



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

A 610.5
I 6
B 85

No. 3.—Vol. 1.

B 208,895 C

March, 1895.

THE
INTERNATIONAL BRIEF.

**A Monthly Journal of Materia
Medica and Therapeutics,**

**Devoted to the Advancement of Homœopathy, and Published
both in ENGLISH and SPANISH.**

PUBLISHER

E. Fornias, M. D., 1229 Spruce Street, Philadelphia, Pa.

EDITED BY

*Edward Fornias, M. D., of Philadelphia,
I. Fernandez de Lara, M. D., of Mexico,
Joaquin Gonzalez, M. D., of Mexico.*

ASSISTED BY

*Joaquin Segura y Pesado, M. D., of Mexico,
Ignacio M. Montano, M. D., of Mexico.*

Exchanges, books for review, communications, original papers, checks, &c., corresponding to this Country should be addressed to Dr. E. FORNIAS, 1229 Spruce Street, Philadelphia, Pa., those corresponding to Mexico to the Mexican Editors, av. 5 de Mayo, 17,—av. Oriente 2, N. 120, Mexico.

CONTENTS.

Analytic Study of Stramonium and Differential Analysis of Belladonna, Hyoscyamus and Stramonium, by E. Fornias, M. D. Varioloid.
Special Treatment of Variola and its Complications.
Mouth Hygiene, by W. Storer How, D. D. S.
Repertory on Thirst. Miscellaneous, Etc.

This Journal circulates in North, Central and South America, Spain and England.

Subscription, \$1.50 a year, in advance. Single Numbers, 20 Cents.

EDITORIAL.

.....

In our first and second issues we have made our introductory address to the fraternity, stating our aims and purposes, and we are gratified to learn that, in general, the object for which we made our appeal, has been appreciated. We have invited criticism and requested aid for the development and best elucidation of our system. We have solicited the pointing out of our short-comings, and suggestions as to the best methods of carrying out our work with advantage to ourselves and profit to those in need of advice. And are we to feel, in the future, that to accomplish this, we are to depend entirely upon our own individual efforts? We hope not. We wish it to be perfectly understood, that our labors are directed to the advancement of Homœopathy, pure and simple, and to the rejection of easy methods, or others not conformable with the teaching of the school. We shall perseveringly deal with *Materia Medicâ and Therapeutics*, the combined knowledge of which gives us the key to success at the bedside. The elucidation of other no less important medical branches is already in able hands, and from them we can obtain all the necessary information.

In regard to *Materia Medica*, we propose to carry out a systematic plan, conceived after many hours of thought and study, which during the present year will comprise the analysis of four groups of remedies, as follows:

Cerebral.	{	Belladonna,	January
		Hyoscyamus,	February
		Stramonium,	March
Febrile.	{	Aconitum,	April
		Gelsemium,	May
		Arsenicum,	June
Gastro Neurotic.	{	Ipecacuanha	July
		Nux Vomica,	August
		Pulsatilla,	September
Constitutional.	{	Calcaria C.,	October
		Silicea,	November
		Sulphur,	December

To make this plan of study of still greater value, we shall prepare at the end of each quarter a *differential analysis* of the three remedies of each corresponding group, in such a way as to show at a glance their characteristics and points of difference.

To memorize symptoms in the manner indicated by the majority of our textbooks, is, as experience has taught us, productive of much discouragement and failure; and to *pile up symptoms without due regard to their origin, meaning, or relative value, is still worse.* Prescribers unable, not only to individualize their cases, but to comprehend and measure the therapeutic value of a drug, or the importance of a given symptom, are bound to fall an easy prey to routinism.

Familiarity with drugs, we think, can best be obtained from similar studies to those based upon our analytic plan; of course not neglecting to compare drugs of similar action, to note their individual features, modalities, aggravations, ameliorations, the disturbing influences that may interfere with their actions, the constitution and character of the patient; and finally to study drug relationships (antidotal, inimical, complementary, &c.)



MATERIA MEDICA.

ANALYTIC STUDY OF STRAMONIUM.

(All Rights Reserved.)

Nervous
System.

1. **Brain.**—In this organ *there is no true inflammatory condition, independent or primary, but congestion, though greater than in Hyos., is much less than in Bell., and often attended by obscuration of sight, illusion of colors, diplopia, dilatation of the pupils; wide open, fixed, staring, sometimes injected eyes; stammering, aphasia, dysphagia; dread of water, respiratory spasms; hot, turgid bloated face; moderately increased thermogenesis and circulation, with frightful dreams, disturbed sleep, obstinate insomnia, agitation, trembling; and a frantic indomitable delirium, with hallucinations and delusions, often amounting to absolute rage, with disposition to strike and bite, such as occurs in mania-a-potu; and which may be accompanied with convulsions, as in hydrophobia.*

2. **Mind.**—*The common centre of sensation is both exalted and perverted in the highest degree. The least noise startles the patient; he labors under the most terrifying hallucinations, he sees ghosts, strangers, rats, mice, vermin, snakes, or vicious animals jumping sideways out of the ground or running at him. Hears voices back of his ears. Imagines he is quite alone and in a wilderness and abandoned. She is possessed of very strange and absurd ideas, imagines herself tall, double, or lying crosswise. Sometimes thinks she is conversing with spirits; prays fervently, talks devoutly; at other times assumes importance, behaves in a proud or haughty manner (Plat.), or talks incessantly and absurdly; is merry, dances, gesticulates, laughs, sings, or makes verses; and again is indifferent, does not know her friends, is sad and weeps. He suffers pangs of conscience, thinks he is not honest, raves about his business, fears death, and desires light and company (aversion to, Hyos.). His photomania is almost pressing. Darkness and solitude seem unbearable to him, Violent outbursts to bite and strike always attend the indomitable, raving delirium. Sometimes there is a mania, which, although loquacious, partakes of a good natured character, full of phantasmata of all kinds, and the patient seems as if in ecstatic contemplation of surrounding images.*

3. **Sleep.**—*The sleep is either sound and long, with loud snoring, staring eyes, dilated pupils, gritting teeth, incoherent talk and active motions of the hands, even terminating in coma, or else it is light and disturbed by sexual excitement, emissions, and vivid dreams about vicious animals, with startlings, outcries, and restless waking, as if frightened, ending in insomnia and tossing about. The child starts and jerks, wakes terrified, sits up, looks around,*

**Nervous
System.**

knows no one, screams with fright and clings to those near him. The *adult* wakes with a solemn air of importance, all things seem new to him; talks incoherently, stammers, looks up, screams with fright, knows no one, shrinks away or jumps out of bed — Both can only sleep in lighted room.

4. **Individual Cranial Nerves.**—The most important **ocular motor disturbances** are, *dilatation of the pupils*, which are sometimes immovable and insensible to light, *double vision*, *squinting and spasms*. The eyes are open, fixed, staring, glistening, protruding, contorted or rolling. In the face, the only *sensory phenomenon* of importance, is the *maddening pains* (*proso-palgia*); but the *motor symptoms* are various, and comprise *oscillatory twitching or distortion of the facial muscles*, *drawing of the mouth to right and left*, *frowning*, *trembling of the lips*, *blepharospasmus*; *shuddering trismus*, *with closed eyes*, and *gritting of the teeth*, with or without general tremor. The **special senses** are perverted, **vision** in particular is very much affected. Sight is lost in various degrees, from mere *cloudiness to absolute blindness* (*transient*). Light dazzles and notes appear in the field of vision. *Visual illusions*; objects often appear red, less frequently blue and red; everything seems to be tipping over. Letters on a printed page seem to move, or they and other objects appear double; everything is in a fog. There may be *shunning of bright light*, or *extreme desire for it*. The patient may be *worse in the dark*, or *bright light and brilliant objects may cause and renew convulsions*, (opposite effects which should not be forgotten) Some of these visual disturbances may be attended with redness of the eyes and involuntary lachrymation, but no evidence of organic lesion whatever, just as in **Hyos.**—The **auditory area** is both exalted and perverted. There is *great sensitiveness to noises*; the least noise startles the patient, (**Hyos.**) or he *hears voices back of his ears*. The *hearing power* is diminished or lost (*nervous deafness*), with or without tinnitus. *Violent atalgia* in the left side, < at night. (*Clinical*)

