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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.

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Analytic Study of Gelsemium by E. Fornias, M. D. Special Treatment of Rubeola continued and Roetheln. Repertory on Troubles of Digestion. Miscellaneous; Etc.

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EDITORIAL.



Our Materia Medica Plan for the present year comprises the analysis of four groups of remedies as follows:

<i>Cerebral.</i>	{	Belladonna,	January
		Hyoscyamus,	February
		Stramonium,	March
<i>Febrile.</i>	{	Aconitum,	April
		Gelsemium,	May
		Arsenicum,	June
<i>Gastro Neurotic.</i>	{	Ipecacuanha	July
		Nux Vomica,	August
		Pulsatilla,	September
<i>Constitutional.</i>	{	Calcarea 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.

We must still beg our friends to encourage our work by writing for this Journal, short, practical papers on Materia Medica, Therapeutics and on the Organon.



MATERIA MEDICA.

ANALYTIC STUDY OF GELSEMIUM.

1. **Nervous Centres.**—The normal balance of the *heat regulating mechanism* seems to be notably disordered by this drug, probably by a direct or reflex influence upon the nervous centres; or from changes in the state of the blood and circulation supplying these centres, for its fever is sub-continued, usually continued, of a low type, and with clear evidences of blood contamination (irritability and depression), such as vertigo, staggering, drowsiness, stupor, delirium, restlessness, wakefulness, trembling, tendency to convulsions, general aching, exhaustion, and loss of muscular power. In its evolution the fever exhibits protracted hyperthermia, slight morning remissions, or regular periodicity, every day at the same hour (Aran. Ced.).

2. **Disorders of Sensation and Motion.**—The febrile movement is ushered in by chilliness and creeping chills along the spine, from below upwards, following each other in rapid succession, or proceeds without chill, but the motor symptoms of shivering, shaking and chattering of teeth, are not characteristic. A marked sensation of coldness is notable at the feet, which feel as if placed in ice water, and the head and face are hot. The fever-heat is intense and long lasting, and in periodical paroxysms protracted far into the night. In such cases, a flying heat may occur directly after the chill, attended by pricking in the skin, and rapidly followed by sweat, which at times is profuse, protracted, and relieves any existing pain. In children there is a sensation of falling; the little patient starts and grasps attendant or crib, and screams out from fear of falling. Jactitation of the muscles or jerking of the limbs may accompany the periodical fever, and there is a tendency of a remittent attack to become intermittent, or vice versa. Other important sensory phenomena are: tingling, pricking, crawling, bruised feeling all over, dull aching in the back and joints, deep-seated muscular pains in the limbs, shooting tearing along the track of the nerves, and a sense of fatigue, with desire to avoid all muscular exertion. The headache is characteristic, the pain commences in the cervical portion of the spine, and then extends over the head, causing a bursting pain in the forehead and eye-balls. A common motor disorder, attending and following the fever of Gelsemium, is the loss of voluntary motion, a languor in which the muscles refuse to obey the will; and no less frequent is the heaviness of the eyelids, which in spite of all efforts cannot be kept open.

3. **Mind.**—The mental faculties become dull, and there is inability to attend to anything requiring thought or fixed attention. Any mental exertion is followed by a sense of helplessness, as if from brain exhaus-

Nervous
System.

**Nervous
System.**

tion. The patient is giddy, confused, and staggers, as if intoxicated, on attempting to move; or he may be irritable and impatient; or desires to be let alone. Depression of spirits, solicitude about the present, fear of death, mirthfulness, and cataleptic immobility, with consciousness, are found recorded among the pathogenetic symptoms of this drug.

4. **Brain.**—*Hyperæmia of the brain, of a passive character, with dull frontal or vertical headache, feeling of heat and expansion of the head, vertigo, dim sight, flushing of the face, throbbing of carotids, roaring in the ears, sensitiveness to strong light and noise, incapacity and disinclination for mental work, confusion of ideas, emotional excitability, restlessness, wakefulness, or disturbed sleep; > by quietly resting the head on a high pillow. Or the patient becomes giddy and falls in a condition of partial insensibility (apoplectic), which is followed by incomplete paralysis of the limbs, the muscles refusing to do their work. Or in mechanical congestion, with dull headache, heavy eyelids, thick speech, drowsiness, tendency to stupor, etc. In children convulsions may take place Cerebral congestion, attended by a dull feeling in forehead and vertex, and fullness in the region of the medulla before spasms. The brain feels as if bruised, and the eyeballs feels sore when moving them. Double vision.*

5. **Individual Cranial Nerves.**—In the *motores oculi* the common disturbances are: *diplopia, strabismus, ptosis, and mydriasis.* In the area of distribution of the *fifth pair*, *orbital neuralgia in distinct paroxysms*, with contraction and twitchings of the muscles of the affected side, and purely *sympathetic odontalgia*, from exposure, or fatigue, extending to the temple, without any morbid alteration of tooth-structure. In the *nerves of special senses*, sensitiveness to strong light and noise, *transient loss of hearing, tinnitus aurium, muscular asthenopia, congestive amaurosis, and amblyopia*, with floating spots before the eyes.

