period of 3 or 4 months, and no benefit would result from removal.

After this discouraging diagnosis she returned to Plymouth, where she and I then lived, and came under my care.

The sufferings were very considerable at that time, and the weight so great that the breast was suspended by a bandage from the neck, and almost constantly supported by the right hand. During some two months of treatment the pains were somewhat relieved, but the fungus continued to grow longer and redder, and the skin began to break and have nodulated protuberances, which might bleed at any moment. The first hæmorrhage occurred at this time, and was rather slight; another occurred in about a fortnight later, which was greater, and in another fortnight a third, which was very severe, being estimated at a pint, and wetting two sheets and some towels, and standing in a pool in her lap, the blood pouring out as water from a saturated sponge.

Having carefully studied the case, I had determined to give Lach. 30 at my next visit, and when called in haste attempted to check the flow with lint, of which a large quantity was ready; but no perceptible effect was produced by it, and I immediately gave 2 pellets of the 30th of Lach. in a spoonful of water, and in 10 minutes the bleeding ceased. Left the patient with directions to give no more medicine unless the bleeding returned before my next visit.

In the morning saw her and found a thick scarlet-colored rash a finger's length or more in every direction around the fungus, but not encroaching on the other side of the chest.

This verified the symptom "*miliary eruption, that which subsequently resembles nettle rash, scarlatina, or morbilli.*" She had experienced during the night peculiar shuddering chills, with heat between, which are found in the proving of Lach; "*that alternating with cold shivering and shuddering;*" also, "*painful sensibility of the larynx and neck when touched, and to the slightest pressure, with sense of suffocation on feeling the gullet;*" also, "*rheumatic stiffness of the nape of the neck.*"

Surprised at finding so many pathogenetic symptoms, and seeing so sudden a cessation of the hæmorrhage, great hope was entertained from the result of the medicine. Being anxious to get the full benefit of the Lach., no more medicine

was given for nineteen days, during which an improvement followed, and on a repetition of the medicine a similar series of symptoms were elicited, but in a milder form, the rash being little more than a roseate flush. After the third dose no change in the skin was visible, but after each, the other symptoms noted were mildly repeated, the patient each time saying, "You have given me that medicine again." And when asked why she thought so, replied, "I felt those chills and shudders and that choking." The effect of the Lach. on the fungus was truly wonderful.

From the time of taking the first Lach. it gradually became less protuberant, and passed off by ulceration, until it became a flat ulcer, with raised, hard edges, not everted, and at one time healed in on one side about an inch, and great hope was raised of curing it; but a severe cold taken in May, during a ride injudiciously taken without my knowledge, brought on cough, which shook the breast and prevented healing, and her husband, believing from the first that it was *incurable*, gladly took the advice of a friend who recommended blue clay poultices, dismissed the physician and used them. The fœtor, which had been scarcely perceptible during the Lach. treatment, now became intolerable, and in a few weeks came apoplexy, which terminated her life in 24 hours.

Three years had passed, instead of three months, and the patient, who had been obliged to have a nurse when first seen, had directed her household arrangements, and only employed a young girl to execute them while under homœopathic treatment.

In no other case have I seen the peculiar rash produced by Lach., but in many the other symptoms, although not so marked as in this.

ARTICLE XXXII.—Some New Symptoms of Baptisia.

BY E. M. HALE, M. D.

Baptisia, ever since its first appearance, has been a favorite medicine with the Homœopathic school. When indicated by the symptoms, it rarely fails to give satisfactory results. Its use, in the hands of intelligent physicians, has robbed diseases of a typhoid character of much of their former terrors.

But, it is my belief that the half of its curative virtues are not known, because of the meagreness of its provings. If a small portion of the time and labor which have been wasted on worthless medicines, by those who can see no good in any indigenous remedies, had been bestowed on Baptisia, we should see it rise pre-eminent above many other polychrests.

It often happens that a medicine is prescribed, as the Baptisia has been, for a pathological indication, when the symptoms of the case were not to be found in the provings. Subsequent provings, however, have shown that those very symptoms belonged to its pathogenesis, and were developed by such provings. A recent proving of Baptisia made by Dr. E. A. Wallace, has attracted my attention. He took *ten* drops of the $\frac{1}{100000}$ th dilution at one time, at another *twenty drops*, and at another *thirty drops*. The following symptoms were evolved (the arrangement is my own, H) :

HEAD.—Severe frontal headache, with severe pressure at the root of the nose.

Head feels very heavy with pain in the occiput, with stiffness and lowness of cervical muscles. Frontal headache, with fulness and tightness of the whole head; neck stiff and lame. Heavy pain at base of the brain, with lameness and drawing in the cervical muscles.

Burning on the top of the head, with soreness of the scalp.

EYES.—Eyes feel sore and lame on moving them.

THROAT.—Sore throat extending to the posterior nares; throat feels sore and contracted.

NOSE.—Sneezing, feels as if he had a severe cold, with soreness and stiffness all over.

FACE.—Burning and prickling of *left side of face and head.*

GASTRIC.—Pressure at the stomach and belching of large quantities of flatus.

CHEST.—Tightness of the chest, and desire to take a deep inspiration.

Lameness of the muscles of the chest and back, particularly when moving the head.

Oppression of the chest and difficult breathing. Pain through left side of chest.

BACK AND EXTREMITIES.—Painful weariness of the whole left side of the body.

Numbness of the *left hand* and forearm, with prickling.

Pain in the left shoulder and arm, and sharp, darting pains through the fingers.

Numb prickling of hand and arm, involuntary movement.

Pain in the neck, unbearable on moving the head; stiffness and lameness of cervical muscles.

Drawing pains in shoulder and arms, more in the left.

Prickling of the hands and feet, with numbness, more on motion.

Left foot and leg prickly, and can move but little.

Paralysis of whole left side; left hand and arm entirely numb and powerless.

Pain in both hips, with numbness.

Wandering pains in all the limbs, with dizziness; feels sore and stiff all over.

BLOOD.—Five or six weeks after these provings, livid spots all over his body and limbs, from the size of a pea to a three-cent piece; they were irregular in shape; not elevated; and without sensation (never had the like before).

There are some singular points about these provings. (1.) All the symptoms, even the paralysis, appeared within a few hours after taking the drug, and disappeared before the expiration of *twelve hours!* (2.) The appearance, six weeks

after, of livid spots all over the body, without any special discomfort. (While it may be doubted if the livid spots were a result of the proving, there are some peculiarities in the nature of Baptisia, that render it more than possible.) (3). From the 10 drop dose, he had numbness and prickling; from the 20 drop a *sensation of paralysis*, with numbness and prickling, and, finally, from the 30 drop, actual (but transitory) paralysis occurred. These symptoms, and the mode of their appearance, denote something more than a catarrhal or a rheumatic-like attack. Only a sudden and profound impression on the central nervous system could induce such effects.

The "wandering," "lame," "sore," and "drawing" pains were but precursors of the final culmination. Is it not possible that a young, robust person would soon rally from these symptoms, but owing to the deep impression made at the time, have remote after-effects in the shape of "livid spots," the results of injury done at the time of the proving? The same thing occurs after slight attacks of cerebro-spinal congestion. The patient will rally quickly, and appear well, but weeks afterwards the "*spots*" will appear, without injury to the general health. It will be remembered that Dr. W. S. Searle used the Baptisia successfully in an epidemic of "spotted fever." He gave it for similar symptoms as those above enumerated. But at that time no such symptoms had been elicited by its provers.

This incident proves, what I have often asserted, namely: that provings will elicit symptoms and conditions similar to those cured by a drug, when prescribed in an empirical manner, or on general pathological indications.

By reference to and comparison with the provings of Baptisia hitherto published, it will be seen that many of the symptoms are *verifications*, while others, notably the *paralytic*, are new, and of undoubted value.

I predict it will prove a greater remedy for certain kinds of paralysis than we have thought. It is to be hoped that Dr. Wallace will re-prove Baptisia, both in the lowest and highest dilutions.

ARTICLE XXXIII.—Our Provings.

HERING'S "HISTORICAL REVIEWS" AND "OUR OUTSIDERS."

By J. P. DAKE, M. D.

"Vita brevis, ars longa," is expressive of two simple facts which, taken together, teach us a lesson of the greatest practical value.

If the life of man is short, spanning but the little distance from the cradle to the grave, and *art* stretches on for generations and for centuries, of how much greater importance are the claims and influences of *art* than the life-works of any individual man?

If the improvement and successful applications of *art* render necessary the tearing down of theories and the brushing away of systems and observations, gathered and shaped by the genius and labors of man, let the tearing down and the brushing away go on, however the destruction may affect the accumulations of one or another of life's busy workers.

Steadily on let us each study and labor in the light that illumines our pathway, cheerfully submitting the results to the tests of science and the uses of the world, persuaded that nothing but the worthless will be destroyed, while all that is true and good must be a portion of the *art* that lives on forever.

Hahnemann discovered the universality of a therapeutic law, demonstrated its paramount importance, and upon it reared a system of medical practice.

No subsequent discovery has set aside that law, nor suggested the failure of the system founded upon it.

The principle stated in the terms "*similia similibus curantur*," appeared to him, at first, as a simple deduction, relating to the action of a single drug.

The whole medical world knew that *Cinchona* would cure chills and fever, and by direct experimentation he had learned

the additional fact that *Cinchona* would produce chills and fever in a well person, subjected properly to its influence.

Then came the thought—"may it not be that the principle manifested in the pathogenetic and curative action of *Cinchona* is common and controlling in the action of all other remedies?"

An extended study and comparison of the cures, on the one hand, and the pathogenetic effects, on the other, of numerous active drugs, led him to the conclusion that they all were capable of producing in the healthy, affections similar to those they were known to cure.

The principle, at first appearing to explain the curative action of *Cinchona* alone, thus came to solve for him the therapeutic mystery involved in the successful uses of thirty or forty other drugs, well known in the *Materia Medica*.

And thus Hahnemann, through the processes of direct experimentation, sound induction, and a fair generalization, was led on to his grand discovery, first announced to the world in *Hufeland's Journal*, in 1796, in the following memorable words: "WE SHOULD EMPLOY, IN THE DISEASE WE WISH TO CURE, THAT MEDICINE WHICH IS ABLE TO PRODUCE ANOTHER VERY SIMILAR ARTIFICIAL DISEASE."

The explaining principle thus became a general law and therapeutic guide. The individual rays, shining upon *Cinchona*, and then upon one drug after another, became the great luminary, pouring its clear light along the pathway of the physician into the chambers of the sick, and over all the art of healing.

Countless practical tests, in all forms of disease and in all parts of the enlightened world, have placed SIMILIA beside GRAVITATION, and the name of HAHNEMANN with that of NEWTON, on the brightest page of human history.

The therapeutic law thus, once for all, discovered and confirmed, it remained for Hahnemann and others in the practice of Homœopathy, to learn the pathogenetic effects of the various drugs they would employ. In the essay announcing the law, the master pointed out the work to be done in carrying it into practice. He said: "We only require to know,

on the one hand, the diseases of the human frame accurately in their essential characteristics, and their accidental complications; and, on the other hand, *the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they usually excite, together with the accidental symptoms caused by difference of dose, form, etc.*"

The "pure effects" and "essential characteristics" of the various drugs were sought from various sources. Hahnemann not only gathered from the reported cases of poisoning, and from clinical experience, the more striking effects of drugs, but found it necessary to go further, to institute upon himself and others in health, experiments, in order to get the finer effects, the filling up and shading of the pictures, before had only in broken outline. Ripe in scholarship, rich in experimental and logical experiences, though poor in pecuniary means, the master began his great work amid serious difficulties, with few to help and many to ridicule his earnest endeavors. The few who were willing to assist in proving medicines were mostly scattered here and there, unable in person to explain their sensations and experiences in answer to his—"ubi? quid? quomodo? quando?"

There was little or no opportunity for the examination of drug effects by the employment of chemical reagents, and other means of physical and accurate diagnosis, then in use and since greatly extended and improved.

The sacred task of gathering up a *Materia Medica* sufficient to meet the demands of the Homœopathic law performed by other provers, and in later years, I am sorry to say, has shown little, if any, improvement in scope and accuracy.

The failure has not been through any lack of zeal or personal devotion on the part of the provers, but from defective methods and insufficient means.

The methods of the master, taken because of the few to help him, the lack of adequate means, and the urgent necessities of the world, have been adhered to almost universally down to this hour.

As a natural result, in *Jahr's New Manual*, our greatest store-house of symptoms, "we find pathogeneses, embracing,

without discrimination,* (1) drug effects, obtained from cases of accidental or suicidal poisoning, where no strict records were kept at the time, and no allowance made for antidotes administered; (2) symptoms occurring in the sick, attributed to the drug influence and not the disease; (3) symptoms occurring in but one prover, in no way distinguished from those occurring in several; (4) symptoms developed by massive doses, and by doses of the 3d and 6th and 30th potency, all indiscriminately mixed; (5) symptoms reported by physicians, daily and hourly exposed to the influences of the sick-room, and of medicines dispensed to the sick; (6) and symptoms reported by provers of doubtful veracity, and of vivid imagination, and even by persons who undertook provings confessedly to demonstrate the absurdity of Homœopathy."

And all these symptoms, taken at par, have been arranged in repertories, in works on practice, and in a Comparative Materia Medica, over and over again.

With such a display of drug effects in which to hunt for "essential characteristics," it has been fortunate for Homœopathy that its practitioners have encountered such diseases as *cholera*, *yellow fever*, *scarlet fever*, *pneumonia*, epidemic *dysentery*, *croup*, and *diphtheria*—affections well marked, and calling for but few remedies—in which they could demonstrate its superiority. The "essential characteristics" of such ailments have been easily traced, and their likeness found in great perfection among the undoubted and striking effects of the different drugs employed, without a dependence upon the great mass of questionable symptoms displayed in the ponderous volumes of ordinary pathogenesis.

And in the rich field of chronic diseases, where the chances for learning just the quantum of good effected by medicinal interference are few, the credit of Homœopathy has been saved, not a little *by good general treatment, the vis medicatrix naturæ, and a proper regimen.*

These are facts that cannot be brushed away by a stroke

* My "Six Points."—See this Journal for August, page 96, near the top. †

of the pen, nor blown into air by the vigorous ejaculation of "Pshaw!"

Though plain and stubborn, these facts have not extinguished the great light revealed to us through Hahnemann.

The law "similia," ordained of God, stands fast, while the workmanship of man is yet imperfect.

Weak and cowardly are all those who, frightened by a view of the imperfections and insufficiency of our *Materia Medica*, would doubt the supremacy of our law, and return to the dark and uncertain ways of empiricism, where there is no light to shine nor law to govern.

Strong, and brave, and faithful are those who look the imperfections squarely in the face, with a determination to correct them.

Grateful conservators of all that is true and good, they will ever labor to hand down the inheritance received from the fathers, extended and improved in all possible ways.

And what shall be said of those who cannot see, or, seeing, yet stubbornly cling to erroneous and superficial methods of proving drugs, the confused and sickening results of which now stand displayed in *Jahr's Manual* and kindred works?

Impatient with those who suggest better methods and greater care and exactitude, such as may be in keeping with our great law and in harmony with the forward steps in other fields of science, they cry out, "Our outsiders!" * * * "Who do not find it agreeable to study *Materia Medica*, or else find it too much for their abilities," * * * "who could not reach the grapes," etc.

The arrogance of such an outcry, and the exclusive spirit shown, belong more to the darker ages, in which intolerance, and bigotry, and ignorance, and persecution were chiefly exercised to prevent innovation or improvement.

For myself, I must say that if any statements which I have made, or may hereafter make, in the discussion of the subject under consideration, are incorrect, I shall be thankful for any information that will set me right; and the profession must demand of my "Reviewer" *proofs*, and not simple contradictions and queer efforts at derisive wit. Where I have stated

facts well known to intelligent readers, I have considered it quite unnecessary to furnish proofs; but I will now promise that if my "Reviewer" will specify which of my "Six Points" are "slanders based on ill will," which "are false, and their worthlessness is easily shown," which "appear to be true, but it can be proven that they are absurd"—I will at once proceed to submit ample proofs to sustain my points.

In the sweeping charge of "corruption and perversion," made by my "Reviewer," there is but one distinct specification, and that is the *perversion of the Lord's Parable* in the quotation—"that the tares must be gathered with the wheat," etc.

He says, truly, "the author of Credulity did not make his quotation from his Bible."

I did not pretend to quote the language or teachings of the Bible, but was quoting the sentiments and writings of my friend, Dr. Hering, of Philadelphia; not, however, as stated, alone from his "Introduction to a comparable *Materia Medica*," but as well from his own writings from the "*Amerikanische Arzneiprüfungen*," issued some years before. If there has been any perversion or misuse of the Lord's beautiful Parable, the blame is not upon me. I have at no time characterized its teachings as *pernicious*; but its misapplication by my "Reviewer," often repeated, and really worse than the "tingling of the triangle in the Turkish music," I do not hesitate to pronounce *exceedingly pernicious*. I have never referred to the parable as teaching that every gardener must let the rank weeds grow among his corn till it is ripe; nor that the tares must be gathered with the wheat, and nothing rejected till it is practically proved to be bad by the bakers and eaters of wheaten bread; nor that the Homœopathic profession is bound to accept and publish, in the form of a *Materia Medica*, and arrange in a "comparable" form and in repertories and works on practice, all the symptoms furnished by every prover, without an earnest, sensible effort to first distinguish the genuine from the spurious, the constant from the casual, and the characteristic from the common.

While, as taught in the parable, it is wise and good for us

to abstain from judging our neighbors, from designating one as a saint and another as a sinner, it is most unwise and inexcusably wrong for us to accept, as the sure effects of a drug, symptoms that, by the prompt application of tests within easy reach, we might know to be entirely false and practically worthless.

It is one thing for us to attempt impossibilities in theological or spiritual discernment, and quite another for us rightly and faithfully to use our senses and reasoning faculties, and whatever aids may be at command, for the discovery and separation of the true from the false, the good from the bad, in our cultivation of the arts and sciences.

Nor is it so innocent an undertaking for men to rake together from all quarters, and to publish, thousands of symptoms, as the effects of various drugs, which proper scrutiny and care would have detected as something else, especially when we consider the vast number of lives that may be lost through a reliance upon such symptoms, in the daily resort to our present *Materia Medica*.

If it be not "credulity," it is most certainly a criminal *presumption*, on the part of all who, at this day, would thus jeopardize human health and life, upon the silly plea of letting things "go on" till the "harvest."

Great must must be the "harvest of death," before the consummation looked for by such cultivators of medical science; and long will be the succession of ages in which their followers, "hungered," indeed, will be compelled "to eat single grains."

Turning from the contemplation of such a cheerless prospect for our beloved science and for diseased humanity, we may already see the approaching dawn of a brighter day.

The dissatisfaction with the provings from year to year, gathered into our *Materia Medica*, felt by every intelligent and honest practitioner of Homœopathy, has led on to a deep dissatisfaction with the modes of proving drugs and of noting the results obtained.

No amount of veneration for Hahnemann, and no fears of the dire displeasure of the saintly few, who claim to be the

only "true Homœopaths" in the world, can overcome that dissatisfaction nor prevent its decided utterances.

The disciples of Hahnemann have not been so "baptized into" him, nor so lost in the "ritualism" of his immediate followers, as to be blind to all defects in his and their workmanship and teachings.

They believe in free thought, free investigation, free discussion; and especially in the growth of knowledge, the constant unfoldings of truth, and the high and holy privilege, vouchsafed to each generation, of going beyond the waymarks of all other generations in the wide fields and great thoroughfares of human improvement.

But not to exceed the limits allowed me in this journal, I must now refer the reader and student of drug provings to the report of the Bureau of *Materia Medica*, in the American Institute of Homœopathy, submitted and discussed at Cleveland, in June last, and close with a short extract from what I have elsewhere written.

The American Homœopathic profession to-day has at command all necessary ways and means for the effectual proving of medicines. I will enumerate:—

1. Plenty of money to maintain an institution, located favorably, and supplied with competent directors and every species of test, applicable and useful, in noting and scrutinizing drug effects in the healthy human organism.

2. Plenty of good provers, medical students, male and female, who may, between the sessions at the Medical Colleges, be gathered together in the Institution for six months in each year, free of all expense to themselves, and properly instructed and kept for the work in hand.

3. Opportunity for the adoption and intelligent use of a chart of regional anatomy,* to serve as a standard and guide in describing the location of symptoms, so that the reports may be clear and trustworthy in the hands of either the practitioner or the philosopher in medicine—a guide in the selec-

* See *Topographical Anatomy*—reported to the American Institute of Homœopathy in 1850, by J. F. Flagg, M. D.

tion of the remedy, or in the tracing of pathological states and relations.

4. Opportunity for the use of uniform preparation and dose in the case of each prover.

5. Opportunity of obtaining from each prover an exact description of sensations experienced, and of every noticeable departure from usual health and comfort.

6. Opportunity for the critical examination, by competent persons and proper means, of secretions, excretions, temperature, thoracic sounds, etc., as affected by drugs under proving.

7. Opportunity of learning the temperament, habits, mental status and reliability of each prover, together with any peculiar susceptibilities or idiosyncrasies, as affecting symptoms reported.

8. Opportunity of noting the number of provers in whom each symptom or train of symptoms has occurred, so as to arrive at the comparative value of symptoms, and so as to distinguish the characteristic from the common.

9. Opportunity, during the six months between the sessions of the Institution, for the arrangement and publication of—(I.)—a digest of symptoms, containing only such as had occurred in at least two provers, arranged according to the regions laid down in the anatomical chart, each symptom having placed above it small figures, as is done to denote the powers in Algebra, to tell in how many provers it occurred; and (II.)—a full display of all the symptoms reported by each prover, in the order and connection of their occurrence, with any marginal notes made by the Faculty of the Institution at the time. These individual reports to show the sex, age, temperament, previous occupation and state of health of the prover. They are to be prefaced by a proper description of the article proved, its natural or common characteristics, its botanical, chemical, or zoological nature, its empirical uses, mode of preparation, doses employed in the provings, and times when taken; and to have a supplement showing the effects of each drug, as reported in works on Toxicology, etc.

When the students and practitioners of Homœopathy are

supplied with such a "Digest" and such a "Full Display" of drug effects, the grand results achieved under the law "similia" will be grander still.

It was twenty years after Newton's discovery and announcement of the law of Gravitation before he was able to fully answer his objectors, by showing that the motions of the moon were subject to his law. Year after year he labored before he detected the errors that had so constantly been fatal to the success of his calculations in that particular.

And so years have sped on, and even scores of years, while efforts have been made, with only partial success, to convince the objectors to Hahnemann's law, and to secure the general acceptance of the system of practice founded upon it. But let us correct the errors apparent in one proving of drugs, and in a "College of Provers" let us build up a reliable *Materia Medica*, and the universal sway of similia will soon be acknowledged, and its practical applications will be everywhere hailed with joy before another half century shall have passed away.

Disclaiming any bias in this matter, and professing to acknowledge the right of free discussion, we are still obliged to ask, in regard to any and all discussions carried out in such a manner as this, *cui bono?*

As Touchstone says to Audrey, we would beg Dr. Dake to "instance." Let him take a remedy and *show* in its pathogenesis those defects which he purposes to remedy. Then this whole matter will assume a tangible shape, and not be, as it now certainly is, a mere series of conflicting asseverations.

We propose this because we cannot regard Dr. Dake as only indulging in *duncombe*; he must have realized in practice the existence of the errors which he desires to have removed, and, this being the case, it will be easy for him to "instance."

As an editor is supposed to get up his journal for the instruction, or, at least, the delectation, of his readers, the course which we suggest will not only have an interest for the general reader, but will also enable him to estimate the validity of Dr. Dake's objections.

That a "weeding" of our *Materia Medica* is not only desirable, but also inevitable, is made evident by the results of literary research, and by the fruits of physiological and pathological investigations. So far as the Hahnemannic text is concerned, no one who has made the pathogenesis of *Belladonna*, as expurgated by Dr. Richard Hughes, can call him an iconoclast—he has rather detected and cast out the false gods, thereby showing a fervid and reverent devotion to the true.

A similar piece of critical work performed by Dr. Shipman for Arsenic carries home the same conviction.

Some practitioners hold that these symptomatic *ignes fatui* never mislead. We refer now, not to clerical errors of the text, but to the so-called "false symptoms." Their assumption is, that not being *bona fide* drug-products, they will never "turn up" in a symptom-congeries really indicative of a drug. But if we even grant this to be true, we must still purify the text of both them and the clerical errors, if it be for nothing else than that the text may withstand the closest scrutiny of any investigator. Holmes, we believe, has charged Hahnemann with both misquoting and drawing invalid inferences; and if errors which we might have removed repel only one seeker, they have secured both their own condemnation and *ours!*

While we may safely leave the text to the intelligent and honest critic, we must apply the corrections furnished by physiological and pathological research with all caution.

One instance showing the nature of *such* corrections is afforded by our pathogenesis of *Secale cornutum*. Of this drug Hering has laid down, as a peculiarity, "the pains were relieved by endeavoring to straighten the contracted part." Here this general feature of tetanic spasm is ascribed to the vis medicatrix of *Secale*; but Brown Sequard has shown that the forcible retraction in a case of corpo-pedal spasm is fully as efficacious when neither *Secale* nor any other drug is employed. In tetanic spasm, then, this pseudo-symptom of *Secale* has no value in the selection of *Secale* for a special case, and this fact will enable a little "weeding."

The researches in pathology will teach us when *we* have "cured," and when the disappearance of the symptoms is owing solely to the self-limitation of disease. This, by the way, is no despicable piece of knowledge. Let us take Herpes zoster, for instance. Some ardent believer in *similia* publishes a case *cured* in ten days. Down goes a clinical note in his memoranda; it next sprouts in some journal as a "characteristic" for a remedy, and finally flourishes in some *Materia Medica* with all the spur-won dignity which attaches to a Jahr-button (*o*).

Let the *weeters* stop talking and begin doing; until then all the talk and ink is simply a *ridiculus mus*. ED.

ARTICLE XXXIV.—Clinical Observations on Graphite.

A Chapter from Goullon's *Prizæ Essay on Graphite*.

1. *Graphite in Corroding Herpes*: Feb. 4th of last year a young man with herpes asked our advice. The back of both forearms and the dorsum of the hand were covered with a corroding herpetic exanthema, consisting partly of a kind of

cortical crusts, partly of red fissures, looking like raw meat, partly of elevated islets. The exanthema was spreading and painfully itching, especially at night. We thus find, just as in psora, an exacerbation from the heat of the bed, and the skin feels hotter to the touch. Nearly all the time a turbid matter, an acrid water, is discharged. The lips and the skin of the fingers are also fissured. The upper arm is nearly free. On the lower extremities the flexors are affected, and especially the bend of the knee and the external surface, with the same acrid discharge and the same burning and itching, which becomes still worse when the eruption is dry. In the family of our patient herpetismus is at home, every member presenting some form. A sister of 13 suffered from a chronic herpetic eruption of the scalp; his brother suffered from herpes of the lower extremities at the age of 7 years. Change of season showed great influence on the eruption, which exacerbated during the fall, and showed a remission during the summer. It also was decidedly worse when at home, a large manufacturing town, and improved when travelling, where the exanthema was limited to some *places behind the ear*. Other symptoms are: pale, slightly œdematous face (hydræmia, perhaps leucocytæmia), and a characteristic sluggishness of all se- and excretions. Spontaneous fissures in the skin are frequently observed in districts where plica polonica is endemic, and just for that disgusting affection no remedy offers better remedial chances than Graphite. Another Graphite symptom was, that our patient could not bear a damp atmosphere, which always made matters worse. When a youth he had the measles, left the room too early, took a bath in the river, and got paralyzed on one side of his face. The mouth was then drawn sideways, and *he could not close the left eye*. Even now the left eye looks smaller than the right one. Graphite was given, low trituration, on the fourth of February, on the 18th an ointment (℞. Graph. 0,09, Sach. lact. 3,0, m. f. pulv. exact. pr. adde Axung. 9.0. M.D.S., to rub in three times a day), and on March 4th 30th dilution in pellets, 5 each morning. Our experience proves that after the first few doses of a well chosen remedy such herpetic eruptions be-

come more marked, more or less exacerbation takes place, in fact a reaction sets in. A higher potency is then necessary, or we interpolate the same remedy in the form of a mild ointment. We need not mention that a perfect cure followed the application of this well chosen remedy.

2. *Porrigo Decalvans*: A boy of six years, perfectly healthy except the bald places on his head. After *Graphite*^{1,2}, twice a day for three weeks, the bald places were covered with fine white, but yet short hair. The characteristic symptom for Graphite is here the perfectly smooth, shining appearance of the bald spots; where they are scaly, Phosphorus is more useful. (*Br. J. of H.*, July, 1853.)

3. *Moist Herpes of the Scalp, with Alopecia*: Mrs. A. caught cold several years ago. Four weeks after her exposure she complained of unbearable itching of the whole body, so that she could not help scratching. This was followed by a constant moisture behind the right ear, from whence it spread over the right temporal bone to the occiput. Her great sensitiveness to water was peculiar; every time she washed herself, a considerable increase of her chronic troubles set in. A gland swells behind the sternomastoideus, and gives the signal to a relapse. This gland is movable, and of the size of a pea. When going into the fresh air she has the sensation as if a pailful of water were thrown over her, and she has this sensation in an aggravated manner when the weather is windy. She also has repeatedly the sensation as if somebody pulled her by the hair. The whole affected side was covered with exuding nodules, oozing out an acrid fluid, matting together her hair, so that it fell out, and a kind of dandruff and small crusts covered the affected parts. Some physicians considered the disease of parasitic origin, and treated it thus for a number of years without the least benefit. Sept. 6th she commenced Hom. treatment with Acid-nitr. Sept. 15th, Merc. sol.⁶, followed by Sulph². Sept. 20, some amelioration in the fluor albus and in the constant lachrymation from which she suffered for years. Lycopod.⁶, six doses, followed by Graphite³⁰, 5 pellets every morning. After this medication the moist herpes dried up, and regen-

eration of the hair sets in. Oct. 13. Patient is delighted with the improvement, and by the end of the month she could be considered cured.

Further observations must affirm, if indications for Graphite are, 1. Cold as a cause. 2. Enormous itching preceding a herpetic eruption, at first general, then localized. 3. Female sex. 4. Simultaneous leucorrhœa and chronic lachrymation. 5. Pulling and falling out of the hair. (Baryt.-c., Lycopod., Merc., Natr.-mur.) (*A. H. Z.*, 1869.)

4. *Graphite in a Periodical Return of a Facial Erysipelas*: Mrs. D., a delicate, lean, Frenchwoman of 58 years, regularly suffers for the last two years every month from facial erysipelas, so that she has to be in bed for two weeks. Dr. Boyanus found her face so swollen that the eyes are closed, the erysipelas extended to the shaven scalp. On the cheeks and forehead were blisters filled with a clear fluid, severe headache, delirium, especially at night; the tongue dry, great thirst, no appetite, obstinate constipation. Apis³, 2 drops in water every hour.

In France she never suffered from erysipelas. On the head, after the desquamation was finished, *favus*, which never left her since the first attack, on account of which she had her hair shaven. This dry favus itched continually, and soiled all her dresses by its continued scaling off. Patient went from Moskau in the country, where she took Graphite³⁰ for a week, then stopped for a week; resumed again the remedy. The monthly erysipelas returned, but it lasted only a few days. Three months later no erysipelas any more, but favus the same. Graphite⁶⁰. Decbr. Moist eruption now instead of the dry one, with unbearable itching. Sulph.³⁰, every 4th night. March, 1864. No erysipelas, eruption decreasing, with hardly any moisture. Graphite³⁰⁰, a dose once a week. Oct. 16. No erysipelas more, but eruption increases again in intensity and extensity. Sulph.²⁰⁰, a dose once a week. April, 1866. This remedy has been taken off and on the whole time; the eruption is entirely gone. She only complains of unbearable itching on the head, where new hair begins to grow. Arsenic²⁰⁰, every week a dose for 8

weeks. Oct., 1867. Patient enjoys good health, and plaites her own hair. (*A. H. Z.*, May, 1870.)

5. *Rhagades* in the face were greatly relieved by Graphite, but it needed a few doses of *Silicea*³⁰, to heal those around the lids and lips. (*Hahnemann's* II., 380.)

6. Graphites², morning and evening a dose, cured in eight days a circular herpes, hard to the touch and wrinkled, situated in the bend of the left elbow, which itched terribly. The patient was in good health every other way, and performed her menial services well. (*Goullon*, Jun.)

7. *Graphite as a Remedy Softening Scars*: *C. Hering* remarks that Guernsey frequently observed old hard scars disappearing in the mammæ by the use of repeated doses of Graphite. We also find in *Frank's Magazine*, IV., 191, that Bernstein removed with a Graphite ointment the cartilaginous callous edges of an ulcer. (*A. H. Z.*, 76, 105.)

8. *Raw Moist Places between the Fingers and in the Face*: After the failure of other remedies, permanently cured by Graphite. (*A. H. Z.*, I., 72.)

9. *Excoriations* for several years in perinæum, vulva, and between the thighs. After the failure of *Sepia*, *Petroleum*, and *Sulphur*, cured by five doses Graphites⁷.

10. *Graphite and Lupus*: A corroding, tissue-destroying eruption in a woman, who formerly suffered much from tonsillitis, got somewhat better by the use of Sulph. and Graph.³ (daily five grains), after the fruitless use of mercurials, of the red-hot iron, cauterizing paste, Decort, Zittmanni, etc.

Another very obstinate lupus of the cheek improved under Graphite, but we could not claim a radical cure. In his youth the patient suffered much from inflammation of the eyes and ears. A painful lumbago, removed by Sulphur springs, preceded the eruption, but soon after *itching*, *hard raised spots* appeared, suppurating and covering themselves with crusts, with ulcerations spreading in breadth and depth. Graphite only caused temporary cicatrization.

11. *Leprosy*: Ruckert improved, with Graphite, leprous spots or their consequent traces, especially coppery, annular

raised spots in the face, coppery knobs at the ear, also calous ulcers of the feet, originating from corroding blisters.

12. *Zona* : Large blisters on raised ground, from the umbilicus to the spine. All blisters opened by scratching. Excruciating burning. Arsen.³⁰ failed. Graph.³⁰ removed the whole in three days, the burning already ceasing on the first day.

13. *Ulcers on the feet*, from purulent pustules, always inflamed and *very painful*, fruitlessly treated allopathically, were entirely cured by five doses Graph.³⁰, a dose twice a day. The pain ceased after the first dose. (*Kretschmar*.)

14. *Fungoid Ulcer* : A boy of 15 suffered from birth from an ulcer on the left side of the head, near the sutura sagittalis, $\frac{1}{2}$ quadrate inch in circumference and about 3 inches deep. The red base discharges a cancerous, foul-smelling ichor, the edges full of cauliflower, intensely red granulations. General health good. Sometimes constipation. Grapite³, one dose a day, improved the ulcer in 12 days. The edges closed, the granulations united to one mass, secretion and odor nearly ceased, but the curative process was interrupted, and the result, therefore, unknown.

II. *Disturbances of the Female Sexual Organs.*

1. A girl, 20 years old, somewhat pale and her complexion not clear, complains of a tired sensation and heaviness of the lower extremities, suffers from chronic hoarseness, which so often is a forerunner of tuberculosis. Her sister died from phthisis pulmonum. Her menses had stopped for the last three months, which makes her feel uneasy. One dose Graphite³ caused their return.

2. A robust country girl suffers, after measles, from difficulty of hearing and otorrhœa. Amelioration from Sil., Merc., Ferr.-jod., Sp. sulph., Lycop. But none of the remedies removed the menostasis, which already lasted three months. Graph.³, a dose every morning. After three doses menses set in regularly, and the lassitude in working and ascending stairs, and general debility also, disappear. Graphite showed no influence on the difficulty of hearing.

3. *Amenorrhœa* : Mrs. S. menstruated for the first time in her 16th year, lost it soon again, and was chlorotic when she married, at 18. She conceived, and at the regular time was delivered of a girl, which she nursed for four months. Menstruation returned irregularly, too late, always pale and scanty, and finally disappeared. Three months afterwards she again conceived, felt tolerably well during pregnancy, and had an easy labor but a slow getting up. *Œdema of the eyelids, of the vulva, and of the abdominal walls*, remained for a long time. This time she did not nurse. Four months after her confinement menstrual nixus showed itself, but the menses were postponing and the discharge more and more pale and scanty. The patient had a *pastous, chlorotic, yellowish* appearance, heart normal, vulva cold but normal, abdominal walls thick, doughy, holding the impression of the finger for a short time; menses serous, scanty, postponing from month to month; *decided aversion to coition*. June 9th, Graphite, 3d trit., 5 gr. p. dose. June 16, the same dose. June 20, menses appeared copiously and of a better color, lasting three days. June 15, Sulphur¹⁵ in tincture, 2 drops p. dose. July 9, Graph.⁴, 5 gr. p. dose. July 18, menstruation again appears at the right time, and copiously. Patient is like a changed woman, she looks so hearty and robust, and, for two years afterwards, her menses remained regular. Her first child suffered from hydrocephalus congenitus, of which it died at the age of three years, and the other succumbed to marasmus congenitus a few weeks after its birth.

4. A young girl, suffering from *œdema pedum*, with solitary itching papulæ, an erysipelatous redness of the face and scanty menstruation, took Graphite³⁰; 2½ days afterwards menses flowed copiously, to the relief of all other ailments. Five days after taking the remedy she was attacked with angina tonsillaris, which ended in suppuration.

5. A lady took Graphite on account of scanty menses and congestions to the brain. Menses then appeared more copiously than ever before; soon afterwards severe inflammatory gastralgia, from which she suffered years ago, set in with acrid and bilious vomiting, præcordial oppression, etc.

Remarks: The examples that Graphite causes the retarded menses to flow copiously and painless are without number. But we must look at the phenomena of the simultaneous physiological action of Graphite, at the angina tonsillaris in the one case, and at the metastatic gastralgia in the other case, for we can hardly doubt that the reappearance of the gastralgia stood in connection with the change in the disturbed menstruation; or they might be taken as partial medicinal aggravations, as not only all antipsorica, but especially Graphite, show the power during their therapeutic action to awaken chronic ailments lying dormant in the body. One example may suffice: We gave once, to an old robust widow of fifty, a high dilution of Graphite, and witnessed the following medicinal aggravation: Even after the first powder she felt a troublesome sensation from above the navel to the chest, and to both hypochondria; aggravation after each meal; the stool is softer, and she can hardly keep it in in the morning, which was formerly not the case; the formerly large abdomen grows still larger and firmer; stools are without influence on it; excessive mental depression and heaviness of the legs when ascending stairs. All these symptoms disappeared under the use of Arsen.^{1 2}

6. A girl, for five months amenorrhœic, complains of frequent congestions to head and chest, dark-red cheeks, oppression when lying down, and anguish. Graphite^c cured. (*Arch.* 20, 3, 58, *Goullon.*)

7. A girl, 20 years old, menstruated for the first time without difficulty at the age of 14, but for the last five years, after mental troubles, she suffers from dysmenorrhœa and the following symptoms: Great emaciation, pale face; during the first two days of her menses terrible pains in the small of her back and abdomen, continuing for 5 days, with constant discharge of coagula; loss of appetite; ailments increase after food; stool, formerly regular, is now painful and rare; urination spasmodic. She took for several months Sabin., Cocc., Plat. Graph., without the least benefit. After Graph.³⁰ in solution, the pains at the next period were still more severe;

the next one was without pain, and she remained well. (*K. Beitræge*, 4, 25, *Lobethal*.)

8. A similar case, but more stubborn and severe, complicated with migraene and defying all medication, was finally cured by the steady use of Graph. at intervals of 2 to 3 weeks, with interpolation of other remedies, according to indications. (*Ibid.*, 26.)

9. Menstruation irregular, after 8 to 10 weeks, and only for a few days; the scantily discharged blood is black as tar. Preceding and accompanying symptoms: Continued pressing headaches; cutting, bearing down pains in the hypochondria and hips; sacral pains, swelling of abdomen, of the upper and lower extremities, with sensation as of crawling and stitching; paretic sensation, or as if they were asleep; chilliness, cold hands, and especially cold feet; sudden increase of the whole body, heaviness, lassitude, laziness, small, round, red, itching herpetic patches on the forearms, neck, and throat. The nervous system especially affected. Graphite was given. (*A. R. Z.*, 165, *Knorr*.)

10. Complicated chronic disease, with amenorrhœa, in an unmarried woman of 27. Acon., Calc., Coloc., Sep. After Graphite the menses reappeared. (3, 9. *Caspar*.)

11. Mrs. R., all over full of cramps, has not seen her courses for the last six months. She suffers from chronic gastric catarrh, with frequent eructations; she loses her senses frequently, and even faints away. Examination per vaginam gives retroversion, os uteri can hardly be reached. After one dose of Graphite² flooding set in to her great relief. (*Pop. Zschft. f. Hom.*, 8, 1871.)

12. *Leucorrhœa*: Profuse leucorrhœa, perfectly white, especially on rising in the morning from the bed; weakness of the back when walking or sitting. Then light-colored leucorrhœa, with distention of the abdomen, painful pressing towards the pudendum. The discharges occur in gushes, day and night. Menses scanty and delaying. Menses suppressed, with weight in the anus and legs. Eruption during menses. Turbid urine. Frequent micturition. Nightly desire to urinate. Difficult stool; stool frequently intermit-

ting; stool size of a lumbricus. Burning hæmorrhoids. Constipation. Great lassitude. Drowsy during the day; sleepless at night. (*Guernsey in Hahnemannian*, 1869.)

The symptoms pass off in the following order: The lassitude becomes less; patient sleeps better; after a while the stool is more regular. The discharge, instead of coming in gushes, is continuous, and gradually ceases. Finally the menses become regular. [We would mention that Kreosot., also so rich in Carbon (according to Liebig, 77, 42 C., 8, 12 H., and 14, 46 O.), is also an excellent remedy in leucorrhœa, when the discharge is most copious during the intervals between two menstrual periods, and no organic changes are present.]

13. *Wahlé* used Graphite in cauliflower excrescences, and although several remedies were applied, the most benefit was achieved by Graphite and Kreosot. (*N. Arch.*, 3, 44.)

14. *C. Hering* (*A. H. Z.*, 76, 26) gives the following hints:

a. *Cancer uteri*, with swelling of the legs, or, when her skin is in a better state, since the cancer developed itself, when the ovaries are also attacked; in severe lancinating, stitching pains through the uterus down to the lower extremities; heaviness of the abdomen, with increased pains when standing.

b. *Profuse Leucorrhœa*: Itching of vagina, each time before menstruation, rhagades in vagina. Painful excoriation between vulva and thigh, full of papulæ, vesicles and ulcers. Itching, fissured, very painful blisters and papulæ in vulva and labia and neighborhood, or only one such blister. Painful papulæ on the inside of the labia. Swelling of the hands and feet, with scanty and delaying menstruation. Patient feels bloated, in hysteralgia.

c. *Ovaries*: Ovaritis, aggravated when catching cold, or when the feet get wet. Enlargement of the ovaries, which become more sensitive when catching cold. In metritis, when the ovaries are also attacked, and efflorescences, herpetic eruptions and excoriations appear on different parts of the body.

d. *Mammæ*: Small blisters on the mammæ, or a thick

glairy fluid oozes out, forming crusts, which fall off while nursing, but always reappear. (In some cases Graph. failed to relieve.) In all cases, where there are many old scars remaining after old suppurations, so that the milk cannot pass out. After Graph. (high) the milk flows easily, and the threatening suppuration is prevented. (Comp. Phytolacca.) Cancer of the mammæ, forming from old cicatrices, which remain after repeated abscesses. :

[To be continued.]

ARTICLE XXXV.—Some Inquiry Into the Pathology of Phlegmasia Alba Dolens.*

By B. H. CHENEY, M. D., New Haven, Ct.

The history of the varied views which have been held concerning Phlegmasia Alba Dolens affords a good illustration of the progress which has been made in pathology during the past fifty years. Some of these views seem to us now strange enough; one or two, perhaps, ridiculous; yet they are doubtless not more strange or ridiculous than some of our own learned theories may appear to the medical men of fifty years hence.

Neither Hippocrates, Galen, Celsus, nor any of the ancient writers, mentions this affection. This is somewhat singular, as we must suppose that cases of it occurred in their day, and whatever those writers lacked of modern science, they have not been surpassed in accurate observation and careful description. But, so far as we can discover, the first allusion to this disease was made by Roderick a Castro in 1603.

Little attention, however, seems to have been paid to it until the time of Mauriceau, who, in 1740, published a treatise on the "Diseases of Pregnant and Lying-in Women," in

* Read before the Illinois State Homœopathic Medical Association, May, 1871.

which he describes the disease. From this time on, it received the notice of surgeons and obstetricians, each having his own idea of its pathology. Some of these ideas show what crude speculation is without knowledge.

Mauriceau supposed the affection was due to retention of humors which should have passed off with the lochia, and their accumulation in the leg. Seuret (1766), and Puzos (1769), considered that it consisted in a deposit of milk by metastasis in the part affected. Mr. Frye, who published an essay on the subject in 1792, held that the affection was caused by a rupture of the lymphatics as they cross the brim of the pelvis. Mr. White (1784) advanced the theory of the obstruction of the lymphatics of the affected part. Dr. Hull (1800) considered the disease to consist of an inflammation, resulting in effusion of serum and lymph into the cellular tissue.

All these views, it will be observed, are mere hypotheses, having no basis of investigation into the morbid anatomy of the disease. It was not until 1817 that such an investigation was made. At this time Dr. Davis, of London, examined the uterine veins of a woman who had died with the disease, and found that they were obstructed by firm coagula, the result, as he judged, of inflammation. Since then the majority of pathologists have agreed, in general terms, in considering the affection due to a phlebitis, though with some individual modifications or additions.

Thus, Dr. Robert Lee considers that the crural phlebitis is but an extension of uterine phlebitis. Dr. Burns, however, considered the disease to consist mainly in a lesion of innervation, while our own Dewees inclined to the view of Dr. Hull, regarding it as a general inflammation.

The later writers are generally quite unanimous in ascribing the affection to phlebitis, considering this as all-sufficient to account for the local symptoms, for the accompanying anasarca, and for the pathological changes. In the most recent text-books this is the doctrine laid down. Hence, common consent gives it the name of "Painful White Inflammation." But the late researches of Virchow and oth-

ers into the pathology of inflammation of veins in general, show that this view is not strictly correct. For, according to these researches, inflammation of a vein tends primarily to enlargement of its walls, and not to obstruction of its canal.

In fact, the only theory which satisfactorily accounts for the symptoms of this disease, and the pathological changes which it presents, is that of Thrombosis. Not to go into a tedious discussion, we may briefly observe that Thrombosis is caused by retardation of the current of blood, and may rise,

1. From a direct injury.
2. From compression.
3. From dilatation.
4. From general debility.
5. From toxæmia.

Any one who has seen a wound of a vein knows that its current of blood is thereby retarded. How compression may cause such retardation is evident; a moment's reflection will show that dilatation of a blood-vessel must, in accordance with physical laws, have the same effect. In persons suffering from general debility or prostration, the circulation is slow from very want of blood; while it is well known that many products of disease, and abnormal conditions, produce, by their poisonous influence upon the blood, a more or less immediate coagulation and thrombus.

It is true that inflammation of a vein may, by causing roughness of its inner wall, or projections into its calibre, lead to the formation of coagula from friction in the current of the blood, and so give rise to thrombosis. But extensive observation and experiment have shown that this is comparatively rare, and that the formation of the thrombus far more frequently *precedes* than *follows* inflammation of the vessel, so that we may and do have a condition of thrombosis such as to completely plug up a vein in its whole length, with no inflammation at all. It is not necessary to describe here the way in which thrombi are formed. A small clot is sufficient to act as a nucleus, around which the fibrine of the blood is constantly deposited as it courses along, until soon the vessel is completely obstructed by firm coagula.

The symptoms which, with our present knowledge of physiology and pathology, we should naturally expect to follow such obstruction in a vein, would be, *pain*, from distention and pressure; *thirst*, because so much blood is virtually abstracted from the system; derangement of the urinary, more or less *reactive* fever, and subsequent local effusion of serum, which would soon extend itself in a direction *from* the heart to the tributaries of the affected vein. These are, in the main, the symptoms of Phlegmasia Alba Dolens. From what has been said above, it will be seen that it is not necessary to presuppose any inflammation as their cause.

Turning now to the conditions which have been enumerated as likely to give rise to thrombosis, and dismissing the first* as not directly concerning us here, we readily perceive that the other four exist very frequently in pregnant and lying-in women. The great compression to which the iliac veins are subjected is evident; the dilatation of their tributaries is a frequent consequence; the causes which may lead to general prostration of the system at the time of labor are numerous, and the secretions are frequently such as to induce toxæmia.

Debility, especially, frequently results from great and exhausting hæmorrhage during labor, and clinical observation has shown that phlegmasia dolens more often occurs when much blood has been lost. So also cases are more frequent in badly nourished patients than in others. It did not escape the acute observation of the older writers that women of a lymphatic temperament were especially liable to this affection, which liability we may to some extent explain by the sluggish circulation and low vitality of such persons.

But, in this connection, we must remark that this affection is by no means peculiar to the puerperal woman, but occurs also in those who have not borne children, and even also in men, only that the conditions causing it are more frequently found in the former. But when it does occur in the non-

* Direct injury, however, to the utero-placental vessels, sometimes takes place, and may thus co-exist with the other causes.

puerperal state, or in men, it is in those conditions which are just the reverse of inflammatory; in wasting diseases, particularly Phthisis. Hence we find it in conditions characterized by depression of the vital powers, a condition which, it is well known, is frequently met with in women after delivery. On the other hand, therefore, it will be safe to conclude from the very occurrence itself of Phlegmasia Dolens, that the patient is in a debilitated condition.

One point deserves notice in passing. It has been observed that in this disease the left extremity is much oftener affected than the right, and various ingenious theories have been framed to account for it. Some have attributed it to the fact that the placenta is, in the majority of cases, attached to the left side of the uterus; others to the usual position of the occiput of the foetus; and again, others to the patient having usually lain upon her left side. But all these are hypotheses without scientific basis, and much might be urged against them. On the other hand, upon the theory of thrombosis, the fact becomes susceptible of easy anatomical explanation. I am not aware that the idea has been advanced in any essay upon the subject, but as we know that the left common iliac vein is longer and more oblique than the right, first coursing along the inner side of its artery, and then getting over beneath the right common iliac artery, it would be natural to conclude that compression would sooner cause retardation of its current, and easier produce thrombus, than in the shorter and straighter right common iliac vein. Indeed, the left common iliac vein sometimes ascends along the aorta as high as the kidney, before joining its fellow of the right side.

The practical point to be deduced from this view of the pathology of Phlegmasia Dolens, is that, as the occurrence of this affection is an indication of depression of vital power, the dietetic treatment should be correspondingly supporting and strengthening. That terrible word, *anti-phlogistic*, has no place in the vocabulary of Homœopathy, and not a few owe their lives to that simple fact. But although to the Homœopathic physician the pain, the hot skin, the frequent

pulse, and the coated tongue will indicate neither lancet, purgatives, blister, nor calomel, yet even he may err in thinking these symptoms demand a low diet. No error could be greater—perhaps fatal. The time has gone by in the practice of educated physicians, when, as was formerly the case, a woman was fed upon slops for a week or more after delivery. But still there remains a tendency, upon the first appearance of febrile symptoms, to lower the diet. This is not the place to discuss at length the diet of the lying-in room; but with reference to the disease under consideration, when the patient is weak, prostrated perhaps, with the “life of her blood” poisoned throughout, the diet should certainly be nourishing in the fullest sense of the word. This does not mean alcoholic stimulants. They are needed only in cases of great prostration or sinking, to sustain the patient until remedies have time to act, nourishment can be assimilated, and nature regain some hold upon life. What it does mean is *food*—beef-steak if the patient has appetite for it; essence of beef in any case. This last answers the indications for a good deal of nourishment in small quantity, of substance and in easily assimilated form.

The therapeutics of this disease do not come within the province of this paper. It may be remarked, however, in conclusion, as confirmatory of the views above advanced, that its symptoms are found in the pathogeneses of such drugs as Arsenicum, Crotalus, and Lachesis, and these remedies correspond pathologically to adynamic and toxæmic affections.

ARTICLE XXXVI.—Diabetes, and its Treatment by the Homœopathic Method.

BY DR. CH. OZANAM.

Translated from the "Bibliothèque Homœopathique," by B. H. Cheney, M. D.

Synonymes.—Fr. *Le Diabète.* Ger., *Harnruhr.* Span., *Diabetes.* Ital., *Diabete.*

Definition.—Diabetes (*δια βαλεειν*, to pass through) is a cachectic malady, characterized by a hyper-secretion of natural or saccharine urine; hence there are two forms of diabetes; the latter often wrongly receives the name of *glycosuria*, a term more generally applicable to many cases of symptomatic diabetes, and not to the true disease.

History.—The ancients knew only the first phenomenon of diabetes, the increase of the urine in quantity. It was Willis, in 1674, who proved its saccharine taste. Cowley, in 1778, isolated diabetetic sugar. Chevereul made known its identity in composition with starch sugar (grape sugar). Tiedemann and Gmelin demonstrated that starchy substances are constantly transformed into sugar in the digestive canals; but, having reached this point, the question as to the nature of diabetes remained a long time without making further progress.

Rollo, in his turn, advanced the hypothesis that one function of the gastric juice was to transform vegetable food into sugar. Nicolas and Guendeville attributed the same importance to the chyle, badly elaborated in the intestine. Ambrosioni was the first who separated crystallized sugar from the urine of diabetics. Then came the chemical theories of Bouchardat and of Mialhe. Bouchardat supposed that, in persons having diabetes, starch underwent a transformation analogous to that of diastase; that it would be secreted under this form by the stomach, and there be transformed into sugar by the influence of the gastric juice. Digestion would cast this sugar into the current of the circulation, and the kidneys would separate it from the mass of the blood.

The great quantity of water necessary to transform starch into glucose would explain the excessive thirst of the patient. Lastly, the mass of the blood not being able to dissolve more than five grammes of sugar, all the surplus would be eliminated by the kidneys.

Mialhe, in his turn, demonstrated that starch begins to be changed into glucose, even in the mouth, where it meets with the salivary diastase. Considering this transformation in the digestive canal as a normal state, he established that starchy substances could become alimentary only by being transformed into sugar, which the alkaline blood was to consume; in diabetes, the blood, having become neutral or acid, ceases to assimilate it, and it is excreted by the renal glands.

However, these explanations had to be abandoned when it was proven that the blood of diabetic persons is alkaline, like the normal blood, and that much more sugar was produced in the urine even of individuals who had not taken starchy food.

The question was in this state when, in 1848, Cl. Bernard made known to the scientific world the curious property possessed by the liver of *physiologically secreting sugar*; and demonstrated, what was still more astonishing, that the liver *made that sugar*, since this latter is formed independently of all saccharine or starchy food, and even in livers which had been first washed until entirely free from sugar. The name of *glycogenic* was given to this new function of the liver, and of *glycogenic matter* to the matter deposited in the tissue of the liver for transformation into sugar. This function resides chiefly in the yellow cells of the hepatic organ, while the brown cells are to secrete the bile.