5. **Voluntary Muscular System.**—The **motor phenomena** are, *convulsions*, partial rather than general, and *affecting the upper more than the lower extremities*. They principally consist of *agitation of the arms, with rising and rotation above the head*, and of *convulsive groping forward with the hands*. *Isolated groups of muscles are also affected*, as evinced by the *twitching of the limbs and of the facial muscles*, *jerking of the head*, etc. The *spasms*, however, may be *opisthotonic*, and *readily provoked by bright light* (**Bell.**), *dazzling objects*, *water*, or *touch* (**Bell.**). The *spasmodic movements* are graceful rather than angular, and partake more of a *gyratory* than of a jerking character. Uncommon haste and rapidity of all motions. *Hands, arms, and even feet tremble*. Hands clenched, but they can be opened. *Arms in motion, while lower limbs are quiet*. Clapping hands over the head. *Staggering gait*, totters as if giddy, can only step in lighted room. Spasmodic rigidity of the lower limbs. *Spasms of the muscles of the chest*. Continual jerking lifting of the head from the pillows, thrusts it in all directions. *Catalepsy*.

6. **Involuntary Muscular System.**—*The only sphincter markedly affected is the iris*, but the sudden and profuse passage of urine at night, the very copious but slow urination, and the involuntary discharge of urine, seem to indicate both *relaxation of th*

**Nervous
System.**

sphincter vesicæ and weakness of the vesical walls. There is also a kind of **paralysis of the organs of speech**, for the *tongue hangs out of the mouth, the patient stammers, makes great effort to speak, utters unconnected words, and even loses the power of speech, or if he speaks, his voice is shrill, fine and high pitched.* Some of these symptoms, however, may be due to spasms of the laryngeal muscles and vocal cords, rather than to paralysis or cortical lesion. Here we should also include *paralysis of the lower extremities, or of one side, with convulsions of the other.* The limbs feel as if separated joint from joint. The muscles will not obey the will (**Gels.**)—*The spasmodic phenomena, though few, are very prominent. In the bladder we notice, frequent urging to urinate and discharge of the urine in drops, which, notwithstanding the pressing, flows off slowly, almost to a feeble dribbling, without especial painful sensation, except a feeling as if a cylindrical body were pushed through the urethra. In the pharynx and œsophagus the spasms are exaggerated, causing a distressing dysphagia, and readily provoked by attempting to swallow, hence the patient struggles against the water offered. The respiratory spasms are also characteristic. At times the chest seems fixed, and respiration diaphragmatic.*

7. **Area of Distribution of the Spinal Nerves.**—The most important disturbances are: *diminished general sensibility, sense of lassitude in the back and drawing pains in the spine, the sacrum and the ilium.* Among the practical observations of *Hahnemann*, we find the following remarks: "During its primary action, this drug produces no pain, properly so called, for pain is not the name we can give to the very unpleasant sensation experienced by the provers." (*Parseval, Sp. Edition, page 224.*)

**Digestive
Canal.**

8. **Digestive Organs.**—The symptoms to be studied, are: The paralytic condition of the **tongue**, which is either red, swollen, tremulous, and hangs out of the mouth, or else it is dry, stiff and torpid, with stammering or difficult and unintelligible speech. The great dryness and intense redness of the **mouth**, with bitter taste, great desire for acids, and the ptialism, with dribbling and spurting of saliva, and bloody trothing. The extreme dryness of the **throat**, with intense thirst, but inability to swallow, as if the gullet were constricted. The spasms of the **pharynx** and **œsophagus**, with a choking sensation on attempting to swallow, and dread of water and other fluids. The spasmodic contraction of the **diaphragm**, with burning, short breath and hiccuph. The cerebral and **stomach** vomiting, first of food and then of bile, with anxiety and burning down the bowels. The tympanitic distention of the **abdomen** (probably from intestinal paresis), with much rumbling and gurgling and epigastric anxiety. The confined **bowels**, with ineffectual urgency, (due to diminished and depressed peristalsis, or to reduced secretory capacity of the mucosa, or both), as well as their relaxation, with *painless, dark, cadaverous stools*

**Urinary
Organs.**

9. **Bladder.**—Here we have involuntary, delayed, *retained*, and principally *suppressed urine*, but a sudden, *copious discharge of clear, watery urine*, such as frequently occurs at the end of a hysterical or epileptic attack, is also characteristic. *When the urine is suppressed, there may be yet some urgency to pass water. When delayed or partially retained, it dribbles away slowly and feebly, either from*

**Urinary
Organs.**

weakness of the vesical muscles in emptying and closing the bladder, or from long continued spasmodic action of a clonic character, for notwithstanding the great urging and frequent efforts, *no stream is formed; the urine escapes drop by drop, and neither the flow can be accelerated, nor the last drops urged on to pass*. All these troubles are *unattended by pain, the only unpleasant symptom recorded being "a sensation as if a cylindrical body were pushed through the urethra."* The urine is clear as water, dark and very odorous, or thick and turbid.

**Sexual
Organs.**

10. **Sexual Organs.**—As a *primary action* we have **extreme sexual excitement**, to the degree of indecent and voluptuous exposures (**Hyos.**), as a *secondary action*, complete loss of sexual desire and temporary impotence. *Nymphomania* in women. *Erections and pollutions* in men. Child constantly has hand on genitals—**The menses** are increased, with large coagulated lumps. *Excessive menstrual flow*, with drawing pain in the abdomen and limbs. **Menstrual flow** of uncommonly dark color. *Great nervous erethism, loquacity and devout behavior during menstrual period. Scanty lochia.*

**Respiratory
Track.**

11. **Respiratory Organs.**—The *breathing is very difficult and hurried, or anxious, with constriction of the chest, great sense of suffocation and cyanotic face. Oppressed breathing, with tightness across the chest, or with desire for the open air. After much talking, or in-doors, unable to draw in the breath. Rattling breathing, with spasmodic croup-like cough. Cough is not characteristic, but when attended by great dryness, marked respiratory spasms, and extreme dyspnoea, it becomes indicative of this drug. Spasm of the laryngeal muscles and vocal cords, with shrill, fine and high-pitched voice. Paralysis of the vocal cords, with high, squeaking, or hoarse and croaking voice.*

By the study of the action of **Stramonium** upon the *brain*, we are able to understand its better adaptation to *cerebral affections with less fever and circulatory disorders* than those claiming **Belladonna**, and more *sensorial excitement and congestion* than those indicating **Hyoscyamus**. It is, however, very important to observe that even in those *intense intercranial localizations* indicative of **Belladonna**, we may have to resort to **Stramonium**, by the mere presence of some of its leading characteristics. For instance, in **acute cerebral meningitis**, no remedy could take its place *if the delirium is furious, with terrifying hallucinations, extreme acts of violence, dysphagia and suppression of urine.* And the same is the case in any severe malady with *secondary involvement of the brain, characterized by an intense maniacal exaltation, with psycho-motor hallucinations, violent outbursts, suppression of secretions, and the*

spasmodic phenomena corresponding to the drug (**Typhus, Typhoid, Puerperal and Eruptive Fevers, Pneumonia, Erysipelas**, etc.). It is also *this sensorial perversion or maniacal excitement*, with its psycho-motor expressions, which has principally made of this drug one of our leading remedies in the treatment of **delirium tremens**. And, of course, it is also indicated in some of those attacks of similar character, determined in habitual drinkers by slight febrile disturbances, as in *traumatic fever and pneumonia.* It may even be applicable to the **delirium of fever**, characterized by an *abnormal sense of the size, shape and position of the body*, for the patient is apt to imagine that he is enormously large, that certain parts are of unnatural size, that they are double, that he has three legs instead of two, or that he is lying crosswise.