6. **Spinal Cord.**—*Congestion of the spine, with acute or dull aching in the loins and sacral region, attended by prostration, languor, heaviness and loss of power in the extremities, and sometimes by fleeting paraplegia.*

7. **Area of Distribution of the Spinal Nerves.**—The most important *sensory disturbances* are: *tingling, pricking, crawling, numbness, lack of sensibility in the extremities, coldness of the feet and legs, neuralgic pains of a shooting, tearing character along the tracks of the nerves, with or without aggravation by changes of weather, and deep-seated dull aching in the limbs and joints, with loss of motion.*

8. **Voluntary Muscles.**—*Trembling of the limbs. Sactitation of the muscles. Convulsion from reflex irritation. Tetanic spasms. Gradual loss of muscular control, with staggering gait. Locomotor ataxia. Paralysis of various kinds. Paralysis of motion; the muscles do not obey the will, and feel bruised. In such cases of general prostration and loss of muscular power, there is always fear of making any effort, and the patient desires to be let alone and rest.*

9. **Involuntary Muscles.**—*Incontinence of urine, from paralysis of the sphincter; ptosis, from paralysis of the third cranial nerve; dilation of the iris. Spasms of the glottis, cysto-spasmus, spasmodic retention of urine, rigid os, etc.*

**Vascular
System.**

10. **Circulation.**—The *blood* seems to be altered in its quality, but the *vascular excitement* and attending *erethism*, are not as marked as under **Aconite**. The symptoms of irritation and depression, developed during the *continued hyperthermia*, allow us to infer *changes in the blood*, for the systemic condition is then quite similar to that observed in *acute specific fevers*, where the disorder of the heat regulating mechanism is thought to be due to the absorption into the blood of a *pyrogenic agent*, or some necessary companion of the same. The *circulation* is usually sluggish, and gives rise to both *arterial and venous congestion*, especially of the brain. And again, the *blood-flow* in a long continued fever, such as is produced by **Gelsemium**, must necessarily disturb the *respiratory function*, the *heart's action*, and the *blood pressure*, and these disturbances may perhaps explain the following symptoms of this drug: *Slow, heavy and laborious breathing. Irregular beating of the heart. Palpitation. Feeling as though the heart would stop beating, if not constantly on the move. After fever has been present for some time, the heart's muscle grows weaker and the pulse also gets feeble, sometimes almost imperceptible. When the circulation is sluggish, the pulse is slow and full, the hands and feet cold.*

**Digestive
Canal.**

11. **Digestive Organs.**—The symptoms deserving our consideration are: Partial paralysis of the **tongue** and **glottis**, with thick speech, as if drunk, from congestion of the base of the brain; can hardly put the tongue out, it trembles so; yellowish white coating of the tongue. The **throat** emits a fetid odor and shows evidences of irritation and congestion; swallowing is difficult and causes shooting in the ear; *thirst is absent or slight*. In the **stomach**, there is a feeling of emptiness and weakness, which extends into bowels; or of oppression and fullness, made worse by pressure of the clothing. In the **liver**, passive congestion, with vertigo, dim sight, nausea, and fullness of the head. In the **abdomen**, sudden spasmodic pain in the epigastrium, leaving a sensation of constriction; severe gripings in the lower bowels, relieved by a copious bilious evacuation, after a large natural stool; gnawing pain in the transverse colon, and sensation of soreness in the abdominal walls. If the **bowels** are relaxed, the stools are yellow, fecal, bilious, color of green tea, or clay-colored.

**Urinary
Organs.**

12. **Kidneys and Bladder.**—*Copious discharge of clear, limpid urine, relieving headache*, especially of nervous, hysterical women. Dysuria and spasmodic retention of urine. *Incontinence* from paralysis of the sphincter, in *nervous children*. Paralysis of the bladder in old people. *Involuntary micturition from exciting emotions*. Tenesmus of the bladder.

**Sexual
Organs.**

13. **Male Genitals.**—The *genital organs* are weak and irritable, or relaxed and cold. When *relaxed and cold*, the attending symptoms are: *Great languor, depression of spirits, and sometimes dragging pains in the testicles*. In *neurasthenic subjects*, the *emissions* are *involuntary, without erections, and also during stool, or nocturnal, with sexual dreams*, followed the next day by *irritability, great muscular weakness, and pain in the base of the brain*. Spermatorrhœa. *Sexual neurasthenia. Acute gonorrhœa, with dull backache, and relaxed and debilitated conditions of the system.*

**Sexual
Organs.**

14. **Female Genitals.**—The rigidity of the os, during labor, is a leading indication of **Gelsemium**. During pregnancy, the symptoms calling for this drug are: Cramps in the stomach and legs, diplopia, headache, dull aching across the sacral region, progressive loss of muscular power, drowsiness, vertigo, tendency to convulsions, etc. And in its pathogenesis we find recorded the following: Severe, sharp, labor-like pains in the uterine region, extending to back and hips; uterus as if compressed by the hand; labor delayed by rigid os, or when the pains go from before backward, the uterus seems to go upward; pains leave the womb and fly all over; false labor-pains with rigid os; sensation like a wave from uterus to throat, ending with a choking feeling, which seems to interfere with the progress of labor; etc. White leucorrhœa, with dull aching across the sacral region, and coldness of the feet. Sexual neurasthenia.

15. **Irritation, Congestion and Inflammation.**—Catarrhal inflammation of the air-passages, with creeping chills, muscular aching, watery discharges, and a relaxed, debilitated condition of the system, with or without fever. Abnormal sensations always varying with location.

Ocular Localization.—Inflammation of the iris, retina and choroid, attended by aching pain in the orbits and great soreness of the eye-ball to touch, > from hot application. Increased tension and soreness of the eye-ball. Dryness and soreness of the eyes, with photophobia and lachrymation. Fullness and congestion of the lids. Paroxysmal orbital pain, with contractions and twitchings of the muscles on the affected side.