The glycogenic matter is a *starch*, an *animal dextrine*, which can be obtained in the form of a white powder, soluble in water, insoluble in alcohol; it is this dextrine which, entering the hepatic tissue, becomes gradually changed into sugar by a kind of fermentation. The cane-sugar furnished directly by alimentation, and arriving at the liver by the portal vein, does not escape this rule, the liver reducing it in its turn to the state of glucose.

It appears, therefore, from these facts that *diabetes is an increased production of the normal hepatic sugar.*

Elements which serve for the production of sugar.—These can come only from alimentation, or from the substance of the individual himself. Accordingly, diabetes should be divided into three stages or periods, as by Dr. Jaccoud.

The first comprises the time when the error in nourishment affects only amylaceous substances (amylaceous diabetes).

The second, when it affects equally the evolution of azotized albuminous substances (nitrogenous diabetes).

The third, when, in addition to the food, the tissues of the patient himself are made use of to form sugar.

But what becomes, in the healthy man, of the sugar secreted by the liver? According to Pavy, this sugar is consumed by the lungs, and in the capillary circulation. The lung reduces a part of it to water and carbonic acid, with the production of animal heat; hence diabetic persons are always cold. The capillary circulation transforms the remainder of the sugar, by another mode of oxidation, into lactic acid, an acid which is found normally in the capillaries of the skin, in the muscular tissue, and in the stomach, or the gastric juice. But, in the diabetic person, on the one hand, the quantity of sugar increases, and on the other, its oxidation becomes more and more incomplete.

The diabetic person is then subjected to a *retrograde evolution of the organism*, which can indeed still transform starch into dextrine and sugar in the same manner with certain vegetables, but which has lost the power of oxidizing this sugar in order to change it into ultimate products; as, water, carbonic acid, lactic acid.

But this is not by any means all. The great sympathetic is, as we know, the curb, the moderator of the cerebro-spinal nervous system, and, hence, of the circulation and of the secretions. If the filaments of the great sympathetic be cut, the circulation is accelerated at the very instant, and, in a corresponding degree, the secretions become more abundant. It results from this, that, in diabetes,

where the secretion of sugar becomes so abundant, the functions of the great sympathetic must suffer especial lesion, and that it is often by an affection of this system that the disease begins.

It is a remarkable thing that this evolution would act in some sort to cause the organization to retrograde to the foetal shape, for, during the first five months, the liver not yet existing, the foetus receives the sugar, which enters the most of its tissues and organs from the placenta, which performs thus the functions of the lung by its capillary vessels, and of the liver by the glycogenic cells which it contains, and which atrophy only after the formation of the liver.

THEORY OF PAVY AND SCHIFF.

Fermentation.—The experiments of Pavy and of Schiff have, nevertheless, modified the doctrine of Cl. Bernard. These experiments have, in fact, demonstrated that, in the normal state, the liver forms, indeed, glycogenic substance, but does not transform it into sugar. For this transformation a certain stasis of the blood is necessary. Thus, if an animal be opened quickly, its liver taken out and plunged immediately into boiling water, sugar is not obtained; but if this be done slowly, sugar reappears.

Schiff goes further. According to him the blood contains no ferment whatever in its normal state. But a local and transient stagnation of the circulation is sufficient to cause the production of that ferment, which will form sugar as soon as it comes in contact with the glycogenic matter. Thus the momentary ligature of the veins of a limb, or of the entire limb itself, is sufficient to develop this ferment in the arrested or retarded column of the blood, and if the ligature be removed, this blood, in passing through the liver, will there produce sugar, which is soon found in the urine. This ferment, according to Schiff, is nothing else than *albumen taking an abnormal isomeric state*.

As to the irritation or lesion of the medulla oblongata,

this would give rise to the diabetic ferment of the blood by causing stases and disturbances of the local circulation.

Diabetes mellitus, therefore, according to Schiff, does not proceed from the increase of a normal phenomenon, but from an abnormal or pathological phenomenon; namely, the disturbance, the retardation, the stasis of the blood, whose albumen is changed at once into glucosic ferment. Recent experiments, however, have demonstrated the physiological presence of sugar in the blood, and in very small quantity in the urine of pregnant women, in whom it exists in the proportion of from 6 to 10 parts in 1,000, and in that of the aged.

Upon this theory it is easily explained how sugar may appear in a number of diseases, at least transiently. Contusions of the liver, of the brain, and above all, of the medulla oblongata, or of its cervical portion; the diseases of the respiratory organs, acute or chronic; gangrene or mortification of some extent of tissue,—all these affections develop in the blood the diabetic ferment, so that in many cases if the patient has not been seen at the beginning, it could scarcely be told whether it was the glycosuria which had produced the gangrene, or the gangrene the diabetes. And if certain cachectic diseases, with profound disturbance of the circulation, do not produce glycosuria, this apparent anomaly is explained according to Schiff by the *arrest of formation of the glycogenic matter itself*, that is to say, by a too far advanced degree of cachexy.

The secretion of sugar diminishes during abstinence; augments during digestion, above all, intestinal digestion; four or five hours after a meal it is at its maximum. The sugar is absorbed by the hepatic veins, and passes into the general circulation, where it is progressively destroyed. Thus, during abstinence, it scarcely passes the right cavity of the heart and the pulmonary arteries; at the maximum period, it is found again beyond in the arterial system, and even in the venous; but, in the physiological state, it is entirely consumed in the circulatory system, without passing into the secretions.

But all the secretions up to a certain point are subordinate

to the central nervous system ; it is thus with diabetes, and Cl. Bernard has besides demonstrated, that *by irritating upon the median line the floor of the fourth ventricle on a level with the olivary eminences, the secretion of sugar is produced.* Moreover, as precisely at this level the roots of pneumogastric nerves originate, we are not surprised to learn that certain irritations of the lungs, or the direct excitation of these same nerves by an irritament or by galvanism, may also produce diabetes by reflex action. It is also always by reflex action that the lesion of the ventricle occasions glycosuria.

Diabetes mel. is therefore a disease characterized by an exaggeration of the glycosic secretion of the liver.

And the secretion of the liver becomes exaggerated when the fourth ventricle is directly or indirectly touched—directly by a modification of its characteristic nature ; indirectly by a modification of the nerves, the blood vessels and the blood which come from or go there, and even of the organs (heart, lungs, liver,) to which these nerves originating there, and especially the pneumogastric, are distributed.

Diabetes may present itself under four different forms : the common form, the periodical, the acute, and the grave or anomalous one.

Diabetes in its courses shows three stages : the first or nutritive aberration is only found after any amylaceous food ; the second when it equally produces an evolution of nitrogenous matter ; the third when the patients not only transform their aliments, but their own tissues, into sugar (autophagism).

Common Form. Symptomatology. First Period.—Polydipsy, or excruciating thirst, is the first symptom hinting to diabetes. The patient drinks 10, 15 or even 20 quarts of water in 24 hours. Thirst is greatest in the evening, at night after a meal, and sometimes in women during their courses ; moral emotions are notably increased.

Sometimes thirst is entirely absent and may be even replaced by a perfect horror of water. But this is rare. The mouth is dry, pasty, the taste at times sweet and bitter, numerous and successive aphthæ trouble the patient with a sensa-

tion of strangulation, though no lesion can be seen. The tongue is also dry, the saliva inspissated, its coating yellow and thick or even bloody. By and by the gums become softened and anæmic or swell up, the teeth become carious, sweat is frequently fetid, when the disease reaches a certain degree. Saliva is scanty, inspissated, viscous, sometimes even bloody, often saccharine and even acid. *Folk and Lehmann* discovered lactic acid in it, which by its corrosive action produces the caries dentalis. But all this can only take place through the decomposition of the sugar which the saliva contains.

Polyphagy.—Hunger is nearly always exaggerated, which can be easily explained by the transformation of nitrogenous substances into sugar, and the discharge by the urine of large quantities of the salts of lime, soda and potash, thus impoverishing the whole economy. Digestion remains good during the first period and the bowels constipated, but the patient complains of pitiuity or of vomiting, as the stomach does not feel satisfied any more to secrete only gastric fluid, but eliminates also sugar. *McGregor* found it also in the vomited matter.

Polyuria.—The urinary secretion is frequently so abundant that it seems to surpass the quantity of fluids taken, or as if water was made in the body, or as if all the solids were changed into fluids. But *Bardeley and Nasse* have shown the contrary by direct experience, by weighing the food and the beverages on one side, and the quantity of urine on the other side. The patient passes his urine more abundantly at night and towards morning, which is pale and sp. gr. 1045 to 80. *Bequerel* observes that every degree of density corresponds to 3 gr. 50 cent. of sugar, and thus the quantity of the sugar could be easily made out, although only approximately.

If the quantity of urine passed in 24 hours amounts from one to three kilogrammes, it rises in diabetes to 8, 12 and 20 kilogrammes, which shows that copious urination is a symptom of diabetes; but *Semmiola* has demonstrated that the contrary may take place, that polyuria and glycosuria

are two distinct affections, originating in different lesions, but so closely connected that they are frequently produced at the same time. Exposed to the air the urine is soon covered by a greyish layer, which under the microscope gives us round globules of the size of $\frac{1}{80}$ to $\frac{1}{100}$ millimetres. These are the sporules of microscopic vegetations (*toruli cerevisiæ sporomyces*,) which constitute the ferments. Under the influence of a powerful catalysis, the sugar is converted into carbonic, lactic, acetic, butyric acid, etc. With the sugar the urine contains also quantities of salts (chlorates, phosphates), potash, soda, and especially lime. Thirty grammes of lime have been excreted, which necessarily produces profound debility of the constitution, and leading the patient step by step to consumption. It is also the transformation of sugar into lactic acid which renders the urine of diabetic patients acid, although it may be alkaline at the moment of emission. The diabetic sugar is often insipid on account of its union with the lactate of lime, with the chlorates and phosphates which accompany the urine and denote its taste. The quantity of sugar varies daily in different patients, some passing only 2 or 3 grains, others 40, 80 and even 100 grammes to the litre, which would give for 12 litres 1,200 grammes of sugar, nearly 2½ pounds per day. The urine contains the most sugar *towards the end of digestion*, and this is therefore the time when we must look for it in cases where the quantity of sugar passed with the urine is only small, or better still, we must collect the urine of 24 hours and then examine it.

Sweat is rare in diabetic patients, and when existing is often only partial, and mostly acid on account of the sugar which it contains.

(To be continued.)

General Record of Medical Science.

Changes in the Female Sexual Organs during Cholera. By DR. SLAVJANKY.

The so-called pseudo-menstruation in cholera patients is well known, as also the labor-like pains which at times are observed, the accelerated movements of the fœtus, its death, and the frequency of abortus and miscarriages. During the epidemic of cholera in St. Petersburg, Dr. Slavjanky had the opportunity to make autopsies in that direction. In 12 cadavers of non-pregnant women the sexual organs, without exception, were found affected with *acute hæmorrhagic inflammation of the mucous membrane*, causing sometimes a partial destruction of the mucosa, in other cases its entire exfoliation. He only once observed a combination of this inflammation with diphtheritis. Such a state explains the dysmonorrhœa membranacea, as well as the pseudo-menstruation of cholera patients. He also examined the wombs of two women dying during pregnancy, and here he also found the picture of acute hæmorrhagic inflammation (endometritis decidua acuta hæmorrhagica). Purulent infiltration showed itself most plainly in the decidua, and its intensity gradually decreased in the fœtal membranes. In both cases he considered the miscarriage as the result of the pathological processes localized in the decidua, and explains the death of the fœtus by the morbid state of the placenta fœtalis. The epithelium accompanying the villi was greatly changed, and if we consider the important physiological part which this epithelium plays in the respiratory process of the fœtus lying between the blood of the mother and fœtus, we easily understand that its disease must act injuriously on the intrauterine respiration, and thus cause the death of the fœtus.—*Archiv. f. Gynecol.*, iv. 2.

Treatment of Asiatic Cholera. By DR. C. BRUECKER, of Ludwigslust.

The most dangerous symptoms are the exhausting discharges and the interruption of the circulation. Our therapeutic indications are, therefore, 1. *In relation to the blood:* prevention of its watery parts passing off through the intestines, restitution of the lost quantity, preservation of the circulation. 2. *In relation to the intestinal canal:* (a) prevention of congestion and expediting the supply of blood to other parts of the body, especially to the skin and kidneys. (b) inspissation of the intestinal walls, and, as the exfoliated epithelium cannot be as quickly restored, inspissation of the capillary walls, in order to prevent the prevailing exosmotic direction. Perfect rest in bed and the use of the bed-pan are absolutely necessary from the very beginning of the disease. Dry hot application on the sides and extremities of the pa-

tient; friction with hot flannel; small quantities of ice or very cold water, but only a spoonful at a time. No hot teas or other hot beverages, as they relax the intestinal and capillary walls, and thus produce internal congestion. The greatest difficulty in the treatment of cholera is, that remedies are not absorbed and thrown off again. Our aim must, therefore, be to find out some means to aid absorption, and to that purpose we apply a cold sand-bag of 4 to 6 kilogrammes weight on the abdomen, and never take it off for a minute. By its mechanical pressure the constant intestinal movements are restrained. The direction of the course of the blood to the capillaries of the bowels is checked, or, at least, diminished. Less blood flows in the capillaries, and, therefore, less exudation in the intestinal canal. By the forced expulsion of the blood from the blood-vessels of the bowels, this precious fluid courses in other parts of the body, and vivifies and heats them. Circulation is preserved, perspiration and diuresis promoted. Firmness is sometimes necessary, as some patients object to it on account of its weight. Any internal medication may be applied at the same time.—*Deutsche Klinik*, 35, 1873.

Cretinismus and Microcephaly. By Prof. KLEBS.

1. Cretinismus is confined to certain districts. 2. Cretinismus must not only be judged by the characteristic changes in the osseous system, inasmuch as in cretinic families also appear a whole series of nervous disturbances. 3. The pathologic-anatomical changes of the bony system in cretinismus consist in a premature cessation of the formation of bone, especially at the diaphyses; the normal proliferation of cartilage is wanting (Heinrich Mueller); we have, therefore, an opposite state in that tissue from that in rachitis, where the zone of proliferation is excessively developed. The synostosis in Cretins is not the cause of cretinic osseous deformities, inasmuch as the same deformity with or without synostosis, and *vice versa*, the same synostosis may be present in infancy with or without deformity of the bones. Cretinic synostoses are only an accompaniment of the general morbid process. In contradistinction to the general check to the longitudinal growth of the skelet, stands the hyperplastic development of the soft parts, especially of the cutis, the mucous membrane of the mouth, fauces and tongue. Even in the brain there seems to be a hyperplastic formation, but this may not be the case, and with it different nervous disturbances (Cretinismus without idiocy). 4. Cretinismus may be considered a peculiar disturbance in the nutrition of the growing organism, taking place in certain districts, with decreasing density from mountain to valley, caused by material dissolved in the water (salts of potassa). 5. Microcephaly is never endemic, but sporadic, and frequently in some children of the same mother. The women remarked to have suffered more or less during their pregnancies from severe uterine spasms (without any inflammatory symptoms). 6. With the characteristic microcephalic formation of the skull and brain, there are also observed, though the body is generally well formed, disturbances of nutrition in some single parts, (congenital luxation of both radii, defect of the first rib, abnormal sutures in the maxilla, congenital dulness of the cornea, defective development of the

forehead, harelip, supernumerary fingers and toes, etc. All such disturbances may originate from an anomalous intrauterine pressure). 7. We refer, therefore, microcephaly to the large series of atrophy from pressure, to which also the anencephaly belongs, and the cause of microcephaly is a transient, probably spasmodic, morbid state of the uterus. We may also here meet cases with exquisite type of formation of the skull without idiocy.—*Berl. Klin. Wochst., Sept., 1873.*

Physiological and Pathological Studies on the Brain. By Dr. DAVID FERRIER.

1. The anterior parts of the cerebral hemispheres contain the essential centres of voluntary motion, and of the external manifestations of intelligence. 2. Solitary cerebral convolutions are distinct centres. Certain groups of convolutions and corresponding places of the non-convoluted brain are local centres for the manifold motions of the eyelids, face, mouth, ears, neck, head, feet, tail. In harmony with certain habits of an animal, we find exquisite differences of the convolutions. 3. The action of the hemispheres is generally crosswise, but some movements of the mouth, tongue, neck, are bilaterally co-ordinated to the cerebral hemisphere. 4. The nearest cause of different forms of epilepsy are discharging lesions of different hemispheric centres. The affection may be artificially restricted to solitary muscles, or to a group of muscles, or all muscles represented in the brain may be drawn into it. 5. Chorea is also caused by momentary discharging lesions of some hemispheric centres. 6. The corpora striata act crosswise, they are centres for the muscles of the other side. Strong stimulation of a corpus striatum causes pleurostotonos, whereby the flexors preponderate over the extensors. 7. The thalamus, fornix, hippocampus major, with the adjacent convolutions have no motor power. 8. The lobi optici and the corpora quadragemina influence vision and the motions of the iris, but they are also centres for the extensors of the head, of the trunk and lower extremities. An irritation of these centres causes opisthotonos. 9. The cerebellum is the co-ordinating centre for the muscles of the bulbus. The single lobuli of the cerebellum are in the rabbit centres for particular changes in the optic axis. 10. Integrity of these centres is necessary for the preservation of the bodily equilibrium. 11. Nystagmus, or oscillation of the bulbus, is an epileptiform affection of the oculomotory centres in the cerebellum.—*Brit. Med. Journal, April, 1873.*

Dr. Adolph Schmidt of Erlangen remarks, that it is nearly impossible to diagnose *apoplexy* from *emboly of the brain*, and cites two cases in old women, who showed all the symptoms usually ascribed to apoplexy: senility, rigidity of the arterial walls, left-sided paralysis, absence of preceding cardiac affections, or of other general morbid states gravely affecting the whole organism, unconsciousness for two days, and great intensity of the paralysis. In the one case the autopsy revealed slight stenosis of the mitralis, which produced no symptoms and emboly of the right art. fossa. Sylvii; in the other a

thrombus of the right carotis at its entrance in the cranial cavity, high-graded sclerosis of the cerebral arteries, and extremely slight development of the rami communicantes poster., and of the art. prof. cer. dextra.—*Deut. Archiv. f. Klin. Med.* X. 308.

Agoraphoby. By DR. E. CORDES.

Agoraphoby is a symptom of paresis from exhaustion. Westphal observed it 27 times by itself and twice in connection with Morbus Basedowii. The patients were, with the exception of one of the latter class, all males of middle age, and belonging to the higher classes of life; in all cases exhausting influences preceded this place-anguish, either mental over-exertion or excesses, or chronic gastric ailments; and in some cases several of such causes were at the root of it. This exhaustion produced in all a so called irritable weakness, showing itself in paroxysms. The characteristic symptom was the agoraphoby, but it also appeared in other forms; as a fear for a large concourse of people, for solitude, and nearly constantly with the apprehension or fear to render himself an object of observation. Another constant symptom is a tremor caused by alienated impulse of will-power, by diminished action, passing over in some cases in real paresis or disturbances of co-ordination, as soon as this anguish takes hold of the patient. The agoraphoby may be momentarily diminished or even suppressed by the use of spirituous or by cold air. Accidental symptoms are circumscribed vasomotory disturbances, impotence, and spermatorrhæa, hyperæsthesia retinæ, disturbances of accommodation of the muscles of the eye. This mental anguish causes a paralyzing influence on the motory apparatus, the exhausted state of which reacts irritatingly on the mind.

All 27 cases were entirely cured by hydrotherapy, electricity, and by encouraging words. Success is slow, and needs the utmost patience from both sides. Hydrotherapeutics must be begun with water of medium temperature, and only gradually cold water can be used. Electricity finds especial application in spinal hyperæsthesia, showing itself by vague pains in the extremities. A stable descending current of 12 to 15 elements is applied to the spine for 5 to 10 minutes. Cordes also uses the galvanic current in the same manner for the pollutions and spermatorrhœa, or a descending current from the lumbar region with a catheter to the ductus ejaculatorius or labile to the penis itself.—*Archiv. f. Psychiatry* iii., 521.

Absence of the Uterus. By DR. HAUFF.

At the autopsy of a woman of 50 I found a rudimentary uterus, not a trace of ovaries or tubes, the vagina ended as a blind cul de sac, and was about 3 inches long. When 21 years old she asked me for advice, as she had never menstruated. She was then a good looking woman, with a broad, well-formed pelvis. The external genitals were without hair and undeveloped, the labia small, only the clitoris showed the usual size and power of erection. The in-

troitus vaginae was closed by a firm, horizontally running membrane. She acknowledged strong sexual nisus, which she partially satisfied by friction of the clitoris. The operation of Atresia was at that time tried at her request, but failed, as expected, as a uterus could not be detected by a preceding examination per anum et vesicam.

Two sisters of the deceased have each a daughter of 28 and 23 years, whose genitals show the same qualities as those of their deceased aunt, but they affirm to have no sexual inclinations. The sisters of those girls are normally formed, and regularly menstruated.—*Schmid's Jahrb.*, Aug., 1873.

Typhus and Mental Diseases. By DR. MENDEL.

This may be considered in a three-fold direction: 1. Diagnosis between typhus and mental disease. 2. Typhus as a cause of mental disease. 3. Effect of the process of typhus in exciting mental disease.

1. There are several cases on record where patients suffering from typhus were sent to lunatic asylums as insane persons. It is true, the diagnosis is not always easy, especially when typhus is accompanied by intense deliria; but in many cases we have not to deal with acute deliria, but with states of depression, melancholy, hypochondria, etc. In all such cases the *thermometer* is of the greatest importance. The characteristic curves of the temperature, as shown in typhus, are not observed in these cerebral processes, especially not these high evening temperatures, except when complications are present. A case of this kind is narrated, where typhus set in with the symptoms of general psychical hyperæsthesia, an anxious, melancholy disposition, with hallucinations, and where the diagnosis could only be made out by the thermometer, which showed, in the morning, 37-38.5, but in the evening 40-40.7. Splenetic tumor and roseola only appeared during the second, and diarrhœa in the fourth week.

2. All febrile diseases, pneumonia, rheuma, etc., bequeath, often enough, a disposition to mental disease; how much more, then, may this be expected from typhus, with its psychical alterations, deliria, or, at least, considerable alterations in the central apparatuses of the senses. Hallucinations belong to its usual symptoms; but all such symptoms are, in most cases, only transitory, and health becomes re-established. Of far more importance are those cases where, after the typhus did run its course, mental disturbances set in, and we either see before us the acute *delirium ex inanitione*, delirium ex collapsio, which also shortly passes off, as the patient gains strength, or the slowly and gradually developing morbid states of most different complex, and offering all the shades of mental diseases, ending, too often, in cerebral paralysis, in mental hebetude, with more or less marked symptoms of paralysis of peripheric nerves.

3. Cases are recorded, where an intercurrent typhus acted beneficially on the mental disease, and it has been surmised that the removal of the hyperæmia may be produced by the consecutive anæmia of typhus, but such amelioration is only temporary, and generally typhus may be considered an unwelcome intruder in lunatic asylums.—*Berl. Klin. Wschrft.*, Sept., 1873.

Chloral for Incontinentia Urinæ.—Dr. Leonard considers it the only reliable remedy to remove the *spasmodic* action of the detrusor vesicæ, which overbalances the contraction of the sphincter. He uses only small quantities dissolved in water, allows only small quantities of fluid at supper, which ought to be taken several hours before going to bed. Enuresis nocturna weakens every child, and nutrition increases again after the removal of this complaint, which in some cases is hereditary. He gives to children from 8 to 16 years, 0,4 to 0,8 Hydrate of chloral in 40,0 to 80,0 water, to be freshly made every evening, and to be taken just before retiring. We must in enuresis nocturna strictly differentiate between spasm and atony of the vesical muscles, as in the latter case iron and quinine are indicated.—*Raccogliitore Medico*, Jan., 1873.

Diagnosis of Cysticerci in the Brain. By PROF. GRIESINGER.

1. Exclusion of other cerebral diseases.
2. Severe epileptic attacks, appearing separately and cumulating at a certain time, steadily increasing in numbers and intensity, and thus proving severe cerebral affection.
3. Persons of about 40 years, formerly enjoying excellent health, where we neither find hereditary disposition, nor any traumatic, syphilitic, arterial or cardiac affection.
4. The psychical disease shows itself with the character of depression and obtuseness of mind, vertigo, decrease of visual power and hearing, headache, somnolence, anomalous sensations in the extremities.
5. The external appearance of cysticerci.

Neuropathic Origin of Simple Diabetes.—Mosler records three such cases: A boy of seven years, who in the first year of his life passed through a severe attack of meningitis cerebro-spinalis epidemica, and during the long convalescence showed all the symptoms of diabetes insipidus. These continued for years, and obstinately resisted every medical treatment. A second case arose immediately after a fall on the head, which happened to a young man, now 17 years of age, when he was three years old; other neuropathic symptoms were absent in both cases. The third case showed ætiologically deleterious syphilitic processes of the brain, which also caused other grave phenomena in the nervous system, spasms and hemiplegia. Autopsy revealed extensive softening in the left hemisphere, in the medulla obl. and pons.—*Virchow's Archiv.* 58.1.

Aneurisma Embolicum.—Such an aneurism arises, according to Ponfick, when calcareous fragments thrown into the circulation by the valves remain lodged in an artery and perforate its walls gradually by the mechanical irritation down to the adventitia, or even consume the latter, whereas the arteries themselves show no degeneration. Characteristic for such aneurysmata is their origin from foreign bodies, not gifted by independent motion, as embolus from parasites and living euzoza were already described, 1860, in Reichert's Archiv. He dislikes the usual classification of aneurisma in A. verum and spurium, and prefers the names, A. exogenous and endogenous.

The A emb. would thus belong to the latter class.—*Ber. Kl. Wochst.*, Oct., 1873.

Phthisical Pulmonary Diseases depending on Primary Laryngeal Affections.—Waldenburg, in opposition to the disciples of Laennec, repeatedly asserts that primary diseases of the larynx may produce pernicious pulmonary affections, and especially phthisis. Sommerbrot verified this by his experiments. He produced in rabbits a chronic inflammatory irritation, by drawing a fine iron wire through the larynx, or upper part of the trachea, and after making a knot allowed it to remain there. The animals survived it from 4 to 10 weeks, but all emaciated. A number of them were killed at different times, after the operation, with the following results: Where the wire enters the larynx, suppuration took place; in the trachea a flat ulcer is found, at the base of which the cartilage is exposed. The mucous membrane of the larynx, trachea, bronchi, is reddened and swollen in different degrees. In all cases, as a continuation of the affection of the upper parts, the lungs became diseased, especially in their upper lobes. The pulmonary affection was mostly a purulent peri-bronchitis; from the surroundings of the finer bronchi the purulent infiltration continues into the septa of the alveoli, whereas in the latter at the same time a desquamation of the alveolar epithelium takes place, which finally clogs them up and renders them void of air. He did not succeed in producing a real destruction of the pulmonary tissue with formation of cavities, probably because the animals do not live long enough. We find here the affected lobe entirely devoid of air, or only a lobular affection, *i. e.*, the morbid airless parts alternate with normal or emphysematous parts, and such an affection perfectly corresponds to one form of phthisis, very frequently found in man (Buhl).—*Arch. f. exper. Pathol.* I. 3.

Callous Mediastino-Pericarditis and the Paradox Pulse. By
PROF. A. KUSSMAUL.

There is a variety of chronic pericarditis, which might be called callous mediastino-pericarditis, and which is well characterized anatomically as well as clinically.

It shows itself anatomically by the peculiar localization of the inflammatory process, and by the quality of its products. In the inflammation participates not only the serous, but also essentially the fibrous pericardium (fibro-pericarditis of Gendrin) with the mediastinal connective tissue, which goes from the point of reflexion of the pericardium along the large blood-vessels upwards to the arcus aortæ (*Mediastinitis*). Essential inflammatory products for this form are *fibroid formations, callous membranes, tough connective-tissued cords and threads*, with which we also find fibrine, and more rarely pus in different stages of desiccation and caseification, either in the pericardium alone, or also in the mediastinal space. The pericardium becomes thickened, partly by callous membranes and fibrinous layers either on its inner surface or also on its external surface, partly by increasing thickness of its fibrous coat, and a

decided inclination exists for the obliteration of its cavity (*pericarditis fibrosa s. callosa*). Callous cords and tough fibroid masses are observed in the mediastinum, decreasing from the pericardium towards the arcus aortæ and venæ anonymæ, constricting, narrowing, bending and twisting the blood-vessels, drawing the arcus aortæ especially towards the pericardium, and sometimes forming adhesions between the large blood-vessels and the upper sternum (*mediastinitis fibrosa s. callosa*.) This callous mediastinitis must be distinguished from the suppurative one, emanating from retrosternal abscesses, which attracted far earlier and more frequently the attention of physicians and surgeons, than the retrosternal callosities.

Clinically our affection leads to the symptoms of chronic inflammation of the pericardium and to its obliteration, to which becomes joined, as a criterium of the callous mediastinitis, a peculiar phenomenon in the arterial pulse, sometimes also a peculiar phenomenon in the veins of the neck. Inasmuch as the sternum exercises at every inspiration through the fibrous mediastinal cords a contracting draught on the aorta and its arcus, the pulse of all arteries becomes small or disappears entirely *during the simultaneously continuous action of the heart* in distinct, *with every inspiration* regularly returning intervals, and returns immediately with every expiration. I call this the *paradox pulse*, partly on account of the remarkable disproportion between the action of the heart and the arterial pulse, partly because the pulse, in spite of its apparent irregularity, becomes intermittent and small. On the veins of the neck, especially on the bulbi of the venæ jugulares, the contracting draught of the callous cords produced by a *sufficient depth of inspiration*, a visible, even *considerable intumescence* instead of the normal decrease. These manifestations render it possible in all cases where the anamnesis, the beginning and the course of the disease, the physical examination of the heart and the disturbances of the circulation hint to pericarditis and obliteration of the heart, but do not allow a solid diagnosis, to give a degree approaching to certainty to the *diagnosis of a pericarditis in connection with callous mediastinitis*.

B. K. W., 37, 1873.

Elastic Ligatures.—*Prof. Dittel*, of Vienna, applied them successfully in the following cases: 1, in teleangiectasies; 2, fistula ani; 3, prolapsus ani; 4, fistulous canals; 5, carcinoma mammæ; 6, ligatures of different arteries. He used this method for the first time in a child of five months, for the extirpation of a nævus on the right temple. It fell off after eight days, leaving a clear, granulating surface. This successful issue urged him on to further experiments with these drainage tubes. The procedure is easy, but needs some care and exactness. The ligature must be firmly applied and closed by two knots. The pain caused by the constriction is not very intense. The division of the parts is caused by the continual pressure, producing thrombosis, and thus interrupting nutrition. India-rubber does not cause suppuration. In the same degree as the parts are divided, a granulating surface follows. The ligature, when falling off, forms a closed ring. The process of constriction lasts from 3 to 15 days, according to the size of the pedicle and the dense-

ness of the tissues. The technic changes according to the qualities of the parts to be constricted and cut off. In ligatures of the arteries it was applied (a) once on the *art. poplitea* on account of the amputatio femoris sinistri; (b) on the *tibialis antica* at an amputation of the thigh; (c) on small branches of the *tibiales antica* and *postica* and *art. peronea*. Experience taught him that the hæmorrhage may be successfully stopped with such a ligature, and the artery definitely closed. In comparison with the *ecraseur*, *constricteur*, the *platina* loops and the common ligature of silk or silver, the elastic ligature offers many advantages; it is only once applied, acts more tenderly and continuously by its elasticity, till the constricted tissue drops off and never produces suppuration; the division also takes place in a relatively short space of time, and its cost is not much higher than common ligatures. Lately Prof. Dittel also uses india-rubber in chronic ulcers of the legs, on account of its quality of promoting granulation, and the cure is quicker than by any other method. These observations are not yet concluded, and will be published after a while.—*Med. Neuigk.*, 36, 1873.

Resection of the Os Coccygis at the Operation of the Anus Imperforatus. Verneuil performed this operation for the first time in 1864, and has now resected the os coccygis five times, where on account of the deep position of the rectum it could only be found with difficulty. After taking off $\frac{1}{2}$ to 1 Ctm. of the os coccygis the rectum was always easily found, and the intestine could be fixed to the skin without much tension, especially by pulling the rectum backwards. By such a posterior position of the anus its function was not in the least interfered with. Of five children thus operated on, two survived,—quite a favorable result, if we consider in what state of debility such infants are met by the surgeon.—*Gaz. Hebd. de Med. et de Chir.*, 25, 1873.

Progressive Muscular Atrophy. By DR. N. FRIEDREICH.

We do not consider as true progressive muscular atrophy cases arising from insufficient nutrition or from chronic cachexia (cancer, phthisis), or from emaciation following febrile diseases, as they are caused by simple atrophy, not by degenerative processes, nor neurotic muscular atrophy, *i. e.*, such in consequence of disturbed nervous influence, atrophies in disturbed cerebral and spinal diseases, in hypochondriacs, from lesions of peripheral nerves, as such atrophies are of secondary nature. We also exclude the trophoneuroses of *Romberg*, which appear on one or the other extremity, and where the bones may be also affected, and finally, we also exclude every case of progressive muscular atrophy appearing around chronically inflamed or luxated joints, from fractured bones, etc.

The question has been asked, is true progressive muscular atrophy a *neurosis* or a *myopathy*? The former opinion is defended by high authority, as

Romberg, Valentiner, Frommann, Virchow, Jacoud, Trousseau, etc.; the latter by Wachsmuth, Hasse, Meyer, Friedberg, Malniesteu, etc.

Let us study the pathological anatomy of this disease. In many cases we observe in the muscular fibres a decided tendency to split in fibrillæ (*longitudinal splitting*), with the loss of their horizontal striation; in some cases a *transverse splitting* takes place, a foliation in their primitive discs; sometimes also a perfect displacement of the single sarcoous prismata is found (*elementary splitting*), clearly caused by a fluidization of the substance connecting the sarcoous elements, from a disturbance of nutrition attacking this connective tissue.

We have also found shrinking of the muscular fibre by simple emaciation (*simple atrophy*), the *wazy atrophy*, sometimes *simple degeneration*, and in some cases all these changes may be found, but a constant phenomenon at the beginning of the disease is the proliferation and division of the nuclei of the muscular globules; and instead of the normal one, we see two, three, four lying together in groups. At the time of the division of these nuclei, we also observe an increase of the protoplasm surrounding the nuclei in the form of a clear or slightly dull substance, frequently producing the formation of lateral elongation.

At the same time a *proliferation of the interstitial connective tissue* of the muscle takes place (*perimysium internum*), and an abundance of young and fibrillary connective tissue is formed not only between the coarser fascicles of muscular fibres, but also between the separate muscular fibres. With an increasing disappearance of the genuine muscular elements we find in the place of the muscular tissue more and more a tissue consisting essentially of newly formed, very granular, fibrillary connective tissue, with which the sarcolemma-tubes of the dwindled fibres blend in such a manner as to become indistinguishable, whereas at the same time the muscular corpuscles remaining after the disappearance of the contractile substance take on the nature of connective tissue corpuscles, and take part in the formation of new connective tissue. Thus the muscles, according to their prior form, become either thin, dense, greyish-white cords, or sinewy membranes, with here and there light-red streaks and islets as remnants of the old muscular tissue. The disease has now reached that stage which is designated as the *stage of fibrous degeneration* (cirrhosis). Exceptionally the whole muscle may become transformed into a fibrous mass with excessive development of fatty cells in the fascicles of muscular fibres, changing in extreme cases the whole muscle into a homogeneous, fatty-tissued, bellied mass, showing in sections the original filamentous structure of the muscles by the direction of the fatty tissue (*lipomatous degeneration*). Such muscles give a relaxed and doughy sensation, only exceptionally hard and tough, like normal muscles. Lipomatosis sometimes begins at an early stage of prog. musc. atrophy, when no essential changes have yet taken place. The muscle, still of normal appearance for the naked eye, is interlined by yellow streaks and trains of fatty tissue. The development of fat arises independently of the blood-vessels, in such a way that the connective tissue corpuscles by accumulation of larger or smaller droplets of fat change into fatty cells. I never saw anything which could in any way be

taken for a new formation of fatty cells inside of still preserved, transversely striated primitive fibres; not all muscles show the tendency to lipomatous degeneration, we find it most frequently in the gastrocnemii and solei.

As prog. musc. atrophy is of an inflammatory nature, we might call it *polymyositis chron. progressiva*, as it shows a hyperplasia of the interstitial connective tissue, and the whole process might be well compared with cirrhosis of the liver, kidneys, lungs. The diffuse lipomatosis of the muscle is only an accessory, but neither constant nor essential process, which may set in at an early stage, or after the disease had steadily progressed.

Prog. mus. atrophy is a myopathy and not a neurosis, as the primary chronic myositis produces secondarily disturbances in the nervous system, consisting in a chronic neuritis, extending to the intramuscular nerves, and going its way through the nerves to the very roots. It may even find its way to the spinal cord, producing chronic myelitic processes, and spreading from these in different directions. The inflammation progressing inside of the nervous tracks may stop at any place in its course, and it is this extension in space which causes this disturbance in the nervous apparatus, but which really depends on the more or less active character of the tissue disturbance taking place in the muscles as the source of all irritation. Some regressive nutritive disturbances in the peripheric nerve fibres and in the ganglionic cells, situated in the grey anterior cornua of the spinal cord, may be considered as the sequels of disturbed motory function.

The ætiology of prog. musc. atrophy gives us *laborious and long lasting fatigue of muscles* (solitary muscles are affected), *pre-existing individual disposition or weakness* (in such cases even moderate labor produces the disease), which may be congenital or acquired (by continued non-use, by disease, etc.). The hereditary disposition is frequently an heir-loom from great-grandfather to grandchild. The male sex is more disposed, especially during the years of manhood. *Cold and sudden atmospheric changes*; but rheumatoid pains ought not always be considered as rheumatismus. *Traumatic effects* (contusions of the hand, etc.). Sometimes *a continuation of an adjacent inflammation to the muscles*. Of all dyscrasias *syphilis and chronic lead-poisoning* deserve to be mentioned.

Prog. m. atrophy has the tendency to restrict itself in its spread to certain places, and we find this especially at the large joints of the extremities. Thus only the muscles of the hand or of the hands and fore-arms become atrophic, and the elbow-joint stops its spreading. The knee-joint does the same in atrophy of the legs. But we find exceptions to this rule. Sometimes the process remains limited to one muscle.

We find primarily most frequently affected the muscles of the hands, especially the smaller muscles, and here again more those supplying the thumb, the shoulder-muscles, especially the deltoideus, and the muscles of the leg. From these muscles, the disease extends in an ascending or descending direction. Atrophy also develops itself usually in symmetrical groups of muscles. Sometimes all the muscles of the body are simultaneously attacked (*general muscular atrophy*). The muscles of the head and neck, of the larynx, and of the diaphragm, are only rarely the seat of the disease.

The disease never progresses in the course of the motory nerves; groups of muscles, which are supplied by different nerves, are often simultaneously attacked.

The *decrease in size* of the atrophied muscles can only be carefully used as a symptom of the initial stage, inasmuch as an early appearing simultaneous lipomatosis may easily deceive us; even a well-developed panniculus adiposus may harass us in the judgment of the muscular reduction. Sooner or later we find in most cases the emaciation of the muscle the characteristic symptom.

A most remarkable symptom are the *fibrillary muscular contractions*. It is clear, that only the twitchings of the fibrillae corresponding to the superficial muscular layers can be recognized, whereas those in the deeper seated layers escape our observation. These contractions are hardly felt by the patient, nor do they cause any locomotory change in the affected part. Such fibrillary twitchings may arise from the irritability inherent to the muscular fibre, a quality perfectly independent from all nervous influence, but they may also arise from the nerves, as the motory nerves running their course in the muscles are in a state of irritability from the continuation of the inflammatory processes. They are of no pathognostic value, as they were also observed in weak, irritable persons, or in such suffering from fever. *Fromann* also observed it in trichiniasis.

We witness sometimes an increased reflex irritability in the atrophic muscles; this symptom is especially striking in atrophy of the facial and lingual muscles.

Another manifestation, perfectly independent of the nervous system, are the *permanent contractions and curvatures* of some parts of the body. The abnormality, known as "the claw-hand," is best known and peculiar to prog. m. atrophy. *Friedreich* explains these contractions by the shortening and retractions of the connective tissue in the muscles, whereas a disturbance of the equilibrium of the tonic muscular action from the yet healthy antagonistic muscles can only be proven for a small part of the curvatures caused by prog. m. atrophy.

Cutaneous sensibility remains in all cases perfectly normal for touch, painful impressions, and for differences in temperature.

Experiments for electrical sensitiveness showed that contractions followed the induced as well as the constant current according to the presence of contractile fibres in the atrophied muscles, although the hyperplasia of the interstitial connective and fatty tissue, found in prog. m. atrophy, diminishes the muscular contractility.

Prognosis is not entirely unfavorable if there is only a sufficient quantity of muscular fibres left, which may become regenerated. Such patients may reach a ripe old age. Respiratory troubles are dangerous in atrophy of the respiratory muscles; difficulty or impossibility of swallowing in atrophy of the pharynx muscles.

Duchenne proposes electricity by induction for the atrophied muscles (local faradization). Others prefer the constant current by applying labile currents through the spine and the nerve-plexuses to the corresponding nerves and

thus to the muscles, or by selecting the sympathetici at the neck as the places for stabile currents. Gymnastics, a roborating diet, and hydropathics may be conjoined with electricity. Internal medication is more than problematical.—*Zeitschrift f. Pract. Med.*, I. 1, 1874.

Reviews and Bibliographical Notices.

A System of Surgery. By W. T. HELMUTH, M. D., Professor of Surgery in the N. Y. Hom. Med. College. New York: Carl & Grener, 1873.

A work long expected, but its appearance hailed with pleasure by all the members of our school. Helmuth gives more than he promised, more in size, more in wood-cuts, and none of its contents could well be spared to make this Surgery as complete as the work before us really is.

In looking over the title-page we were struck with the commendable feature in these days of self-laudation, that the author attaches to his name only Professor of Surgery, and nothing more; this unostentatious announcement of himself tells better than a dozen addenda, which can be had for the asking.

A good idea is the omission of chapters on the eye, ear and teeth. Ophthalmology, Otology and Dentistry are now specialties, and need exclusive study. Separate treatises, full, comprehensive and exhaustive, upon each of these departments of Surgery have been presented to the profession, and mere extracts of these specialties do not belong in a work of general surgery.

After a preliminary lecture we find "*minor surgery*" treated in the 2d chapter, and among the different dressings we are pleased to see the "Marine lint" noticed, as it possesses antiseptic and astringent qualities of a high order. This chapter closes with the "*hypodermic syringe*" and the allopathic doses to be used in this form of medication. (Our own dilutions might also be frequently given in the same manner.) The third chapter is on the *thermometer* and its use, giving first the normal temperature of the human body in different states, and at different times, and afterwards the temperature in surgical diseases. *Electricity* follows, and occupies ten pages. Prof. Helmuth favors the galvano-faradaic instruments, though Kidder & Curt Meyer make different, but equally valuable instruments. History of *disinfection* and the different *disinfectants* occupies the next pages; closing with the latest novelty, Chloralum. Our friend gives here a most useful hint in reference to the odor of Carbolic acid, which may be removed by combining two parts of Gum camphor, and one of Carbolic acid in crystals and mixing with whiting. The history of *Anæsthesia* follows, but we miss the fact that a physician of our own school, Dr. E. E. Marcy, was the first who performed a surgical operation, the patient being under anæsthetic influence.

That our Professor of Surgery is also a good Homœopath, is shown in the chapter on *inflammation*, where he writes: "Medicines exhibited according to the law of Similia are not to be prescribed for the *name* inflammation, but

for the *character and kind* of the symptoms that present themselves in such an unhealthy condition; the study becomes more arduous, the investigation more thorough, and the examination more minute; the character of the pain must be ascertained, whether it be stitching, hammering, etc.; the conditions that aggravate or relieve the suffering must be investigated; the time of occurrence, and the causes that produce the disease, must be understood; the temperament, age, sex and habits of the patient must be noted, and the constitutional symptoms receive their proper share of attention before the appropriate remedy be selected and administered." We cordially recommend such advice to all students, for not the potency, be it high or low, makes the Homœopathist, but we rather consider him the true physician, who, fully convinced of the truth of our great law, and taking it as his guiding star, gives the potency (corresponding to the individuality of his patient, to the stage of the disease, and to the individuality of the remedy) which his judgment and his experience dictates. We applaud the liberality which governs everywhere the writings of the author, but we feel sorry that he does not come up to the standpoint of the higher dilutions, as in many cases we have witnessed the most brilliant results from their application. Still we do not give up all hope, for in bone diseases there is special reference made to the *thirtieth* trituration of Silicea. The two-hundredths are often recommended, and it appears throughout the volume that the indications for the use of medicines are well rendered. We even prefer in such works to see only the names of medicines given, as it directs the student to look for the proper selection to the *Materia Medica*. Like all surgeons, the Doctor favors local applications more than we do, gives injections in gonorrhœa, cauterizes chancres (especially the chancroid) and lupus, believing that such local conditions may be cured by local means.

Part of the chapter on "tumors" was according to the preface prepared by Dr. W. F. Laird. It was for this very essay, if we remember right, that Dr. Helmuth bestowed his medal upon this promising young surgeon at the commencement of 1872. This treatise is exhaustive, and contains illustrations of the microscopic characteristics of many tumors and cuts of several of Dr. Helmuth's cases, taken from photographs. While we are upon this subject, we may say that Prof. Allen's chapter on the microscope gives excellent, practical, and concise directions how to use the instrument, how to prepare sections, and how to stain and to preserve them.

We consider the chapter on *hæmorrhage* most full and lucid, one of the best in the book. We noticed in it many methods of arresting hæmorrhage, to us quite new, but all of which are interesting.

The real surgery, amputations and the like, we quietly pass over, as our dread of instruments is well known, and stop again at erysipelas, thanking our colleague for such advice as: "I have never witnessed satisfactory results from local applications in the treatment of erysipelas. It is very fashionable, and fashionable folly too, to apply poultices or mercurial ointments, or the Acetate of lead in solution, or to pencil the parts with the Tincture of iodine and Nitrate of silver. These are worse than useless. The homœopathic medicines are so marked in their action in this disease, and so extremely efficacious, that all outside applications positively retard recovery."

Speaking of incisions in carbuncles, the volume reads: "To Homœopaths we would say, avoid the use of incisions, unless there be a large slough to be removed. Dress the sore with a hot solution of Calendula several times daily, covering the compress with a piece of oiled silk, and rely on *internal* rather than external medication, and the case will proceed with much greater celerity to a successful termination." All this shows *true conservatism*, which is the essence of modern surgery.

As often as we have a case of fracture or luxation among our clientele, we always call on Prof. Helmuth to repair the damage, and to attend to the full treatment of the case. His successful practice warrants us in saying that his teachings must be as good as his practice, and we cordially recommend them to a careful study. We know that we are no good critic on surgery, and hope men like Minor, Danforth, and others, will do the work justice.

In conclusion, we would remark that in glancing over this "Surgery" we find that every surgeon of our school is referred to in this volume, and many of them quoted. The names of Beebe, Liebold, Comstock, Franklin, Minor, McFarland, Morgan, Danforth, Bell, Schneider, and a host of others, appear conspicuously throughout the volume. Thus the work is written in the right spirit, and in the same spirit it will be hailed by the surgeons of our day as a valuable gift to homœopathic literature.

It is astonishing how hard some people will judge us poor editors and reviewers. Now what is the use to find fault with the reviewer of the *Medical Union*, when the real fault lies with Prof. Helmuth? What business has he to make such a poor index? Suppose the aspirator is figured and explained at page 969 and otherwise, *look at the index*, Dieulafoy is not there, and the aspirator is nowhere. If that does not show haste and carelessness on the side of the author, we do not know what does. The letter O begins with an obstruction, and leaves out all obliterations. Book-case and waste-basket are the furniture of an editorial sanctum, and as every editor has the time to wade through all the books sent for review, we beg all authors, respectfully, to be very careful in the arrangement of their indices. Sapienti sat!!

The Application of the Principle and Practice of Homœopathy to Obstetrics and the Disorders Peculiar to Women and Young Children. By H. N. GUERNSEY, M. D. Second Edition. Boericke & Tafel. 1873.

O. B. G. (Prof. Gause) has taken the wind out of our sails, and we consider our yacht beaten. His review of his colleague's work is so to the point that really very little can be said, and so true that we cannot gainsay it. In fact, the Homœopathic part, even of the first edition, left very little to be desired, and only the mechanical or operative part did not come up to that point of perfection which we can demand of such a work. We are astonished that in the process of delivering the placenta (page 200) Prof. Guernsey does not mention Crede's manipulation for the delivery of the afterbirth, at this time a procedure by which all other methods have become the exception. It imitates nature, the

womb contracts more quickly and easily, it causes no pain by the introduction of the hand, and must be far less dangerous than the expulsion by traction. The afterpains are also far more bearable than after the old method of extraction. Lehmann and others recommend also Crede's manual compression of the uterus in many cases of tedious labor, and which saves the woman the inconveniences, not to say dangers, of instrumental labor (vide *Am. Observer*, Jan., 1873). We wish Casanova's flexible forceps (269), strongly recommended by the author, would find its way into the armamentarium of every accoucheur; or, better still, it occupies so little space that every country practitioner could easily carry it in his saddle-bags or in his carriage, and a forceps would then be on hand when needed, without having to send miles away to the office. We know very well that a meddling midwifery is bad midwifery, but still we lean to the opinion that many babes have been, and are, sacrificed to the neglect of using the forceps early enough. It ought not to be considered as an ultimate resource, but, where the indications are clear, we ought never to lose another moment in relieving the sufferer from her labor. As a homœopathic physician, we might consider the use of anæsthetics objectionable; but as accoucheur, we rather incline to the other side, and the weight of authority is certainly on the side of the use of anæsthetics. We have frequently made use of them, have seen them used by others, and have never witnessed any ill effects from them. Combining with them Crede's manual compression, contraction of the uterus will be produced, and the danger of flooding obviated. We also could never observe that it interfered with the action of infinitesimal doses.

We are sorry that not every practitioner possesses the skill and knowledge of our learned friend, and we do not doubt in the least, that in *his* practice no case can arise, where the condition of health of the woman demands the induction of abortion (p. 284), but we must acknowledge our shortcomings; we had cases where, after consultations with several physicians (as required by law) induction of premature labor was considered imperative to save the mother's life. The assertion is too sweeping, and may mislead the young physician.

The chapters on menorrhagia and puerperal convulsions are most excellently written, and the indications laid down so clear, that the treatment of these fearful accidents lose much of the terror which they usually inspire into the young physician.

Want of space keeps us from further exploration of this most valuable contribution to the homœopathic literature, and when such high authority as Prof. Gause says: *we cannot be too emphatic in our commendation of this valuable contribution to our literature*, even a Guernsey may rest on his laurels and be satisfied.

As every physician of our school will certainly procure a copy for daily reference, as it must be *the* text-book for midwifery in all our colleges, and as certainly physicians of other schools will read it and be benefited by it, a rapid sale of this second edition may be justly expected. We most sincerely congratulate our worthy friend for this deserved success, and thank him most cordially for the instruction which we gain from his admirable work.

Decline of Manhood. By A. E. SMALL, M. D.

A small, unpretending treatise of 58 pages, but it supplies a want in our literature, as we can certify, for we are frequently consulted about it by young practitioners. The whole is divided into 14 chapters; treating on urethritis, masturbation, spermatorrhœa and its causes and consequences, marriage in relation to sexual weakness, and the treatment by remedies and electricity. *Tolle causam.*

Dr. T. S. Verdi's Report as Special Sanitary Commissioner.
Washington, D. C.

Well done, good and faithful servant! The report is full of valuable suggestions, but *cui bono*? The citizens of our Capitol have no capital, they have been Cooke-d brown, and the Shepherd may have a subservient flock, but nothing to feed them with. We are happy to see from the report, that our gallant friend enjoyed his trip, but alas! in your metropolis the ring is broken, its members fly to the regions where the woodbine twineth, and the public crib is empty! The report is good enough, but was there any necessity for sending a commissioner abroad?

Qualitative Chemical Analysis. By E. W. FISH, M. D., Cincinnati.

A kind of *pons asinorum* to help the poor student along over the river Jordan to graduation. *Ars longa, vita brevis*, and ten to fifteen months' study too short a time to delve deeply into the mysteries of medical lore with all its necessary appendages. It is not a work on chemistry, but only a tabular compend for the use of students, and as such it has to be studied. They will thus learn the necessary manipulations with chemical reagents, and after graduating, and during their years of practice, they can more leisurely digest the voluminous works of other writers. We thank Dr. Fish for this timely aid, which will be welcomed by the whole tribe of young *Æsculapii*.

Taking Cold: Its Nature, Causes, Prevention and Cure. By J. W. HAYWARD, M. D.

"*Fourth Edition.*" Thus this little volume has reviewed itself, the reading public has been the judge and gave the credit practically. And, indeed, we cannot recommend it enough, as it shows the public some of the diseases which will be brought about by taking cold. Although there is nothing new in it, we find all the well known things well told, but—*cui bono*?—people will live on in their old carelessness and the take the hindmost.

Introductory Address at the Opening of the Detroit Hom. M. College. By J. H. P. FROST, M. D.

The Physician of the Future. Oh! how happy do I feel that I am a physician of the present, a professor of the present, a practitioner of the present!!! We see *now* our own city practitioners riding about in their

carriages full of drawers and side-pockets, in order to hold ready at a moment's warning, big and small stethoscopes, laryngoscopes, ophthalmoscopes, æsthiometer, endoscope, sphygmograph, and the whole host of specula to look a woman through and through; and, after all, Grauvogl is right, we pity the doctor who cannot cure his patients without putting himself and them to such misery. Why, we heard not long ago a story of one of our most celebrated physicians who made his patient, a delicate hysterical lady, stand on one foot with her eyes shut, to find out what? Well, I do not know, and perhaps he neither, but then it gives eclat, élan, or whatever else it may be called, in plain English humbug, but it pays—"PAYS;" that is at any rate one of the characteristics of the present age. How much easier is the work of the "physician of the future?" He becomes a clairvoyant with an "omniscopes and omnimeter," and instead of a receivable becomes a sensational physician!! Oh, heavens! Let us be thankful that we will be dead and gone before that time, and let us be thrice thankful that we live in an age where materialism and dynamism go hand in hand. We agree for once with our honored friend, that the pathology of the day is still in its infancy, "filling learned volumes with the details of the *consequences of death*, but impotent to reveal the cause of death or to save life." But the curse of that fool of a fellow still clings to us, "in the sweat of thy brow shalt thou study pathology," and we hope that not clairvoyance, but steadfast investigations, will lead us to a "profound knowledge of the different morbid conditions of the whole system *while living*."

