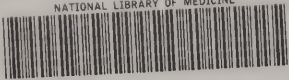


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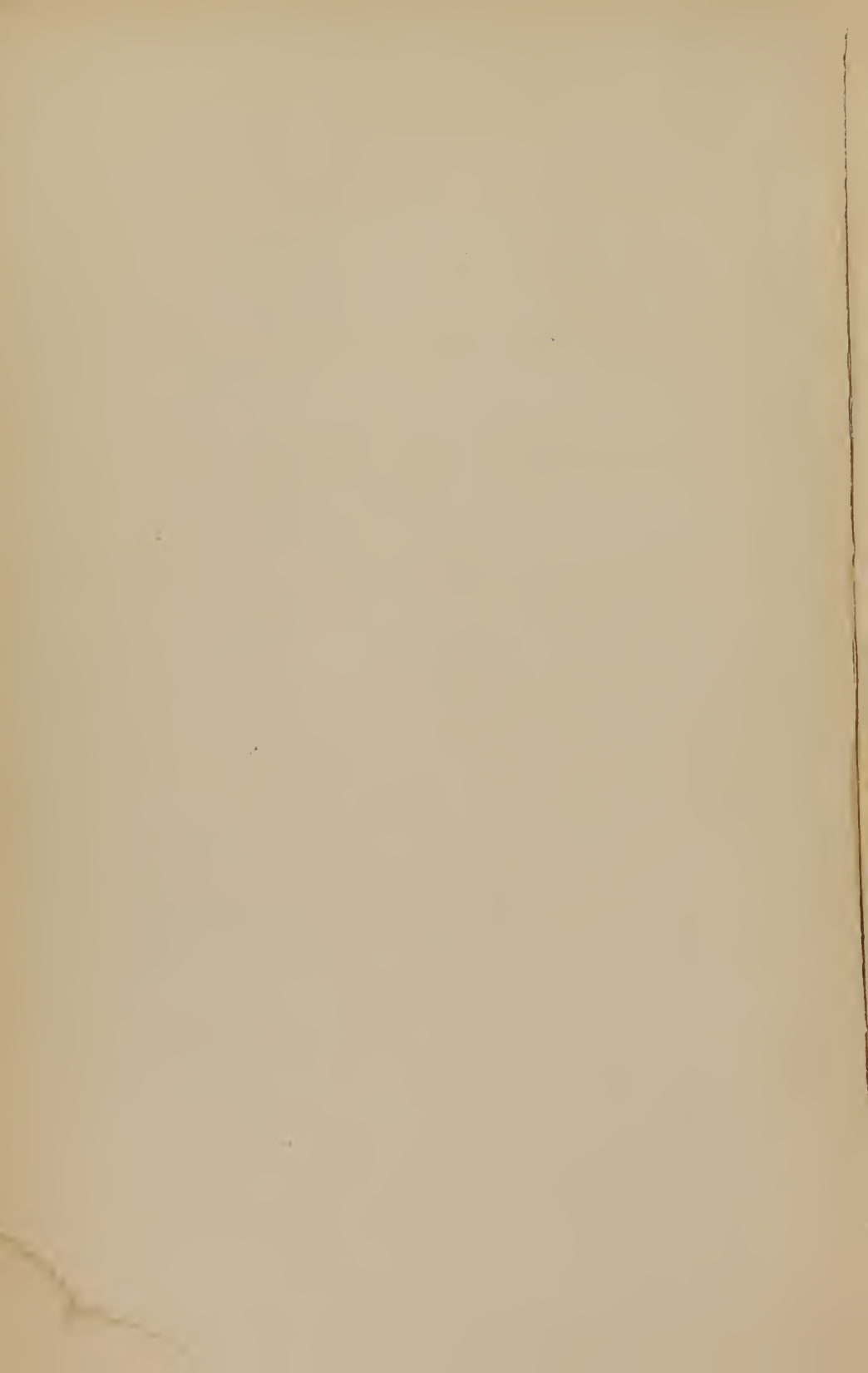


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VERDI'S

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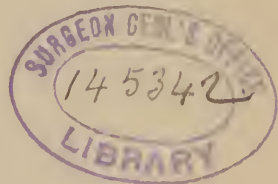
INCLUDING

SUCH FUNCTIONAL DISTURBANCES AS ARE PECU-
LIAR TO GIRLS AND TO MATERNITY.

BY

TULLIO DE SUZZARA-VERDI, M. D.,

Author of "Maternity" (a Popular Treatise for Young Wives and Mothers); "Mothers and Daughters" (a Popular Treatise for the Amelioration of the Health of Girls); "Infant Philosopher" (a Philosophical Review of the Moral and Physical Treatment of Infants); President and Health Officer of the late Board of Health of the District of Columbia (appointed by President U. S. Grant); Member of the U. S. National Board of Health (appointed by President Rutherford B. Hayes); Member of the American Health Association; of the American Institute of Homœopathy; Chief of Staff (retired) of the National Homœopathic Hospital at Washington; Honorary Member of the Philadelphia Societæ Medicinæ of Cincinnati; Seventh President of the Pennsylvania Homœopathic College Alumni Association; Special Sanitary Commissioner to European Cities (appointed by Gov. H. D. Cook); Knighted by King Umberto I, Cavaliere of the Crown of Italy.



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TULLIO DE SUZZARA-VERDI, A. M., M. D., K. C. L.

PREFACE.

In answer to the request of the many readers of "Maternity," the author has enlarged the scope of that special work so as to cover all diseases, thus evolving a system of general domestic practice.

As in "Maternity," he has in this work always kept in view the fact that his audience, though intelligent, is necessarily untechnical; often a wife or a mother at the bedside of sick husband or child, needing then and there all possible assistance, and that assistance, to be of any practical value, in the form of a concise description of disease, explanation of symptoms, and positive directions as to how she should proceed to secure relief for the object of her care.

That is the purpose of this book.

Knowledge should be the right of the many rather than the privilege of the few: hence the author is more willing to instruct than to command. If in the development of this work he has succeeded in putting this principle into practice, he will need no praise, for in its success he will have found his reward.

THE AUTHOR.

CONTENTS.

PART I.

In this part will be found the leading symptoms of special and general diseases. They are the *characteristic* symptoms of one disease compared with the symptoms that are characteristic of other diseases with which it may be confounded. The distinction being clearly pointed out by this parallel, the layman can generally detect the real nature of the disease under his observation. This mode of observing and reasoning is what professionals call "differential diagnosis." In other words, it is a brief and concise diagnosis of every disease, to enable the reader to search in another part of the book for the description and treatment in full of the disease he has discovered. This will greatly facilitate the labor of every one using this book for practical purposes. Instructions as to observing and reading the pulse and temperature are also here given.

PART II.

Treats of General Diseases and of Diseases that are special to the various Organs of the body, with reference to the mode of prevention and cure. Their causes are traced, and the medicines, diet and regimen prescribed.

PART III.

Accidents, such as: Poisoning by Gas. Drowning. Falls and Blows. Sprains. Injuries to Head or Spine. Dislocations and Fractures. Wounds. Poisoning by the Stings of Insects, Bites of Snakes and Rabid Dogs. Foreign Bodies in the Flesh, Nose or Ears. Burns and Scalds. Gunshot Wounds, etc.

PART IV.

Vegetable and Mineral Poisons; their antidotes and treatment.

PART V.

Diseases Peculiar to Woman, and particularly Abnormalities of Menstruation. Displacements of the Womb. Inflammation of the Womb and Ovaries. Diseases of the Breasts. The

CONTENTS.

author has in this part given special attention to the hygiene of Girls, with a view to rendering them less liable to these diseases, and of promoting their health and strength.

PART VI.

Maternity, giving the Signs of Pregnancy and a Description and Treatment of all Diseases depending upon the State of Pregnancy. The hygiene and moral treatment necessary to welfare and comfort. The preparations to be made for the coming child. The employment and qualifications of Nurses, etc. .

This is taken almost bodily from the well known "Maternity" of the author, which has been revised and improved so as to be up with the times.

PART VII.

Nursing and Rearing of Infants. Lactation and its disturbances. Raising children "by hand." The preparation of food for infants. Manufactured food. Weaning. Teething. Dressing. Hygiene, etc.

PART VIII.

Diseases peculiar to Infants and Children. Indications of special diseases of children. Medical hygiene and dietetic treatment of diseases of Infants and Children.

PART IX.

Disinfection and Disinfectants, being a concise and practical treatise for the disinfection of houses, sick-rooms, privies and privy-vaults, disinfection of clothing, and furniture, etc.

This treatise has been prepared for general distribution by a committee of scientists appointed by the American Public Health Association of which the author is a member.

System of General Domestic Practice.

The object of popular medical books is for treatment in emergencies and in the absence of a physician; this book, therefore, is not to induce the lay-reader to practice medicine in the full extent of the word, but to help him when the presence of a physician is not absolutely necessary or when a physician is not easily obtainable. Diseases in their acute form are consequently treated here in preference to the chronic, which generally require a deeper knowledge of Physiology and Pathology than is found among amateur practitioners. Moreover, chronic diseases seldom demand immediate medical interference, allowing plenty of time for medical consultations, while acute diseases, almost constantly, demand immediate treatment, not only for their absolute cure, but also to prevent them from assuming alarming proportions.

By *acute* is meant a *sudden* disturbance of the human system, characterized by the greater rapidity with which it runs through its course, either towards the re-establishment of the former healthful condition, or towards disintegration and death.

Chronic diseases, on the contrary, have always a previous history, and are either a sequence of acute diseases or a development of some constitutional taint or weakness; they are, therefore, not sudden in their invasion nor rapid in their course, either for better or for worse.

INDICATIONS OF SPECIAL DISEASES.

The first difficulty that the unprofessional practitioner meets with is in determining in his own mind the real nature of the disease of the person coming under his observation. In other words, his difficulty is in making a correct *diagnosis*. To render his labor more easy, and to assist him in reaching the important conclusion, the author has given in the very first pages of this book the leading symptoms of every important and special acute malady. The groups of symptoms so given

are not sufficient for the inquirer to make an instantaneous and correct diagnosis of any given case, and are not intended to be so; but they serve the reader by suggesting a probable disease which he will find described and treated in a further part of the book, under the proper class and name.

A mere index is not sufficient for the unprofessional reader, for often he does not know what disease to look for, and an index cannot be a "resume" of the leading symptoms of a disease: but by searching among the groups for indications of certain diseases, he can find the information he requires for the purpose by looking into the index for the disease that the person under his treatment is probably affected by.

That is the object of the chapter on indications.

FEVER AS AN INDICATOR.

Fever is always an object of alarm to the medically-untrained mind. What does it mean? what is going to happen? are questions which rush to the mind of the uninitiated whenever fever occurs in the object of his care.

This danger in the dark gives rise to many imaginary fears. The brow is anxiously felt, and the slightest rise in temperature scorches the very fingers of the alarmed examiner. The pulse is counted, but trembling fingers convey the beats, and the reckoning is lost in the haze of apprehension. This is the result of ignorance and want of practice: the author, therefore, proposes in these chapters of indication to take the attendant with him, and show him or her how to analyze symptoms with coolness and with judgment.

One of the first requisites in examining the condition of a sick person is a normal condition of the examiner himself; if he is worried or alarmed, he had better wait till he is cooled down, or until some other person can assist him.

Persons should not see death in every morbid symptom that may affect the object under their observation. Sudden death is very rare; diseases, even of the gravest character, give plenty of warning; so take time, watch, and reflect.

THE PULSE.

Fever is a symptom, the indication of a disorder; not the

disorder itself. It is generally characterized by a *rise in the temperature of the body, and in the rate of the pulse.*

It is not difficult to detect an abnormal temperature of the body; it is not so easy to determine whether a pulse beats more rapidly than is normal, for the pulse varies in different persons, according to temperament, age and individual idiosyncrasies. To appreciate the pulse in disease, one must have some knowledge of the pulse in health; therefore, barring exceptional cases, the pulse in health is given, as follows:

During the first year of life the pulse beats 120 to 130 to the minute.

During the second year of life the pulse beats 100 to 115 to the minute.

During the third year of life the pulse beats 90 to 100 to the minute.

From the fifth to the twelfth year of life the pulse beats 85 to 90 to the minute.

From the twelfth to the twentieth year of life the pulse beats 80 to 85 to the minute.

During manhood the pulse beats 70 to 80 to the minute.

During old age the pulse beats 50 to 65 to the minute.

RULES FOR FEELING AND COUNTING THE PULSE.

As the pulse is only a wave of blood propelled by the heart, and the heart is emotional and easily affected by surrounding circumstances, the following rules should be observed in feeling the pulse.

If you desire to get an accurate knowledge of a *child's pulse*, do not feel it when he is crying or in any way excited. Even the presence of a stranger will raise a child's pulse.

Do not appear anxious or alarmed while attempting to feel the pulse, for that is often sufficient to quicken the child's heart-beats, as it would even raise the pulse of an older but nervous person.

The best time to feel a child's pulse is when he is asleep.

When the rapidity of a pulse renders a correct count difficult to unpracticed persons, it is better to count one for every two beats, like the tick-tick of a clock. At the end of a half or a full minute the count can be mentally doubled, and the result will be a true count of the beats of a pulse for a minute.

Use a watch that has a distinct dial for the seconds, and clear numbers.

The pulse is generally felt at the *wrist*, but if this be impracticable it may be felt in the *neck*, *under the jaw*, in a line with the corner of the mouth, in the *temples*, in the *ankles*, just behind the prominence of the inner ankle bone. It makes no difference where the pulse is felt as, except in very exceptional cases, it is the same all over the body where there are arteries.

A child often will not keep its fingers quiet long enough for any one to feel its pulse, or is restless from fear; by feeling the pulse somewhere else you disarm him of his suspicions, and a good reckoning may be obtained.

Do not feel the pulse immediately after the patient has been eating, walking, or performing any exertion.

Do not feel it after the patient has received startling news, either of joy or sorrow.

Do not feel it immediately after he has been laughing, crying or subject to great emotions.

When feeling the pulse take cognizance also of the posture, whether lying or standing, of the temperament, of the age, of the sex of the person examined.

The pulse beats a little more rapidly when standing than when lying; in nervous-sanguine temperaments than in lymphatic; in the young than in the old; in females than in males; after exertion or excitement of any kind than when at rest.

QUALITY OF THE PULSE AS AN INDICATOR.

A *rapid, full, soft* pulse, accompanied by *heat* and *thirst*, indicates fever, provided such a condition is *continuous, not transient*; that is, continuing for two, three or more hours.

A *slow, weak* pulse, *after an injury to the head*, as from a fall or a blow, would indicate pressure on the brain, a dangerous condition.

A *very slow* pulse, accompanied by *stupor, slow, labored breathing*, would indicate pressure from an excess of blood in the brain (Apoplexy).

A *very rapid* and *uneven* pulse, accompanied by spasms and strabismus (crossing of the eyes), would, in a young child, indicate acute hydrocephalus (water on the brain).

Irregularity of pulse, occurring and recurring from time to

time, would indicate some form of heart disease, probably functional.

A *weak faint* pulse occurs in *fainting fits*, and is also in cholera, and in grave diseases, an indication of *collapse*.

The pulse is *rapid and jerking* after a great loss of blood (hemorrhage).

An almost *imperceptible* pulse, *irregular and slow*, accompanied by pale, pinched features, anxious expression, cold extremities, cold sweat on the brow, with sighing, interrupted respiration, *pain and anguish about the heart*, indicates *Angina Pectoris* (which see).

A change of pulse towards the normal standard always indicates amelioration: on the other hand, if a rapid, full pulse suddenly becomes slow and weak, *below the normal standard*, or very rapid and weak, the change is *unfavorable*.

There are many other qualities of the pulse which indicate conditions or modifications of disease, but as they would rather tend to confuse than to enlighten an unprofessional practitioner the author prefers to leave the list as limited as it is.

PULSE IN FEVER.

In acute diseases a rapid, full pulse is always associated with fever; yet, as fevers are divided into different and various classes, the pulse alone is no indicator of any *special* fever. As a leading symptom, it must be taken in connection with other symptoms, which really define the kind or class of fever. To assist the reader *fever-group symptoms* will here be given as suggestive of special diseases, which, further on in this volume, will be fully described and treated.

TEMPERATURE AND THERMOMETER IN FEVERS.

Fevers being always attended by a rise or fall of temperature, persons in charge of the sick should be acquainted with the use of the "medical thermometer." This should be a *self-registering* thermometer, and in purchasing one should always require a certificate of its having been tested and found correct. Such certificates accompany properly tested medical thermometers.

The bulb of the thermometer should be placed in the mouth

under the tongue, and retained for three or four minutes with closed lips. When that is not possible, as in crying or restless children, in convulsions, etc., it may be applied under the arm-pits, taking care that the arm is kept close to the body while the thermometer is in place.

To obtain the *most accurate* state of the temperature, however, the bulb of the thermometer should be introduced into the *rectum* or the *vagina*.

The *normal* temperature is $98\frac{1}{2}^{\circ}$ Fahr.

In *slight* fever it rises to 100° and to 101° .

In *moderate*, to $102\frac{1}{2}^{\circ}$ and 103° .

In *high*, to $104\frac{1}{2}^{\circ}$ and 105° .

When the temperature exceeds 105° danger is ahead.

While it has been said that $110\frac{1}{2}^{\circ}$ have been reached without death following, still all medical men consider 106° and above a temperature indicating great gravity, and probability of death.

Temperature *lower* than normal is a bad indication; and three or four degrees lower than natural exceedingly alarming, indicating a loss of vitality threatening to life.

Temperature, pulse and breathing generally *keep apace*, rising and falling harmoniously, the temperature rising about one degree to the rise of eight beats of the pulse per minute.

When the pulse falls and the temperature rises the indications are unfavorable.

During an attack of fever and, in fact, during any disease of a grave character, the attendants should keep a perfect record of *temperature, rate of pulse and inspirations to the minute*, three times a day, viz: morning, evening and midnight. This record greatly assists in determining, by comparison, whether the patient is gaining or losing.

GROUPS OF SYMPTOMS

Indicative of Diseases of Special Organs in Which FEVER
Is a Prominent and Constant Attendant.

SIMPLE FEVER GROUP.

This fever ushers in suddenly, without warning.

It generally commences with a chill or chilliness followed quickly by fever accompanied by a *rapid and full pulse, hot skin, thirst, headache, aching of back and limbs*, white-coated tongue, constipation of the bowels, highly colored and scanty urine. Young children are, besides, liable to nausea and vomiting. The temperature may rise to 104° .

This fever must be judged *negatively*.

There is *no local pain, no eruption, no sore throat, no cough, no swelling, no jaundice*.

In twenty-four hours the fever abates or disappears altogether, without consequences. (See *Simple Fever*.)

INFLUENZA OR CATARRHAL FEVER GROUP.

Symptoms alike. The distinguishing features of these two diseases seem to be only in the fact that Influenza, depending upon atmospherical conditions, attacks many at one time and is therefore *epidemic*, while Catarrh is induced by exposure to heat, cold or damp, and particularly to draughts of air, and therefore affects only the person so exposed.

In the fever of these the pulse varies; sometimes it is full, again weak, but moderately so. Both invade the *mucous membranes* and the following symptoms occur:

When the trouble is in the head the *eyes* swell and become congested, *tears* flow easily; the *nose* swells and becomes inflamed, with a feeling of *dryness*, or else with *constant sneezing* and with *copious water discharges*. When in the bronchial tubes a *loose, paroxysmal cough* characterizes it. These symptoms, particularly in epidemic Influenza, are accompanied by an extraordinary sense of *weakness* or *prostration*.

Besides these the *limbs* feel bruised or sore. These conditions affect people of all ages, and even animals.

BRONCHITIS FEVER GROUP.

Fever and loose cough are characteristic of Bronchitis. Begins with chilliness, followed by fever, headache, *oppression of breathing*, pain *diffused* through the chest. The cough is *spasmodic and tearing*, followed by *tickling* in throat or windpipe. In children, *rattling* over the chest is heard, and even felt by the hand. The expectorations may get *bloody*, but the blood is in *strings*, like *threads*, crossing in various ways the yellowish, opaque secretion. This *stringy* appearance of the blood distinguishes Bronchitis from Pneumonia, in which the blood of the expectoration is diffused through it, giving a rusty, pinkish appearance of the sputa. (See *Bronchitis*.)

LUNG FEVER GROUP (PNEUMONIA).

High continued fever, worse in the evening; cough *frequent, spontaneous*, generally *dry*. Expectorations *mixed with blood*, *rusty* in appearance. Blood not in threads, as in bronchitis. Respiration *rapid, labored* with *dull, deep-seated* pain in the chest, hot skin headache, thirst. Patient prefers lying on the back. Talking and swallowing excite coughing. (See *Pneumonia*.)

PLEURISY FEVER GROUP.

High fever, *dry spasmodic cough* with *sharp, cutting pain* at every inspiration in some part of the chest, particularly in the lower and front parts. *That pain is peculiarly characteristic*. The same pain, however, *without fever or cough* would indicate False Pleurisy, *Pleurodynia* so called, a rheumatic affection. Intercostal Rheumatism affects a person somewhat like False Pleurisy but the pain is not like a stitch in the side, being more diffused through the muscles of the chest, extending even to the arm. (See *Pleurisy*.)

RHEUMATIC FEVER GROUP.