It has been asserted by men deserving credit, that **Stramonium** has cured

a number of cases of **Hydrophobia** supposed to be genuine, and surely, the association of the *extrême* dread of water with the discomfort of the throat, the dysphagia, the respiratory spasms, the contortion of the facial muscles, the spitting of saliva, the incitement of convulsions by the mere sight of water, touch, or loud noise, and the fact that the general distress soon merges into *delirium*, or *maniacal frenzy* with hallucinations, delusions and moderate fever, form a syndrome strong enough to support the assertion.

Again, by the study of the *psychical phenomena* we are further taught, that it is not only indicated in those *mental disturbances characterized by rage and violence*, but also adaptable to other cases of a less acute and milder character. For instance, the above mentioned *abnormalities as to size and shape* may indicate **Stramonium** in that morbid state of the mind called **pseudo-megalomania**, which is characterized by ideas of vastness, boundlessness, immensity, etc., and designated by Cotard under the name of **delire d'enormite**, to distinguish it from the true **mania de grandeur**, to which this remedy may also be applicable, for we see the **Stramonium** patient assuming importance and believing in a proud and disdainful manner, as in *Platina*. Again the *baseless conceptions or senseless ideas* of being killed, attacked by mice, rats and cats, or chased by vicious beasts, from which he attempts to escape, points to its adaptation to that variety of disorder called **mania of persecution**; and it may also cover *ideas of persecution attending melancholia*, for the patient suffers pangs of conscience, thinks he is not honest, raves about his business, and is willing to amend. We have also reviewed among its symptoms, morbid expressions of the mind, which have been described under the names of **loquacious, erotic and religious mania**; and in its pathogenesis we find, likewise, a *distinct mania for light and company*. Some of the *psycho motor and sensorial manifestations* of **Stramonium** points also strongly to its value in the treatment of those **mental derangements in the female** having a casual

relation with the function of reproduction, and which may occur *during pregnancy, puerperal state and lactation*. During *pregnancy* usually of a **melancholic type** (sometimes exaggerations of pre-existing mental or moral trouble), with obstinate insomnia, depression, gloomy silence, and religious display, weeping, praying, talking devoutly, etc. During the *puerperal period*, most frequently of the **maniacal type**, with vivid dreams, incoherent talking upon amorous, obscene, or religious topics, and as the excitement increases, she jumps out of bed, tears off her clothing, screams, prays, and attempts to injure herself and others. During *lactation* the excitement is, as a rule, of the **melancholic type**, but may be associated with *transient mania*, which is characterized by paroxysmal violence, mental fury, raving, etc. We may further find occasion to prescribe this remedy in **Hypochondriac Melancholia**, where the choreiform spasms, the trembling, and the dysphagia become sometimes so prominent, and which may be accompanied with extreme agitation, panophobic paroxysms, and desire for light and company. And finally, we find this drug indicated in the **melancholia of masturbation**, which is attended by religious and satanic ideas; or by ideas of persecution of an erotic nature, and in which the patient touches constantly the genital organs and practices self-abuse in a violent manner, under the stimulus of baseless conceptions and erroneous surmises.

Passing now to the consideration of the *spasmodic and paralytic phenomena*, we proceed to point out those **affections of the voluntary and involuntary muscular system**, local or general, in which **Stramonium** has shown its curative powers. It has proved an excellent remedy in numerous kinds of **spasms**, epileptiform, opisthotonic; of isolated muscle-groups, especially those involving the upper more than the lower extremities and consisting of incoherent, graceful, gyratory or rythmical muscular movements of variable intensity, without any painful phenomena, and with little or no manifestation of fever. It is also a most valuable remedy

in **general convulsions**, resulting from *fright*, and in **hysterical spasms**, with or without *sexual disturbance*, but attended by frothing at the mouth, distorted features, tremor, rythmical movements of the limbs, and the final discharge of a copious quantity of pale limpid urine. **Stramonium** is indicated in those cases of **epilepsy** in which the *aura* takes the form of a *choking sensation in the throat*, with arrest of respiration, distorted features, staring eyes, and dilated pupils; or during the *second stage*, when, with the return of the breathing, which is violent and jerky, the *clonic spasms* replace the *tonic*, causing the features to work, the eyes to roll, the teeth to grind, the jaws to champ, and the tongue to be thrust out and bitten, especially if the mouth is full of bloody froth, the face presents a livid aspect, the skin breaks out into a copious sweat as the vessels again dilate and the heart beats vigorously, and there is a profuse discharge of pale, bright urine, when consciousness returns and the spasms cease. And as the **typical puerperal convulsion** is epileptic in character, and exhibits *clonic spasms of the voluntary muscles and of some of the involuntary ones*, notably those of respiration, the consideration of this drug is imperative. **Stramonium** has been, likewise, of great service in *chorea*, either from *menstrual troubles or pregnancy*, attended with some mental defect and emotional excitability; or else from *fright*, affecting particularly the muscles of the face and arms, with the characteristic twitching and contortion of the facial muscles, the jerking of the head, agitation of the arms, etc., and before the whole body is involved in the irregular contractions. But, even then, when the movements are *cross-wise*, the features work, the eyes roll, the lips are drawn out, the tongue is thrust from the mouth, the head jerks from side to side, the speech is impeded, the deglutition is impaired, and the diaphragm shares in the general commotion, with an irregular and unequal breathing, we may still find in this drug a valuable auxiliary; and if, as some authorities have claimed, the *blowing systolic murmur heard over the cardiac region is functional and due to choreic spasms of the muscoli papillaris*

interfering with the closure of the mitral valves, then, of course, we have further evidence of its homœopathicity to the existing disease.

In connection with the above affections we should consider **stammering** a characteristic symptom of **Stramonium**, often accompanied with disorder in the movements of the respiratory muscles, and due to an original or accidental trouble of that part of the nervous centre which presides over the motility, either of the tongue alone, or of the tongue and muscles of the face, for in some cases we see it associated with a *spasmodic twitching of certain muscles of the face, a sort of facial chorea*. *Stammering*, however, should be distinguished from all *embarrassments of speech*, symptomatic of cerebral affections, of certain neurosis, and of the extreme debility resulting from long or prolonged disease, as *typhus and typhoid fever*, where, by the way, a *tremulous tongue, or a difficult, hesitating mode of speaking, resembling stammering*, as we see under this drug, are very unfavorable signs. **Aphasia** is given in the books as having been both produced and cured by **Stramonium**, and though we are not prepared to reject this assertion, it may be conveniently stated here, that *aphasia*, properly so-called, consists in an *inability to express thoughts by words*, (or writing), due to the fact that the centre of verbal expressions ceases to transmit the words, as in the normal state, but it is *not a paralysis of the organs (muscles of the tongue and of the lips) subservient to the act of articulation*. It is usually associated with *hemiplegia*, but may occur as a temporary symptom after some right sided convulsion, and less frequently in typhoid fever, variola, puerperal infection, and migraine (Charcot). It is in some of those **mechanical difficulties in articulation**, with no trouble in understanding oral and written communications, where we may anticipate good results from the use of this drug, especially in those cases in which the patient is able to speak, but the words are thick and the pronunciation is imperfect; or in those in which the arrested speech is associated with defective movements of the tongue and difficult

deglutition, and the patient, though unable to utter a word, makes the greatest efforts to speak. I cherish the belief, that in a case of this kind, in which the almost spasmodic efforts to speak terminated in a forced laughter or weeping, **Stramonium** relieved the distressing condition.

This drug has been recommended in **paralysis** accompanied by or remaining after *convulsions*, or *apoplexy*, or when attended by disturbances of the special senses and of the intellectual functions, *in consequence of a sudden retrocession of an acute rash, of a sudden mental or moral shock, or of a sudden arrest of the secretions and excretions*. But where it has been found more frequently useful is in **paralytic condition of the vocal cords** (high, squeaking, or hoarse and croaking voice), and of the **bladder** (over distention, the urine dribbles away slowly and feebly).