**Mucous
Membranes**

Nasal Localization.—Catarrhal irritation of the Schneiderian membrane, with tingling and paroxysmal sneezing. Congestive fulness at the root of the nose, with dull headache. Catarrhal nasitis, with soreness of the eyes and watery excoriating discharge (**Ars.**). Edges of the nostrils red and sore. Right nostril stopped up. Nasal voice. In some cases there is a feeling from throat up into the nostrils, like a stream of scalding water.

Faucial and Laryngeal Localization.—The fauces are dry, irritated, burning, sore. The tonsils are inflamed and swollen; the throat feels as if filled up, and swallowing causes shooting in the ears. There is more or less dysphagia, and the organs of deglutition may be paralysed. The dry, rough throat may be attended by paroxysms of hoarseness, and distressing cough, which is excited either by tickling or the roughness of the parts. If the catarrh invades the bronchi, the breathing becomes labored, the chest raw and sore, the cough hoarse or croaky, and even the lungs may become congested and inflamed. Throat deafness, with pain extending from the pharynx into the middle ear. Spasm or paralysis of the glottis.

In the above groups we have endeavored to include all that in our estimation is important to know about **Gelsemium**, and the student will readily find that the symptoms recorded suggest this drug in a variety of serious affections. As a fever remedy principally, it stands uppermost

in the list. It typifies both the **intermittent and continued remitting forms of fevers, pyrexias** which in their evolution always exhibit phenomena indicative of blood contamination. In **malarial intermittent, regular periodicity** is characteristic. It suits well

those periodical paroxysms, without chill, without thirst, or commencing with ascending dorsal chills, but best of all, cases with protracted heat, little or no pyrexia, showing less intermission than remission, and having a marked tendency to a change of type, the intermittent actually becoming remittent, or vice versa. And in this, as in all types of fever for which this drug is the remedy, the leading accompaniments are: a general bruised aching feeling and great loss of power in the whole muscular system. Its symptomatology further reveals its appropriateness to intermittents of non-malarial origin. In continued fevers, either of malarial or non malarial origin, remission is characteristic, and it is indicated when vertigo, drowsiness, semi-conscious muttering, languor, muscular weakness, trembling, and a disposition to be quiet, announce the establishment of a low nervous condition, and remains the remedy as long as this condition does not proceed to absolute prostration and stupor, as in the advanced typhoid state. It has also been used with good results, in those cases of simple continued fever, in which, probably, the pyrogenic poison is present in too minute a quantity to produce its specific effect; in other words in those cases of febricula, undoubtedly atypical ones of acute specific fevers, mainly typhoid, which were known, until recently, under the name of gastric, bilious, or cerebral fevers.

In inflammatory fevers, it corresponds to that stage in which the blood-vessels are dilated and full, but lack the firmness and resistance of the fully developed sthenic inflammation, so characteristic of Aconite, for under Gelsemium the vascular disturbance is of a passive character, even when arterial, not a violent, sudden afflux of blood to the parts, but a relaxation of the vessels, a lazy flow, which in some cases allows the brain and spinal cord to become passively congested, producing sluggishness of the sensorium, general prostration and paralysis of the whole muscular system, both voluntary and involuntary. In the same manner the sluggish circulation of the blood produces congestion of the liver, a condition always present in the so called bilious remittent fever of tropical

countries, where this drug has already won a great reputation. Bear in mind, however, that although restlessness is not so marked as in Aconite, nor as persisting as in Arsenicum, there is usually enough irritative phenomena present to class it as an erethistic remedy, and it is precisely this association of irritability with depression, which has made of Gelsemium a capital remedy in the remittent fever in children, for the little patients though drowsy are usually restless or convulsed, and when aroused from the somnolent state exhibit a prominent peevishness.

We have derived benefit from the use of this drug in the congestive stage of spotted fever, when the system seems to be laboring under the influence of a poison which it cannot overcome, before the symptoms of irritation subside and are replaced by those of general depression. Its leading indications are, the intense headache, the pain in the back, and the derangements of vision and hearing. It meets admirably those mild cases in which the patient may be merely dull, drowsy and restless. Its therapeutic powers are highly valued in the catarrhal type of fever, and is especially indicated in those cases commencing with ascending dorsal chills, and attended by general soreness, muscular aching, intense headache, acrid coryza, suffused eyes, stuffed nose, desire to be over the fire, tired feeling and general debility. In influenza or grip we have repeatedly tested its efficacy, and here we have often found this drug superceding Mercurius on account of the general myalgia and loss of muscular power, with the utter prostration so much out of proportion to the other symptoms.

Prostration of the mental and muscular powers, especially of the heart muscle, is often the result of a long continued fever, and with the timely administration of Gelsemium we can both prevent this condition by controlling the fever, or treat it successfully when inevitable. In sudden anæmia of the brain, due to *cardiasthenia* (weakness of the heart), we have used this drug with marked benefit, of course not in those severe cases attended with complete insensibility, convulsions, and general

collapse passing into fatal coma, but when followed by *drowsiness, vertigo, fail ure of special senses, ringing noises in the ears, dilated pupils, numbness, mental confusion, and nausea, with or without headache; and when the anemia is chronic and persistent, we meet with general mental irritability, restlessness, troublesome insomnia, inaptitude for mental work, and severe general or vertical headache* relieved by the recumbent posture, all them symptoms indicative of this remedy.

Gelsemium has proved of untold value to the *accoucheur*. It has arrested **threatened abortion** from sudden depressing emotions, and it has been used with success in **spasmodic labor pains**, distressing and exhausting **after-pains**, **convulsions** during labor, and when labor is delayed by **rigidity of the os**. One of our writers claims, that it not only has the power to speedily overcome the *rigidity of the os uteri*, which is so frequently an obstacle to labor, but that it will quiet the nervousness which is so troublesome to parturient females, or during pregnancy, and will afford them a refreshing sleep, if they should be tormented by sleeplessness.