My friend, "*Mens sana in corpore sano*." The psyche, that emanation from an infinite power which we call "God, Zeus, the great Spirit," can never become sick; its name is perfection, for it emanated from perfection, and what we call mental diseases must be always more or less morbid mental affections, based on some, perhaps only functional, disorders of some parts of the human organism. Here we have a *union of matter and spirit*, which, I trust, will yet be explained while we are allowed to inhabit this terrestrial globe.

Psychology! the eleusynian mysteries!! A knock at the door—patient enters—I am back to practical reality—to the present—let the future take care of itself.

Hering's Materia Medica. Vol. I. New York and Philadelphia: Boericke & Tafel, 1873.

We ask again with our venerated friend, what is uncertain, what is false? I have just passed through a severe proving of Calabar bean, and considered my symptoms very uncertain, terribly false, mere individualities belonging to me and to no other prover, when lo! and behold, with slight variations, I find them repeated in other provers. I accidentally mentioned the oppression of the chest and the deep sighing respiration lasting for weeks, and another physician cures a case with *Physostygma*, which withstood other well-chosen remedies. So much for uncertainty.

Stramonium gives us 2,165 symptoms, but what a difference between Jahr and Hering! A patient of ours, suffering from mental disease, sits for hours and converses in a changing voice with absent persons; he asks questions and then replies in a different voice, sometimes he is perfectly harmless and gentle-

manly in his behavior, at other times he is dirty in his habits, quarrelsome and destructive. Now, look through Jahr's symptom-codex and you are nowhere; take Hering's *M. M.*, and you read: 242, he converses with absent individuals as if they were present, but observes none of those standing beside him; 260, muttering to himself; thus enabling us to benefit the patient by the right selection of the remedy.

Vol. I., there is the rub; we want all the volumes, and must have them. But Prof. Allen collects a *Materia Medica*, and Dr. Dake dreams of a Provers' College, which will winnow the tares from the wheat. Let Allen go on with his work and publish it, let Dake govern his prayers, and instead of reducing he will add still more symptoms, and perhaps some very valuable ones, to the already large number of symptoms and of remedies; let us translate the re-provings of the Vienna school, let us gather the provings scattered through the foreign and British journals, let us study Dadea's *New Materia Medica*—and still we cannot spare the treasures which with care and zeal were accumulated by Father Hering; *we want all the volumes, and must have them.*

Miscellaneous Items.

Editorial.

RETROSPECT.—It is a good custom to look back at the end of every year, compare the *activa* and *passiva*, and strike the balance-sheet. Let us look back without fear or favor, and let us examine into the status of Homœopathy in our city, in our State, in our country.

In our metropolitan city our physicians have done well. The New York County Medical Society under the presidency of Prof. Allen held its meetings regularly on the second Wednesday of every month. The attendance was large, because the meetings were interesting; every committee, as it came its turn to report, was ready with valuable essays, and listened to with pleasure and profit; cases were reported by physicians and surgeons, eliciting friendly discussions, and the hour of parting always prolonged. Many physicians, who formerly kept aloof from this Society, joined during the last year our band of earnest workers, and were heartily welcomed in our midst. We feel very sure that, under the lead of Prof. Helmuth, our newly elected President, and of Dr. Throop, our Vice-President, our Society will do still better, and our meetings become more interesting and instructive.

During the past year the old "Hahnemann Academy" has been revived, and without being a "Provers' Union" its aim and purpose is the study of our *Materia Medica*, the verification of its symptoms, the proving of new and the re-proving of old remedies. We feel proud that so many lady-physicians joined this Society, and are able and zealous co-workers in our provings. All its meetings last year were of more than usual interest, and the work laid out for 1874 will redound to the honor of our old Academy.

Our State Society held its annual meeting in Albany, and its semi-annual meeting in Brooklyn. Being a representative society, there is not that interest for its welfare in many of our physicians, which this noble institution de-

erves, and the nine volumes printed by the State of New York for gratuitous distribution, ought to be an incentive to us all to show us worthy of this favor. The tenth volume is in print, and we have no doubt that the Legislature now in session will grant us again this favor. Every physician cannot be a representative, but every one ought to contribute his mite, to render these publications the exponents of the physicians of the State of New York, without forcing the necessity on our Publishing Committee to fill up the volume by second-hand extracts from other journals. If all of us perform our duty, the volume for 1874 will be the "excelsior" one of the whole series.

Our "American Institute" is justly the pride of its members. With what unalloyed pleasure we all look forward to the time when we meet again face to face friends from the different parts of the country, coming together to instruct and to be instructed, to exchange views about matters still in dispute, to encourage one another in the trials which are the necessary incidents of a busy practical life, and—to have a general good time. It is a blessed and a profitable relaxation from the cares and tribulations of every-day life, and we hope to meet at Niagara all who enjoyed the meeting in beautiful Cleveland, and—many more.

The year 1873 gave birth to three new medical journals: *The New York Medical Union*, the *New York Journal of Homœopathy*, and the *Medical Advance* of Cincinnati. We will not ask whether there was any necessity for this increase, as demand and supply commonly regulate themselves, but we beg the editors of these journals, especially the New York ones, to make them "excelsior" in every respect. When the prospectus of the *Medical Union* appeared, it was feared by many that its editors would not endorse our law as understood by its adherents, but they have shown themselves faithful to Homœopathy in its widest sense. We can see a steady improvement in every number which has so far appeared, and we therefore may justly expect that they will keep it improving, and their reward will be a paying subscription list.

The *New York Journal of Homœopathy*, in its swaddling clothes, was nothing to boast of, and we felt the more sorry for it as we knew that Dr. Allen and Helmuth can do better. Press of business is no excuse, for they should not have undertaken its editorial management if they were not able to give it the necessary attention. But Helmuth's Surgery is delivered, and Dr. Allen will henceforth redeem his promises. A new and valuable feature in the second volume will be reports of different clinics, and of dispensary and private cases. Prof. Helmuth on surgery, Lilienthal on medicine, Arcularius on skin diseases, Throop on gynecology, Doughty on the urino-genital organs, will, by practical illustrations, show the value of our remedies and their application to the many ailments poor mortality is heir to. If, then, the first volume is not all that we had a right to expect, the prospects are brightening. Let us give the *New York Journal* another trial, for we feel sure that at the end of the second year its subscribers will feel themselves fully repaid for their outlay.

The tendency of the *Cincinnati Advance* is to become rather a popular journal, than only for the profession, and as such we heartily welcome it to our ranks. Our nineteenth century is on its downward grade, and one of its achievements is that the medical education of the masses becomes a necessity. The more the people know, the higher will be the standard by which the

physician is measured ; and it is, therefore, a step in the right direction, to relieve medical lore from all mysteries, and to teach the masses, not so much how to cure, as to prevent diseases. Prof. Wilson has opened here a large field, and to its fruitful cultivation we wish him all success and—reward.

We are sorry to see that the newly elected Dean of the Medical Branch of the Boston University found it incumbent to retire from the management of the *New England Gazette*, but the staff of this journal is a sure guarantee that it will keep up the high standard which it has gained in our periodical literature, and we hope that, in spite of his large practice and of his labors for the College, Prof. Talbot will still remain a casual contributor to his offspring.

In medical literature the year passed takes a high rank, and surgery stands foremost. *Franklin, Gilchrist, Helmuth*, have enriched our literature by their valuable works, and taken the stain from us, as if a Homœopathist could not be educated to the highest standard, or as if surgery were out of the pale of Homœopathy. Gilchrist's surgical therapeutics open up a new field, proving that surgery will become still more conservative when allied to Homœopathic treatment. We have been asked, which is the best Surgery, Franklin or Helmuth? It reminded us of the question asked a German professor, who was the greatest poet, Schiller or Goethe? He replied: "Let us be thankful that we had two such luminaries granted to us." The application is easy.

Our old friend, Prof. H. N. *Guernsey*, has given us the second and *improved* edition of his *Obstetrics*. It has been and always will remain a standard work, *for it is reliable*, and if we only prescribe strictly according to his indications, success will crown our efforts.

In *Materia Medica* we have *Hering, Hale, Burt*. It would be useless to speak of works containing the imprint of Father Hering, for everybody knows the value of pure gold.

Hale's *Characteristics of the New Remedies* will appear in a fourth edition during 1874. Every copy sold of the third edition—demand and supply failed this time to regulate one another. Honor enough for this author, but still we beg him again to allow such a steady demand for his work to be an incentive to him to make the fourth edition a combination of the second and third editions, even if it should be necessary to publish it in two volumes at five dollars each. Our people are willing enough to pay, but they want value for their money.

Burt's second edition is carried up to the present day. It is a valuable work for the busy practitioner who cannot carry the whole *Materia Medica* in his saddlebags.

Old England has not been idle ; the physicians of the Continent of Europe are awake and working ; Italy, the cradle of medical universities, gives us through *Dadea* a new *Materia Medica*, more complete than anything which has so far appeared.

1873. Farewell to that good old year, it has done well. 1874, let it be our aim that the works of this year shall exceed all former ones.

"HOMŒOPATHIC SURGERY."—AN OPERATION FOR SHORTENING OVERLONG EARS—BLOODLESS BUT EFFECTUAL.—The twin Gs. of the *Pacific Med. and Surg. Journal* close an editorial in their December issue as follows:—"We beg pardon of the respected editor of the NORTH

AMERICAN JOURNAL OF HOMŒOPATHY, if this should look to him like treating the subject with unbecoming levity. But the truth is, we are in the receipt of quite a number of Homœopathic exchanges which we always glance at with satisfaction, because we always find in them much pleasant reading. In fact, our time being short, we indulge in no other light reading.

We are sorry for the Occidental *Gs*. We know that they are not the only "regulars" who "glance with satisfaction" at Homœopathic literature. Prof. Sidney Ringer has done much *satisfactory glancing* of this kind; so has Hurley; so has Philips, who, in the *Practitioner*, published his Ipecacuanha notes as evidence of his petty larceny. The last "glance" of this kind revealed to the Pharisees of Physic such a sphere of action for Phosphorus as suffices even yet to supply papers for the pages of the journal edited by F. E. Anstie, M. D., that arrant receiver of stolen goods. We are sorry for the *Gs*, because some congenital deficiency in the anterior lobes prevents their receiving such "light" from their Homœopathic reading as Ringer's superior mental development has enabled him to utilize in producing the best selling *Handbook of Therapeutics* that ever came from a "regular" medical press since time began. (Of the pirated copy the New York publisher is now selling the third edition!) We sincerely hope that this unhappy defect will preserve the victims of it from the pang of perceiving their own misfortune.

Some years ago, when in the "auld airt," we were pleased to observe with what tenderness the peasantry treated the unfortunate *naturals* with which the Emerald Isle abounds. The poor imbeciles were in all respects a favored class. No one challenged their vagaries, nor were they called to account for their mischievous pranks. In the treatment of such we don't propose to be outdone by an Irish peasant "or any other man." We rather aspire to excel them in forbearance.

To this end, then, we are obliged to quote again from the double *G*. editorial: "How the dogma *similia similibus*, even were it true, can be applied to surgical practice, is a problem that has perplexed many. If a man fall from a house-top and break his skull, is he to be carried up and pitched down again in order to cure him? If he be kicked in the belly by a horse, is his life to be saved by a kick from another horse, or some other animal? If a bullet be shot through the head, is it orthodox Homœopathy to fire another bullet through the same hole?"

In the warmth of our commiseration, we say to the *Gs* natural, "Dear hearts, you have solved that 'problem' by setting the egg on end—that naughty *similia* does mean *eadem*, the world over, and fate reserved it for your mother's sons to define and illustrate 'Homœopathic surgery.'"

Incontinently the enraptured *Gs* hie them to the maternal apron-string, and, modestly narrating their promises, receive in open palm the well-earned lollipop.

We do not know that we can add to our magnanimity, unless it be to advise the mother of these medical Gracchi to invest profusely in Mother Goose literature for the mental improvement of her hopeful offspring; and we sincerely trust that neither she nor they will despise this friendly advice simply because it is so evidently based on the "dogma of *similia similibus*."

If we can be of any further use to the two *Gs*, in their pursuit of knowledge, they need only signify their pleasure to secure the services of our editorial quill.

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Original and Translated Papers.

ARTICLE XXXVII.—The Recent Yellow Fever Epidemic in Memphis.

By LUCIUS MORSE, M. D.

The year 1873 will be a memorable one in the history of Memphis. Seldom or never was city so severely scourged with pestilence during one short twelvemonth. January brought with it an epidemic of the small-pox ; then came the epizootic, speedily followed by the cholera, which appeared in May and protracted its stay through two and a half months, and on the retreating footsteps of this scourge a mild and beautiful September ushered in an epidemic of the yellow fever.

The situation of Memphis in daily communication, both by river and rail, with the towns and cities of the lower Mississippi Valley and the Gulf border, which territory, if not the legitimate domain of yellow fever, is held by right of conquest, subjects it to frequent importation of cases of this dreaded disease. Indeed, seldom a year passes without a number of deaths occurring within the city limits among persons who have contracted the plague further south. And yet, usually there has been no spread of the disease, and in

forty years Memphis has, happily, suffered but three epidemic visitations of the fever. The first occurred in 1855, the second in 1867, the third and last, and the one we propose briefly to consider, in 1873.

Within the limits of this article the writer can hardly pause to discuss the evidence *pro* and *con*, or the different opinions of medical authors, as to the contagiousness or non-contagiousness of yellow fever, but will simply remark that in this latitude, under certain conditions and circumstances, it does seem to propagate itself by personal contact. Certain it is that the initiatory cases of the three epidemics this city has passed through can be traced directly and unequivocally to importation. There may have been present certain local causes favorable to the spread of the disease, and yet on each occasion here, the seeds of infection took root, and the epidemic influence spent its force in a different quarter. In 1855 it was the lower portion of the city which suffered most severely, in 1867 the middle and eastern, and on this last occasion, the most malignant of all, the northern quarter was first invaded, though afterwards nearly the entire city was more or less affected.

The site of Memphis may favor somewhat occasional visits from this terrible scourge. The city is built upon a monster bluff or clay bank, which rears itself considerably above the ordinary level of the Mississippi Valley and slopes off gradually into an alluvial deposit. It is surrounded with a country low and flat for the most part, and rank with malaria. Opposite the city and across the river stretch for miles and miles away the Arkansas bottoms, covered thick with primeval forests. The plantations, dotting here and there the wide strip of valley subject to overflow, are inhabited by a race of sallow fever-beset people, who count Quinine among the necessities of life.

Memphis has no underground sewerage system, but depends for cleanliness upon surface drainage, which is made into the Mississippi, and into a bayou, or "creek" as it would be called further north, which meanders nearly the entire length of the city, flowing in a direction opposite to the

river, and finally empties just above the city. Until this year (1873) the water supply was drawn from cisterns, but in early summer the public water-works, having their source in a small turbid stream less than half a mile north of the corporate limits, were put in operation, and a perfect dooryard, sidewalk and street-sprinkling mania raged thereafter the entire season.

The spring was extraordinarily rainy, and the summer correspondingly dry, but the temperature averaged much lower than during the same season of the preceding year, which was unusually torrid. Whether these conditions favored a visitation of the yellow fever or were devoid of influence in that direction, the writer does not pretend to say.

Ætiologists of the sanitary school may be interested to know that the city was cleaner upon the advent of the fever than for years before. The prevalence of cholera during the two preceding months had caused the authorities to move actively in the matter of street-cleaning and in the abatement of nuisances both public and private. "Happy Hollow," however, where the first cases of fever occurred, it must be confessed, subject to the drainage of the bluff above and to overflow from the river, was not in what would be called perfect sanitary condition, and yet this precinct, spite of theories, had been, heretofore, one of the most healthful in the city.

Origin of the Epidemic.

Strangely enough, this year New Orleans, Natchez and Vicksburgh were entirely exempt from yellow fever, while the disease, imported, as rumor has it, from Mexico, raged with great virulence at Shreveport, a town of some five thousand inhabitants, situated on the Red River, in Northwestern Louisiana. From this point the disease was introduced into Memphis. About the middle of August, a poor refugee, who had fled from Shreveport, crawled ashore from an upward bound steamer. He was sick, and, as it now turns out, suspicious of yellow fever, but was unsuspectingly received into one of the rude dwellings situated just above the city wharf.

The bluff, at this point, retreats a little, leaving a narrow strip of land subject to overflow of high water. This space has been built up with rude shanties, most of which stand upon stilts to escape the floods, and are inhabited by coal-heavers, wharf men and laborers, both white and colored. This is the far-famed "Happy Hollow." The poor wretch, put ashore from the steamer, died in a day or two, and the hospitable occupants of the rude domicile where he breathed his last were shortly stricken down, and perished one by one. Then the disease was communicated to the neighboring dwellings, and commenced its fatal march. Such was the avenue of infection, such the origin of the epidemic in Memphis. Very few of those attacked survived. The symptoms, in a majority of cases, were uniformly the same—raging fever, vomiting, collapse, death. The real character of the disease was hardly suspected. It was thought to be a severe type of bilious fever.

But now like cases began to occur upon the street which runs along the summit of the adjacent bluff, and among a well-to-do class of the population. One or two instances, where vomiting of a black substance supervened before the fatal end, left no doubt as to the nature of the terrible disease. It was yellow fever in its most malignant form.

A Stricken City.

The spread of the disease was, at first, slow. Fully three weeks elapsed, from the occurrence of the initiatory cases, before it began to attract specially the attention of physicians. Most of those who came in contact with it, at the outstart, made the fatal error—persisted in by some—of considering it but a malignant form of malarial fever.

On the 13th of September, however, nearly a month after the landing of the case from the steamer, there was a hastily called meeting of the physicians of the city, under the auspices of the Board of Health. The presence of the fever was declared, but it was added that there seemed little ground for apprehension, as it seemed to be confined to a

circumscribed locality of the upper portion of the city. Daily mortuary reports were ordered for the information of the public. September 14 there were ten deaths; the 15th, eight; the 16th, twelve; the 17th, nineteen. From that time on there was a steady increase up to 80 deaths a day—the epidemic influence spreading more and more rapidly, north, south and west, embracing a wider and yet wider extent of territory.

Seldom has city been so panic-stricken. The schools were closed with the first public announcement of the presence of the fever. Business collapsed in a twinkling. The avenues leading from the city were crowded with flying refugees. A wholesale emigration set in. Trains and boats were overloaded. It is estimated that fifteen or twenty thousand people fled the city during the latter half of September. The hegira was kept up until late in October. But there were many who could not get away—many whom duty compelled to remain—many who trusted they should escape, and upon these the fever fed.

Up to about the first of October, the gradually expanding line bounding the infected district could be pretty well defined; but after that time the epidemic influence gathered such strength as to sweep, with increasing celerity, over nearly the entire city; though some particular quarters, especially those early invaded, suffered most severely. "Happy Hollow" was literally depopulated. The middle northern portion of the city also suffered terribly—a quarter inhabited chiefly by Irish, Swedes and Germans. The susceptibility of the former nationality to the disease seemed greater than that of any other of our population. Five Irish priests, and as many Sisters of Charity, died; while from one single congregation, that of St. Bridget's Church, seven hundred (700) people were buried. Large families were sometimes swept away entirely in the course of a few days. The well exhausted themselves in the care of the sick, and became ready food for the fever. Hundreds of children were left parentless. Most of the churches were closed—pastors sick or dead. Everywhere stores and shops were shut, and, after dark, the streets were

wholly deserted and a Sabbath stillness reigned supreme, save when some belated horse or wagon, loaded with dead, went rattling by. Many of those who fled the city were stricken down with fever; some near, some far,—even in distant States. Such was the virulence of the disease that the negroes, usually exempt, were attacked in considerable numbers, and some died. Seven (7) physicians fell victims to the scourge, and twelve (12) others, who were attacked, survived. Our Lodge of Odd Fellows, numbering one hundred and forty members, lost forty. At a moderate estimate, two thousand people, out of a population reduced more than one half, perished during the two months that the yellow fever ravaged our city.

By the last of October the force of the epidemic was pretty well checked by several severe frosts, which occurred at that time, though cases occurred as late as the middle of November. Refugees returned rapidly during the first weeks of the last mentioned month. Business was resumed, and affairs began to move along in the old channels, out of which they had been so rudely jarred by the shock of pestilence and death.

Symptomatology.

Yellow fever has an incubation, varying from three or four days to as many weeks. In a great majority of cases, during the epidemic under consideration, patients complained for several days of disagreeable feelings before the onset of the attack. Anorexia, languor, and disinclination to exercise, dull, watery eyes, headache, pain through the loins, acidity of the stomach, easy perspiration, tendency of the extremities "to go to sleep," a certain confusion of the mind, and often increased sexual desire, were the symptoms most prominent. Sometimes, however, persons were seized suddenly in the midst of ordinary health, perhaps after a hearty meal, frequently at night. Very often the attack was initiated by a regular chill, sometimes by mere sense of coldness, and again by rigors.

When the attack was ushered in by a fit of chilliness, the

latter was often alternated with flushes of heat. This state was usually of short duration, but in some cases was protracted for ten or twelve hours. The patient often spoke of a singular zig-zag play of cold sensations up and down the spinal column. In some instances the patient could be seen creeping about in a heavy overcoat or other wrapping, though the weather was warm, for two or three days before succumbing and going to bed. This stage of chilliness was usually followed by confirmed fever for a period seldom less than 24 hours, but sometimes for 36, 48, even 72 hours. In some cases, however, the febrile reaction was very slight, the pulse being soft and feeble, and the patient passing quickly into the stage of depression, or sinking into stupor and coma, ending in death.

After the fever was fully established the pulse was usually rapid and tense, sometimes full and strong, beating from ninety to one hundred and thirty times a minute. The eyes were generally injected and watery, and the skin hot and pungent to the touch; sometimes dry and harsh, at other times bathed in profuse perspiration: There was generally present more or less pain in the head, back, loins and shoulders, and sometimes severe boring twinges in the joints.

The expression of the face was usually striking, and one which the physician never failed to remark. In some cases it was dark, saturnine, and gloomy, in others anxious and distressed, in still others dull and stupid. The mental condition, from one of greatest apprehension to perfect apathy, was as various as the types of physiognomy. Delirium was not unfrequent, sometimes of so violent a character as to require force to keep the patient in bed. Indeed, the frequency and gravity of the brain symptoms was remarked on all sides. In rare cases partial paralysis occurred, and, over and over again, a certain difficulty in articulation was remarked.

The tongue, at this time, was in most cases covered with a thin white or yellowish-white cottony fur, red on the edges and tip, and sometimes peculiarly pointed, when protruded. In most instances the stomach was early involved. There was present, usually, nausea more or less distressing, some-

times vomiting, and nearly always pain upon pressure. In other cases there was a singular sensation as of a ball in the throat or a constriction of the œsophagus. During this stage the matter ejected consisted of the fluids drank, mixed with mucus, and sometimes colored, as if with vitiated bile. Costiveness was a pretty constant symptom, and the urine was usually highly colored and often scanty, but in some cases very profuse, and again, in many others, suppressed at the height of the fever, or voided only in minute quantities, drop by drop. The frequency of this last dreaded symptom was remarked by all physicians who had anything to do with the fever. There was usually present constant thirst for cold water.

During the stage of reaction the temperature of the body rose from 2° to 8° above the normal heat, and often this elevated temperature was maintained for two or three days after the fever had disappeared. Some observers noted that in those cases where the temperature rose to 106° death was certain.

The fever having terminated its course, there was, very often, an immediate cessation of most or nearly all the distressing symptoms. The pulse, in many cases, fell to seventy or eighty beats, or even lower; but in numerous instances, however, the activity of the circulation, even to ninety or one hundred beats per minute, was maintained for several days thereafter, and until convalescence had materially progressed. The skin usually became moist, the torturing pains disappeared. The patient slept and might say he felt as well as he ever did in his life, and even express a desire to get up and dress; appetite generally returned, often singularly morbid.

In mild cases this was the end of the fever, the patient rapidly recovering, but, in too many instances, the amelioration proved terribly delusive. A slight burning at the stomach, or hiccough, frequently heralded the most dreaded symptoms of the third stage—intractable gastric irritation with intense acidity, præcordial anguish, torturing thirst, quickened pulse. Sometimes the vomiting became most

distressing, the stomach rejecting everything swallowed. Frequently the respiration was quickened, and the skin turned more or less yellow. The face took on an expression of despair or apathy, and the patient, in this condition, sank into a state of coma, or the black vomit supervened—the forerunner of death. Often there was hemorrhage from the mucous membranes at this stage of the disease, bloody stools, bloody saliva and epistaxis. It is to be remarked, however, that the termination of the disease with black vomit was comparatively rare. In fatal cases, the patient nearly always succumbed before reaching this stage; those who did reach it were nearly always past help. Sometimes children did recover, but cases of adults surviving the black vomit were almost unknown.

During the epidemic under consideration, two distinct types of the yellow fever, varying in intensity, were apparent, the inflammatory and congestive. In the former type there was high fever, in the latter the reaction was sometimes hardly distinguishable, or speedily gave place to a weakened condition, simulating the stage of remission. Active delirium was usually present in the former, apathy and coma were attendants upon the latter. The first occurred in persons of full habit and ordinarily vigorous health, the latter in weakened and impaired constitutions, and especially in complication with the usual malarial diseases, the yellow fever sometimes masking itself behind an ordinary “bilious” attack, and suddenly striking the victim down with symptoms of the third stage. Of the two types, the latter was the less frequent, and the more dangerous, perhaps, because the more insidious. In fatal cases, it generally ended in suppression of urine and jaundice, followed by coma from which the patient could never be aroused. In the one form the symptoms were often throughout those of excitement, in the latter of prostration.

Probably in a majority of cases, during the late epidemic, there were various well marked stages, as the cold period, the stage of reaction, the stage of remission and exhaustion; but, in a great many instances, there was such a blending

as almost to preclude the idea of any such division. Convalescence, I may remark, was in many instances slow, in others rapid. The liability, however, to relapse from indiscretion in diet or over-exertion was very great. Those who were thrown into that condition rarely recovered, the fever returning lower in grade and of a typhoid tendency.

The great majority of deaths during this epidemic occurred between the 4th and 8th days.

It is worthy of special mention that during the prevalence of the epidemic the ordinary autumnal fevers, diarrhœas and dysenteries either disappeared or took on the livery of the prevailing disease. Convalescence from slight indisposition even was retarded.

Yellow fever is a disease of one paroxysm in which it differs from the usual malarial fevers. It has sometimes been confounded with bilious fever—was so at the outstart of the epidemic here. Yellow fever flourishes best in cities, bilious fever in the country.

Allopathic Treatment.

Different theories modified the practice of our Allopathic brethren in the treatment of this disease, and swayed them from one extreme to the other. With them there was nothing fixed or certain. Some, considering the disease only a higher grade of the common malarial fever, resorted to Quinine and Mercury, in the usual massive doses, with what result I need not say. Others, believing the trouble to lie with the nerves, made free use of anodynes. Some resorted to hypodermic injections of Atropine and Morphia. Blistering and purging, and even blood-letting, at different stages of the disease, all had their advocates. Some believed in the hot bath, others in the cold. Some gave nothing but a big dose of Castor Oil and a foot-bath at the outstart of the attack, and then left nature to fight out the disease; others, to fortify the system against suppression of urine, gave Tincture of Digitalis and sweet Spirits of Nitre. The most successful Allopaths were those who gave the least medicine and relied upon careful nursing. A gentle purgative and hot

foot-bath at the first, then sage or orange-leaf tea until the disappearance of the fever, afterwards a little colored water as a *placebo*, was the treatment adopted by some who were disgusted with drugging. A few resorted to Homœopathic remedies as Aconite and Gels. Thus, then, we see that the best Allopathy could offer in the recent epidemic was the fairly expectant treatment.

The usual diuretics failed them totally in the common symptom of suppression of urine, failed them did I say?—were worse than useless. The more intelligent resorted with better success to mucillaginous drinks, hot sitz baths, and warm fomentations. The gastric irritation was combated with Magnesia, Calomel and mustard, and the black vomit with Creosote, mustard and blistering.

Homœopathic Treatment.

I come, now, to speak of the Homœopathic treatment of this formidable disease.

At the onset of the attack, a hot mustard foot-bath in bed and an injection of warm soap-suds to clear the bowels, then one of the following remedies according to indications; the first mentioned having been most frequently called for:

Gelsemium—Severe pains through the back and head, bruised feeling of the whole body, dulness of perception, thirst, full strong pulse, nausea, and vomiting.

The first or second decimal in water, a dose every hour or two, was certain to produce profuse perspiration, and mitigate the pain and general uneasiness.

Bryonia—Severe pains upon motion, with faintness on raising the head from the pillow, tongue dry and coated white, sense of expansion or compression in the brain, thirst for large quantities of water and acidity of the stomach, fulness and oppression in the bowels, pain in the back and limbs.

Belladonna—Head symptoms prominent, with red or brilliant eyes; purple or congested face, with or without de-

lirium; tendency to suppression of urine; red, yellow, or turbid urine, with difficulty of emission; cramp-like pain in the stomach; painful heaviness and cramp-like heaviness in the loins and back.

Veratrum Viride—Congestion to the 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.

Aconite—High fever, with dry pungent skin; tense rapid pulse; great anxiety; intense thirst, but drinks little at a time; urine scanty, red, and hot; shortness of breath; bilious or greenish vomiting; restlessness and delirium at night; great debility.

Sponging the body with tepid water, acidulated with vinegar when the fever was high, was found very grateful to the patient.

When there was nausea at the onset of the disease, it was found highly beneficial to excite emesis by means of warm water drunk *ad libitum*. Frequently a mass of highly offensive, dirty, brownish liquid matter would be ejected, greatly to the relief of the patient. If the nausea or vomiting continued, *Ipec.* and *Tart. em.* would generally relieve.

Suppression of urine came very early to be a symptom watched for and dreaded. Warm fomentations to the back and loins, with the administration of *Bell.*, *Canth.*, or *Apis*, were found to help. Dr. Edmonds informs me that he found ten drop doses of the Tincture of *Digitalis* every two hours to relieve a number of cases otherwise hopeless.

When the fever has run its course the danger increases. The patient should be kept close and quiet in bed, free from noise and intrusion, and light liquid nourishment, such as rice water, chicken water, weak tea, boiled milk, and a little champagne or brandy sparingly given. Careful nursing is all-important. The temperature of the room should be kept even, and the patient never left alone.

Under homœopathic medication it was the rarest thing to

see a patient pass into the condition requisite for black vomit. The cases which had a fatal termination were those in which *uræmia* supervened, or where the brain gave way under the terrific onset of the fever.

After the fever, if no other medicine seemed specially indicated, it was my practice to give a few doses of *Ars.*, particularly if there was much prostration.

For the flatulence and rumbling of the bowels—a prominent symptom in many instances, nothing seemed to be so effective as *Carbo veg.*, which I usually gave in the crude form, mixing up a teaspoonful of the powdered charcoal in a half tumbler of water and giving a teaspoonful of the mixture as occasion required. Towards the last of the epidemic, many cases occurred where, after the fever, no other remedy was required.

The restlessness to which some patients were a prey was generally relieved by *Bell.*, *Hyosc.*, *Ars.*, or *Rhus.*

In the states mentioned below, the annexed remedies proved useful :

Delirium—*Bell.*, *Hyosc.*, *Stram.*, *Verat.*

Prostration—*Ars.*, *Arn.*, *Carbo veg.*, *Rhus.*, *Lachesis.*

Chilly Stage—*Camphor.*, *Verat. alb.*

Vomiting after Drinking—*Phos.*, *Ars.*, *Arn.*

Patient thinks he is well—*Ars.*, *Arn.*

Indifference—*Sepia.*, *Phos. ac.*

Hemorrhage—*Bell.*, *Ipec.*, *Phos.*, *Hamam.*, *Ferrum mur.*, *Carbo veg.*

Diarrhœa—*Ars.*, *Merc.*, *Nux Vom.*, *Rhus.*, *Crotalus.*

Gastric Irritation—*Puls.*, *Nux Vom.*, *Cham.*

I may remark that the lower attenuations from the 3d to the 6th decimal were uniformly employed by homœopaths in the recent epidemic.

While under allopathic medication the deaths were not less than 40 *per cent.* at a low estimate (many physicians frankly confess to have lost one-half of their fever patients and some are known to have lost more); under homœopathic treatment the fatal cases were not more than 12 *per cent.*

Four Characteristic Cases.

I give below several type cases which may prove interesting to the reader who has never had experience with yellow fever.

I. Mr. E. L., *æt.* 40, *nervo-sanguine temp.*, of full habit, a rich liver, actively employed, but mainly indoors. Had been North for several weeks enjoying the table luxuries afforded by the seaboard cities, arrived home about the 17th of September. Visited the old navy-yard for several evenings in succession, overlooking the erection of some machinery in which he was interested. This work was going on in the vicinity of "Happy Hollow," and involved considerable upturning of the soil. On the fifth day (Sept. 22d) after his return home, he was seized, rather suddenly, with chilly sensations lasting for several hours; fever then set in, increasing in development during the night, when full reaction was established. The pulse rose to 130, the artery at the wrist expanding to double its ordinary volume, with great firmness. The temperature of the body was intensely increased, and seemed to be sensibly reflected about him as from a heated surface. The face resembled that of semi-intoxication, sullen and congested in all its features, eyes reddened and suffused, utterance indistinct, difficult, partial delirium, some somnolence with muttering and starting, constant restlessness and a sense of general apprehension, tongue heavily coated, with red edges and sharply pointed. The surface dry—thirst urgent, bowels and kidneys rather torpid. Seeing him in the early stage a hot mustard foot-bath was ordered, and an enema of warm water to clear the bowels of any accumulations, which was accomplished. Aconite and occasionally Bell. was given, dose every hour, until a free perspiration was established, which occurred in a few hours and continued for forty-eight hours without apparent reduction of the fever. After this, a very gradual abatement set in, which never dropped into the stage of comparative comfort and apparent convalescence often so deceptive. Discomfort generally—jactitation, headache, thirst, heat, nausea, all

yielded reluctantly. A lemon tinge slowly pervaded the surface—urine turbid and scanty, fæces thin and fetid, with a tendency to diarrhœa. Mercurius and Arsenicum were now given, Ipecac. as nausea demanded, black tea with crackers was drank freely, water at ordinary temperature allowed immoderately. Thus the sixth day was reached, when a state of permanent convalescence set in, which progressed satisfactorily under guarded nourishment and refreshing stimulation. By the tenth day every thing was comfortable, and a rapid recovery without any unpleasant sequel occurred.

II. Rev. F. H. B., æt. 37, sanguine temperament, florid complexion, brown hair, fine physical development every way; was, however, subject to occasional kidney trouble of a congestive form, and there was a want of general organic nervous energy. As a pastor, he was, in the faithful performance of his duties to the sick and dying of his congregation, often in contact, in various localities, with fever cases from the commencement of the epidemic; was attacked while at dinner, Oct. 2d, with chill and nausea, rigors continuing during the afternoon. Saw him that night, when reaction had set in. This became more and more developed during twelve hours, when the usual intense heat, dryness, head and back-ache, were established; pulse 120, with the same distended radial artery mentioned in the former case, but lacking in force and hardness; the expression was that of deep intoxication, the utterance almost inarticulate, deglutition difficult and attended with loud gurgling, and, indeed, a general nervous prostration and sense of fatigue. There was frequent nausea, and the kidneys failed, to a great degree, in their functions; bowels inclined to diarrhœa, with gelatinous mucous discharges, very fetid. Such is something of a picture of the case 24 hours after the attack. Gels., Aconite, and Bell. were given, as condition seemed to indicate. Ars., Lachesis, were early resorted to, as the prostration was great. Gentle stimulation with warm brandy, and the usual dietetic articles were sparingly taken as the case progressed, but the stomach grumbled at everything. In spite of every effort, however, the symptoms moved on to a fatal termination.

There was no period of ease or comfort, no relief, but from bad to worse was the progress, the active symptoms gradually giving way to be succeeded by those of exhaustion and disorganization. Partial organic paralysis from the outset was a prominent feature of the case. Strangely, too, the perceptive and reasoning faculties were among the last to fail. He died on the fourth day.

III. Judge J. S., *æt.* 46, sanguine temperament, short stature, fleshy, light hair, went home with slight chill, Oct. 9th. Reaction came on gradually, and the fever was not fully established until the next day, when the pulse was ninety, full and strong; face dark and suffused, eyes injected; complained of great pain through the back and loins, and headache, urgent thirst, tongue coated yellowish-white, flat, and not pointed; kidneys active, secreting yellowish urine; bowels moved copiously the second day, passing dark feculent matter; no nausea, but considerable flatulence; easy perspiration, great uneasiness, but mind perfectly composed and cheerful. Under the use of Gels. and Bell., with a light mustard plaster to the back, this condition was much ameliorated, and there was occasional somnolency. Thus two days passed, without reduction of the fever, but with no alarming symptoms. The stomach was quiet, and bore a little nourishment without complaining. On the morning of the third day, as I entered the patient's chamber, I heard him scolding the nurse in a very excited manner for some fancied neglect or inattention. The patient answered all my questions in a full, strong, natural voice, said he was getting along well, but interrupted my inquiries several times to censure the nurse. I found that the pulse had gone up to one hundred (100), and that the secretion of urine was a little scanty. The patient's manner alarmed me more than anything else, and I went away with forebodings of cerebral disturbance of a serious character. He died next day, after several hours of terrific delirium, during which it required the united strength of three people to keep him in bed.

IV. Miss H—, an Irish girl, *æt.* 27, fair skin and dark hair, who had been acting as nurse to a number of fever

patients complained of slight indisposition for several days. On the 20th of October there was some nausea and a little fever, and she kept her bed for twenty-four hours. At the end of that time she got up saying she was perfectly well, and walked half a mile to the house of a friend. During the afternoon she lay down with her clothes on, saying she felt tired. Distressing nausea came on, followed by vomiting. It was at this stage that I saw her. The skin was cool and relaxed, the pulse feeble, the eyes dull and heavy, and the expression of the face perfectly apathetic. While I was standing at the bedside she suddenly gave a gulp and threw up, with considerable force, about a pint of black vomit. Carbo. veg., Argentum nitr. and Creosote were all found unavailing. The patient shortly became pulseless at the wrist, the extremities grew cold and lifeless, the surface of the body turned a lemon tint, and in twelve hours she died, a spell of muttering delirium being followed by profound coma.

Prophylactics.

The best preventive of yellow fever is to keep away from it. One attack generally insures against another, but in the recent epidemic, quite a number who had the disease in '67 were re-attacked, some dying. Persons with light hair and fair skin—blondes, in other words—seemed more liable to infection than those with the contrary temperament. Often the hearty and vigorous suffered more severely than the weak and feeble. Thin and muscular subjects escaped more lightly than the fleshy.

I believe that where yellow fever comes on slowly with prodromes, it may be, in many instances, abated before the chill, but not after. I had a number of cases where Gels., Bry., Bell., with a good sweat, seemed to ward off an impending attack.

Quinine was used by a great many in doses of 2 to 4 grains daily as a protective against the fever. There is little evidence of its efficacy. In some instances, it seemed to exercise a directly pernicious influence.

Camphor had its advocates, but those who used it seemed to be attacked equally with those who were strangers to the drug.

Charcoal came much in favor as a prophylactic during the second month of the epidemic. Out of more than fifty people, under my own observation, who took it, many of whom were constantly exposed to the fever, not one was attacked. The usual dose was half a teaspoonful of the crude powder two or three times a day. I am happy to be able to add my modicum of evidence as to the efficacy of this remedy in protecting against so terrible and destructive a disease.

ARTICLE XXXVIII.—Cases recorded by the Physicians of Western Prussia at their Meeting, July, 1873.

For OZENA Dr. *Baehr* recommends Aurum mur^t. Dr. *Stens* has witnessed a cure in four days by Aurum^t, 10 drops every evening. The nasal douche is recommended as a palliative.

SICK HEADACHE.—Dr. *Baehr* considers *Sepia*^e the remedy for both sexes in pure hemicrania. The remedy must be given for months; every 8 to 14 days for three successive days. He does not think that the disease could be totally eradicated, but he lengthened the interval to 15 weeks.

Dr. *Stens* considers its eradication possible. With *Sepia*^{ooo} (one dose) he cured an Englishwoman, who suffered from her youth with migraine. Since then she had not another attack.

Dr. *Hendricks* describes a form of migraine, for which *Antimon. crud.* 4 or 5 is the remedy. The pain is limited to a small spot above the eyebrow, either right or left. The attack begins in the morning. When awaking, the patient feels a general dulness of the head, especially of the forehead. The headache gradually concentrates itself over the eyebrow, right or left, reaches a terrific acme about noon, when sometimes vomiting sets in, which does not relieve,

and passes entirely off towards evening, the patient only complaining of a general bruised sensation. H. gives Ant.-crud., thus: In the morning when awaking ten drops without water, twice repeated after $\frac{1}{4}$ to $\frac{1}{2}$ hour. Half an hour after the last dose some nourishment might be taken. When the Antimony is not taken on an empty stomach, its effect is not reliable.

Dr. Sana reports several cases from his practice. 1. *Morbus Basedowii*. Nov. 20th, 1870, a young girl came to his office. He had known her formerly as a blooming maiden, and was astonished to see her so changed. From the bloated, nearly cyanotic face the globes bulged out in exophthalmos; the thyroid gland was so hypertrophied, that the circumference of the neck was similar to that of the head, and a straight line could be drawn from the chin to the sternum. The carotids pulsated strongly, respiration was difficult, the whole body bloated. He thought to give *Lycopus virginicus* a trial. From a tincture, which he had prepared, he mixed three drops with 100 drops of alcohol of 50% and ordered of this mixture two drops every morning. After 14 days the eyes had lost a great deal of their protrusion, the cyanosis had considerably decreased, and the whole features looked more natural. The enlargement remained unabated, and respiration was no better. After an interval of a week Iodine^s was prescribed, a dose every morning for 8 days, and then again a free interval of a week. After that the enlargement of the thyroid gland also had considerably decreased. Thus *Lycopus* and Iodine were alternately given, with some interpolation of Brom. and Spongia, up to Sept., 1871. The cure was a perfect and lasting one. In the summer of 1873. the patient married and is now pregnant. According to the observations of Dr. Sana, the cure must be ascribed to the *Lycopus*.

2. *Elephantiasis Arabum*.—An old woman, over sixty, but still enjoying moderately good health, exhibits on both feet the perfect picture of pachydermia, so that she could not move her lower extremities. Rest in bed was ordered, internally *Silicea*^s, a dose every ten days; after 24 days some

amelioration. Remedy continued for three months, when the cure was complete.

The second case happened in a country woman, aged 26, who came to the office April 7th, 1873. Both feet, legs, and the lower part of the thigh were affected. The disease began in 1867, and gradually increased, with off and on appearing erysipelatous manifestations. The back of the right hand was also attacked. The right leg measured in the middle 74 Cm., in the upper third, 85 Cm. The left thigh had, in its greatest circumference, 74 Cm. Treatment: Compression by a flannel bandage (she continued her domestic labors all through the treatment), and internally *Silicea*⁶, with slight intervals up to June 12th (a dose morning and evening), followed for two weeks by *Silicea*³⁰ in the same manner. Placebo to July 26th, when the circumferences were found reduced to 53 and 50 Cm. At that day *Silicea*³⁰⁰, 4 doses, every week a dose. August 22d the right leg feels empty, the thickened skin hangs loosely over the muscles. Circumference 47 and 40. Treatment still continued, *Silicea*³⁰⁰ and compression. Dr. Weber is doubtful whether a great part of the result ought not to be ascribed to the steady compression, though *Silicea* may be acknowledged as a good remedy in such cases.

Dr. Baehr also mentions a case of *elephantiasis*, complicated with a large ulcer. The patient was a maid-servant, aged 36. The left leg, degenerating for the last three years, showed above the maleolus an ulcer, which went all around a leg. The edges were nearly two inches thick; the skin, up to the calf and over the whole foot, enormously hypertrophied and warty, especially at the toes. Treatment: For three weeks recumbent position, with the foot somewhat raised, and the whole covered with linseed poultices. The sore now began to look cleaner, the edges became white, and the swelling of the skin decreased. The leg was then strapped, padding interposed, and a starch bandage over the whole, so that the patient could attend to her labors. Every week the bandage was renewed. A cure took place after 10 weeks, so that the skin looked nearly normal, and continued so. As a

precautionary measure, she was recommended to keep her leg bandaged. (No mention made of any internal treatment.)

3. *Balanitis*.—In Italy they use 8 to 10 drops *Tinct. Acon. Nap.*, in a glass of water, as a wash for the affected parts, and cures are reported in three days. Where phemosis is also present, the entire penis may be bathed in the fluid.

Dr. Stens, Sen., reports: 1. Cases of meningitis basilaris cured with *Cicuta virosa*²⁰⁰ (in water, a dose every hour), where formerly his patients died under the use of *Acon.*, *Bell.*, *Zinc.*, *Rhus*, *Calc.*

2. *Petechiæ*, with cough and hæmoptoe, intermittent type, 4 P. M.—The patient had passed through a severe typhus, leaving the spleen greatly enlarged and very painful, for which he had taken large quantities of *Mercur.* Examination of the chest revealed ulceration in different parts of the lungs. Loss of appetite, diarrhœa, sleeplessness, with excessive night sweats. *Acid-sulph.*¹ (10 drops to 4 tablespoonfuls of water), every two hours a teaspoonful, and continued for several hours, cured the patient entirely.

3. In another case, which also gave all the symptoms of perfect phthisis, with severe hæmorrhages from the lungs (the ulcers in the lungs broke, and the expectoration from them was excessively foul), exhausting sweats, and such weakness that the patient had to keep her bed. *Stens* gave an account of the decomposition of the blood. *Acidum sulphuricum* in the same manner for several months. The patient fully recovered.

4. *Bryonia*¹ in some old women especially effective in several cases of *Ascites* and *Anasarca*. In one old woman of over 70, complication with valvular disease of the heart and nocturnal paroxysms of dyspnœa; also a kind of intermittens tertiana (chilliness, followed by heat and dyspnœa). The remedy given steadily for three months. In another case the liver was especially affected. *Arsen.* and *Puls.* failed to give any relief.

5. *Hepar*³ (a dose in the evening, but continued for

months), very effective for the absorption of old glandular swellings. A boy had for several years a glandular swelling on his neck in the neighborhood of the right mandibula, of the size of a fist and of stony hardness. After a few months a perfect cure; in the case of a girl, where the same treatment was also pursued for several months, the swelling was reduced more than half.

6. A man of 60, in whose family cancer in all its different forms exists, shows on the external corner of the right eye a large tumor, in the shape of a cluster. Extirpation was offered as the only result. Patient, for the last three months under treatment, receives every second evening a dose *Cornium*,³⁰. The swelling is already reduced about one-sixth.

Dr. *Hendricks*. *Ilex aquifolium* for *ophthalmia rheumatica*, with periostitis of the os frontalis, usually leading to staphyloma. (Roots and leaves are mixed with Alcohol 50 per cent. for 8 days and filtered.) A man, aged 52, who has several times suffered from catarrhal and rheumatic ophthalmia, except in the last two years, was attacked, December, 1872, with severe headache in consequence of catching cold. The pains after awhile concentrated in the globe and adjacent bony parts. It was also reported, that with the pains the affected eye showed a dull appearance, the pupil could be seen, the cornea rather pointed, and the visual power gone. The pains are most severe in the forehead and cheek-bone. The os frontis swollen. At night the pains are most excruciating. The Doctor, who at first had not seen the patient, surmised staphyloma with periostitis ossis frontis et zygomatici, and gave *Ilex*¹ (4 times a day five drops for a week). The next report was, that on the second day the pain ceased, and after 6 days the swelling is nearly gone, and the patient bears pressure upon it, but sight had not come back. He also still complains of chills and fever, and the urine is still red. Dr. *Hendricks* visited the patient and found the globe looking like a piece of dirty raw meat, pointed in front (staphyloma with pannous granulations). After using the *Ilex* for two weeks the staphyloma was gone, but no sight yet. After an interval of two weeks with placebos,

no change could be seen in the pannus. *Pulsatilla*³ (daily one dose for two weeks) with slight improvement. Another interval of 4 weeks, but as the curative process began to again stagnate, *Sulphur* (a dose every evening for a week). After five weeks more the pannus had entirely disappeared, and sight perfectly restored. Since then Hendricks has cured three other not so severe cases. The rheumatic periorbitis was here more or less developed in the os frontis above the eyebrows; in one case also simultaneously in the cheek-bone. In one case the cornea looked smoky and somewhat pointed, and just this case was most quickly cured. The rheumatism migrated in these three cases from one place to another, which contraindicated *Ilex*, and its application was therefore unsuccessful.

During the summer of 1870 he treated a case of icterus in a woman who had been treated already a whole year for it. The skin had a greenish-black hue and looked so frightful that the patients in the ward begged to put her in a separate room. The patient also had off and on severe colicky paroxysms, with vomiting. The liver was very painful, its lower edge reaching to the umbilicus. The most painful spot was in the region of the gall-bladder. Hendricks tried many remedies for eight weeks in vain. Finally he gave the *Carlsbad salts*, in the second trituration, 6 to 7 grains thrice daily to be taken in hot water. After the eighth day she passed pailfuls of green, white, black masses. The discharges lasted four weeks, after which she enjoyed perfect health and a year after even became pregnant. He found it most remarkable, that such copious masses as she discharged could never be discovered, the abdomen giving everywhere a tympanitic sound.

Dr. *Heyne* remarks, that he cured with *Sulphur* a similar case of icterus, which had existed for eight years. Dr. *Baehr* recommends for icterus catarrhalis, *Digitalis*³ (2 or 3 times a day), whenever we find with it a sensation of extreme lassitude. Even in severe gastric catarrhs, with great depression of strength, where *Bryonia* seems to be indicated, he gave *Digitalis* with good success.

Dr. *Brisken* relates: About four weeks ago a bottle of urine was sent to him for examination, with the request for some medicine. The letter said that the patient, aged 20, made a journey with his father about four years ago. On the road he wanted to urinate, but he suppressed it for the time, and when finally he wished to urinate, he could not pass any. The urine had to be taken away with the catheter, and only after several days catheterizing he was enabled again to pass his water, but always with excessive tenesmus, so that he had to try it 12 to 24 times in a day. This state had already lasted four years, and lately he also suffered from constipation. The Doctor ordered *Nux vom.*³⁰ for a week, to be followed by *Pulsat.*³⁰ for a week; both were given with a negative result. The next report also mentioned, that patient had the itch eight years ago removed by some ointment. *Sulphur*³⁰ was therefore sent; 4 days afterwards the bowels were regularly moved, and the urine flowed as naturally and as smoothly as in former health. (*Kafka* remarks that the itch had nothing to do with the disease nor with the cure, but by the local specific action of Sulphur we can explain its curative action, as we find among its symptoms: retention of urine, painful desire to urinate, with discharge of drops of bloody urine, requiring great efforts; uneasiness previous to micturition; frequent and sudden desire to micturate, etc.) Many physicians protested against the supposition, that the urinary troubles originated from a suppressed itch, and *Baehr* assured his hearers that for years he is not afraid to remove the itch by a liniment (*Styrax gr. 30,0, Ol. Olivarum 45,0*). The patient afflicted with the itch washes himself with soap in the evening before going to bed, and allows his skin to get dry in a woollen blanket. The whole body is then rubbed in with the liniment, and the patient sent to bed, to take another soap ablution in the morning. For eight days the liniment is applied to every itching spot, especially at night, and he has never seen any secondary disease from such suppression. Dr. *Hendricks* agrees with *Baehr*, but prefers *Styrax* with Alcohol.

Dr. Baehr has not been very successful this year in the treatment of *pneumonia*. Whereas he has not lost a case of pneumonia in sixteen years, he lost a great many from January to March, 1873. In some villages around Hanover the disease seemed to be contagious. In one family the father suffered from a severe pneumonia, at the seventh day defervescence; on the sixth day his wife took sick, the process began quite moderately, became worse on the fourth, and she died on the fifth day. On the sixth day of her disease (?) the son took sick, and was a corpse in a few hours. Just opposite this house several persons were also dead with the disease. In other places also, four to six pneumonia, running its usual course, but with very severe deliria. In bad cases the disease ran its usual course up to the *fifth day*, when a sudden aggravation set in, too frequently followed by death. *Bryonia* was the remedy usually prescribed.

Dr. Sana reports a case of severe pneumonia, treated hydropathically. He treated last year a fine little boy of five years for pneumonia. Aconite, followed by Phosph.³⁰, was employed, but the disease steadily increased; on the seventh day severe cerebral symptoms set in, so that a meningitis basilaris was feared. The parents, feeling uneasy, called an allopathic physician in consultation, who agreed to the diagnosis, but proposed to drop all internal treatment and to rely on hydropathic packs. The disease was then at its height, the pulse at 160, stiff neck, and pupils dilated. A cold pack was given in the forenoon, with the effect that in the evening the pulse was down to 100, the child more quiet, and no screaming. The child remained four hours in the pack. A second pack on the next day reduced the pulse to 72. Bronchial respiration had nearly ceased entirely. On the same day another and the last pack, as the child could be considered safe.

Dr. Weber had a similar case ten years ago at the Military Hospital at Berlin. A soldier suffered from severe double pneumonia, respiration 54, pulse 160. As the Surgeon-in-Chief gave him up, we tried hydropathic packs; the first one for six hours, and in the evening the patient could be con-

sidered out of danger, whereas, in the morning, the œdema began to show itself in the remnant of lung which was still able to act. The respiration, after increasing a little, fell slowly and gradually down to 40 (as hardly a quarter of the respiratory surface was in function, 40 might be considered nearly normal for our patient), whereas the pulse came down to 130. The quantity of perspiration was incredible. He was allowed to drink as much fresh water as he chooses.

Dr. Baehr relates another case of pneumonia: A lady of 38, of good health, suffered in the fall of 1869 from a gastric fever; after eight weeks she was partially restored, but towards Christmas, 1870, she was taken down with a pneumonia dextra, with pleuritic pains. Its course was quite irregular, with exacerbations; for three weeks a pulse of 156; constipation, without any suffering from it, for 22 days. Slow recovery.

The following winter she had a severe catarrh, tending to phthisis; in 1871 she showed symptoms of hectic fever every fourteen days, then every four weeks; she had terrible paroxysms of cough, lasting hours and days, and finally, ending with expectoration of croup-membranes, opalizing, of the thinness of paper. Examination of the lungs revealed nothing. After having six or eight such paroxysms, she was sent to the Harz (a mountainous country), where she soon recovered her health and gained flesh.

He also reports eight cases of *Morbus Brightii*, cured by *Arsenicum*. 1. A student was already given up by Prof. Hasse as incurable. He showed severe cardiac symptoms, œdema all over, and copious albuminuria. He took for *three months* Arsen. (*daily* one or two doses) either in dilution or trituration, and in *changing potencies*. Off and on he took a vapor bath on account of the total inactivity of the skin. After these three months he was perfectly restored to health.

2. Seven years ago his sister suffered from the same disease and she was sent home to die. A beautiful large girl she was formerly; seven months' suffering made her dropsical all over, she came home with large dropsical abdomen and

disfigured bloated features. She took Arsen., every morning one dose, from November to March. Every two weeks a vapor bath. She fully recovered, had a relapse a few years ago, but enjoys now perfect health.