Fever, accompanied by *pain* in the *muscles* and *large joints*, which soon become *hot, red* and *swollen*, tender to touch and motion, characterize *Rheumatic Fever*. When in the joints it is called Acute "Articular Rheumatism;" when in the muscles, "Muscular Rheumatism."

FEVER IN THROAT DISEASES.

QUINSY FEVER GROUP

Is characterized by *fever, sore throat, painful swallowing, redness*

and *smooth swelling of the tonsils*; no deposit on any part of the throat. (See *Quinsy*.)

LARYNGITIS FEVER GROUP.

Symptoms like *Quinsy*, but with *no swelling*. This is a common sore throat, but one that should be watched, as it may be the precursor of a more serious disease, as *Scarlet Fever*, *Croup*, or *Diphtheria*. (See *Laryngitis*.)

SIMPLE ULCERATED THROAT FEVER GROUP.

Fever, *tonsils enlarged and red*, covered with *distinct white-yellowish pimples*. These pimples, when *distinct and separated*, distinguish this disease from diphtheria, in which the deposit is *flat and smooth* like a film, covering a surface as large as a finger nail or more.

Ulcerated throats may usher in with high fever and *severe pain in the back*. (See *Ulcerated Sore Throat*.)

MEMBRANOUS CROUP FEVER GROUP.

Fever, huskiness of voice, *harsh, graty cough*, thirst. This *graty, harsh, whistling cough* is excited by *every deep inspiration*. (See *Membranous Croup*.) *This Croup differs from the non-membranous Croup by having fever as an accompaniment*. In the non-membranous Croup, false or spasmodic Croup so-called, the harsh, graty cough appears suddenly, awakens a child at night from sleep, without any premonitory symptom and *without fever*. (See *False or Spasmodic Croup*.)

DIPHThERIA FEVER GROUP.

Chill, followed by high fever, headache, *languor*, loss of appetite, stiffness of neck, *sore throat*. Tonsils enlarged and inflamed, covered with *patches* (not with pimples) of a *greyish, tan color*. Complains of *weakness, which is a very indicative symptom*. (See *Diphtheria*.)

PAROTITIS FEVER GROUP (MUMPS).

Fever; *stiffness* at the angle of the jaws, under which *hard swellings appear*. (See *Mumps*.)

CATARRHAL FEVER GROUP.

(See *Influenza Fever Groups*.)

TYPHOID FEVER GROUP.

Is generally of *slow development*. Anticipated by a general feeling of illness, *vertigo, headache, nose-bleed*, depression. A chill followed by fever succeeds, then the temperature rises, the tongue becomes furred with a *brown, dry coat*, particularly

in the middle. Diarrhœa is often present, and the patient looks listless, stupid and indifferent. Answers questions, but in conversation, is generally confused, losing easily its thread. Pulse not very high, scarcely ever above 100°, except for the first few days. Temperature rises slowly.

The fever rises somewhat at night, when the patient is either sleepless or talks incoherently. After a few days the abdomen feels like the *tight skin over a drum*, and if progress is made on the right side of the navel towards the right groin, *he winces, or expresses pain.* (See *Typhoid Fever.*)

TYPHUS FEVER GROUP.

The attack is *sudden, no bleeding* at the nose. The chill is followed by *violent fever*, the temperature rising as high as 105° on the *first or second day.* The headache is *very severe*, and the delirium *violent.* Constipation, instead of diarrhœa, is present. Its *sudden invasion, the early depression of strength,* and a *red, measles eruption* over the body, the abdomen particularly, distinguish it from Typhoid Fever. It is a result of badly ventilated rooms, sewer emanations and malaria. It is infectious (See *Typhus Fever.*)

RELAPSING FEVER GROUP.

This fever is easily confounded at its inception with Typhus and Typhoid Fever. It comes like Typhus, the temperature rising high very soon, but this fever has *distinct remissions*, which neither Typhus nor Typhoid have. About the sixth or seventh day suddenly the fever passes off, and the temperature falls even below the normal standard. But only a few days elapse before a *relapse* occurs, the very high fever and high temperature returning. *Just as the patient is thought to be convalescent all the grave symptoms reappear.* (See *Relapsing Fever.*)

BILIOUS REMITTENT FEVER GROUP.

This fever may also be mistaken for Typhoid Fever. It commences like a Typhoid, but as it develops its distinctive features, viz: *distinct remissions, nausea, vomiting and tenderness of the stomach* the doubt is removed. The skin then assumes a *yellow tinge, the back, loins and limbs* pains severely; the tongue becomes coated *yellow* and the patient *loathes food.* The paroxysm lasts from six to eighteen hours, when all the symptoms *abate* and a gentle perspiration covers the body: but in a few hours the fever, probably in a more aggravated form, returns (See *Bilious Remittent Fever.*)

YELLOW FEVER GROUP.

This is a bilious malignant fever. It commences with *violent fever, yellow skin, black or coffee-ground vomit*. This is the fever of *one pyrexism, one remission, then convalescence or collapse*.

It is a disease of hot climates and fearfully infectious. It might be mistaken for a congestive fever, but the latter does not come as an epidemic and has no *black vomit*. (See *Yellow Fever*.)

CONGESTIVE FEVER GROUP.

This is known as *Congestive Chills, Malignant Intermittent or Remittent, Pernicious Fever*.

It is paroxysmal. It may commence with the usual symptoms of Intermittent Fever, and on the second or third chill assume its malignant type. Again, it may commence at once with all its virulence.

The chill is very *severe* and *protracted*. While the skin is cold the temperature of the rectum may ascend to 107°. The congestion *involves the brain*, and *delirium, stupor, coma, slow, full pulse, appear*, resembling Apoplexy or Acute Meningitis. Again, the congestion goes to the *lungs*, and the patient is *gasping for breath*: he will breathe *fifty or sixty times to the minute*; he will then be seized by *coughing, with bloody expectoration*. The pulse then becomes *very weak and frequent*, the surface is *cold*, the patient assuming an expression of *terror*. When the congestion goes to the *stomach* instead, there will be *nausea, vomiting even of blood, purging, tenesmus, cold sweat, weak pulse, great thirst, sunken features*. The tendency of all is collapse. (See *Congestive Fever*.)

CEREBRO-SPINAL FEVER GROUP.

Commonly called *Cerebro-Spinal Meningitis*. It is a malignant epidemic disease, characterized by a *drawing backward of the neck*, the patient constantly attempting to draw the head forward, acting like a horse that tries to find ease from a too tightly drawn check rein. When this symptom is present, press two fingers on the nape of the neck and the patient will *shriek from pain*; a child will give out a *scream*. It commences with *chill*, followed by *fever* and an *excruciating headache, nausea, vomiting, vertigo* and weakness which is common to other fevers, *but if the neck symptoms are present see Cerebro-Spinal Fever*.

DENGUE FEVER GROUP.

Disease of hot climates, prevailing epidemically. It is a *breaking bone fever*. Its characteristics are the *boring, breaking character of the pains*. It affects the muscles and joints so peculiarly, and the gait of a person is so strange that the disease has been denominated the "*Dandy Fever*," the "*Polka Fever*," the "*Pantomime Fever*," *Stiff-neck Fever, Broken-Wing Fever, Break-bone Fever*. This fever may be mistaken for Scarlet Fever, having an eruption like it, and for Articular or Muscular Rheumatism. But the Dengue Fever comes as *an epidemic*, and when you are aware of its presence in your locality. (See *Dengue Fever*.)

INTERMITTENT FEVER GROUP.

This fever is generally characterized by a paroxysm in three stages, viz: *Chill, Fever, Sweat*, then an absolute *intermission*, during which the patient is as well as ever, except as to a little debility. Then, after a few hours, one, two or more days, the same symptoms reappear. It is not necessary, however, that all the three stages should follow each other—sometimes the chill is absent, sometimes the sweat, but the *periodical reappearance stamps it*. There are light and severe forms of this fever; sometimes the chill is so severe that the patient shakes and his teeth chatter, again it is so slight that it is hardly noticeable. Again the sweat is drenching, while in other cases it is scarcely perceptible. *But the periodical reappearance is the distinctive feature of this fever*. (See *Intermittent Fever*.)

ERUPTIVE FEVERS.

By eruptive fevers is meant all such fevers whose characteristic is an eruption of the skin, such as Scarlet Fever, Measles, Smallpox, etc. They all are eminently infectious and contagious, hence they spread in a community as epidemics.

SCARLET FEVER GROUP.

First twenty-four hours, *high fever, red and congested eyes, red and sore throat*. In children, nausea, vomiting and even convulsions may be present. On *second day* a dark red blush appears *over the whole of the body*, the tongue having a *strawberry* appearance. The eruption is a general blush, not in distinct patches as in Measles or Nettle Rash. (See *Scarlet Fever*.)

MEASLES FEVER GROUP.

High fever, with *influenza* symptoms, as *sneezing, lachrymation, running at the nose, dry and spasmodic cough*, probably vomiting and even convulsions in children. On the *fourth day* the face breaks out in distinct semi-lunar patches, of a brownish-red. (See *Measles*.)

ROSEOLA FEVER GROUP.

It may be confounded with Measles or Scarlatina, but its *sudden* appearance, without warning symptoms, the skin, though red, *looking like goose-flesh*, that is, having minute elaborated points, instead of a smooth blush, as in Scarlatina, or brown-red patches like in Measles, distinguish it from these two diseases. Moreover, the fever is light, and the eruption disappears rapidly. (See *Roseola*.)

ERYSIPELAS FEVER GROUP.

Chill, high fever, high temperature. Commences generally on the face and about the nose. *Large red spots, looking swollen and shiny*. These spread generally laterally; except in such cases where the whole head and face become so swollen that the features are scarcely recognizable, the red, shiny, swollen part extends to one side, while the opposite side improves, thus getting around until it has made a complete circle of the head and face. This eruption blisters, dries and finally peels off, leaving a new skin behind. (See *Erysipelas*.)

SMALLPOX FEVER GROUP.

Chill, high fever and vomiting. *Most excruciating and agonizing pain in the back*. On the third or fourth day blind pimples appear, generally on the face, which *pit* in the middle. That *pit* is the most characteristic symptom. (See *Smallpox*.)

VARIOLOID FEVER GROUP.

Varioloid is only a *modified form of Smallpox*. (See indications of *Smallpox*.)

CHICKEN POX FEVER GROUP.

Eruption of *vesicles*, separate and distinct, over the body. These vesicles look like water-blisters; they are transparent, or semi-transparent; *they do not pit*. They dry up in two or three days, if not scratched. The fever is very mild and of short duration. (See *Chicken Pox*.)

PAIN AS AN INDICATOR OF DISEASE.

PAIN IN GENERAL.

Pain, unless caused by an immediate injury, as a fall, a cut, or a blow, is a common symptom of disease.

Pain is modified by the degree of inflammation causing it, or by the organs wherein the pain is seated.

Pain may be direct or indirect; that is, it may be felt at the very seat of the disease, or in parts remote from the seat of the disease, when it is then called *sympathetic*. In diseases of the liver, for instance, pain may be felt at the right shoulder or along the right arm, while in hip disease pain is generally felt at the knee, etc.

Pain is described according to the sensation it produces, hence we hear of *shooting, dull, burning, tearing, gnawing, jumping, cutting, stinging, lancinating, throbbing*, pains. Then there is the *constant* or continuous, the spasmodic or intermittent pain.

Pain only felt when a part is touched is called *tenderness*.

Persons of different temperaments are not affected to the same degree by pain. Some are very sensitive, some less sensitive, to pain. Thus a nervous or hysterical patient will declare a pain excruciating while the same is quite tolerable to a non-nervous.

The organs of the body are differently affected by pain. Tendons, ligaments, bone and cartilage, though less sensitive than other organs of the body, when sound, are intensely sensitive when inflamed. It seems as if the harder the tissue the greater the pain. In soft tissue, as the lungs or the liver, the pain is never great, generally described as *dull* or *aching*. All enclosing membranes, like the pleuræ around the lung, the pericardium around the heart, the synovial (shut sacs between large joints), the periosteum around the bones, etc., give exquisite pain when inflamed; but in the mucous membranous lining the mouth, throat, bronchial tubes, stomach, bowels, etc., the pain is never so acute. Witness whitlow on the fingers, the pain of which is terrible, extending even to the elbow.

The pain is of a *dull, aching* character in toothache; *tingling, smarting*, and *pricking* in inflammation of the skin, as in Erysipelas or other eruptions. It is *sharp* and *piercing* in Pleurisy;

boring and *throbbing*, *pulsating*, like the heart, in external abscesses (boils).

A *boring*, *throbbing* pain in the *region of a tooth* would indicate the formation of an abscess about its roots; a *throbbing*, *excruciating* pain in the ear, a coming abscess. The pain from inflammation is *aggravated*, neuralgic *relieved* by pressure.

Pain from colic of the bowels is *relieved* by pressure, while pain from inflammation of the bowels is so *aggravated* by pressure that the patient can scarcely bear the weight of the bed-clothing.

A *lancinating* pain, viz: a sudden, quick pain like the stab from a knife, in a tumor, or in any unnatural growth, may indicate *Cancer*.

Pain is *scalding* or *burning* in inflammation of the urethra; *gritty* and *itching* in inflammation of the conjunctiva (the lining membrane of the ball of the eye and eyelids).

The pain from inflammation is *constant* and *persistent*, and almost always accompanied by fever.

Spasmodic pains are intermittent; that is, they subside and return. Such pains occur in the stomach and bowels from indigestion and wind; they are relieved by pressure and heat, but if the pains of the stomach and bowels are continuous and aggravated by pressure they would indicate inflammation.

Neuralgic pains are *sharp* and *darting*; they may continue for hours, but then become finally relieved. They are relieved by pressure or heat. When such pains *return at stated periods*, it is called *intermittent neuralgia*.

Constant pain in the muscles, *aggravated by motion* and *relieved by friction, heat or pressure*, would indicate Muscular Rheumatism. *Pain, redness and swelling of the joints*, Articular Rheumatism.

Sudden cessation of pain in a highly inflamed organ, when not due to the administration of anodynes, may indicate *mortification*.

LOCALIZED PAINS AS INDICATIONS OF DISEASE.

PAIN IN THE HEAD.

Pain in the head (headache), *with fever*, may indicate any disease found in the Fever group of indications. (See *Fever Indications*.)

Headache over the eyes, throbbing of the temples, pressure on the *top of the head*, face flushed, intolerance of light. (See *Congestive Headache*.)

Headache, with nausea, furred tongue, vomiting and constipation. (See *Bilious or Gastric Headache*.)

Headache, pain generally centred on *one temple*; commences in the morning, increases during the day, finally followed by nausea, vomiting, with cold, moist hands and feet. (See *Sick Headache*.)

Headache: pain shooting and boring in one spot, relieved by heat and pressure. (See *Neuralgic Headache*.)

PAIN IN THE EYEBALL.

Spasmodic deep-seated pain in the eyeball may indicate simple Neuralgia; but *constant or recurrent* pain in the eye, *particularly after reading or exposure to light*, may indicate an inflammation of the membranes or muscles of the eye, requiring the attention of an expert.

Pain in a *circumscribed* locality of the head, *dull, constant or recurring*, with partial *disturbances of the mental faculties*, may indicate a serious disorder of the brain or of its membranes. (See *Diseases of the Brain*.)

Pain in the *back part of the head*, the upper vertebræ of the neck *sensitive to pressure, accompanied by an involuntary drawing back of the head*. (See *Cerebro-spinal Meningitis*.)

Pain in the ear of a *throbbing, pulsating* character, aggravated by pressure, would indicate a gathering or boil. A *shooting, spasmodic* pain in the ear, *relieved by pressure and heat*, Neuralgia. Pain in the ear may accompany inflammation of the throat or tonsils and mumps.

Pain in any spot of the jaws, accompanied by a swelling, *tender to touch*, indicates a gumboil.

Pain in the teeth. (See *Toothache*.)

Pain in some parts of the face; a *stinging, burning* pain, accompanied by *swelling and a shiny, red surface*, may indicate *Erysipelas*.

PAIN IN THE REGION OF THE NECK.

Pain in the neck aggravated by the slightest movement, in fact a *spasmodic and catching* pain induced by motion, indicates *Wryneck*. (See *Torticollis*.)

Pain with *swelling* just below the angle of the lower jaw, on either or both sides at once. (See *Mumps*.)

Pain on either side of the neck or of both accompanied by *swelling and redness of the tonsils*. (See *Tonsillitis and Quinsy*.)

PAIN IN THE CHEST.

A *dull, deep* pain in any part of the chest, not increased by natural breathing, would indicate some disorder of the lungs, as *Pneumonia* and *Consumption*.

A *sharp, cutting, catching* pain at every long inspiration in one spot, somewhat relieved by hard pressure, indicates *Pleurisy* if accompanied by *fever*, *Pleurodynia* or *False Pleurisy* if not accompanied by *fever*. (See those diseases.)

A *dull, constant* pain somewhat aggravated by deep inspirations and relieved by *pressure, heat, or frictions*. (See *Intercostal Neuralgia* or *Rheumatism*.)

PAIN IN THE REGION OF THE HEART.

The heart occupies a position in front, under the lower two-thirds of the sternum (the breast-bone), from the second to the fifth rib, obliquely downwards and below the left nipple.

Dull pain about the heart, with oppression of breathing, with or without palpitation soon after eating, and relieved by *eructations*, indicates *indigestion*, or the partaking of unsuitable food or drink. (See *Dyspepsia*.)

A *sudden paroxysm* of pain at the heart, with a sensation of *constriction*, so severe as to compel a person to stop and grasp at anything for support, with pale face and haggard expression, and a cold sweat over the brow, would indicate *Angina Pectoris*. (See this disease.)

A *constant or recurring* pain at the heart, particularly on going up-stairs or ascending a hill, would indicate an organic disease of the heart, requiring the examination of an expert.

PAIN IN THE REGION OF THE WAIST AND LOINS.

This region may be said to be occupied in front by the *stomach*, on the left side by the *spleen*, on the right by the *liver*, on the small of the back, each side of the spine, by the *kidneys*.

PAINS ABOUT THE KIDNEYS AS INDICATIONS.

A *dull, aching, constant* pain about the small of the back, on either or both sides of the spine, aggravated by pressure, indicate inflammation of the kidneys. (See *Nephritis*.)

A *sudden, violent, tearing, excruciating* pain from the region of one kidney, *running down in the direction of the bladder*, causing nausea and vomiting, would indicate the passage of a calculus, a stone, from a kidney to the bladder, through a ureter. (See *Renal Colic, Renal Calculi*.)

PAIN ABOUT THE LIVER.

A *dull pain in the right side*, just above the short ribs and below the sixth, accompanied by fever, yellowish tongue, the pain sometimes extending to the right shoulder and right arm, would indicate inflammation of the liver. (See *Hepatitis*.) Similar pain without fever, liver sensitive to pressure, would indicate a chronic form of *Hepatitis*.

A *sudden, spasmodic, sharp, cutting* pain about the tenth rib, on the *right side in front*, to the right of the stomach, accompanied by *violent vomiting and retching*, even by *distressing hiccoughs*, would indicate the passage of *biliary calculus* (gall-stone), from the liver to the gall-bladder. (See *Biliary Calculi*.)

PAIN ABOUT THE STOMACH.

A *dull, heavy* pain in the stomach *after eating*, with a sensation as if a stone were lying therein, sometimes *relieved by belching*. (See *Dyspepsia*.)

Burning pain in the stomach, with *nausea, persistent vomiting, tenderness to touch, fever and thirst*, would indicate inflammation. (See *Gastritis*.)

Burning, heavy pain in the stomach, *soon after eating*, with belching of gas or *acid water*, which belching gives partial relief, but is quickly relieved by taking *bicarbonate of soda*, would indicate acidity of the stomach, a form of *Dyspepsia*. (See this disease.)

A *sudden, griping, contracting* pain in the stomach, paroxysmal in character, causing faintness and even cold sweat upon the brow, and the pulse to become intermittent, would indicate spasms or neuralgia of the stomach. (See *Gastralgia*.)

Constant burning, gnawing pain *at a certain point* of the stomach, tender to touch, increased by taking food, with an occasional vomiting of undigested food or blood, would indicate an ulcer. (See *Gastric Ulcers*.)

Dull, heavy, constant pain, particularly an hour or two after taking food, and on the right side of the stomach. The patient becomes emaciated, and of an earthy-brownish color; vomits

undigested food mixed with black-looking matter (decomposed blood), would point to cancer of the stomach. These two last diseases should be diagnosed and treated only by expert physicians.

PAIN ABOUT THE SPLEEN.

The spleen lies on the left side, just below the ninth rib, and reaches as far back as the left kidney.

A *sharp, throbbing* pain (occasionally dull) in the region of the spleen, extending sometimes to the left shoulder, the pain increased by pressure over the spleen, would indicate inflammation of the spleen. (See *Splenitis*.)

The spleen becomes enlarged, is tender and feels like a weight after repeated attacks of Intermittent Fever; then it is chronic *Splenitis*.

PAIN IN THE ABDOMINAL REGION.

This region contains bowels, bladder, womb, ovaries.

Acute, griping pain in the bowels, accompanied by distension and rumbling, relieved by pressure, heat or expulsion of wind. (See *Wind Colic*.)