In **nymphomania**, puerperal or menstrual, with outbursts of violence, **Stramonium** has proved likewise useful. During that culminating period of life, called **menopause**, all the moral causes of a depressive character reach their highest degree of action, and either from the *plethora* resulting from the suppression of the menses, or under the influence of the *anæmia* brought about by the abundant losses of blood, we often witness the development of sensorial disturbances or mental phenomena indicative of this drug.

By the study of the respiratory group we can easily understand how this drug has proved so efficacious in certain forms of **asthma** and **whooping-cough**.

While **painlessness** is an almost constant attendant of the ailments in which **Stramonium** has proved curative, however, its power to mitigate the **terrible pains** of *tumors and abscesses* cannot be gainsaid, and this is particularly the case in the stage of suppuration of **hip disease**.

Finally, this remedy should be studied in **adynamic fevers**, with snoring, frantic delirium, or suppressed urine; in the **suppression of urine**, without pain or discomfort, or occurring after miscarriage or labor; in the early stages

of **locomotor ataxia**; in the persisting **dribbling of urine** of elderly women who have had many children; in **measles** and **scarlatina**, when the eruption is delayed or suppressed and a raving delirium supervenes; in **facial erysipelas**, with involvement of the brain and adynamia; in obstinate **constipation**, or painless, dark, cadaverous **diarrhoea**; in **hemoptysis**, with spasmodic coughing fits; in **metrorrhagia**, with clotty losses or jerky stream; in **menorrhagia**, with drawing in the thighs and sensorial excitement; and in the **bad effects from fright**, or from prolonged drinking.

According to HEINIGKE, **Stramonium** is suitable as a curative remedy: in cases which are of recent origin, and set in with violent symptoms; which may be assigned to primary affections of the brain; which are characterized by the combination of distinctly observable psychical disturbances with the morbid phenomena of the bodily sphere; in which the (conscious) imitation and combination of ideas of various domains as well as the impulse for intended motions, have been withdrawn from the control of conscious, free volition; in which the involuntary motions show a certain rythmus; in which convulsive motions with aphasia set in amid but slightly disturbed consciousness; in which, during delirium, a rapid change of ideas, with regard to their contents takes place, so that we observe the succession from laughing to weeping, from joy to sadness, from hilarity to timidity, and timid fright, without immediate transition in their extremes.

With the analysis of **Stramonium** we have finished the study of a very important group of remedies, which, though having many similar traits and operating upon almost the same parts, they differ considerably as to intensity and character of action, and it behooves us now to present our readers on the following pages, the *differential analysis* of the said group, in order to show their points of difference and their respective leading features.

DIFFERENTIAL ANALYSIS.

BELLADONNA.

1—BRAIN.

Intense congestion and inflammation, involving cerebral and spinal meninges, with high fever, vascular disturbances, excitability of senses, and hyperæsthesia of sensory and motor nerves.

2—SENSORIUM.

- a.) Irritability of the senses, with prominent hyperæsthesia and photophobia.
- b.) Wild delirium, febrile, boisterous, the result of vascular congestion, and inflammation, with flushed face, injected eyes, dilated pupils, throbbing carotids, headache.
- c.) Excitement, perversion, the result of active congestion, with transient hallucinations, delusions, fear, violence, and tendency to run about or to escape from the room or bed. Sees animals, conflagrations, corpses, ghosts, monsters insects, etc.
- d.) Mania, febrile, temporary, indistinct, Thinks himself suddenly rich; loquacious, then mute; merry, then quarrelsome; fancies himself assailed by robbers, hideous faces, black dogs, and insects. Laughter. Foolish manners.
- e.) Depression, the result of congestion, with symptoms of irritation, etc. Drowsiness, stupor, if aroused the patient is violent, or alternates between delirium and stupor.
- f.) Sleep, unrefreshing, disturbed by anxious dreams about murder, robbers, or

HYOSCYAMUS.

1—BRAIN.

Slight Congestion, never going on to inflammation, but great sensorial perversion and nervous excitement, without fever or pain. Stupor, with muttering and twitching.

2—SENSORIUM.

- a.) Irritability of the senses, with aversion for light and company, and photopsia.
- b.) Active delirium, subdole form, in the course of acute diseases, with psycho-motor display, partially controlled by persuasion; no evidence of absolute inflammation and congestion.
- c.) Excitement, perversion, almost absolutely without fever, bewildering hallucinations, illusions, etc.; foolish laughter, chattering, quarrelling, refuses to be covered. tries to escape, to expose herself and walk about nude. Sees people, crabs, foals, geese, devils, etc.
- d.) Mania, very distinct, persisting and par-taking of the self-conceited, loquacious, quarrelsome, but principally lascivious character, with unbecoming language and unchaste gestures and actions. Jealousy. Fear of being poisoned.
- e.) Depression, assuming a typhoid character, with dullness of the perceptive faculties, general torpor, subsultus tendinum, and momentary reaction from the stupor.
- f.) Sleep, restless, with subsultus, disturbed by anxious or lascivious dreams. Falls

STRAMONIUM.

1—BRAIN.

Active congestion falling short of inflammation, but highest degree of sensorial exaltation and furious delirium, with little or no fever, and without pain. Coma

2—SENSORIUM.

- a.) Irritability of the senses, with desire for light and company, or photomania.
- b.) Frantic delirium, indomitable, in the course of acute diseases, with violent psycho-motor display, uncontrollable, some evidence of congestion, attended or not by fever.
- c.) Exaltation, perversion, frightful hallucinations, delusions, with moderate or no fever, talking, singing, praying, swearing; fear, suspicion, vigilance; irrepresible impulses to strike, bite, tear, etc. Sees ghosts, rats, mice, vermin, cats, snakes, vicious beasts, etc.
- d.) Mania, very distinct, variable, and par-taking of the good natured, gay, pious, loquacious, but principally frantic character, amounting to absolute rage, with violence. Melancholia, with religious or satanic ideas, etc.
- e.) Depression, the result of congestion, or excitement; somnolence; stupor, with snoring, tremor, etc.; ending or not in coma, with suppression of urine.
- f.) Sleep, deep, with snoring, or disturbed by sexual orgasms, or terrible dreams, about

fire. Wakes in a fright; as if confused, or when just falling asleep. Insomnia from anxiety, or brain exhaustion.

3—SPINAL CORD.

Congestion, inflammation, tonic contractions, stiffness, opisthotonos. Clonic spasms, twitchings, trembling. Epileptiform convulsions, with forward and backward movements. Spasms renewed by touch or loud noise.

4—LOCAL SPASMS.

Spasms of the muscles of the face and mouth. Squinting. Triismus. Grittling teeth. Cysto-spasms, with retention of urine. Uterine spasms. Rigid os.

5—PARALYTIC CONDITIONS.

Dilated pupils. Paralysis of the sphincter vesicæ, with involuntary micturition. Wetting of the bed in children. Enuresis.

6—GENERALITIES.

Febrile wild delirium, with great vascular disturbance and intolerance of light and noise. Transient hallucination. Disposition to strike, bite, escape, or hide. Congestive, throbbing headache. Sore throat, without plastic deposit. Spasmodic, dry cough. Smooth scarlet rash. Pains come and go suddenly. Sudden appearance and disappearance of symptoms. Bad effects from draughts, from having the hair cut, and sudden changes from warm to cold. In young and plethoric subjects.

asleep while answering. Wakes nervous, screaming, whining. Insomnia from nervous excitability, or after violent, acute diseases.

3—SPINAL CORD.

No evidence of congestion or inflammation. Varying from twitching of single muscle-groups to general epileptiform convulsions, the angular motions being characteristic. Spasms occur after every emotion or least fright.

4—LOCAL SPASMS.

Spasms causing closure of eye-lids, rolling of the eyes, twitching of the facial muscles, distortion of face, risus sardonius, trismus, gritting teeth and dysphagia.

5—PARALYTIC CONDITIONS.