In cataleptic conditions, or in attacks of **hysteria resembling catalepsy** it commends itself to our attention. It has also proved an excellent remedy in **congestive and neuralgic dysmenorrhoea**, and in **spasmodic attacks of hysteria**, with excessive melancholy, muscular debility, and great nervous irritability.

The *oculist* has likewise derived great benefit from **Gelsemium**, in the treatment of *paralysis of any of the ocular muscles*, especially in **ptosis**, which is a characteristic symptom of the drug. It has proved an excellent remedy in **neurasthenic asthenopia**, or in **asthenopia** dependent upon weakness of the *external recti muscles*, and produced by abuse, or overstraining of the visual organ; and Dr. C. M. Thomas, of Philadelphia, has found it more serviceable than any other drug, for *clearing up troublesome asthenopic symptoms*, even local irritations, such as **blepharitis** and conjunctival hyperæmia, due to refractive errors. Its usefulness in **serous inflam-**

mation of the whole uveal tract (*irido-choroiditis*), has been frequently verified by our leading specialists. In regard to the *double vision of Gelsemium*, it may be conveniently stated here, that **locomotor ataxia**, a disease in which this drug has been recommended, is sometimes preceded by paralysis (usually temporary) of one or more of the eye muscles, causing **diplopia**; and there may for years be nothing else to attract the attention.

Gelsemium has also proved of inestimable value in those *functional disturbances of the spinal cord*, known under the name of **spinal irritation** or **spinal neurasthenia**, attended by *loss of muscular power and control, disinclination for exertion, great fatigue in walking, tenderness of the cervical spine, and soreness and pain in the back, loins and even limbs*, and which are mainly the result of severe and persistent emotional excitement, mental and physical over-exertion, improper methods of living, abuse of alcohol, sexual excesses, like onanism, or arising from hereditary predisposition, a congenital weak resistance of the nervous system, which is often increased by a poor state of the general nutrition. It is in that variety called **sexual neurasthenia**, where we have employed this drug with marked success, especially in those cases in which the *impaired vigor and muscular fatigue*, are found associated with *back-ache, irritability, insomnia, depression of spirits, and certain sexual disturbances*, usually referable to former excesses, principally to onanism, or to the hypochondriacal condition of the patient, which not only causes an abnormally increased attention to the symptoms, but also an abnormal hyperæsthesia to all subjective sensations. We should bear in mind, however, that since the morbid phenomena present in such conditions, are in general, the expression of a disturbance of the whole central nervous system, and not of the spine in particular, we may find as concomitants the following symptoms of the drug: *sensation of heaviness and pressure in the head, occipital pain extending over the head, lack of intellectual energy, incapacity for any mental effort, difficulty in mental concentration, weakness*

and pressure in the eyes, vertigo, and dread of any physical jar.

And finally, it has been successfully employed in **post diphtheritic paralysis**; in **fleeting paraplegia** from congestion of the spine; in **nervous headaches** relieved by copious micturition; in **enuresis** of children and old people

from weakness, or paralysis of the sphincter; in **spermatorrhœa** and **seminal emissions**, with coldness and relaxation of the parts; and in **diarrhœa** after sudden emotions (grief, bad news, fright), or anticipation of any unusual ordeal; etc.

PRACTICE OF MEDICINE.

RUBEOLA.

Complications and Sequelæ of Measles.—Before the eruption: *Convulsions, sore throat, laryngismus stridulus.*—During the eruption: *Bronchial catarrh* is almost always present and is apt to lead to *capillary bronchitis* and *lobular pneumonia*. *Lobar pneumonia* and *pleurisy* are not so common and more frequent in adults. *Enterocolitis* with bilious, choleric or dysenteric stools. *Otitis media* with or without suppuration and perforation of the drum. *Secondary laryngitis*, with ulceration and aphonia. *Pseudo membranous inflammation of the larynx and pharynx.*—Epidemics of *diphtheria, mumps, whooping cough* and *scarlet fever* often prevail at the same time with measles.—After the eruption, the chief sequelæ are: *malnutrition, bronchitis, catarrhal pneumonia, and in predisposed subjects pulmonary tuberculosis, acute and chronic. Enlargement of the tonsils and bronchial and tracheal glands, and diarrhœa* are not unfrequent. The rarest are *nephritis* and *paralysis*. In hospital practice we observe occasionally *gangrene of the mouth (noma)* and *vulva*. Measles may also become the starting point of *tubercular meningitis* and *strumous manifestations*, such as *Kerato-conjunctivitis, otorrhœa, adenitis, caries, hydrarthrosis, etc.*

Pathological Anatomy.—At the level of the patch the *vessels of the derma and papilla* are found dilated and hyperæmic, and the migratory cells are very numerous.—This congestion is followed by the *exudation of a certain amount of plasma*, which is the cause of the swelling. Only when the inflammatory exudation which forms the rubeolous patch becomes associated to a slight sanguine-

ous extravasation, it leaves upon pressure a *coppery discoloration*. The lesions found after death, however, belong principally to the complications. If death occurs during the eruptive stage, the rash disappears almost completely and we only notice *violaceous marble-like spots and small ecchymosis*.