Severe griping, twisting pain, accompanied by vomiting of undigested food or yellow bilious fluid, constipation or scanty evacuations. (See *Bilious Colic*.)

Constant, dull but remitting pain, accompanied by obstinate constipation in house painters, or in persons working in lead, indicates *Painter's Colic*. (See *Colica Pictonum*.)

Pain in children, causing them to twist their bodies, and drawing up their legs, they seem to like warmth or gentle pressure on their belly. (See *Colic of Children*.)

Continued pain, more or less severe, in the bowels, accompanied by vomiting and distention, tender in certain points at touch; bowels do not move, even by injections and purgatives; finally vomiting of fecal matter, indicate obstruction or knotting of the bowels. (See *Intestinal Obstructions*.)

Severe pain, with bowels so tender to touch that the slightest pressure is intolerable, with fever and probably nausea and vomiting, indicate inflammation of the bowels and its covering membranes. (See *Enteritis and Peritonitis*.)

Pain with round, circumscribed swelling near the groins, may indicate rupture. (See *Hernia*.)

Painful, inflamed swellings of the groins. (See *Bubo*.)

Pain just above the bony arch in the lower part of the abdomen, with *difficult or painful urination*, would indicate inflammation of the bladder. (See *Cystitis*.)

In females, *severe and crampy* pain the region of the womb, and particularly just before or during menstruation, would indicate menstrual colic, or Dysmenorrhœa. (See these diseases.)

In females, pain in the upper part of the groins, would indicate neuralgia or inflammation of the ovaries. (See *Ovaralgia and Ovaritis*.)

PAIN IN THE REGION OF THE BACK.

Pain in the region of the back, *accompanied by high fever*, ushered in with a chill, is a common symptom in the beginning of throat diseases, as Quinsy or ulcerated throat, etc. (See these diseases.)

An *agonizing* pain in the back, shooting down the limbs, preceded by *violent chill, high fever, nausea, vomiting, headache*, even delirium and convulsions, particularly in children; *swollen face*, and the Smallpox is known to be present in a community. (See *Smallpox*.) The excruciating backache is a characteristic symptom of this disease.

Pain in the region of the kidneys has been given under that head.

Severe, aching pain from the small of the back down, with stiffness after maintaining a certain position, and exquisitely painful cramps at the back from any motion, indicates *Lumbago*. (See that disease.)

Aching pain in the rectum, with a sensation of *fullness* and *bearing down*, and with little protuberances inside or outside of the rectum. (See *Piles*.)

A *sharp, cutting pain* in the rectum, *while having a hard stool*, may indicate a fissure or ulceration, which an expert physician should examine.

In females, *dull, aching pain* at the broad flat of the back is common, and indicates some disorder of the womb, as inflammation, ulceration, displacement or leucorrhœa. (See these diseases.)

PAIN IN LEGS AND ARMS.

Dull or severe pain running from about the hip joint down one leg to the foot, indicate *Sciatica*.

Pain in the *muscles of legs or arms*. (See *Muscular Rheumatism*.)

Pain, with *swelling and tenderness* of the joints of arms and legs. (See *Articular Rheumatism* or *Gout*.)

Pain in *one finger or thumb* of a *throbbing, pulsating* character, *tender to touch*. (See *Willow*.)

INDICATIONS FROM SWELLING AND TUMORS.

All *round swellings* having an *inflamed red surface, tender to touch, throbbing and beating*, except in the joints, as in *Articular Rheumatism*, would indicate *boils*. (See *Abscesses*.)

A *flat, bluish, spongy swelling*, breaking in *two or more places* giving out *bloody matter*, and having a *hard base*, indicate *Carcinoma*. (See that disease.)

All glands in the neck, under the arm-pit, in the groins, etc., may swell, become inflamed, and go into suppuration; they are then abscesses.

The tonsils swell and sometimes go to suppuration. (See *Quinsy*.)

The glands under the jaw swell in Mumps. (See *Parotitis*.)

Swelling of the glands in the groins. (See *Buboes*.)

A *round swelling* over the bowels, just inside of the groin *disappearing on lying, or from pressure, increased by coughing or standing*, indicate *Rupture*. (See *Hernia*.)

In *females*, swelling on the sides of the abdomen, just below the line of the navel, may indicate *enlargement of the ovaries*.

Lumps in the breasts of females, very tender to touch, particularly during nursing, indicate *Beal Breast*. (See that disease.)

Lumps on the female breast, giving out *sharp, lancinating pains*, particularly if the skin around them is puckered, would indicate *Cancer*. (See that disease.)

A swelling *in front of or just above a knee*, sometimes painless and without discoloration, again red and inflamed, suggests *Housemaid Knee—White Swelling*. (See that disease.)

Little *round, painless tumors*, looking like shot under the eyelids; larger ones at the wrist and sometimes over the scalp, are called simple cysts, which should be removed by a surgeon.

Large, painless tumors, without discoloration, giving no sign of inflammation. (See *Fatty Tumors*.)

Elastic, circumscribed, painless tumors, feeling as if fluid was in them, particularly on the head. (See Wens.)

Tumors, by which is meant swellings of any kind, often require a most expert physician to diagnose; so in this list of indications are given only such description of symptoms and appearance of swellings as would lead the lay reader to detect those of the most common kind.

Malignant Tumors generally destroy the structure of the tissue; they soften, ulcerate, and discharge offensive, bloody matter.

APPEARANCE OF THE SKIN AS AN INDICATOR OF DISEASE.

The skin is liable to many chronic eruptions, the distinguishing characteristics of which can only be recognized by professional experts. Considering that the skin is an absorbing and secreting organ, covering the whole surface of the body, constantly exposed to heat or cold, to touch, to friction, to the contact with deleterious substances, as dirt, irritating soaps, foul water, etc., it is not to be wondered that it often becomes the seat of disease. To give indications for each specific eruption of the skin would be to write a volume which would scarcely be of any practical value to the lay practitioner; the author, therefore, will confine himself in this chapter to giving the indications of only the most common eruptions, and in a further part of the book a concise chapter on the description and treatment of such diseases of the skin as an unprofessional can comprehend and treat.

Brown circular spots on the forehead and cheeks are common in pregnant women, and particularly when brunettes. The same occur in other people, however, and particularly over the chest and bowels. They are called Liver spots. (See that disease.)

Yellow-brownish stains occur on the skin much exposed to the sun. (See Sun-burnt.)

Yellow, canary-color patches on the temples, or diffused through the body, with the white of the eye of a greenish-yellow, accompanied by constant nausea, elimination of brown-colored urine and clayish stool would indicate Jaundice. (See that disease.)

A greenish-yellow appearance of the face with puffiness of the skin, particularly under the eyes, pale lips and tongue particu-

larly in girls from fourteen to twenty-five, with *scanty* or *absent* menstruation. (See *Chlorosis*.)

Puffiness of feet and ankles, increasing after standing, without discoloration, *pressing a finger leaves a pit*, indicate Dropsy. (See *Bright's Disease of the Kidneys*, *Valvular Disease of the Heart*, *Diseases of the Liver*.)

Increasing fullness of the abdomen, without discoloration or pain, in persons not inclined to fattening or in non-pregnant women, indicates dropsy.

Red welts with whitish centre, appearing suddenly over the body, and *itching*, particularly after eating shell-fish, strawberries or indigestible food, indicate hives. (See *Urticaria*.)

Sudden eruption of red patches, which *swell*, *vesicate* and *itch*—after having been in the woods or in the proximity of ivy, indicate poisoning. (See *Ivy and Rhus Poisoning*.)

Red, shiny blebs, tending to *vesication* (blistering) on or on side of the nose, generally spreading *laterally*, with fever, heat, tingling and tension of the part affected. (See *Erysipelas*.)

Crops of *vesicular eruptions*, generally around the chest, under the arm or on the back, sometimes looking very fine and light, again red and blistering, but *accompanied by pain on the same locality*, sometimes so *intense as to be unbearable*, indicate Shingles. (See *Herpes Zoster*.)

Small yellow points or pimples, with *black centres*, as if a *shot* were imbedded therein, particularly around the nose and on the forehead. (See *Comedones*.)

Circular, red-colored patches on the hairy scalp, discharging matter which form crusts. (See *Scald Head*.)

Numerous small, red pimples on nose, face or forehead, slow to come to suppuration, disfiguring with their red and pimply appearance. (See *Aene*.)

Small vesicles on reddish surface, coming in clusters and spreading into large patches on any part of the body; the vesicles break, giving out a fluid which dries from exposure to the air, making the skin scurfy. These patches *itch*, and upon scratching, *burn*. (See *Herpes*.)

Moist, chronic eruptions go under the generic name of Eczema. (See that disease.)

Eruptions of *Scarlet Fever*, *Measles*, *Roseola*, *Smallpox*, have been described under *Eruptive Fevers*.

Open sores, ulcers. (See *Ulcers*.)

COUGH AS AN INDICATOR OF DISEASE.

Coughs vary in character according to the organ, which, being in a state of irritation or inflammation, produces it.

There is a rasping, grating, hoarse cough of *Croup*, the same cough but much more spasmodic of *False Croup*; the loose cough of *Catarrh*; the *Influenza* cough; the cough of *Bronchitis* and *Pneumonia*. These coughs, with their distinctive and accompanying symptom, have been described under the indications of *Influenza*, *Bronchitis*, *Pneumonia*, *Pleurisy*, *Croup*. (See those indications.)

The *short, hacking* cough of early consumption, and the coughing up of expectorations in later stages, etc., are coughs which should be in the care of physicians learned in the chronic diseases of the lungs. A description of such coughs as indications of the exact condition of a consumptive patient would only mislead, unless accompanied by a full account of the various symptoms which occur in the different stages of that disease, and all the signs detected by auscultation and percussion by persons practised in these examinations.

Coughs Indicative of diseases in children will be found in the "Special External indications," devoted to the diseases of childhood in another part of this work.

SECRETIONS AND EXCRETIONS AS INDICATORS OF DISEASE.

Sudden *running at the nose*, with sneezing and watery eyes. (See *Influenza*.)

Constant discharge from the nose, sometimes offensive. (See *Catarrh*.)

EXPECTORATIONS.

Frothy expectorations, sometimes *streaked* with blood, with paroxysmal cough and fever. (See *Bronchitis*.)

Expectorations after coughing of *mucus mixed with blood*, not streaked but *thoroughly mixed*, accompanied by high fever. (See *Pneumonia*.)

The expectorations from *phthisis pulmonalis* (*Consumption*) vary so often according to the stages and variety of the disease that it would be useless to give any of them as indicative of the malady.

Expectorations of pure *red blood* would indicate a hæmorrhage from the lungs.

VOMITING AS AN INDICATOR OF DISEASE.

Vomiting of *dark blood* would indicate ulceration of the stomach.

Vomiting of dark blood is also sometimes connected with disease of the liver and spleen, and occurs in grave forms of intermittent fevers and in Yellow Fever. It may occur in persons addicted to spirituous liquors, and in young females whose menstruation is scanty or absent.

It may also occur in *Purpura* and in *Scurvy*. (See those diseases.)

Blood mixed with the contents of the stomach is often vomited in cancerous diseases of this organ. In this case long suffering and pain from the disease, and the constant recurrence of the vomiting of blood would be characteristic.

Vomiting, *immediately or soon after eating*, would indicate indigestion or the partaking of noxious articles.

Vomiting soon after eating, or drinking, with *burning and pain* in the stomach or bowels, would indicate the swallowing of poisonous matter. (See chapter on poisons.)

Vomiting of *bilious matter*, with *yellow coated tongue*, would indicate Biliousness. (See that disease.)

Vomiting and purging would indicate *Cholera Morbus*, from eating improper articles, or from exposure, particularly to the heat of summer.

Vomiting, accompanied by fever, particularly in children, is generally a precursor of an eruptive disease, as Measles, Scarlatina, etc. (See those diseases.)

Vomiting *after a paroxysm of cough*, is common in Whooping Cough and in the late stages of consumption.

Vomiting of infants. (See indications in chapter for Diseases of Children.)

BLOODY DISCHARGES AS INDICATORS OF DISEASE.

Blood from the *nose*. (See *Epistaxis*.)

Blood from the *mouth, red and unclotted*. (See *Hæmorrhage from Lungs*.)

Blood from the *mouth*, dark or clotted. (See *Ulceration of Stomach*.)

Blood from the *anus*. (See *Piles*.)

Blood in the urine. (See *Hæmaturia*.)

Blood from the *vagina*. (See *Menstruation and Menstrual Disorders*.)

ALVINE EVACUATIONS AS INDICATORS OF DISEASE.

Frequent and loose evacuations, without straining, indicate *Diarrhœa*, which is caused by indigestion, improper food and drink, bad water, the presence of worms, etc.

Diarrhœa is often induced by constitutional diseases, as *Consumption*, *Pyæmia*, *Bright's Disease* and *Typhoid Fever*.

For the character of acute *Diarrhœa* and *Dysentery* as indications see "Stool" in chapter on "External Indications of Children's Diseases."

URINE AS AN INDICATOR.

Suppression of urine should be distinguished from *Retention*. In *suppression* there is no urine eliminated by the kidneys. In *retention* the urine is eliminated and collected in the bladder, but does not pass out on account of some obstruction in the bladder or urethra. By passing a catheter into the bladder the fact is at once demonstrated whether there is urine in the bladder or not.

Suppression is immediately dangerous; *retention* is not, as the water is easily drawn.

Great scantiness or excessive flow of urine indicate disease.

The average amount in the adult is between *thirty* or *forty* ounces in twenty-four hours.

This amount may change, by circumstances hereafter to be mentioned, *without* the presence of disease.

Any quantity of water cast off by *sweating*, by watery *Diarrhœa*, etc., will *diminish* the quantity of urine in some proportion.

It will also vary in proportion to the amount and character of liquids taken.

Beer, *watermelons* will *increase* the quantity of urine. Certain nervous disorders, as *Hysteria*, *Neuralgia*, will temporarily *in-*

crease the quantity of urine. In these cases it will be noticed that the urine is very *clear* and *light* in color.

In some diseases as *Cirrhosis of the Liver*, in some form of *Bright's Disease*, in *Cholera*, and in the later stages of *organic* diseases of the kidneys it *diminishes*.

A *sudden suppression* of urine is exceedingly *dangerous*, as *Urea*, one of its constituents, is a great poison. (See *Uræmia*.)

The rapid *cooling* of the surface, *stopping* the evaporation of the skin, as a cold bath, or a cold atmosphere, *increases* the quantity of urine. Vice versa *heat*, as in the *summer* season, when the skin is very active in perspiration, the flow of urine *diminishes*.

When urine passes in great quantity it is *diluted*, therefore *light* in color; when in small quantities, as in summer, it is less diluted, hence of a *more pronounced* color.

When the *quantity* of the urine is *greatly increased* above the normal, not spasmodically or accidentally, as occur from the reasons above given, but continuously, disease would be indicated. (See *Diabetes*.)

Bloody urine is known by its *red* color or by *coagulations* which fall to the bottom of the vessel, and which look like *coffee-grounds*. (See *Hæmaturia*.)

A *muddy, thick, dirty* looking urine does *not* necessarily indicate disease of the kidneys or bladder; it may be due simply to *indigestion*, particularly if it clears on being exposed to heat.

Albumen in the urine indicates *Bright's Disease* of the kidneys. A *test for albumen* is the following: Take a test tube, or a long, narrow vial, fill it two-thirds full of urine, heat the upper half over a spirit lamp, or a gas-jet till it comes to a boil; if there is albumen in the heated urine it will *coagulate* and show a *white cloud*. Comparing the upper heated half with the cold lower half, a difference will be seen between the two strata. Add then two or three drops of *nitric acid*, and the clouds will break up in *flakes*. When that is the case *albumen is present*, and an expert should be employed to examine the urine, chemically and microscopically.

COLOR OF THE URINE AS AN INDICATOR.

Sienna red. In *fevers* and inflammatory diseases generally.

Greenish-yellow. In *Scarlatina* *Dropsy*; acute *Bright's Disease*; *Diabetes*.

Olive green, or deep *brown*. In *Jaundice* and organic disease of the *liver*.

Reddish or *pinkish*. In *Hæmaturia*, from *Nephritis*, *Bright's Disease* of the kidneys; after passing *gravel* or *calculus*. (Blood in the urine.)

Deep red. In all *fevers*, and especially *rheumatic fever*.

Brown-red sediment, like *coffee-ground*, decomposed blood.

Red, sandy deposit. In *Rheumatism* and *Gout*.

The following are substances which, when taken internally in considerable quantity, change the color of the urine!:

Creasote and external application of *tar ointment* give a *dark* almost *black* color to the urine.

Rhubarb gives a deep *yellow color*.

Sienna, a *brownish color*.

Logwood, a *reddish color*.

Santonine, a *dark reddish color*.

ODOR OF THE URINE AS AN INDICATOR.

The odors of the urine which are abnormal and indicating disease are *aromatic*, *fetid*, *ammoniacal*.

It is *aromatic* in *Diabetes*, in which the urine smells like *sweet briar* or *new hay*. There are substances also, which, when taken internally, impart an aromatic odor to the urine, viz: *asparagus*, *turpentine*, *copaiba*, *cubebs*, etc.

It is *fetid* in urine of *dyspeptic* patients, smelling like *raw meat* or diluted *creasote*.

It is *ammoniacal* in diseases of the *bladder* particularly in *catarrh* of the bladder in which *mucus* is decomposed or is mixed with *pus*. In *Typhus Fever*, *Smallpox*.

Old persons' urine is *scanty*, *darker* and more *odorous*.

Females have *paler* urine, and it is apt to contain more *sediment*.

The urine of *pregnant females* becomes covered with an *oily substance*, after cooling in the vessel. (See Signs of *Pregnancy*.)

In *febrile* diseases, as *Pneumonia*, *Typhoid Fever*, etc., the quality of the urine has relation to the condition of the patient; to appreciate which, however, much knowledge and experience are required.

For the lay practitioner it may suffice to know that at the

beginning of febrile diseases the urine, whether pale or highly colored, *will remain clear*; that later, when a favorable crisis is about to occur, the urine becomes *cloudy*, and that after a favorable crisis has passed the sediment will fall to the bottom of the vessel, *leaving the upper part clear*.

Slimy urine indicates some disease of the bladder, as *Catarrh*, or the presence of *calculi*.

Purulent urine indicates *suppuration* of the bladder, and in men probable disease of the *prostate glands*.

The quantity of urine as an indication of disease in children will be found in "External Symptoms of Diseases of Childhood," in another part of this volume.

In fevers, having critical days, like Typhoid Fever, the *crisis* is often noticed by a change in the urine; from being clear now it becomes cloudy. If the cloudiness falls to the bottom it is a sign of a favorable crisis, but if it floats it is considered unfavorable.

PERSPIRATION AND SWEATING AS INDICATORS.

Perspiration is a gentle, never-ceasing exudation of the sudoriferous glands to keep the skin soft and pliable; *sweating* is a dropping, watery secretion, indicating disease, unless caused by accidental heat or overexertion.

Perspiration in fevers is a good sign, while *sweating* is either critical or indicating great weakness.

A warm, easy *sweat* on the seventh or fourteenth day is an indication of a favorable crisis, the breaking up of a fever. But a *clammy, cold sweat in fevers* indicates danger and approach of death.

A *spasmodic sweat* is found in Malarial Intermittent Fevers, constituting one of the three stages of that disease, viz: chill, fever, and sweat.

Cold sweat accompanied by pallor and a sense of faintness occurs in diseases of the heart. (See *Cardialgia, Angina Pectoris*.)

Nervous cold sweat occurs from fright and from violent pain. *Sour smelling sweat* is an indication of eruptive fevers. Acute Inflammatory Rheumatism, fetid sweat of putrid Typhus Fever.

Sweats in bed in early morning, accompanied by cough, would

indicate a condition of the lungs leading to phthisis pulmonalis. (Consumption.)

Sweat *smelling like new-mown hay* and intensely acid, is common in Acute Rheumatism.

Excessive sweating of the head in very young children, particularly during sleep, would indicate *Rickets*, demanding the attention of a physician.

Warm sweating in fevers, accompanied by a *fall in the temperature*, is a good sign; but sweating accompanied by a *continued high temperature*, indicates great weakness.

Copious sweating, in non-febrile persons, produced even by moderate excitement, exertion or sleep, will lead to impairment of health. Some persons, however, perspire more easily than others without ill consequences, such condition being purely constitutional.

Sudamina (minute water blisters), a watery eruption occurring often in the decline of fevers, and particularly of the Typhoid kind, are produced by sweating.

Partial sweating of the hands, of the feet, of the glands under the arm-pits, around the neck, may occur without impairing the health, although it is often symptomatic of disease. (See *Sweating*.)

BREATHING AS AN INDICATOR OF DISEASE.

Respiration in a healthy adult is from 15 to 20. Males averaging 18, females 20, to the minute. In children and infants the normal number of respirations may reach 30 to the minute.

Any considerable deviation from the above averages would indicate disease.

Respirations may be abnormally *frequent* or *slow*, *rapid* or *prolonged*, *forcible* or *feeble*; again they may be *irregular*, *wheezing*, *spasmodic*.

Oppression of breathing, difficult breathing, suddenly or upon exertion in walking or ascending hills or stairs, would indicate disease of the heart.