Dr. Stens, Jun., remarks that in a case where a vapor bath was daily taken, an increase of albumen took place. After the internal use of sulphur the albumen disappeared after fourteen days.

Dr. Hendricks was called to a patient in April, who was attacked some time ago by a febrile cough, which got better, but is now worse again. H. found him sitting up in bed, suffering from the cough and dyspnoea day and night, for the last three days the legs became œdematous and kidney disease diagnosed. Examination of the chest revealed everywhere a dull sound, with large vesicular rales, whistling, surring, etc., pulse 130, high fever, great thirst, legs swollen up to the abdomen. Urine about $\frac{2}{3}$ loaded with albumen. Microscopic examination showed epithelial cylinders and cells, with large quantities of phosphates. The remedy selected was *Phosphorus*⁴, as at that time this remedy quickly removed catarrhal and rheumatic manifestations. He took four drops four times a day, and the same night the patient slept for six hours in his bed. The remedy was continued for ten days, and cough, œdema and albumen disappeared, only a great weakness remained. The patient worked in a large hat manufactory, where they used large quantities of nitric acid. A few days later another patient, from the same hat manufactory, came with œdema and albuminous urine. Phosphor. did nothing for him. Arsen., 3d and 4th trituration, failed also, and the patient staid away. Arsen. will only help when strictly indicated, and fails therefore in many cases.

Dr. Stens, Sen., describes a case belonging to this class. He treated a syphilitic patient who had taken large quantities of Mercur., and had been salivated. During the war a ball entered his right eye, destroyed it, and remained imbedded in the brain. Henceforth he suffered from tearing pains in the knees, in the joints of the feet, of the arms, in

nearly all joints, to which now a purpura hæmorrhagica became added; his gums bled and fell off in pieces. At the insides of the cheeks, cancrum oris set in with disgustingly foul odor, the whole face swelled up, and the anasarca spread over the whole body. The urine showed $\frac{1}{2}$ albumen. The remedy selected was *Acidum-sulph.*³, and as this dilution failed to act strongly enough, the first decimal dilution was given every three hours. After eight days the œdema was nearly entirely gone, and the albumen in the urine diminished, gums and cheeks looked better, and the appetite returned. *Acid-sulph.*¹ was continued for ten weeks, and the patient restored to health. Albuminuria is never an independent state of disease, but only a symptom of a certain complex of manifestations.

Dr. Baehr. Albuminuria may complicate many diseases, but it may also appear primarily and independent.

The same relates, then, his experience with Carbolic-acid in diphtheritis. He met this disease for the first time in 1863, and applied Mercur. and Belladonna. The first case lasted three weeks, and ended in perforation of the velum palati, a general paralysis followed, from which the patient recovered. During the last five years he saw many cases, and during the last two years he only used Carbolic-acid; 28 cases were thus treated without any fatal result, counting only those cases where the false membranes were imbedded into the tissues, with the characteristic foul odor. He used the 2d or 3d dilution, 2 to 3 drops in water every three hours. Before taking the medicine he had the affected parts painted with diluted Alcohol. Most simple diet, cold water as a beverage, but no ice water. He found one of his most severe cases in a low tenement house, without any ventilation. The throat of the poor girl was everywhere filled with the membranes. The glands of the neck were swollen, aphony and croupy cough, foul secretions were discharged by the nostrils; high fever, with a pulse of 130. *Acid-carbol.* was given steadily for six days, and only at the sixth day some amelioration showed itself, but by the ninth day the child could be considered out of danger, and sent out in the fresh

air. No scars. Another family had already lost six children with the disease. Another child was down with it for the last 24 hours, and he found, on the left side of the throat, an ulcer of the size of a ten-cent piece. Acid-carbol. as above. On the second day the ulcer had enlarged, and on the third day the whole throat was covered with membranes. On the fourth day ichor ran out from mouth and nose, the membranes even reached to the teeth. On the fifth day some were discharged, only to form anew, but in a thinner layer. On the seventh day only about the tenth part of the membranes could be seen; on the eighth there only remained a small ulcer. On the ninth day the child was sent out airing. Soon after, her sister took the disease, but from the beginning she showed considerable swelling of the glands of the neck. *The process steadily increased up to the fifth day*, ran its course by the seventh, and by the ninth day the child was well enough to go out. Another bad case he saw with *Dr. Fielitz*. A healthy child of four years was taken down with high fever and cerebral congestions, so that in a few hours a soporous state had developed itself. Examination of the throat revealed ulceration of the throat, with the well known foul odor. Acidum-carbol. and painting with diluted Alcohol were the only remedies employed. After the ninth day the child went out, but on the fifteenth a paralysis developed itself, so that the child could neither walk nor talk. It remained paralyzed for twelve weeks. *Cuprum* for the paralysis.

Dr. Baehr refers to an epidemic of dysentery, which began June 10th and ended on a stormy day, Oct. 12th, 1872, but returned during the warm weather of January, 1873. His 350 cases were nearly all treated with *Merc.-cor.* (2d or 3d trituration, every 4 to 8 hours), children took *Merc.-sol.* His diet consisted of milk, bread, gruel, and frequent small doses of fresh water, which he considers very beneficial; beef-tea when the appetite returns. He lost eight cases, seven of which he only saw when already moribund.

Dr. Heyne saw bad effects from too strict a diet, or where the patients were kept too warm. Poor people without any treatment, and obliged to be exposed to cold air and poor

food, had better chances of recovery. In one epidemic, dysentery was often followed by dropsy. In four sporadic cases *Bell.* was the remedy.

Dr. Weber. Pneumonia. Dec. 16th, 1871, a man of 32 years was attacked by a severe pneumonia, showing itself by a severe chill. His family physician treated him with Tartar-emetic and Morphine, but the patient not getting better, Dr. Weber was called in. He found the left upper lobe infiltrated with pleuritic exudation. The cough was very laborious, and the expectoration tough, glutinous, of a rusty color. R. 40, P. 124. Great debility, with deliria, as soon as the patient was left to himself; skin hot, nearly melting in perspiration, digestive organs so far intact. Phosph.³ a dose every three hours.

Dec. 22d. The infiltration increases; the dulness spreads on the left side posteriorly from the upper to the lower lobe; the oppression in the chest increases, especially in the afternoon, R. 45 to the minute. Sputa contain less blood, and the sweating had diminished. Towards evening a severe aggravation took place, as the inflammation also passed over to the right side. Hippocratic face, constant deliria, the patient saw figures in all corners of the room, delirious picking of the bed-clothes. On account of the cerebral symptoms, *Kali jodatam* was now given according to the directions of *Kafka*, who, under such circumstances, found the Iodide of Potash more reliable than *Bell.* or *Stram.* The remedy was given every half hour. During the night the patient was very restless; wanted to leave the bed, but was easily pacified. He slept a little, and towards morning the progress of the disease had been stopped, though R. 44, P. 120, but still his features were more calm, he breathed easier, the sensorium was free, no sweat, skin soft and moist. Objectively the right lung was again getting free. He dozed several times during the day, and when sleeping his breathing was more natural, *more even with the same frequency*, 44 (the left lung still not acting). Fine crepitant rales gave the first indication of beginning involution, and towards evening of the 23d, the crepitant rales were already much coarser, the

expectoration more easy and copious, not glutinous. Dec. 24th, the patient felt very weak; in the morning R. 40, P. 108, (Kali jod. every three hours). In the evening, R. 28, P. 98, expectoration soft, not copious, and the dulness steadily decreasing. Dec. 25th, R. 24, P. 84, no medicine; nourishing diet. Dec. 27th, no fever any more, R. 20 P. 62, strength and appetite increasing. Dec. 30th, a small remnant of exudation in the left pleura. Jan. 1st, able to be out.

Dr. Baehr doubts the efficacy of the successful remedy, as pneumonia runs a cyclical course, and the remedy might have been applied shortly before the spontaneous retrogression of the disease; but *Weber* insists that according to the symptoms present on the night of the 22d-23d, the course of the disease would have been unto death. The symptoms of bronchial irritation in the right lung were of threatening aspect, so that a fatal result could be more easily expected than a lysis a few hours later. At any rate, neither *Tart. emet.* nor *Phosph.* was able to stop the progress of the disease, in fact they are either contraindicated from the very beginning, or we must change them for the Iodide of Potash, as soon as cerebral symptoms set in.

Dr. Findeisen. A weakly man of thirty, but enjoying moderately good health, was exposed to cold winds Feb. 25; the same evening he had a severe chill, followed by dry heat, headache, and severe stitches in his right chest, restless night. Feb. 26th, high fever, pulse 120 and small, no appetite, great thirst. Physical examination revealed very little abnormal. Suspecting a beginning pleurisy, he received *Aconite*³, a dose every half hour. Feb. 27th, no better; he did not perspire under the influence of *Aconite*, and headache and stitches remained about the same, the fever high and no sleep during the night. Physical examination was again made, but gave nothing abnormal. *Bryonia*³ every half hour. Feb. 28th, a sleepless night, more headache; I suspected typhus or variola, as there were some cases of the latter in the neighborhood. *Bell.*³ and *Rhus*³, in hourly alternation. Feb. 29th, no change, sleepless night, with high fever and deliria. *Bell.*³. March 1st, no change.

Physical examination revealed for the first time some dullness in the right lower lobe with crepitant rales; and it is astonishing that it took *seven days for the localization of the disease*. *Iodine*³ every half hour. March 2d, general aggravation of all the symptoms. A sleepless night, sometimes delirious, excruciating headache aggravated by every motion of the head; dullness and rales increased from below upwards, bronchial breathing at the places first attacked. *Glonoine*⁴ and *Phosph.*³ alternately every half hour. March 3, no better; pneumonia steadily progresses upwards, some bloody-colored sputa expectorated; headache the same. *Tart.*³ and *Glonoine*⁴ in alternation. March 4th, *Phosph.* and *Hepar.* in alternation. March 5th, pneumonia progressed to the spina scap. *Kali iod.*³, 5 drops every half hour. Increase of headache towards evening, so that he again took some *Glonoine*. March 6th, another sleepless night, sensorium very dull, constant deliria of animals as in delirium tremens (patient was never potator). *Stram.*³ every half hour. March 7th, prostration and increase of cerebral symptoms. *Arsen.*³ and *Apis* alternately; at night *Chloral*, 2 grammes. March 8th, no sleep in spite of the *Chloral*, continual deliria, sometimes furibund, prostration steadily increasing. Renewed physical examination of the chest gave everywhere vesicular breathing. The patient died the following night.

(!!! a false diagnosis and a false therapeia. It shows, on the one side, that the diagnosis must be based on the totality of the symptoms, and not on single symptoms; and, on the other side, the injury done to the patient by the constant change of remedies, and by the constant alternation of remedies, of which neither one was indicated. Would a well selected remedy in a high potency have acted better? Let us be merciful, for all of us have made and do make mistakes. S. L.)

2. A pretty robust woman of 22 was taken down with chills and stitches in the chest. Sept. 15th, I found her in bed with red cheeks, great dyspnoea, complaining of stitches in the scapular region, increased by cough and the expectoration of rusty-colored sputa. The temperature was considerably increased, the body copiously perspiring, pulse 120, small. Dullness of both upper lobes, with bronchial

breathing. *Iodine*³. Sept. 16th, subjective symptoms worse, objective ones the same; *Tart-emet.*³ in water, a dessert spoonful every two hours. Sept. 17th, restless night, pains and dyspnoea the same. *Kali iod.*³, 5 drops in water every half hour. Sept. 18th, after taking six doses of the remedy the stitches and the dyspnoea decreased, so that she slept for several hours. She felt better, slight pains were only felt when coughing, fever moderate. Sept. 17th, patient reconvalescent.

Dr. Weber. *Colica menstrualis* of long duration and extreme severity in a strong woman of 25 years cured by *Nux-vom.*³ (4 drops morning and evening). Her menses appeared when she was sixteen, stopped then for two years, reappeared every six or seven weeks, but scantily in proportion to her plethoric habit. When her menses appeared, she suffered the most excruciating pains low down in the abdomen, vomituration and diarrhoea with dysenteric tenesmus. During the flow, her face had a greyish yellow color; loss of appetite, general malaise. Puls. and *Cocculus* failed to give her any relief. After *Nux-v.*³ (during the interval, morning and evening) the menses set in without pain, and remained painless now over a year.

A woman of 25, with black hair and somewhat red cheeks (hyperæmia from stagnation, no rush of blood), complained of severe pains at the appearance of her menstrual discharge, which is pale, scanty, out of all proportion to her plethoric habit. Constipation and hemorrhoids are also old complaints. *Nux-v.*³ (morning and evening) brought only slight amelioration, but *Nux-v.* 1st (morning and evening) cured her. The menses appeared regular to a day, flowed more freely, were of a better color, and her bowels were in a normal state.

2. *Hysterismus*, expressing itself as neuralgia uteri with melancholia, cured by *Nux-v.*³⁰, and *Sulphur*³⁰.

The patient, 54 years old, suffered from uterine neuralgia at the age of 38 to 41, enjoyed then good health for a few years; from her 46th—49th year she suffered from severe pains in her back, suddenly changing to severe hemicrania.

Two years ago she drank whey for the benefit of her health, the headache disappeared, but instead she suffers now (after a fright) from mental depression. She is now excessively sensitive and quarrelsome, and continually restless, constantly complaining of her anguish of mind and the helplessness of her state. Pains deep in abdomen, an *unbearable burning*, a stitching and constricting pain, worse during the morning hours. She sleeps well, but a few hours after waking up, about 7 A. M., the storm breaks loose and gradually increases, till late in the evening amelioration sets in. A kind of periodicity is here clearly expressed. Her menses had stopped, but still there was yet some monthly reminiscences, and in the last two months she coughed up some blood. Chest normal. Appetite normal. Bowels regular, but stools were of a light yellow color. Features somewhat yellow, but conjunctiva clear. *Skin dry, withered, perspiration rare, but always beneficial*; formerly her feet sweat profusely. *Nuxvom.* gives us the mental depression and quarrelsomeness, the typical course, the stools devoid of bile, and the uterine neuralgia, but Sulphur gives us the characteristic heat of a dry, withered skin with amelioration by sweating, and our patient therefore received both remedies to be taken in alternation every three hours. She took both remedies regularly for several months in different potencies, and was perfectly restored.

A. H. Z., 1873.

ARTICLE XXXIX.—Sphere of the Feelings.

By C. G. RAUE, M. D.

[Continued from page 342.]

§ 55. *Feelings of the strength of the single mental modifications.*

In consequence of the attraction of like to like, any new impression is added to the vestiges of former similar impressions (§§ 6, 9, 10), thus each new impression increases the

number of similar vestiges previously obtained. In this respect all our mental modifications vary more or less. Some consist of few, others of many similar vestiges. Things which are constantly around us should, therefore, accumulate the greatest number of vestiges, and so they do, generally speaking, provided that each new impression be also assimilated by corresponding primary faculties. However, this is not always the case; such impressions are usually received so fleetingly that a thorough assimilation does not take place, and thus it is intelligible why such modifications do not grow any further in strength. What is true of common perceptions, applies also to pleasurable conceptions and desires. The oftener these acts have been repeated, the more must the number of their vestiges have increased, provided always, that these acts were perfect enough to assure a thorough assimilation. †

Nobody can tell the number of vestiges which his single modifications consist of, and yet by closer observation we are well able to distinguish those which consist of few, from those which consist of many vestiges, with tolerable certainty. Namely, if we recall to consciousness a conception which has originated of a great number of perfect impressions, and at the same time another consisting only of a few, we will at once feel the difference between the two, the first manifesting itself as the *stronger* of the two. So is it with desires; that which consists of most vestiges will always predominate over another of less vestiges, so that, if we see a man preferring to spend his last penny in the bar-room instead of saving and applying it for the wants of his family, we may safely infer which of his desires are the strongest. In short we may say: *that mental modification which consists of a greater number of vestiges manifests itself always with a feeling of greater strength than another, which consists of less vestiges, when they are called side by side into consciousness.*

The number of vestiges which a mental modification consists of, may be *figuratively* called its "room," the space which it occupies. In this figurative speech we may say then: this mental modification fills a greater, the other a smaller

room in the mind, and this accords well with expressions of ordinary language; in saying for instance: "This one idea filled his whole soul, there was no room for anything else," which means, this idea, care, or whatever it was, was very strong, and consisted of a great number of vestiges. *Room* and *strength* means, then the same, and signifies the number of vestiges which a mental modification consists of.

§ 56.—*Feelings of clearness, dimness or indistinctness, and obscurity of conceptions.*

We all know from experience that whatever we know, we had to learn. When the little boy sees for the first time an A, it appears to him a rather strange figure, and remains so for a while, until so many perceptions have united their similar vestiges that a clear conception of it arises in his mind. From that time on nobody could make him believe that he did not know the A, nor that A sounded O. By the union of so many vestiges it has attained a *clearness* of consciousness, that to practise such *quid pro quo* upon that boy would be a vain attempt. With a commencer in the A B C, on the contrary, we might have success. In him only a few vestiges of the A perception have arisen which can impossibly yet constitute a clear consciousness of the A. Compared with the conception which he has of his playthings, it is *vague, indistinct, dim*. Therefore we find that children, in the first weeks of their attending school, frequently confound different letters with one another. Most frequently is this the case when the teacher has been in too great haste to accomplish in too short a time what naturally requires more time. Of course the discovery of such confusion in the head of the pupil must be quite unpleasant to the teacher, and I have no doubt that often it is unjustly attributed to the child's stupidity, whilst, in fact, it is entirely the teacher's own fault, he not understanding the nature of mental development; for such confusion is, indeed, easily explainable. Some letters have great similarity with each other, and we know that not only the *like*, but also the *similar*, fuses together. Thus it happens that in the great hurry with which the different let-

ters were brought before the child, the similar of the *m* and *n*, the *a* and *o*, the *u* and *v*, &c., united likewise indiscriminately in the soul of the child, thus mixing *like* with *unlike* vestiges. We find such mixtures of like and unlike vestiges often enough, even in grown people. Many are not able to distinguish lead from tin, or a composition of low metals from silver (counterfeits would otherwise have a poor chance of being brought into circulation); others cannot discern rye from wheat, quinces from apples, hemlock from parsley, &c.; even bats have a long time been taken for birds and whales for fishes. In these cases there are like and unlike constituents mixed together. Only after closer investigations and comparisons the like alone could join and the unlike be separated.

As long as such unlike elements are kept together for the want of better knowledge, they may manifest themselves according to the number of vestiges which they consist of, with great strength; but when closer observation shows them to be of a mixed character, and they arise with another modification of pure composition into consciousness, they will be felt immediately as *obscure* or *confused*.

The feeling of *strength* in regard to conceptions varies, then, in this manner: A great number of like vestiges gives a feeling of *clearness*, a small number of like vestiges produces a feeling of *dimness*, *indistinctness*, while a composition of like and unlike vestiges is characterized by a feeling of *obscurity* or *confusion*. All this is applicable also to pleasurable conceptions.

§ 57.—*Valuation.*

Already in § 38, we have seen why or when we consider objects (persons and things) as *benefits* or *evils*. However, a very important feature, that of *feeling*, could not be spoken of at that stage of investigations, although acts of feeling are continually associated with these processes. We will now be able to give a still better insight into what is signified with benefits and evils.

Suppose a bird be pleurably exciting us by his color,

or song. He causes thereby a pleasurable modification which differs from others of less full excitation. During their co-existence in consciousness, the pleasurable modification is measured upon the basis of the other, or is *felt* as a fuller excitation; thus it is elevated to a *feeling* of pleasure, and the object from which this pleasurable excitation emanates is valued as a good or a benefit. If other modifications were serving as basis, our valuation might be altogether different (§ 52). However, we may say: *We value an object according to the feeling of pleasure which it causes by the kind of its impression upon us, and consider it accordingly a (greater or lesser) good or benefit.*

So the fire for instance. Its action upon us may be so beneficial that we value it as a great benefit; on the other hand, it may burn us, it may destroy our property, etc., causing thus feelings of *pain* of greater or less intensity, and then we consider it an *evil*. In like manner all other things; in the degree in which they cause feelings of pain, in that degree do we consider them as *evil*.

Our valuation of things depends thus upon their action upon us: if they cause feelings of *pleasure*, we value them as *benefits*; if they cause feelings of *pain*, we consider them as *evils*, and, as according to § 38, all things affect us more or less in the one way or the other, even those which produce a full excitation, we may define the *valuation of things in general as the sum of all pleasurable and painful modifications, which originate first as mere sensations in consequence of the different kinds of excitations with which external things act upon us* (§ 25), then gradually, by multiplication, grow to *self-conscious modifications, which, by comparison or measurement with others, manifest themselves as feelings either of pleasure or of pain.*

What we call good and evil is, therefore, nothing but the feeling of the value of things and persons, caused by their kind of action upon us. In so far as this action upon us (pleasurable or painful) remains in independent vestiges, its reproduction will be either a pleasurable or a painful *conception*; in so far, however, as the primary faculties regain their

conative forces (compare §§ 27 and 34), it will manifest itself either as *desire* or *aversion*.

As long as our feelings of the value of things consist merely in pleasurable or painful conceptions, so long do they not exert any influence upon our actions; they manifest themselves merely as acquired (pleasurable or painful) modifications, constitute in general our *practical view of this world*; I say *practical view*, not *theoretical*, inasmuch as we know, thus far, by *experience* what things are worthy, and not only from hearsay or reasoning. When, however, our valuation of things manifests itself in the form of *desires* or *aversions*, it then becomes the basis, that is, the *motives for our actions*, which may be good or bad. Thus, we see, that mental modifications, which present the value of things, may manifest themselves in three different forms: 1, either as *conceptions*, or 2, as *desire or aversion*, and 3, as *feeling*, which is the immediate consciousness of the difference between the present impression of a thing or its conception and other modifications which are conscious at the same time.

§ 58.—*Gradation of Good and Evil.*

Although feelings are merely the immediate consciousness of the difference between mental modifications, nevertheless, as their *factors* during their co-existence in consciousness are conjoined by mobile elements into groups, they endure in these groups, so that if one factor is roused into consciousness, the other is likewise, and thus the same feeling is reproduced (§§ 39 and 48). In this way we may speak of feelings already "*acquired*," ready for use. As, furthermore, each new impression is assimilated by new primary faculties, which as new vestiges, add a new supply to the similar vestiges already acquired, it is clear that by such increase of the one factor, its difference with the other must become greater; being increased, it must manifest itself as such, and the feeling, therefore, must gain in strength. This applies to the feelings of pleasure as well as to those of pain.

Suppose, now, we meet a stranger. How will we estimate

him? At the first instant, not otherwise than any other stranger; we measure his worth with the same measure which we have for men in general, as long as he shows nothing extraordinary in manner or character. The impression which he makes upon us corresponds with this measurement. But suppose that we were thrown into his company for a longer time—that we gradually discovered a great many good qualities in him, or, in other words, that in the course of time he had produced in us say 1,000 pleasurable excitations, and consequently, a pleasurable modification of 1,000 vestiges, would he not now stand much higher in our estimation than a great many other men, higher even than those of whom we possessed only 100 or 500 pleasurable excitations? Indeed, his value in our eyes would increase, just in the ratio as his pleasurable excitations upon us increase in the course of time; for what gradually increases its beneficial influence upon us, grows in the same ratio to be gradually a higher good for us, because the multiplication of the pleasurable excitations causes so strong a modification, that its difference from others must manifest itself as a strong feeling of pleasure. Had, on the contrary, this person affected us disagreeably, our valuation would be a different one. Instead of a feeling of pleasure we would have a feeling of pain, and thus would consider him as an evil, although we may, for all that, be far from hating him, because other modifications of strength keep us above this feeling; we might nevertheless pity his perversity and withdraw from his company, and this feeling will be the stronger the *more* unpleasant impressions we have received from him. So is it in all other respects. If we have been unpleasantly acted upon by walking a bad road caused by rainy weather 1,000 times (I choose arbitrary numbers), and only 100 hundred times by walking a bad road caused by snow, we will surely not fancy either of them. For the measure which we apply for their valuation is the conception of a good dry road, and thus they will be felt as inferior and unpleasant. But as the first of these modifications consists of 1,000 vestiges, it will surely be felt as the strongest of the two, so that we fear a bad road caused by rain more than a

bad road caused by snow, or in other words, we consider the first as a greater evil than the latter. The pioneer might laugh at us on hearing us complain of *our* dirty roads, for compared with the knee-deep mud through which he sometimes has to wade, they are splendid. He applies, we see, an altogether different measure. And thus we may say : *Whether we consider anything as a greater or lesser good or evil, depends upon the strength of the pleasurable or painful modification which it has caused by its action upon us, and the basis or measure with which it is compared.* Thus we gain a norm for the gradation of all blessings and evils, and we can easily see why some persons value things highly, or consider them as evils, which others look upon as perfectly indifferent. We can understand now, why the little girl cries over the loss of her doll, although it possessed only a broken face, or why some lady feels quite unhappy because her new dress does not agree entirely with the latest fashion, however absurd this fashion may be ; why this man eagerly ransacks all dung-hills and jumps for joy if he has found a little, insignificant insect, or another walks for miles to hunt up a small plant ; why the one travels around the earth and another remains at home his lifetime.

Many will say, we cannot understand how persons can enjoy such things. True, they cannot understand it ; that is, they are not capable of appreciating the feelings which in them have conditioned this kind of valuation, because these things have either not at all acted upon them, or not to such a degree so pleurably as they have upon those others. If this had been the case they would very readily realize this kind of valuation, and would also not wonder if in some they find great aversion to certain things upon which they themselves are accustomed to look favorably. We again come to the same result : *The valuation of the different things depends entirely upon the strength of the pleasurable or painful modifications which they have caused by their action upon us, and the measure or basis upon which their difference is felt.*

§ 59.—*The gradation of good and evil is the same in all human beings, because it is conditioned by the inborn nature of the primary faculties. True valuation.*

In the last paragraphs we have seen how and why we learn to consider the different things as benefits or evils. From § 7 we know that vestiges are the more perfect and lasting, the more energetic the primary faculties are, which by the influence of external elements have been developed into vestiges. For we must bear in mind that vestiges are nothing but objectively developed primary faculties in their latent state. The most perfect vestiges we find, therefore, in the higher senses of man, in the primary faculties of sight, hearing, and touch (§ 8).

The union of many like vestiges produces *strong* modifications. But supposing even that in a developed mind all its modifications consisted of *the same number of vestiges*; even then there would necessarily be a great difference in strength between those of the higher and those of the lower senses, for the simple reason that the lower, being less energetic senses, do not retain the excitants sufficiently to produce as perfect vestiges as the higher senses do. A modification of 100 vestiges in the lower senses must, therefore, be far from reaching the strength of one in the higher senses consisting of the same number but much more perfect vestiges. There the impression fades away, here it is retained unaltered; that is, by it the primary faculties have been developed so characteristically and lastingly, that long afterwards it may be reproduced in consciousness without the aid of any external elements, in a perfection almost equal to a perception.

What is true of modifications of strength, is true also of modifications of debility. No matter how the primary faculties be developed, whether in the direction of perfection or defectiveness, the vestiges of either development remain more perfect in the higher than in the lower senses.

From this it follows *that feelings of the higher senses (of*

pleasure or of pain) must manifest themselves with greater strength than those of the lower senses, provided the number of vestiges be everywhere the same.

Knowing now, as has been detailed in § 8, that the primary faculties in all men gradate in the same manner, as regards their retentive power, from the higher to the lower senses; knowing also that the external elements are everywhere the same, acting according to their nature upon all human beings in like manner; and knowing, finally, that in all human souls the same law of attraction of like to like produces homogeneous units (§ 9), we may safely infer *that these like factors must produce like products; that, therefore, the feelings must gradate in regard to their strength in all human beings in the same manner.* A feeling of pleasure or pain, of the higher senses, must in all men have a greater strength than one in the lower senses, provided always, that the number of vestiges in both be alike, and that the basis whereupon they are felt remain the same, which latter condition is, indeed, a condition of all acquired, stationary feelings (§ 58).

If now, as we have seen in §§ 56 and 57, we value a thing according to the strength of the feeling of pleasure or pain which it has produced by its action upon us, it follows that *there exists a gradation of benefits and evils which is the same for all human beings.* That is, all objects (persons and things) which affect the higher senses (pleasurably or painfully) must in all human beings gain a higher valuation than such as affect only the lower senses; and this gradation of good and evil must *necessarily* be the same for all human beings, because it is conditioned in all by the same factors, namely, by the same gradation of retentive power of the primary faculties, by the same external elements, and the same law which unites similar vestiges into homogeneous aggregates.

We thus come to a general *norm* for all valuation, which places all benefits and evils in a strict order, an order which is conditioned by the very nature of the mind itself and the things acting upon it. A correspondence of our valuation to this natural gradation of benefits and evils, we call the

true or correct valuation, and inasmuch as the valuation of things when reproduced in the form of desires, constitutes *the motives for our actions* (§ 51), we find at once in this natural norm *the highest moral law*, or *the fundamental principle of morals*, which may be expressed in the form of a commandment: "Thou shalt value everything according to its rank in the natural gradation of good and evil;" or, applied to the special case: "Thou shalt always do what according to the true valuation lies highest in the natural gradation of benefits." Accordingly prefer an enjoyment of the higher senses to one of the lower, a lasting perfection of the mind to a transient pleasure, the good of a whole community to thy own personal interest; for what benefits thousands ranks much higher in value than what benefits only thy own single self. In short, prefer always the high to the low, the noble to the ignoble, the lasting to the transient. There is no moral law, howsoever it may be expressed, or from whence it may originate, which demands anything else, higher or better.

Compare for further information the work: "Naturlehre des Moralischen und Kunstlehre der moralischen Erziehung." Von FRIEDRICH DITTES. Leipzig: G. Mayer, 1856.

§ 60.—*Apparent Contradictions ; False Valuation.*

Experience which we daily make does not seem to agree with the above statements. We find quite often lower pleasures preferred to higher ones—good eating and drinking to mental perfection, riches to honesty, selfish aggrandizement to public good—conditions, indeed, which do not seem to prove the necessity that all men must value the higher as higher, and the lower as lower, and act accordingly.

We must, however, remember here that we cannot speak of this moral norm as a something which the mind brings developed in this world.

There are no innate powers of any kind besides the primary faculties. What has been asserted and what is to be proved is this, that such a norm is merely *conditioned* by the

nature of the mind—its laws and gradation of the primary faculties, which are alike in all human beings. This norm, then, is not a preformation but a predestination, which in the course of development may be subject to various deviations and deficiencies in the single individuum. It is here as it is with the norms of logical thinking and correct grammatical speaking. For both mental operations there are norms of general validity, but they are not in every mind developed near to perfection. This premised, we shall find no difficulty in solving the above-stated apparent contradictions.

A feeling of pleasure or pain attains only then a greater and lasting strength if its one factor, the pleasurable or painful modification, has originated in the higher senses, and consists of *numerous vestiges* (§ 58). But when, for instance, indulgent parents allow the low gustatory faculties of their child to be predominantly stimulated by dainties, and neglect to perfect its higher senses, we need not wonder that, notwithstanding the natural greater retentive power of the higher senses, the pleasurable modifications of the lower will by far outweigh in strength those of the higher, on account of their *more numerous vestiges*. The development of the higher senses which even in such cases originates and must originate, is but a feeble one, whilst that of the lower attains a plenitude of vestiges which will always overbalance the naturally greater but undeveloped retentive power of the higher senses. We do not wonder, then, when in life we find that minds thus developed prefer the mere sensual pleasures to higher enjoyments. For the reason that, *by an accumulation of a larger number of vestiges, the modifications in the lower senses must eventually predominate in strength over those of the higher, although the lower senses possess by nature only a low degree of retentive power*. Such a state of things is surely wrong, inasmuch as the development of the higher should always overbalance that of the lower ; but, nevertheless, we find it often to be so, and thus originates what we may term a *perverted* order in the normal gradation of benefits and evils—an order, in consequence of which things that gratify the lower

senses are valued more than such as perfectuate the higher. We thus are able to understand how and why a *false valuation* of things, or a *perverted practical view* of good and evil, originates in so many minds. The *true valuation*, or a correct practical norm, has, in such instances, not been developed at all, or not properly; not because of a natural deficiency of the innate primary faculties, but on account of a faulty education or unfortunate circumstances. But such perversion of normal valuation needs no less time for its development than the acquirement of a correct valuation. No one ever became bad at once, and no one ever was good at once, just as little as any one can abruptly be brought from an ignorant to a scientific state of mind. These conditions, all of them are, as I believe to have sufficiently shown, the result of slow, gradual developments. Sudden conversions from bad to good are, therefore, not possible. Where they are said to have taken place, for instance, in criminals, by the impressive exhortations of a spiritual adviser, we ought to be rather careful in considering a contrite condition of the mind, in sight of the gallows, as a total change of wickedness into godliness; the gallows out of sight might easily prove this sudden godliness as "a standpoint soon overcome." But some persons really have been converted from a dissolute life by sudden changes, as their whole life afterwards has proved beyond any doubt. On examining such cases we will always find a nucleus of good of earlier date, which merely had been covered over by the exuberant growth of low desires and low tendencies, which, however, by some soul-stirring event has regained its consciousness and natural power. But even when the moral norm has come in the main to a correct development, there will still exist in most men valuations not entirely corresponding to it. Even the best of us are not so perfect that not here or there false or incorrect valuations should have developed. ,

§ 61.—*The Feeling of Strength in Desires and Aversions.*

All men acquire thus, in the course of time, a more or less extensive view of the world; by the various impressions

which the things make upon their senses, they gain a practical knowledge of the value of things. In as far, however, as these impressions originate pleasurable or painful modifications, they create desires and aversions which become the basis of, or motives for, our actions. Our valuation of the things may manifest itself, therefore, in two distinct forms. Either it is reproduced merely as valuation; that is as the *feeling* of the value of the various things which we have gained by their actions upon us, and which, if expressed in words or sentences, shows either our wisdom or our folly. Or it is reproduced in the form of desires or aversions, of which they are the necessary causes (compare §57, also §§ 27, 33, 34); then they become the basis of, or the motives for, our *actions*. In either case their strength will depend upon the number of vestiges of which they consist, according to the law, that all, that is similar, unites into one. If it is a valuation, it will be felt the stronger, the oftener we have produced it. If it is a desire or aversion, its strength will manifest itself according to the number of vestiges of which it is the aggregate. We note, therefore, different degrees in strength of these conative manifestations even in common language, by expressions as these: inclination, disinclination, disgust, disposition, propensity, passion, etc.

§ 62.—*Immorality; Moral Rudeness.*

The oftener, then, certain desires are repeated, the greater they grow in strength, and we may easily understand why such developments come in a direct opposition to the moral norm, or the true valuation of benefits and evils. Take, for example, a desire for something good, which, on the scale of true valuation, stands twenty times higher than some other good; but suppose the desire for the latter to have been renewed forty times, thus consisting in a forty times so great a number of vestiges, then, it is clear, that the latter will act with double the strength of the former, notwithstanding its much lower range in the scale of true valuation. Taking even for granted that the higher should have been developed in full perfection, and that it, therefore, were valued accord-

ingly, even then the lower would predominate by virtue of its more numerous vestiges. This shows at the same time that the strength of a desire, being derived from the number of its vestiges, is altogether of a *subjective-accidental* nature. For the fact, that a desire has frequently been repeated by *me*, gives it a greater strength only in *me*; in somebody else the same desire may have been developed altogether differently or not at all, or even in myself it might, under different circumstances, have attained a much less or a still greater multiplication of vestiges. In short, the *strength* of a desire which derives from the number of its vestiges, has nothing to do with the *objective value* of the thing, the impressions of which have caused the desire. Its objective value may stand quite low on the normal scale of benefits; but an undue repetition of pleasurable excitations may cause a very strong desire, so strong that it becomes a deviation from the moral norm, or from what is right.

Accordingly, we find many persons who are well aware of the much higher value of health than that of a mere transient pleasurable gustatory excitation which frequently impairs it, yet, when tempted, cannot resist the latter. The true valuation is here overpowered by the excessive strength of an immoderate *desire* or *aversion*. Such deviation from the moral norm we call *immorality* or *corrupt will*.

In summing up what has been explained in the previous paragraphs, we come to these results: *Deviations* from the true valuation of benefits and evils (§ 59) may develop in two different forms: either as *false valuation*, when by undue accumulation of vestiges, single *feelings of pleasure or of pain* gain an unproportionate strength, known as *folly* or *perverted practical view of the world*; or, 2, as *immorality*, when by undue multiplication of vestiges single *desires* or *aversions* gain an excessive strength, and thus corrupt our will, and pervert our actions from good into bad.

From these two forms of deviations from the true valuation of benefits and evils differs essentially *moral rudeness*, or that *uncultivated state of mind* in which true valuation has not been developed at all, or not yet to the height which the

general standpoint of civilization demands. In this condition are children; they all have to acquire first the various values of benefits and evils from the lowest personal profits to the highest human interests, and they acquire them all the more easily and correctly the better and more advanced the persons are by whom they are surrounded, or by whom they are gradually brought up, either intentionally (by education), or unintentionally (by the mere force of their example).

This explains at once the various grades and shades of moral culture in different classes of people of even civilized nations, and the almost total want of it among savages. Children are not only the receivers of what has been accumulated by the progressive development of nations since thousands of years, they are also themselves products of this long chain of progressive development; they are thus drawn up and pushed forward by external as well as internal agencies, all of which, however, exist variously distributed among different classes of people. The poor savage child lacks these advantages almost entirely. The culture which it receives from its tribe is extremely limited, and itself is the offspring of so poorly organized an ancestry that progress by itself is scarcely ever recognizable. We see, thus, a steady gradation in moral culture from savage rudeness to the philanthropic sentiments of the nineteenth century.

Greatly advanced as this latter may be, in comparison with that of former ages, it has, by far, not reached all possible perfection. Indeed, moral as well as intellectual perfection is without limit, never wholly attainable by any one age or individual.

ARTICLE XXXIX — On Surgical Operations During Pregnancy.

BY DR. COHNSTEIN, of Berlin.

The question whether surgical operations are permissible during pregnancy is of decidedly practical importance, whereas authors, like *R. Barnes*, feel doubtful about the admissibility of even minor operations—I only mention the re-vaccination of pregnant women during an epidemic of small-pox—and only vaccinate such women as have no disposition to abortion; others, like *Després*, *Chassaignac*, *Spencer Wells*, *Goddard*, consider even capital operations not more dangerous than usual. *Blot*, *Depaul*, *Credé*, *Cornillon*, reserve operations for urgent cases, and *Valette* puts them off till after confinement, whenever this can be done without any *essential* disadvantage to the patient. Other authorities raise their voices against any operation as soon as the *sexual sphere* is affected. *Verneuil* and *Pétit* consider such cases of the utmost danger, as even slight injuries are followed by erysipelas, lymphangioitis, peritonitis, and death.

Nobody disputes, that every wound in every part of the body, in every stage, may be attacked by a capillary lymphangioitis, and that even after unimportant measures (introduction of a probe by *Billroth*) severe and even fatal erysipelas developed itself. But such facts affect pregnant women neither more nor less than every other operated person, to whom by putrefaction of the secreta of the wound, by instruments, bandages, by the hands of the surgeon and his assistants, the phlogogenous poison is inoculated. It might be asserted, that pregnant women in consequence of the altered blood-crisis, possess an individual predisposition to erysipelas and diffuse phlegmon. The possibility cannot be denied, because the increased power of diffusion and filtration of the contents of the blood-vessels, depending on loss of albumen and increased water supply (*Cohnheim*) during pregnancy facilitates the transudation. To carry

off these exudates, the lymphatics become dilated, and thus still more able to convey into the surrounding cellular tissue the phlogistic poison taken up from the primary focus of inflammation. Surgical operations on the sexual organs allow another explanation: The anatomical arrangement of a continuous extended layer of loose connective tissue around the uterus in the ligamenta lata and in the pelvis in general, the hyperplastic process taking place during gravidity in the vulva, vagina, uterus, and in the pelvic connective tissue, and still more increased by the presence of tumors,—the ectatic veins and the dilated lymphatics allow plenty of room for the progress of the phlogistic poison from the infected wounds. The tissues, with which the putrid matter comes in contact, are attacked with a high-graded inflammation and suppuration, parametritis, perimetritis, endometritis, peritonitis, etc. set in, which cause the miscarriage. But such facts do not prevent us from operating with the necessary precautions to avoid sepsis at all, least to prevent the resorption of the septic matter (*Hecater*). When the phlegmon progresses, the knife acts antiphlogistically and antipyretically by removing all tension from the parts, and by evacuation of the pus.

We do not undervalue the influence of a trauma on a pregnant woman, as we have to weigh the chances for mother and child. We have about 118 capital operations at our disposal, but we begin our studies with those belonging to minor surgery.

Venesection.—In former times, every pregnant woman was considered as possessing a double life, with increased sanguification and reproduction and a tendency to plethora, and venesection was therefore the order of the day. The times are not so very remote when venesection in connection with a weakening diet was prescribed in order to restrict the development of the intra-uterine foetus in malformations of the pelvis. Venesections were also recommended as a preparation for the induction of premature labor, for the prevention of abortus, for incurable vomiting, in infarcts of the neck of the uterus. These indications have had their

time, and a limited use of venesections may still find an indication in pleuro-pneumonia, meningitis, apoplexies, and eclamptic convulsions. We know many cases where repeated and enormous venesections between the second and ninth month made no change in the pregnancy. When during inflammation, where formerly venesections were made, pregnancy is interrupted, we must consider that the acme of the fever gives an equally important factor as an inhibited circulation in infarcts of the cervix. If after a venesection for the prevention of abortus, the labor pains return, it only proves that we cannot always prevent the abortus, and it is certainly wrong to ascribe a favorable influence to venesection in eclamptic convulsions because it hastens labor, as French authors have done.

Venesection of the vena saphena may far more frequently lead to abortus. It produced it four times out of seven cases mentioned in old literature. The opening heals as quickly as in the non-pregnant state, and secondary hæmorrhages are not to be feared.

Transfusions are made in pregnant women commonly on account of metrorrhagiæ, which already induce abortus. Where the operation is performed from other causes, for instance, after poisoning by carbonic oxide gas (*Martin*), in hæmorrhages from the vena saphena (*Philpott*), pregnancy is not disturbed thereby. *Marmonier* showed that transfusion is more successful in the first half of pregnancy than in the latter.

Puncture by trocar, partly on account of diagnosis, partly in hypodermic injections—Morphine in vomiting, Atropine in reflex spasms, ergotine in hæmorrhages—heals quickly, and venous hæmorrhages, abscesses or circumscribed necrosis of the skin is not more observed than usual. Injections with liquor ferri sesquichlor. in larger teleangiectasies are not without danger, and not always successful. We saw, only a few days ago, a woman near her confinement, where, after the injection made in the third month, the tumor greatly increased. Punctures in the uterine walls cause abortus and dim the prognosis for the mother. Such punctures

were erroneously made by mistaking the uterus for an ovarian cyst (*Arch. gen.*, iii., 80.)

Setons in the neck, fontanelles and moxæ, were recommended by Baudeloque and Velpeau as preventives to eclamptic spasms. But just here the smallest operation is contraindicated, as it may produce a paroxysm by reflex action.

The *extraction of carious teeth* during pregnancy is without the least danger. It prevents adjoining still-healthy teeth from becoming affected, and gives speedy and certain relief. The application of *electricity* in nervous disorders finds no contraindication in pregnancy, as, although recommended for the induction of premature labor, a favorable result by the application of the electrodes immediately to the uterus can only be expected when labor has fully set in.

Abscesses, except in the sexual parts and mammæ, are not more frequent during pregnancy than usual. Places of predilection are the epi- and hypogastric regions. Oncotomy shows no influence on pregnancy.

Neuralgie of the nerv. trigeminus are commonly carried over into the pregnancy, and the pain may reach such an intensity that, after the fruitless trial of other methods, Neurotomy may become necessary. If, as in the cases of *Blackman* (*A. J.*, 1869), resection was only performed, pregnancy was not interrupted, and a cure followed. Where, on the contrary, as in the case of *Messbaum* (*Bay. A. Intbl.*, 1863), the ligation of the art. carotis was combined with the neurectomy, abortus and death of the mother soon followed. Other examples prove the danger of ligating arteries. Thus abortion and death followed where *Machenaud* ligated the art. crur. in the 3d month, on account of threatening rupture of an aneurism in the region of the tuberositas tibiæ. We call your attention to this point, as aneurism during pregnancy is no rarity. Let me only mention the aneurisms of the ophthalmica, necessitating the ligation of the carotis; or the teleangiectasies, congenital or acquired in early childhood, changing during pregnancy to an aneurisma arteriale racemosum.

Catheterism is rarely necessary during pregnancy, but may become so in vesical catarrhs, with retroflexio uteri gravidi, in vesical spasms, calculi, or for the examination of the urine for albumen in eclampsia. The introduction of the catheter offers no difficulties; but that vesical catarrh may sometimes follow in pregnancy cannot be denied. If catheterism and replacement fail in retroflexion, *paracentesis vesicæ* is indicated, and I wish to remark that the punctio vesicæ generally gives more favorable results than the punctio uteri; but punctio vesicæ may also be in its place, when, with a uterus in normal position in consequence of spasmodic closure and swelling, the discharge of urine per urethram becomes impossible. In a case mentioned by *Loeffler* (*Stark's Archiv.*, vi. 1), the bladder was punctured through the vagina, and on the 10th day the trocar tube removed, the urethra being dilated in the interval by catgut. After that the patient passed the urine in the usual way, and carried her child to the normal terminus.

Calculi have not been frequently observed. *McClintock* and *Philippe* removed large calculi per urethram in the 4th and 7th months of pregnancy, without any deleterious sequels. We must be careful in our diagnosis for calculi, as foetal parts, pelvic exostoses, tumors in the neighborhood of the bladder, may be mistaken for it. Calculi ought to be quickly removed, as by their growth during pregnancy they irritate the vesical mucous membrane, and may impede labor. Where the extraction fails, lithotomy per vaginam is indicated. *Thomas* (*Lancet*, 1839, No. 2) performed this operation in the fourth month of pregnancy, on account of an uneven large calculus in the fundus of the bladder. At the normal time of labor the woman was delivered of a dead fœtus; the wound had healed by the 32d day after the operation.

Among the *herniæ* presenting themselves during pregnancy, our especial attention is led to inguinal, femoral, and umbilical herniæ, on account of incarceration. The rupture usually exists already before pregnancy and enlarges during it, by the enlargement of the point of protrusion, as pregnant women, on account of their growing size, are very apt to lay

aside their trusses. In extreme cases even the uterus may form the contents of the hernia ; the hernial tumor increases then more and more with the progressing pregnancy, remains hard and tense, heart-sounds and foetal motions are observed, and the foetus may reach the normal maturity. Experience teaches that after manifestations of incarceration for 8 to 10 days, even after the formation of fæcal abscesses with gangrene, followed by a fæcal fistula, pregnancy may run a normal course ; and we feel, therefore, encouraged to recommend reduction in all cases, as it is not more difficult in pregnant women than in other cases, and never infringes on the course of pregnancy. In ten cases reduction succeeded seven times : three times after one taxis, and four times after repeated trials. Where reduction becomes impossible, we must cut down and dilate the strangulated part. It is against all common sense to induce artificial labor instead of resorting to this operation, because the hernia would still remain incarcerated. In eleven cases herniotomy was performed between the third and sixth month (*Cock, Perrichot, Helfft, Disse, B. Schmitt, Paul, Jordan, Canton*). Three cases were followed by abortus, and one of these women died from peritonitis ; seven times pregnancy went its usual course, and the women were delivered of living children ; once severe hæmorrhage set in the night after the operation, from which the woman died. *Herniæ crurales* give the most cause for operation, and the wound, closed only by sutures in the upper part, heals kindly and quickly. If we also consider that in all the eleven cases herniotomy was only performed after waiting a long while and after repeated attempts at reduction, we can be satisfied with the results obtained, and henceforth pregnancy ought never to be considered a contraindication to the operation.

Penetrating abdominal wound, as by falling on a fork (*Czajewski*), injuries from scythes (*Loewenhardt*), goring by animals, etc., usually cause premature labor, even if the uterus remains intact. Where pregnancy continues, the bloody union of a penetrating abdominal wound may be performed.

Fricke (Carper's *Wchschrift*, 1834) reports a case where cicatrization followed on the 16th day.

High grades of *Dyspnœa* in laryngitis syphilitica, chondritis laryngea, œdema glottidis, hypertrophia glandulæ thyreoidæ, vegetations in the larynx, render *tracheotomy* necessary as *indicatio vitalis*. In the six cases reported by *Collmann*, *Joes*, *Ulrich*, *Budd*, *Guillot*, and *Langenbeck*, where the operations were performed in the 4th, 7th, 8th, and 9th months of pregnancy, death ensued three times inside of 48 hours after the operation, by œdema pulmonum and acute bronchitis, with double pneumonia of the lower lobes; in the other cases labor set in twice shortly after the operation, and only one woman went to maturity. The mothers soon recovered, the wounds healed quickly, so that they could walk out after two weeks. Only one infant survived. The *dyspnœa* usually reaches a high degree only during the latter half of pregnancy, by the quicker growth of the thyroid glands, of the vegetations, and in consequence of the rising up of the uterus. The syphilitic ulcer, which also always extends from the mucous membrane of the fauces to the larynx, produces œdema glottidis also only in the latter months. The results of tracheotomy are by no means encouraging, although the success of the operation is not more unfavorable than under the same conditions in the non-pregnant state. As a proof of my assertion, let me cite *Gerhardt* (*Deutsch. Archiv. f. Klin. Med.*, ii, p. 544). Premature labor induced in tumors of the thyroid gland, does not offer any better chances, but renders tracheotomy necessary as a final measure. In the case cited by *Billroth* (*Chirurg. Klinik*, 1869-70, p. 129), the *dyspnœa* increased after the induction of premature labor, the patient became asphyctic, and though restored by tracheotomy, she succumbed to a pneumonia on the third day. *Kuhn* (*W. M. W.*, 1863, Case 20) reports the same unfavorable result in his case from the induction of premature labor.

Operations on the Extremities.—Fractures and luxations are not more frequent during pregnancy than usual. We have no reason to suppose that the bones of healthy preg-

nant women break more easily than those of non-pregnant women, or to say, that consolidation of the fracture is retarded. Of twelve fractures known, only one oblique fracture of the diaphysis of the femur healed by pseudarthrosis (*Mazziotti. Il Morgagni*, xiv., 1872, p. 586.) Where there is no predisposition to abortus, even severe and complicated fractures heal without disturbing pregnancy.

Varices of the lower extremities need extreme caution during pregnancy, and bandaging the legs is necessary, in order to prevent dangerous hæmorrhages from their bursting. In eight cases collected by *E. Pettit*, the hæmorrhage could not be stopped in three cases. It is remarkable, that even profuse hæmorrhages never interrupt the course of pregnancy, and the remaining ulcers heal quickly.

Busch remarks, that incisions of panaritria of the hand are of no importance, and *Busch* removed carious splinters of bones, whereas the opening of an abscess at the shoulder-joint was followed by premature labor.

Of all capital operations, *amputation* has been most frequently performed, twice on the upper arm in consequence of scrofulous caries of the elbow-joint, at the seventh month (*Napper, Transact. of the Obst. Soc.*, 1866); once on the thigh on account of enchondroma tibiæ, at the fourth month (*Marchand*); in the third case, below the malleolus, on account of osteoarthritis of the foot, at the second month (*Poncet, Lyon Med.*, 1872). In the two last mentioned cases abortus set in about two weeks after the operation, once with death of the mother from purulent infection.

Exarticulation was once performed in the knee-joint (*Mulder*), once in the shoulder-joint (*Russel, Lancet* ii., 1872), on account of complicated fracture. The former died from ichoræmia, the other one recovered after a premature delivery.

Luecke (Monatschr. f. G. 19, 266) twice performed resection of the elbow-joint on account of sarcoma. At the right time living children were born.

In looking over these seven operations, we perceive that, as under usual relations, resections also offer here the most

favorable results, and exarticulations the worst. Pregnancy is less frequently interrupted when during the latter half the operation is performed. In the cases of Marchaud and Poncet there was no pressing indication for an operation, and it would never have been done if pregnancy had been diagnosed. A case per primam intentionem is rare, and cicatrization not essentially retarded by a premature delivery.

Operations on the sexual parts are usually dreaded, and let us consider the reasons for it. *Edema vulvæ* is found during pregnancy on account of general anasarca or from local circulatory disturbances in the pelvic blood-vessels, and sometimes becomes extremely troublesome. The rapid decrease of the swelling, when by the destruction of the skin the infiltrated fluid is evacuated outwardly, and the observation of superficial gangrene from expectant treatment, brought forth general recommendations of *scarifications*. In five cases where this treatment was pursued (*Litzmann, Schultze, Koch, Melitsch, Mauriceau*), four times premature labor set in after a few days. In several cases this was expected, as a continuation of pregnancy did not seem desirable with such an intense diseased state of the kidneys. Twice also twins were delivered, a state which, as well known, suffices to induce early uterine contractions. As these scarifications were made between the eighth and tenth month on account of the painfulness and tension of the labiæ, the children were mostly born alive. The prognosis for the mothers depends on the general health. Usually the œdema was also absorbed during the puerperium in our cases, and the renal function perfectly restored.

Thrombus vulvæ et vaginæ is rare during pregnancy in comparison with puerperium and the lying-in state. The usual course is traumatic, and the varicose dilatation of the labial and vaginal veins explains the large circumference of these extravasations. After the *bleeding has stopped*, large incisions may be made without harm in these extensive tumors (*Sedillot, Nusser*), but we must not operate too soon, or profuse hæmorrhage may follow. Smaller tumors, which do not disturb labor, and which may be absorbed, may be left to

nature. Where the hæmorrhage is external, digital compression or pressure made with a tampon, moistened with liquor ferri sesquichlor., and if this does not suffice, the hare-lip-pin, or even the ferrum candens may be used, as, by the abundant hæmorrhage life may be endangered, or a tedious anæmia be the sequel. Hæmorrhage from ruptures of the mucous membrane between urethra and clitoris are obstinate, and require, when simple means fail, the hare-lip-pin or ligature will be required (*Franque, W. M. Presse*, 48, 1865). We may here also affirm, that even enormous hæmorrhages from the external sexual organs have rarely any influence on the course of pregnancy.

We acknowledge that even a *hæmatocele uterina* may arise during pregnancy without any assignable cause. As a hæmatocele may always become a great obstacle to labor on account of local disproportions, we recommend the performance towards the end of pregnancy of acidopeirastic*—to settle the sometimes difficult question of diagnosis—and then evacuate the tumor (*Braun, W. M. W.*, 1861).

Vaginal blenorrhœa may also lead in pregnant women to the obstruction of the Bartolinean glands and to *abscesses*. Spontaneous opening may take place without harm; if incisions in three cases (*Grenser, Verneuil*) caused abortus, peritonitis, and death of the mother, other circumstances have to be blamed for it. In two cases a cure followed in a very short time without any disturbance in the course of the pregnancy.

Simon (*Monatschr. f. G.* xiii. 70) performed an *amputation* of the lower half of the right labium in order to extirpate a large sarcoma at the second month of pregnancy in a primipara. The wound discharged pus for six weeks, and then healed with a broad, healthy cicatrix, without disturbing the pregnancy, during which the sarcoma reappeared.