Dilated pupils. Paralysis of both sphincter ani and vesicæ, with involuntary defecation and micturition.

6—GENERALITIES.

Sensorial excitement, with great nervous irritability and aversion for light and company. Bewildering hallucinations. Disposition to quarrel. Photopsia. Delusionary exaltation, brought under control by persuasion. Nymphomania, with indecent language and unchaste behavior. Loquacious, or reserved. Ideas of persecution. Spasmodic cough at night, < lying, > sitting up. Sub-sultus tendinum. Involuntary urination and defecation. Bad effects from jealousy and unhappy love.

icious animals. Wakes serious, and mystified; affrighted, clings to those near. Insomnia from prolonged exaltation, or brain exhaustion.

3—SPINAL CORD.

No congestion or inflammation. Isolated spasms. Choreiform movements. Epileptiform convulsions; principally partial, affecting the upper extremities, with graceful, gyratory movements. Spasms renewed by sight of water, etc.

4—LOCAL SPASMS.

Spasms causing staring, frowning, distortion of face, thrusting of the tongue, difficult speech, dysphagia, jerky breathing, hic-cough, and urination in small jets.

5—PARALYTIC CONDITIONS.

Dilated pupils. Incomplete paralysis of sphincter vesicæ, the urine dribbles slowly and feebly. Speech affected.

6—GENERALITIES.

Maniacal exaltation, with obstinate insomnia, vigilance and desire for light and company. Terrifying hallucinations. Violent outbursts, with attempts to strike and bite. Mania-a-potu. Dread of water. Dysphagia. Hydrophobia. Photomania. Panophobia. Erotomania. Good humor. Ecstasij. Melancholia, with religious ideas, or ideas of persecution. Erroneous ideas as to size, shape, or position of the body. Stammering. Aphasia. Suppression of urine. Painlessness with most ailments. Bad effects from alcohol or suppressed rashes.

PRACTICE OF MEDICINE.

HEMORRHAGIC VARIOLA,

(*variola nigra*), is the most malignant variety of small-pox, death often occurring before the specific eruption has time to develop, or before its character can be recognized. In its **early form** (before the eruption), it is a true hemorrhage of the skin, with *extended ecchymoses, epistaxis, hæmatemesis, hæmaturia, bleeding from the gums, and extreme agitation and dyspnœa*; usually ending in death by *asphyxia*, from the third to the fifth day. —The **tardy form** (in the course of the eruption), is *less fatal and recovery is possible*. It is characterized by *hemorrhage into the pustule, but bleeding from the mucous surfaces, and extreme agitation and dyspnœa* are also present. The pocks fade away, grow faint and shrivel, the inflammatory circle and swelling of the subjacent tissues disappear, and finally, *a black hemorrhagic spot develops at their base, which coalesce to form large ecchymosis*. A *cyanotic face and cold extremities announce the impending asphyxia*. This form is favored by *alcoholism and the puerperal state*, and in both forms (early and tardy), the mind remains clear, up to death.

VARIOLOID,

(*modified small-pox*), essentially occurs after *raccination*, probably from incomplete protection, or decline of its influence, but under this name are included those cases of *variola*, which, mild or severe, discrete or confluent, do not pass through the stage of *suppuration*, and consequently are unattended by secondary fever and swelling of the face and hands. It is an *abortive form*, whose evolution only comprises three stages: *invasion, eruption and desiccation*. —The **invasion** is identical to that of *variola*, mild or severe: *chills, fever of rapid ascent, headache, lumbar pain, vomiting, etc.* —The **eruption** generally comes out at the end of the fourth day, does not last long, and may be arrested at the papular stage, but usually it passes through the stages of *papule and vesicle*, without *suppurating*, or *suppurating* very little. *Deferescence* is complete and defi-

nitive —The stage of **desiccation** begins from the fifth to the seventh day, and is very short, the *pocks drying rapidly into horny scabs and falling off*, without leaving permanent scars —The *total duration* of the illness seldom exceeds two weeks —It should not be confounded with **varicella**, which is not inoculable. The *prodromic hyperæmic rash* is more frequently the forerunner of *varioloïd* than of *variola* —**Varioloïd** is not always a benign affection, for some cases are very severe and may prove fatal. It is also *contagious* and can transmit *variola*, even in its most malignant form.

Leading

Indications for Variola.

Invasion.—**Bell.** meets well the *initial fever*, with its cerebral depression, moist, pungent skin, cutaneous hyperæmia, throbbing arteries, headache; backache and vomiting, especially if the *prodromal scarlatinoid rash* develops; or in children who become drowsy, squint and grind the teeth, showing *tendency to convulsion*, or if *delirium* supervenes and persists.—**Acon.** should only be thought of when the fever is attended by a hot, dry skin, full, bounding pulse, increased respiration, and *much restlessness and mental anxiety*.—**Bryo.** covers many of the premonitory symptoms, such as *languor, stupefaction, heaviness of limbs, constipation, headache, backache, and shunning of all motion*.—**Puls.** may be required in those cases with a *morbilliform prodromal rash, oculo-nasal catarrh and evening aggravation*.—**Verat. vir.** when the fever is attended by *intense arterial excitement, very rapid pulse, throbbing arteries, mental confusion, jactitation, nausea, vomiting, and great prostration*, especially if *pulmonary congestion* is impending or *convulsions* supervene —**Verat. alb.** when there is *long continued vomiting, followed by fainting, dyspnœa and collapse* —**Bapt.** produces rashes like those of *measles and urticaria*, and may be indicated in *prodromal manifestations* of this character, if there is much mental dullness, *languor, and prostration*, with

or without fetid diarrhœa.—**Stram.** should be given in preference to **Bell.**, if a scarlatinoid rash develops, the initial fever persists, the *variolous eruption delays* and a wild delirium follows.—**Ant. tart.** is called for at this early stage, if with the intense headache and backache we have a *dry, teasing cough, or troublesome vomiting*, followed by drowsiness and great prostration.—**Gels.**, however, is the *leading remedy of the invasion stage*, for none covers better its nervous phenomena, and if, as it has been claimed, the *intense rachialgia*, with or without shooting pains down the limbs, and fleeting paraplegia, is due to spinal congestion, or consecutive myelitis, its usefulness becomes very obvious. The *initial fever of true variola* moreover is usually attended by creeping chills, restlessness, anxiety, confusion of head, headache, languor, and loss of muscular power, all characteristic indications of the remedy, which also produces an erythematous or papular eruption similar to that of measles, and some of the ocular and faucial symptoms of the eruptive stage.—The attenuated lymph of the small-pox (**variolinum**), of the cow-pox (**vaccinum**), and of the horse-pox vesicle (**malandrinum**), have been used almost empirically, and the same may be said of *sarracenia*, but all have their warm supporters and clinical experience seems to have confirmed some of their claims.

Eruptive Stage.—**Ant. tart.** when applied to the skin produces an eruption successively papular, vesicular and pustular, a fact that has given the remedy a prominent place in the treatment of variola, but as this is only a local effect incapable of propagation from existing foci, and which readily stops, when the application is withdrawn, I think the remedy is better suited to those cases of *delayed or repelled eruption, with convulsions, or asphyctic symptoms, and to broncho-pulmonary complications.*—**Merc.** is the remedy I have always depended upon during the *secondary fever*, for it has the power to control suppuration and its attending phenomena. It covers the involvement of the mucous surfaces, conjunctiva, and glands, especially the *ptyalism*, admirably, and is our main resort when hæma-