Offensive breath may be occasioned by eating indigestible articles, and particularly certain articles of food, as onions and garlic. It may be occasioned by taking mercurial preparations, as calomel, etc. It may be due to gangrene of the

lungs in consumptives, to a bad state of the teeth, or to chronic catarrh of the head, and also to uncleaned teeth.

For other indications see "External Symptoms of Children's Diseases," in another part of this work. They apply to adults as well as to children.

APPEARANCE OF THE TONGUE AS AN INDICATOR.

In the external symptoms of Diseases of Children the appearance of the tongue as an indication of disease has been treated. Although those indications are given in children's diseases they apply to the adult as well. See that chapter, to which the following are added:

A *thick-coated, white tongue*, of uniform appearance, indicates fever, but no malignant tendency.

A tongue *lightly coated*, particularly in the *middle*, feeling *dry* and *chippy*, with *red-brown* appearance, would, in fever, indicate a typhoid form.

A *dark brown*, or *black tongue*, indicates a very low state of the system; dangerous in continued fevers.

A very good sign from the cleaning of the tongue is when the fur *recedes from the tip and edges, thinning gradually as it retires*.

If the fur drops in patches and *reforms*, the indication is that convalescence is *not* at hand. If from a white-coated moist the tongue becomes *dry, brown*, and *chippy*, the fever has assumed a more dangerous type, probably the typhoid.

In chronic disease the appearance of the tongue is so changeable that it is useless to attempt in this volume to convey the meaning of every change.

Difficulty of articulation of words, an indecision in utterance, with absolute difficulty in enunciation, would indicate Paralysis.

Biting the tongue in spasms indicates severity of convulsions.

Absolute loss of taste indicates Paralysis. Some loss of taste is common in all febrile diseases.

When in acute febrile diseases the tongue is not under control of the patient; when after request the patient is unable to protrude the tongue, or in protruding it the tongue trembles, the indications are for a severe form of fever, particularly of the cerebral kind. Inclination of the tongue to one side indicates Paralysis of the other side.

CONDITIONS OF MOUTH AND FAUCES AS INDICATORS.

These will be found in fever groups of Tonsillitis, Diphtheria, Quinsy, etc. Also, in chapter on "External Symptoms of Diseases of Children."

DIFFICULT SWALLOWING AS INDICATOR.

Difficulty or impossibility of swallowing may be due to great prostration of the nervous power, to spasm, or to Paralysis. It may be prevented by a stricture of the gullet or the presence of a tumor.

It is impeded sometimes by great inflammation of the throat and enlargement of the tonsils.

APPETITE AND DESIRE FOR DRINK AS INDICATORS.

Loss of appetite is common in all diseases, and particularly the febrile ones.

Desire for food in convalescence is a favorable symptom.

Filful appetite in children often indicates Worms.

Excessive appetite, an insatiable appetite, would indicate *canine hunger* (Boulimia), a hysterical disease.

Constant desire for food may indicate the presence of Tape-worm; it is also found in some forms of Dyspepsia in which the food, not assimilating, is not absorbed and the body is not nourished.

Great appetite may be present after a loss of fluids as in hæmorrhages, Diabetes, watery discharges from the bowels as in Cholera, etc. Also after exhaustive physical or mental labor.

Depraved appetite, that is, desire for substances unfit for food, occurs in hysteria and pregnancy.

Desire for drink is common in all fevers, after loss of fluids from perspiration, urination, hæmorrhages, etc. It may indicate an irritation of the mucous membrane of the stomach, common in all liquor drinkers, or from other irritating substances as arsenic, corrosive sublimate, etc. (See also indications in Children's Diseases.)

BELLY.

See pains and swellings in abdominal regions, and indications in chapter on Children's Diseases.

ASPECT, EXPRESSION, ATTITUDE AS INDICATORS.

The general appearance of the patient ought to be considered in judging of his healthy or unhealthy condition. The aspect, which has more reference to form, and expression, which more than others indicate the nervous condition, are not to be taken as *absolutely* indicative of any special disease. Still they should be considered jointly with other indicative symptoms and assist in making the diagnosis.

LOSS OF FLESH, REDUCTION OF SIZE AND WEIGHT AS INDICATORS OF DISEASE.

In *Consumption* the *arms* and *chest* become emaciated *early*; the face retains its flesh to the very last stages.

In exhaustive diseases of the bowels the *legs* and *face* become emaciated first.

In malignant diseases emaciation is very decided and more general.

Emaciation follows acute diseases, particularly fevers, or diseases distinguished by constant pain, as *Sciatica*, but the flesh is regained as soon as the favorable crisis has passed.

Continued loss of flesh in Consumption is a bad sign.

Continued loss of flesh *when not dependent* upon mental conditions, as love or sorrow, indicates some chronic form of disease. It occurs in general *dropsies*, in *Hydrothorax* and *Ascites*. It is sometimes a sign of the presence of *Tapeworm*, and it is common in children subject to *invermiation*.

Loss of flesh is common to *pregnant women*; and in this case, when emaciation is excessive, a qualified physician should be consulted.

Emaciation is common in *Dyspepsia*, which prevents sufficient nourishment to the body; it may be very excessive in *Rickets*.

In *Marasmus* of children the emaciation is so excessive that the skin folds upon itself like a piece of cloth.

INCREASE OF BULK AS INDICATOR OF DISEASE.

This is not always due to natural growth or to healthy fattening.

It may occur from collections of fluids as general Dropsy, in which ease pressure with the point of a finger on the leg or other parts will cause an impression, a pit.

Sometimes the *feet* and *legs* only are dropsical, which would indicate some disease of the kidneys, of the liver, or the heart.

When the increase is local it is suggestive of tumors.

When it is on one side of the chest it may be due to effusion or collection of water or pus in the pleura.

An *extraordinary bulky head* in a child would indicate *Hydrocephalus*.

An enormous enlargement of the legs, Elephantiasis.

An enlargement of the abdomen *in women* of the proper age is suggestive of pregnancy.

Swelling of joints, Synovitis, Articular Rheumatism, Gout.

Swelling of the face and nose, Erysipelas.

Local swellings as indications, however, have been noticed elsewhere.

Fair, delicate skin, soft eye, long eyelashes, long fingers, thin between the muscles, with long, curved nails, indicate tendency to Consumption from tuberculous diathesis.

Thick wings of the nose and upper lips, accompanied by enlargements of glands of the neck, generally fair skin and blue eyes, point to Scrofula.

A *puffy appearance* under the eyes, with palid, waxy skin, point to Bright's Disease of the Kidneys.

Blue color of the lips and nose would indicate Disease of the Heart.

For further expression of the skin see "Skin as an Indicator of Disease."

EXPRESSION.

Vacant expression. *Talk without expression*, as if the mind was unaffected by the subject of the conversation, would indicate some disease of the brain, some form of insanity.

A *constantly changing expression*, voluble and unnatural, pass-

ing quickly from joy to sorrow, from laughter to tears, Hysteria.

Anxious expression is a symptom of Heart Disease, of Dyspnœa (great difficulty of breathing), as in Asthma, Laryngitis, etc.

It is *pinched and contracted* in severe pain.

It is *immovable* in Catalepsy.

It is *turgid, red, and swollen* in Apoplexy.

It is *pale* in fainting.

Different affections of the skin affect the expression. (See *Skin as an Indicator of Disease.*)

ATTITUDE.

STANDING AND WALKING.

Inability to stand would indicate weakness, Vertigo or Paralysis.

In Vertigo he wants to lie down; in paralysis, to sit.

A *staggering, uneven gait*, indicates disease of the brain, Chorea (St. Vitus dance).

Tremor with great nervousness indicates Delirium Tremens.

The *hands shake* in Typhoid Fevers.

The *body is curved* in diseases of the spine.

Stiffness in walking indicates Rheumatism and Lumbago.

Spasms indicate diseases of the brain, or of the spinal cord.

They are brought on also by certain poisons, as strychnine, etc.

Spasms in pregnancy, in labor, or immediately after labor, indicate puerperal convulsions, almost always due to Acute Albuminuria (Bright's Disease).

Continued or recurring spasms, at short intervals, may indicate a serious lesion to the brain, or Uræmia from suppression of urine.

A *long, continued spasm* may indicate Tetanus.

Quick, contracting spasms, followed by laughing or crying and nervous excitement, with regular pulse, indicate Hysteria.

Cataleptic condition, that is, immobility; the patient remains unaffected by touch or by talk; pulse regular, breathing exceedingly gentle, but with a little quiver of eyelids, indicate hysterical catalepsy.

Sudden contractions of muscles, particularly of the face and mouth, indicate St. Vitus' Dance.

When the *legs and arms do not respond to the will*, or in attempt-

ing to make a move a contrary one follows, would indicate St. Vitus' Dance or Locomotor Ataxy.

Uttering of sounds or words, when not ordered by the will, indicate St. Vitus' Dance of the throat or vocal cords.

Spasms in children may indicate difficult dentition, indigestion, worms.

A spasm, followed by fever, in children, may be the precursor of an eruptive disease.

Spasms, in children, after a sickness of several days' duration, or while suffering from Cholera Infantum, indicate transmission to the brain, or what is vulgarly called "Water on the Brain."

A child has for several days been peevish and fretful; he would, from time to time, shriek as from pain; he starts in his sleep, his features become distorted and the eyes crossed; finally he becomes insensible and his pupils are not affected, even by strong light. (See *Acute Hydrocephalus*.)

A fall on the head may cause spasms in young children.

Fright may cause spasms in a child and even in weak and nervous persons.

Great mental excitement, or a nervous shock may throw a person in a convulsion.

LYING IN BED.

In Heart Disease, and in diseases of the lungs, causing difficulty of breathing, the patient lies with the head and trunk considerably elevated.

Patients lie on the *affected side* in diseases of the lungs.

Sinking down the bed, particularly in fevers, indicates great weakness, a dangerous symptom.

In colics the patient lies on his belly, or with legs drawn up.

Lying immovably in bed would indicate Paralysis.

In acute Rheumatism and Lumbago, the patient lies quietly in the position most comfortable to himself.

Children lying with head backward, during a serious illness, indicate trouble with the brain.

The head is spasmodically thrown backwards in Cerebro-Spinal Meningitis.

In spasm *the body lies rigid or arched backwardly.*

Persons lie and sleep *with mouth open* in diseases or stoppage of the nostrils (Catarrh).

Children sleeping with eyes half open, during sickness, is a sign of weakness or disturbance of the brain.

Picking the clothes, during delirium of Typhoid Fever, is a bad sign.

SENSATIONS AS INDICATIONS OF DISEASE.

Numbness indicates Paralysis. Transient numbness may be caused by extreme cold or by pressure. Continued numbness should be investigated as to its cause.

Creeping and tingling, as if a limb had been asleep, when not owing to this cause, may indicate incipient Paralysis.

Itching may be due to the presence of a burrowing parasite, as the *acarus* in Scabia, the *louse* in the hair of the scalp, the *crab louse*, which infests the hair of the pudendum and the axillæ, the *flea*, the *gnat* and the *mosquito*. It may be due to the touch of certain plants as the *nettle* and *poison oak*.

It may be due to certain articles of diet, as *shell fish*, often producing hives (Urticaria).

Itching is common in *Roseola* and at the beginning of desquamation of *Scarlet Fever*, *Measles* and *Chicken Pox*, and other skin diseases.

In *sores* and *wounds* itching occurs during the process of granulation; and is, therefore, taken as a sign of healing.

Itching at the anus may be due to the presence of ascarides, *pin worms*; also to a congestion and irritation of the mucous membrane of the anus. (See *Pruritus Ani*.)

Itching in the vagina and labiæ of the female. (See *Pruritus Vulvæ*.)

General itching of the body. (See *Prurigo*.)

Pain has been treated in chapter, "Pain as an Indicator of Disease.

Tingling and burning of the skin indicate inflammation, as Erysipelas, etc.

TOUCH.

Tenderness or pain from pressure indicates inflammation, as in Rheumatism, boils, etc.

Numb feeling to touch, a feeling as if parchment was over the skin when touched, indicates Paralysis.

Insensibility to touch indicates Paralysis.

HEAT AND COLD.

Flushes of heat are common in females with disordered menstruation, also in pregnant women.

Flushes of heat to the head and face in full-blooded persons with short neck, indicate a determination of blood to the head, threatening Apoplexy.

Heat in swollen parts, tender to touch, indicates inflammation.

Heat is a concomitant to fevers.

Heat and cold alternately are stages of fevers, as Intermittent Fever, common also at the beginning of any fever.

A sensation of cold in special localities of the body, as cold feet, etc., indicates disturbance of circulation.

A shudder may occur from fright or from a sudden exposure to cold.

Chilliness, or *rigors* running down the back is a forerunner of fever, as in intermittents and in the hectic fever of consumptives.

TASTE, SMELL, HEARING, SIGHT.

There are perverted tastes or desires for disgusting or noxious substances, which are found in hysterical subjects and pregnant women.

Perversion of taste, and *smell*, and *hearing*, that is, they taste acid, sweets or otherwise in eating articles that are neither acid nor sweet; they smell odors that do not exist in any locality near the individual; they hear sounds and conversations which do not take place. This abnormal condition of the nerves of taste, smell or hearing indicates trouble of the brain. Sometimes they are symptoms of a transient, hysterical condition; again, they point to incipient insanity.

The sight is often affected; one sees double; that may indicate a difference in the focus of the two eyes, requiring accommodating lens. (See *Astigmatism*.)

Sparks of light, or *flying specks*, coming before the eye may indicate congestion of the retina; *one sees with one eye*. That is, by closing one eye a certain object is clearly seen; by closing the eye that sees the object distinctly and looking with the other eye the object is no longer seen, that indicates "Astigmatism."

Cloudiness of sight, which improves at night and in cloudy weather, suggests "Cataract."

Color blindness is said of those who perceive a different color from the real one; green appears blue, etc. A dangerous disease in persons employed on railroads or on sea vessels, who should be guided by the color of signals.

In astigmatism, when one eye is constantly trying to accommodate its focus to the focus of the other, headaches and neuralgias follow, particularly after reading. These headaches are permanently cured by adapting correcting eye-glasses to the eyes.

SOUNDS.

Buzzing in the ears and sudden deafness is often due to accumulations of wax in the ears; a washing out by syringing with warm water and soap, removes the difficulty.

The ears *ring* and *buzz* after partaking of large doses of quinine.

Sounds, like the rushing of distant water, or like the blowing of a distant wind are often heard after large doses of salicin, salicylic acid, and salicylate of soda.

In plethoric people buzzing and the sensation of fullness of the ear should be taken as a warning symptom of Apoplexy.

Pulsations in the ears may indicate catarrhal inflammation or perforation of the drum-head.

Any deviation from a normal state of seeing and hearing should be carefully studied and treated by expert oculists and aurists; the indications of disease are so many and so difficult to understand that laymen should not trust themselves either in diagnosing or in treating them.

HOW TO EXAMINE THE SICK AND SELECT A CURATIVE REMEDY.

Firstly, let the patient tell his own unvarnished story: let him tell it in his own way. You will get a roughly drawn, faulty picture, still a picture, the foundation of which should cause you to make such investigation as will lead to a comprehensive understanding of the same; in other words, to get to reliable diagnostic results. Seize upon the salient points of the patient's story, and then, through relevant questions, connect the symptoms until you get a group significant of the presence of a certain disease. Inquire then into the immediate or remote cause of the disease: and be not satisfied until you feel reasonably sure that there is physiological or pathological relation between the cause as given, and the effect perceivable in the case. Should you not be able to establish, satisfactorily to yourself, this relation of the cause given and the effect produced, inquire further.

Here is a case illustrative of the above. You find a patient vomiting; vomiting is a disorder. What did you eat? what did you drink? would naturally be your first questions, vomiting being the salient symptom, or the only symptom. You desire to find the cause and establish in your mind the relation between cause and effect, in order to be guided in the selection of the treatment; if you find that the cause is an overloaded stomach you realize that the vomiting is a complete relief, and that the patient needs no medical treatment.

But if you find that the patient has eaten but little, and only innocent substances, you must make further inquiry as to the cause of the disturbance, so as to be able to apply the proper remedy. You will look at his tongue, at the color of his skin: you will examine his liver, his urine, inquire into the state of the bowels, etc. If even then you are not satisfied that you have found the origin of the trouble, you will feel the pulse and see if, after all, that vomiting is but a precursor of some eruptive fever, as Scarlet Fever, Measles, Smallpox, etc. You turn then to chapter of indications in this book, and you get all the light on the subject that you can.

In studying symptoms the examiner should try to distinguish the symptoms that pertain to the seat of the disease, as it were, from those which are remote or sympathetic. This may be illustrated as follows: A person is suffering from headache and vomiting. Now, we know that there is a headache that will induce vomiting, and again there is a condition of indigestion which will cause a headache. To which does the illustrative case belong? must be the first question that rises in the examiner's mind, to answer which he must analyze the symptoms with relation to the possible cause. If the patient has a foul tongue and has indulged in eating and drinking, it is probable that his headache is the result of a foul stomach; but if he is abstemious and his tongue is tolerably clean, and he is subject to this kind of headaches, it is probable that he is suffering from Neuralgia, Tic Douloureux, Sick Headache, Nervous Headache, as these headaches are commonly called.

In examining the sick, however trifling the disorder may appear, the examination should be thorough; and for that purpose the suggestion is made that the examination be conducted in the following order:

- 1st. Get state of the tongue.
- 2d. Get state of the pulse.
- 3d. If patient is quite ill take the temperature.
- 4th. Count his inspirations and note kind of breathing.
- 5th. Get all the head symptoms.
- 6th. Get all the throat symptoms.
- 7th. Get all the lung and pleura and heart symptoms.
- 8th. Get all the stomach symptoms.
- 9th. Get all the abdominal symptoms.
- 10th. Get all the back symptoms, including kidneys.
- 11th. Get all the bladder symptoms and urine.
- 12th. Get all the muscles and joints symptoms.
- 13th. Get all the skin symptoms.
- 14th. Get all the sensations.
- 15th. Get all the nervous symptoms, sleep, appetite, thirst.
- 16th. State of secretions, viz: of the skin, of the kidneys, of the bowels.

Make a note of the symptoms obtained, and then turn to the remedies. *The remedy whose symptoms cover the largest majority of the group of symptoms induced by the disease is the proper remedy to give.* It is also important that you should consider

the salient symptoms of a disease in selecting the remedy when the salient symptoms are appreciable to your mind; still the concomitant symptoms are not to be disregarded. An illustration in point is the following:

Two persons have the toothache, the toothache is the salient point; but one explains it as a boring pain in the region of the tooth, with a dull ache extending to the ear; the other as a dull ache in the tooth, with twitching of the muscles of the face and a sensation of coldness in the nose. It is evident that the case is not identical, though the salient point is the same in both, viz: the toothache. In selecting the remedy, therefore, you must have the concomitant as well as the salient symptoms in view. In the one case the remedy must cover a boring toothache with a dull ache extending to the ear; in the other, a remedy that covers a dull ache in the tooth accompanied by twitching of muscles of the face and a sensation of coldness in the nose. Keys are made to open locks, but all keys do not open the same lock, nor one key all the locks. To select a key that will open a lock, not only the *general* principles of a lock must be known, but its construction in every detail. So it is with remedial agents. Belladonna cures sore throat but not all sore throats; *it will only cure the sore throat that belladonna would produce in a healthy being if given in sufficient doses.* The effect of remedies, having already been discovered by scientific and competent provers, are written down as the symptoms appeared in their tests; therefore *every symptom is of as much importance in applying a remedy as every peculiarity of a lock in fitting a key.* It makes no difference how slight or remote the symptom, if not considered the remedy will not fit any more than a key will fit a lock whose peculiar construction has not been taken into consideration.

There are people who prefer to take a shorter course. They take a hammer and strike the lock open; there are people who prefer to do the same with diseases; they attempt to strike it down with a heavy dose of medicine. In what condition the system is found after its disease has been thus struck down might be judged by the condition of the lock after having been laid open by a heavy blow of the hammer. I apprehend that this is, too often, the practice of that unscientific system called allopathy, viz: to strike the disease whatever the consequences might be.

A FEW MEDICAL TERMS, THE KNOWLEDGE OF WHICH IS NECESSARY TO THE READER OF ANY MEDICAL WORK.

Pathology, literally means a discourse on disease. As Physiology treats of the natural functions of every part and organ of the body, so Pathology treats of the *abnormal* conditions of the same, namely, disease; and explains the *causes* of this deviation from health, the origin, manner of invasion, the course and end of the disease, whether local or general. Thus a discourse on Digestion would be physiological, while a discourse on Indigestion would be pathological.

Diagnosis, to know, to distinguish, is that knowledge which enables us to distinguish a morbid from a normal condition; not only, but to be able to tell what every morbid symptom indicates; in other words, what is the matter with the patient. To diagnose a case is to give its history from the understanding of the morbid symptoms present.

Prognosis, to prognosticate, is to foretell what will be the course and result of the disease.

Diathesis means a hereditary predisposition to certain diseases, as rheumatic diathesis, phthisical diathesis. A morbid constitution, predisposing to the development of particular diseases.

Symptoms are signs of disease, expressions or evidences of perverted functions.

There are two kinds, the *Objective* and the *Subjective*. The objective are those perceived by the observer, as the swelling or redness of a part. The subjective are those which are felt and expressed by the patient, as a pain, etc.