Of *foreign bodies*, introduced during pregnancy into the vagina, pessaries deserve to be mentioned for the removal of changes in the uterus according to form or position. We ought to be extremely careful with their application, especially after the reduction of a prolapsed uterus. The danger

consists partly in the arousing of labor pains by the strong mechanical extension of the vagina in a uterus predisposed to abortion in consequence of the chronic infarct, partly in the inflammation and ulceration to which the mucous membrane of pregnant women is more than usually inclined.

We witnessed no harm from the *excision* and *puncture* of small cysts arising from the vaginal mucous membrane—colpohyperplasia cystica, *Winckel* (Archiv f. G. ii. 406). On the contrary, in one case the woman went over her time, an observation made by *Credé* (Monatschr. f. G. xv. 237) after division of an atresia vaginæ reaching to the cul-de-sac. Whenever we discover during pregnancy a stenosis of the vagina, bridge-like bands or annular strictures, their treatment with the probe-pointed bestoury is preferable to any other. With warm emolient injections we cannot remove the obstructions in the soft parts of the genital organs.

Our attention is drawn to *uterine polypi* during pregnancy by hæmorrhages or serous-bloody, mucous, purulent, or even ichorous discharges from the genitals, by disturbances in the bladder or rectum. If during a bimanual examination the polypus can be discovered in the reach of the exploring finger, we may expect either a mucous polypus emanating from the cervix or a fibrous one, which originally from the uterine walls, by its growth favored by the gravidity and by the uterine contractions, escaped during the first months of pregnancy into the loosened, and in multiparæ open cervix. Mucous polypi are hardly ever larger than an egg of a chicken (Smart chicken!), but fibroid polypi may fill up the vagina more or less, and be pressed outside of the genitals during defecation. Subperitoneal myomata of the posterior wall of the uterus cause the greatest restriction in space, sometimes nearly filling up the whole pelvic cavity.

The danger of the complication of pregnancy with uterine polypi is generally acknowledged, whereas opinions differ about the time of their removal and the method of operation. One party fears an interruption of the pregnancy from the operation, and recommend their removal during labor or puerperium; others account for the abortion and miscarriage from

the hæmorrhage caused by the presence of the polypus, and plead for the operation ; and thus a great obstacle to labor is removed, and hæmorrhages, suppuration, gangrene, and ichorous resorption during the puerperium prevented. For the removal of an accessible polypus, ligature, torsion, excision, eccrasement, and galvano-caustic have been recommended. In fourteen cases the ligature was looked upon with most favor, and the results were the following :

In two cases, where excision with scissors was performed, the fœtus was born in one case shortly after the operation, in the other case at the normal term. Torsion disturbed the course of pregnancy once in three cases ; the month of pregnancy was, in so far, without any influence, as of the two operated upon at the third month one miscarried, the other went to the full term. Whereas such single cases do not allow a judgment about the rejection or benefit of the removal of uterine polypi during pregnancy, we find that of the nine cases treated by ligature, the operation performed in the *first* months of pregnancy caused not only abortion, but also fatal peritonitis. A removal in the *final* months gives most favorable results in relation to the months as well as to the terminal labor. We thus perceive that ligature during the first months is far more dangerous than excision or torsion, on account of the ichorous state of the strangulated pedicle or of the whole polypus.

In subperitoneal tumors of considerable size we recommend *repeated* replacement during pregnancy. Replacement with the hand introduced partially or *in toto* into the rectum, as recommended by *Simon*, can be done without harm by anæsthetizing the woman. Where the tumor is immovable its extirpation is far more rational than any other artificial interruption of the pregnancy. *Heck*, *Burns*, *Danyau*, performed successfully for the mothers the *extirpation* of such tumors, where otherwise the cæsarean operation would have become necessary.

Among the remedies recommended for obstinate vomiting of pregnant women, we also find the application of *leeches* to the vaginal portion, but we feel sure that leeching was never

successful in such cases. It is different with *cauterization*, which might be indicated in ulcerations of the os uteri, especially during pregnancy, and I have repeatedly witnessed that the lunar-caustic does no harm, although it has been proposed as a means for the induction of premature labor. The cauteria potentialia do no damage, whereas the actualia are not without danger. In a case observed by *Broca*, abortion, with fatal peritonitis, set in after the second application of the *ferrum candens*.

Whenever we find in pregnant women a circumscribed *cancer* of the anterior or posterior lip of the os uteri, still admitting amputation in healthy tissue, or a *cauliflower tumor*, which becomes troublesome by its size, hæmorrhage, compression of the bladder or rectum, we recommend the removal of the tumor *with* the diseased lip, because with progressing degeneration we would be obliged to perform the *cæsarean* operation during labor. In four cases where amputation was performed by *Siebold*, *Schatz*, *Spaeth*, and *Todd* (*Pac. Med. & Surg. J.*, Dec., 1872), premature interruption happened only once. Here, in contradiction to polypi after the operation, it happened in the latter part of pregnancy, whereas excision during the first months was without influence on the course of pregnancy. One woman succumbed to the progressing dyscrasia during the pregnancy.

Rectal operations are rare. Hæmorrhoidal knobs, when strangulated, are returned, and the bleeding treated with cold water and astringent sitz-baths. The operation for fistula recti (*Mauriceau*) and of the excision of the stenosed rectum (*Richet*) in the 8th and 3d months of pregnancy, led to its interruption, and, in the first case, to the death of the mother.

Subareolar phlegmon of the mammae and mastitis parenchymatosa are next in order, as in both cases suppuration often takes place, and parenchymatous abscesses arising during pregnancy become easily complicated with superficial or deeply-seated purulent foci, continuing to secrete profusely up to the time of delivery. Mammary abscesses are seen from the sixth month up to the full term. As soon as we

are sure of fluctuation, it is folly to abstain from opening the abscess from a fear of premature labor. Incision, with consecutive compression, spares a great deal of pain to the patient, and a sure and rapid cure follows. Where several abscesses are present, we have to make as many incisions as there are fluctuating points. In four cases mentioned by *Velpeau* and *Ory*, pregnancy was only once interrupted, two weeks after the incision, and we are sure that premature labor may be far more frequently caused by the fever, the pains, and the suppuration, than by the incision. Multiple parenchymatous abscesses with a tendency to become chronic, and to form constantly new foci, give an unfavorable prognosis for the life of the mother.

Among the tumors developing themselves in the mammæ during pregnancy, or when present taking on a rapid course, we mention *sarcoma and carcinoma*. A wrong idea prevails, that sarcomatous tumors, arising as it were during pregnancy as an excess of a physiological process, retrograde during lactation. *Billroth* (*Chir. Klin.*, 1872, p. 143) shows what unfavorable results may be expected from a premature labor, as the infant was born dead, and the mother perished from marasmus.

Carcinomata must be removed as early as possible, with all the lymphatic glands which can possibly be reached, to prevent infection. This therapeutic axiom certainly has its full value in pregnancy, where mammary cancer runs a very rapid course. Where we find solitary nodes in the 4th or 5th month, we will probably meet the whole mamma indurated at the end of pregnancy, and the puerperium is not the magic wand to remove again these indurations. Amputation does not prevent, as the cases of *Ruppius* (*N. Zeits. f. G.* viii., 19) and *Berard* (*Bull. de Soc. anat.* xv., 1840) prove, neither premature labor, nor does it insure the recovery of the mother, when secondary tumors have already formed by the migration of carcinomatous cells. By comparing these cases with those mentioned by *Klotz* from *Volkman's* clinic, where no operation was performed during pregnancy, we still find premature labor possible, and progressive degen-

eration during the puerperium. Amputation checks this degeneration, prevents resorption of the detritus, the mother has a chance to recuperate, and may live for years without a relapse. Considering also the early appearance and steady progression of the carcinomatous cells in the lymphatic currents, we must come to the conclusion that an *early operation* may prevent the generation of the secondary neoplasmata, and render our prognosis for the mother more favorable. By neglecting amputation during pregnancy, the tumor may increase under its influence to such a size, that at a later period extirpation becomes impossible.

The observations of *Luecke, Schelle, Meissner, Oberteufer*, and others, show that carcinoma in other parts of the body, as in the axilla, parotis, bladder, perineum, etc., may originate during pregnancy, and rapidly increase in size, or, after remaining small and painless in the first months, increase in growth and become ichorous. In three cases where extirpation was performed, no disturbance in pregnancy or of the foetal life showed itself; even in the carcinomatous degenerated bladder, where the incision was made through the vagina in order to evacuate the ichor, the course was not interrupted.

Ovarian tumors are treated in all text-books as complications to labor. The acts are not yet closed about the reciprocal influence of pregnancy and ovarian tumors. It has been affirmed, but never proved, that an ovarian cyst may disappear by compression during pregnancy. The well authenticated cases of *Koerberle, Spencer Wells, and Stoltz*, only prove, that during one, or even during several pregnancies, a cyst may remain latent and stationary. We may just as well acknowledge that it is difficult to decide, whether a cyst did exist beforehand, or whether it only arose during pregnancy. In a large majority of cases pregnancy favors and accelerates "by the increased supply of formative material to the sexual organs," the growth as well of cysts as also of carcinoma of the ovaries. For if in autopsies made immediately after confinement we fail to find remnants of an

ovary, and if every trace of glandular tissue, capable of performing its function, is absent (*Spiegelberg, Holst*), we certainly may conclude that the growth of the pregnant uterus destroyed the still present follicles or drew them into the process of degeneration. The contents of the cyst may increase during pregnancy so quickly and so considerably, that an operation becomes necessary on account of the dyspnœa caused by the compression which the tumor exercises upon the lungs. The difficulty of respiration increases in proportion as ascites is present besides the tumor. By the double pressure of uterus and cyst on the large pelvic veins, œdema of the thighs arises from stagnation and prevents motion. Nutrition is diminished, and by the rapid growth of the cyst all strength exhausted. After the puncture the fluid may again accumulate, and indicate a repetition of the operation, but the contents of the cysts may change in quantity and quality. If during the first puncture the fluid was of a light color and of a thin quality, it becomes after a second puncture of a dull color, greenish-yellow, chocolate-color, purulent and thick, ichorous and fetid. Hæmorrhages and inflammations of the cyst, suppurations and decomposition into ichor contribute to the rapid change of the contents, and thus benign cysts change into malignant forms by the special influence of pregnancy (*Kuersteimer, Wernich*). It is also not improbable that just during pregnancy adhesions form, as by the simultaneous growth of the uterus and cyst, the peritoneum becomes more easily and more strongly irritated in spots, and we meet therefore, not only in carcinomatous tumors, but also in simple cystomata, more frequently than in the non-pregnant state, local pains, nausea, fever. Rupture of the cyst, torsion, and incarceration of the pedicle may cause threatening manifestations, hæmorrhages, peritonitis, sudden death during pregnancy (*Spencer Wells*).

In relation to the course of pregnancy large ovarian cysts may interrupt pregnancy in consequence of the mechanical pressure upon the uterus, but also small cysts with long pedicles may do the same by sinking low down into the

pelvis and becoming incarcerated. Adherent cysts cause disturbances by obstructing the extension of the uterus, carcinomata by their deleterious influence on nutrition. At any rate pregnancy is thus frequently interrupted.

We have so far established, that the reciprocal influence is an unfavorable one, and we can only expect some aid from active treatment. I am opposed to artificial abortus, as it sacrifices the child, and is not without danger to the mother. Every abortion exercises a tremendous influence on the constitution, and though it may show no momentary damage, it will lay the foundation for later very severe sexual diseases. The results of artificial premature labor are not encouraging, if we consider that of four mothers, where, on account of the dyspnoea the operation was performed, three died during the puerperium, and the prognosis for the infants is certainly unfavorable, as it is impossible to define the size of the uterus, the age and viability of the child. *Puncture* and *ovariotomy* are our only refuge.

Among 22 punctures performed during the 2-10 month (*Hein*, Beitr. z. Gbh. 1872) labor set in 15 times at the normal terminus, 3 times at the 9th month (twice with twins), once at the 4th, 5th, 6th month, once pregnancy went two months beyond the term. As in multiple pregnancy, even with normal relations, labor may set in at an earlier period, the operation can only be blamed for the interruption in 18 per cent. Labor followed on an average 3-8 days after the operation. A single puncture sufficed in eleven cases; about 20 pounds colloid fluid was evacuated; in one case an india-rubber tube was put in and Iodine injected; in three cases two punctures were made; in four, three; in one, five; in one, six; and in one case even sixteen. The repetition of the operation shows no distinct unfavorable influence on the course of pregnancy, although it is relatively more frequently interrupted than after a solitary evacuation. In regard to prognosis, it is well to know, that of six mothers, where three or more punctures were made, 5, or 83 per cent., died from exhaustion shortly after birth. Death also happened after puncture with consequent Iodine injection, from peritonitis,

in consequence of the rupture of the cyst. Otherwise the prognosis may be considered favorable for mother and child. Three children were born dead at the normal term, but it cannot be shown that the puncture was the cause of death. The age of the women, mostly multiparæ, oscillated between 26 and 42 years.

Ovariectomy was performed nine times—once in the second, four times in the third, once between the third and fourth, twice in the fourth, and once in the fifth month. The cysts were mostly multilocular. Pregnancy went to its normal term four times = 44.4 per cent. Abortus set in twice immediately after the operation, as the uterus was mistaken for a cyst and punctured, once after two days, and once after a month. In one case abortus did not set in, but the mother died thirty days after the operation from marasmus in consequence of vomiting, which could not be stopped, and which did set in after the operation. The prognosis for the mother is favorable, the percentage of deaths being only 22.2 per cent. The wounds healed quickly. Children born at term were living.

We thus see, that puncture during gravidity is not more dangerous than in other cases, and labor at term is the rule. Only repeated punctures are unfavorable to the course of pregnancy, especially to the life of the mother. Equally favorable are the results of ovariectomy performed during the first months of pregnancy, especially when we consider that the uterus was twice punctured, and in one case the operation performed after the rupture of the cyst. As it is impossible to know after the puncture of an ovarian tumor, whether in the course of pregnancy it must be repeated, and as experience teaches that the earlier a cyst is punctured, the quicker the fluid accumulates again, and thus brings danger to the life of the mother; our decision will be in favor of ovariectomy in solid or fluid cysts, whenever the diagnosis of an extensive ovarian tumor can be made out in the first four months. It is certainly the first requirement to be safe in our diagnosis. In the ovariectomies performed during pregnancy and known to us, the complication was frequently not expected.

Five cases (Scarpa, Bashwitz, Koesch, Lange, Blankmeister) demonstrate that *punctio abdominis* in ascites is not a dangerous operation for pregnant women. On account of very great dyspnoea, performed at the sixth and seventh month, a premature interruption followed only in two cases; but they were twin births. All the mothers did well after the operation, and as the fluid did not accumulate any more and remedies were applied for the cause, none of them died. One pregnant woman passed through a peritonitis without further disturbance, where the uterus was injured by puncture. The wound generally healed in ten days. Except the twins all the other children were born alive.

Hydrops ascites ex morbo Brightii is enumerated as an indication for artificial premature labor, where suffocation threatens the mother from the abdominal distension. In the cases operated upon by *Greuser* and *Siebold*, the children were born alive; but the mothers succumbed in puerperio.

We rather think that the *punctio abdominis* is greatly to be preferred to artificial premature labor, especially when we consider that the operation gives more chance as *indicatio vitalis* on account of the rapidity with which it can be performed, whereas premature labor always takes some time; that the former gives hardly any pain and quick relief, that children born at term have more chances to live, that when the dyspnoea renders an operation necessary in the sixth or seventh month, living children are hardly ever brought into the world; that the prognosis for the mother is more favorable after puncture than after premature labor; that finally, when the *punctio* is still necessary after labor, it never offers the chances as when performed during pregnancy, because transudation increases rapidly after labor, whereas during the operation in *gravida* the pressure upon the portal branches partly keeps on. We consider the *punctio* only then contra-indicated, when a repetition of the operation would be necessary, as the repeated albuminous losses tell on the health of the mother.

Thoracentesis is still less dangerous. We recommend it:

1, as *indicatio vitalis* in pleuritic exudations, by which the diseased lung is totally compressed, and the expansion of the healthy one prevented by the displaced heart and mediastinum; 2, in empyema. It is irrational to recommend artificial premature labor in such cases, for the strength of the mother does not increase after birth, as long as the fluid remains accumulated in the pleural cavities. Pus is hardly ever absorbed—a result on which we must not count—and its breaking through the bronchi allows only an unfavorable prognosis. If labor should set in after the operation, a spontaneous premature labor is more favorable for the mother and running a more rapid course, than artificially produced with consecutive treatment. Finally, we also recommend this operation in extensive non-purulent pleuritic exudations as an *indicatio morbi*, as the small concentration of serum during pregnancy rather prevents absorption, and experience teaches that pleuritic exudations, standing under great pressure, cause great difficulties to absorption. So much is certain, that in gravidity pressure is increased by the upwardly pushed diaphragm, and we must not forget that through the influence of pregnancy the pleuritic exudations may change into purulent ones.

Let us now pass from special to general considerations, and let us inquire, what right have we in general to operate during pregnancy?

It is acknowledged on all sides that tumors may arise and grow in widely different parts of the body during pregnancy, and that even insignificant tumors may be incited to excessive proliferation by pregnancy. There is no indication for an operation in tumors, which, like lipomata, myomata, poly-pous proliferations, hypertrophies of the thyroid gland, grow luxuriously during pregnancy, but disappear spontaneously during the puerperium.

Carcinomata growing so rapidly that extirpation becomes impossible after pregnancy had run its course, form an absolute indication for the operation. The indication is also a prophylactic one, inasmuch as, by an early extirpation, the progress of degeneration is checked and infection prevented.

In sarcomatous tumors the indications are not unconditional. We would only recommend a removal of such sarcomata as undermine the general health by great losses of blood or nutritive fluid, or which grow so large that by their enormous extension and by their proliferation into bones, fasciæ, vascular sheaths render, finally, an extirpation dangerous or impossible. We limit the indication, as relapses may occur in the same pregnancy during which the operation was performed, from the cicatrices, and such sarcomata grow more rapidly than those which were removed, and cases have also happened where sarcomata, just at the end of pregnancy, exulcerated on their surface, and large pieces were thrown off during the lying-in state without any hæmorrhage.

We are in favor of early operations in ovarian tumors, as they steadily increase during pregnancy, may burst, become adherent, discharge ichor, change into solid and malignant tumors, and, if not operated upon, may cause the most unfavorable prognosis by their accelerated growth, inflammation, hæmorrhage, rupture, etc. We never could comprehend where this fear came from.

Prophylactic operations for the removal of dangerous obstacles to labor and disproportions ought to be done during pregnancy, whenever such a procedure can be executed without detriment, and whenever, by so doing, we can promise ourselves a favorable prognosis for the pregnancy, labor, and puerperium. To this class belong the tumors of the external genitals, extensive thrombi, strictures, and stenoses of the vagina, hæmatocele uterina, ovarian tumors, accessible polypi and fibroids of the uterus, uterine cancer, vesical calculi. Where we fear rupture of aneurysmata we would rather recommend compression than ligature.

Abscesses, empyematæ, caries of the bones and of the teeth, which take all the strength away by the suppuration, by the high fever and painfulness, indicate surgical interference during pregnancy as well as at any other time.

Most frequently it is the *indicatio vitalis*, which commands surgical interference. Thus when respiration is impeded by

ovarian tumors, ascites, pleuritis, struma, vegetations in the laryngeal ventricle, œdema glottidis; also in order to stop profuse hæmorrhages in incarcerated hernia when taxis fails, in retentio urinæ, in poisoning by carbonic oxide gas; for the removal of foreign bodies from the trachea and œsophagus.

In relation to the influence of surgical operations on the course of pregnancy, we know that just as after accidental injuries, so also after operations, pregnancy more frequently runs its normal course, and that premature interruption ought not to be feared so much. In 54.5 per cent. labor set in at the normal time. Most operations were performed in the 3d, 4th, 7th, 8th month.

Among the causes which may interrupt pregnancy, we only mention: (1) The *period of pregnancy*. Whereas in operations at the second month abortions set in as frequently as labor at term, abortus prevails in the 3d and 4th month. The number of labors at normal term increases with the 5th, 6th, 7th month, and reaches its maximum in the 7th month. The number of miscarriages increases considerably (22.5 per cent.) during the 8th month, and falls in the 9th month to the 4th part. The supposition is therefore not quite correct, that an operation becomes less dangerous the more advanced pregnancy is. (2.) The *place of operation*. Whereas the number of abortus and miscarriages is generally 45.5 per cent., operations on the genital and sexual organs give 32 per cent. (3.) The *magnitude of the operation and extension of surface*. Amputations, exarticulations, ovariectomy cause more frequently interruptions than minor and less extensive operations. (4.) The *number of infants*. In six cases where twins were, and in one case where the uterus contained three fœtuses, labor usually set in before its time. Coincidence of twins with operations may be explained, that by the presence of several fœtuses, the respiratory troubles, and the œdema from stasis, must be essentially increased during pregnancy. Neither age, nor the number of preceding pregnancies showed any influence on pregnancy. Average age of women operated upon during pregnancy 27-35. Let

us consider, whether we can find a causal connection between the operation and the interruption of pregnancy. The operation may influence premature labor by itself or through complications. In the former case labor sets in immediately or shortly after the operation, in the latter case after a few days or weeks. After the operation labor set in in 37.5 per cent. cases, acting by reflex—in operations on the sexual organs—by mental emotions, as occasional cause by erysipelas, whenever there is a predisposition to it. The latter may begin immediately after the operation, so that the stage of incubation may be entirely absent. We then find already 12 hours after the operation, high fever and outspoken redness of the skin. Complications which more frequently interrupt pregnancy than the operation itself, are secondary fevers after the development of the first granulations, septic erysipelas from decomposition of the blood and secreta, septicopyæmic fever, death of the foetus, continuance of the disease which indicated the operation, tedious suppuration; hæmorrhages, with exception of metrorrhagiæ, are usually without any influence.

Operations during pregnancy sometimes lead to a prolongation of the gravidity. We cite the cases of *Busch*, prolongation of 4 weeks; *Mackintosh*, of 10 days; *Crede*, *Wenkel*, of 1½ month. The wherefore waits still for an explanation. *Busch* mentions that several cases happened in his practice, where internal diseases, as measles, dysentery, also produced prolongation of pregnancy and late labor.

The prognosis for the life of the mother depends entirely on the time when labor sets in. Whereas only solitary cases of death are mentioned at term, the mortality rises after abortus 33.3 per cent. The most frequent causes of death are peritonitis, septicæmic fever, exhaustion and hæmorrhages, œdema pulmonum.

Operations during the first 4 months are, therefore, not only dangerous on account of interrupting pregnancy, but we have also to fear the death of the patient. The prognosis for the children is favorable, when pregnancy is not interrupted.

The wounds heal as promptly as under other conditions. Cicatrization sets in at an average after 24 days. A cure per primam intentionem is rare, suppuration sometimes very profuse. It is worth mentioning, that during the suppurative stage the motions of the fœtus may cease, and are again perceivable after cicatrization.—*Volkman's Klin. Vortr.*, 59.

ARTICLE XL.—Solar and Lunar Influence.

CHARLOTTE, N. C., January 17th, 1874.

Dr. S. LILIENTHAL, New York:

MY DEAR DOCTOR,—Dr. Hering has spoken on Solar and Lunar Influence in the January number of the *Hahnemannian Monthly*, and Dr. Carroll Dunham corroborates his observations on the subject.

This breaks the ice, and I do not hesitate to contribute my mite of information on this point for your valuable journal without fear of being considered a "solatic" (to coin a word) or "lunatic." The following case occurred in Baranquilla, U. S. of Colombia, South America, and offers a potent proof of the influence of the moon upon the human body, and also upon an inert substance, converting it into a remedy:

Mrs. N. N., wife of a well-to-do merchant, aged 35, had suffered for two years from excessive metrorrhagia, lasting from ten to twenty days at each catamenial period, accompanied with excessive menstrual colic, and such an excessive flow, that she was exceedingly debilitated and reduced to such a condition that, to use her own words, "death was preferable to such an agonizing existence." Her husband had employed every old school physician in the city, and several celebrated physicians passing through the city, without her getting any relief from the colic, or any means proving successful in checking the flow. Lastly, a Homœopathic physician took the case, but could only afford her

slight relief from pain, and shorten a little the time of the flow. This professor never gave any remedy as high as the 30th potency! She then called another Homœopath, friend of mine, and he gave her a great many remedies from ϕ up to 8^m (Jennichen) without doing more than his confrère had done.

The case perplexed him exceedingly, and he made a prolonged study of it with no further advancement. At this stage I was consulted, and we discussed the subject of *Lunar Influence* at length. In the tropics this is much more powerful than in colder or temperate climates. It is a universal custom among the fishermen, both in salt and fresh waters, *never to fish while the moon is up*, for all fish taken out of the water after the moon is above the horizon spoil at once or decompose, even though thoroughly salted, and any fresh fish or fresh meat hung up, exposed to the moonlight for even an hour, decomposes at once, even though salted with the greatest possible care.

When the moon is nearly full, many persons who lie down in the open air, exposed to its rays, suffer pains and œdema of the parts exposed, on the ensuing day, and sometimes they lose their reason when the moonlight is concentrated on the head; hence, no doubt the origin of the word "luney" or "lunatic," or moonstruck. I have treated several of these cases with the remedies recommended in the manuals, but never with rapid success till I had discussed the subject in my own mind awhile, and argued thus: If the moonlight *causes* the pain and œdema, there must be virtue in moonlight to *cure* it; so I exposed a glass half full of pure water to the direct and reflected light of the moon for three or four hours; at the end of this time I poured the water into a perfectly clean bottle, and shook it well for a moment or two. The next day I had a case of œdema of face and hands, with violent pains in the swollen parts, of a neuralgic nature, in a stout negro, of about 35 years of age, who had slept the night previous in the open air, exposed to the rays of *the full moon*. I gave him about two ounces of the prepared water from the bottle marked "Luna" ϕ with directions to take a

spoonful every hour till relieved—this at 8 A. M.; at 12 M., and after having taken three doses of "*Luna*" he was relieved of all pain, and at 4 P. M. *the œdema had entirely abated*. After such marked success, I treated several similar cases with *Luna*, ϕ with the same unvarying quick relief. Reminding my friend, the Doctor, of these cases, I asked him if he had noticed whether Mrs. N. N.'s sufferings were aggravated at the time of full moon. This he had not noticed, but made a note of it to report at a future conference. About a month later, we met one evening, and he said that two days previously (*the day after full moon*) Mrs. N. N. was taken suddenly with the most violent attack of metrorrhagia she had ever had, and her pains were most excruciating. Then I replied, we must have found the key to the enigma; if I am right moonlight causes the disease, moonlight will cure it—give her *Luna* ϕ . A glass was prepared that night and sent to her the next morning, with directions to take a table-spoonful every hour till relieved; at the *third* dose the flow and pains ceased as if by magic. The ensuing month pains and flow presented themselves as usual, but *two* doses relieved entirely. A month later, pains and flooding again, but a single dose sufficed this time, and the month following, menstruation was normal—no pains or excess of flow. Thus, this patient, after two years suffering and agony, was restored to perfect health. Three years afterwards there had been no relapse. After her cure, she remembered distinctly that every time she sat exposed to the moonlight at the full of the moon her sufferings were in every way aggravated; when she kept in the house at this epoch she suffered much less—now she sits exposed to the moonlight for three or four hours with impunity.

We prepared *Luna*, and potentized it up to the 13th potency—a powder of which I have furnished to Dr. Samuel Swan, 13 West Thirty-eighth street, New York, and it will soon be potentized up to the *cm* potency by his new potentizing machine, just finished. I have used it for *all cases of abnormal menstrual troubles which are aggravated at the period of full moon*, at the 6th cent. potency, without having,

as yet, to record a case of failure. Relating the preceding case to Dr. Swan, in December, 1872, he prepared some Sac. lac. by exposure to the concentrated rays of the sun and has had this potentized by Dr. Fincke up to the *cm*, and with different high potencies has cured several cases of headache where patients could remember having suffered at any previous time *by exposure to the sun*. I believe that in such cases, which do not yield readily to other remedies, it will prove a specific; and, as such, of great value in our *M. Medica*. Dr. Fincke has potentized *Luna* up to the *cm* potency; but this is from the moonlight in our climate, which, I think, may possibly be less powerful than the preparation I brought from South America; but, as yet, I have not had any opportunity of testing it so as to institute any comparison between the effects developed by the one and those developed by the other.

Yours fraternally,

S. B. HIGGINS.



ARTICLE XLI—Clinical Observations on Graphite.

BY H. GOULLON, JR., M. D.

[Continued from p. 389.]

What kind of gastralgia cures Graphites?—Miss S., about forty years old, suffers for years from a severe torturing gastralgia, appearing periodically, about four hours after dinner, and if she takes a second breakfast she has an attack even in the forenoon. The pains are of great intensity, and most severe on the left side from the centre of the stomach. The absence of characteristic symptoms of gastric catarrh is remarkable, no vomiting, no waterbrash, no eructations, no bloating of the abdomen after eating, no loss of appetite, tongue only slightly coated, bowels regular; is in good spirits, without any mental irritability; sleeps well and refreshingly; no sick headache; thirst not increased; no chilliness, and feels good in the fresh air.

Milk-diet sits well on her stomach, and she is fond of warm milk; in fact warm drinks relieve, beer aggravates; intolerance to potatoes and boiled meat, whereas roasts are well borne. In the morning hours she has a furry taste, which passes off during the day, and, as the patient remarks, "adheres to the teeth." As a young girl, she suffered greatly from chlorosis; twice her life was endangered by menorrhagia, once in consequence of over-exertion and severe gastralgia, the second time from lifting too heavy a load. She took at that time, *secundum artem*, large quantities of iron, which aggravated her case. Even now she has rather a pale look; her menses are scanty and dysmenorrhœic during the first day, but perfectly regular as to time. After failing with the usual remedies, a more careful study led us to Graphite, of which she took a dose of the 3d trituration morning and evening with so much benefit, that even her courses appeared without the usual dysmenorrhœic day.

Let us examine this case a little more closely: (1) a woman suffers from gastralgia, who (2) had formerly chlorosis; (3) scanty menses (4) preceded by menstrual colic; (5) periodicity; (6) gastralgia sets in a few hours after dinner; (7) aggravation by cold drinks and boiled meat; (8) warm milk and roasts sit well on the stomach; (9) furry taste—tongue only moderately coated; (10) the pit of the stomach is not the seat of the pain, but more to the left; (11) the pain is always at the same spot, and of great severity; (12) absence of usual gastric symptoms. No bloatedness, no nausea or vomiting, no acidity nor waterbrash. Patient has good appetite, and is in good humor.

2. Miss S., tall and slender, scrofulous, subject to frequent sore throats, suffers from bloatedness of the upper gastric region, appearing several times a day, without any direct diminution of her digestive powers. *Constant yawning* is characteristic and brings a kind of relief, also eructations. Bowels regular. Menses scanty, with some menstrual colic during the first day. Patient grew very fast, and when only fourteen years old, looked more like a young lady of twenty. She is of sedentary habits, very soft (weeps easily), remind-

ing one of hysteria and of a melancholic temperament. Graphite³ morning and evening (five doses altogether), when all gastric pains ceased, and the menses appeared copiously, free from pain, and eight days too soon.

The gastralgia changed into a painful sensation going to the chest, which passed off in a few days. We wish to remind our readers, that the ailment consisted in this case not so much in a severe gastralgia, as in a troublesome, unexpectedly appearing bloatedness of the gastric region, with continual alleviating yawning.

The A. H. Z., xlvii., No. 5, contains a remark deserving our special notice. *Stork* felt, after taking one grain Graphite, a slight pressure in the stomach and eructations. Two grains caused, after half an hour, gurgling in the intestines and a slight colicky pain between the umbilicus and *left* hypochondrium. He also observed increased defecation, passing more frequently large quantities of pus mixed with mucus. The colicky pain on the left side is interesting, as this region of the stomach (perhaps on account of the neighborhood of the spleen) seems to be more affected by Graphite.

3. A. H. Z. 61, No. 2. Clinical cases from the Dispensaire Hom. de St. Laurent in Paris. *Gastralgia with vomiting.* Mrs. C., widow, 50 years old, suffers for the last 15 years from some *periodical* gastralgia, with vomiting of the food *immediately after eating.* The present attack came on after anger, lasts already six weeks. The pains are burning and radiate into the abdomen. Graphite³⁰. The first dose brought already relief, and she felt well before she finished her medicine.

4. *Graphite for Colic.*—A child suffered from colic the first four days after its birth, which troubled the other children for more than 3 or 4 months after birth, without the least relief from any remedy. Odorless gases seemed to be the cause of it, and at the acme of paroxysm, which mostly happened in the evening, the infant threw itself backward and became stiff. One dose Graphite²⁰⁰ relieved the child perfectly for a long time. Only 2 or 3 doses were necessary,

at long intervals. The child is now four months old (Hamilton Ring).

5. *Graphite for Habitual Constipation.*—A young man, of 24, suffered for the last five years on account of his sedentary habits. He is of a nervous temperament, tardy digestion, has 2—3 stools in a week, congestions to the head, *cannot bear the light*, mental occupation impossible. Hypochondriasis. Abdomen full after a meal, especially after dinner, in consequence of large quantities of odorless gases. Disagreeable sensations, especially headaches, when he eats fat or legumina. No pains in the stomach or intestines. Slow, dry stools, atony of the intestines. For three months our treatment failed. Graphite for 10 days brought daily copious stools of soft consistency, and amelioration of all symptoms. After two weeks one dose Graphite ʒ^{ss} for three weeks a normal stool every day. Nux, Sulphur, Calc. (high potencies) finished the cure, during which the patient had an enormous swelling of the upper lip, which troubled him only a short time. Several years have passed, our patient enjoying the very best of health (Hamilton Ring, in *Bibl. Hom.*, Nov., 1869).

Remarks.—In the two last cases, Graphite acted in its quality as coal, for we know that Carbo.-veg. is an excellent remedy for gaseous accumulations.

6. Mrs. B., seventy years old, of sedentary habits, suffering from cataract of both eyes, complains of chronic costiveness with hæmorrhoidal habitus. Graphite 0.06 to 4.0 Sugar of Milk, taken for two weeks, fully regulated the alvine evacuations. On another occasion, I saw from the same dose spontaneous hæmorrhages per anum in persons who never suffered from it before. Graphite also caused reappearance of suppressed hæmorrhoidal discharge, just as we know it from Sulphur. Graphite might be called in one sense the Sulphur of woman.

Goullou, Sen., praises Graphite for tænia. Our clinical experience supports this fact, especially as we know that Carb-veg. and Kreosot show an analogous action. Even a soft stool is no contraindication.

7. Mrs. K., 45 years old, complained the whole winter of drawing, contracting pains all over the body, especially the upper part feels constricted. She feels as if there was a lump in the stomach, with a constant hammering pain. Nausea. Downheartedness, as if she could not live another day; is touchy and does not want to be talked to; indifferent to the outside world, and hates to work. Constant chilliness. Great anguish before menstruation, though normal discharge. Chronic constipation. Graphite², a few grains every morning, produced amelioration in a week. Bowels regular, feels more pleasant and lively and loves to perform her family duties.

8. Male, 38 years old, complains for two weeks of severe pressing pains, with anguish and oppressive hypochondriasis. The seat of the pain is in the left hypochondrium, in the splenic region near the pit of the stomach. Loss of appetite. Constipation. He can only rest on his back. One dose Graphite^{1 2} relieved him. Restored after three days.

Hydrocele and Hydrops.

1. Graphite in hydrocele. A boy, eight years old, had a left-sided hydrocele of the size of a good sized apple. Allopathy (Iodine and salves) without result, and surgery therefore proposed. Graph.³⁰, every fourth day a dose. After eight days reduction of the swelling, and after two weeks (only two doses) a perfect cure. (Cl. Mueller, *Hom. Viertelj.*, p. 364.)

2. H., 54 years old, formerly suffering from bronchitis, injured his testicle, which became painful and swollen with tendency to orchitis, and accumulation of water in the scrotum. Graph.¹², Silic.¹², and then again Graph.⁶. After nine days nearly all the fluid is absorbed; after four weeks the swelling disappeared and the seminal cord decidedly diminished. Graphites was continued till the scrotum and contents were entirely normal. (A. H. Z., 39, 141. *Brit. Journal*, 1849).

3. Mrs. P. General anasarca of lower extremities; some-

times palpitations (no organic disease of the heart present). During the winter usually rheumatic pains in upper extremities, but last winter she had none. Graphite¹³ and Arsen.^o, given for a long while at intervals, restored her to her usual state of health.

4. *Wurmb* recommends Graphite and Baryta-mur. in hydrops of the knee-joint. Graphite also cures œdema pedum from amenorrhœa.

ARTICLE XLII.—Diabetes and its Treatment by the Homœopathic Method.

BY DR. C. H. OZANAM.

(Continued from page 402.)

Eruptions.—Most frequently the skin is dry, wrinkled, anæsthetic. Eruptions of *lichen*, *impetigo*, *aine*, prurigo, are often met with. Terrible itching of the skin with prurigo or without any apparent cause, is often the very first symptom revealing to us the presence of diabetes. We remark also here that the eruptions are most frequent in diabetes without diuresis, where the sugar is eliminated in less quantity.

Following Friedreich, the fungi which develop themselves in diabetic urine, also vegetate on the skin of the genital parts; in fact, wherever the urine drops and remains, at the base of the gland, at the sides of the prepuce in males, on the clitoris and at the base of the labia minora in women, and we can thus explain the frequent pruritus of the genital organs and the nymphomany, and we may then recognize at first sight by microscopic examination the nature of the disease. It is thus also that the same disease, the diabetes, produces in both sexes the most opposite effects. In the male, by its general effect it destroys all desire for sexual pleasure; in women, the local trouble exalts the sensitive-

ness of the external genital organs and may thus lead to nymphomany.

Second Period.—In the proportion as the diabetes becomes more and more impregnated with sugar, the strength diminishes, emaciation increases, the patient feels himself easily tired and only wishes for rest. The weakness may even increase to paralysis. The voice also becomes weak, the sight indistinct, amblyopia, diplopia, strabismus, may set in, and all these phenomena are aggravated during digestion, and more glyucose is produced. The patient can only see with magnifying glasses, and the amaurosis may become complete. In other cases the disease attacks more the cornea, which becomes opaque on the crystalline lens, and a cataract is formed. Richardson in his late experiments produced cataract in frogs by keeping them continually in sugar-water, and Dr. Mitchell obtained the same results by injecting sugar or diabetic urine in the cellular tissue of different animals.

Deafness, or at least hard hearing, may also accompany diabetes.

Smell and taste are greatly weakened; the patient is downcast, apathetic, subject to dizziness, stupefaction, to nightmare. He sleeps poorly; his intelligence is weakened, nearly inactive. Cases of idiocy, of mania, and of other mental diseases, are mentioned.

Muscular System.—According to Cl. Bernard, there are three organs besides the liver where the glycogenous matter usually accumulates: the muscular system, the skin, and the lungs. These are also the organs which suffer most in diabetes. Muscular action becomes diminished and even destroyed. The muscular fibre disappears even in the strongest man.

Liver.—In diabetes the liver loses the property of transforming the sugar which is carried there for alimentation, and this sugar, instead of serving for general nutrition,

increases only the quantity which finds its way to the urine.

Vital Heat.—Diabetic patients are always cold, as the temperature of their body is always diminished one or two degrees on account of the incomplete oxidation of the sugar.

Generation.—All generative functions soon cease, such patients have neither erections nor venereal desires. The courses disappear in women, they become sterile, and when an otherwise strong man complains of impotence, we have a right to suspect diabetes.

Third Period.—Autophagism.—At this period the sugar is no longer formed simply by the oxidation of starchy matters, but also by the transformation of the albuminoid substances; then, not content with those furnished by alimentation, it encroaches upon those of the body itself, and thus begins *autophagism*. Nutrition becomes feeble, and the stomach is tender, dyspeptic; the patient is consumed, and is gradually transformed into glucose. From this time, the emaciation is marked; the legs and the eyelids become œdematous; all the tissues are saturated with sugar; the phenomena of organic endosmosis and exosmosis can no longer take place, hæmatisis itself is interfered with, and there is about to begin the period of serious and final results.

Gangrene.—Some years since, Messrs. *Marchal De Calvi*, *Landouzy*, and *H. Musset* noted gangrenous results as frequent in diabetes. A great number of the cases of senile gangrene are really diabetic. They are characterized by an inflammatory circle, which announces and precedes mortification. Sometimes these are gangrenous ulcerations of the *ischia*, of the *shoulders*, of the *heels*, *sphacelus* of the *great toes*, of a *foot*, or even of a *leg*; *gangrenous angina* (*Kuchenmeister*), *gangrene* of the *lungs*. Then, again, with regard to the skin, we have *furuncles*, and *anthrax*, which is very frequent; the furuncles are multiple, have a reddish suppura-

tion, odorless, without fluctuation ; the carbuncles are multiple also, appear chiefly on the posterior part of the body, their pus is fluid, of a chestnut color, and of the odor of fermented honey. Gangrene of the skin is sometimes followed by a very obstinate phagedenic ulcer.

The recent labors of *M. Mandl* upon the *retrograde exosmosis* of the serum of the blood into the tissues impregnated with sugar, have completely shown how, in diabetic persons, the capillary venous circulation is gradually arrested by the exosmosis of the serum, and the endosmosis of the sugar, whence the syrupy thickening of the blood, a kind of partial asphyxia, or of venous stasis, and the consecutive sphacelus which results from it.

Phlegmons and Abscess.—In place of the gangrene, there sometimes appear diffused phlegmons or abscesses, either in the areolar tissue, or even in the internal organs, in the *iliac fossa*, and above all in the *liver*. These suppurations take place almost without inflammation, the pus is rose-colored, sanguinolent, almost without odor. By these characteristics the physician will always recognize the glycosuric pus, and will diagnosticate the *disease*. These disorders of the circulation bring with them great feebleness and disturbance of calorification, the temperature being lowered from two to two and a half degrees, instead of being raised as in sthenic inflammations.

Congestions.—Sanguineous congestion is one of the most common complications of diabetes, and recognizes the same mechanism. Pulmonary or cerebral congestions, which may lead to hæmorrhage, and sometimes carry off the patient in a few hours. There have been also observed *pneumonia*, and *acute meningitis* ; *nephritis* with or without albuminuria, and *pyorrhæmia* or chylous state of the blood. Indigestion is frequent, but the most common termination of diabetes is *pulmonary phthisis*, the *saccharine phthisis* of Copland. Its march is rapid ; arrived at a certain point it masks the diabetes, and sometimes goes so far as to cause the dis-

appearance of the sugar from the urine a few days before death.

Among diabetic persons, 43 out of 100 die phthical. One of the determining causes, in our judgment, is, without doubt, the general impoverishment of the economy, in consequence of the autophagism, but, besides this, the considerable secretion of lime which is found in the urine. Softening or gangrene of the walls of the air-cells occurs also, complicating and suddenly terminating this phthisis; a gangrene, often without the odor which would cause it to be recognized in advance. (Charcot, 1855.)

Thus diabetes impresses a particular stamp upon each of the affections which may complicate it.

Periodical form. After the complete description which we have just given of the common form, we have to add only a few words to characterize the other forms. One sees invalids attacked periodically with diabetes. Some will have it one year out of four or of two, with others the diabetes seems to leave every year during the pleasant season, then to reappear later. And the disease persists with this character during quite a number of years.

P. Frank cites a case which was only diabetic in spring and autumn. Bence Jones described an intermittent diabetes. The diabetes may, then, be intermittent or periodical, but it may also be alternating. Indeed, diabetes alternates at times with saccharine *sweats*, during which the urine receives no more glucose.

Acute form. Marchal de Calvi cites two cases in which the disease ran its course in a few weeks. Under these circumstances the disease, instead of commencing by the alteration of the starchy elements, or of the alimentary albuminoids, begins at the onset by autophagism, and it is the tissues of the body themselves which furnish, by their oxidation, the elements of the glucose; hence this form is always very serious.

Abnormal form. This form, but little studied as yet, is sometimes difficult to recognize. It is sometimes confounded

with the periodical form. The abnormal form is divided into five varieties :

Glyco-albuminous diabetes.	
Fatty	“
Amyloid	“
Inosuric	“
Uric	“

Glyco-albuminous diabetes.—The glycosuria, in this case, alternates with albuminuria, which is, after all, only an albuminous diabetes; the two affections may also be met with in the same person. Their seriousness is always greater than that of each affection separately, and the prognosis should always be very guarded. Moreover, the seat of both lesions is the floor of the fourth ventricle, and, as in autophagic diabetes the albuminoids are themselves transformed into sugar, it is evident that these two affections may alternate in the same person, and be confounded in one single and identical morbid form.

Fatty diabetes.—According to Pavy, the glycogenic material in the healthy individual, is partly transformed into fat. Therefore, it is not astonishing to see the diabetes sometimes disappear, replaced by obesity, by fatty tumors, lipomata, steatomatous wens, atheromata, etc., which seem to be the natural diverticulum for the surplus of the organism; when it is no longer sufficient for the complete oxidation of the carbons. These are tumors of safety, almost kinds of cure; but if the fatty diathesis invades the proper tissue of the organs, as of the liver, kidneys, etc., there may occur new complications connected with this new seat of disease, and notably progressive fatty degeneration.

At other times the fatty product is secreted by the intestine. J. P. Tessier saw cases where the diabetes disappearing, was replaced by daily stools, composed of fatty caseous masses, resembling small cheeses.

Lastly, the morbid product may be secreted by the bladder, and this is the *fatty or chylous diabetes* of Prout. It is a remarkable fact that this morbid condition in man corresponds

to a physiological and permanent one in the brute; for the adult carnivora have fat in the venous blood and in the urine in their normal condition. (Vulpian, *Gaz. Medic.* p. 380.)

Milky or fatty urine constitutes also a physiological condition in pregnant women, and, what is remarkable, according to Dr. Blot, the same is true of glucose, which is found normally in small quantity, in the urine of women who are *enciente*; here, again, may be clearly seen the relationship of the two affections. But, in the pregnant woman, the fatty elements are only in small quantity, and form in cooling only a light pellicle, described under the name of *kiesteine*. They are, moreover, held in a state of emulsion by the caseine; in diabetes, on the contrary, the quantity of fatty globules is much more considerable.

Sometimes they are reunited under the form of distinct globules remaining in suspension in the urine, and coming to the surface when it is at rest. At other times they are reduced to infinitely small granulations, held in emulsion by a little albumen or fibrin. Lastly, we meet with urine which is at the same time loaded with fat, with albumen, and with sugar.—(Labbé, *Union Méd.*, 1862, p. 157.)

During rest a cream often forms on the surface. The reaction is acid and the odor butyrous or caseous. This fat can easily be isolated by means of ether or sulphate of carbon. The urinous odor is almost wholly absent. *Bence-Jones* does not regard this substance as true fat, but as a kind of chyle of a milky aspect.

Instances of this affection are frequent in warm countries, in the Bourbon Isle, at Maurice, in Brazil, and in English Guinea; and Dr. Bouyum has often met with it among creoles and negroes. According to this observer, chylous urine accompanies or follows certain irritative fevers presenting the symptoms of acute diabetes. It is seen to follow at the end of dysentery and of hæmaturia.

Uro-stealithis.—The fat may again manifest itself under a solid form in the urine. This is the affection described by *Florian Heller* under the name of *uro-stealithis*. It consists in smooth, yellow, fatty, and amorphous concretions, soluble

in alcohol, and above all in ether, and saponifiable by the alkalies. Besides, the alkaline treatment often cures this affection, as it does diabetes.

Amyloid diabetes and cirrhone affection.—We encounter here another mode of deviation in abnormal diabetes. The glycosuria does not attain its complete evolution, it retrogrades one degree; the nutritive starch becomes transformed into organic starch and dextrine, but the latter, instead of being transformed into sugar by the oxidation of its elements, enters in its natural state into the organism and accumulates under the form of irregular granulations, recognizable by the microscope and by the reaction with Iodine, which colors them a yellow-violet.

This product is found in small quantity, at first in the urine, then in all the organs. In the *mucous coat* of the intestine, the *walls* of the *blood-vessels*, the *brain*, the *spinal marrow*, the *skin* itself, and even in the *retina* and the *optic nerve*, where it may become one of the causes of *amblyopia*. But no organ is more liable to amyloid degeneration than the *liver*, destined by its functions to receive the starch in order to change it into sugar. The affection begins here in the *blood-vessels*, and especially in the small branches of the *hepatic artery*, then it invades the *hepatic cells*, the contents of which are changed into an amorphous, transparent substance, giving with Iodine the characteristic reactions. Next to the liver, it is the *kidneys* which are most often affected. The amyloid corpuscles impregnate the malpighian bodies and the walls of the capillaries in their whole thickness, accumulate in the muscular coat of the arteries, diminishing their calibre, and inducing disturbances of the circulation, which are not long in inducing albuminuria. The kidney becomes soft, the semi-transparent amyloid corpuscles are united and mingled, and at the autopsy the kidney can be cut like a piece of fat, whence the name of *cirrhone kidney*. Iodine colors it oftener red than blue.

This affection may manifest itself under three different varieties.

1. It sets in at once, without a preceding disease, and

continues without coming to a glycosuria. This is the so-called "amyloid" affection.

2. It succeeds diabetes, of which it is only a retrogressive evolution—about half a cure.

3. It may be added to diabetes and co-exist with it by giving a product analogous to a tri-haloid or ter-haloid sugar, composed partly of starch, partly of sugar.

It has been already ascertained that among the *trenicata* the presence of starch is normal in its organs, which shows that in man this disease constitutes a retrograde evolution to inferior organisms. Thus every variety of this curious disease which constitutes diabetes finds its analogue in permanent and physiological states of an inferior order, animal or vegetable.

Inosuric Diabetes.—One of the most interesting transformations of glycosuria is *Inosuria*. *Vohl* found *Inosite* ($C^3 H^3 O^3$) in diabetic urine, and saw it increase in proportion as the sugar diminished or disappeared. *Gallois* traced the whole history of this new kind of sugar. *Inosite is in fact the sugar obtained by an infusion of muscular tissue*. Hence we see its relationship to severe diabetes, wearing out the muscles, the azotic substances, an *autophagia*. We also thus understand its relationship to the fatty diabetes (*Diabetes graisseux*) by adding that the *Inosite*, according to *Scherer*, constitutes a transitory degree in the metamorphosis of the fat before its final conversion into carbonic-acid and water.

Inosite differs from glucose in that it fails to cause alcoholic fermentation, and that it does not reduce the liquor cupropotassicum. Such a diagnostic error happens easily when the physician forgets this exception. In oxidizing, *Inosite* produces the *Urochrome* of *Thudichum*, the coloring matter of the urine; and when the urochrome in a weak person is retained in the blood, it decomposes rapidly into *uropittine* and *omicholic-acid*, which then determine the whole series of phenomena called *uræmic*, to which so many diabetic patients quickly succumb.

Uric Diabetes.—Glycosuria sometimes alternates with uric

gravel, and the sugar is sometimes quickly replaced by large quantities of Urates of lime, of soda, of ammonia, or magnesia. I attended a patient far advanced in diabetes, who rapidly got well after the appearance of uric gravel and the formation of a stone in the bladder. The intimate relations of this affection with gout explain how diabetes can be replaced by gouty paroxysms, or by rebellious and acid chronic diarrhoeas, for the details of which gout must be carefully studied.

Diabetic Neurosis.—Finally, we would remark, that through the influence of diabetes different neuroses may set in—hallucinations, hysteria, hypochondriasis, mental alienations—which accompany diabetes, and sometimes suddenly rise to such a height that they totally mask the symptoms, and it appears as if they had taken their place. It is a long time since *Aretæus*, speaking of diabetes, wrote: “*Omnia fastidiunt, de omnibus dubitant.*” Mental neuroses are more rare in the course of glycosuria than in that of polyuria; with that difference, according to Landowzy, that perversion of intelligence is more characteristic of polyuria, diminution of diabetes.

Pathological Anatomy.

Liver.—The liver of diabetics is in a state of continual turgescence analagous to that which we see periodically in that organ during digestion. It is gorged with blood, voluminous, and this hyperæmia gives it a brown-red color, under which the yellow substance disappears; it contains besides, saccharine matter in at least double the quantity as in the normal state, which is 23 to 24 grammes.

Kidneys.—The state of the kidneys has been perfectly elaborated by M. Gigon (*Union Med.*, 1868).

When the diabetes has lasted a long time, or is very severe, we find the blood-colored pericalicinal network greatly developed, a network which serves as a filter to the kidneys, in order to eliminate in the shortest manner the enormous quantity of absorbed liquid. This short road goes from the liver to the portal vein, to the vena cava, to the emulgent

veins, and terminates in the calices and ureters without having passed in the general circulation nor in the renal glandular tissue. In fact, whilst the filtering peri-calicular vessels are dilated and varicose, the renal tissue appears anæmic, atrophied, the cortical substance and the Bellinian tubes pale and thin; cases of hypertrophy of the kidneys, sometimes observed, can only be explained by the existence of some congestive, inflammatory complication, or cirrhotic, amyloid, fatty degeneration, to which diabetic patients are exposed.

Stomach.—The walls of the stomach, when bulimy prevailed for a long time, show very pronounced injection or arborisations.

Pancreas.—The pancreas, on the contrary, shows remarkable atrophic diminution.

Brain.—The lesions of the brain are, without doubt, the most important. The researches of Cl. Bernard prove, physiologically, the anatomical seat of diabetes, by demonstrating that a prick in the floor of the fourth ventricle, on a level with the olivary eminences, produces sugar in the urine. This observer could, at his will, increase the proportion of sugar by increasing the size of the instrument employed; thus a wound of one millimetre produced 4% sugar, of two millimetres, 8%, and so on.

Afterwards, several observers, especially Dr. Luis, 1860, demonstrated pathologically the anatomical seat of diabetes, finding in the autopsies a vascularity of the walls on the floor of the fourth ventricle, especially on a level of the calamus scriptorius, an injection producing a resemblance to the grey tissue of the brain. The capillary vessels are transparent, in the deceased parts the nerve-cells are found to undergo a fatty degeneration; they are atrophied, full of yellowish granulations, and the connections or anastomoses of the cells are entirely destroyed. In the second period, the fatty degeneration of the nerve-cells extends over the whole region, and the whole nerve-tissue becomes atrophied.

Retina, Diabetic Amblyopia.—As long as the amblyopia is light, no lesion can be detected, and it can only be considered a fractional derangement, attributable to exaggerated action

of the tensor retinæ. About a third of diabetic patients suffer from it, especially during digestion. Oftentimes, such amblyopia increases to amaurosis, atrophy of the optic papillæ, excavation of the centre, deformity of the circumference, sediments in the retina and optic nerves, fatty degeneration of the nervous elements. Amblyopia may also be produced by a hæmorrhage into the retina, by a cerebral apoplexy, or by œdema retinæ.