After *hemorrhagic cases*, we find the *spleen enlarged and softened; the mesenteric glands altered, as in typhoid fever; the blood poor in fibrin and extremely fluid.*—The *laryngeal alterations* occasionally observed, are *catarrhal and ulcerative (Coyne); in the former the mucous chorion is infiltrated with leucocytes, especially near the vessels and glands, which are enlarged and filled with an albuminous, viscid matter; and the lymphatic follicles are tumefied and raised; in the latter (only found in children who die in the last stage), the ulcerations are either diffused over the mucous surface, localized near the posterior extremity of the inferior vocal cord, or along the arytenoid cartilage.*

The *mouth and pharynx* are injected, and occasionally have presented *small ulcerations or diphtheritic deposits.*—The *lungs and bronchi* often exhibit the lesions of *broncho-pneumonia* which need not be described here.—The *intestinal mucosa* is sometimes *slightly hyperæmic, with enlargement of the solitary glands.*—The *kidneys* are almost always sound.

Diagnosis.—**Roetheln.** Pre-eruptive stage, short or none. *Initial fever and general disease short (two to three days), slight, and free from sequelæ.* Catarrhal symptoms mild or absent, but *sore throat* is marked. In severe cases the *post cervical glands* are early involved and *more swollen than in measles.* The patches

are short lived, paler, more distinct, non-crescentic, and attended by an *intense burning itching*. Bear in mind the variable character of the eruption, which may be *morbilloform* in some cases, *scarlatini-form* in others, and even *polymorphous*, as the *prodromal rashes of variola*.—**Variola**. Sudden, *intense fever of rapid ascent*, *abating or vanishing on the appearance of the eruption to return with increased intensity during suppuration*. *Headache, vomiting, lumbar pains, and shotty feel of the eruption*, but no *catarrh of conjunctiva and air-passages*, as in measles. To avoid error, however, remember the *prodromal, morbilliform rash of variola*; the development of papules in certain cases of measles, so closely resembling those of variola, but which are never found associated to any vesico pustule already formed; and the regular series of changes undergone by the *variolous papule*.—**Scarlatina**. *Shorter prodromes*. An *intense, continued fever* (104° F. to 106° F. or more) attends the rash to its height, without *pre-eruptive remission*. A *constant sore throat instead of catarrh*. The *scarlet, punctiform rash* appears during the second day, seldom later, and soon coalesces into *large confluent patches*, without intervening spaces of natural skin.—**Syphilitic Roseola**. This *syphilide* is *apyretic* and without *catarrh*. The patches are neither elevated, nor so bright in color, as in measles. This rash occurs in two chief forms, which often are found associated; one, *macular*, characterized by *rosy patches without elevation*, and disappearing upon pressure; the other is *papular*, formed by raised patches.—**Drug Eruptions** (*Antipyrin, Copaiba, Cubebs*) are also *apyretic*, unattended by *catarrh*, and never start on the face, but the *itching* is considerable.—**Urticaria** is *intermittent and fugacious*, and when acute, is attended with a smart fever. The rash is composed of *wheals or raised elevations of irregular form*, with a white centre and red margin, and accompanied by more or less *tingling and itching*, becoming sometimes almost unbearable.

Prognosis.—*Favorable* in normal; *grave* in abnormal and complicated cases, especially in children debilitated by

anterior disease or predisposed to tubercle. The most fatal complication is *capillary bronchitis*. Infants may be carried off by the *early convulsions*. The character of the epidemic and the age of the patient are important elements to consider. The *intensity of the thoracic and abdominal symptoms*; the *tendency to hemorrhages*, coinciding with an abnormal or aborted eruption, and the *adynamia*, are of bad omen. Among the *unfavorable conditions* we may cite *low, damp temperatures*, which increase the *thoracic complications*, and *confinement and crowding*, which impress the disease with a *special malignity*.

Treatment—Pre-eruptive stage.

The initial fever of the disease, when high and of a decidedly *sthenic type* is best met by **Aconite** or **Gelsemium**; the first, when the fever is ushered in with a *definite chill* and attended by *violent sneezing, intense thirst, and great restlessness and anxiety*; the second, when it begins with *creepy chills up the back*, and attended by a *croupy cough, suffused face, and restless somnolence*, especially if there is a *pre-eruptive tendency to convulsion*, and we should bear in mind that this drug produces a *papular eruption like measles*.—A *tardy development of the rash*, with *oppressed breathing, dry painful cough, and stitches in the chest, threatening thoracic localization*, indicate **Bryonia**.—The same eruptive delay, with *nausea, vomiting, tickling cough and dyspnoea*, calls for **Ipecac**.—When, notwithstanding a profuse sweat, the rash fails to appear, the fever mounts high, the face becomes red and puffy, and convulsions, or delirium, with *hallucinations supervene*, **Stramonium** is a valuable remedy.—On the other hand, if the child is too weak to throw the rash out, and there are *stupor, gritting of the teeth, squinting, and rolling of the eyes*, the drug to study is **Zincum**.

Eruptive Stage.—**Pulsatilla**, although the most frequently indicated drug at the time we are usually called in, is not a pre-eruptive remedy, for it is the *catarrhal element in its highest degree of intensity that calls for it*, and we think that it is by mitigating the catarrhal symptoms, that it prevents thoracic, aural and ocular complications, and carries the patient safely to a favorable end. When