Crisis is said of a sudden change towards recovery, generally brought on by a critical discharge, either in the form of a sweat, or in an abrupt diarrhœa, in a good sleep after continued restlessness, etc. Crises are generally looked for particularly in certain typical fevers, as Typhoid, etc.

Metastasis is said when a disease changes from one location to another. In Inflammatory Rheumatism of the knee, for instance, the inflammation having been suddenly checked, the Rheumatism as suddenly may go to the heart. Such transference is called Metastasis.

Prophylaxis. Prophylactic treatment is that which is used to

prevent contagious or infectious diseases, either by hygienic measures, as disinfection or isolation, or by internal treatment, as belladonna, to prevent Scarlet Fever, etc.

Sequelæ means the diseases which are apt to follow others, as Bright's Disease or Paralysis after Diphtheria, deafness after Scarlet Fever, Bronchitis after Measles, etc.

PREPARATION AND ADMINISTRATION OF HOMŒOPATHIC MEDICINES.

The homœopathic remedies are given in *tincture*, which is a solution of the drug in alcohol; in *trituration*, which is the drug triturated, or reduced to fine powder by rubbing, with a certain proportion of sugar of milk; in *globules*, which are made from sugar of milk and starch, and afterwards impregnated with the solution of the drugs, two or three drops of the solution being sufficient to mediate a two-draehm phial of globules. The globule is only used as a conveyer of medicine in an infinitesimal quantity: it constitutes a neat, convenient, reliable mode of administering homœopathic remedies, particularly to infants, who generally rebel against taking massive doses of nauseous drugs.

Potency is the term used to express the proportion of the original drug in the tinctures, dilutions, or triturations.

The *Mother-tincture* is the first proportion of a drug in solution, and is marked θ .

From the tinctures are made the *Dilutions*, as follows: Ten drops of the tincture to ninety drops of alcohol make the first dilution on the decimal scale, and is marked 1x. One drop of the tincture to ninety-nine drops of alcohol makes the first dilution on the centesimal scale, and is marked 1c. From the 1st dilution is made the 2d; from the 2d, the 3d, and so on, adding to the number of drops the above said proportion of alcohol.

To *attenuate trituration*, the following method is adopted: Take of the drug ten grains, of sugar-of-milk ninety grains; triturate them together for a given time; this makes the 1st trituration, or attenuation, marked 1x or 1c, according as the proportion of the drug is on the decimal or centesimal scale. The 2d, 3d, etc., are a continuation of the same system as spoken of in diluting medicine.

DOSE.

The average dose which we recommend in domestic practice is the following:

The *attenuations* and *dilutions* from the 3^d to the 6th. In cases treated of in this book, where I think higher or lower attenuations requisite, I suggest it in the proper place; that is, in the treatment of particular diseases or symptoms.

For an infant under two years of age, four globules of the above-mentioned attenuations will be sufficient.

For a child from two to ten, six globules.

For older persons, eight globules.

When the medicines are administered in solution:

For an infant under two years of age, put three drops of the medicine into ten teaspoonfuls of water, and give one teaspoonful for a dose.

For a child from two to ten, six drops; dose the same.

For older persons, six drops; dose the same.

Triturations, or medicines used in powder form:

For an infant under two years of age, as much as the size of a small pea.

For a child from two to ten, as much as the size of a medium-sized pea.

For older persons, as much as the size of a large pea.

REPETITION OF THE DOSE.

The following are the general rules of practical practitioners:

In violent and dangerous acute diseases, like Cholera, Asphyxia, Croup, Diphtheria, Convulsions, inflammation of the brain, lungs, or stomach, etc., the remedies should be repeated as often as every *fifteen, twenty or thirty minutes*, until an *aggravation*, or a perceptible *amelioration*, of the symptoms is apparent; when the medicines should be given further apart, or omitted as long as the amendment continues. If new symptoms appear, or the old ones are only partially alleviated, a more *appropriate* remedy should be selected, according to the symptoms then present.

In less urgent cases of acute diseases, it will be sufficient to repeat the remedy *every four, six or eight hours*, until an *aggravation* occurs, or an *amelioration* of the symptoms, which points towards a cure.

A medicinal *aggravation* is always followed by an *amelioration* of the symptoms; thus, if, soon after taking a medicine, the symptoms become aggravated, wait for two or three hours, according to the intensity of the case, until the patient appears better; if the amelioration continues, you need not give another dose; if only temporary, resume the remedy in a weaker form; but, if the patient gets worse after each dose, change the remedy for one more suitable to the case.

In *chronic maladies*, the remedy may be repeated once in *twelve* or *twenty-four hours*, until an impression is perceptible. When an amendment is obtained from a dose, it is better to wait and see if that amendment continues before giving another.

If one single remedy is not found that covers all the symptoms, another one should be selected that contains the rest of the symptoms; and the two may be given in *alternation*. This is especially necessary in *acute diseases*. If a remedy produces certain curative results, but other symptoms remain unaffected, the remedy should be changed for another more appropriate.

FOOD.

Food is required, not only to supply material for the growth of the body, but also to restore the wear and tear the body undergoes through muscular and mental action. A muscle, like a rope, suffers a certain degree of wear whenever it is subjected to action; and it would soon be consumed, like a rope, should not its wear and tear be constantly replaced by new material. The brain, the seat of the intellectual faculties and nervous power, undergoes a similar wear under the action of thought and nervous manifestation: this loss would greatly impair its power, should it not be made up by nerve- and brain-making material.

The temperature of the body, which is constantly at $98\frac{1}{2}$, although the surrounding atmosphere may be below zero, is maintained by carbonaceous food, the carbon of which goes to the lungs to undergo combustion by means of the oxygen of the air; the consequence of which process is the heat required. This temperature of $98\frac{1}{2}$ is kept up by a supply of carbon in proportion to its need; should this not be done, we should suffer from cold when deprived of it, and be overcome by heat

when supplied beyond our need. Nature, to protect our body from either excess, has caused deposits of fat to remain in the body, to be absorbed for heat in case of lack of carbonaceous food; and given us sudoriferous glands, through which the body can be cooled by evaporation and perspiration in case we should take more carbonaceous food than is needed.

The want of material to maintain the muscular system in its integrity causes the sensation of *hunger*. The want of material to supply the loss of the brain causes a *sluggishness of mental and nervous power*.

The want of material to supply the lungs with fuel causes a sensation of *cold*. The want of fluid to supply the loss of water in the body causes a sensation of *thirst*.

The blacksmith who hammers his iron, the carpenter who planes his board, uses muscle almost exclusively. Some of the muscle is constantly consumed and eliminated by perspiration and urination. Should they continue their muscular labor without resting to repair their loss by a hearty meal of muscle-making material, they would soon, exhausted, fall to the earth.

The student in his cell, consuming brain element in the solution of mental problems, while the muscles are in a state of quiescence, would soon become insane or idiotic, should he not rest to repair the loss by a meal of brain- and nerve-making material.

A walker, consuming muscular element, and throwing off a great deal of water in perspiration, would soon become as stiff as a board, should he not rest to eat, and to drink water, to maintain the suppleness of his muscles.

Although it is not my purpose to write scientific essays, for the object of this volume is to assist practical mothers, who have neither time nor opportunity to make philosophical studies, I state these facts, as they may enable them to make the proper choice of food for their children.

If man, in the exercise of his physical or mental strength, needs a supply adequate to the loss, the child will need a supply adequate to its growth. Besides, a child may be deficient in muscle, and precocious mentally; he may be lean, grow slowly, and yet show a high degree of mental activity. *Vice versa*, his muscular system may show a great development, and his mind very little power; in this case the child may be very fleshy, well developed, but stupid. A rickety child lacks bony

matter, as is evinced by its inability to walk, and by the curving of its limbs when it stands. Again, a child who has no brain-work to do, and spends its time in running and jumping, will require muscle-making material; while one at school, deeply engaged in its studies, will require a constant supply of brain-making aliment.

In providing food for the young, therefore, the above suggestions should be borne in mind, so as to be able, as far as possible, to supply the proper proportions of the elements required. In cases where the system appears properly balanced, a diversity of articles can be taken at a meal to supply a reasonable quantity of the elements without disturbing the equilibrium. The appetite, which is the language of our need, is rightly satisfied only when just enough of each element has been taken to supply the need. If a person needs carbonates, he may eat nitrates in great quantity, and yet not feel satisfied; and so, *vice versa*, one needing nitrates would not feel his appetite satisfied by eating carbonates in even an excessive quantity. One element over another will only serve to cause indigestion, which is the stepping-stone to dyspepsia. Ten ounces of carbonates, two and a half of nitrates, one of phosphates, will supply the food necessary to a person in a normal state for twelve hours.

The following table, prepared by Dr. Bellows, will show the proportions of the different elements contained in articles of food in general use:

VEGETABLE FOOD.	NITRATES.	CARBONATES.	PHOSPHATES.	WATER.
	Muscle-Making.	Heat-making.	Brain- and Bone-making.	Waste.
Wheat	15.	69.	1.6	14.
Barley	17.	69.	3.5	14.
Oats	17.	66.	3.	13.
Northern Corn	12.	73.	1.	14.
Southern Corn	35.	45.	4.	14.
Buckwheat	8.	75.	1.8	14.
Rye	13.	71.	1.7	13.
Beans	24.	57.	3.5	14.
Peas	23.	60.	2.5	14.
Rice	6.	79.	.5	13.
Potatoes	1.	22.	.9	75.
Sweet Potatoes	1.	26.	2.9	67.
Apples	5.	10.	1.	84.
Milk of Cow	5.	8.	1.	86.
Human Milk	3.	7.	.5	89.

ANIMAL FOOD.	NITRATES.	CARBONATES.	PHOSPHATES.	WATER.
	Muscle-Making.	Heat-making.	Brain- and Bone-Making.	Waste.
Veal.	16.	16.	4.5	62.
Beef.	15.	30.	5.	50.
Lamb.	11.	35.	3.5	50.
Mutton.	12.	40.	3.5	44.
Pork.	10.	50.	1.5	38.
Chicken.	20.	35.	4.	73.
Eggs, white of.	15.	None.	4.	80.
Eggs, yolk of.	17.	28.	5.	54.
Butter.		All carbonates.		

Arrow-root, tapioca, sago, are starchy substances, which become converted into sugar in the process of digestion, and the sugar into heat-making food.

All *fats, butter, sugar, and flour deprived of the bran*, are heat-producers.

Parsnips, turnips, carrots, beets, cabbage, onions, cucumbers, contain such a large excess of water, that they are of no use, except to relax the bowels, unless united with other food.

Fish contains an excess of *phosphates*, viz: *brain- and bone-making material*, no heating, and a very slight proportion of muscle-making material.

All *green vegetables and fruits* contain water in excess.

All food containing much water relaxes the bowels, and is useful for that purpose when united with other food.

From this table, we infer that a *precocious* child should not be fed on *fish*, or such articles as abound in *phosphates*. But a child at school, and consuming brain-material, would require fish; and if, besides, the child is lacking in muscular development, *barley, oats, beef*, etc.

If a child is lean, cold, and puny, he may require *nitrates and carbonates*; such as *butter, sugar, fats, fat beef, rye, corn, buckwheat, oats, barley*, etc.

For a child in good condition, proper proportions of all the elements should be maintained in his diet, such as *beef and potatoes*, etc.

If an article abounds in *nitrates and carbonates*, another abounding in *phosphates* should be added to his diet.

In a very cold day, when the child is to go out, buckwheat cakes and molasses would be an excellent preparatory diet, while it would be a very improper one in a hot summer day.

For a child who plays games, or runs, *nitrates* and *carbonates* would be required to keep him in strength and heat, *butter*, *starch*, *corn*, etc.

These facts can, by intelligent study of your children, and of everybody in fact, and careful thought in applying the consequent rules to their cases, be made very useful. The author cannot, of course, do more than to suggest the mode of such application, as he has done above.

DIET UNDER MEDICAL TREATMENT.

The tabulated forms given below contain general directions for diet while under homœopathic treatment. This is intended for chronic diseases principally, as, in the majority of acute diseases, a special diet must be prescribed by the physician.

BEVERAGES.

ALLOWED.

Pure water; toast-water; gum-arabic water; water sweetened with sugar, or mixed with currant jelly; raspberry or strawberry syrup; decoctions of barley, malt, oatmeal, rice, dried fruit; cocoa boiled with milk or water; pure plain chocolate; weak black tea.

FORBIDDEN.

Coffee, green tea, all spirituous liquors, cordials, all mineral waters, meal, spruce beer, porter, ale, vinegar, wine, acids.

Vinegar is often a noxious compound of *sulphuric acid*. If used at all, it should be *cider* or *wine vinegar*.

SOUP OR MEAT-BROTHS.

ALLOWED.

Broth made from the lean of beef, chicken (not young), veal, mutton (seasoned only with salt, and thickened with arrow-root), salep, sago, tapioca, farina, vermicelli, macaroni, rice, semolina, carrots, green peas, pearl-barley, and other farinaceous articles.

FORBIDDEN.

All highly-seasoned soups, gravy-soup, ox-tail, turtle, mock-turtle, giblet, and all soups prepared with pepper or other spices. *Young chicken* and *egg-soup* should be particularly avoided in *Diarrhœa* and *Dysentery*.

MEATS.

ALLOWED.

Meat is most wholesome when broiled. The lean of rump-steak, the lean and pith of the loin and neck of mutton. Beef, mutton, pigeons, rabbits (broiled preferred), are better than any kind of poultry, although plain roasted chickens, lean turkey, guinea-fowls, pheasants, partridges, plovers, quails, may be eaten by persons of the most delicate digestion.

Lam, tongue, and venison, rarely, and in moderation.

FORBIDDEN.

The fat of all meats; greasy meats, such as pork, duck, goose, fatted turkey (particularly in *Dyspepsia*).

All young and white meats, such as veal, lamb, pork, etc.

All salted and preserved meats, such as sausages, mince-meat, salted pork, bacon, etc.

Wild duck, goose, black-cock, snipe, woodcock, are to be avoided.

FISH.

ALLOWED.

Fresh fish having scales, soles, whiting, turbot, brill, codfish, haddock, mullet, trout, smelts, bait, perch, flounders. Boiled fish in preference to fried.

Oysters, raw, stewed, or in soup, in moderation, and without cayenne or black pepper.

FORBIDDEN.

All shell-fish, such as lobster, crab, oyster (fried), *particularly in cutaneous affections.*

All fish of oily nature, such as salmon, herrings, mackerel; smoked or salt fish.

White fish is *inadmissible in diseases of the kidneys.*

Fish without scales, such as eels, frogs, etc.

VEGETABLES.

ALLOWED.

All farinaceous articles, potatoes (except new potatoes to persons suffering from *Diarrhœa*; in young children avoid them altogether), carrots, turnips, French beans, peas, cauliflowers, spinach, parsnips (sparingly), sea-kale, lettuce, tomatoes (plain), beets, hominy.

In Diarrhœa, avoid vegetables as much as possible, particularly potatoes, green peas, beans, cabbages.

FORBIDDEN.

All vegetables which possess aromatic or medicinal principle, such as parsley, herbs, mint, eschalots, sage, garlic, onions, mushrooms.

Cucumbers, celery, radishes, horse-radish, leeks, thyme, asparagus.

All pickles and raw vegetables greened with copper.

FRUITS.

ALLOWED.

Fruits, ripe and in their proper seasons; strawberries, raspberries, currants, grapes, apples, peaches, nectarines, boiled chestnuts, stewed prunes, plain preserved fruits, oranges and figs in moderation. Indigenous fruits preferable to imported ones.

FORBIDDEN.

All oily fruits, as nuts, olives, almonds, walnuts, etc., raisins, dry prunes, dried apples, acid fruits, lemon, orange peel, laurel leaves, peach leaves or kernel, fennel, anise, cloves, vanilla, nutmeg, saffron, mustard.

MISCELLANEOUS.

ALLOWED.

Eggs. Milk, after having been drawn for a few hours, preferable to cream. Fresh butter, fresh cheese (except in dyspepsia).

Sugar and molasses (moderately).

Stale bread, or biscuit, *free* from pearlash, soda, saleratus, or any *chemical* compound now in vogue for the purpose of making it white, spongy, and quickly.

Simple cakes made of flour, meal, eggs, and a little butter.

Light puddings, as bread, rice, sago, semolina, and tapioca.

Calf's-foot jelly, without wine.

FORBIDDEN.

Milk just drawn, sour milk, rancid or salt butter, old or strong cheese.

Sugar and molasses in *Diabetes*. *All colored sugar prepared by confectioners*

Hot bread, new-baked bread, bread containing saleratus, etc.

Cakes or pastry prepared with much butter, lard, honey, ginger, or any aroma.

Fat and aromatic puddings, with wine, spices, or rich sauces.

Mince pie.

Ice cream or ices of any kind, *immediately after dinner*, will deprive the stomach of much heat necessary to digestion.

Do not resort to any other medicines while using homœopathic remedies.

Do not use the same spoon for two different remedies.

All perfumery and strongly-scented flowers must be banished from the bedroom. Keep bedroom clean and well ventilated.

Use no rocking-chairs, as the movement hinders the cure of diseases of the abdomen, particularly in women.

In chest diseases, wear flannel or silk next the skin.

In Chronic Diarrhœa, wear a girdle of flannel around the abdomen.

In rheumatic or neuralgic complaints, silk is better for undergarments than flannel or merino.

Wear no patent-leather or india-rubber shoes: they prevent evaporation.

Sponge baths, sitz baths, and bathing generally, are conducive to health; not so, however, with the shower and douche baths, which should not be used without permission of the physician.

Eat at regular hours, and moderately, not in a hurry, and with a mind free from care or occupation; else much of the nervous fluid required for the functions of the digestive organs is burned up in the brain, and digestion becomes slow and imperfect.

In regard to those articles to which the patient has been accustomed, or such as would agree with some patients through certain peculiarity of constitution, while they would not agree with others, the physician must be consulted.

GENERAL AND SPECIAL DISEASES AND THEIR TREATMENT.

FEVERS.

Quickened circulation and rise of temperature characterize fever.

The circulation may be quickened temporarily by nervous excitement, but when the natural rapidity of the pulse is increased from ten to thirty beats, and is accompanied by flushness of the face, sensation of heat all over the body, and probably by some headache and white-coated tongue, fever may be said to be present.

SIMPLE FEVER.

This is a continued fever of short duration and mild in character.

Causes. Errors of diet; exposure to heat or cold; mental excitement; overwork, mental or physical; teething in infants. Very common in childhood.

Symptoms. Rapid pulse, flushed face, congested eyes, hot and dry skin, headache, thirst, coated tongue. When due to errors in diet or to overloaded stomach it is accompanied by nausea and vomiting. This fever may commence with a chill or simply with a cold sensation along the back. Teething children, or children who have been exposed to great excitement or fear may be taken with convulsions during the height of the fever. In excitable persons of nervous sanguine temperament, the patient tosses and talks incoherently, particularly during the night and when the fever is considerable.

Duration. Generally such a fever does not last more than twenty-four hours. Again, it may last from six to seven days, without any complication, and end in perfect recovery.

Course. It may go on without any change until both temperature and pulse fall and the natural condition is re-established. If it continues several days it may end with a sweat

or with Diarrhœa; the lips become chapped and convalescence sets in.

Diagnosis. This can hardly be mistaken for any other fever. The absence of symptoms indicating an invasion of any noble organ establishes the diagnosis of simple fever.

Prognosis. Recovery of course. No sequence, except a little weakness expected.

Treatment. *Aconite* every hour.

If the fever is accompanied by severe headache, congested eyes, red face, hot skin, even by delirium (or convulsions, in children), alternate *aconite* and *belladonna* every hour.

If in twenty-four hours all symptoms abate, stop the medicine.

Whenever this fever is accompanied by *nausea* or *vomiting*, *foul tongue*, *constipation*, alternate *aconite* with *nux vomica*, every hour.

If *stomach* has been *overloaded*, particularly with rich food, gravies, cakes or candies, alternate *aconite* with *pulsatilla*, every hour.

For fever provoked by teething, alternate *aconite* and *belladonna*, every hour. (See chapter on Teething.)

Regimen and Diet. Cool the head and body by repeated sponging with cold water. Quench the thirst with water or light lemonade. Give but very little food and of the blandest kind; a little toast or rice. The patient may go several days without eating, particularly if indigestion has been the cause of the fever, without danger to the patient.

INFLUENZA, CATARRHAL FEVER, GRIPPE.

Many authors classify these diseases under one head, considering one only a modification of the other.

True they have many symptoms in common, yet there is sufficient difference in the cause and manner of attack, in the course and end of these maladies, that a differential diagnosis is of much import.

Influenza and Grippe come in the form of *epidemics* induced by miasmatic conditions of the air, while Catarrh may be sporadic, non-infectious, and may be induced by sudden changes of temperature, suppressed perspiration, by dampness, or by a dry, sharp, cold air. In other words, Catarrh supervenes after taking cold, while Influenza or Grippe strike one suddenly,

often without any appreciable cause, like Cholera or Yellow Fever.