Cristalline, Diabetic Cataract.—It ordinarily takes on the stellar form with transparent intervals, and this symptom showing itself in a person apparently well, is of great diagnostic value; it shows itself symmetrically in both eyes, and is mostly soft, voluminous, prominent, so that it infringes on the iris.

Diagnostic.

Seven different diseases may be confounded with diabetes, namely: transient symptomatic glycosuria, polyuria, uræmia, uric diathesis, hippuria and tapeworm, herpetism, and finally simulated diabetes.

1. *Accidental Glycosuria.*—As often as the starch introduced into the organism is not sufficiently oxidized, the complete evolution does not take place, which ought to transform it into carbonic acid and water. Inferior oxidation changes it into oxalic, lactic, acetic, uric, and other organic acids, but still weaker oxidation changes it into sugar.

This oxidation may become imperfect by three different modes: 1. By deficiency of oxygen or of combustible matter. 2. By superabundance of starchy combustibles. 3. By lowering of the temperature, which arrests chemical action. As often as one of these three causes prevails, we are sure to find sugar in the urine. In fact, we are not astonished that many diseases produce a transient presence of sugar in the urine; thus: hysteria, epilepsy, severe respiratory troubles setting in suddenly (Alvaro Reynoso), croup, whooping-cough, asphyxia from whatever cause, cholera, effects from cold and freezing, which are only partial asphyxiæ, phthisis, pleurisy, asthma, cerebral commotions, cerebral affections from teeth-

ing, violent neuralgia, delirium tremens; finally, intermittent fever is nearly always accompanied by glycosuria, where the severe paroxysm is ushered in by intense chilliness. The sugar disappears again, when the fever becomes protracted and cachexia commences.

But in all such cases the glycosuria is only a symptom, and does not constitute the disease, and as soon as the latter is cured, the former ceases; *sublata causa, tollitur affectus*, and according to each cause has also the glycosuria its particular symptoms. The phenomena differ also from those of true diabetes, where the spinal lesion renders the glycosuria obstinate and progressive, because the sugar being less abundant, the organism suffers but little, and all the symptoms of decay are in reality absent.

The course is that of the causal disease—quick and short in croup, whooping-cough; periodical in asthma, hysteria, epilepsy; continuous as the disease itself, but hardly fatal by itself.

2. *Polyuria*.—Hypersecretion of urine devoid of sugar is closely allied to diabetes, and its characteristic is also the floor of the fourth ventricle. But Cl. Bernard and Landouzy have shown that *diabetes mellitus is produced by pricking the centre of the fourth ventricle, and the insipidus by pricking below the acoustic roots*. Both affections may exist simultaneously, or diabetes only, without polyuria.

The symptoms of polyuria are also less marked. The trifling thirst is remarkable, and proves sufficiently that the urinary secretion is not the only cause of the thirst in diabetic patients. Appetite is only ordinary, the skin not dry. There is no cachexia, and death hardly ever follows. Chemical and optometric examination is necessary for the diagnosis.

3. *Uræmia*.—Hypersecretion of urea may simulate diabetes by the great density which the urine possesses, and although its characteristic seat has not yet been fixed, I am sure that it will be found also in the fourth ventricle, which appears to be the great cerebral centre of co-ordination for the bodily functions. Flourens called it, therefore, in truth "*le næuul*

vital" (the vital knob), I would like to call it the *nœud pathologique*, as here, in an original nervous alteration, most organic consecutive affections take their starting point. But the most simple chemical analysis will show in uræmia the absence of sugar, especially as Nitric acid and evaporation give abundant crystals of Nitrate of urea.

Hippuria.—The presence of Hippuric acid and of hippurates in the urine of man manifests itself by great thirst and abundant micturition, so that we might think on diabetes. But the density of the urine, less than in the normal state, suffices for the diagnosis, and chemical analysis demonstrates the absence of sugar.

Uric acid.—The reduction of the Liquor Cupro-potassium by the Uric acid has led many a physician into error. We need, therefore, the absolute optic signs drawn from the diabetometer to insure certainty.

Herpetismus.—Diabetes sometimes appears with queer symptoms; thus it may impose upon us by the production of a cutaneous disease, with great itching, and even with real eruptions of herpes, prurigo, or lichen.

Tænia.—The bulimy, the salivation, and the vague pains all over, but especially in the stomach, abdomen and kidneys, may render us suspicious of tænia. But in all cases just mentioned, an examination of the urine will prevent every error.

Feigned diabetes.—A physician must have his eyes open on the tricks of imagination, and know that certain hypochondriacs or hysterical patients try to feign diabetes. Drs. See and Bourdon cite two remarkable cases; but though some neuropathic symptoms coincide, the patient fails to give the totality of diabetic symptoms: excessive thirst, copious micturition, dryness of the skin, emaciation, hypertrophy of the liver, etc. Here it only suffices to isolate the patient, and the urine becomes insipid as soon as the supply of sugar is cut off. Furthermore, the saccharimeter of Robiquet shows us the difference between cane sugar and glucose sugar. When pure, the polarized light appears to the left;

if converted into sugar, subverted by the intervention of hot Chlorhydric acid, it deviates to the right.

Prognosis.

Favorable Symptoms.—Stoutness, ease of life, healthy dwelling, perseverance and energy in treatment—when three to four days' treatment suffices for the momentary disappearance of the sugar. Women are more easily cured than males, when strength keeps well up. It is less dangerous in old persons than in infants. The transformation of diabetes mellitus into a fatty diathesis is a favorable sign; also when polyuria takes the place of glycosuria. Skin eruptions, following in the course of diabetes, may act as a favorable derivation. Periodical diabetes is a benign form.

Unfavorable Symptoms.—When all treatment fails to diminish the quantity of sugar in the urine. Infants succumb easily to diabetes. Gangrenous inflammation in the course of diabetes. Tuberculosis. Serious complication may be feared when the sugar suddenly disappears and without cause, a rapid death may be expected. Neglect, misery, sojourn in hospitals, unhealthy dwellings, are aggravating circumstances. April and May frequently cause aggravation. The presence of large quantities of lime in diabetic urine allows a prognosis of approaching phthisis. Albuminuria may complicate or replace diabetes, and is of bad omen. Acute, spontaneous diabetes is always dangerous. The extension of the cerebral lesion corresponds to the quantity of glucose, and measures about 1 millimetre to 4 grammes sugar in 100 of urine.

Course and Duration.

Diabetes runs a slow course, and often continues, subject to continued ameliorations and exacerbations. It usually lasts several years—1, 7, 9, 14 years. Sometimes it is cured, but relapses are so frequent that it cannot be considered a cure, according to Franck, till a year is passed. 65 per cent. succumb to the disease. Only 15 per cent. can be considered

definitely cured. Hygienic treatment, strictly followed out, is one of the first conditions for a cure. Chances for a cure are the more favorable the earlier the disease is discovered and treatment begun.

(To be continued.)

ARTICLE XLIII — Clinical Notes on Nervous Diseases of Women.

BY WILLIAM B. NEFTEL, M. D., New York.

In female patients suffering from various affections, back-ache is very frequently met with. I prefer this simple name, designating but a mere symptom, to the more learned term of spinal irritation that may lead to a false interpretation. The doctrine of spinal irritation has already done much harm and greatly arrested the progress of neuro-pathology. Promulgated at first by some obscure physicians in England, it rapidly found enthusiastic adherents all over the world. Indeed, for superficial observers, it seemed an easy means to diagnosticate and treat almost every disease. The method of examining was very simple, requiring only to find over the spinal processes some places that were painful, either spontaneously or by pressure, and this was deemed sufficient to explain an affection of the corresponding organs. The treatment then had to be directed to those painful parts, and was not difficult, although varying according to the different meaning given to spinal irritation by different authors. Fortunately this fallacious doctrine met with a strong opposition on the part of such excellent physicians like Romberg,* Hasse,† Stilling and others, and called forth a salutary reaction. At present the affection hitherto described under the

* Lehrbuch der Nervenkrankheiten des Menschen. Dritte Auflage. Berlin, 1853, p. 179.

† Krankheiten des Nervensystems. Zweite Auflage. Erlangen, 1869, p. 43.

name of spinal irritation is entirely excluded from the nosological system, and is not even mentioned in the more recent works on nervous diseases by Eulenburg,* Rosenthal,† and others.

An analysis of the phenomena constituting the so-called spinal irritation, shows that this latter is a symptom or a complex of symptoms accompanying the most different morbid conditions, in the same way as do the symptoms headache or cough accompany various affections of different organs. Thus we find spinal irritation, or, to be more plain, backache, as a symptom of neuralgia of the spinal nerves; in the cervico-occipital neuralgia, in cervico-brachial neuralgia, in intercostal neuralgia, in lumbo-abdominal neuralgia. These neuralgias, appearing spontaneously and culminating in paroxysms, are often met with in anæmic persons, and we generally find this kind of backache, like other neuralgic pains, in patients whose blood has undergone some qualitative or quantitative alteration, for instance in miasmatic (malarious) and contagious diseases, in chlorosis, etc. Sometimes the backache may have its seat in the muscles, in which case the pain is not so acute as in the neuralgic form; it is more superficial, increases by certain movements, and is diminished or abolished during rest (in a quiet recumbent position).

Again, a deeply-seated pain, which is very much increased by pressure, and impedes the movements of the vertebral column, may be a sign of an affection of the vertebræ or of their articulations.

In spinal meningitis the backache is greatly increased by every passive and active movement of the trunk and of the extremities, but not by external pressure on the spine. This backache, therefore, causes immobility by impeding the action of the muscles, which appear rigid.

In myelitis the backache is circumscribed, corresponding

* Lehrbuch der functionellen Nervenkrankheiten. Berlin, 1871.

Handbuch der Diagnostik und Therapie der Nervenkrankheiten. Erlangen, 1870.

to the seat of the affection, and is not aggravated by movements of the extremities. According to the seat of myelitis, pain is felt also either in the extremities or on the external surface of the trunk, and in its internal organs. Moreover, the backache in myelitis is accompanied with a paralytic condition of the upper, and still oftener of the lower, extremities and of the sphincter muscles. If myelitis is complicated with an affection of the vertebræ, the backache will be provoked and aggravated not only by pressure, but even by the least external touch, for instance, with a warm sponge, etc.

I have observed the most severe backache in patients suffering from carcinoma, after this latter has become generalized, and deposits formed in the vertebræ or in the cord and its membranes. By this peculiar kind of backache, resisting every medication, I have been enabled to make the diagnosis of cancerous diathesis in patients in whom a cancer had been previously extirpated. The excruciating pains in the back can be explained by the presence of extremely numerous sensitive nerves, discovered by Luschka,* in the walls of the veins of the vertebral canal and in the vertebræ. It is obvious that the engorged and dilated veins may produce pain by their pressure upon the cord, or upon the sensitive nerves of its membranes, or upon the sensitive nerve-trunks; in the same way, pain may be produced by an increase of the cerebro-spinal fluid.

It is well known that backache frequently accompanies hysteria. In such patients the disposition to morbid sensations and to reflex movements is so great that irritation of the skin, not only of the spine, but also of the anterior surface of the trunk, especially pressure on the region of the ovaries, will call forth numerous neuralgic and reflex phenomena. The backache in hysterical persons is so intense that pressure will make them faint.

Lastly, backache may accompany affections of the organs of respiration, of circulation, and of digestion; also of the kidneys, uterus, etc. I have reason to believe that the back-

* Die Nerven des menschlichen Wirbelkanals. Tübingen, 1850.

ache of this last category depends on a peculiar morbid alteration of the spinal cord, that has recently been the subject of most exhaustive and exact clinical as well as histological researches made by L. Meyer.* I shall give an account of this morbid condition of the spinal cord in a separate paper on the recent researches in neuro-pathology. Here I shall briefly mention that accumulations of fat-granules and granule-cells are found in the cord under different circumstances. They were first noticed by Tuerck † at the autopsy of persons with inveterate organic lesions of the brain. He found this secondary degeneration of the spinal cord on the opposite side of the primary cerebral lesion. Westphal ‡ found such collections of granule-cells in the posterior and lateral columns, in the progressive paralysis of the insane, and in the gray degeneration of the cord. He assumes that the granule-cells originate from proliferation of the connective-tissue corpuscles, and considers the whole process as chronic myelitis. T. Simon § found collections of granule-cells in the spinal cord of persons who died of tuberculosis, and of other diseases accompanied with deep nutritive alterations.

L. Meyer's researches have shown that the accumulations of granule-cells are not produced by the proliferation of connective-tissue cells, and do not designate myelitis, but originate from the fatty degeneration of the walls of blood-vessels, especially of the small veins. They are found in various diseases accompanied with profound nutritive changes of the system, and are seated in different parts of the cord, corresponding to the different diseased organs.

* Ueber die Bedeutung der Fettkörnchen und Fettkörnchenzellen im Rückenmarke und Gehirne. *Archiv. für Psychiatrie und Nervenkrankheiten.* Bd. III. Heft. 1 and 2.

† Tuerck. *Zeitschrift der Gesellsch. der Aerzte in Wien*, 1849. Quoted by Meyer, Simon, Westphal.

‡ Ueber Erkrankungen des Rückenmarks bei der allgemeinen Paralyse der Irren. *Virchow's Archiv*, Bd. XXXIX. p. 105.

§ T. Simon Ueber den Zustand des Rückenmarkes in der Dementia paralytica, etc. *Griesinger's Archiv*, Bd. I. p. 583.

Thus the upper and middle portions of the spinal cord are the seat of granule-cells in diseases of the respiratory organs, of the heart, and especially in tuberculosis. In epilepsy, the cervical portion of the cord is especially affected, whilst in diseases of the sexual and urinary organs the lumbar portion is the principal seat of the affection.

Meyer assumes that in the diseases of these organs the granule-cells present a secondary affection of the spinal cord, analogous to its secondary degeneration in organic affections of the brain. In both cases the secondary affection is developed in certain portions of the cord, through the nerves coming from the paralyzed limbs and diseased organs.

From the foregoing it follows that it is not sufficient, either practically or theoretically, to have found in a patient the existence of spinal irritation, but that we have besides to diagnose in each separate case the real affection of which the backache is merely a symptom. For that purpose we have to proceed according to the general rules and methods described in the treatises on special pathology and therapeutics. To these well-known diagnostic methods must be added the examination with the different electric currents, a valuable method, though still often neglected by clinicians.

This method of examination is indispensable for the diagnosis of affections of the nervous centres of the motor-nerves and muscles by calling forth the characteristic electro-muscular contractility and sensibility. It is also very valuable for testing the condition of the cutaneous sensibility and of the reflex irritability. Moreover, I found the electrical examination useful for discovering the so-called "points-douloureux" in neuralgias. On passing a button-shaped electrode of a very mild induced current over the region where the affected nerve is distributed, these points are at once noticed by the intense pain felt in them. Valleix* was the first to call the attention of the profession to the existence of painful spots or points in neuralgias. He asserted that

* *Traité des Névralgies.* Paris, 1841, p. 666

they are always present in, and therefore pathognomonic for, real neuralgias. Although Hasse* and others have met with some exceptions to this rule, still the frequent presence and the importance of Valleix's points-douloureux in neuralgias has been admitted by Romberg† and others. I have found that these painful spots have a high therapeutic significance, as by acting on them with the anode of a weak galvanic current, the treatment of neuralgia is made considerably easier and shorter. In using the current in the same manner as for ascertaining the painful points in neuralgias, we may sometimes discover affections of abdominal organs—liver, spleen—by the tenderness or pain that is provoked by moving the electrode over the regions of these organs.

By means of the galvanic current I once discovered the presence of malarial poison in the following case :

Mrs. K., ætat. 45, of a robust constitution, suffered for several months from obscure symptoms of a nervous character, with general prostration, loss of sleep and of appetite, backache, and especially acute rheumatic pain in the right shoulder, impeding the movements of the whole arm. I employed a galvanic current of 20 to 30 Siem. elements, applying the broad anode in a stable manner to the affected shoulder. After the current had been flowing for about four minutes the patient became pale, was seized by an intense rigor, followed by a feeling of excessive heat, and by profuse perspiration. Another paroxysm appeared on the third day, and this time spontaneously, thus proving the disease to be a masked intermittent fever, the real nature of which could not be previously revealed, and which now rapidly yielded to the use of quinine.

The treatment of backache must necessarily vary according to the nature of the disease which causes it. It is hardly requisite to mention that a constitutional treatment is almost

* S citat. p. 47.

† Zur Kritik der Valleix'schen Schmerzpunkte in Neuralgien. *Archiv für Psychiatrie und Nervenkrankheiten*, B1. I. p 1.

always indispensable. Thus in anæmic and chlorotic persons we have to resort to tonics—iron, quinine, wine, country-air, sponge-baths, nourishing food, etc. If, at the examination with the induced current, no painful points can be discovered, but, on the contrary, the patient after it feels considerably relieved from the backache, I generally continue to apply the same current to the spine, every other day, or even every day, until the pain entirely disappears. To insure success the current must be exceedingly weak, so as not to be painful at all, and not to produce muscular contractions.

Miss A. C., about 35 years old, principal of a school, extremely anæmic, though her appetite good and all the functions apparently normal. She consulted me, October 29, 1870, in regard to her backache, being alarmed by the recent death of her mother and sister from spinal meningitis. I applied to the spine every other day, and with considerable benefit, a weak, perfectly painless induced current. I occasionally tried the electric brush, but it invariably increased the backache. Even a less painful current, just sufficient, however, to produce muscular contractions, would also aggravate the backache. Having thus satisfied myself that the backache could be favorably influenced only by very weak and scarcely perceptible currents, I continued this treatment at first every other day, afterwards twice and once a week, and then only occasionally during eight months, until the backache had entirely disappeared.

As a general rule, however, the induced currents are seldom beneficial in backache of women; they sometimes even aggravate it, and where their employment is useful, the treatment is always very protracted.

In this respect there seems to be a marked difference in both sexes. A strong induced current, in some cases of lumbago in men, is followed by great relief and often by a complete disappearance of the pain.

In the majority of cases of backache in women, especially in the form which accompanies intercostal neuralgia, the most efficient remedy is the constant current. I generally

use a weak current, or of moderate strength, bringing the painful parts (especially the points-douloureux) under the influence of the anode, and gradually diminishing the intensity of the current before breaking it.

As an illustration, I select a few cases from a large number treated by me in a similar way :

Mrs. L., aged 38, of a good constitution, married, and mother of four children, suffered for years from a pain in the upper part of the spine, extending to the occiput and sometimes all over the head, that generally felt dull and heavy. She was never entirely free from these pains, which disturbed her sleep, diminished her appetite, and prostrated her general health. She at last became melancholic to such an extent that her husband was obliged to place her in a lunatic asylum. He soon, however, withdrew her from the institution, in the same condition of mind, and consulted me Dec. 31, 1868. I commenced at once the treatment with the galvanic current, applying the anode to the nape of the neck, the cathode to the palm of the hand, using a current of 12 to 15 elements of Siemens. Subsequently I alternated this method with the following, using only 6 or 8 elements, and sending the current through the head, and imperceptibly graduating the current-intensity by means of a rheostate. I occasionally resorted to the galvanization of the sympathetic. The effect of the treatment was extremely beneficial. After the first application of the current she felt her head relieved and slept soundly. Her disposition soon became natural, the appetite and digestion good, and at the end of a fortnight she considered herself perfectly restored to health, though I continued to treat her occasionally for several months.

I saw her a few days ago (May 5, 1873) ; her health continues in an excellent condition.

Mrs. C., wife of a clergyman, and mother of two children, complained of backache, especially of a pain in the back of the neck ; also of a heavy feeling in the head, of want of sleep, and of dyspepsia. She at last became melancholic, with occasional attacks of acute mania. She was treated by most distinguished specialists for nervous diseases, but her

condition, nevertheless, became more and more alarming. The prognosis was very unfavorable, the development of an incurable form of insanity being expected. I saw the patient March 16, 1871, and commenced to treat her exactly in the same way as the preceding patient, except that the galvanic current I used was still weaker, and I did not galvanize the sympathetic. The effect of this treatment was as surprising as in the former case, and she soon regained her health, which still continues very good.

If the seat of the backache is in the middle or lower portion of the spine, I apply the anode of a much stronger current than above mentioned to the painful part, carefully avoiding large fluctuations of the current-density by means of a rheostate used as an accessory current. The cathode I generally place into the palm of the hand, unless there is a special indication to apply it to another remote part of the body.

Though the cases of this kind under my observation were numerous, yet their treatment and its favorable result are so uniform that it will be sufficient to mention one of them as an illustration:—

Miss G., 23 years old, suffered for years from pain in the middle portion of the back. Her general health was very good, and no affection of any organ could be found. I applied the elongated anode to the painful part of the spine, the broad cathode being placed in the palm of the hand. The intensity of the current was gradually increased to 20 Siem. elements, and then slowly diminished, carefully avoiding large fluctuations of the current-density by means of a rheostate. Duration of each treatment, 6 to 10 minutes. At the end of five weeks the backache had entirely disappeared.

There are, however, cases of backache apparently belonging to this category which will not yield to this method of treatment. I presume that here the backache depends on a secondary affection of the cord (collections of granule-cells), in consequence of a disease (not always recognizable) of some viscus.

Mrs. M., wife of a physician, was sent to me Jan. 26th, 1871, by Dr. J. Marion Sims, who treated her for endometritis and dysmenorrhœa. In this case the method described above would not produce the desired effect, but a strong galvanic current passing through the spine, in the form of Voltaic alternatives, would make the pain disappear instantaneously, though only to reappear the next day or a few days after.

Though this result is merely temporary, still it is of great importance, allowing the sufferers to have a night's rest and regain their strength. In these cases, a permanent benefit can be attained only by a prolonged galvanic treatment with currents of moderate intensity sent through the spinal cord, either in an ascending or descending direction.

Miss H., 32 years old, consulted me Jan. 27th, 1870. She repeatedly had attacks of dysentery and of congestions to the liver, which left a chronic derangement of the digestion with torpid action of the bowels. I found the liver considerably increased in size, and tender to pressure. Her appetite was not good, the bowels constipated; she complained of general debility, and especially of pain in the middle and lower portions of the spine, from which she was suffering for years. Having regulated her diet, and recommended the use of Kissingen water, I applied to the spine a descending galvanic current, and at times an ascending one of 10, 12, or 15 elements of Siemens, during five minutes, every other day. She felt at first but a slight relief, which, however, became more decided as the treatment progressed, until, at the end of three months, not a trace of the backache remained, and she left for her home (California) in perfect health.

Neither in this nor in other analogous cases of backache could I observe any marked difference in the action of the ascending or descending currents; either, therefore, may be used.

This kind of backache, which is very distressing, I have often observed in women who had previously suffered from pelvic cellulitis, chronic metritis, parametritis, or oophoritis.

As already mentioned, I ascribe this kind of backache, and generally the backache accompanying affections of some organ, to the presence of collections of granule-cells in the spinal cord (its secondary degeneration).

I have observed one of the most obstinate kinds of backache in women exhibiting symptoms of fatty degeneration of the heart. In these patients the whole complex of morbid phenomena is very characteristic, and can be easily recognized. The patients are generally very anæmic (though not always emaciated), in consequence of some preceding severe illness, or from loss of blood. Their face is pale, and flushes at the slightest emotion. They complain of pain in the upper portion of the spine, of loss of sleep, and of a sensation of extreme fear. They seem continually in dread of some imaginary danger, and are frightened at everything without any reason. The action of the heart is weak, the pulse sometimes irregular, with intermissions. Some have no appetite; others, on the contrary, have a very good one, but suffer from dyspepsia.

I will mention here a peculiar kind of backache which I have observed in a number of women suffering from dyspepsia. This backache is situated between the shoulder-blades, more on the left side, and accompanies only the attacks of dyspepsia, disappearing during the intervals. These latter may last for weeks or months until the dyspeptic symptoms reappear, and with them the distressing backache. The pain is relieved by pressure, and often such patients ask to be struck on the painful part with a solid body, and knocked in rapid succession with both fists of an assistant.

Mrs. C., an elderly lady, and mother of a large family, often suffered from dyspepsia associated with backache of the kind just described. In the intervals she would feel very well and have an increased appetite, which she would satisfy, and thus accelerate the return of dyspepsia, with the most painful backache. She had been treated for many years by different physicians, who had exhausted all remedies and

methods of treatment, without any benefit, scarcely being able to relieve her during the attacks.

Having examined, Feb. 16th, 1871, the contents (which she threw up) of her stomach, I found butyric and lactic acid, and also *sarcina ventriculi* and other fungi, which proved conclusively that fermentation was going on in the stomach, and interfering with its normal functions. As the patient had been treated by very able practitioners, I could therefore commence quite a different mode of treatment, and dispense with all the remedies they had already employed, among others bismuth and pepsin. Considering how minute a dose of this ferment is sufficient to digest enormously large quantities of food, provided there be present free hydrochloric acid and plenty of water, it is surprising that large doses of pepsin should be unnecessarily prescribed, and that the drinking of water should be prohibited to dyspeptic patients. I recommended, on the contrary, to the patient to drink as much water as she wished, and prescribed, internally, freshly-prepared chlorinated water, in doses of 15 to 20 drops, four times a day. My object in giving this remedy was to arrest the fermentation in the stomach,* and by the chlorine being transformed into hydrochloric acid to promote the digestion. The result of this treatment was quite in accordance with my expectations. The patient felt a great relief from the first doses, and the dyspeptic attack and the backache yielded sooner than on all former occasions. As an after-treatment, I prescribed one-grain doses of rhubarb, four times a day, it being very useful for exciting the secretion of the deficient gastric juice.

I have applied this treatment to a number of similar cases, and it has been generally followed by the same beneficial result.

It does not enter into the plan of this paper to consider the backache accompanying myelitis, meningitis, and diseases of the vertebræ.

In concluding this first article on nervous diseases of

* Botkin, Berlin. klin. Wochenschrift, 1870, 38, and 1873, No. 5.

women, I wish to allude to some ætiological and therapeutical peculiarities as regards diseases of women generally. Much has been said already with reference to the irrational mode of woman's clothing impeding the functions of the organs of the thoracic and abdominal cavities, and predisposing to different diseases. It is to be regretted, however, that this subject should have been discussed mostly by social reformers, moralists, or by advocates of a special cure of female diseases. The only competent judges in this matter are the physicians, and the most decisive arguments for the discussion must be derived from post-mortem examinations and from experiments. In this respect we possess some facts that may serve as a basis for further investigation. I have seen at the autopsies of women in Virchow's Pathological Institute some specimens of livers presenting remarkable deformities in consequence of tight lacing. Such a liver bears the name of corset-liver (*Schnürleber*), and illustrations of such deformities can be seen in Frerich's classical work on diseases of the liver.* This malformation must necessarily interfere with the normal functions of this important organ, and must be followed by chronic and incurable derangements of the digestion and of the circulation in the system of the portal vein, with all their consequences.

In 1873 I made a considerable number of experiments on animals in the laboratory of Prof. Harley, in the University College, London, which I continued, in 1867, in the Pathological Institute of Prof. Virchow. Though the object of these experiments was to study the effect of a slight but continuous impediment of the respiratory movements upon the development of affections of the lungs and heart, I found that the effect of the pressure was still more pronounced in the abdominal organs, especially the liver and kidneys. I have not yet published the result of these experiments, and give here the following extract from my notebook :—

* Frerich's *Klinik der Leberkrankheiten*. Zweite Aufl. Bd. I. p. 47, figs. 7, 8, 9, 10, 11.

Rabbits cannot bear even a very slight compression of the trunk by a bandage. Their respiration becomes accelerated, the conjunctiva congested, and they invariably die, sometimes after 24 hours. May 22d, 1867, I applied loosely a bandage around the thorax and abdomen of a rabbit. The animal died May 26th. I found the liver and kidneys very much congested. In the liver, especially on its convex surface, numerous white spots from the size of a pin's head to that of a pea, very resistant and retracted. There were, besides, psorospermia.

May 29th, 1867, a similar bandage, but still looser than the former, was applied to a well-nourished and vigorous rabbit, which nevertheless died June 11th, being much emaciated, and the liver and kidneys very much congested.

May 30th, 1867, I applied a very loose bandage around the thorax and partly around the abdomen of a female dog. During the first fortnight no perceptible change could be noticed in the animal; afterward it grew thinner, and coughed, which I ascribed to the irritating influence of the air of the chemical laboratory where the dog was kept. It died July 4th. At the post-mortem the blood was found very thin and dark, the heart dilated, the lungs emphysematous, a hæmorrhagic infarction in the spleen, and the small intestines contracted, the liver and kidneys congested, the epithelium of the latter fatty degenerated, etc. In cases where the compression by the bandages was minimal, and the animal survived a longer time, the kidneys presented the appearance of Bright's disease in its first stages.

Perhaps it is worth mentioning that high-heeled shoes are very injurious, by excluding certain groups of muscles from participating in walking, and over-exerting other sets. Backache in the lumbar region is apt to follow after wearing such shoes for a considerable length of time.

That irregularities in the sexual functions play an important part in the ætiology of diseases of women is well known to physicians.

I was told that not unfrequently ice-water is injected into the vagina immediately after sexual intercourse, with the

object of preventing conception. Two ladies who were in the habit of so doing are suffering from large fibroid tumors of the uterus; others are affected with chronic metritis and extreme nervousness.

The injurious effect of the intense and sudden cold upon the sexual organs, during their increased activity, may easily account for their disorders. Moreover, admitting the development of tumors from local irritative processes, we can also explain the origin of the fibromyomata in the above cases.

In treating chronic diseases of women, especially nervous disorders, we have to bear in mind the important influence of muscular exercise upon the healthy condition of the whole economy. The accumulated products of tissue-metamorphosis act in a deleterious manner upon all the vital processes, especially producing a depressing effect upon the muscular and nervous system, and a feeling of exhaustion. Ranke* has shown that these so-called exhausting substances (*ermüdende Stoffe*), as lactic acid, carbonic acid, etc., abolish the irritability and electro-motor properties of the muscles. Their effect can be neutralized by injecting blood through the blood-vessels into the exhausted muscles. In the living organism it is the alkaline blood and lymph that act in the same beneficial way. The circulation of blood and lymph facilitate the removal from the muscles, and nervous apparatus, of these effete substances, and their final elimination from the system, after which these organs regain their irritability and other electro-motor properties. Thus we see persons tired and prostrated without any muscular activity, feel refreshed and vigorous in walking, and the more so, the more they continue to take exercise.

Furthermore, the neglect of exercising and developing the muscles, which constitute the largest part of the body, is followed by other injurious consequences for the whole organism. During muscular activity, a large amount of blood circulates in the muscles, thus relieving and facilitating the circulation

* Physiologie, 2 Auflage, 1872, p. 634.

in the internal organs. On the contrary, when the muscular system is inactive, the circulation is impeded in the viscera, which become congested and their veins dilated. This is frequently the case with the system of the portal vein; hence the passive congestions in the abdominal organs, especially in the sexual organs of women.

Again, the development of the muscular system increases also the energy of the heart's action, thus facilitating the circulation generally; whereas want of muscular exercise weakens the heart and retards the circulation.

It is therefore obvious that those methods are irrational, which, in the treatment of chronic diseases of women, require prolonged rest and muscular inactivity, and that much may be gained by any mode of treatment that admits of muscular exercise.—*Brown-Sequard's Archives*, 5, 1873.



ARTICLE XLIV.—A Plea for Pure Homœopathic Therapeutics in the Clinics of the State Asylum for the Insane, at Middletown, N. Y.

BY DR. LEVERETT BISHOP, Sauquoit, N. Y.

If it be affirmed that Allopathic Therapeutics are of any worth in the cure of simple monomania or complex insanity, *per se*, such statement would be true only in rare exceptions to a general rule. If, therefore, it be claimed that Allopathic Therapeutics in our State Asylum are totally inefficient *per se* as a general rule in the treatment of simple monomania or complex insanity, the logic of facts derived from past experience demonstrates the truth of the proposition.

If it be affirmed that the efficiency of pure unmixed Homœopathic Therapeutics has not been verified experimentally in the cure of insanity *per se*, we reply, that no proper conditions and surroundings have yet been furnished for experimentation with Homœopathic Therapeutics in the cure of insanity, ample and liberal enough to definitely settle this question, while Allopathic Therapeutics have received

all the collateral aid in such conditions and surroundings as State patronage could secure. Autopsy has hitherto failed to demonstrate any other than theoretical or purely ideal pathological phenomena as a basis of insanity, but admitting autopsy *has* revealed organic lesions, cerebral or otherwise, in cases of long standing insanity, such lesions may have been simply resultant phenomena, and not antecedent factors.

But admitting that organic lesions coexist with the earliest development of monomania or complex insanity, how shall it be decided which is the *effect*, and which the *cause*?

Our State Asylum at Utica for the cure of the insane is under the care and keeping of an Allopathic physician, of profound erudition in medical literature at large, of much experience, of comprehensive range of thought and scientific inquiry, capable of very critical analysis of the various phases of mental complexities constituting insanity. He has the completeness and ripeness of many years' personal experience in this specialty of medical *clinics*, as well as the experiences of his co-laborers and predecessors in the long past to the present day. And now, with all these experiences of Dr. Gray, and other eminent men now in charge of our numerous asylums for the cure of insanity, with all the accumulated wisdom of ages gone by, Allopathic Therapeutics, as factors *per se* in the cure of complex chronic insanity, are, by common consent, regarded of little or no worth.

On these premises Allopathic and Homœopathic Therapeutics join issue.

The plea of the former is, that inasmuch as infinitesimals do not by common consent admit of quantitative appreciation, they have no force whatever, therapeutic or otherwise. This is the sum total of their logic—a mere *ex cathedra* decision.

The plea of the latter is, that, in addition to positive proof, to a limited extent, of the efficiency of infinitesimals *per se* in the cure of complex chronic insanity, we have the full force of plausible theory and hypothesis, based upon the universality of the law of similia to plead in its behalf. We have also the logic of facts, in much greater amplitude, in favor

Homœopathic therapeutics, than can be arrayed against us from the entire domains of Allopathic mixed and mongrel therapeutics. We have, furthermore, such complete fulness of corresponding analogies, derived from molecular physics, as to warrant the assumption of atomic verities in infinitesimals, and consequently therapeutic force and efficiency. For in all the gases, odors and perfumes, we shall find their molecular constitution to be not only atomic verities, but constants.

In the entire domain of molecular physics, which have reached such beautiful proportions of scientific demonstration, by means of patient research, the Homœopathic theory of specific therapeutics is verified by such an amplitude of corresponding analogies as ought to carry conviction to the most skeptical.

The details of those atomic verities need not be repeated to those who are familiar with molecular physics.

All truly scientific questions of nature's laws approximate the triumphant demonstration of the universality of the law of Similia. Take for illustration the differential action of dry air and olefiant gas upon radiant heat.

While the former is as transparent to the passage of radiant heat as plates of rock salt—not striking down a single ray—the latter destroys 81 per cent. Herein we have *certainities* in infinitesimal physics, so to speak, and these *certainities* are characteristic of all other gases, as well as odors and perfumes. But, in addition to the analogies derived from the action of radiant heat from a *source* with different atmospheric *tensions*, we have the *dynamic* forces of heat as a mode of motion, as demonstrated by Prof. Tyndal in his experiments with the vapor of Boracic Ether at an infinitesimal atmospheric tension of only $\frac{1}{1,000,000,000}$. In this experiment with the vapor of Boracic Ether the peculiar swing and conflict of its atoms in the experimental tube caused a deflection of the needle of the galvanometer of 14°.

Henceforth let no one make the charge of bald idealism against the advocates of infinitesimal therapeutics. The plea for pure Homœopathic therapeutics in the Asylum at Middletown implies the full recognition of the law of Similia as

fundamental—admitting of no exception theoretically—and of none practically, unless we fail to interpret the law aright. It does not claim exclusiveness in the so-called *high* or *low* potencies in medical clinics at large. But in the Middletown Homœopathic Asylum it does plead the entire exclusion of any and all Allopathic complexities which we find creeping into our primitive pharmacies and clinics. Pure Homœopathy pleads for the rejection of any compromise with unbelievers in infinitesimal therapeutics—in the clinics of Middletown Asylum. It claims the privilege of questioning nature's laws with singleness of purpose—with patient research and entire exclusiveness from any damaging entanglements with popular beliefs and medical dogmas or automorphic interpretations of the law of Similia. It would seek to bridge over the chasm which separates the known from the unknown in the cure of complex insanity by means of experimentation with infinitesimal therapeutics and the collateral aid of corresponding analogies derived from molecular physics. It does not claim exclusiveness in social relations or literary culture.

The Asylum at Middletown has been nominally baptized with the Homœopathic CHURCH of the State of New York.

Its godfathers and godmothers are at least nominal believers of the pure Homœopathic creed. They propose to exclude outsiders, and unbelievers, and backsliders for a time, for the purpose of solving the problem whether infinitesimal therapeutics, in the cure of insanity, are of any worth *per se*. In the matter of what may be denominated anomalous therapeutic forces, or psychology, or magneto-electricity, or animal magnetism, or will-power, by which evil spirits, so-called, have in all ages been exorcised, snubbed, and cast out, the question, miracle or natural law, will not be discussed. Herein Homœopathy does not plead for exclusiveness, but is free to acknowledge a common bond of brotherhood in belief, whether of Jew or Gentile, bond or free, Greek or barbarian.

Homœopathy pleads for exclusiveness and freedom from any entanglements or compromise with Allopathy in any of its modifications or popularized forms, because nowhere else can

such favorable conditions be secured for solving the problem, whether infinitesimal therapeutics *per se* in the cure of complex chronic insanity are of any worth.

This question has been decided by common consent, in reference to allopathic, mixed or mongrel therapeutics.

So far as may be, let it now be decided, experimentally, in reference to Homœopathic therapeutics. Let us keep in mind, also, that what has already been designated as anomalous or psychological therapeutics has no antagonisms in popular beliefs.

In this special phase of therapeutics there is unity of interpretation, unity of beliefs, unity of acceptance. Homœopathy pleads for unity and singleness of purpose, experimentally, in the Middletown Asylum, in behalf of true medical science and the equal and common brotherhood of humanity. The further plea of pure Homœopathy for the exclusive occupancy and control of the Middletown Asylum in its clinics, is the permanency of conditions favorable to scientific research and experimentation in molecular physics.

I reply it may be urged that our Homœopathic Colleges offer abundant and permanent facilities for such research, and that the Chair of Chemistry might meet all such demands. But simple and easy as the experimental manipulations in determining the molecular constitution and atomic verities, for example, of the 5th attenuation of Aconite, by means of radiant heat and the Thermo Electric Pile, no one has yet attempted it to my knowledge, not even Prof. Tyndal. It may be scientists are repelled from any attempts to deal experimentally with the question of infinitesimals under the guise of Homœopathy.

In the reply of Prof. Tyndal to my note of inquiry, whether the molecular constitution of the 5th or 10th centesimal attenuation of Acon., or other drugs, for example, could be determined by means of radiant heat in connection with Thermo Electricity, he says, "I cannot answer this question, never having attempted experimentation with infinitesimals of this character." The presumption is that in practical Therapeutics Prof. Tyndal has strong Allopathic proclivities,

while in dealing with the vapor of Boracic Ether, with an atmospheric tension of only $\frac{1}{1,000,000,000}$, he recognizes a dynamic force of heat generated by the clash and conflict of its atoms on entering the experimental tube, capable of deflecting the needle of the galvanometer 14° .

Psychological Therapeutics in their full amplitude of interpretation embrace all the truly effective elements of *force* in the cure of insanity in our asylums at the present day. These elements of therapeutic force which go to make up the psychological unit or individuality of the resident medical head, and of each attendant in asylums for the insane, are as diversified as different gases, odors and perfumes are in their molecular constitutions and atomic verities.

Therefore, inasmuch as palpable or impalpable, or massive doses of drugs *per se*, have utterly failed to cure insanity, pure Homœopathy not only pleads for, but demands admission into the Middletown Asylum.

She would begin her explorations from the stand-point of the universality of the law of Similia and the therapeutic efficiency of infinitesimals *per se* in the cure of monomania or complex insanity.

Surely no true convert to the doctrines of Hahnemann—no genuine lover of science—no enthusiastic explorer in atomic verities theoretically assumed to exist in all official Homœopathic dilutions—would make objections. We cannot visualize the psychologic elements of *force* of Dr. Butler, of the Hartford Asylum, or of Dr. Gray, of the Utica Asylum; nevertheless, we accept the "Logic of Facts," and concede to these gentlemen and others great potency of personal psychological therapeutics. We utterly fail to visualize, even mentally, atomic verities in the 30th centesimal attenuation of Sulphur, for example; and yet the "Logic of Facts" satisfies very many Homœopathic physicians of the great therapeutic power, not only of the 30th but even the 200th attenuation of Sulphur or other drugs.

In concluding this Short Plea, we only add, that, like Elijah of old, in striving to make Ahab and his four hun-

dred unbelieving prophets acknowledge the "True God" when it rained not for three years, pure Homœopathy proposes to test this matter "so as by fire," pouring on to the sacrificial offering twelve barrels of water, which, rightly interpreted, means infinitesimal Therapeutics in the Clinics of Middletown Asylum for the cure of INSANITY.

ARTICLE XLV.—Lac Defloratum.

BY MARY I. SAFFORD BLAKE, M. D.

DEAR DR. LILIENTHAL:

Having read in your excellent journal of February, 1874, Dr. A. M. Pierson's experience with Lac Defloratum, I am inclined to add mine in a case treated in Chicago, of a married woman age thirty-four. She had first menstruated at fifteen, and there had never been anything anomalous in its recurrence.

She had had five normal deliveries, one shoulder presentation, in which the child was born dead.

Some ten years before she consulted me, she had suffered a great nervous shock and grief from the sudden accidental death of her husband.

From that period dated most severe attacks of what she called "sick headache." They occurred at any time, without any apparent just provocation, and seldom, if ever, failed to appear in connection with the monthly period. Usually preceding it a day, and continuing three days. The first warning symptoms were, upon rising in the morning, a heavy feeling in the eyes and forehead, burning in the top of the head, a sensation in the cervical basilar region, as if pressure would relieve her; vomits some, but retches more; nausea remains during the entire time; some photophobia; noise very annoying; during the headache, feet and hands very cold, and a bitter, disagreeable taste in the mouth; sleeps but

little while the headache remains; is nervous much of the time; has considerable pain in the back, a little below a line drawn across it from the crest of the Ilium.

Upon a thorough examination, I found an anteversion of no marked degree, and a slight enlargement and sensitiveness of the right ovary—these were the only deviations from normal that I could discover in any organ of the body.

She was a woman actively employed in the duties pertaining to her family and household, so that I did not think that her nervous state was caused by mental and physical inertia, that is so frequently the case among that class who "toil not, neither do they spin."

Her dietetic habits called for but few suggestions. She had habituated herself to plain substantial food, and had learned from its use to know how much a judicious selection of the same contributes to keep active the daily functions of the body.

The modification of her dress was the herculean task to perform.

First, to convince her that nearly every garment she wore interfered, more or less, with the re-establishment and maintenance of health.

Although she assured me that the steels and bones of her corset had never been felt, the skin told a different story, for you found their impress deeply marked upon it, wherever seen, telling of impeded circulation.

How much the weight of many heavy skirts resting and pressing down upon the abdominal organs had to do with the mal-position of the uterus, it was impossible to say with certainty, but with positive assurance could it be declared that they were all powerful in their influence to displace it still more, and to prevent the ligaments and tissues from regaining their normal tone and elasticity.

Who could tell how much the heavy chignon and the weighty braid upon the top of the head were responsible for the soreness at the base of the brain, and for the burning at the vertex? and how implicated the bustle with the heat and pain in the back? This may all seem very foreign to the

case, but, according to my estimate of it, they are the primary evils to remove or modify, before the physician can hope to do his duty, and his whole duty, by his patient.

If we were called to restore a drowning man to life, the first important step would be to get him out of the water. You might fill the stream with potencies, high and low, and he would still sink. And so in many of the ill physicians are called upon to treat among women, if they do not remove the cause, there can never be restored to them vigorous and permanent health. *Revenons à nos moutons.*

As symptoms indicated, so I selected remedies. Sulphur²⁰⁰ relieved the heat at the vertex. Glonoine controlled the dull pain at the base of the brain. Spigelia, a few times, seemed to moderate an attack. Sometimes I was quite encouraged in the belief that the remedy had been hit upon, when my fond hopes were blasted by another attack.

While vacillating between hope and fear, my good friend Dr. B., of Chicago, gave me some of Dr. Swan's infinitesimal 1000ths of *Lac defloratum*, which I began to give very soon after her recovery from a severe three days' siege of headache, a few pellets in *Sach. lac* every other night. To my utter astonishment the month passed, and the menses without the usual headache accompaniment, and what made it all the more noticeable was that she had had an unusual amount of fatigue and excitement, owing to preparations incumbent upon a journey to, and a summer in Colorado.

I gave her some of the pellets, and advised her to take only one dose per week for a month, and then leave them off, and renew them only when the periods were approaching.

She did not have a recurrence of headache during the entire summer, and returned home in the fall, calling herself perfectly well.

In a letter from her since I left Chicago, she said: "I do not need your magical remedy, being wholly free from my old enemy; still I would like to know what it is, so that I may be prepared to meet it if again attacked."

I am sorry to add that not in all cases, in which *Lac de-*

floratum has been tried, has it proved so entirely satisfactory.

I am using it in two stubborn cases now, and if it prove *the thing*, I may sound its praises to you again at no distant day.



ARTICLE XLVI.—Doctor Foote's Home.

REPORTS OF CASES, WITH COMMENTS BY DR. GEO. F. FOOTE.

The profession are expecting from our "Home" a report upon the success of Homœopathy in the treatment of the Insane, and we cheerfully enter into this exposition, for our most sanguine expectations are being more than realized. As a pioneer in making a specialty of the treatment of nervous affections, in accordance with the law of Similia, we anticipated that many difficulties might arise in this unexplored field, from the want of precedents in the practical application of the law to hospital practice.

But in taking Hahnemann as our rule of practice, and in every case strictly adhering to Homœopathy as taught by him, we are enabled to report cures that have baffled Allopathy, and excited the admiration of the true friends of our cause.

True, we have all the hygienic surroundings, with a beautiful Home, and every effort is made to gratify every wholesome desire of our patients, and our Allopathic friends may claim that in this consists the cure. But those of us who have had years of continued demonstrations know better. And we also know that in their hands the expectant plan does not cure.

We offer the following report of cases, and will continue the same hereafter as you may have room in your journal.

Mrs. T., age 42.—Dementia, from the excessive use of opium and alcohol, for a period of over ten years. When placed under my care, her daily rations were one quart of gin or whiskey and twenty grains of morphine. When we bear in mind that an eighth of a grain of morphine is suffi-

cient to narcotize a healthy person, and that what she was taking at a single dose (as she always took the whole on rising in the morning) was sufficient to put a hundred and sixty persons to sleep, and then add to this a quart of whiskey or gin, taken at intervals during the day—in all a quantity sufficient to kill several persons—we begin to realize the strength of the vital powers to resist poisons when educated to it by successive steps of invasion.

With distorted features from excessive "bloating," with a skin of a dark crimson color, and with eyes fearfully injected, she presented an appearance most loathsome and repulsive—the unfortunate remains of what was once, as we had known her, a beautiful and accomplished lady.

The cause of all this was Allopathy. During a sickness with uterine troubles, the pain was assuaged by opiates and alcoholic stimulants, gradually increasing the dose day by day, until confirmed inebriation became a second nature.

On our first examination, there was nervous irritability and great restlessness; foolishness, and at times stupor; tongue dry and red; great thirst, and constant desire for more stimulants; nausea and tenderness at the pit of the stomach, and at the left ovarian region; loss of appetite, going two or three days at a time without eating; bowels constipated; hæmorrhoidal tumors; irregular menses; enlarged ovaries; pain in the back; feet and limbs badly swollen, with rhagades and running sores; pains everywhere, more upon the left side.

We commenced the treatment with *Lachesis* 2^m, giving three doses twelve hours apart, and then allowed the medicine to act thirty or forty days, followed by *Nux. v.* 15^m, administered in the same way; after which she received *Aconite*, and finally *Sulphur* in still higher attenuations.

The morphine and the alcoholic drink were continued in gradually diminished doses for about four months, and then discontinued, but subsequently placed within reach, that she might be under temptation and learn to resist the same by her own moral force. The quantity at first being too small to afford much satisfaction, but gradually increased as

the desire for the indulgence diminished, until finally the bottle of rum and the bottle of morphine were placed in a conspicuous part of the bed-chamber, as the enemy, bound hand and foot, shorn of his power to tempt or harm, emblematic of a hard fought battle, in which Homœopathy is triumphant in restoring to the will the inherent power lost through the impoverishment of Allopathics.

Suffice to say, in nine months our patient was well, physically and mentally.

Two years, with a constant exposure, has tested the efficacy of the cure.

Miss B., aged 26, had been in an asylum (Allopathic) one year before being treated by me ; nymphomania, with violence and destructiveness. Had been disappointed in her love attachment.

Melancholia ; at times loquacious.

Great desire for sexual intercourse ; void of shame ; obscenity ; very troublesome, requiring close confinement. *Veratrum album* 24° ; one powder cured the patient, and she was sent home well in four weeks from the time she took the single dose.

(To be continued.)

General Record of Medical Science.

On the Innervation of the Spleen and its relation to Leucocythæmia. By Dr. VON TARCHANOFF.

In the laboratory of Prof. Cyon, in St. Petersburg, the following experiments were made:

It is well known that irritation of the splenic nerves and the action of several chemical agents produces contraction of the spleen, and, *vice versa*, division of these nerves, swelling of that organ. Dr. Tarchanoff undertook to study the vasomotory effects on the change of volume of the spleen. He opened the abdomen of curarized and artificially breathing dogs; exposed the spleen, and strictly determined its size. Irritation of the central end of the N. vagus, and still more of the medulla oblongata, produced severe contraction of the spleen, provided the N. splanchnici are uninjured; the contraction ceases slowly after the cessation of the irritation, the simultaneously increasing blood-pressure returns far more rapidly to its original height. The irritation of the central end of the N. ichiadicus shows a similar action, but in a less degree; that of the peripheric end of the N. vagus still less, and sometimes none at all. The cause of this phenomenon is to be looked for in immediate or reflexory irritation of vasomotory centres.

Division of the splenic nerves produces immediately considerable swelling of the organ by hyperæmia, by paralysis of the corresponding vasomotor nerves. If one counts first the white blood globules of an animal to be experimented upon, and then cuts the splenic nerves and returns the spleen, some animals survive the operation. In such animal we counted before the operation 6-15 white blood corpuscles under the microscope; on the 2d, 3d, and 4th day, 40-70. An extensive leucocythæmia must therefore have been the consequence, which again passes off after the 4th day, and disappeared by the 8th. In the same proportion the spleen decreases in size.

Other experiments proved that the mere opening of the abdominal cavity without division of the splenic nerves does not produce leucocythæmia, and this observation throws some light on the increase of white blood corpuscles appearing in acute swellings of the spleen during the course of infectious diseases. Clinical observations of the spleen and of the blood ought therefore to be made in patients suffering from neuroses of the brain, and especially of the med. oblongata. As far as it is known at the present period, enlargement of the spleen has not been observed in these affections.—*Pflueger's Arch. f. Phys.* viii., 1.

Large Incision in Non-Suppurative Ostitis and Periostitis.

By Dr. M. A. POURET.

Two cases happened in the clinic of Ollier. It is a peculiar form of ostitis and periostitis, whose first and, at the beginning, only symptoms are severe,

radiating pains in the whole extremity (the tibia is mostly the seat of the pain), and leading, after a few days, to infiltration of the soft parts. It has no connection with syphilis, and *Ollier* calls it, "Osteo-periostite neuralgiqua." The pain begins without any preceding morbid symptoms, suddenly and with great severity, in a circumscribed spot of the tibia, and soon radiates through the whole extremity. Catching cold is supposed to be the cause. When Calomel, inunctions with grey ointment, leeching, and blisters fail, *Ollier* makes at the place where the soft parts are slightly infiltrated, an incision of the length of 8-12 cm., penetrating to the periosteum, and adds to it smaller horizontally-running incisions, in order to take all the tension off. The pain mostly ceases, and the denuded bone is soon covered with granulations. Necrosis has never been observed. Sometimes osteomyelitis is also present, and where this is the case, the pain continues. *Ollier* found then trepanation of the bone indicated at the painful spots, which gave immediate relief.—*Gaz. des Hôp. N.* 114, 1873.

Panas received a patient into his clinic who had his leg amputated four months ago. The end of the stump was filled up by a large fungoid granulating surface, whose body was formed by a sponge. It had been applied to the bone as an hæmostatic (it was at the time of the Commune in Paris, and its removal forgotten by surgeon and patient). The granulations closely surrounded the sponge, and filled up all its cavities. *Panas* resected the end of the bony stump.—*Le Mouvement Méd., Sept.*, 1873.

Faucon treated a patient, 22 years old, on account of thrombosis of the left vena femoralis and poplitea. After the œdema of the extremities had already disappeared, the man suddenly died from suffocation. Autopsy revealed a firm thrombus in the left vena fem. and popl., of which a piece became loose, reached the pulmonary artery, and closed its lumen.—*Gaz. des Hôp. N.* 106, 1873.

Dr. Luton recommends Aqua laurocerasi as a medium for subcutaneous injections of narcotic substances, as it increases the action of Atropine and Morphine, and prevents the formation of mould. It acts as indifferently as distilled water on the subcutaneous tissue. Aqua laurocerasi, injected alone, acts in the same manner as if taken by the mouth, but with more intensity.—*La Trib. Méd.*, 265.

Longitudinal Fractures. By Dr. R. U. KROENLEIN.

We understand under "fractura longitudinalis" such a one where the bone is totally split in two from one joint to the other and through them. Most fractures described as longitudinal ones are only oblique fractures or fissures, only one case mentioned by *Gaduscke*, 1776, seems to make an exception, where the tibia was entirely split in two parts; the author then mentions the following unique case:

A farmer, 27 years old, intended to raise against a tree a ladder thirty feet high and very heavy; he lifted it in a perpendicular position, in such a man-

ner that he took hold of it with his left hand below and the right arm extended to the utmost, and he felt, suddenly, a severe pain in the right shoulder as from a strain. He still worked for four days, although suffering great pain. Fourteen days after the accident the patient entered the clinic. He had a high fever; the forearm was moderately swollen; the upper-arm in its whole length, including the shoulder, and sensitive to pressure. The humerus was not shortened, and showed no abnormal mobility, but in rotating the upper-arm crepitation could be clearly made out.

Abscesses formed in the region of the shoulder and elbow. After opening the former the finger, carried inwards, could feel on the inner side of the bone a longitudinal $\frac{1}{2}$ ctm. gaping fracture, and when, a few weeks later, the abscess at the elbow was opened, the lower end of the humerus showed a split, whose continuity with the split at the upper end could be demonstrated by digital examination. The disease run a severe course; high fever reduced the patient greatly, for erysipelas set in several times during the two years he tarried in the hospital. Several sequestra came off, and, finally, the fistulæ closed after osseous-ankylosis had formed in the shoulder and elbow joint. The length of both humeri were alike, but the right one showed a considerable cylindrical thickening.—*Deut. Zeitschr. f. Chir.* III. 1.