turia or dysentery complicates the case. I have used **merc. cya.** when there was intense inflammation of the conjunctiva and nasopharyngeal space, with much salivation.—**Arsen.** is indicated in *adynamic cases*, with or without jactitation or diarrhœa, especially if the *pustules sink, their areola grow livid and petechiæ develop*; also in *septic forms*, with marked rigors, laborious breathing, anguish, nocturnal inquietude, and colliquative diarrhœa.—**Rhus. tox.** may be required when the eruption shrinks, becomes livid, filled with blood, and the *typhoid state supervenes*, with dry tongue, sordes, restless muttering, and *dark bloody stools.*—**Apis.** when there is *intense swelling of the face and limbs*, deep involvement of the throat, and stinging, burning pains; or in *receding eruption*, with short breath, inquietude and scanty urine—**Camph.** when the *pustules suddenly sink*, the swelling disappears, and *collapse supervenes.*—**Bryon.** when the eruption develops slowly, or suddenly recedes, with petechiæ, difficult breathing, or *inflammatory localization in the chest*—**Bapt.** when the *pocks come out thickly upon the palatine arch, tonsils and uvula*, and are tardy on the skin, with *fetid breath, putrid sore mouth, salivation, and exhausting, offensive diarrhœa.*—**Hydras.** when there is *great redness, swelling and painfulness of the skin*, with rawness and ulceration of the mouth and pharynx—**Carb. veg.** when the eruption assumes a livid hue, and the patient sinks into a *death-like asthenia, with asphyctic phenomena.*—**Canth.** in improperly developed eruption, with *dysuria and bloody urine*, especially if the patient sinks into stupor, with occasional twitches of the hands.—**Kali. bich.** when there is intense inflammation of the conjunctiva and cornea, as well as of the *naso-pharyngeal and laryngeal mucosa*, with œdema, rawness, lachrymation, photophobia, coryza, sticky salivation, cough, hoarseness, and oppressed breathing.—**Arum. triph.** when the *nose and mouth are deeply involved*, with ichorous, excoriating coryza, raw, burning tongue, cracked, bleeding lips, profuse salivation, and hoarseness.—**Stram.** when the pharynx is deeply affected, causing *dyspagia and*

spasms of the œsophagus.—**Laches.** when the pustules turn yellow livid, or dark blebs form, from bloody serum within, or in *septic forms*, with trembling, fainting and prostration.—**Phosph.** in *variola negra*, with bleeding from the mucous surfaces, extreme agitation and dyspnoea; or in *frequent fainting* from cardiac changes or in *pulmonary complications.*—**Phos. acid.** when the vesicles do not fill with pus, but *degenerate into large blebs*, leaving the surface excoriated, after bursting.—**Verat. alb.** when the eruption is tardy, or turns *livid*, with convulsions, or fainting spells and collapse.—**Amm. carb.** when there is *tendency to gangrenous ulceration*, or hemorrhages from the mucous surfaces.—**Secal.** when the *pustules either fill up with bloody serum, or dry up too soon*, with spasmodic twitchings, or thick, dark, bloody urine.—**Sulph.** if the *eruption tends to disappear*, and becomes black or purple; or if the vesicles fill with pale, bloody serum.—**Opium** when the *eruption suddenly retrocedes. and sopor, or coma set in.*—

Silic. when the *suppurative process exhausts the patient, and desiccation delays Desiccation Stage.*—**Sulphur** should be given, if other remedies are not better indicated, as soon as the offensive odor emanates from the patient; it *relieves the tormenting itching and prevents the usual sequelæ.*—**Apis.** may be required if the cellular tissue mortifies and the scabs readily drop—**Hepar.** if boils or abscesses form—**Kali-sulph.** is said to hasten the falling of the scabs. **Secal.** is indicated, when desiccation occurs too early.—**Apis., Bell., and Form-rufa** have been recommended for the unbearable itching of the desiccating pustules.

Complications of Variola.

Special Indications.

For *œdema of the glottis*, consult *ars., lach., jod., merc.*—For **pyæmia**, *ars., lach., phos., sil*—For **cutaneous asphyxia**, *carb. v., cupr., laur., hydr. ac., tabac*; with mucous rales, *ant. t*—For **pleuro-pulmonary inflammations**, *bryo., ant t., phos.*—For **purulent ophthalmia**, *ars., merc., hep., k. bich., apis.,*

phos; with corneal localization, *hep., k. bich., merc., org. n., sil., sulph*—For **putrid, ulcerative oral mucitis**, *ars., merc c., merc cya., amm c., arum., hydras, mur. ac*—For **inflammation of salivary glands**, *merc. c., merc. cya., merc. jod*; if **suppurative**, *cist., hep., lach., nit. ac., sil., sulph*; if **ulcerative**, *ars., merc., phos., sil*—For **glossitis**, *apis., ars., merc., canth., hep., lach., nit. ac., stram., sulph*—For **purulent otitis**, *ars., merc., hep., sulph., cist., elaps., k. bich., psorin., nit. ac., sil., thuj.*; with caries of the ossiculæ, *asar., hep., nit. ac., sil., thuj.*—For **neurotic laryngitis**, *arg. n., ars., caust., k. bich., merc., merc. biniod., nit. ac., hep., jod., phos., k. jod., kreos., sulph*—For **paralysis of vocal cords**, *caust., phos., gels., am. caust., merc., cupr., bell., spong., stram.*—For **ulcerative colitis**, *merc. c., canth., arg. n., coloc., colch., apis., ars., k. bich., rhus., alum., lach., phos., bapt., sulph., thromb.*—For **putrid diarrhoea**, *arn., bapt., lach., ars., phos., carb. v., kreos., chin., hep., merc., apis., nit. ac., phos. ac., rhus. sec., sil., puls., sulph., thuj.*—For **pericarditis**, *acon., ars., arn., dig., bell., brom., bryo., cact., kalm., k. carb., lach., phos., spig., sulph*; with serous effusion, *bryo., apis., canth., dig., ars., jod., seneg., kalm., aaclep., apocyn.*; complicated with **pneumonia**, *jod., tart. e., phos.*—For **endocarditis**, *acon., cact., act. a., dig., gels., glono., lach., naja., phos., spig., sulph., verat. v.*; with valvular lesions, *ars., aur., bism., cann., crotal., dig., kalm., plumb., spig., rhus., lauroc., spong*—For **myocarditis**, *acon., ars., aaclep., cact., dig., gels., glon., kalm., lach., naja., puls., phos., spong., sulph., verat. v.*; with syncope, *ars., ipec., verat. a.*; if prolonged, *naja.*—For **intense rachialgia**, *gels., bell., rhus., ars., ipec., merc., phos*; with acute darting pains down the limbs and fleeting paraplegia, *gels.*—For **synovitis**, *bryo., apis., bell., merc., puls., sil*; with typhoid symptoms, *rhus.*—For **parotitis**, *baryt., hep., rhus., bell., merc., merc. j.*; when suppurating, *ars. jod., phos., sil.*; when malignant, *ars., ars. j., lach., anthr., crotal., kreos., rhus*; when indurated, *bar. jod., calc., carb. v., conii., jod., elem., k. carb., sil.*—For **cervical adenitis**, *bell., ars. j., jod., rhus., merc. j., phos., sil., sulph.*—For **erysipelatous inflammation**, *apis., canth., rhus., bell.,*

lach., sulph.; if phlegmonous, *ars., bell, lach, merc., rhus.*; of the face, *apis, canth., como*; if oedematous, *apis., rhus, ars, hell., merc., sulph*; if gangrenous, *anthr., ars., lach., carb. v.*—For **orchitis**, *aur. puls., coni., clem., merc, nit. ac*; with inductions, *aur., coni., jod.*—For **parenchymatous nephritis**, *ars., canth, tereb., phos., apis., merc., plumb.*—For **dropsy**, *apis., ars., hell., dig, apocy., seneg.*; hydro-pericardium, *apis, ars., lach.*—For **peripheral neuritis**, *acon., apis., arg. n., arn., ars., gels., plumb, phos., rhus., sec., zinc.*—For **paraplegia**, *cocc., colch., gels., nux. v., rhus. phos., oxa. ac.*