Influeza is remarkable for its *sudden invasion, sudden sneezing, lachrymation of the eyes, watery running at the nose, and intense debility.*

Grippe is even more intense and sudden, and beside the above symptoms of Influenza, *the lassitude is very great and the lower limbs feel as if bruised.* There may be, besides vomiting, tearing pain in the forehead, Neuralgia of the ears and facial bones, swelling of the parotid glands, vertigo. Any disease that may have been latent in a person now suddenly becomes intensified; a person having been liable to Bronchitis now goes into rapid Consumption. It generally ends in four or five days with fetid sweats and in eruptions resembling Erysipelas.

Catarrh. as we distinguish it, is a disease of a much lighter form, not so threatening and formidable in its invasion. Bearing these distinctions in mind, the symptoms will be found very much alike.

Symptoms. Catarrhal Fever generally commences with a slight chill creeping over the bones, and is accompanied by moderate fever, thirst, restlessness, and lassitude. This is soon followed by an irritation of the mucous membrane of the nose, throat, windpipe and bronchial tubes. At first there is a generally dryness of the nose and breathing apparatus, which is soon followed by watery and mucous secretions. The eyes water, the nose runs, and the cough is moist. The tongue becomes white, the senses of smell and taste are lost or altered, the appetite is gone and the urine appears red and turbid. These irritations, extending to the sinuses in the forehead between the eyes, cause a sensation of pain and weight in that locality. When the larynx becomes involved, the voice may become husky, rough, hoarse. When it extends to the bronchial tubes there is oppression of breathing, increased also by the difficulty of breathing through the nose. In other words, one becomes aware of having taken a bad cold.

If it is found that the invasion has been very sudden, without exposure, *that many people are affected in the same manner,* you may be sure that you have to deal with Influenza. The Grippe, thank heaven! is very rare, and occurs only as an epidemic; it is known by the symptoms already above given.

Diagnosis, in this disease is only important in so far as every

one desires to know the character of the enemy he has to contend with, for the treatment is suggested by the symptoms that are found in every case.

Prognosis. Quick recovery is expected, except in the case of the Grippe, which may complicate the condition by awakening latent diseases.

Treatment. Such catarrhal colds as above described have often been cut short by going to bed, taking a large goblet of very hot lemonade, covering oneself with blankets and sweating it out.

Influenza, and Grippe even, have been successfully checked by the administration of *Camphor* in doses of five drops of the spirit of camphor on a lump of sugar, given every hour. Even Hahnemann did not hesitate to prescribe camphor in progressively increased doses in these diseases. Camphor may, at any rate, be tried at the onset of Influenza, and continued for twenty-four hours, particularly if the fever is not very high. Camphor should not be used in connection with homœopathic remedies, as the effect of these would be lost.

Aconite should be administered at once, and particularly if the illness has been *caused by cold, or dry and cold weather, cold damp winds, by a current of air, or by suppressed perspiration*, and the following symptoms are present: *Creeping chills, fever, dryness of throat and larynx, burning of skin, thirst;* and also if the chest feels sore and dry, cough is present.

Aconite may be given every hour for twenty-four hours, or until the fever abates or disappears.

Nux vomica is very efficient when the chills *alternate with flashes of heat, scraping sensation in the throat, rough, dry cough;* coughing principally in the morning.

Arsenicum. *Great lassitude, debility;* chills alternating with heat; *intense thirst; burning sensation in throat or nostrils; profuse, watery discharge from the nose; scalding discharge, causing the nostrils to be sore; burning of the eyes and lachrymation; pain in the forehead over the root of the nose.* Oppression and *shortness of breath; asthmatic breathing.*

Hepar sulphuris, when the Catarrh goes to the throat and bronchial tubes, causing a *loose cough and expectoration of thick mucus.* Also, when there is much *hoarseness with rattling in the throat and chest; cough like croup; sensation of weakness in the chest. Thick discharge from the nose.*

Ipecacuanha has cough very much like *hepar*, but is more spasmodic, with inclination to retch and vomit; the tongue is white.

Mercurius solubilis 3x every three hours, continued, has often checked the disease, particularly when *chilliness predominates*: when the tongue is coated *yellow*, there is *agglutination of the eyelids, fear of light, frequent sneezing and water running at the nose. Fullness of the head, pulsations of the head or temples.*

For other remedies to meet the varied coughs that may occur in Catarrhal Fever, the articles on Cough, Bronchitis, Pneumonia, Croup, Whooping Cough, may be consulted.

Regimen and Diet. Pure air, rather warm, warm clothing and rest. Inhalation of hot vapor very useful.

Diet, light. Beef tea, mutton broth, chicken broth, Indian gruel, oatmeal gruel, milk toast, soaked crackers, potatoes and cream, arrowroot, rice and milk.

Drink all water needed. Rice water, current jelly water, lemonade, gum arabic water, orange juice. If very weak, champagne, milk punch with whisky or brandy. Avoid solids.

Sponge the body for cleanliness, but avoid baths, hot or cold.

For children's Catarrh or Influenza see the same in Diseases of Children.

NASAL CATARRH.

This, known as "*cold in the head*," though simple in its acute stage, it is liable to become chronic if not properly and seasonably treated, and chronic nasal catarrh is an offensive and disgusting disease, from which every well-bred person would shrink.

It is an inflammation of the mucous membrane lining the inner parts of the nose.

Causes. It is caused by *cold and sudden changes from heat to cold*. Some persons are so liable to it that exposure of the neck to a draft of cold air, or of the feet and ankles to cold and dampness, or changing clothing from heavy to light unseasonably will bring it on. Even the smell of irritating substances will excite it in others. In the initial stages of Measles or Influenza, Catarrh is present, but in this instance it follows the course of those diseases.

Symptoms. *Sniffing, sneezing, lassitude and headache, chilly*

sensations and *feverishness*, and a *dryness* and *tickling* of the nose. The nose becomes inflamed; gradually it exudes mucus, and blowing at the nose becomes necessary. The head feels full; the sufferer places his hand on the bridge of the nose and wishes he could draw air freely through it; he is stuffed up and feels exceedingly uncomfortable.

The running at the nose is sometimes so acrid that it excoriates the opening and even the upper lip. If very severe the hearing is impaired and the voice is affected, and even cough may be present if the inflammation extends low enough to invade the throat and the windpipe.

Treatment. Under the head of Influenza will be found the treatment for Acute Catarrh.

CHRONIC NASAL CATARRH, CORYZA, OZÆNA.

While the symptoms of the chronic form of Catarrh are not so severe as in the acute, yet the secretions and the perverted sense of smell, taste and hearing are so annoying as to deserve great consideration. At the slightest change of temperature the nose feels so dry as to be intolerable; or else it emits mucus, requiring the handkerchief at every moment. (Coryza.) In going from the fresh air into a hot room, or from a warm room to the cool air, the nose is instantly stopped up, impeding easy breathing. When ulceration of the small bones of the nose takes place the discharge becomes fetid and noticeable by the bystanders. (Ozæna.) The voice then acquires a peculiar nasal intonation exceeding unpleasant to hear. At night when the patient goes to bed, drop, drop, drop, hawk, hawk, hawk, till the nose is free and the patient is able to go to sleep.

In the morning the patient has to get rid of the accumulations of the night, and again hawk, hawk, until the throat sympathizes, and nausea or vomiting occurs.

Treatment. Chronic Catarrh is so little amenable to internal medications that physicians often give it up in despair, while others devote themselves to it as a specialty.

Mercurius sulphuret 3x may be found very useful when the ulceration of the nose is due to a syphilitic taint, and it may be followed by *aurum* or *nitric acid* 6x. These remedies should be continued for three or four weeks, taking four doses a day.

Hepar sulph. and *phosphorus* are remedies which may prove

beneficial when there is evidence of serofulous taint. *Arsenicum* 3x, three times a day, when there seems to be pain and inflammation and scalding running water.

Yet, although constitutional treatment must necessarily be adopted to induce a radical cure, local treatment, by sprays or insufflation of medicated powder, is of great importance. For this purpose syringes have been contrived, spray-tubes adapted.

Syringing with *salt and water, tepid*, from the mouth, through the nose, has the effect of detaching and forcing out the accumulations that are not only offensive, but a source of irritation.

Whenever the discharge is offensive and crusts form in the interior of the nose Tilden's *Iodo-bromide of Calcium*, fifteen drops to one ounce of water, will make a very useful spray.

Also, *carbolic acid*, three drops; *glycerine*, half an ounce; *water*, one ounce; mixed.

For chronic, loose Catarrh, in which the membrane seems so swollen that it is difficult to draw air through the nose, the following spray will be beneficial: *Kennedy's Ext. Pinus Canadensis*, twenty drops; *glycerine*, two drachms; *water*, one ounce. Mix.

For *excessive, thick running at the nose, dropping in the throat*, the following remedies for insufflation will be found to give relief:

Oil of sandal wood, five drops; *sugar of milk*, two drachms. Rub thoroughly and then blow a large pinch into the nose twice a day.

Oil of copaiba and *oil of cubeba*, prepared and used as the *oil of sandal wood*, will also be found useful.

These few remedies are suggested, although Chronic Catarrh of the nose requires professional skill for a cure.

ACUTE BRONCHITIS.

Acute Bronchitis properly follows the preceding chapter on Catarrhal Fever and Influenza, as one is often connected with the other.

Synonymous terms are: Bronchial Catarrh, Acute Catarrhal Bronchitis, "cold on the chest."

Definition. In order to define Bronchitis in contradistinction

with Pneumonia, with which it may be confounded, especially by lay practitioners, a cursory review of the anatomical organization of the lungs and bronchial tubes has been given page under the chapter of Bronchitis and Pneumonia of Children, the distinctive symptoms of each have also been given in the same part under the proper headings. (See Bronchitis and its distinctive symptoms, and Pneumonia and its distinctive symptoms.) Although these have been written for the treatment of children, the distinctions hold good even in adults.

It is an affection of the mucous membrane lining the bronchial tubes. It varies from a mere irritation to a high degree of inflammation.

Predisposing Causes. Old people and children are more liable to it, although it may affect persons of all ages. Damp localities or weather, low and sudden changes of temperature. Places where extensive manufacturing is carried, loading the atmosphere with noxious materials. Unhealthy districts, where poor people collect in great numbers, as in the low parts of towns and cities.

Immediate Causes. Taking cold; exposure to very cold winds; changing from hot to cold, damp rooms; emerging from a hot building to very cold air; insufficient clothing; damp clothes; wet feet; inhaling poisonous gases or irritating substances; Scarletina, Measles, Whooping Cough, Diphtheria, Typhoid Fever, and particularly the sudden suppression of the eruption in eruptive fevers, etc.

Classification of Acute Bronchitis. Bronchitis may be divided into two classes, one involving only the larger and medium sized bronchial tubes, the other extending to the minutest tubes and to the air cells, in which case it is called "Capillary Bronchitis," and especially affects young children.

Symptoms of Bronchitis of the Larger Tubes. Bronchitis usually commences with chilliness, followed by light fever and Catarrh, which gradually extends downwards, causing one to cough. The cough becomes paroxysmal; at first it is hard and dry, and is particularly severe as one goes to bed or awakens from sleep. Then the expectorations commence, at first *thin* and *watery*, later thicker and less frothy. As the disease progresses in severity the expectorations assume an opaque, greenish-yellow appearance. It is then very tenacious, ad-

hering to the vessel. A few streaks of blood may also be found now mixed with the expectorations. *The blood being in streaks instead of being mixed with the sputa, distinguishes it from pneumonia*: at this stage expectoration becomes easier.

A sensation of constriction of the chest is felt, and the breathing is somewhat oppressed. Headache may be induced by paroxysms of coughing; the face is red or pallid; tongue moist, with white fur; bowels generally costive.

When the ease runs to a fatal termination, which occurs but very seldom, the skin becomes suffused with cold perspiration, the face livid, the extremities cold.

The *symptoms of Capillary Bronchitis* are more severe and dangerous in old people and in children. The inflammation having extended to the smallest tubes, the air cannot freely get to the air cells to oxygenate the blood. There does not seem to be much pain, but breathing is very much labored, forty or fifty times to the minute, instead of eighteen or twenty. Wheezing and whistlings are distinctly heard in the chest, and the rattling may be also felt by putting the hands on either side or back of the chest in the case of children. The cough is almost constant and violent. A child cannot be put to bed, he wants to be carried; old persons want the head raised high. The expectorations are more difficult, having to come from the small tubes and being very adhesive. As the disease progresses the expectorations become yellowish-green and opaque. Children expectorate with difficulty, and when they do they are apt to swallow the expectoration, unless one is prompt with a handkerchief to assist the child by turning its face downwards.

From the imperfect aeration of the blood now the patient looks very ill. The pulse becomes more frequent and full. In children particularly the face looks turgid and bloated, more dusky and livid in appearance. The feet and hands swell, the perspiration is clammy and cold. At this stage the pulse becomes weak and small, the child becomes dull and drowsy, and death supervenes.

In old age all the symptoms of great weakness appear; the tongue becomes dry and brownish, with red tip and margins. The pulse is frequent and small. Delirium may occur, profuse clammy sweat and death.

Bronchitis, as a concomitant of Measles, Scarlet Fever, Typhoid

Fever, or from *suppression* of those eruptive diseases, not different in any great degree from Idiopathic Bronchitis, need not be described. The treatment of Idiopathic Bronchitis will be applicable to these other forms.

Duration and Termination. Simple Acute Bronchitis will get well in five or six days, while severe cases last weeks, with a tendency to run into the chronic form. Persons of feeble constitutions become very sensitive to exposure, to cold and damp, and are liable to frequent recurrence of an attack.

Diagnosis. In the early stages of Whooping Cough, it is often difficult to decide whether a child is affected by one or the other, until the peculiar sound of Whooping Cough removes the doubt.

Bronchitis may also be confounded with *Croup*, although the presence of Catarrh, the moist cough, *without the peculiar grating sound of Croup*, and the expectorations of mucus, should distinguish it from that disease.

Pneumonia might be suggested to the mind of the observer, and for that reason the distinctive symptoms of each of these diseases are given under the part of "Diseases of Children." The same distinction is applicable in cases of adults.

TREATMENT.

Regimen and Diet. The patient should be kept in a room with a temperature of 68 to 70. The air of the room should be kept moist; a small kettle boiling over the gas or over a stove will do it. Personal as well as bed clothing should be warm; sleeping between blankets instead of sheets preferable. At the onset of the disease hot drinks of lemonade, hot milk, mulled claret, warm elder wine, before going to bed, are useful; so is a warm mustard foot bath. Such treatment has often broken up an incipient Bronchitis.

Inhalation of steam relaxes the bronchial tubes and the air cells, and causes easy expectoration, and is therefore advisable.

The *diet*, while moderate, should be a nourishing one, particularly in old people. The tendency of the disease is to diminish vitality, hence beef tea, nourishing soup and milk should be used freely. A little whisky, prepared as may suit the taste of the patient, may be given once or twice a day to old people who show signs of debility. Even in children, suffering from Capillary Bronchitis, a few drops of whisky in milk will assist the overburdened heart to do its work.

See that the air in the room is pure, and pay particular attention that no coal gas enters the room; for the disease is an embarrassment to the oxygenation of the blood in the lungs, and vitiated air would greatly aggravate the disease.

During convalescence the patient has to be especially careful not to expose himself to damp or cold, and he should dress warmly; the tendency of this disease is to return and become chronic. Persons subject to Bronchitis, during winter or spring, should, if possible, change to warmer and more favorable climates during those seasons. Florida, South Carolina, and the western slope of the Rocky Mountains, particularly in southern California, will be of very great benefit, and probably absolutely present a recurrence. Among foreign parts, the most favorable are Mentone, San Remo, Pisa, Canne, Algiers, Corfu and Egypt.

Chronic Bronchitis is a prolongation or continuation of Acute Bronchitis. The cough remains, and its expectorations become viscid or puriform. If the case is an unusually severe one, shortness of breathing will occur at every exertion; fever rises at night, and general emaciation follows. Chronic Bronchitis requires the attention of an expert physician.

MEDICAL TREATMENT OF BRONCHITIS.

Aconite 3x is very important at the outset of the disease, and whenever there is a rapid full pulse and hot skin.

Tartar emetic 3x, in strong persons having paroxysms of loose cough; expectorating mucus freely; shortness of breath; oppression; palpitation of the heart; sweats easily. *Old feeble persons should not use this remedy.* This remedy is particularly useful when there seems to be danger of suffocation from accumulation of mucus in the chest in children and vigorous young persons.

Arsenicum 3x in *dry Catarrh, dry cough, breathing as if asthmatic.* Tickling in the windpipe, causing a person to cough without intermission.

Cactus grand. 3x when the Bronchial Catarrh is accompanied by *palpitation and overaction of the heart.*

Calcarea carb. 3x, particularly in children of *scrofulous constitutions, with a dry, tormenting cough, chiefly at night.*

Carbo veg. 3x in *old people, with profuse muco-purulent expectorations.* This remedy acts well in higher dilutions, viz:

30c or 200c, particularly when the old subject is very feeble, and when his digestion seems very imperfect.

Chelidonium majus is the most potent remedy in *Capillary Bronchitis of children*, particularly when the rattling in the chest is so distinct as to be felt by the hand applied to the ribs.

Hepar sulphurum, 3x is an invaluable remedy when there is *hoarse, wheezing* respiration, aggravated by lying down. Shortness of breath with suffocating spells. *Dry hollow cough, like croup*, followed however, after a while, by expectoration of mucus. This remedy, in alternation with *ipecacuanha* 1x, will relieve children threatened by suffocation, and if threatened with croup at night. They work well in alternation, in spite of the "dictum" of many sages.

Belladonna 3x, *disposition to perspire, while the skin is hot. A dry, continual, distressing cough; cough short but violent, especially towards evening. Oppressed and hurried respiration; sensation of fullness in the chest.*

Spongia 3x, *hollow, barking, dry cough, like Croup. Is particularly troublesome at night. Particularly useful in children.*

Mercurius sol. 3x is like belladonna in its therapeutic effect, but is better indicated when the tongue has a *yellowish fur*, the bowels are *loose*, the skin is of a yellowish hue.

Ammonium carbonicum 2x in *profuse catarrhal discharges* at every cough; *mucus rattles in the throat* and windpipe; patient feels as if he could cough no longer from weakness of the chest.

Coughs are so varied in Bronchitis, and particularly in Chronic Bronchitis, and change so often in character from changes of temperature, from conditions of the atmosphere, from constitutional taints, etc., that to prescribe for them all would be to write a volume. Chronic Bronchitis, therefore, should be treated by a most competent physician.

Under the headings of "Pneumonia," "Croup," "Whooping," "Asthma," "Influenza," and "Coughs in General," will be found many other remedies and their indications for particular coughs. (See Index.)

Inhalations of iodine, tar, etc., are often used with success in quieting an irritating cough; but, with the exception of steam, such inhalations should not be used without the advice of a physician.

The following *fumigation* has often allayed an intolerable,

irritating cough in Chronic Bronchitis and Consumption. Put concentrated *aqua ammonia*, one tablespoonful, in a shallow saucer. In another saucer put one tablespoonful of *common salt*, in which drop a dessertspoonful of *sulphuric acid*. Place the two saucers thus prepared side by side. Fumes from both will rise and mingle. Let the room become full of this smoke and the patient breathe the same while comfortably sitting in proximity. The patient remaining in this cloudy atmosphere, two or three hours at a time, will find relief from an irritating, spasmodic cough, whose debilitating expectorations will be greatly reduced. It may be done twice a day.

Anointing the chest with *tallow, goose grease, olive oil*, which some old nurses are so fond of doing, is unobjectionable; so is the wearing of any simple plaster on the chest.

DISEASES OF THE THROAT.

To comprehend throat diseases and their classification one should have some knowledge of the anatomy of the parts and their relation.

The cavity behind the soft palate communicating with the nose above, and the gullet (œsophagus) below, is called the *Pharynx*.

The part running downwards from the base of the tongue to the first ring of the windpipe (trachea) just below the Adam's apple (thyroid cartilage), and in front of the gullet is called the *Larynx*.

The middle of the soft palate, hanging down to a point between the pharynx and the mouth, is called the *Uvula*.

The glands on the right and left sides of the throat are called the *Tonsils*.

The lid over the windpipe, which closes when we swallow, is called the *Epiglottis*. Were it not for this lid the food would go into the windpipe, instead of passing over it and down the gullet to the stomach, and that is the reason that breathing and swallowing, at the same time, causes the accident of choking; and that if the substance were not immediately and spasmodically coughed up by strong expirations, one would choke to death. Coughing is the natural effort to expel foreign substances from the windpipe, and the vulgar beating of a person's back who is choking is ridiculous and useless.

An inflammation occupying the place of the pharynx is called *Pharyngitis*.

One occupying the larynx, *Laryngitis*.

One invading the tonsils, *Tonsillitis*.

The appellation "sore throat" is too generic, as it may mean one or another of said diseases.

It is well to know the difference, as an inflammation of one may be a simple disturbance while the inflammation of another may be a very severe one.

PHARYNGITIS.

This is an acute catarrhal inflammation of the pharynx, often involving the soft palate, the uvula and the tonsils.

Care should be taken not to mistake this for *tonsilitis* (quinsy), in which the tonsils are *enormously swollen*, ending often in *abscesses*; neither with *diphtheria*, in which either the tonsils and uvula, or both, are *covered with grayish deposits*; nor the *ulcerated sore throat*, in which the tonsils are covered by yellowish distinct *pimples like shot*.