Hernia of the Trachea. By Dr. DEVALY.

Patient had, ten years ago, a bronchitis, with severe cough paroxysms, and observed then the development of a swelling in the centre of the throat, which rapidly increased. *Devaly* observed a peculiar noise, which was audible with the voice of the patient, sounding somewhat similar to a murmuring of "uwuwu."

The neck was broader at its lower end during strong expiration, especially during coughing; a pyriform tumor formed on each side of the trachea, so that it looked like a hypertrophy of the lateral lobes of the thyroid gland. During inspiration the swelling decreased. The pyriform lobe on the right side reached to the clavicle, less so on the left side. The swelling of the neck could be prevented by pressure on the trachea during a paroxysm. The swelling showed a smooth surface, was soft, and easily compressible. Examination of the thorax revealed normal relations; only on the the right side, below the clavicle, amphoric respiration and pectoriloquy could be heard, disappearing again by pressure on the trachea. The place in the trachea whence the air escaped could not be made out. D. advised the patient to prevent, during coughing, the escape of air by pressure on the trachea, in order to retard further enlargement of the sac.—*Gaz. des Hôp.* 129, 1873.

Heart Disease and Insanity. By Dr. WILKIE BURMANN.

Examination of the heart, in the living and the dead, shows that diseases of the heart are very frequent in persons suffering from mental diseases. In 500 eadavers 36% gave a diseased state of the valves and apertures of the heart or aorta, 14% showed hypertrophy without valvular disease, probably caused by the cerebral disease; 30% showed hypertrophy, fatty degeneration,

and other heart diseases of minor importance; only 20% gave perfectly sound hearts.

Of 680 male patients 44% had heart disease. The average weight of the heart is in both sexes, when suffering from mental diseases, heavier by one ounce, than in persons of sound mind. This increase may be ascribed to the valvular morbid states, or to the hypertrophy which is seen in chronic and recurring mania and in consecutive dementia, often without valvular disease, and most frequently attacking only the right ventricle. In paralytic mental disturbance, and in chronic disorganization of the brain, the weight of the heart was considerably larger than in other forms.

Heart diseases are most frequently observed in patients with hypochondriac melancholy, with the so-called melancholy with suspicion and generally with forms, causing a malicious, morose disposition, and it appears that the heart disease has some relation to it, whereby the subjective sensations offer a prolific foundation for illusions and delusions. Chronic and far advanced mental disease shows essential esthetic type also in the circulation, cold, livid extremities, and a small weak pulse.—*W. R. L. A. M. R. III., 1873.*

The Heart Sounds in General Paralysis of the Insane. By J. MILNER FOTHERGILL.

Fothergill examined the heart sounds of 22 paralytic patients, and found in 17 a decided increase of the second aortal sound, thus proving a connection between the general paralysis and the increase of the second aortal sound. In 55 paralytics he found this increase 44 times, of the eleven negative ones three observations were imperfect, the other eight had the second aortal sound normal or of less strength than the 44. Such an increase of the second sound depends on alterations in the peripheric blood-vessels, either from increased tension in the arteries, or directly from enlargement of the vascular circuit. As hypertrophy of the heart is absent in general paralysis, the latter cause must be the true one.

Anatomical examinations are against an increase, but favor the opinion of a dilatation of the cerebral blood-vessels. There is more blood in the dilated vessels, the recurrent blood column heavier than normal, therefore an increase of the sound. If such an explanation holds good, then we must also find in other cerebral hyperæmiæ an increase of the second aortal sound, but the position of the patient must also exert some influence, inasmuch as only in an erect position of the upper part of the body the whole weight of the blood column can aid in the production of the sound. And, really, in most cases of mania, as well as in one sound person after mental overwork, the same increase was found, and, on the other side, in maniacal and paralytic patients a decrease of this sound, when they were examined in a horizontal position.—*W. R. L. A. M. R. III., 1873.*

Introduction of Large Quantities of Fluid into the Intestinal Canal. By Prof. FR. MOSLER.

Gustav Simon proved (*Arch. f. Kl. Chir.* xv. 1) that forced water-injections pass quickly from the rectum through the whole colon into the small intes-

tines, and never do any injury to the patient. *Alfred Hegar* simplified the whole procedure by showing that in certain positions only a slight vis a tergo is necessary to carry fluids into the bladder or intestines. The whole apparatus for the bladder consists in a catheter for the anus, the nozzle of the syringe, an india-rubber tube about 18 inches long, and a glass funnel. The patient may lie on his back or side during the operation; but when we wish to inject into the upper parts of the intestines, a position on the knees and elbows is preferable, or, still better, a similar position, whereby the patient supports himself on his knees and elbows, and thus the head and chest are lower than the pelvis. After putting the nozzle into the anus, the funnel is brought about at the same level, or only a little higher. The first part of water is quickly swallowed up. Only at the third or fourth part the water begins to flow less rapidly, and the funnel has to be raised. It is always advisable to operate slowly and at intervals, and never to raise the funnel higher than absolutely necessary for the flow of the fluid. It will hardly be necessary in any case to raise the funnel more than half or three-quarters of a foot. Five to nine pints have been injected before the sphincter failed to retain the fluid. *Simon* gives the following indications: (1) Different forms of intestinal incarcerations. Where stagnating fecal masses are the cause, a cure follows. The intestine is dilated by the injection, the feces rendered mobile, and thus a colitis and typhlitis stercoralis prevented. (2) *Hernia retroperinealis* and *diaphragmatica*, or for the reduction of all incarcerated hernia. The dilatation of the intestinal canal, and the weight put upon it, must benefit the patient by its mechanical action; but it is only indicated during the first stage, before the incarcerated intestine becomes friable. (3) *Dysentery*. Such large injections wash out all irritating and decomposing matter, and then astringent and disinfecting fluids can be injected. In *intestinal hemorrhages* the careful injection of ice-water may be tried as a hæmostatic, the patient lying on his back during the operation. (4) Injection of water in the intestines increases the secretion of bile, and whenever the bile becomes too thick and ropy, a large injection will render it clear and fluid. *Roehrig* used it, therefore, successfully in *jaundice*, especially in the catarrhal form and in *cholelithiasis*. (5) *Helminthiasis*. Internal remedies bring the tænia into the colon, but here the head fastens itself again to the mucous membrane. An injection of 2-3 pints of warm water and milk loosens the head, and the whole worm will be expelled. The *oxyuris vermicularis* has its habitation not only in the rectum, but in the whole colon up to the cæcum, and it takes large injections to wash them out. *Simon* uses for that purpose a tablespoonful *Liquor chlori*, or half a tablespoonful *Benzine*, to a quart warm water.—*Med. Newigk. Dec., 1873.*

Amylnitrite is a yellow, intensive, but agreeably smelling fluid, and has been repeatedly used of late in angina pectoris, hemicrania, in some cases of epilepsy, and other nervous affections in the form of inhalations, since its faculty of dilating the blood-vessels of the face (heat and redness of the face) became known. *Dr. Guttman* gives a short review of the physiological experiments made with it on animals and persons. It acts on frogs (per os,

subcutaneously and by inhalation), paralyzing the nerve-centres, at first and most severely on the brain, weaker and later on the spinal cord, and finally very weakly on the peripheric nerves; symptoms of poisoning are gradually increasing loss of voluntary motility, of sensibility, of reflex irritability, and finally of the stimulation of the peripheric nerves; whereas the heart still pulsates slowly after all manifestations of reaction have ceased, and the blood still keeps up its circulation. By application of smaller doses, as two or three drops, or during only a brief inhalation, the toxicological symptoms disappear again, and the animal may recover. In rabbits 1 Ctm. is a fatal dose, but even larger doses do not act rapidly; but death sets in after a few hours from a steadily increasing collapse. Convulsions were not observed; the activity of the heart not greatly changed. Nothing abnormal is found in autopsies, except a green spot at the point of injection, which smells strongly after Amylnitrite. The urine contains quantities of sugar, according to Hoffman and Guttman, appearing a few hours after the injection, even where the dose is not a fatal one. In one case Guttman found 2% sugar. The quantity of urine is also increased.

Guttman finds the cause of this diabetes in a dilatation of the hepatic vessels, and in an increased flow of blood in them. According to the calculations from the blood-pressure, after injection with Amylnitrite (Brunton and others), which showed a decided sinking, a general paralysis of the blood-vessels—caused by paralysis of the vasomotor centre—may be supposed to take place, and thus also dilatation of the hepatic blood-vessels. The experiments of Aladoff and Cyon show that after the division of the cervical ganglia of the sympathetic the hepatic blood-vessels become dilated, and diabetes is the consequence. The vasomotory nerves, which, by their paralysis, allow the dilatation of the blood-vessels, must run their course in the divided cervical ganglia of the sympathetic. Diabetes, after poisoning with curare, etc., and also the diabetes after division of the ischiatic nerves, which carry a great many vasomotory fibres, may be partly originated in a vasomotory paralysis. Diabetes, after division of the ischiatic nerves, has an analogon in some observations on man, as sugar was sometimes detected in ischias (*Braun Eulenburg*). For therapeutic purposes, four to five drops are dropped on a handkerchief and inhaled. After about half a minute intensive redness and heat in the face sets in—frequently also a sensation of giddiness—passing quickly off without leaving any secondary effect. The redness of the face has a longer duration. Its beneficial effect in some cases of angina pectoris may be perhaps explained, that it removes the spasms of the blood-vessels which caused the stenocardia. Such cases of vascular spasms are known by the name of Angina pectoris vasomotoria; but in most cases of angina pectoris there is no vascular spasm. It acts well on hemicrania, especially where the affected side looks pale in comparison with the sound one.—*B. K. W., Dec., 1873.*

Icterus from Chloral.—*Wernich* saw, after a dose of three grms. Chloral in three cases, where icterus already existed from other causes; scirrhus pylori, accumulation of pus in the gall-bladder and biliary ducts, mitral insufficiency

and nutmeg liver), aggravation with olive-green coloration of the skin, and coma, soon followed by death. In a fourth case, a few very moderate doses of Chloral caused intense jaundice and stupefaction of the sensorium, with intercurrent states of excitation and deliria, so that acute atrophy of the liver was diagnosed; but the patient got better after a few days. In a fifth case, a potato, it also produced icterus and sopor, which only passed off after a few days. *Liebreich* considers it caused by the impurity of the Chloral, which, by its cauterizing qualities, causes a duodenal catarrh; but *Nothnagel* warns for the use of Chloral in all cases where icterus already exists.—*Arch. f. Kl. Med.* XII., 1.

Birsch describes a case of true *melanæmia*. The patient suffered for some time of intermittens (he lived in a malarious region), and after a time from typical pains in the bladder, and micturated a milky urine during the some of the paroxysm. The sediment consisted of two-basic Calcium phosphates and of flakes of pigment with finely-granuled dark-brown contents, but no albumen; the same flakes were also found in the blood.—*Med. Jahrb.* 1873 2

Dr. G. Johnson found albumen in the urine of perfectly healthy persons after prolonged cold bathing. Lassitude and headache accompanied the transient albuminuria in one case, and all the symptoms disappeared either a few hours after the bath, or they were observed for weeks, and passed only gradually away. In one case the urine was examined, shortly before the prolonged bath, and found perfectly normal.—*Brit. Med. Journal*, Dec., 1873.

Paralysis of the Sympatheticus. A nervous woman, but otherwise healthy, suddenly complained of headache, vomiting, vertigo, and weakness of sight. After two weeks all symptoms passed off, except the vertigo, but she observed now intense redness of the left side of the face, neck, throat, and chest; on the latter, all over. Speech became heavy, and memory failed. Patient complained sometimes of heat in the head with dizziness and increased redness, especially after mental emotions, also of sleeplessness and mental depression. Her state lasted already a year and a half without any amelioration. She complains now also of intense perspiration of the reddened spots, and, at night, oppression in breathing. Pupils are alike on both sides, the cervical sympatheticus not sensitive. Sensible and motory disturbances absent.

Dr. Otto diagnosed paralysis of the sympatheticus and galvanized it with the negative pole for three minutes daily. Even after the first trial the vertigo decreased, the erythema got paler and gradually disappeared; she slept better, talked better, and was in good humor. Eighteen applications sufficed for a cure, only the face still becomes somewhat red when she is excited.—*D. Arch. f. Kl. Med.*, XI., 609.

Hecker and *Gusserow* consider *fatty degeneration of the muscular fibres of the heart* as the probable cause of *sudden death after confinement*. Five cases are recorded. The youngest of the lying-in women was 27, the oldest 40 years old. Death was in all cases unexpected and painless; in most cases the woman raised herself up in her bed one or two hours after confinement,

fainted away, and death soon followed. In some cases there was only slight hæmorrhage, in others dyspnœa and cyanosis of the face during labor. Old pleuritic adhesions were found in two cases, pulmonary emphysema once; otherwise the lungs were in a healthy condition. It is worthy of remark, that in all cases the cavities of the heart were free from coagulations; either empty, or containing only a little fluid blood. In all cases microscopic examination revealed fatty degeneration of the muscular fibres of the heart.—*Schmid's Jahrb. C. L.*, 296.

Hebra's Scraping Instrument in its Application to Skin Diseases. Prof. Billroth lately made several trials with this instrument in skin diseases. Dr. Hebra, Jr., improved it, so that it consists now of a short small handle, with a sharp-edged, rather flat scoop, which, after being closed, can be carried in the vest-pocket. The instrument may be used in all cases where formerly caustics were used or the knife, and the scraping process is preferable, as it only removes diseased parts, but shows no influence on healthy ones. The hæmorrhage is light and easily checked, and the scar is perfectly flat. The pain during the application is intense, but ceases as soon as the scraping ceases; whereas the pain in caustic applications sometimes lasts for hours. Hebra uses it for the different forms of lupus, scrofulosis, syphilis. His assistant, Dr. Geber, applied it to an obstinate eczema of the hand, which withstood for months all the usual treatment, and which was quickly removed by scraping. Warts, liver-spots, etc., can be thus removed from the face, with very little loss of substance, and with a smooth, hardly-perceivable scar. The instrument must be carried crosswise through the affected parts, and in ulcers the edges require our special attention. Where large ulcers are to be dealt with, the scraping process must be divided into several operations, and done at intervals. After the operation, the wound is covered with dry lint, and a cure follows shortly.—*Aerzt. Int. Blatt.* 53, 1873.

Scleroma of New Born Infants. By Dr. BIERBAUM.

1. The physiological character of scleroderma still awaits its explanation. The symptoms are sufficiently pathognomonic, but the essence of the disease is still unknown. It has its seat in the skin and the subcutaneous fatty cellular tissues, is usually limited to certain parts of the body, and only exceptionally general. According as serous effusion takes place in the subcutaneous cellular tissue, scleroma is divided into simple and œdematous scleroma of new-born infants. Œdema is a secondary manifestation, the primary one being the disease of the skin and of the subcutaneous fatty cellular tissue.

2. Pathological anatomy fails to explain the symptoms. The serous and bloody effusion in the cavities of the body are of a passive nature.

3. The prodromes of the disease give nothing characteristic, but the decrease of the heat of the body and the peculiar cry claim our early attention. The usual symptoms of scleroma neonatorum are, induration of the skin and of the subcutaneous fatty cellular tissue, the low sinking of temperature of the skin, the icy coldness, the imperfect respiration, the weak and tardy circulation, the feeble beat of the heart, the peculiar cry and the serous effusion in the

subcutaneous cellular tissue. 4. It cannot be easily mistaken for another disease, especially for erysipelas neonatorum. The adipose induration of the new-born infant is a cadaverous phenomenon. The scleroma of adults differs in its symptoms and in other relations from the scleroma of new-born babes. 5. The lobular pneumonia, the jaundice, and the intestinal irritation are frequent complications of the scleroma neonatorum. 6. The softening of the induration and the resorption of the serous deposit may be prolonged, but in most cases the disease is of short duration. 7. Foundling hospitals are often visited by it. Age and constitutional debility are of etiological importance. Other predisposing causes are premature labor, cold season, antihygienic relations. Catching cold frequently causes it. 8. The disease is often fatal in foundling hospitals, less so in private practice. Where the disease extends over a large surface a cure is impossible. The little patients die from lethargy, pulmonary paralysis or convulsions. 9. Emollient external and a tonic internal treatment is recommended.—*Deutsche Klinik*, 49-51. 1873.

Carcinoma of the Stomach Cured by Cundurango. By Prof. N. FRIEDERICH.

I. S., 54 years old, complained for the last ten months of loss of appetite, epigastric pressure, especially after meals, sometimes so severe as to radiate towards the left shoulder, stitching pains in the left epigastrium, dyspepsia, aggravated by the use of vegetables, with vomiting of a clear watery acid fluid. Anæmia and emaciation, cachectic features, dry, scaly skin. Between processus xiphoidens and umbilicus, especially towards the left, hard, knobby, confluent tumors, sensitive to the least pressure; percussion-sound dull over the tumors; clear and tympanitic over other parts of the abdomen. The right lobe of the liver is smooth, painless, and can be felt reaching over the arch of the ribs; the left lobe cannot be separated from the tumors. The left fossa supraclavicularis is filled by a conglomeration of swollen, hard, but painless lymphatic glands. Spleen normal, also lungs and heart, only the action of the heart as well as the pulse is slow and without strength. Constipation; urine pale, light-yellow, without albumen, 1014 sp. gr., temperature 36.2 to 38.0. Diagnosis: Carcinoma ventriculi with coaffection of the epigastric and supraclavicular lymphatic glands. Six weeks later, as patient did not improve, he received: *℞*. Cort. Cundurango 15.0 grm. Macera per horas xii cum aqua destill. 300 0 grm. (about 3iv to a good half pint of water). Dunc coque usque ad remanentiam 180.0 (3v). Da. twice a day a tablespoonful. For diet only fluid nourishment. March 10, a month later, the supraclavicular glands are decreasing, the epigastric tumors small and less knobby; patient looks better and stronger. April 1st. All sensitiveness gone in epigastrium; all functions normal. The epigastric tumor is hardly any more the size of a walnut. End of May: Patient feels well; only strong pressure reveals the small remnant of the tumor. June 15th: Patient dismissed feeling well, but advised to keep on taking the medicine.—*B. K. W.*, 1. 1874.

Coffee Intoxication. By DR. H. CURSCHMAN.

A woman, in order to induce abortion, took a filtrated decoction of 250 grms. Coffee in 500 grains water. Dr. C. saw the woman two hours later, and found her in a state of the greatest anguish, complaining of constriction of the chest, excessive restlessness, and severe trembling in the extremities. Sensorium not quite free, as patient failed to give prompt answers; respiration labored, short, 24—30 to the minuta. Beat of the heart remarkably strong, the concussion of the chest from it unusually extended; pulse hard, small and quick, 112 to the minute. An hour after taking the coffee nausea set in with diarrhœa and frequent tenesmus urinæ with greatly increased diuresis. After 12 hours the patient felt again well, only tired.

The Decoctum Coffeæ contained about 1.0—1.25 pure Coffeine, but the toxicological effect of Coffea depends not only on the Coffeine, but also on certain extractive matter and empyreumatic oils. The mental anguish is also noted by other observers as a symptom of Coffee. Convulsions and muscular stiffness were here entirely wanting, but the tremor might be taken as an analogous symptom of a lighter grade.

The alteration in the activity of the heart, the peculiar quality of the pulse, and the narrowness of the arterial tube correspond exactly to the description which *Thiry* and *Golz* give of the irritation of the centre of the vasomotor nervous system, and may depend, like the described circulatory disturbances, on altered circulatory relations in the medulla oblongata, perhaps also on direct toxic influence of the Coffee.

The increased inclination to urinate, may depend directly on a rise of the blood pressure in the aortal system, a symptom observed by several authors in their toxicological experiments with Coffeine on animals. They also observed diarrhœa with tenesmus. *Curschman* considers as a cause of it a catarrhal or inflammatory affection of the intestinal mucous membrane, and *Falk* and *Stuhlman* proved this to be the case by autopsies.—*Deutsche Klinik*, 41, 1873.

Dr. Bouchut reports from 45 observations made by himself, that in children suffering from cholera, diphtheritis, croup, septicæmia, or only from acute inflammatory diseases, *hæmorrhagic infarcts may be found in the subcutaneous and intramuscular connective tissue*. They are of 2—12 millim. diameter and of a bluish or violet color. The infarcts are always combined with valvular endocarditis or fibrinous coagula on the valves or columnæ carnæ, and most probably arise from capillary (arterial) emboly. They sometimes cause subcutaneous abscesses. Similar infarcts are nearly always also present in the lungs, where they may cause purulent infiltrations or small abscesses; they are found more rarely in the liver, kidneys and muscles; they are also complicated with purpura and fatty degeneration of the kidneys. Such infarcts are of prognostic value, as they indicate nearly always a fatal issue.—*L'Union Médicale*, 126, 1873.

Alcohol in Severe Burns.—Dr. *Loiseau* remarks that when children suffer from burns our first attention must be brought to bear upon the pains, and opium is contraindicated in infancy. He praises the application of compresses soaked in alcohol, which must be frequently changed, as the pain quickly returns when the compress is taken off. It must be permanently applied for at least two hours. After six to twelve hours the burnt surface looks pale, shrunken, dry, and is painless. In extensive burns some precaution is necessary on account of the stupefying effect of large quantities of Alcoholic vapors.—*Med. chir. Rundschau, Dec., 1873.*

Severe Symptoms from the use of Anilinum Chloricum for Psoriasis.—1. A patient suffering from psoriasis applied a solution of 5 grms. Aniline chlor. in 50 grms. water. An hour and a half afterwards he vomited 15 to 20 times; cyanosis of the face, violet color of the hands, and of the larger part of the body, especially on the affected parts; pulse 116, small; severe pains in the calves and heels; consciousness undisturbed. Two days after the application the discoloration and other symptoms disappeared. A few days afterwards a solution of 1 to 20 was applied, but in a few hours he complained of headaches, drowsiness, and dyspnoea. Both times the urine was of a very dark color; cyanosis and discoloration as at the first trial, but no vomiting. The symptoms passed off in 24 hours. 2. Four hours after the application of a solution of 1.50, the patient suddenly lost consciousness; turned purple, as in asphyxia, but respiration remained free. After $\frac{1}{2}$ hour he recovered himself, but the cyanosis lasted six hours, and was followed by a remarkable paleness and cold sweats. No vomiting; urine also of a dark color.—*Union Med. 67, 1873.*

Electricity a Cure for Toothache.—*Boucharé* uses the constant current of 10 elements, and applies the positive pole to the cheek corresponding to the place of the painful tooth and the negative one to the anterior lateral region of the neck. After a few minutes the pain ceases, and frequently the cure is a permanent one.—*Bull. de Therap. 4, 1874.*

Editorial.

Transactions of the State of New York. Vol. XI.

Aide-toi et le ciel t'aidera.—This is the advice of our French neighbors; in plain English: *Help yourself*, and do not rely on some State-pap or ring-influence to get that Volume XI. into print. In fact, we are glad that we have

an opportunity to spread ourselves, and to show the members of the other schools that we can publish the Transactions of our State Society without any outside aid.

Although we acknowledge with gratitude and unfeigned pleasure, that our State Legislatures practically accorded to us the same rights and privileges which the dominant school claims exclusively as their own; and although all of us would willingly take some more volumes gratuitously, still, most of us know too well, that in reality there was a great deal of money thrown away—because it did not come out of our own pockets. It seems that it was the aim of our officers to publish large volumes, with many pictures; though they were filled with second-hand (and often second-rate) articles, with addresses and reports of county meetings, of very little interest to the profession at large.

We are now put on our own resources; and our own resources are ample enough to publish our own Transactions. A volume of six hundred pages can be delivered, well bound, for three dollars. We willingly pay five dollars a volume for the Transactions of the American Institute of Homœopathy, and we certainly ought not to expect to get our State Transactions at a cheaper rate.

Are there not three hundred physicians in the Empire State, who possess pride enough to give this little mite to such a purpose? This would give us fifteen hundred dollars,—enough to cover all expenses; and then, some extra copies might be struck off for exchanges, medical colleges, and libraries. Let it be at the same time understood, that only original articles shall have a place accorded there, and that the Publication Committee will select only the best. Our volume may thus become smaller in size, but certainly larger and more valuable in quality. The annual address and a list of the members should be the only other matter found in this *scientific* volume.

Will our physicians come forward for such a noble purpose, and save us from the disgrace to have the publications of our State Transactions stopped? Is there not five dollars' worth of State pride in even the poorest of us, to avert such a disgrace? We put the question; the answer must come from the profession.

The Publication Committee have a great task before them—to give us the worth of our money; and they can only do it if the profession supports them with their experience and with their scientific labors. Away, then, with indifference! Away with laziness and jealousy! Away with that professional egotism, which is the bane to our progress!! Be up and doing, and the good work can be accomplished, and thus the first volume of the second series of our State Transactions will be a proud monument of what the physicians of our school can accomplish, when they put their strength to the wheel.

Allen's Encyclopædia.

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But, joking aside, we do not wish to see such a work as this promises to be choked off by stinginess, by carelessness, by fastidiousness.

Let us examine these three points, and then let us examine whether Allen's Encyclopædia is worth that price.

1. *Stinginess*.—"Hard times; poor collections." Agreed to. It will take three or four years for the work to be finished, and the expense per year is only ten to fifteen dollars. We ask you for a conscientious answer: Do you not spend that trifling sum many a time during the year for luxuries which might be well dispensed with? and, on the other side, consider that these noble publishers offer it at five dollars a volume for five hundred subscribers. A thousand may cover first expenses; but we are assured that the price would be even reduced to \$4 per volume if 2,000 subscribers came forward, and the publishers can afford this reduction, for the expenses for the second thousand are only the paper and printing. **VOTE EARLY AND VOTE OFTEN,** is our advice.

2. *Carelessness*.—"It is all right. Allen's Encyclopædia is a splendid work; but what do I care about it?" And you call yourself a progressive physician, a close prescriber, a good student of Homœopathic *Materia Medica*! Perhaps, you would like to be such a one, if it could happen without incessant labor. Perhaps your patients get well anyhow, and what is the use of more trouble? Perhaps luck and pluck have been the portion of your life, and you do not consider it worth while to make a change. Now, lucky and plucky fellow, as you have been, you still are indebted for your success to the little you know of Homœopathy (positive as well as negative). You owe this debt to Homœopathy, and you owe it to those who work for such as you, that such a *Materia Medica* be not prevented from being published by your carelessness. Therefore, **VOTE EARLY AND VOTE OFTEN.**

3. *Fastidiousness*.—"My practice is so large that I have no time to wade through six or eight volumes of *Materia Medica*," says one. Another believes in the boiling-down process, finds everything he needs in Hughes, Lippe, and Burt, and feels qualmish and bewildered if he would seek for more. Have you, my dear friend, ever stood at the bedside of a beloved one, and looked in vain in your A B C books for that remedy which might become the balm of Gilead for the darling of your heart, and bewailed the short-sightedness which prevented you from a closer communion with the central point of your professional studies—our glorious *Materia Medica*? If so, that rod with which Providence struck you was to you a blessing in disguise; it will spur you on to master the difficulties which surround our studies, and then—once so far—you need no urging to be a subscriber to a work where you find united what, without it, you must search for through the entire Homœopathic literature. Show your zeal, then, and **VOTE EARLY AND VOTE OFTEN.**

We come now to our second part, and before subscribing let us find out whether we receive the value of our money. Hering, Minton, and even Allen himself shall bear witness.

In *Hering's Analytic Therapeutics* we find a few symptoms of Aconite, as under *Nose*: pressure (Allen: symptom, 360); under *angina pectoris*: with fear of death, coldness, cold sweat, feeble pulse, intense pain in all directions (963 to 990, 1373, 1396, 1536, 1642, 1063, 1072), suffocating constriction of chest, so distressing that he sweats from agony (987), pain in region of heart going down left arm (1179, 1182, 1183), general or local numbness and tingling (1142, 1158, 1159).

Minton, in his *Therapeutics of Uterine Discharges* (A. J. of H. M. M., September, 1873), remarks, under Aconite: Menses too profuse and too protracted, especially in plethoric women (860); frenzy on the approach of the menses (865); suppressed menstruation from fright or from other causes (862, 863, 866). Metrorrhagia, active hæmorrhage, much excitability and fear of death (860, 22, 23, 24, 57, 58); dysmenorrhœa of a congestive type, violent backache and labor-like pressing pains in the uterus, compelling her to bend double, but finding no relief in any position (1158, 1358); copious, tenacious, yellowish leucorrhœa (866), etc., etc.

Drs. Lewis and Minton publish a series of papers on the application of remedies to the puerperal condition (*New York Journal of Hom.*, March, 1874.) As the article is too lengthy, we take as an example only pregnancy: Great fear of death (57, 58); great fear that something dreadful will happen (47); headache, with vertigo, on sitting up (131); stupefying pressure over the root of the nose (190); nausea and vomiting, with thirst (616, 617); burning sensation in mouth and throat (506, 543); stinging, burning soreness in region of liver (704, 705); hæmorrhoids, occasioning great annoyance (755-760); shooting and pressure in anus (759); retention of urine (819); scanty emission of hot, red, urine, with pinching pain about the umbilicus, and piercing pains in the region of the kidneys (820 to 828).

Prof. Allen gives us in the same number of that *Journal* the first instalment of his ophthalmic therapeutics, and we glean from it for Aconite: In the lids, dryness; burning sensitiveness to the air (290); the eye is generally sensitive; general heat and aching, worse on looking down or turning the eyes (295, 296); the balls feel enlarged as if protruding and making the lids tense (310); photophobia (320), etc., etc., for it is hardly worth while to quote Allen for Allen.

Some might consider seventeen hundred symptoms too much for one remedy. We went over the ground not once, but several times. We wanted to weed out all the chaff, but we found none to spare; a symptom may not be full-kerneled wheat in one case, but might it not become the corner-stone in another case for the selection of the simillimum? Let us rather be thankful for the wealth which is unstintingly given to us for the relief of suffering humanity. Dr. Allen has shown us now what we may expect; Allen soars high, for he intends to name his work *An Encyclopædia of Hom. Materia Medica*, which implies a unity and circularity of the whole science of *Materia Medica*, and the work is ready for the printer. There is only one small item

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VOTE EARLY AND VOTE OFTEN.

S. L.

Miscellaneous Items.

Obituary.

Bernhard Hirschel, the editor of the "Homœopathic Klinik," is no more. His nephew, Dr. Ed. Lewi, continues its publication under the name "Hirschel's Homœopathic Klinik," so that for all time the name of the founder shall be perpetuated in it. And what a man was B. Hirschel. Born of poor parents, he had to carve his own way, and after graduating with full honors, in 1838, he settled in his native city Dresden, where, for 36 years, he was the beloved physician of a large clientele. Dresden may well be called an American colony, for many American families reside there, and Hirschel enjoyed their confidence and friendship. Among the many works which he published, are especially worthy of note: *Compendium of the History of Medicine from ancient times to the present day*; *Compendium of Homœopathy* (8d edition); *Hydro-therapeutics on a Scientific Basis*; *Homœopathic Domestic Physician* (10th edition), and many more. His prize-essay on "Cardialgia" will always remain a standard monograph.

Thomas Lederer, the Nestor of the Homœopathic physicians of Vienna, died in that city at the ripe old age of 86 years. He gave up his practice several years ago, as he found a worthy successor in his son, the well known Dr. Camillo Lederer, but his interest remained unabated for scientific researches, especially for philosophical researches.

Rev. Isaac James, M. D., and *David James, M. D.*, father and son, both full of honors and of years, gathered home to their ancestors, dust to dust, but the good works done will live after them, and children and grandchildren bless God for such parentage. Pioneers they were of our school, and there are still some of us left who understand the full meaning of this word. Let us honor their memory; let their names be engraven on the tablets of Homœopathy; let us emulate their virtues and their steadfastness, so that the glories of our therapeutic law may spread their benefits wherever sickness and distress prevails. "The memory of the just is blessed." Blessed, indeed, to those who are ready to learn a lesson and take an example from a life well spent, and a work well done.

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APPENDIX.

THE HOMŒOPATHIC THERAPEUTICS OF DYSMENORRHŒA.

By W. EGGERT, M. D., Indianapolis.

TIME AND QUALITY OF THE MENSTRUAL DISCHARGE.

Too profuse: Acidum lact., Amm. mur., Ant. crud., Argent. nitr., Agar. mus., Apis, Arnica., Bell., Cannabis ind. Cannabis sat., Carbo-lic-ac., China, Cimicifuga., Cocculus Coff., Hamm., Hepar., Hyoscy., Lachnanth, Lachesis, Merc. sol. and cor., Millefol., Murex. purp., Natr. sulph., Nux jugl., Op., Phos., Plat., Plumb., Sabina, Silicea, Stram., Tarrantula, Trill., Vinca minor, Xantoxyl.

Too profuse and too early (often): Aletris f., Aloe., Ambr. gr., Amm. c., Amm. m., Arsen., Bapt., Bry., Borax, Bovista, Brom., Bufo., Calc. c., Cannabis ind., Canth., Carb. v., Caust., Chin. sulph., Cimicif., Cina., Cinnamon, Chloral., Cocculus, Coccus cacti, Crocus sat., Cyclam., Erigeron., Ferr., Fluoric ac., Gratiola, Gummi. gut., Ignatia, Ipec., Iodium., Lauro-cerasus, Ledum, Kreosote, Magn. c., Magn. m., Merc. corr., Mezereum, Moshus., Muriat. ac., Natr. mur., Nitr. ac., Nitrum., Nux jugl., Nux m., Nux v., Platina, Phythol., Rhodo-

den., Sabina, Senecio, Sepia, Silicea, Spong., Stram., Sulph. ac., Trillium, Verat. alb., Zingiber., Zincum.

Too profuse, too early (often), too long: Borax, Bryon., Calc. c., Carbo. an., Diadema., Ferrum., Ignatia, Kreosote, Lycopod., Platina, Phosph., Ratanhia., Rhus tox., Senecio, Stram., Sulph., Ustillago.

Too profuse, too early (often), too short: Lac Can. (in gushes), Platina.

Too profuse, too late: Caustic, Coca. (in gushes), Kali carb., Phos.

Too profuse, too late, too long: Chelidonium.

Too profuse, too long: Acon., Apocyn. can., Chelidonium, Crocus sat., Gels., Ignatia, Ipec., Lycopod., Platina, Secal. cor.

Too scanty: Alumina, Amm. c., Apis., Baryta c., Berber., Cact. gr., Caulophyl., Cimicifuga, Cocculus, Conium, Crot. tig., Cyclam, Ferr., Graph., Kali c., Lach., Natr. sulph., Ol. an., Sabina, Sanguin., Sepia, Sulph., Thuja, Ustillago.

Too scanty, too early (often): Asa f., Conium, Lac Can., Lamium alb., Manganum, Phosph., Silicea.

Too scanty, too early (often), too long: Nux vom.

Too scanty, too early (often), too short: Alumina, Amm. carb.

Too scanty, too late (retarded, delayed): Bovista, Graph., Hep. s, Kalmia, Lithium c., Natr. mur., Natr. sulph., Niccol., Puls., Sarsapar., Tilia.

Too scanty, too late, too short: Bovista, Lach., Puls., Sulph.

Too scanty, too short: Ipec., Lach., Niccol.

Too early (often): Amm. mur., Bufo., Calc. ph., Carb. an., Caulophyl., Cimicifuga, Coccul., Colchic., Hippo., Hydrocrotyle Asiatica, Ignat., Indigo, Kali bich., Kali c., Lac Can., Lachnanth, Nitr. ac., Ol. an., Petrol., Prunus spinosa, Sanguin., Tellurium, Ustillago, Xanthoxyl.

Too early (every two weeks): Calc. phos., Nux jugl., Trillium.

Too early (often), too long: Calc. c., Carb. an., Mezereum, Natr. carb., Phos. ac., Secal. cor., Trillium (14 days, lasting 7 or 8 days).

Too early (often), too short: Strontiana.

Too late (retarded, delayed): Compare *too scanty and too*

late. Camphor, Chelidon., Cicut. vir., Deflorat., Drosera., Graph., Hyperic, Magn. carb., Magn. mur., Mang. m., Saba-dilla, Strontiana, Zincum.

Delay of first menstruation in young girls: Caustic, Graph., Kali c., Natr. mur., Puls., Sulph.

Too late, too short: Dulcamara.

Too short (only one hour): Euphrasia.

Irregular; sometimes too early, sometimes too late: Apis., Coccul., Iodium., Nux m., Nux v., Ruta.

Intermittent (inclination to be): Kreosote.

Intermittent (intervals of hours): Ferrum.

Intermittent (intervals of days): Magn. sulph.

During pregnancy: Nux m.

Between the menstrual periods; not depending on tumors, etc., Ambra gr., Bell., Bovista, Cham., Elaps., Hep., Magn. sulph., Mangan.

At every stool: Iodium.

Ceased when lying down: Cact.-gr.

Only in the absence of pain: Magn.-c., Plumb.

Ceased immediately on its appearance, when it appears again sooner or later, and so on: Sabadilla.

Little blood for many days after cessation of menses: Caust.

Only at night and when sleeping: Magn.-carb.

Profuse, commencing at an early period, and ceases afterwards: Antim.-crud.

By fits and starts: Puls.

During nursing: Borax, Palladium, Silicea.

Only during daytime, never at night: Caustic.

Stopped for two days and commenced again: Magn.-sulph.

Stopped for a day, and commenced again, and so on, repeatedly: Apis.

Returning after the least excitement: Ambr. gr., Calc.-c.

Every next day after an embrace, which latter causes burning in the parts: Kreosote.

Occurring repeatedly, for hours and days, after severe uterine pains: Lach.

Worse during a thunder-storm: Nat.-carb.

Worse when first rising in the morning: Magn.-c.

Worse at night : Bovista, Coca., Magn.-c., Magn.-m.

Worse when walking in the afternoon : Natr.-sulph.

Vicarious menstruation : China, Digit., Hammamel., Phosph., Ustillago.

CHARACTER OF THE MENSTRUAL DISCHARGE.

Acrid : Carb. v. Kali.-c., Magn.-c., Natr.-sulph., Rhus-tox., Sarsaparilla, Sulph.

Black : Amm.-mur., Canth., China, Cyclam., Ignat., Kalinitr., Kreosot., Lach., Magn.-mur., Nitrum, Nux. jugl., Nux m, Nux. v., Ol.-an., Plat., Puls., Sanguin., Stram., Sulph., Zingiber.

Black-clotted : (Compare *clotted*.) Amm.-c., Amm.-mur., Calc.-ph., China., Kreosot., Magn.-mur., Nux jugl., Plat., Puls., Stram., Zingiber.

Bloody ichor at the end of the menses : Kreosot.

Bloody mucus : Apis, Canth.

Bright-red : Bell, Bromine, Caustic, Lachnanth., Lac Can., Ledum, Millefol., Sabina, Trillium, Ustillago.

Bright-red clotted : Hyoscy., Sabina.

Brown : Berberis.

Clotted : Amm.-c., Bufo., Caustic, Cham., China, Cimicifuga, Coccul., Coccus cacti, Cyclam., Fluor. ac., Ignat., Magn.-mur., Natr.-sulph., Nux jugl., Nux v., Plat., Puls., Sabina., Stramm., Strontiana, Trillium, Zincum, Zingiber.

Clotted lumps in the last days : Natr.-sulph.

When walking : Zincum.

Coagulated : See *Clotted*.

Corrosive : See *Acrid*.

Dark red : Compare *Black*. Apis, Bry. Carbolic ac., Cham., Coccus, Crocus sat., Graph., Hamm., Magn.-carb., Nux m., Nux v., Platina, Puls., Sabina, Secale cor., Zingiber, Ustillago.

Hot : Bell.

Membranous : Borax, Brom., Bryon., Calc.-c., Canth., Cham., Collinsonia, Lac Can., Rhus-tox, Sabina, Ustillago.

Mucus, gray : Berberis.

Pale: Alumina, Bufo., Carb. v., Ferr., Graph., Hippom., Puls., Sulph., Tilia., Ustillago.

Serous blood: Graph.

Serum, gray: Berberis.

Slimy: Puls.

Stringy: Crocus sat., Lac Can.

Thick: Carb. v., Coccus cacti., Crocus sat., Fluoric ac., Graph., Magn. c., Nux. m., Nux. v., Puls., Sulph.

Thin: Dulc., Lauracerasus., Puls., Sabina.

Viscid blood mixed with mucus: Lachnanthes.

Watery: Alumina, Bovista., Dulc., Ferr., Phos, Puls., Sabina.

Washed out with difficulty: Magn. carb.

Washed out with ease: Lac. Can.

ODOR OF THE MENSTRUAL DISCHARGE.

Acrid: Carbol. ac., Carb. v., Silicea.

Acrid at the end of the flow: Kreosot.

Offensive: Bell., Caustic., Kali. carb., Kreosot., Secale cor., Trillium.

Putrid: Ignatia.

Sour: Sulph.

Strong: Silicea.

Ammoniacal: Lac. Can.

REMEDIES ADAPTED TO THE DIFFERENT TYPES OF DYSMENORRHOEA AMENABLE TO MEDICINAL TREATMENT.

Congestive: Acon., Apis., Bell., Bry., Caulophyl., Caustic, Cimicifuga, Conium, Collinson., Hamm., Nux. v., Rhus tox., Ustillago.

Membranous: Bell., Borax, Collinson., Lac Can., Rhus tox., Sabina., Ustillago,

Neuralgic (Spasmodic): Apis, Asclepias syr., Bell., Calc. carb., Caulophyl., Cham., Cimicifuga, Cocculus., Coffea, Gals., Hamm., Puls., Sabina.,

Ovarian: Apis, Bell., Canth., Graph., Hamm., Lac Can., Lach., Ustillago.

TIME AND CONDITIONS OF AGGRAVATION OF SYMPTOMS ACCOMPANY-
ING THE MENSTRUAL DISCHARGE.

- From 12 to 1 A. M.:* Arsen.
At 3 A. M.: Kali. carb., Thuja.
At 4 A. M.: Ignatia.
In the morning, on rising: Ignat., Nux v.
After dinner: Nux vom., Valerian, Zincum.
At 3 P. M.: Bell.
From 4 to 9 P. M.: Lycopod.
At 9 P. M. Bryon.
From 4 to 6 P. M., indescribable anguish: Carb. v.
Evening: Puls., Valerian, Zincum.
At 4 P. M., lasting till evening: Ignatia.
Evening, after lying down: Ignatia.
At night: Acon., Ignatia, Merc., Puls., Rhus tox., Sulph.
By the least movement: Bryon.
When seated after long exercise: Puls.
On rising, after being long seated: Puls.
During rest: Rhus tox., Sulphur.
After a meal: Ignatia.
When standing a long while: Sulphur.
From the heat of the bed at night: Merc., Sulph.
After sleep: Lach.
When seated: Natr. carb., Tart. emet.
When rising: Magn. carb.
When lying down: Bell.
At new and full moon: Silicea.
From riding: Lac Can.

AMELIORATIONS.

- When sitting:* Acon.
From movement: Rhus tox.
From movement, pressure, and rubbing: Natr. carb.
From leaning back, removal of clothes, and rest: Lac Can.

REMEDIES ADAPTED TO CERTAIN CONSTITUTIONS, TEMPERAMENTS,
AND OTHER CONDITIONS.

Anæmic: Acid. lact., Arsen., Calc. c., Carb. v., Ferr., Hamm., Kali carb., Puls.

Anæmic from loss of vital fluids: China.

Black hair and eyes: Nitr. ac.

Blue eyes and dark hair: Iodium.

Blue eyes and light hair: Brom., Puls.

Chlorotic: Calc. c. Cuprum, Silicea.

Corpulency: Graph., Kali bich.

Corpulency in young persons: Calc. c.

Dark hair: Iodium, Nitr. ac., Sepia.

Fat and light haired: Kali bich.

Jealous disposition: Lach.

Lean: Ambr. gr., Iod., Nitr. ac., Phosph., Secale, Sulph., Ustillago, Xanthoxyl.

Lean and tall: Phosph., Ustillago.

Lean, with dark hair: Nitr. ac.

Lean and delicate: Iodium.

Lean persons who walk stooping: Sulph.

Lean and scrawny, feeble, cachectic: Secal. cor.

Leucophlegmatic: Calc. c.

Light haired: Brom., Kali bich., Puls.

Lymphatic; clear white skin: Ustillago.

Mild, tearful, yielding disposition: Puls.

Nervous, irritable: Senecio, Xanthoxyl.

Nervous-sanguine temperament: Amm. carb.

Phlegmatic; slow: Puls.

Phthisical: Phosph.

Plethoric: Acon., Arnica, Bell., Bry., Nux. v., Sabina, Verat. v.

Rheumatic: Cimicifuga, Rhododend., Rhus tox.

Sanguine temperament: Acon., Bell.

Scrofulous: Calc. c., Silicea, Sulph.

Widowhood, before the climacteric period: Apis.

MIND AND DISPOSITION BEFORE MENSES.

- Anxiety* : Coccul., Stan., Sulph.
Anxiety, with heat : Carb., an.
Apprehensiveness, Anxious : Conium.
Biting and tearing things, or disposition to do so : Bell.
Cheerfulness : Fluoric ac.
Delirium : Bell., Hyoscy., Lycopod.
Delirium, with weeping : Lycopod.
Dread of downward motion, of going down stairs : Borax.
Dread of fresh air : Nux v.
Excitement : Kreosot, Magn. carb.
Frightened easily : Bell.
Laughing, uninterrupted loud hysterical : Hyoscy.
Low spirited : Conium, Cyclamen, Deflorat., Lac Can., Lycopod., Phosph., Stannum.
Raging : Bell., Hyoscy.
Restlessness : Acon., Colocynth., Conium., Kreosot, Magn. c., Sulph.
Screaming : Cact. gr.
Visions, Frightful : Bell.
Weeping : Cact. gr., Conium, Lycopod., Phos.
Nervous excitability with anguish and restlessness of limbs : Mag. Arc.

MIND AND DISPOSITION DURING MENSES.

- Anxiety, anguish* : Bell., Calc. c., Coff., Ignat., Merc., Natr.-mur., Nitr. ac., Secale-cor.
Cross, uncivil : Cham.
Delirium : Bell., Hyoscy.
Delirium and rage ; wants to bite ; tries to escape : Bell.
Despairing ; weeping : Graph.
Despair of salvation : Sulph., Verat. alb.
Disturbance of mind : Acon., Bell., Cham., Coff., Verat. alb.
Dulness : Phos.
Fear of being left alone : Arsen.
Fear of death : Acon., Plat.

- Fearfulness* : Phos.
Haughtiness ; pride : Plat., Verat. alb.
Inclination to commit murder : Merc.
Inclination to scratch people's faces : Od.
Impatient ; irritable ; out of humor ; quarrelsome : Bry., Cham.,
 Cimicifuga., Natr.-m., Nux. v., Sulph.
Improvement of temper : Cyclam., Stannum.
Jealous : Lach.
Lamenting ; moaning : Colocynth.
Low-spirited ; melancholic : Amm., c., Brom., Caustic., Cimi-
 cifuga., Graph., Ignat., Lac. deflorat., Muriat. ac., Natr. m.,
 Platina., Plumb., Puls., Sepia., Silicea.
Low-spirited at the beginning of menses : Plat.
*Low-spirited on account of an indescribable, queer, ill feeling all
 over the body* : Bromium.
Nervous ; excitable : Cimicifuga, Puls., Senecio.
Restlessness : Ars., Calc.-c., Coff., Colocynth., Cham., Secal.
 cor.
Restlessness, followed by fainting : Calc.-c.
Sighing ; sobbing : Cimicifuga, Graph., Ignat., Plat.,
Talking, ceaseless : Lach., Stram.
Talking, ceaseless, devout, and beseeching : Stram.
Weariness of life : Merc., Silicea.
Weeping : Conium, Graph., Plat., Puls., Thuja.
Weeping at the beginning of menses : Plat.
Weeping, spasmodic : Thuja.

After Menses.

- Nervous irritability* : Carb.-ac.
Sobbing ; whining : Stram.

HEAD.

Before Menses.

- Frontal headache, first in one side, then in the other, two days
 before menses* : Lac. Can.
Aching, slight, in vertex : Nux. m.
Congestion : Bell., China., Glonoine, Mercur.

Eruption, itching on the forehead, with burning and moisture after friction: Sarsapar.

Fulness (Abdomen): Hamm.

Fulness (Chest): Bromium, China.

Headache: Bell., Bufo., Calc. c., Carb. v., Caust., China., Cimicifuga, Cinnab., Cupr., Deflorat, Ferr., Glon., Graph., Hep., Hipp. m., Lac Can., Lach., Lauracerasus., Natr. mur., Nix. m., Ol. an., Petrol., Sepia., Stan., Sulph., Thuja.

Headache, with aching, extending to the back part: Bell.

“ “ *burning in the vertex*: Calc. c., Sulph.

“ “ *congestion*: Bell., China (chest.), Glonoine., Hipp. m., Merc.

Headache, with contractive feeling: Hep.

“ “ *drawing in the nape of the neck*: Natr. c.

“ “ *dulness*: Cimicifuga.

“ “ *fainting in the morning*: Graph.

“ “ *heat in face when awaking*: Alumina.

“ “ *pains gradually increasing to its highest point, and, after remaining for a time, gradually declining*: Stannum.

Headache, with pain in right side back of the orbit: Cimicifuga.

Headache, with pressing in the forehead over the eyes: Bell., Silicea.

Headache, with severe pains through the whole head: Hamm.

“ “ *stitching pain in left side of head*: Calc. phosph.

“ “ *stitching in left side and vertex*: Ol. an.

“ “ *stitches*: Ferrum.

Headache, with tearing and throbbing: Glonoine.

“ “ *tearing in the forehead*: Cinnab.

“ “ *tearing in vertex at night*: Lauracerasus.

“ “ *throbbing*: Bell., Glon., Lach., Petrol.

“ “ *throbbing; better from external pressure; throbbing of the carotides*: Bell.

Headache, with throbbing; throbbing of the carotides. (In weakly persons; after loss of blood): China.

Headache, with throbbing; pressing; heat: Petrol.

“ “ *throbbing and tearing*: Glonoine.

“ “ *vertigo*: Lach.

Headache, as if bursting, and heat (gastric disturbance); which may last even after menses: Natr.-m.

Headache, nervous: Cimicifuga, Graph., Sac. Lac.

“ “ *especially over the eyes: Graph.*

Heat: Calc.-c., Thuja.

Perspiration on forehead; cold: Verat. alb.

Perspiration on forehead; hot and sticky: Cham.

Roaring and buzzing: Kreosot.

Stitching pain in the left side: Calc. phos.

Vertigo: Borax, Calc. c., Graph., Lach., Nux m., Phosph.

Vertigo after mental excitement: Nux m.

Vertigo on going down stairs: Borax.

Vertigo on going up stairs: Calc.-c.

Vertigo with headache: Lach.;

Vertigo unto falling in the morning: Graph.

At the Appearance of Menses.

Headache: Graph., Hyoscy., Plat., Rhododendron.

“ *violent: Graph., Hyoscy.*

During Menses.

Headache: Aloe, Amm. carb., Apis, Argt. nitr., Bell., Berberis, Borax, Brom., Bry., Bufo., Calc. c., Carb. v., Cham., China, Cimicifuga, Cinnab., Coccul., Conium, Cyclamen, Deflorat, Glon., Graph., Hyoscy., Ignat., Kali c., Kreosot., Lachesis, Lauracer., Lycopod., Lac Can., Magn. c., Magn. sulph., Natr. c., Natr. m., Nux m., Nux v., Phosph., Sac. lac, Sanguinaria., Silicea, Sepia, Stannum., Sulph., Verat. alb., Zinc.

Headache, with aching pain, extending into the occiput: Bell.

“ “ *burning at the vertex: Calc. c., Sulph.*

“ “ *buzzing and humming: Kreosot.*

“ “ *congestion: Bell., Calc. c., China. (chest),*

Glonoine (chest), Sulph.

Headache, with congestion, darkness before the eyes, loss of consciousness: China.

Headache, with congestion, heat in the vertex: Calc. c., Sulph.

“ “ “ *throbbing pain, throbbing of the carotides, (in weakly persons, after loss of blood): China.*

Headache, with congestion, throbbing pain relieved by external pressure, throbbing of the carotides : Belladonna.

Headache, with dulness : Cimicifuga.

“ “ *fainting in the morning :* Graph.

“ “ *heaviness :* Kali. c., Magn. sulph.

“ “ “ *(great) only in the morning :* Kali. c.

“ “ “ *and heat :* Ignat., Magn. c.

“ “ “ “ *at the vertex :* Sulph.

“ “ *humming and pressing outwards in the head :*

Kreosot.

Headache, with pain in occiput as from an ulcer or bruise in the brain : Nux. v.

Headache, with pain in sinciput, as if the eyes would be forced out : Nux. v.

Headache, with pain in the temples as if they were screwed together, with a kind of stupor and compression : Lycopod.

Headache, with pains rising into the head from the nape of the neck, settling finally in the forehead, as if the eyes would be pressed out : Sanguinaria.

Headache, with pain especially severe over the right eye : Sanguinaria.

Headache, with pain in right side, back of the orbit : Cimicifuga.

“ “ *pains gradually increasing to its highest point, and, after remaining for a time, gradually declining :* Stannum.

Headache, with pressing in the forehead : Bell., Natr. m., Silicea., Sepia., Sulph.

Headache, with pressing in the forehead, over the eyes : Bell.

“ “ “ “ “ *(gastric derangement) :*

Natr. m.

Headache, with pressing in the forehead (plugs from nose) : Sepia.

Headache, with sharp, plunging, stabbing pains (sometimes followed by convulsions) : Apis.

Headache, with tearing and throbbing : Natr. c.

“ “ *tearing in forehead :* Cinnab.

“ “ *tearing in vertex at night :* Lauracerasus.

“ “ *throbbing :* Bell., Borax., China., Lach., Natr. c., Natr. sulph.

Headache, with throbbing on the first day with heat in head, especially on the vertex, or on the right side, or over the eyes: Lach.

Headache, with throbbing, relieved by external pressure, throbbing of the carotides: Bell.

Headache, with throbbing, throbbing of the carotides (after much loss of blood): China.

Headache, with throbbing and tearing: Natr. c.

“ “ *throbbing in both temples:* Natr. sulph.

“ “ *throbbing (rushing in the ears):* Borax.

“ “ *always frontal:* Amm. carb.

“ “ *frontal, feeling as if the eyes would fall out while stooping:* Brom.

Headache, morning: Graph., Kali c., Natr. m., Verat. alb.

Headache, nervous, with pains over the eyes: Bell., Graph., Sanguinaria, (right.)

Headache, nervous: Cimicifuga, Puls.

“ *relieved by application of cold water:* Aloe.

“ *relieved by pressure, throbbing:* Bell., Glonoine.

“ *violent (nausea):* Lycopod.

“ *violent, as if bursting (gastric derangements):* Natr.

m.

Headache, violent, worse from motion, has to tie the head: Glonoine.

Headache, when awaking in the morning: Natr. mur.

Heat: Bell., Calc.-c., Kali hydr.

Perspiration on the forehead: Cham., Phos., Verat. alb.

“ *cold:* Verat. alb.