Moreover, for low forms of **delirium**, consult *hyos., bryo., rhus., ars.*; with general torpor, *hell., opi, hyos, phos.*;—for the **typhoid state**, *bapt., hyos, rhus., gels, ars, phos., phos. ac., mur. ac., hell, opi., sulph.*;—for **coma**, *opi, hell.*;—for **early adynamia**, *ars., bapt., phos.*;—for **sudden prostration**, *ars, verat. a, camph.*;—for **convulsions**, *bell, gels., cupr., stram., verat. v., zinc*;—for **asphyctic phenomena**, *ant. t., carb. v., cupr., laur, hydr. ac.*;—for **hemorrhages**, *phos., croton., nit. ac., am. c., ham.,*

ipec.; from the kidneys, *canth.*;—for **gastricismus**, with constant nausea, *ipec*; with vomiting, *ars, ant c., phos*; with constipation, *bryo., nux. v, sulph, phos., opi.*; with diarrhoea, *puls., sulph., ipec, ars.*;—for **unbearable itching**, *apis., form rufa, sulph.*

As to the **sequelæ**, consult:—for **ophthalmia**, *ars, merc, hep, k. bich., phos., euphr., sulph.*;—for **gangrene of the mouth**, *ars., kreos., lach*;—of the extremities, *sec.*;—for **orchitis**, *puls., clem, merc, nit. ac, bell.*; with induction, *aur., coni*;—for **ovaritis**, *apis., bell, lach., coni., bryo, canth, staph, thuj, lac. c*;—for **boils or abscesses**, *apis., hep, sil, arn., sulph, phos*; for **bone disease**, *sil., phos., staph, asof., aur, calc., merc., still*;—for **hyperæsthesia of the skin**, *apis., ars., bell, hyos.*;—for **loss of memory**, *anae, zinc.*;—for **deafness**, *hyos., gels, merc., sulph*;—for **insomnia**, *caff, hyos., gels, mosch*; with great nocturnal inquietude, *ars.*;—for **diarrhoea**, *ars., phos, ars, hep, sil, sec*; if bloody, *rhus., merc.*;—for **great debility**, *chin, ars, phos ac., nux. v.*

MOUTH HYGIENE.

Modern physical culture prescribes the frequent cleansing of the surfaces of such members or organs as are accessible for ablutory or other suitable hygienic processes. The surfaces of the oral organs, as the lips, teeth, gums, tongue, palate, and fauces, are probably more neglected even by people of pretentiously cleanly habits than is desirable on the score of mere decency, to say nothing of health, comfort, personal propriety and social sanitation.

When one considers the tri-daily ingestion and mastication of foods in every variety of surface-soiling qualities, and reflects upon the concluding lickings by the marvelously mobile and accomodating tongue, there comes a clear conviction that the requirements of cultivated cleanliness have not been met and should not be satisfied by wiping the exterior of the lips with a dry napkin, and the finger bowl ablution of the far less soiled

fingers. To be sure there is the tooth-pick occasional adjunct for the removal of the grosser portions of food lodged between the teeth, but the common experience of the most cultured classes may be cited against the prevalence of a habit of post food ingested mouth cleansing. Yet what shall be said when an appeal is taken to a higher court than the mouth, and judgment is given by the nose, for alas! mouth breathing is so frequent, and the act of speaking sends such a flood of odor-gathering air over the oral surfaces that the last vestige of doubt is carried away, and the verdict is inevitable—unclean! unclean!

It is manifestly within the professional province to prescribe proper processes and means for the correct cleansing of the oral cavity and its contents immediately after every repast. The simplest and best means is hot water, and the simplest method is the provision

of a cup of water as hot as can be taken without scalding for the final act of deglutition, accompanied by thorough rinsing of the mouth

There is a hint of this process in the after-dinner cup of coffee, which has also a counterpart in soup as a first course of hot water for the preliminary cleansing of the organs of taste and digestion. Indeed disordered digestion is occasionally corrected by the prescription of a matutinal glass of hot water. Even now the morning use of a tooth brush with pure soap and water, or a pyrozone (3 per cent.) mouth wash, or dentifrice, for the removal of stagnant mucous or other oral

deposits, has become somewhat customary, and should be supplemented by the like process prior to taking rest in sleep. In fact there seems no reason for maintaining clean hands or faces not equally applicable to the insurance of habitually clean mouths. Every consideration is in favor of the inculcation of this sound doctrine by both precept and practice, and the habit once generally established, the field of the stomatologist would become greatly restricted, and the comfort of living as well as the length of life be increased.

W. STORER HOW, D. D. S.

Memorabilia.

Troubles of Digestion.

Thirst.—The morbid diminution, and even the total absence of thirst (*adipsia*), although rare, have always a relative value for those who treat their cases symptomatically. **Hydrophobia** is not due to a diminished desire of drinking, but to the fear of the spasms of the muscles of deglutition and respiration, caused by the attempt to drink water or any other fluid. On the other hand **excessive thirst, or insatiable desire of drinking** (*polydipsia*) is frequent, and may be the result of long talking or singing, inhalation of dust, and oral and gastric irritation, from spicy condiments, salty food, alcoholic drinks, or excessive smoking. But often it is due to great loss of fluids by the economy, as in *Cholera*, the sweating stage of *Ague*, or from *Dropsy* or *Hemorrhages*. It is symptomatic of *diabetes mellitus*, essential *polyuria*, *azoturia*, and *phosphaturia*. It is not rare in *hysteria* and *hypochondriasis*, and a constant attendant of poisoning by phosphorus, mercury arsenic, belladonna and opium.

REPERTORY.

Thirst, in general, *acon.*, *bell.*, *ars.*, *bryo.*, *calc.*, *caps.*, *cham.*, *chin.*, *dig.*, *eup.* *perf.*, *merc.*, *nat. m.*, *sec.*, *stram.*, *sulph.*, *verat.*;—**insatiable** (*polydipsia*), *acon.*, *ars.*, *canth.*, *chin.*, *nat. m.*, *raph.*, *rhus.*, *sec.*,

verat.;—**burning**, *ars.*, *caps.*, *canth.*, *colch.*;—**violent, drinks often, but little at a time**, *ars.*, *chin.*, *hyos.*, *apis.*;—**often, and much at a time**, *acon.*, *bell.*, *nat. m.*;—**large quantities**, *verat.*, *ars.*, *sec.*, *jatr.*; at long intervals, *bryo.*;—**thirstlessness** (*adipsia*), *puls.*, *apis.*, *gels.*, *tart. e.*, *hull.*, *meny.*, *nux. m.*, *saba.*, *apoc. c.*, *staph.*, *cycl.*, *sip.*, *coni.*, *spig.*, *olean.*

Thirst, with dread of liquids, *stram.*, *bell.*, *hyos.*, *canth.*, *nux. v.*;—**thirst caused by salty food**, *carb. v.*, *nat. m.*, *ars.*, *bryo.*, *nit. spir.*;—**by spicy food**, *nux. v.*, *chin.*, *ars.*, *nat. m.*, *cina.*;—**by alcoholic drinks**, *nux. v.*, *stram.*, *ars.*, *lach.*, *hep.*, *carb. v.*, *opi.*, *olean.*;—**by the abuse of tobacco**, *nux. v.*, *puls.*, *sulph.*, *phos.*, *arn.*, *ars.*;—**by great loss of vital fluids**, *chin.*, *ars.*, *apis.*, *sec.*, *verat.*, *nux. v.*, *jatr.*, *cham.*, *sulph.*, *calc.*, *nat. s.*, *carb. v.*, *sep.*, *lach.*, *ruta.*, *sil.* (Study also thirst in *Allen's Intermittent Fever*)

NOTICE.

OUR ADVERTISING RATES.

\$120 for one page, 12 times in English and 12 times in Spanish.—\$60 for half page, 12 times in English and 12 times in Spanish. No such inducements were ever offered by any Periodical.

READ AND DIGEST.

BIOLOGICAL INVESTIGATION ON THE TOXIC EFFECTS OF INFINITESIMAL QUANTITIES OF METALLIC SALTS.

FROM THE NEW YORK THERAPEUTIC REVIEW.

Within a very few years most interesting researches have been conducted upon the effects of water containing infinitesimal amounts of toxic salts upon the growth of some of the lower vegetable organisms.