the initial fever is high and decidedly sthenic, it cannot take the place of **Aconite**, and even **Gelsemium**, and if the eruption is delayed, it is inferior to **Bryonia**, **Stramonium** and **Zincum**. Of course the appropriateness of any of these drugs have always to be determined by the accompanying symptoms and the general character of the case. We have frequently prescribed **Pulsatilla**, with uniform success, on the appearance of the rash, stage of the disease in which the catarrhal symptoms increase in severity, the discharges become thick, and otitis and diarrhoea are apt to develop.—Under similar circumstances, of more severe character, Farrington advises us to consult **Kali. Bich.**, a remedy which following Lippe we have prescribed with good results, when the laryngeal irritation was great, the cough very troublesome, and attended by a hoarse scraping in the chest.—Cases in which the eruption delays, suddenly recedes, or fades, are almost always *ataxo-dynamic*, or malignant, and demand the study of the following drugs: **Bryonia**, when there is some sensorial perversion, with mild delirium and even spasms, or if epistaxis or petechia occur.—**Arsenicum**, if in the midst of an intense fever, the rash becomes livid, black, or intermixed with petechia, the forces suddenly sink, and there are marked evidences of nervous restlessness, especially towards midnight.—**Rhus. tox.**, if the eruption turns dark, and an increased prostration, with restlessness, stupor and diarrhoea indicates the approach of the typhoid state, —**Lachesis**, if the rash turns livid or black, and a low typhoid state supervenes, with putridity, copious epistaxis, sordes, faintness, general trembling, and inability to protrude the tongue.—**Baptisia**, if the adynamia is extreme, with stupor, delirium, besotted expression, and early tendency to decomposition, both breath and excretions being exceedingly offensive — **Phosphorus**, if the rash turns petechial, hemorrhages from the mucous surfaces take place, and the bronchi and lungs become involved.—**Opium**, if there is lack of reaction, with debility, sleeplessness, livid face, soporous sleep, stertorous breathing, vomiting, and even spasms.—**Cuprum**, if the rash recedes and the brain becomes

affected, with convulsions, vomiting or gagging, pale face, twitching of the limbs, sudden difficulty of breathing, and other asphyctic phenomena.—**Camphora**, if the face grows pale and the skin cold, assuming a livid hue, with dysuria, prostration, and spasmodic stiffness of the body.—During this stage we may have need to consult, **Euphrasia**, **Cepa.**, **Arum. triph.**, **Tart. emet.**, and **Sabad.**

Declining Stage.—Isolated symptoms should not be considered independently while the fever lasts. When the fever is subdued, to promote a speedy recovery, **Sulphur** and **Mercurius** may be consulted with advantage, both cover many of the sequelæ of Measles, such as ophthalmia, otorrhœa, loss of hearing, adenitis, diarrhoea, etc. Malnutrition is best met by **Calc. carb.** and **Silicea**, especially in strumous or rachitic children, and if there is history of tubercle, we must study **Phosphorus**. Persistent anorexia, with a white coated tongue demands **Ant. crud.**; protracted debility, **China** or **Phos. acid.**; painful micturition, **Camphora**; irritation of the urinary passages, **Cubeba**.

The cough of the various localizations furnishes us important indications and we can consult with profit the following remedies: **K. bich.**, **Squil.**, **Sticta.**, **Hyos.**, **Nux. vom.**, **Bryon.**, **Rumex.**, **Phos.**, **Coffea.**, **Sambuc.**, **Iodum.**, **Lactuta.**, **Spongia.**, **Hepar.**, **Stann.**, **Drosera.**, **Silicea.**, **Sepia**, **Pulsat.**, **Calc. Carb.**, **Tart. emet.**, etc.

For cerebral complications, consult, **bell.**, **hyos.**, **stram.**, **gels.** or **opi.**, **cupr.**, **rhus.**, **hell.**, **zinc.**—For broncho-pulmonary localizations, **acon.**, **bell.**, **bryo.**, **phos.**, **tart. emet.**, **sulph**; **right side**, with stitches in the lungs, **bell.**, **bryo.**, **merc**; **left side**, **phos.**, **rhus.**—For persistent diarrhoea, **ars.**, **puls.**, **phos.**, **rhus.**, **verat.**, **sec.**; if bilious, **ipcc.**, **cham.**, **chin.**, **iris**, **merc.**, **phos.**, **podo.**, **sulph**; if mucous, **cham.**, **ipcc.**, **coloc.**, **merc.**, **puls.**, **sulph**; if cholericform, **ars.**, **jatr.**, **sec.**, **verat.**; if dysenteric, **ipcc.**, **merc.**, **iris**, **coloc.**, **nux.**, **sulph**—For otitis media, **acon.**, **bell.**, **puls**; with suppuration, **hep.**, **merc.**, **sil.**, **sulph**; with caries, **aur.**, **hep.**, **sil.**, **nit. ac.**, **thuj.**, **sulph.**—For ulcerative laryngitis, **arg. nit.**, **ars.**, **caust.**, **hep.**, **k. bich.**, **lach.**

merc. c., nit. ac., phos., spong., sulph.; with **aphonia**, *phos., caust., k. bich., merc., hep., selen., spong., dros., bell., sulph.*

As to the **sequelæ**, consult: for **ophthalmia**, *hep., merc., euphr., k. bich., phos., ars., arg. n., sulph.*—For **otorrhœa**, *sil., hep., merc., puls., sulph.*; if **fetid**, *asaf., aur., carb. v., graph., psor., hep., merc., sulph.*; **like fish-pickle**, *tell.*; **like putrid meat**, *thuj.*; **curdy**, *sil.*; **thick yellow**, *k. bich.*; **watery**, *asaf., kreos., merc., phos., tell.*; **thin, purulent discharge**, with hardness of hearing, *asaf.*—For **deafness**, *hyos., gels., puls., merc., carb. v.*—For **swelling of the glands**, *ars. jod., baryt., calc., merc., rhus., sil., sulph.*—For **bone disease**, *asaf., sil., aur., flour. ac., phos., merc., stapl., therid., sulph.*—For **diarrhœa**, *ars., chin., sec., phos., apis., merc., phos. ac., puls., sulph.*—For **bronchitis**, *tart. c., dros., spong., jod., phos., bryo., hep., sil., sulph.*—For **general debility**, *chin., ars., phos. ac., gels., nux. v.*

Accessory Treatment.—As in all infectious diseases, **isolation, disinfection and cleanliness** are important factors. Ordinary cases only require a week in bed, but in order to prevent the spread of the disease, the patient should be kept isolated two or three weeks longer. A darkened room is grateful to the patient and protective to the eyes. During the fever only liquid diet should be allowed. Avoid all exposure to cold to prevent extension of catarrh to lungs. To relieve the itching, anoint patient with lanolin or cacao-butter. When cough and hoarseness are severe, wet compresses to the front of the throat and gargles of glycerin and alcohol in water (one tablespoonful of each in half a tumbler of water), may prove beneficial. If there be any predisposition to tubercle or struma, convalescence should be watched with solicitude.