“ *hot and sticky:* Cham.

Roaring and buzzing: Kreosot.

Stupefaction: Cyclamen.

Vertigo: Borax, Calc. c., Caustic, Conium, Cyclam., Graph., Kali bich., Lach., Nux v., Phosph., Sulph.

Vertigo, in the morning, with weakness in the legs; has to lie down again: Phosph.

Vertigo, when going down stairs: Borax.

“ *when going up stairs:* Calc. c.

Vertigo, when lying down or turning the head: Conium.

“ *with headache:* Caustic, Cyclam., Kali bich., Lach., Phosph., Sulph.

Vertigo unto falling in the morning: Graph.

After Menses.

Dulness, stinging, cutting: Natr. mur.

Headache: Carb.-ac.

Rush of blood: Thuja.

Stitches: Lycopod, Natr. mur.

Throbbing headache; worse in the open air: Carb. an.

EYES.

Before Menses.

Dilatation of eyes: Bell., Lycopod.

Mistiness of sight: Bell., Cyclamen.

Weakness, sense of: Cinnabaris.

During Menses.

Blue margins around: Phosph., Zingiber.

Burning: Magn. c., Niccol.

Dark brown circle around eyes: Sac. Lac.

Darkness before: Cyclamen., Sepia.

Dryness, with burning: Magn. c.

Dulness: Magn. c.

Enlarged pupils: Bell.

Heaviness of the eyes: Nat. mur.

Lachrymation in the morning: Calc. c.

Obscuration of sight: Cyclamen., Graph., Puls., Sepia.

Pains, violent: Bell.

Photophobia: Ignat.

Redness from excessive pains: Bell.

Soreness: Zincum.

Sticking together of the lids in the morning: Magn. c.

“ “ “ *at night:* Calc. c.

Twitching of the lids: Natr. mur.

Weakness, sense of: Cinnabaris.

*After Menses.**Blue circles around*: Phosph.*Inflammation*: Calc. c.

EARS.

*Before Menses.**Hardness of Hearing*: Kreosot. *ringing*: China.*Rushing sounds*: Borax (throbbing in head.)*Singing*: Ferrum.*During Menses.**Earache*: Aloe, Kali carb.*Hardness of hearing*: Calc. c., Kreosot. *ringing*: China., Verat. alb.*Roaring*: Petrol., Verat. alb.*Rushing sounds*: Borax (throbbing in head.)*Singing*: Petrol.*Stitches*: Kali carb.

NOSE.

*Before Menses.**Bleeding*: Digital., Lach., Sulph., Verat.-alb.*During Menses.**Bleeding*: Natr.-sulph., Sepia, Sulphur.*Coryza*: Alumina, Amm.-carb., Graph., Kali c., Magn.-carb.*Coryza*: Graph. (*fever ; cough.*)" *fluent*: Alumina." *dry ; nose stopped up*: Magn.-carb.*Discharge of plugs (pressure in forehead)*: Sepia.*Sensitiveness against any smell from cooking*: Sepia.*After Menses.**Itching*: Sulphur.

FACE.

Before Menses.

Erysipelas of left cheek: Stram.

Neuralgic pains: Magn. carb., Sulph.

“ “ *right side, driving her out of bed*: Magn. carb.

Paleness: Ferr. (lips), Puls., Senecio.

Pimpley eruptions: Graph.

Redness: Bell., Natr. mur.

“ *and bloatedness*: Bell.

Swelling of the cheeks: Baryta. c.

Yellowness, particularly on the temples: Caustic,

During Menses.

Bluish, at the end of the menses: Verat. alb.

Eruption: Nux. m.

Erysipelas of one cheek: Graph.

Neuralgic pains, violent: Magn. c., Sulph.

“ “ *right side, driving her out of bed*: Magn. c.

Paleness: Amm. carb., Apis., Calc. c., Ferrum., Magn. carb., Magn. mur., Puls., Senecio.

Paleness, wax-colored: Apis.

Pale, bloatedness: Calc. c.

Paleness of one cheek (the other red): Cham.

Pain in the muscles of the face when moving them: Stannum,

“ “ *malar bone, particularly to the touch*: Stannum.

Redness, fierce: Bell., Cham., Ferrum.

“ *of one cheek (the other pale)*: Cham.

“ *and bloatedness*: Bell., Cham.

Scraping face-ache: Natr. mur.

Spotted redness: Sulph.

Swelling: China.

After Menses.

Paleness: Natr. mur.

GUMS.

*Before Menses.**Swelling:* Baryt.-carb.*During Menses.**Sickly color:* Merc.-viv.*Swelling:* Nitr.-ac., Phosph.

TEETH.

*Before Menses.**Toothache:* Arsen., Baryt.-carb., Cham., Sepia, Sulph.,
Thuja.*During Menses.**Grinding of the —, at the end of menses:* Verat.-alb.*Looseness; soreness; some of them feel as if too long:* Merc.*Toothache:* Amm. c., Arsen., Bell., Calc. c., Carb. v., Cham.,
Graph., Hyoscy., Kali. c., Lach., Merc., Natr.-m., Nitr.-ac.,
Phosph., Puls., Rhododen., Sepia, Zinc.*After Menses.**Toothache:* Bry., Calc. c., Cham., Phosph., Rhododen.,
Thuja.

TONGUE.

*During Menses.**Dryness:* Nux m.*Red, with dark spots and burning:* Merc. viv.*White:* Bryon.

TASTE.

*Before Menses.**Foul, and foul odor:* Sepia.*During Menses.**Acid:* Lycopod.*Flat:* Magn.-carb.*Foul:* Kali.-carb., Sepia (*foul odor*).*Salty:* Merc. viv.

MOUTH.

*Before Menses.**Accumulation of water* : Puls.*During Menses.**Accumulation of water* : Magn.-carb., Nitrum., Nux^m., Nux^v., Puls.*Running of water from the mouth at night* : Puls.

THROAT.

*Before Menses.**Always sore throat* : Magn. carb.*Aversion and dislike to salt* : Graph.*Constriction in—before expectoration* : Digital.*Globus hystericus* : Conium.*Noise—audible—when swallowing water* : Cuprum.*During Menses.**Dryness* : Nux m.*Globus hystericus* : Conium.*Noise—audible—when swallowing water* : Cuprum.*Painful deglutition* : Calc. c.*Sore throat* : Sulph.

APPETITE.

*Before Menses.**Desire for acids* : Arsen.*Great, voracious* : Magn. carb., Lac Can.*Want of* : Amm. carb., Bell., Brom., Cupr.*Thirst* : Cupr., Kali. carb.“ *with audible noise when swallowing the water* : Cupr.*Thirstlessness* : Conium., Puls.“ *with heat all over* : Conium.

*During Menses.**Aversion to bread* : Natr. mur.*Aversion and dislike to salt* : Graph.*Craving for salt* : Natr. mur.*Desire and craving for coffee ; feels better after it* : Lach.*Great ; insatiable* : Lycopod., Lac can., (cannot get enough)

Sac. Lac.

Want of : Magn. carb.*Satiety—sense of—the least quantity satisfied* : Lycopod.*Thirst* : Bell., Bry., Cham., Cupr., Nitrum., Verat. alb.“ *great—for icy drinks* : Verat. alb.“ “ *for large quantities of water* : Bry.“ “ *with audible noise when swallowing the water* :

Cupr.

STOMACH.

*Before Menses.**Bleeding* : Puls.*Cramps* : Bell., Cuprum, Puls., Sepia.“ *typic paroxysms, extending into the chest, with nausea and vomiting* : Cupr.*Cravings* : Spong.*Eructation* : China., Kreosot., Lach., Magn. carb.“ *foamy* : Kreosot.“ *not relieving the feeling of fulness and distention* :

China.

Fulness and distention—Feeling of : China.*Heart-burn ; water-brash* : Nux m., Sulph.“ “ *with pressure* : Nux. m.*Morning sickness, with great sensitiveness against any smell of cooking* : Sepia.*Nausea* : Cimicifuga., Coccul., Cupr. ac., Ipec., (constant)

Magn. carb., Natr. m., Nux v., (morning) Sepia, (morning)

Verat. alb.

Pain (indefinite) : Magn. carb.*Pain from the — to the small of the back* : Borax.*Pressure and water brash* : Nux m.*Pressing gastralgia* : Lach.

Retching: Cupr. ac.

Vomiting: Cupr. ac., Kreosot., Natr. m., Puls., Verat. alb.

“ of mucus: Kreosot.

“ of small quantities of frothy substance: Cupr. ac.

“ (violent headache): Natr. m.

At the Appearance of Menses.

Nausea: Hyoscy., Verat. alb.

Vomiting: Puls., Verat. alb.

During Menses.

Burning and pressing: Cuprum.

Cramps: Coccul., Cuprum, Puls.

Cramps and distention: Coccul.

Commotions in all directions—sensation of: Crocus. sat.

Distention: Calc. c., Thuja., Coccul.

“ cannot bear anything tight around the waist: Calc. c.

Eruclation: Carb. an., China., Graph., Kali. c., Nitr. ac.,

Phos.

Eruclation, not relieving the sense of fulness, distention: China.

“ with cramps and pain in abdomen: Nitr. ac.

“ ineffectual: Carb. an.

“ sour (vomiting): Phosph.

Fulness—feeling of—up into the chest: Natr. sulph.

Gripping in the pit of—toward the small of back: Zinc.

Morning sickness: Graph., Natr. m., Nux. v., Sepia.

“ “ cannot bear the smell of cooking: Sepia.

Nausea: Arnica., Bell., Borax., Bry., Calc. c., Capsic., Cimi-
cifuga., Cupr. ac., Graph., Hyoscy., Ipec., Kali carb., Kali
bich., Lycopod., Magn. carb., Phos., Puls., Sepia., Verat. alb.

Nausea, can't sit up on account of it: Bryon.

“ in epigastrium: Arnica.

“ with pressure in epigastrium: Capsic.

“ (severe headache in the morning): Natr. m.

“ constant: Ipec.

Oppression of the—sudden—she has to loosen her dress: Zinc.

Pains (ind-finitè): Sepia.

Pains running from the—into the small of back : Borax.

Pressing and burning : Nux. v.

Pressing : Caustic., Nux. m., Nux. v., Thuja.

Pressure : Nux. m.

Retching : Thuja.

Sensitiveness : Nitr.-ac.

Vomiting : Am. mur., Carb. v., Cupr. ac., Graph., Ignat., Kali. c., Natr. m., Nux. v., Phos., Puls., Sepia.

Vomiting, with typical spasms of the stomach, extending into the chest : Cupr. ac.

Vomiting (diarrhœa) : Amm. fluor.

“ *Sour* : Phosph.

“ (*Severe headache ; in the morning*) : Natr. mur.

“ *Weak, empty feeling at the pit of stomach* : Ignat.

After Menses.

Bleeding : Puls.

Cramps : Bell., Borax, Kali carb.

“ *and back, followed by vomiting* : Borax.

“ *awaking her at night, with coldness of the stomach* : Kali carb.

ABDOMEN.

Before Menses.

REGION OF THE LIVER.

Pains (indefinite) : Digital., Nux v., Puls.

Stitches : Conium.

REGION OF THE SPLEEN.

Pains (indefinite) : Sulph.

REGION OF THE UMBILICUS.

Pains, as though the intestines were drawn into a lump : Sepia.

“ *extending towards the uterus* : Ipec.

“ *gripping* : Kreosot.

Before Menses.

ABDOMEN IN GENERAL ; HYPOGASTRIUM ; EPIGASTRIUM.

Compare *Abdomen ; the Uterine Region, and Uterus.*

Bearing down, labor-like pains : Acon., Apis, Asclepias syr., Bell., Bovista., Cham., Cimicifuga, Conium, Cyclamen., Digital., Hyoscy., Lach., Magn. c., Moschus, Muriat. ac., Nux v., Pat., Rhus. tox., Sabadilla., Sepia, Thuja.

Bearing down the night before the menses appear : Cyclamen.

“ “ *intermittent :* Asclepias syr.

“ “ *painful :* Bovista, Sabadilla, Sepia.

“ “ “ *which obliges her to cross her limbs :*

Sepia.

Bearing down, violent : Acon., Apis, Bell., Cham., Lach., Moschus.

Bearing down, violent ; she doubles herself up to get relief, but cannot obtain it in any position : Acon.

Bearing down, violent, as if everything would protrude : Bell.

Bearing down, violent, as if everything would protrude ; worse when standing or walking : Conium.

Bearing down, violent, followed by a slight flow : Lach.

Bearing down (and back) : Digital., Magn. c., Nux v.

Bloatedness and swelling : Coccul., Conium, Cyclamen, Kreosot., Lycopod.

Boiling, waving in epigastrium : Petrol.

Burning : Arsen, Canth., Carb. v., Natr. m.

Colic : Amm. carb., Ars., Baryt. c., Bell., Cact. gr., Calc. c., Cauloph., Caustic, Chin., Chin. sulph., Cimicifuga, Cinnabaris, Coccul., Coff., Colocynth, Cupr., Digit., Ferrum, Graph., Hyoscy., Ignat., Ipec., Kali c., Lach., Lauracerasus, Natr. mur., Nitrum, Nux v., Phosph., Puls., Senecio, Sepia, Spong., Sulphur.

Colic, cramps in particular : Caulophyl., Cham., Cinnabar., Coccul., Colocynth., Cupr., Graph., Ignat., Kali c., Natr. m., Nux. v., Sulphur.

Colic, cramp, extending into the chest : Cupr.

“ *at night :* Calc. c.

“ *in the afternoon :* Lauracerasus.

Colic in the afternoon, particularly with eructations, from which no relief is obtained: China.

Colic beginning in the left ovary: Lach.

“ *with cutting pain in groins and back*: Senecio.

“ *with cutting, burning, tearing*: Natr. mur.

“ *with cutting pains*: Digital., Kali. c., Lach., Natr. c.

“ *cutting, sharp pains, as from sharp stones, at every motion*:

Coccul.

Colic, griping, violent pain, causing her to double up:

Cimicifuga.

Colic, griping and tearing, extending to the chest: Chin.,

Sulph.

Colic, griping, abdominal spasms: Graph.

“ *cramping pain, causing her to double up; often worse after eating or drinking*: Colocynth.

Colic, with crampy, stitching pain in the pelvic region: Nux.-v.

“ “ *cramping pains in bowels and chest*: Graph.

“ “ *sharp cutting pain from left to right; constant nausea*: Ipec.

Colic, with tearing and cramps: Cinnabar.

“ “ “ “ *cutting and burning*: Natr. mur.

“ “ *with drawing into the thighs*: Cham.

Colic, with violent pains, driving her to despair; external warm applications give relief: Arsen.

Colic, with violent pains, so as to drive her to desperation: Coff.

Colic, with violent pains, causing her to cry out loud and to weep; pains periodically, most in the evening: Cact. gr.

Distention, as if from pregnancy: Kreosot.

Drawing: Carb. v., Crocus, Plumb., Staphy.

“ *cramp-like, from the hypogastrium into the back*:

Carb. v.

Drawing from the — to the back: Plumb.

Fermentation—great: Phosph.

Fulness—and brain: Hammamel.

“ *heaviness and tension*: Caulophyl.

Griping and rumbling: Bufo., Calc. phos., Kali.

Incarceration of flatus: Sepia.

Jumping, bounding, rolling, as if from something alive: Crocus

- Motion—sensation of*: Crocus sat., Ferr., Sabina.
Pains (indefinite): Alumina, Amm. carb., Iod., Lycopod.,
 Petrol., Sepia.
Pressure upward over mons veneris: Calc. phos.
Pinching, continuous in the iliac region: Coff.
Shooting pain all over the abdomen: Sac. Lac, Lac Can.
Shootings and dartings from—into the chest: Cupr. ac.
Soreness across the pubis: Nux v.
Stitches: Borax (uterine region), Brom.
Straining and warmth, with sleeplessness: Cyclamen.
Tenderness of the hypogastric region: Cimicifuga.
Twisting pains moving about, with nausea: Nux v.

ABDOMEN.

Before Menses.

UTERINE REGION. Compare *Bearing Down Pain, Colic, and Uterus.*

- Soreness across the pubis*: Nux v.
Spasms: Cocculus.
Spasmodic pains: Cimicifuga, Nux v.
Stitches: Borax, Brom.
Tension, as from a tight bandage: Hypericum.
Uterine pains increase at times more and more, till relieved by a flow of blood; after a few hours or days the same again, and so on: Lach.
Uterine pains running from the uterus to the neck of the bladder and abdomen: Nux v.
Uterine pains running from os ilii forward and downward:
 Bry.
Uterine pains, running downwards: Æscul. hipp., Ipec.,
 Nux v.
Uterine pains, running upwards towards the umbilicus, even to the stomach and chest: Lach., Lycopod., Phosph., Sepia.
Uterine pains, running from the groins outward and backward: Sepia.
Uterine pains, running from the abdomen to the back: Tilia.

Uterine pains, running from the back to the groins and pubis:
Sabina.

*Uterine pains; cutting in abdomen from the front backward
and upward:* Gelsem.

GROINS. Compare Ovaries.

Cutting pain in — and back: Argt. nitr., Senecio.

“ “ “ “ “ “ *and bowels:* Senecio.

Pain: Tart. emet.

ABDOMEN.

At the beginning of Menses.

Bearing down and pinching: Plat.

Colic and pinching: Plat.

Cramps: Brom., Calc. c.

“ *and spasmodic pains some hour after the appearance,
leaving the parts sore:* Brom.

Tearing on the first day: Lach.

During Menses.

REGION OF THE LIVER.

Pain: Bufo, Nux m., Phos. ac.

Contractions in the hypochondria: Bufo.

REGION OF THE UMBILICUS.

*Drawing from the umbilicus into the legs, with pressure in abdo-
men:* Nux mosch.

Pain, extending towards the uterus; nausea: Ipec.

Shooting and lancination: Berberis.

ABDOMEN IN GENERAL; HYPOGASTRIUM; EPIGASTRIUM.

*Bearing down, pressing down, labor-like pain. Compare, Pres-
sure, uterine region, uterus:* Acon., Argt. nitr., Asclepias syr.,
Bell., Borax., Cham., Chin. sulph., Cimicifuga, Conium,
Cyclam., Hyosecy., Lach., Lac Deflorat., Manganum, Magn.

carb., Moschus., Natr. c., Nitr. ac., Nux. m., Plat., Sepia., Thuja.

Bearing down in loins and back: Aletris f., Amm. mur., Calc. c., Caustic., Cham., Cimicifuga, Cyclam., Graph., Lach., Lycopod., Nitr. ac., Puls., Sulph., Thuja.

Bearing down, etc., in—down into the thighs and legs: Conium, Hammamel., Kali hydro., Magn. m., Nitr. ac., Nux. m., Nux. v., Stram.

Bearing down, etc., from the navel into the legs: Nux. m.

During Menses.

ABDOMEN IN GENERAL; HYPOGASTRIUM; EPIGASTRIUM.

Bearing down, etc., followed by a slight flow: Lach.

“ “ “ *and stinging in the groins:* Borax.

“ “ “ *great, with profuse flow:* Plat.

“ “ “ *great, which obliges her to cross her legs:*

Sepia.

Bearing down, as if everything would protrude from the vulva: Bell., Conium, Lilium.

Bearing down, as if everything would protrude from the vulva; worse when standing or walking: Conium.

*Bearing down, intermittent—*Asclepias syr.

“ “ “ *spasmodic—with more or less discharge:*

Magn.-c.

Bearing down, violent—she doubles herself up to get relief, but can't obtain it in any position: Acon.

Bearing down, continuing all night, when the flow is more profuse: Amm. mur.

Bloatedness; distention; swelling: Alumina, Coccul., Kali c., Kreosot., Lac Can., Lycopod., Natr. c. Niccolum.

Bloatedness and rumbling: Kali. c., Kreosot., Lycopod.

“ “ “ “ *mostly in the left side:* Lycopod.,

Lac Can.

Bloatedness—painful—in the morning, relieved by diarrhoea: Natr. c.

Bloatedness—sensation of—with feeling as if it were boiling: Lachnanthes.

Boiling—feeling of—with sensation of distention: Lachnanth.

Burning: Arsen., Canth., Carb. v.

Colic: Amm. c., Ars., Aurum, Baryt. c., Brom., Cact. gr., Calc. c., Carb. an., Carb. v., Cauloph., Chin., Chin. sulph., Cimicifuga., Cinnabar., Coccul., Coff., Conium., Digital., Dioscorea, Ferrum, Graph., Hipp. m., Hyoscy., Ignat., Ipec., Iod., Kali c., Kali hydr., Kreosot., Lac Can., Lach., Merc., Murex purp., Muriat. ac., Natr. c., Natr. sulph., Natr. m., Niccol., Nitr. ac., Nitrum., Nux. v., Oleand., Oleum an., Petrol., Phosph., Plat., Puls., Sac. Lac, Sarsapar., Secal. cor., Senecio., Sepia., Sulph., Xanthoxyl., Zinc.

Colic, with cramp-like and spasmodic pains: Caulophyl., China., Cimicifuga, Cinnabar., Coccul., Colocynth., Conium., Graph., Ignat., Nitr. ac., Nux. v., Puls., Sulph., Zinc.

Colic, with cutting pains: Arsen., Calc. c., Carb. v., Coccul., Digital., Ipec., Iod., Kali c., Kreosot., Lach., Natr. c., Natr. m., Ol. an., Secale c., Senecio.

Colic, with griping, pinching pains: Chin. sulph., Cimicifuga, Graph., Platina., Sarsaparilla.

Colic, with extreme restlessness, tossing in every possible direction: Puls.

Colic, with cutting pains (griping in the back): Calc. c.

“ *cutting and stitches: Kali c.*

“ *pain as if the intestines were strung up in knots by threads; sitting gives relief: Sulph.*

Colic, with cutting, grinding—(back and groins): Senecio.

“ *worse in a close warm room: Puls.*

“ *worse from drinking cold milk: Kali hydro.*

“ *cramps in—(chest): China., Graph.*

“ *violent, coming at intervals, doubling her up, to get relief: Colocynth., Dioscorea.*

Colic, violent—in the loins and lower abdomen: Xanthox.

“ *with cutting from the epigastrium into the hypogastrium, and sides of the abdomen and back: Arsen.*

Colic, with cutting and tearing: Secal. cor.

Colic, with pains extending into the groins and thighs: Kali hydr.

Colic, with cramps in — as if it would burst, with eructations : Nitr. ac.

Colic, as if everything would be torn to pieces : Graph.

“ *beginning in the left ovary :* Lach.

“ *violent ; drives her to despair. External warm applications afford relief :* Arsen.

Colic, in the afternoon particularly, with eructations, without relief : China.

Colic, with griping and tearing, extending to the chest : Chin. sulph.

Colic, with cramps and tearing : Cinnabar.

“ *with sharp cutting pain from left to right ; constant nausea :* Ipec.

Colic, with sharp cutting pains, as from sharp stones, at every motion : Coccul.

Colic—violent, so as to drive her to desperation : Coff.

“ *with cramps, causing her to double up ; frequently worse after eating or drinking :* Colocynth.

Colic, with cramping, stitching pain in the pelvic region : Nux v.

“ *griping and abdominal spasms :* Graph.

“ *cutting (back) :* Ol. an.

“ *violent, causing her to cry out loud, and to weep ; the pains come periodically, mostly in the evening :* Cact. gr.

Colic, cutting (sacrum ; groins) : Senecio.

Commotion : Nux m.

Drawiny pains : Crocus, Nux jugl., Plumbum, Staphy., Stram.

Drawing pains in — and extremities : Stram.

“ “ *from the — to the back :* Plumbum.

Fermentation : Phosph.

Fulness — and brain : Hammamel.

Hardness of—feels full as if it would burst ; relief from leaning back : Lac Can.

Jumping, bounding, rolling, as if from something alive : Crocus.

Motion : Crocus sat., Phosph.

Pains all over abdomen, making it almost impossible to stand up : Sac. Lac.

- Pains (indefinite):* Alumina, Amm c., Phytholac., Silicea.
Pain " *in — and sacrum:* Amm. mur., Bovista.,
Magn. c., Ratanhia.
*Pain (indefinite) in — and sacrum, continuing all night when
the menstrual discharge is more profuse:* Amm. mur.
Pain (indefinite) in —, back and limbs: Nux v.
" *as if the parts were torn:* Caustic.
" *in epigastrium, as if the parts were being torn:* Graph.
" *in pelvis, as if pressed or screwed together:* Caustic.
Pinching, continuous, in the iliac region: Coff.
Pressing in the iliac region: Amm. mur.
Pressing, drawing pains: Nux jagl.
Pressure in —, drawing down into the legs from the navel:
Nux m.
Pressure in —, as if caused by a stone: Coccul.
" " *epigastrium:* Sulph.
" " *— and sacrum, as from a stone:* Puls.
" *upwards, over mons veneris:* Calc. phos.
Rumbling: Bell.
Shooting pains, from right to left across the abdomen: Lycopod.
Sharp pain in lower part, first in the right then in left side:
Coccus cacti.
Soreness across the pubis: Nux v.
Soreness: Hammamelis.
Stitches in — and vagina: Sulph ac.
" " *borax (uterine region):* Brom.
Straining in hypogastrium: Nux m.
Tenderness in the hypogastric region: Cimicifuga, Defloratum.
Twisting pains, moving about, with nausea: Nux v.

ABDOMEN ; UTERINE REGION.

During Menses.

Compare, Bearing down ; uterus.

Bruised feeling, severe, preventing to walk erect: Arnica.

Contraction, sensation of: Cact. gr.

Pains, direction of: See Uterine region before menses.

- Soreness, across the pubis* : Nux. v.
Spasmodic pains : Cimicifuga., Nux. v.
Spasms : Coccul., Ignat., Senecio
Spasms, with crampy pressing, relieved by pressure and in a recumbent position : Ignat.
Spasms, with lancinations, or like labor pains : Ignat.
Stitches : Borax, Brom.
Stitching in the uterine appendages : Kali. c.

GROINS : Compare Ovaries.

- Cutting grinding pains (bowels, sacrum)* : Senecio.
Pains, when sitting or standing, less when walking : Magn. sulph.
Pains (bowels, stomach) : Sepia.
Pressure, alternating with pressure in the vulva, when the menses appear : Platina.
Pressure, violent (back, thighs) : Carb. an.
 " *spasmodic, with lancinations or stitches* : Borax.
Soreness in the right groin (desire to urinate) at the appearance of menses : Sarsaparilla.
Stinging, with bearing down pains : Borax.

ABDOMEN.

After Menses.

- Colic* : Natr. mur., Sac. Lac.
Cutting : Graph., Kali c.
Labor, like cramps : Kreosot.
Pressing in the liver region, extending into the right shoulder-blade : Borax.
Pain and soreness of umbilicus, with greenish yellow discharge : Sac. Lac.

ANUS AND RECTUM.

- Symptoms constantly present ; constitutional, but showing aggravation connected with menses.*
Varies : Amm. Carb., Carb. v. (and vulva,) Coccul., Collinson., Graph., Hammamelis, Lach., Muriat. ac., Phosph.

Before Menses.

Bloody discharge : Amm. Carb.
Cramps in the rectum (bladder) : Caulophyl.
Soreness in the perinæum : Sepia.
Stitches and lacerations, from the rectum to the anus and pendulum : Arsen.

During Menses :

Bloody discharge : Amm. carb.
Contraction in the rectum : Coccul.
Cramps in the rectum (bladder) : Caulophyl.
Discharge of blood or mucus : Lach.
Hæmorrhagia : Graph.
Hæmorrhoids worse : Amm. carb.
Itching of the varices in rectum and vulva : Carb. v.
Itching worse : Amm. carb.
Pain in the varices : Graph.
Painfulness of the varices to the least touch : Muriat. ac.
Prolapsus : Aurum.
Stinging, itching about the varices (of the skin) : Phosph.
Stitches and lacerations from the rectum to the anus and pendulum : Arsen.
The hands exhaled a fecal smell before stool, passed away after stool : Sac. Lac.

After Menses.

Varices : Coccul.

STOOL.

Symptoms constantly present ; Constitutional, but showing aggravation in connection with the Menses.

Constipation : Alumina, Collinsonia, Graph., Natr. sulph., Nux v., Phos., Sepia, Silicea, Thuja., Plumbum.
Constipation, chronic—with dry, narrow feces : Phos.
Constipation ; feces like lumps of sheep's manure : Plumbum.

Before Menses.

Constipation, with constant unsuccessful urging to stool: Nux v.

“ *in the morning: Bry.*

“ *with distress an hour or two previous to a stool:*

Kali. carb.

Constipation, with tenesmus: Thuja.

“ *“ inactivity of the bowels: Bry.*

“ *“ stools hard and lumpy, remaining long in the rectum, as if it was too powerless to expel: Silicea.*

During stool pinching, writhing and pressing in the bowels, like labor-pains; straining to stool aggravates the symptoms: Alumina.

During Menses.

Constipation; hard, difficult stools; tenesmus: Amm. c.

“ *hard, knotty stool, streaked with blood, accompanied and succeeded by smarting in the anus: Natr. sulph.*

Constipation; hard, knotty, difficult stools, insufficient, and sometimes mixed with blood: Sepia.

Constipation; hard, knotty, lumpy, remaining long in the rectum, as if it was too powerless to expel it: Silicea.

Constipation, with constant ineffectual urging to stool: Nux v.

“ *“ ineffectual straining to stool: Puls., Sulph.*

“ *“ sensation as from a heavy plug in the rectum: Sepia.*

STOOL.

Symptoms Constitutional.

Diarrhœa, chronic: Phosph.

Before Menses.

Diarrhœa: Bovista, Cinnabar., Silicea, Verat. alb.

During Menses.

Diarrhœa: Alumina, Amm. mur., Bry., Cinnabaris, Natr. c., Verat. alb.

- Diarrhœa at the appearance of menses* : Verat. alb.
 " *in the morning* : Bry.
 " *and vomiting* : Amm. carb.
 " *relieving a painful distention of the abdomen in the morning* : Natr. carb.

After Menses.

- Diarrhœa* : Ars., Graph., Lach., Natr. mur.
 " *with stinking watery discharges (vagina)* : Ars.

URINARY ORGANS.

Before Menses.

- Burning of urine* : Apis, Cact. gr., Cantharides.
Burning during micturition, with white sediment in the urine :
 Canth.
Constant desire to urinate : Lac Can.
Cramps in the bladder : Nux v.
Dark, scanty urine : Apis.
Frequent desire to urinate : Asarum europ., Alumina, Digital.,
 Kali.-carb., Phos., Puls. Sarsaparilla.
Great urgency to urinate : Kali. hydr.
Scanty, dark urine : Apis.
Strangury : Ver. ver.
Urination followed by a thick yellow discharge, stains yellow :
 Sac. Lac.

During Menses.

- Burning urine* : Apis, Cantharides, Cact. gr.
Constriction of the bladder, Sensation of : Cact. gr.
Copious discharge of urine, with pains : Asclepias syr.
Corroding urine passes day and night : Alumina.
Cramps in the bladder : Caulophil. (rectum) Nux v.
Dark, scanty urine : Apis.
Desire to pass urine frequently, it being profuse and pale :
 Canth., Cham., Lac Can.
Dysuria, with sensation of soreness through the whole urethra :
 Cannabis sat.
Emission of urine when taking exercise : Calc. c.
Enuresis ; can't hold the water : Hyoscy.
Frequent desire to urinate : Alumina, Asarum europ.

Increase of urine : Phytol.

Excoriating, acrid urine : Alumina.

Intermitting urine during micturition : Conium.

Involuntary emission on taking exercise : Calc. c.

Nightly frequent discharge of colorless urine : Phos. ac.

Painful conclusion in urinating : Sarsaparilla.

Scanty dark urine : Apis.

Scanty red urine : Kali bich., Sabina.

Strong odor of urine : Nit. ac.

Scalding urine : Zincum.

Scanty, dark urine : Apis.

Strangury : Graph., Sabina.

Suppression of urine : Kali bichr.

Urgency to urinate when the menses appear : Kali hydr., Sarsaparilla.

Urgency to urinate, but did not succeed until a clot of blood was passed from vagina : Coccus cacti.

Urine passes in drops, causing pain : Cact. gr.

After Menses.

Milky urine : Natr. mur.

SEXUAL ORGANS ; UTERUS.

Compare *Abdomen ; the Uterine Region, and bearing down pains.*

SYMPTOMS CONSTANT.

Dislocation : Aletris far., Aloe, Alumen., Argt. met., Calc. phos., Cimicifuga, Collinsonia, Conium, Liliun tig.

Before Menses.

Burning sensation in the uterine and ovarian region : Lac Can.

Contraction—painful—congestion and irritability : Cauloph.

Distention : Nux. m., Phos. ac.

Pinching : Bry.

Severe pains (ovaries ; back), coming and going : Ustillago.

Sharp pains in uterus and ovaries : Lac Can.

Sore pain, as if cut by a sharp instrument : Murex purp.

Throbbing ; beating : Cact. gr., Murex purp.

Violent pain in right side of uterus, extending to the chest :
Murex purp.

Violent, lancinating, stitching pain through the — down to the lower extremities : Graph.

Violent pressing and drawing pains : Nux jugl.

During Menses.

Constriction, sensation of : Murex purp.

Contraction—painful—congestion and irritability : Caulophi.

Contraction—spasmodic—Bell.

Distention : Phos. ac.

Gripping and digging : Nux v.

Pressure—peculiar—as if something would come out : Antim. crud.

Sharp, plunging or stabbing pain (or in head), sometimes followed by convulsions : Apis.

Severe pains (ovaries ; back) coming and going : Ustillago.

Sore pain, as if cut by a sharp instrument : Murex purp.

Stitches—coming from the loins : Natr. mur.

Throbbing, beating, pulsating : Cact. gr. (ovaries), Murex purp.

Violent pain in the right side of —, extending to the chest :
Murex purp.

Violent, lancinating, stitching pains through the — down to the lower extremities : Graph.

Violent pressing and drawing pains : Nux jugl.

OVARIES.

Compare Groins under Abdomen.

SYMPTOMS MORE OR LESS CONSTANT.

Affections of the right ovary : Apis, Ferrum, Glonoine, Lach., Lac Can, Palladium, Rhus tox., Sac. Lac.

Affections of the left ovary : Argt. met., Lach., Lac Can, Lycopod., Stram., Thuja, Ustillago.

Before and during Menses.

Irritation and sensitiveness of the — (right) : Rhus tox.

Irritation and severe pain (uterus ; back) : Ustillago.

Pain—with prolapsus of the uterus : Argt. met.

Pulsating pain (uterus) : Cact. gr.

Sharp, cutting, stinging pain in the — (right), which is swollen : Apis.

Swelling of the ovarian region : Apis, Brom.

Tearing, grinding, wringing, squeezing, twisting pains in right ovary, as if it would burst, followed by a discharge of bloody pus : Graph.

During Menses.

Pain (indefinite) : Cham., Iod., Lach., Phosph.

“ (back) : Iod.

Violent distressing pain in the left ovary and iliac region ; has to lie down—can't sit up : Thuja.

VULVA.

Symptoms constant.

Sensitiveness—painful—internally and externally : Plat.

Varices : Carb. v., Lycopod., Thuja.

Before Menses.

Aphthæ, with burning and itching : Carb. veg.

Burning, excoriation, swelling : Sepia.

Itching : Carb. v., Bufo., Graph., Kali c., Lac Can, Sulph.

Labia extremely sore ; urine causes intense pain when coming in contact : Sac. Lac.

Sensation of enlargement of — and soreness in the perinæum : Sepia.

Smarting : Carb. v.

Voluptuous feeling : Calc. phos.

At the beginning of Menses.

Acridity and sore pains : Sarsaparilla.

Pressure in —, alternating with pressure in the groins : Plat.

During Menses.

Aphthæ : Carbo v.

Biting—violent—caused by the discharge : Rhus tox., Ambra-gri., Carbo v.

Burning soreness: Silicea.

Burning of the varicose veins: Thuja.

Excoriation: Graph.

Itching: Ambr. gri., Bufo, Caust., Coffea., Hep. s., Lac Can., Lycopod., Petrol.

Soreness across the pubis: Caustic, Nux v.

Swelling—red rose spots, resembling little ulcers: Carbo. v.

Titillation: Agar. mus., Moschus.

Weight, great: Lobelia.

VAGINA.

Before Menses.

Burning: Bufo.

Burning —; is scarcely able to keep still: Sulph.

Fluor albus: Alumina, Baryt. c., Calc. c., Calc. phos., Carb. v., China., Kreosot., Lach., Lac Can., Natr. m., Natr. c., Phos., Phos. ac., Puls., Sabina, Sepia, Sulph.

Abundant discharge of mucus: Alumina.

Acrid discharge: Senia.

Like milk—discharge—Calc. c.

Sore and burning discharge: Natr. m.

Thick, fetid, yellow discharge: Sabina.

Heaviness—feeling of—during colic: Murex purp.

During Menses.

Aching of vagina: Calc. c.

Copious watery discharge instead of blood: Silicea.

Dry and hot: Bell.

Emission—loud—of much flatus: Brom.

Heaviness—feeling of—during colic: Murex purp.

Soreness: Brom.

Stitches in — (abdomen): Sulph. ac.

After Menses.

Burning and Smarting: Berberis.

Constricting pain, followed by fluor albus: Kreosot.

Dryness: Natr. mur.

Dryness, heat, and sensitiveness: Berberis.

Fluor albus: Alumina, Arsen, Borax, Bovista, Calc. c., Calc. phos., Carbolic ac., Lac Can., Lycopod., Mercur., Natr. m., Phos.,

Phos. ac., Puls., Ruta., Silicea, Sulph., Zincum.

Fluor albus of excoriating, fetid, greenish matter, acrid:

Carbolic ac.

Fluor albus, like the white of an egg; as the menstrual flux decreases, the leucorrhœa increases: Calc. phos.

Bloody slime: Arsen., Cantharides, Silicea, Zincum.

Bloody slime, causing itching of the vulva: Zincum.

Fluor albus, flesh-colored discharge: Alumina.

Fluor albus, with itching: Phos. ac.

Stinking watery discharges (anus): Arsen.

Stitches—coming from the hypogastrium: Arsen.

LABIA MAJORA.

Before or during Menses.

Feeling of heaviness and enlargement: Murex purp.

Swelling and soreness: Ambra gri.

MAMME.

Before Menses.

Hardness: Spong.

Pain under the left breast: Sac. Lac.

Swelling and tenderness: Calc. c.

Swelling, hardness, and painfulness: Conium., Lac Can.

During Menses.

Burning: Indigo.

Darting in the right breast when stooping; worse on rising:
Gratiola.

Pain—constant—in nipples: Lac Can.

Painfulness: Phytolacca.

Stitches: Caustic., Phos.

“ *beneath the left breast:* Caustic.

Swelling and tenderness: Thuja.

Tumors—worse: Phytolacca.

After Menses.

Swelling: Cyclamen.

SYMPTOMS CONSTANT.

Emaciation of breasts: Iodium, Lac V. Defloratum.

SEXUAL DESIRE.

Before Menses.

Increase: Calc. c., Kali c., Nux v.

Before and during Menses.

Aversion to coitus: Caustic., Graph., Natr. mur.

Violent: Moschus., Murex purp., Phosph., Platina, Stram.

Violent by the least contact of the parts, if it was only with her garments: Murex purp.

Wanting: Agnus cast., Conium.

During Menses.

Increase: Bufo.

After Menses.

Aversion to an embrace: Caustic.

Increase: Sulph. acid.

SEXUAL CONGRESS.

The following *symptoms* are either constant or appear always before menses.

Burning: Lycopod.

“ *followed next day by a menstrual discharge of black blood*: Kreosot.

Painful: Ferrum.

“ *often followed by a discharge of blood from the vagina*: Sepia.

CONCEPTION.

Symptoms constant.

Easy: Rorax., Merc. viv.

Sterility: Apis, Borax, Calc. c., Canthar., Cimicifuga, Merc. viv., Millefolium, Nux m., Phos., Phytol., Sepia, Sulph., Sulph. ac.

LARYNX.

During Menses.

Hysterical spasms of — and chest: Cauloph.

Laryngismus: Bell.

Weakness: Carb. an.

CHEST.

Before Menses.

- Asthma* : Cupr., Puls.
 “ *Spasmodic* : Cupr.
Bleeding from the lungs : Puls.
Congestion to — (head) : China.
Cough—hysterical!—from an irritation behind the upper fourth of the sternum : Platina.
Cough at night ; choking, compels her to jump out of bed : Digital.
Cough every evening : Sulph.
Cough at night, but slight : Senecio.
Cough, mornings and during the day ; fatiguing : Graph.
Cramps, spasms : Cupr., Lach.
Cramps—hysterical—of — and larynx : Cauloph.
Cramps in — (bowels) : Graph.
Expectoration of solid, bloody masses of mucus : Digital.
Fulness in — (head), with difficult respiration : Brom.
Gasping for breath : Spong.
Oppression ; catching for breath : Borax, Brom.
Pain (indefinite) : Digital., Graph.
Pain and oppression of the chest, with cough : Lac Can.
Shootings and dartings in —, coming from the abdomen : Cupr. ac.
Shooting pain in the left side : Conium.
Stitches in the sides : Puls.
Stitches through the chest and neck : Natr. mur.
Stitching pain in the right pectoral region : Borax.
Suffocation—feeling of : Laurocerasus, Spong.

During Menses.

- Asthma* : China., Cuprum.
 “ *attacks of* : Cuprum.
Bleeding from the lungs : Puls.
Congestion (head) : China., Glonoine.
Constriction—sensation of : Cact. gr.
Cough (Coryza ; fever) : Graph.
Cough, mornings and thro' gh the day ; fatiguing : Graph.

Cough—hysterical—from irritation behind the upper fourth of the sternum : Platina.

Cough at night, but slight : Senecio.

Coughing up blood : Iodium, Sepia.

Cramps ; spasms—(abdomen) : China., Graph.

Cramps—hysterical : Caulophyl. (*larynx*).

Oppression : Cact. gr., Calc. c., Graph., Zincum.

Oppression and pressure in — : Graph.

Oppression caused by tight clothes around the waist : Zincum.

Pain (indefinite) : Graph.

Pain in the sides and small of the back : Amm. carb., Bell.

Pain in the right side of chest : Sac. Lac.

Perspiration of — at night : Bell.

Rattling in the lungs : Cact. gr.

Shooting pain in the left side : Conium.

Stitches : Conium, Kreosot., Natr. m., Puls.

Stitches through the chest and neck : Natr. mur.

After Menses.

Bruised sensation in the right chest, when taking a deep inspiration : Lac Can.

Congestion : Thuja.

Difficult respiration : Natr. mur., Puls.

HEART.

Before Menses.

Pain : Cact. gr., Lach., Spong.

Palpitation : Alumina, Cact. gr., Ignat., Iod., Spongia.

Palpitation, awakens with — : Alumina.

Palpitation following a backache : Spong.

Palpitation worse when lying on the left side : Cact. gr.

Constrictive feeling about the —, as if the heart were grasped or compressed : Cact. gr.

Suffocating spells about the —, with gasping for breath, particularly when sitting up : Lauracerasus.

During Menses.

Pains, sharp: Conium.

Palpitation: Bufo., Cact. gr., Graph., Ignat., Natr. ac., Phos.; Sulph., Thuja.

Suffocating spells about the heart, with gasping for breath, particularly when sitting up: Lauracerasus.

After Menses.

Palpitation: Iodium, Natr. mur.

BACK.

Before Menses.

Backache (pain in the small of the back): Acon., Amm. c. Baryt. c., Brom., Calc. c., Cimicifuga, Magn. mur., Nitrum, Nux m., Nux v., Puls., Sabina, Sanguinaria, Spong., Ustillago.

Backache—violent: Acon.

“ *as if a piece of wood stretched across there were pressing from within outwards*: Nux m.

Burning in sacrum: Kreosot, Magn. mur., Ustillago (*uterus*; ovaries).

Cutting in — (abdomen): Ol. an.

Cutting in — (abdomen; groins): Senecio.

Eruption—itching—between the shoulder-blades: Carb. v.

Pain and aching in sacrum and hips: Calc. c.

Pain from sacrum through to the pubis: Sabina.

Pain from sacrum through the hips and down the thighs: Cimicifuga.

Pain—violent—in sacrum and between the scapulæ, passing off with pains in the abdomen: Amm. carb.

Pain in sacrum; worse when walking (and in the thighs, which does not suffer from walking): Magn. mur.

Pain in the right shoulder and shoulder-blade: Magn. c.

Paralytic pain —: Coccul.

Rending in the spine: Cinnabaris.

Soreness in sacrum: Spong.

Swelling and sensitiveness in the renal region. Calc. c.

During Menses.

Backache (pain in the small of the back): Acon., Aloe., Amm.

c., Amm. m., Argt. nitr., Asarum, Baryt., Bell., Berberis, Brom., Bryon., Calc. c., Camphora, Carb. an., Carb. veg., Castoreum, Caustic., Cham., Cimicifuga, Coccul., Cyclamen, Graph., Ignat., Iod., Kali c., Kalmia, Lach., Lac Can., Lac V. Deflor., Lobelia, Lycopod., Magn. c., Magn. m., Magn. s., Niccol., Nitr. ac., Nitrum, Nux m., Nux v., Phosph., Prunus. sp., Puls., Ratanhia, Sabina, Sac. Lac., Senecio, Sulph., Thuja, Ustillago

Backache, with boring pains. Carb. v.

“ *with bruised pains:* Baryt. c., Caustic., Magn. sulph.

“ *crampy pains:* Bell.

“ *cutting, grinding pains (abdomen; groins):* Argt. nitr., Senecio.

“ *cutting, tearing in back and loins:* Caustic.

“ *cutting pains (groin):* Argt. nitr.

“ *cutting pains (abdomen):* Ol. an.

“ *constant pain in loins, as if the back was broken:* Camphor.

“ *crampy pains:* Calc. c.

“ *as if the back would break:* Bell.

“ *drawing from the back towards the front:* Cham.

“ *griping pains:* Calc. c.

“ *labor-like pains (and abdomen):* Amm. mur., Calc.

c., Caustic., Cham., Cimicifuga, Cyclamen, Graph., Lach., Lycopod., Nitr. ac., Puls., Sulph., Thuja.

Backache, labor-like pains (abdomen) continuing all night, when the flow is more profuse: Amm. mur.

Backache, pain as if beaten: Castoreum.

Backache, pain like a weight: Kali c.

“ *pain in loins:* Bry., Iod.

“ *pain pressing down into the rectum:* Aloe.

“ *pain in ovaries:* Iod.

“ *pains worse when walking (and in thighs, which are not affected by walking):* Magn. mur.

Backache, with pains through the hips, down the thighs: Nitr. ac.

Backache, with pains through the hips down the back of the thighs: Cimicifug.

Backache, with pains in abdomen and limbs: Nux vom.

“ *with pains in the region of the kidneys, down the thighs:* Berberis.

- *Backache, pressing pain from within outwards* : Nux m.
- “ *violent pain* : Acon.
- “ *violent pain coming and going (uterus ; ovaries)* :

Ustillago.

- *Backache, violent pain extending to the pubis* : Sabina.
- “ *violent pressing pain extending to the groin and thighs* : Carb. an.

Drawing pain between the shoulders : Amm. carb., Silicea.

- *Pain in the right shoulder and shoulder-blade* : Magn. c.

Pain under the inner and lower angle of right shoulder-blade :
Chelidonium m.

- *Pain in back and all the bones, as if bruised* : Carbo v.

Paralytic pain : Coccul.

Rending pain in the spine : Cinnabar.

- *Rheumatic pains in back and limbs* : Bry.

Tearing and jerking in the os coccygis : Cicuta vir.

Tension between the shoulder-blades and violent colic : Amm.
carb.

After Menses.

Backache : Verat. alb.

- *Coldness in the — in the evening* : Kali c.

Heaviness—feeling of—in the right shoulder-blade, as coming from the region of the liver or the right groin; with gastralgia :
Borax.

NECK.

Before Menses.

Drawing (headache) : Natr. c.

Eruption—itching—at the nape of : Carb. v.

- *Drawing (headache)* : Natr. c.

Stiffness (headache) : Natr. c.

Before and during Menses.

Pain in —, rising into the head and settling into the forehead :
Sanguinaria.

Stiffness : Calc. c.

Stitches through the — (and chest) : Natr. mur.

SYMPTOMS CONSTANT.

Goitre: Iodium.

UPPER EXTREMITIES.

Before Menses.

Convulsions of the — (and lower), with piercing shrieks: Cupr.

Pain in the armpits: Calc. c.

Swelling of the glands of the armpits: Aurum.

Swelling: Baryta carb.

During Menses.

Burning in the hands (feet): Carb. v.

Cold arms (legs): Cham., Secal. cor.

Cold hands (feet): Calc. c., Phosph.

Drawing pains in the — (lower; bowels): Stram.

Drawing pains (violent) in the — (and lower): Spongia.

Heat in the palms of the hands (soles of feet): Petrol.

Languor in the hands (feet): Zincum.

Pain in the arms: Calc. c., Verat. alb.

Pain in the right shoulder: Magn. carb.

Pain in both shoulders: Sac. Lac.

Panaritium: Silicea.

Rheumatic pains: Bry.

Soreness in the arms: Sepia.

Tearing pains in the arms: Bry.

Tearing pain in the left arm (right hip): Nux v.

Trembling: Agaric. mus.

Trembling (convulsive) of the hands (feet): Hyoscyam.

Twitching of the arms (legs): Coff., Secal. cor.

Weakness of the hands; drops things easily: Alumina.

LOWER EXTREMITIES.

Symptoms constant.

Cold and damp feet: Calc. c.

Stiffness of the limbs, relieved by walking: Rhus tox.

Stiffness of the limbs before a storm or in damp weather, relieved by a storm: Rhus tox.

Ulcers on the legs with a purplish hue: Lach.

Varicose veins: Hamm., Puls.

Before Menses.

- Aching in the hips and back* : Calc. c.
Bruised pain : Nitr. ac.
Convulsions of — (and upper), with piercing shrieks : Cupr.
Coldness and heaviness of the feet : Lycopod.
Drawing pain in the thighs, with colic : Cham.
Eruption of large, flat pimples at the inside of both thighs : Lac Can.
Swelling of the limbs and feet : Baryt. c.
Some raw feeling at the inside of the thighs, followed by a breaking out of large flat pimples : Lac Can.

During Menses.

- Aching* : Cimicifuga.
Bruised feeling in the hips the first day : Lach.
Bruised pain and tearing in the right hip : Natr. carb.
Burning in the soles of the feet (hands) : Carb. v.
Cold feet : Calc. c., Glonoine, Nux m., Silicea, Sulph.
 “ (icy) : Silicea.
 “ as if from damp stockings : Calc. c.
 “ (and hands) : Calc. c., Phosph.
Cold damp feet : Calc. c.
Cold legs (arms) : Cham., Secal. cor.
Cramps in the calves : Phosph.
Drawing pains : Conium., Nux m.
Drawing pains in — (and upper) : Spong. (violent), Stram.
Drawing pains around the knees, as if they would twist off : Zincum.
Eruption and soreness at the inside of the thighs, caused by the acrid menstrual discharge : Graph., Kali carb., Natr. sulph. Sarsaparilla, Silicea, Sulph.
Heat in the soles of feet (palms of hands) : Petrol.
Heaviness : Zincum.
Heaviness and tiredness : Colchic., Sulph., Zincum.
Itching, burning, and redness of the toes as if frost-bitten : Agaric. mus.
Languor in the feet (hands) : Ol. an.
Numbness ; fornication : Graph., Puls.

Pains in the —: Bry., Graph., Nitr. ac., Nux v., Phosph., Sepia, Verat. alb.

Pain in the — and tiredness: Nitr. ac.

Pains in the — (tearing), worse from the least motion: Bryon.

Pains in the — (back; abdomen): Nux v.

Pain in the hips: Calc. c.

Pain in the right hip: Natr. c., Nux v. (left arm), Sac. Lac.

Pain in the feet when lying in bed: Magn. c.

Pain in the right foot: Magn. c.

Pain in the knees when walking: Magn. c.

Pains in the thighs: Berberis, Carb. an., Castoreum, Cimicifuga, Kali hydro., Kalmia, Magn. m., Magn. sulph., Natr. ca., Petrol., Sarsaparilla.

Pain in the thighs—anterior part: Cimicifuga, Kalmia.

Pain in the thigh, coming from hip and back: Cimicifuga, Nitr. ac.

Pain in the thigh (pressing), coming from the region of the kidneys: Berberis.

Pain in the thigh, commencing in the middle of thigh, extending over the limbs, and more or less over the whole body: Castoreum.

Pain in the thigh—compressive—as if the thigh were tightly squeezed: Kali hydr.

Pain in the thigh—violent pressing (back; groins): Carb. an.

“ “ *tearing*: Petrol.

“ “ *when walking*: Magn. sulph.

“ “ *(back), worse when sitting, but not in the back*:

Magn. mur.

Restlessness of the legs: Thuja.

Rheumatic pains: Bry.

Soreness: Sepia.

“ *of the thighs*: Amm. carb.

“ *between the thighs*: Caustic.

Spots on the —, painful to touch: Petrol.

Stiffness of — relieved by walking: Rhus tox.

Swelling of the feet: Calc. c., Graph., Lycopod.

Tearing in the veins: Cham.

Tearing in the legs: Bry.

Tearing in the tibia: Sepia.

Tearing and bruised pain in right hip: Natr. c.

Tearing in right hip (left arm): Nux v.

Tiredness: Asar. europ.

Tiredness and heaviness of the feet: Colchic., Sulph., Zinc.

Tiredness and pain in legs: Nitr. ac.

Trembling of the legs: Agaric. mus., Magn. c.

Trembling of feet (hands), convulsive: Hyoscyam.

Varices of left leg, bluish and painful to pressure: Ambra gri.

Weakness in the legs: Coccul.

“ *and languor in the thighs*: Carbo. an.

SLEEP.

Before Menses.

Dreams: Alumina, Calc. c., Caustic., Conium.

“ *anxious*: Caustic., Conium.

“ *many, disturbing her sleep*: Alumina.

“ *voluptuous*: Calc. c.

Nightmare: Sulph. ac.

Restlessness: Kali carb.

Sleepiness during the day: Calc. phos.

Sleeplessness, with straining and warmth in abdomen: Cyclamen.

During Menses.

Dreamful sleep: Kali carb.

Drowsiness with inability to sleep: Bell.

Exclamation—angry—during sleep: Castoreum.

Restless and sleepless: Kali c., Puls.

Restless; has to turn often to find rest: Rhus tox.

Sleepiness and restlessness: Kali c., Puls.

“ *all the time*: Aletris far.

Sleepiness; yet cannot sleep: Opium.

Sleepiness during daytime: Agaric. mus., Sulph.

Sleepy—can hardly keep awake: Phosph.

Sleeplessness: Sepia.

Sleeplessness after 3 or 4 A.M.: Nux v.

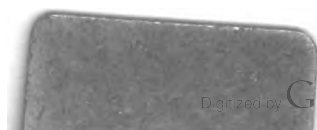
Stupor and deep sleep from severe headache: Hammam.

After Menses.

Nightmare: Thuja.

Sleeplessness: Thuja.

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