Loew and Rokorny's researches upon the reaction of living protoplasm in the presence of nitrate of silver were the starting point of these studies. Raullin succeeded in showing that nitrate of silver in the proportion of one part in 1,600,000 parts of water would inhibit the growth of *Aspergillus Niger*, and still further, discovered that this organism would not live in water placed within a silver vessel although no silver can be detected in the fluid with the most sensitive reagents. Carl von Nægeli, the late distinguished botanist, was led to pursue these clues still further, and, after his death, a paper was found among his effects which reveals the most astounding facts. His pupils have gone over these experiments again and ascertained their accuracy.

Nægeli's first studies revealed the fact that in the presence of the most diluted solution of nitrate of silver, the filaments of *Spirogyra* could not live. But he soon found that there appeared to be two modes of death. With comparatively strong solutions of the salt, the cellular contents disappeared from the membrane, the bands of chlorophyl changed color, but not position, and the cell lost its turgescence. With infinitely diluted solutions the chlorophyl spirals separate from the plasma, which remains in place, they become shorter, agglomerate, and the cells maintain their turgescence. Nægeli decided that in the first death was due to a chemical action, while in the second it occurred through the action of some hitherto unknown force, which he termed oligodynamia. His results are well described as stupefying. He found that death occurred in three or four minutes in a solution of

1-1,000,000,000,000,000. In such a solution there could not be more than one or two molecules of the salt to each litre. Was the distilled water itself at fault? No, for within it the *spirogyra* thrived. Corrosive sublimate gave even more pronounced results; the organism died in a solution of 1-1 000,000,000,000,000,000,000. This could contain but a trillionth of a molecule in a litre. He endeavored to find what other factors could bring about such an unexpected result. Gases—the nitrous acid which is sometimes found in appreciable amount in the water of Munich, were all incriminated, and other waters were employed, but the results still remained. He then endeavored to discover what substances could render water toxic, and which ones could impair or remove this toxic or oligodynamic condition. He discovered that many substances, hitherto reputed insoluble in water, such as the metals gold, silver, copper, iron, mercury, lead and zinc, by their mere presence in water, possessed this property. He was able, by employing gold coins placed in vessels of water, to vary the amount of toxic force according to the number of coins placed in the water, and to the time during which they remained there. The next step in his investigation revealed the fact that this oligodynamic power could be destroyed by adding to the water powdery substances such as flour, cellulose, soot, or fibres of silk, wool, etc. Further still, he discovered that toxic water became neutral if a sufficient number of the organisms were placed in it. The first ones died rapidly, while it took longer to kill the others, and finally a point was reached at which they began to thrive. It was also seen that different forms of *Spirogyra* appeared to be more easily affected than others. The *S. Orthospira* was quite resistant, whereas others were very feeble. The *S. Nitida* is weaker in the morning than in the evening, etc.

Miscellany.

For obvious reasons we were compelled to leave for our April number, the promised paper on **Measles**, which will be followed later by another on **Scarlet Fever**. Our next *Analytic Study* will be on **Aconitum**.

This number of THE INTERNATIONAL BRIEF contains our first *Differential Analysis* of the first group of remedies already studied, and we beg our friends to give us their sincere opinion about the work.

We recommend highly the careful perusal of the paper found in the columns of this Journal, entitled "*Biological Investigation on the toxic effects of infinitesimal quantities of Metallic Salts*," taken from the last number of the *New York Therapeutic Review* (old school).

We have received the first number of the sister publication of THE INTERNATIONAL BRIEF, called EL COMPENDIO INTERNACIONAL, which at once reveals the care and skill displayed by our Mexican associates, not only in the arrangement, but in the translation of the matter. We have mailed the same to our Spanish subscribers on the other side of the Atlantic.

We have also received, from our friend Dr. J. Gonzalez, the report for February last, of **The Mexican National Homœopathic Hospital**, prepared for us by the able and painstaking Dr. J. Segura y Pesado, and which we are sorry not to give in full for want of space. Said report shows the following general results.

Patients in the Hospital on the last day of January,	41
Patients admitted in February,	51 92
Patients discharged	{ by request, 9 { improved, 14 { cured, 19
Deaths, (<i>Chronic Bronchitis, Chronic Enteritis, Typhus Fever.</i>)	
Remaining in the Hospital on the last day of February,	47

In order to make our offer to members of graduating classes '95 good, we request the Deans of the Homœopathic Medical Colleges of the country to furnish us with a copy of the respective announcements, so as to be able to find out who those members are.

BY REQUEST.

Annual Re-union of the Alumni Association of the Hahnemann Medical College, Philadelphia, Thursday, May 2d, 1895.

The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College at its annual Re-union and Banquet, on Thursday, May 2d, 1895.

The Business Meeting will convene at 4 30 P. M., in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the Banquet will be held at 10 P. M., at "The Stratford," corner Broad and Walnut Sts.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-seventh Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust Sts., Philadelphia.

Banquet cards can be secured from any officer of the Association, at \$3 50 each. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after May 1st, 1895. If members wish to be present at the Banquet they can secure a place by notifying the Secretary.

W. W. VAN BAUM, M. D., Sec'y,
419 Pine St., Philad'a, Pa.

BOOK REVIEW.

We have reviewed with care and interest *The Accoucheur's Emergency Manual* by the able and assiduous Dr. W. A. Yingling, of Kansas, and we felt on going over its pages, pregnant with useful indications, that this pocket manual belongs to the class of books we like to have within reach, in cases of emergency. It is surely destined to accomplish a great deal of good, and should be in the hands of all those who believe in the efficacy of the *similimum*. Neatly bound, in flexible leather, with broad clear type, untiring to the searching eye; can be obtained from the publishers, Boericke & Tafel, at the price of \$1.25 net, or \$1.30 by mail.

UNIVERSITY OF MICHIGAN

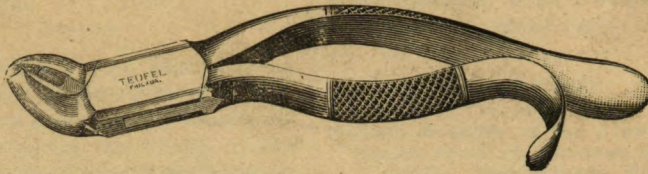


3 9015 07035 6509



SUPERIOR SURGICAL INSTRUMENT MANUFACTURERS,

WHOLESALE AND RETAIL.



TOOTH FORCEPS A SPECIALTY.

JACOB J. TEUFEL & BRO.,

114 South Tenth Street,

Established 1856.

PHILADELPHIA, PA., U. S. A.

BIBLIOGRAPHIC INDEX.

BOERICKE & TAFEL, 1011 Arch Street, Philadelphia.

<i>Condensed Materia Medica</i> , by C. Hering. Revised, 4th edition.	\$ 5 00
<i>Essentials of Homœopathic Materia Medica</i> , by W. A. Dewey. Leather.	1 75
<i>The Bee Line Repertory</i> , by Stacy Jones. Flexible Leather.	1.00
<i>Text-Book of Gynæcology</i> , by J. C. Wood, M. D. Cloth, \$6.00; Morocco,	7.00
<i>Macrobiotic; or, our Diseases and our Remedies</i> , by J. Hensel. Translated from the 2nd German Edition,	1.50

HAHNEMANN PRESS, P. O. Box 844, Philadelphia.

<i>Practice of Medicine</i> , by W. C. Goodno. Vol. 1 just out. Cloth.	\$ 6.00
--	---------

Estate of CONSTANTINE HERING, 112 N. 12th St., Philadelphia.

<i>Guiding Symptoms</i> , by C. Hering, M. D. 10 volumes. Cloth, each	5.00
---	------

F. A. DAVIS & CO., 1916 Cherry Street, Philadelphia.

<i>A Clinical Repertory to Hering's Guiding Symptoms</i> , by C. B. Knerr, M. D. About to appear in 1 volume.	10.00
---	-------

Please name this journal in corresponding with our advertisers.