ROETHELN.

German Measles (Ger., *Epidemisch Roscola*.—Fr., *Roséole*.—Sp., *Roseola Epidemica*), is an infectious eruptive malady characterized by a short pre-eruptive stage, slight fever, early tumefaction of

the cervical glands, and a diffused rosy rash, which is usually attended by violent itching and followed by a slight furfuraceous desquamation, not always visible. It is neither a hybrid of scarlet fever and measles, nor a modified form of either of those diseases.

Etiology.—*Contagion* admitted, but not quite so active as that of *measles*. Essentially *epidemic*, but sporadic cases are not uncommon. It is generally observed in *children*, though adults are not exempt. Second attacks are very rare, and the occurrence of measles or scarlet fever confers no immunity against this disease, or vice versa.

Symptoms and Course.—After an incubation of about two weeks, the attack usually sets in with *slight febrile symptoms, mild coryza, conjunctival injection, constant sore throat, and tumefaction of the cervical glands*. Sometimes there is *malaise, with drowsiness and pain in the back and limbs, rarely nausea, vomiting, or diarrhœa*. It is often *apyreptic*, and the first manifestation of the malady may be the rash. The eruption in ordinary cases appears on the first or second day of the illness, seldom later; first on the face, then on the neck, rapidly extending over the whole body, and reaches the maximum on the following day. It consists of very *slightly raised, round or oval, rose-colored spots, of variable size, uniformly scattered, usually discrete, though sometimes very closely set, disappearing temporarily under pressure*. When small and confluent, they resemble the rash of scarlet fever; when large and discrete, there is more likeness to measles, but the patches do not take on any distinct crescentic shape. The *facial eruption* is often attended by much *swelling and itching*. Occasionally the rash is *bimorphous*, that is *morbilliform and scarlatiniform* at the same time, making diagnosis very difficult. The *duration of the rash* is usually from three to five days, and generally fades, leaving, in severe cases, the skin slightly stained. *Desquamation* is inconstant, and when visible of a furfuraceous character; it seems to be in proportion to the intensity and type of the rash.

Complications and Sequelæ are generally wanting, and only in very severe cases, with marked catarrhal symptoms and high temperature we may meet with *lumbar pains, cough, hoarseness* and *persistent soreness of the throat, rarely with laryngeal and bronchial localizations.*

Diagnosis.—From other *eruptive fevers* it may be distinguished by the shortness of the pre-eruptive stage, the trivial nature of the catarrh and constitutional disturbance, the almost feverless course of the illness, the absence of complications and sequelæ, the polymorphism of the rash, and the early enlargement of the cervical glands.

Prognosis.—Almost invariably favorable.

Treatment.—1.) **Aconite**, if the

fever is high and the constitutional disturbances marked.—**Gelsemium**, if the patient is languid, dull, drowsy and restless, with or without pain in the back and limbs.—**Ipecacuanha**, if there is loathing of food, with nausea and vomiting.—**Pulsatilla** meets well the catarrhal symptoms, and is often sufficient to carry the case safely to the end.—**Belladonna**, the persistent sore throat, especially if the rash is scarlatiniform.—**Kali. bich.**, the laryngeal irritation, with hoarseness and cough.—**Apis**, the swelling of the face and intense itching.—**Mercurius**, the swelling of the glands.—**Sulphur**, the troubles of the post-eruptive stage—2.) Rest in bed; liquid diet; sponging with tepid water; protection against cold.

Memorabilia.

HICCOUGH.

Singultus (Ger, *Schlucken*;—Fr., *Hoquet*;—Sp, *Hipo*) is a short, convulsive and noisy inspiration, followed immediately by expiration, and due to *spasm of the diaphragm*, with a simultaneous narrowing of the glottis. Anything that has the effect of interfering with the action of the *par vagum* produces it, such as aromatic stimulants, or through the stomach being over-distended with gas or liquor. Sometimes it seems of a *purely nervous origin*, and is quite under the power of the will; at other times it is a *very unfavorable symptom*, indicating the fatal termination of many acute diseases, *fevers and hemorrhages*. It is of decidedly unfavorable omen in *peritonitis*. Drunkards and nervous people suffer from it most, and is a common symptom of indigestion, especially in children. It may be *incessant and very obstinate in hepatic diseases* (impaction of gall stones and abscess), or in *inflammation of the pancreas*. A frequent source of this trouble is *swallowing too hastily, or laughing or crying*. Uterine irritation also often gives rise to it in hysterical or pregnant women.

Hiccough not unfrequently occurs in those who have a hereditary tendency to gout.

REPERTORY.