Symptoms. Rigors, fever, thirst, headache, coated tongue, dryness in the throat, painful deglutition, constant desire to clear the throat; the uvula is swollen and elongated; the palate red; constant desire to swallow, though swallowing is painful. This inflammation, extending to the Eustachian tubes, is likely to induce *earache*. In severe cases the parts are infiltrated with serum, and the uvula, particularly, looks dropsical.

This inflammation generally subsides in three or four days and the patient becomes convalescent.

Treatment. Pharyngitis, Tonsilitis and Laryngitis have so much in common that their treatment will be given symptomatically at the end of the description of all three.

TONSILITIS, QUINSY.

This is an acute inflammation of one or both tonsils, with a strong tendency towards suppuration. The tonsils become *greatly enlarged, inflamed and tender*; they seem to fill the cavity of the throat sometimes. Their surface is uneven and often covered with *yellowish pimples*. These distinct, round, small pimples distinguish it from the deposit of Diphtheria on the same tonsils, this deposit having a flat, wide surface on one or the other, sometimes covering them and the uvula completely.

Symptoms. Chilliness, followed by high fever and pain in the back. In eight or ten hours the throat becomes intensely sore, causing deglutition to be very painful. On examination the tonsils, as well as all the surrounding tissue, are found to be red and swollen. It is then that the uneven surface of the lumps, and the formation of distinct pimples are noticed. The

inflammation and swelling increase for three or four days, and if not arrested then, although the pimples may disappear, the throbbing and pain grow in severity; and *an abscess* will form, which, in five or six days, bursts, bringing immediate relief, and the abatement of all the symptoms. The voice becomes then clear again; the process of swallowing less and less painful. This suppuration may occur in one or both tonsils, and break at the same time or hours apart. The Eustachian tubes may become involved, and then *deafness* or *earache* is likely to occur. Tonsillitis, though painful, is not a dangerous disease, ending generally, in a week or ten days, in perfect recovery.

The *treatment* will be found further on after Laryngitis.

LARYNGITIS.

Diseases of the larynx, besides common sore throat, include False Croup, called also Spasmodic Laryngitis; True Croup or Membranous Croup; Asthma of children, or Crowing Disease; Diphtheria. As these are treated in the part on "Diseases of Children," to which the reader is referred, Laryngitis Simplex will be treated here.

Laryngitis is an acute catarrhal inflammation of the larynx.

Symptoms. It comes on with the usual symptoms of a cold, viz: *Chilliness followed by fever*, to which soon is added a sensation of *heat, rawness* and *tickling in the throat*, with a feeling also as if a foreign body was lodged in the larynx that will neither go up or down. Some pain is felt in swallowing, although not so great as in Tonsillitis. Moreover, in Laryngitis there is *cough*, rather *noisy, harsh* or *hoarse*, which is often mistaken, when occurring in children, for Croup. In fact the cough is *croupy*, though the disease is *not* Croup. During the first day or two *there is a little expectoration*, which gradually increases *until the cough becomes very loose*. As the disease reaches down the vocal cords the *voice becomes hoarse*, and in some instances is almost extinguished (Aphonia). *This complete loss of voice is very indicative of a true Laryngitis.*

This hoarseness and loss of voice is particularly noticeable in the *Chronic Laryngitis* of consumptives. It is then a very bad symptom, as it indicates that the tubercular disease of the lungs extends to the larynx.

Chronic Laryngitis is also common among public speakers, as preachers (which is then called the *preacher's sore throat*), orators, teachers and singers. It is always known by a *hoarseness, either sudden or insidious*, while the patient claims to be generally in good health.

Chronic Laryngitis is an insidious and sometimes dangerous disease. Chronic Aphonia (loss of voice) may be so great that the affected person talks only in a whisper, or loses his voice entirely after a short talking; it is then an indication of Laryngial Phthisis.

While Acute Laryngitis will here be treated together with Acute Tonsilitis and Pharyngitis, the chronic form should be treated only by a most skillful physician.

TREATMENT OF PHARYNGITIS, TONSILITIS AND LARYNGITIS.

Regimen and Diet. These diseases being of an inflammatory character, the patient should be put to bed in a comfortably warm room. A very hot lemonade may be given during the rigors or chilliness, which will bring on a quick and profuse perspiration, relieving the sufferer from pain in the back or elsewhere. As the swallowing even of water may be very difficult or painful, the holding of pulverized ice in the mouth may be very grateful. The diet is very limited, as the patient can hardly swallow; at any rate he will not be injured by abstaining from food three or four days. A little tepid milk or broth, from time to time, is all that is necessary until the inflammation subsides; then more nourishing broths or other semi-fluid articles like calf's-foot jelly, pap of flour and milk, custard, cornstarch, may be given until solids can be swallowed. Persons fond of external applications may apply a cloth, wet in cold water, around the neck, except in Tonsilitis, in which hot applications are more beneficial, being conducive to a quicker formation of the abscesses. Irritating substances around the neck are useless, except in making the patient a little more uncomfortable.

MEDICAL TREATMENT.

Aconite 3x, every hour, should be given immediately upon recognizing the *fever*, and as soon as sore throat is complained of *aconite* should be alternated every hour with *bella-donna* 3x.

These remedies should be continued for twenty-four hours or longer, or until more definite symptoms occur.

Belladonna is indicated by the highly inflamed surface of the parts, by the *headache, redness of the face, congestion of the eyes* and the *intense local pain, or pain in the ear.*

As soon as swelling of the tonsils appears, and particularly if they are covered with ulcerative pimples, *mercurius solubilis* 3x should be administered. This remedy alone sometimes not only causes the pimples to disappear, but the inflammation and swelling of the tonsils to abort without going to suppuration. This remedy should be continued every hour for twenty-four hours or longer, and should not be stopped unless the swelling increases, evidently going towards suppuration, when *hepar sulphuris* 3x should take its place until the abscess bursts and the patient is relieved.

Hepar will also be a good remedy when the *cough is croupy, or when very loose and the expectorations are easy.*

Apis mellifica is indicated when the great inflammation has subsided, leaving behind the *uvula swollen with dropsical effusion, and also if there is a stinging or tickling sensation in the throat when the disease seems to have apparently disappeared.*

Nux vomica 3x is useful when derangement of the *stomach* seems to be the predisposing cause of irritation of the throat and the following symptoms are present: *Scraping pains during deglutition or when inhaling cold air.* The tonsils are enlarged and there is choking, spasmodic contraction of the throat when swallowing.

Capsicum 3x. Excessive *soreness in the mouth and throat. Smarting sensation in the throat as if Cayenne pepper had been swallowed.*

Spongia 3x when the violent inflammation is passed off and yet there remains a *croupy cough, worse at night and improved in daytime.*

Tartar emetic 3x, when catarrhal symptoms are present, *loose cough, swelling and redness of the throat, with large secretion of mucus.*

For treatment of Chronic Laryngitis an expert physician should be consulted. It is too complicated a treatment to be trusted to the judgment of the layman.

For these diseases affecting children see the same in the part of this volume dedicated to diseases of infants.

ASTHMA.

Asthma is a nervous disease, spasmodic in its character; often inherited. It is more common in men than in women; affects people of all ages, but most particularly the young and the old. Whether good living has anything to do with it or not, the fact remains that the well-to-do and the wealthy are affected by it more than the poor.

The *causes* are also contradictory. It is known that exposure to copper, arsenic, iodine, lead, and to the dust of ipecacuanha, predisposes some people to Asthma, yet one may be affected by it who never is exposed to those substances. Persons, however, who are prone to an attack of Asthma, may be thrown into a paroxysm by the inhalation of any noxious vapors or of dust. In some cases the temperature seems to have something to do with exciting a paroxysm, high thermometer and low barometer being likely to bring it on. Mental emotions may excite it in others. But temperaments and constitutional conditions seem to have no effect, for the lean and the fat, the nervous or the lymphatic, are liable to it alike. Some think that the electrical condition of the atmosphere plays a part in bringing on a paroxysm; and probably so, as it is known that those who are prone to it may suffer just before the bursting of a thunder storm, and be relieved after the first clap of thunder.

SYMPTOMS AND COURSE.

These are never uniform. In the great majority of cases the attack will come on from two to four o'clock in the morning. However, it is possible that the early-go-to-bed will be awakened by it a little sooner than the late; also, that a late supper might cause the nightly visitor to appear sooner than expected. The hours when the asthmatic is eased from the incubus are during the forenoon, and even as late as four or five in the afternoon.

The attack may come on slowly and insidiously or very suddenly. In the first the patient begins to breathe with some little difficulty; he feels oppressed and full at the girth. This may go on for several days until the enemy comes on in force, causing the patient to pump for breath. As he draws his breath with an effort he hears the music of the thousands of cells in

his lung, which, being in a spasmodic state of contraction, cause their little mouths to whistle when the air is forced in or out. In other words, the patient wheezes both when the air is inspired and when expired. As an author says: "These sounds are multitudinous; of all pitch and utterly discordant; squeaking, chirping, mewling, whistling, cooing, snoring." etc., etc. They are generally *dry*, unless connected with Bronchitis, when the *rattling* of the mucus in the cells and bronchial tubes is heard.

These attacks may last only a few hours, or several days; scarcely longer than three or four, however, when they pass off. Those of this long duration may have remissions, particularly in the morning. In rare cases there are a succession of paroxysms, lasting even months, particularly when they are due to certain emanations like Hay Asthma. The end of an attack seems to render the victim secure from another for a certain time, so that now he may expose himself, without fear of an immediate return. Certain it is, however, that the longer the person has been free from an attack, the more liable he is to one; and it therefore devolves upon the patient, who has had a long period of rest, to be especially careful to avoid such causes then, as he, in his experience, has learned will induce an attack.

Treatment. A radical cure of this disease is a problem that no one has yet solved. The attacks may be modified, shortened so that they will create no complication with the heart and the bronchial tubes; but that is all.

Arsenicum 3x has proven very beneficial in the most severe form when the patient feels as if he must suffocate when the wheezing is very great, accompanied by great restlessness; also when the face becomes livid, and a cold perspiration and small pulse supervene.

Ipecacuanha, when the Asthma is accompanied by a rather *loose* cough. This should be used in the mother tincture; one or two drop doses, every one or half hour, even until nausea is produced.

Lobelia also in the mother tincture, two or three drops in water or sugar, may be given every hour till nausea is induced or till the attack is relieved. *Lobelia* is better indicated when the *cough is loose*; it may be tried if *ipecac* fails.

Tobacco is a sovereign remedy in persons who do not smoke

habitually. A pipe or a cigar may be smoked until the sensation of sickness follows.

Stramonium, smoked in cigarettes or in a pipe, gives relief to many. As soon as awakened, a little smoke of this drug may relieve the patient at once.

Coffee. Strong coffee, without sugar, taken at the onset, has often aborted the attack.

Nitre paper is generally *very efficacious*. This paper is prepared by dipping ordinary blotting paper into a warm saturated solution of saltpetre and let dry. This paper should be kept on hand in a dry place; when wanted it should be placed on a plate and one corner of it set fire to. Immediately it will burn, giving out a great volume of smoke. That smoke is what relieves, hence the smaller the room the better the effect, and if the room occupied is large a closet will do better; or it may be burnt while sitting under an umbrella.

Persons fearing an attack during the night should take one of these smoke baths on going to bed; it may prevent a paroxysm.

Saltpetre pastilles are now for sale at any drug store, to take the place of the more troublesome saltpetre paper.

Should complications arise, as *Bronchitis* or *heart trouble*, apply to a reputable physician.

HAY ASTHMA, HAY FEVER, ROSE COLD.

This is an *Influenza* of a very severe type. It is an inflammation of the upper air passages, and of the mucous membrane of the nose particularly. It comes at certain seasons, some being affected in the fall, others as soon as the roses bloom. The names of Hay or Rose Fever come from an early supposition that it was caused by emanations from blooming hay or blooming roses, but whether it is from the inhalations of the pollen of grapes, rye or corn, instead of hay and roses, is not determined. The fact exists, however, that some persons are affected by it during certain seasons while others are affected during others. It is also apt to recur annually at an *exact date*, and if just before that date that person changes locality and goes to the mountains or to the sea, for the period of its known durability, he may escape it entirely for the year. It is often hereditary.

Symptoms. It commences by *violent sneezing and running water at the nose; the nose swells, the eyes become congested, the hearing is impaired.* If it extends to the larynx there will be *cough and difficulty of breathing;* then it resembles a real Asthma.

The paroxysm may last a few days or weeks. This is not a dangerous disease, but an exceedingly uncomfortable one.

The illustrations of hay fever by Augustus Hoppin convey all that can be said of this disease. It is a fat man; the first day he uses half a dozen handkerchiefs and spreads them out on a fence to dry. These increase in number, until on the fourth or fifth day he has covered all the fences and the fields around his dwelling with handkerchiefs, and he is so lean and thin that his clothes hang loose, and every prominent angle of his bones is distinctly perceived through his clothing.

Treatment. The only remedy I have found beneficial is the constant use of *camphor*, either as snuff or in sprays.

Mix ten drops of the *spirit of camphor* with half an ounce of *sugar of milk*, then have it blown into the nose by means of a glass tube, or snuff it by pinches as people snuff tobacco.

As a spray, ten drops of the spirit of camphor diluted in an ounce of alcohol may be sprayed up the nose every hour or two; not the whole ounce at once, but a little at a time.

This treatment continued will cut short many attacks.

The air of the White mountains, the Swiss mountains, Catskills, Adirondacks, Rocky mountains, or a sea voyage, will prevent it, or shorten an attack.

Thousands of things have been resorted to to prevent or cure an attack, but beyond the above they have generally failed.

The application of cocaine should not be undertaken without the advice of an attending physician.

DISEASES OF THE PLEURA.

PLEURISY, EMPYEMA, HYDROTHORAX, PNEUMOTHORAX.

The Pleura is a membrane doubled upon itself, and forming a shut sack within which the lung lies. As there are two lungs, so there are two pleuræ. In the inner surface of this membrane, viz: between the two thicknesses, a fluid is exuded for a proper lubrication of their two surfaces. This is necessary to maintain smooth and uninterrupted the gliding motions of these membranes upon one another when the lungs contract or dilate, under the admission or expulsion of air. Whenever this lubrication is stopped, like a wheelbox, the surfaces stick, and motion is prevented.

An inflammation on any point of these surfaces will stop the exudation in that spot, and the two inflamed surfaces rub against each other, causing exquisite pain.

This inflammation, expressed by *fever* and *stitch in the side*, is called *Pleurisy*.

If this inflammation does not subside, it may go on to supuration, filling the cavity with pus, and to such an extent that the ribs bulge out; then you have *Empyema*.

When water (*serum*) collects in the pleural cavity, we have what is called *Hydrothorax*. If air, instead of either pus or water, enters the cavity through a wound, or through an ulceration of the membrane of the pleura next to the lung, it is called *Pneumothorax*.

Causes. *Pleurisy* is usually due to *cold* and *exposure to wind* or *dampness*; sometimes to injury to the walls of the chest or to the result of muscular exertion.

There is a *Pleurisy* that is a sequence of *Pneumonia*, *Rheumatism*, *Pericarditis*, *Smallpox*, *Bright's Disease* and *Puerperal Fever*.

Chronic *Pleurisy* is generally due to *Alcoholism*, *Tuberculous Consumption*, *Bright's Disease*.

Symptoms. A *chill*, followed by a *sharp pain* (a *stitch*) in the

side, near the nipple, at every breath. The person not being able to draw a long breath without excruciating pain breathes more rapidly and gently. The pulse rises from 90 to 120, and a dry, hacking cough follows. Breathing is less painful if gentle pressure is made over the painful spot: *this fact characterizes a pleuritic pain from any other*. When the effusion of liquid commences the pain is less, but *short breathing* is greatly aggravated and the cough is more distressing. The countenance then becomes anxious, and the patient lies on the affected side.

When the effusion becomes absorbed, all the symptoms ameliorate and the patient feels convalescent.

If the patient does not respond to the treatment, and the disease goes slowly on, the symptoms of *Empyema* occur, viz: *irregular chills, fever, night sweats, difficulty of breathing, palpitation of the heart, and weakness*.

Pleurisy is generally *one-sided*; when bilateral, it is very unfavorable.

Even after *Empyema* occurs, the patient can get well: but then, very likely, he will not only need the aid of the physician, but of the surgeon; for that *pus must be let out*, and it can only be done by an aspirator.

Hydrothorax (Dropsy of the Pleura) causes no pain or fever; the oppression and want of breathing is what calls the patient's attention to it. As this depends upon diseases of heart or kidneys; a skillful physician is required to make a correct diagnosis.

Pneumothorax (air in the pleural cavity), being a result of perforation of the pleura into the lung which, when not done by accident, as a stab from a knife, only occurs in Phthisis (Tubercular Consumption), is known by a *sudden sharp pain in the side*, with *intense Dyspnœa* (want of breath), attended with *symptoms of collapse, coldness of the surface and cold sweats*. In a person affected by Tubercular Consumption, it is a bad sign, generally bespeaking approaching death.

Hygienic Treatment. As soon as the peculiar pain of Pleurisy is felt one should *go to bed* and take a *hot lemonade*. A good, warm perspiration will bring relief or help to cut the disease short. A *bag of hot water, or salt, or hops* to the painful part is very grateful. A *mustard poultice*, too, sometimes gives great relief.

Medical Treatment. Bryonia 3x, every half hour, should be administered at once and as long as the pain lasts. If the pain is followed by fever, *aconite* and *bryonia* should be alternated every half or every hour.

If the disease goes on to suppuration (*Empyema hepatis*) *sulph. 3x* is the best remedy, and in cases of *Hydrothorax*, *apis melifica 3x* is indicated.

The last two forms of the disease, however, are generally chronic and difficult to diagnose, and a physician only is qualified to treat; so it is with *Pneumothorax*, whether caused by an external injury or by ulceration of the pleura or lung.

PNEUMONIA.

There are but a few diseases upon which so much has been written as upon Pneumonia. It has been analyzed and classified by pathologists in every conceivable manner. To the lay reader such analyses and classifications would be worse than useless; the author, therefore, will confine himself to giving a simple description of the most common form.

Pneumonia has been described under the names of "Croupous Pneumonia," "Lobular Pneumonia," "Pneumonitis," "Lung Fever," "Winter Fever," "Pleuro-pneumonia," according to the fancy of the writer.

Definition. It is an inflammation of the substance composing the lung, rendering the part inflamed impervious to air. Wherever the air cells are free to the admission of air they give a sonorous, empty sound when tapped upon by the finger of the examiner; while, if filled with any substance, they return a *dull* sound, the same as a full or empty barrel would. It is by this tapping over the chest occupied by the lungs, that the dull sounds, indicating Pneumonia, are found. Where these dull sounds are found the application of the ear to the spot will discover that no air gets access to the air cells when the patient takes a full breath. Whenever the air cells are free the air may be heard rushing in at every inspiration; not so when filled. The utmost that can be heard then is a cracking sound, like horsehair rubbed between the fingers. These spots are then said to be "hepatized." The inflammation has induced an exudation that filled the cells, rendering them solid. In favorable cases the exudation, in a few days, is absorbed,

the cells are free again and the patient rapidly recovers. In less favorable cases the exudation passes into a stage of suppuration, and the patient is in imminent danger.

These three conditions, inflammation, exudation, absorption or suppuration, occur in distinct stages, as follows:

The first stage is that of inflammation or congestion, and lasts from one to three days.

The second stage is that of exudation, which lasts from three to seven days.

The third is that of absorption (*resolution*, as it is technically called), which lasts from one to three weeks. If this condition does not occur in the third stage, then suppuration takes its place, which goes on indefinitely.

Pneumonia generally invades the lower half of the lungs; seldom the upper. It may attack both lungs at once; or only one. When confined to one lung it is called "single pneumonia;" when in both lungs, "double pneumonia," the danger being relative.

Symptoms. The first stage commences with a severe chill, followed quickly by intense fever and high temperature; the thermometer suddenly rising to 103°-104° Fahr. This *quick rise of temperature* is a characteristic symptom of Pneumonia. This high temperature is, moreover, accompanied by *deep pain in the side, quick and oppressed breathing, cough and reddish expectorations*. The expectorations are peculiarly significant; and, when taken in connection with the above-given symptoms, indicate pneumonia almost beyond a doubt.

This pain differs from that found in Pleurisy, for, while the pain in the side of Pneumonia is of a *deep, heavy* character; that of Pleurisy is *sharp like a stitch, cutting like a knife*, at every long inspiration. Moreover, the *pleuritic pain is relieved by pressure* on the spot, enabling the patient to take a comparatively long inspiration, while that of Pneumonia *is increased by pressure*, and feels tender.

During the first stage the fever runs high, and does not remit or intermit, the face becomes flushed, and of dusky hue; the skin hot; the countenance anxious. The breathing is much accelerated and oppressed; the wings of the nose expand and contract at every inspiration and expiration. *This contraction and dilatation of the wings of the nose is, by some, in conjunction with the other symptoms, considered a characteristic symp-*

tom of true Pneumonia. Cough is present, and of a *dry, hacking* character; the small expectorations are *tenacious* and *bloody*, the blood being thoroughly mixed. The urine scanty and of a high color; the tongue dry and furred, and the bowels generally costive.

In very favorable cases, or in cases successfully treated, all the symptoms subside in four to eight days, and the patient becomes convalescent.