For **hiccough** in general, consult, *nux. v, ign., hyos, bell., puls., stram., amm. m., cycl., cupr., lyc.*;—while **eating**, *merc, mag. m.*;—after **eating**, *verat., hyos, ign, merc., cycl, carb. a, lyc, mag. m., sep, phos., zinc*;—after **drinking**, *ign, puls., lach*;—after **smoking**, *ign., puls., lach, ant. c., nux. v.*;—after **crying**, children, *ars.*;—at **every motion** *carb. v.*;—in the **evening**, *sil*;—at **night**, *ars.*;—with **convulsions**, *bell.*;—with **pain in the stomach**, *mag. m., teucr., rat.*;—with **pain in the chest**, *amm. m.*;—**violent hiccough**, *bell., nux. v, amm. m., lyc, rat., cic., stron., teucr., verat.*;—**obstinate**, *sulph. ac*; in **hysterical women**, *mosch.*; with **spasm and belching**, *cicuta. vir.*; troublesome, in **gouty patients**, *nux., lyc.*

Holding the breath is a popular and frequently efficacious method of arresting it. Some serious cases have been relieved by the stomach pump.

Miscellany.

Topeka Doubly Honored.

Kansas Homœopaths Elect Dr. Menninger President and will meet here next year.

Topeka was doubly honored at the last meeting of the homœopathic physicians at Kansas City, Kan., Dr. Menninger of this city was elected President of the state association and Topeka was chosen as the meeting place for the association next year.

The meeting was the largest one ever held by the association, there being 170 in attendance and full sessions at the meetings during three days and evenings. A large and enthusiastic meeting in this city May 1 of next year is looked for, and arrangements will be made to take proper care of the visitors.

The complete list of officers elected was as follows: C. F. Menninger, president; C. A. Bozarth, vice-president; T. E. Rains, corresponding secretary; P. Diedrich, treasurer; Drs. Minnick, Billings and Poley, board of censors.

We have received from Dr. John Arschagouni of New York, an enlarged and fine photogravure of the beloved **Boenninghausen**, taken from an authentic photograph secured abroad at a great cost. Our friend Dr. Arschagouni surely deserves a great deal of credit for his conscientious exertion in reproducing in such excellent manner the likeness of this trusted leader, and we sincerely hope that his efforts may be crowned with the most flattering success. Every true homœopathist in America should certainly obtain this inestimable relic. The price is \$2.00 per copy. Remittance by check or money order, should be addressed to Dr. John Arschagouni, P. O. Box 2331, New York City.

The Forty-Seventh Annual Commencement of the Hahnemann Medical College of Philadelphia, was held at the Academy of Music, Thursday, May 2d, 1895, and among the sixty graduates who took their diploma, we had the pleasure

of counting our friends, Dr. T. E. Perkins of Philadelphia; Dr. W. M. Rendell of Philadelphia; Dr. B. O. Morse of Chicago and Dr. E. J. Kendall of Toronto, Can.; to whom we wish all kinds of prosperity in their chosen profession.

Errata.—In the last line of page 4, left column, of the April number, it should read "*combined with indignation*," not with indigestion.

COUNSEL.

Do not think others ignore what you know.

Do not think getting well is always a cure.

Do not send your cases to specialists engaged in general practice.

La Tribune.

BOOK REVIEW.

It has been for us a most pleasant task to review the excellent work of Drs. Malcolm and Moss, entitled **A Regional and Comparative Materia Medica**. The arrangement is practical and complete, and the authors do well in saying that it was made for a quick and accurate guide to the indicated remedy. No homœopathic practitioner, who has individualization at heart, can fail to appreciate the merits of this book. It can be obtained in all our pharmacies at \$6.00 net, in cloth; \$7.00 net, half morocco.

We have also perused the *Illustrated Prospectus* of a hand book on **Diseases of Children**, by Dr. Charles E. Fisher of Chicago, and while this manner of reviewing books is very unsatisfactory, however, from what we have seen and read of the work, we are inclined to think that it is valuable, and will have a rapid sale. Some of the indications for remedies are certainly given in a most terse and lucid manner.

Preliminary to the publication of the principal diseases of the heart and pericardium, we give here a tabular statement of the corresponding physical signs.

I. Inspection....	{	Symmetry of surface.	
		Bulging	{ Position. Extent.
		Sinking	{ Position. Extent.
		Cardiac impulse.....	{ Position. Extent.
		Abnormal pulsation	{ Position. Extent.

II. Palpation....	{	1. Pulsation	Cardiac impulse.....	{ Position. Extent. Quality.
			Abnormal pulsation.....	{ Position. Extent. Quality.
		2. Valvular thrills	Position of maximum intensity.	
			Rhythm	{ Systolic. Diastolic. Pre-systolic.
		3. Friction-fremitus.		
4. Fluctuations (?)				

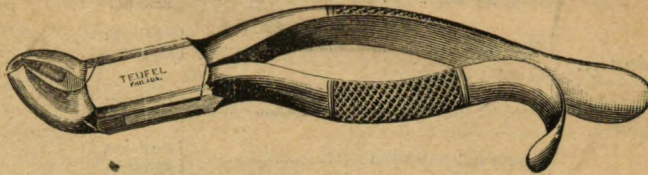
III. Percussion....	{	Area.....	Cardiac region.....	{ Area increased. Area diminished.
			Mediastinum.....	{ Area increased. Area diminished.

IV. Auscultation.	{	Cardiac.....	Sounds	{ Intensity. Rhythm. Quality.
			Murmurs	{ Point of maximum intensity. Rhythm. Direction of conduction.
		Pericardial.	Friction-sounds.	

V. The Pulse....	{	Frequency.....	{ Increased. Diminished.
		Rhythm.....	{ Regular. Irregular.
		Force	{ Equal. Unequal.
		Volume	{ Large. Small.
		Tension.....	{ High. Low.

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