If this happy result is not obtained, the disease progresses to the

Second stage, in which exudation takes place, and the air cells of the part affected become filled. It is then that *percussion*, tapping it with the fingers, gives the characteristic dull sound, while the adjacent parts are still resonant. When the air cells are so filled, the cough and expectorations become less frequent, and the pain has in a great degree subsided. Yet the condition of the patient may be worse. He may show signs of weakness; the tongue dry and brownish; the lips cracked, and upon them brown crusts be formed; the pulse then becomes rapid and small; the temperature rises to 105° and higher. It is then said that the patient has *Typhoid Pneumonia*. The congestion and the exudation preventing a proper oxygenation of the blood, has brought about the exhaustion represented by the above *typhoid symptoms*.

Still, even at this stage, nature may conquer; the congestion may abate; the exudation become absorbed. If so, the breathing becomes easier and fuller; the pulse less frequent and larger; strength is gained, and a more natural appearance follows. The expectoration then becomes more abundant, but easier; and free from blood and purulent matter. Should this not occur, the disease goes on to the

Third stage, when abscesses form in the affected parts. Then the symptoms of hectic fever appear; *the fever rises at night*; *night sweats* supervene; the pulse is *irritable, small* and *rapid*; the cough continues, producing expectorations of mucus. This condition leads to eventual Consumption. At any rate the case becomes a long one, and the patient can only get well by a continued and well-considered treatment.

Bilious Pneumonia is so called when, besides the symptoms above described, the liver is also congested, and the symptoms of *Jaundice*, viz: *yellow skin, dark brown urine, yellow tongue*,

nausea, clayish, feculent discharges are added to the multiform symptoms of Pneumonia.

Prognosis. Double Pneumonia is more fatal than single Pneumonia. Temperature at 105° and above, and pulse at 120, are very grave symptoms. Typhoid and Bilious Pneumonia are by far more dangerous than the simple, uncomplicated form. In habitual drunkards, high livers, etc., the chances of life are greatly diminished by virtue of the exhaustion that is sure to follow an attack of Pneumonia upon them. Abscesses in the lungs and gangrene are almost always fatal.

Pneumonia of Children. See Children's Diseases.

See also anatomical description of lungs.

TREATMENT.

Regimen and Diet. The patient should be kept warm. A good large flaxseed or cornmeal poultice, applied to the affected part, is beneficial, and may assist in removing the pain. The air of the room ought to be of the purest; hence constant ventilation is necessary; the temperature of the room ought to be about seventy. Of course, the patient ought to keep to his bed until thoroughly convalescent. This dangerous disease is liable to relapses, if the utmost care is not practiced. A cold wind, a draft of cold air, will cause a relapse. An overloaded stomach will aggravate the condition.

Yet the *diet* should be rather generous, particularly when the high fever has subsided. The danger being from exhaustion, induced by non-aeration of the blood, nothing ought to interfere with the circulation of the blood. A dose of *morphine*, to relieve pain, would be *fatal* because it would lessen the action of the heart, when it should be most active to drive the blood through the lungs, and prevent stagnation. Stimulants are therefore good when the pulse, though rapid, gets small, and the breathing is much oppressed. Carbonate of ammonia is then probably the best. Five grains, dissolved in two tablespoonfuls of water, may be given every two or three hours. Quinine is given by allopathic physicians to keep up strength, and stimulate the heart.

Bathing should be done carefully. A sponge bath with alcohol and water, or salt and water, quickly administered, will be useful; but a plunge bath, even soon after recovery, is extremely dangerous. During the height of the fever the patient should be kept on a light diet, composed of simple

broths of beef, mutton, veal or chicken; but it should never be forgotten that in the long run the disease is very exhaustive, requiring a generous diet, such as concentrated beef tea, made in the bottle, mutton or chicken broth, clam soup, soft boiled eggs, eggs beaten with raw whisky and sugar, to which may be added milk. If the digestion is good, rare beef, scraped meat, roasted beef or mutton, poultry, game. A glass of port wine or tokai will greatly aid in keeping up the strength of the invalid.

MEDICAL TREATMENT.

Aconite and *bryonia* are probably the most important remedies in this disease. Commence with *aconite* when the fever is high; continue it every hour for twenty-four hours; then follow it by *bryonia* every hour. Under these remedies, the pulse should come down; the temperature be reduced; the pain in the side less severe; the breathing easier. Don't give up *bryonia* too soon; if the patient does not get worse continue it for three or four days. Often these two remedies are sufficient to bring the patient to a convalescent state.

Aconite 1x. Ten drops to a glass full of water, one teaspoonful for dose.

Bryonia 3x prepared as *aconite*.

If *bryonia* and *aconite* have not improved the condition of the patient, and the case has gone to the second stage, when hepatization has taken place and dull sounds are heard in tapping on some parts of the chest, *tartar emetic* 3x, a powder of about two grains every two hours, should be given; this remedy is indicated also in *Bilious Pneumonia*.

If twenty-four hours after using *tartar emetic* the patient seems to get weaker, the pulse harder and quicker, the tongue dry, give *phosphorus* 3x, ten drops to a glass half full of water, one teaspoonful every hour.

Lycopodium 30x is very important where torpidity of the liver exists with persistent constipation. Expectoration of pus; hard, dry, cough day and night; hectic fever; great emaciation of the body; night sweats; perspiration cold and clammy.

Many other remedies might be indicated during a protracted attack of *Pneumonia*, but the above four are the principal ones. In reading the treatment of *Bronchitis*, *Influenza*, *Catarrhal Fever*, remedies will be found suggestive of peculiar

kinds of cough which may be administered in coughs from Pneumonia.

Pneumonia being rather a formidable disease, rapid in its effect, deadly often in its result, should, if practicable, be treated only by competent physicians.

N. B.—The articles on Pneumonia and Bronchitis of Children, in another part of this book, should be read in connection with this, as they are often applicable to adults.

CONGESTION OF THE LUNGS.

This is called Hyperæmia or Plethora of the Lungs. Congestion of the Lung cannot easily be distinguished from the stage of invasion of a true Pneumonia, the symptoms being very similar. But Pneumonia almost always commences with a protracted chill, followed by high fever, and a sudden rise of temperature, and the characteristic pain, which is not the case with the Congestion of the Lung. Moreover, the causes are different.

Active Congestion of the Lungs is induced by an increased action of the heart from overexertion in running, dancing, singing, lifting, ascending a hill; by strong mental excitement, or by the abuse of stimulants; inhalation of very cold or very hot air; by irritating gases, or by rarified air found in the altitudes of very high mountains.

Passive Congestion of the Lungs is a modified form of the above, brought on by organic diseases of the heart, particularly the valvular; by low fever and Bright's Disease.

Symptoms, Active Congestion is sudden, and is indicated by *oppression of the chest and difficulty of breathing*, flushed face, *strong, full pulse, throbbing carotid arteries*, in the neck, *congested eyes*, accompanied by a short dry cough, with frothy expectorations, slightly streaked with blood.

Passive Congestion is generally slow, and the oppression and difficulty of breathing is accompanied by a *blueness of the lips* which shows that the venous blood is retarded from returning to the heart by some obstruction. The cough is almost constant and hacking, with scanty expectorations streaked with blood.

The *Active Congestion of the Lungs* seldom terminates fatally, as simple quiet is very conducive to the restoration of normal circulation.

The *passive form*, however, depends upon the abnormal condition of the heart; and it is, therefore, impossible to prognosticate its course or end.

Hygienic Treatment and Diet. Understanding the causes as above given, it is not difficult to avoid them, particularly by lively, sanguine, irritable individuals, who are naturally more prone to this congestion. Persons afflicted with Heart Disease should be particularly careful not to overexert or excite themselves.

The use of stimulants in any form should be avoided, and tea be banished from their diet. The food should be of the simplest kind, not highly seasoned, and the stomach never overloaded. The bowels should be kept free, never allowed to become constipated.

MEDICAL TREATMENT.

Aconite alone, or *aconite and belladonna* 3x, given every hour alternately, will quickly regulate the circulation and remove the congestion.

Nux vomica 3x is indicated when the congestion is due to *sedentary habits, excessive mental efforts, the abuse of coffee or ardent spirits.* In persons of *choleric* temperament or when the congestion follows a *copious meal.*

In Valvular Disease of the Heart, when the heart beats weakly or when it bounces with pulsations, *digitalis purpurea* 3x every hour will bring speedy relief.

HÆMORRHAGE FROM THE LUNGS, HÆMOPTYSIS.

Hæmorrhage, indeed any blood issuing from the mouth, is startling to the subject, and to the bystanders. Yet, that blood may come from the nose, from the gums, from the throat, from the larger bronchial tubes, or may come from the lungs. It may even come from the stomach, though in this case, its *dark, clotty* appearance, its being *mixed with particles of food*, should easily distinguish it from the more threatening Hæmorrhage of the Lungs.

Hæmorrhage from the Nose may be detected by blowing the nose upon a white handkerchief.

Hæmorrhage from the Larynx is not accompanied by cough, oppression of the chest, or arterial excitement; moreover, it is hawked up, instead of being coughed up. Again, bleeding

from the larynx is generally preceded by some symptoms of disease of that organ; and proper examination of the organ will demonstrate it.

The *Hæmorrhage from the Lungs* is classified in two distinct forms: In one the bleeding proceeds from the *mucous membrane of the bronchial tubes*; in the other, *from the substance of the lungs* proper. It would be almost impossible for lay practitioners to make a differential diagnosis of these two kinds. Even skillful physicians find difficulty in doing so; although the symptoms of hæmorrhage from the substance of the lungs is *more sullen in appearance, and greater in quantity*. Moreover, in this case there is present an intense sense of *oppression*, amounting almost to suffocation, which does not occur when the bleeding is from the mucous membrane.

The thing to fear from hæmorrhage of the lungs is that it may issue from tuberculous deposits in the lungs which lead to hasty consumption. Yet often these hæmorrhages occur when there are no tubercles in the lungs, and then they are comparatively harmless. People who have had repeated hæmorrhages have lived to a good old age. But only a physical examination of an expert in diseases of the lungs can determine whether these are tubercles or not. These hæmorrhages are always sudden, and it does even happen that they are the first warning that deep-seated trouble exists in the lungs.

When, however, persons have been afflicted by a *chronic cough, short breath, hectic fever, night sweats, loss of flesh*, a hæmorrhage is a bad indication, the result of ulceration of tubercles developed in the lungs. Hæmorrhage in such a case is threatening with immediate death.

Hygienic Treatment and Diet. Perfect quiet should be insisted on, talking forbidden; the upper part of the body should be kept much higher than the lower, the room kept tolerably cool and well ventilated; the bed should be hard and the bed-clothing light.

Food should be taken in a liquid form, as broths and milk, *but cold*. *Nothing hot* should enter the mouth.

Medical Treatment. This treatment should have two objects in view: first, the immediate stopping of the threatening bleeding; second, the removal of the cause inducing the bleeding.

A *teaspoonful of salt* dissolved in two ounces of water should be given at once. This often checks or stops the bleeding.

Mouthful of ice may be given and swallowed, *ice bags* may be placed on the spine with good results. *Cloths dipped in very cold water*, applied to the chest, will help in controlling the bleeding.

Hot water is very much in vogue in our day to arrest hæmorrhage, but I think it is useful only when the hot water can reach directly the organs affected, as the womb or the rectum, but its effect on remote places, as the lungs or wounds, is doubtful.

Ipecacuanha is a very potent remedy in checking or stopping hæmorrhage, but it should be given in tolerably large doses, even to the point of creating nausea. Vomiting should not be induced, for the effort in vomiting is dangerous, but nausea lessens the action of the heart, thus permitting the bleeding vessels to contract.

Three or four drops of the tincture, in a little water, may be given every half hour, till nausea is induced; then, at longer intervals of an hour or two.

Should this fail to arrest the bleeding, *gallic acid* should be given in ten-grain doses every hour, in the form of a powder, till bleeding is checked or stopped.

Hamamelis Virginiana, ten drops to a glass half full of water, one teaspoonful every hour, will be found very efficient in small, continuous bleeding.

A physician should be called in at the earliest possible moment; for the cause must be found, and the proper treatment applied. The lay practitioner should only undertake the treatment immediately needed during the hæmorrhage, and during the absence of the physician.

CATARRHAL PNEUMONIA, BRONCHO-PNEUMONIA.

Definition. This is an acute catarrhal inflammation of the small bronchial tubes, during which the substance of the lung is involved, so that beside the symptoms of Bronchitis we find the fever, the high temperature, the oppression of breathing of Pneumonia, and the dull spots, on tapping, that mark the hepatization stage of the latter.

Causes. Broncho-pneumonia generally follows eruptive fevers and *measles* particularly, also *whooping cough* in rickety, scrofulous children. Old age also predisposes to this disease.

Symptoms. Catarrhal Pneumonia is preceded by Catarrhal Bronchitis, and may follow an acute or chronic form. In the acute form the *temperature quickly rises to 102°–103°, with rapid, laborious and shallow breathing.* The wings of the nose *dilate, the inspiration is short, the expiration noisy and prolonged;* the pulse may rise to 120. The cough, which in the beginning was loose, now that the pneumonic symptoms appear, becomes *short, dry, hacking and painful;* and, if the disease is not quickly checked, it becomes *muco-purulent.* The bowels may be loose, the urine scanty and high colored, and profuse perspiration may occur, particularly at night.

The chronic form has about the same symptoms, only not so vehement but more prolonged.

This disease is so complicated and severe as to end fatally in a few days.

Regimen and Diet. This being an exhaustive disease, confinement to bed, in a well ventilated, moderately warm room is important. The diet must be of a nutritious character, viz: *Beef tea, milk, cream even mixed with brandy or whisky.* Moisture should be kept in the room by means of a boiling kettle.

Medical Treatment. *Aconite* 3x every hour during the height of the fever and temperature.

Ammonium carb. First decimal trituration: Ten grains in a goblet half full of water; one teaspoonful every hour should follow aconite, *particularly during the stage of the loose, copious cough.*

Sulphate of quinia. One-tenth of a grain should be given every hour, or in alternation with *ammonia carb.,* if *great debility is present.*

For other remedies see Catarrh, Bronchitis and Pneumonia.

CONSUMPTION, PHTHISIS PULMONALIS.

Consumption is so seldom an acute disease that it seems as if it had no place in this work. Yet so common is it among the people, and particularly among the people of certain regions, as New England, that not to notice it would be to deprive those people of much good advice, if not for the cure, at least for the prevention of consumption.

Consumption is pre-eminently a constitutional and climatic disease.

By constitutional is meant that predisposing cause in the system transmitted from the parent to the child as scrofula, syphilis, however remote, skin diseases of various kinds.

“The sins of the father shall be visited upon the children even unto the third and fourth generation.” is a comprehensive expression in this question of inherited weakness.

The man who abuses his life by constant exposure, bad diet, the abuse of alcoholic stimulants, by exposure to infectious diseases, robs his system of vital force; and in that condition of permanent debility he marries and brings forth children. Can a healthy stock come out of a diseased parent-stock? The observing physician sees in that child of delicate, transparent, white skin, with lustrous blue eyes, hair with but little pigment, as the golden and flaxy, the expression of inherited debility. The parent dotes upon its beauty; the physician shakes his head doubtfully as to its fate. The glands of its neck, or of other parts of the body, swell and become hard from the slight cold or derangement. Eruptions on its little body come and go at the slightest provocation; it is never sick but is very sick; its bowels are easily affected and deranged, its appetite is fitful and its digestive organs easily disturbed. Dentition is a process of danger; the head quickly sympathizes with any other disturbance. That child is scrofulous. Its resisting powers are minimum; it is feeble; it is born a debilitated subject. At the period of its greatest development, puberty, from the age of sixteen to twenty-five, when out of the nurse's care, when undertaking the life of manhood, when exposed to the vicissitudes of growth, occupation and out-door life, when physical life is called upon for its resources, the capital is found to be small, any drain upon it too great, and all the symptoms of inherent weakness seem to appear and the body to perish.

Should the parents see this inherent weakness early they would adopt every means to husband the forces and improve the condition of the child.

How can it be done?

Not by putting the children to school too early, or forcing education at home, to previously develop a brain over a puny body. Not by confining a child in closed, ill-ventilated rooms. Not by putting him into business before he has acquired the strength to carry it on without detriment to his health. Not

by feeding him with cake, sugar, pies, instead of the strengthening beef, milk, cream, corn, wheat and potatoes.

Although Consumption is a result of a constitutional taint, developed sooner or later, in the deadly tubercles of the lungs, by an improper mode of life, and is therefore slow and chronic; yet there are cases of quick, known as *galloping*, Consumption. A very bad neglected cold, a Typhoid Fever, the Measles, etc., may bring on a very rapid Phthisis. Yet, even then, it will be found that the subject was prone to it by reason of inheritancy. Many young men and women neglect colds, have Typhoid Fever, Measles, Pneumonia, Bronchitis, who do not go into Consumption; but let the enervated young person, through faults of his own, as repeated inebriation, abuse of tobacco, abuse of his sexual powers, exposure to cold and wet, late nights, want of rest, or, through parental inheritancy, be liable to enlargement of gland; to herpetic eruptions; to Diarrhœa; to catarrhal coughs; and those diseases will lead to degeneration of the lungs; to tubercular formations, of which he will become the victim; and his life go out as a candle, burning up to a rapid consumption of itself.

The poor die because unable to surround themselves with the means of preserving their strength; because they must work, though they are weak; because they cannot abandon their occupation to go to more genial climates; because they must occupy crowded, ill-ventilated rooms, though they pant for breath; because they cannot provide themselves with the food that would best give them strength.

The rich die because they abuse or neglect all that heaven has given them. Because, in their self-indulgence, they take no exercise; they remain in hot rooms, they are slaves to fashion, and go half dressed into a dance that causes overaction of the heart, sudden rise of temperature and perspiration, to be counteracted by a glass of ice water, by a plate of ice cream, by repairing to a cold corner, by returning home in a freezing night in a carriage, scarcely protected by sufficient clothing. A girl who spends twenty-two consecutive hours in an atmosphere of 70° and 72°, how can she safely go out when the wind blows, when there is moisture in the air, with a temperature in the neighborhood of zero?

How can a girl of delicate constitution, cramped for six hours on a chair, her mind at its utmost limit of power, en-

gaged in learning her lesson, who returns home debilitated, to be still more weakened by high temperature and want of exercise, retain her strength? Don't you see her wane from year to year? Feel her beautiful rounded limbs; are they hard, are they muscular, are they ropy? Oh, no: they are like moulded wax; they are as soft as velvet.

How is the chest? Are her ribs well arched? Does it show good dimensions, and long diameter? Oh, no; the ribs are flat though a little fat rounds her neck and gives a pretty appearance. Oh, lovely thing! She is fit to be kissed by a god. But wait a few years, from twenty to thirty, and her roundness is lost; she coughs a little, she can stand no fatigue, she takes cold easily. Her fate can be foreseen.

Parents, have you, or your own parents or forefathers, been subject to Rheumatism, to Gout, to eruptions and particularly to what is called "Salt-rheum," to Coughs, to Bronchitis, to tumors, to cancers, to abscesses? Have any of them or their immediate relations died of Consumption? If so, look to your children.

How shall we look to them?

Commence early. Give them a well-ventilated room. Don't inhabit unhealthy localities, where the drainage is insufficient or bad; where malarial fevers prevail. See that you dwell in well-ventilated, dry houses; houses that have no wet walls in them. Don't keep your children at play in basement rooms, but in the sunshine. Keep flannel on them, and let them exercise as much as possible in the open air. Don't send them to school too soon, and then see that the school is not too crowded or badly ventilated; that the teachers don't keep the children too long without relaxation. See that they don't crowd their minds with too many studies, or studies beyond the capacity of their undeveloped intellects. See that they eat proper food at regular hours, and that they do not quench their appetite by candies or cakes before their meals. A little candy or cake, after the body has been supplied with nourishing food, will delight their senses, and will not hurt them. Adopt the healthful contradiction, "the more dinner, the more pie;" for, after a good, healthful meal, the child will not ask but for a very small piece of sweetmeats. Let the girl romp as the boys. Don't be too careful lest she is more of a "Tommy" than a delicate Hebe.

Do you live in a city? Go to the country in summer, not to a hotel, but to a farmhouse. Let her run, climb fences; let her groom her pony; let her run after goats and sheep; never mind her gown or hands, there is plenty of water and soap in the world. What goes quicker to a mother's heart, the chubby rosy cheeks of her bouncing girl or the white linen that covers her delicate frame? Do you live in Boston, in Massachusetts, in Rhode Island, in Maine or in any of the adjacent States?

Do you know that mortality from Consumption in those States is above that from all other causes?

Do you know why?

Because their climate is one of sudden changes from high to low temperature; because the atmosphere is moist. Moisture is water in a state of vapor, suspended in the air. Water has great liking for heat; the moisture of the air extracts the heat from the body, hence, in such a climate it is colder when the thermometer ranges 10° above zero than in dry climates when the thermometer marks 10° below zero. Add to this the winds, the east winds particularly, which always carry moisture. The wind drives away the air you warm with the heat of your body, replacing it constantly with moist, cold air. Do you wonder your delicate children take cold in such an atmosphere?

How do you prepare your children to supply this dangerous extraction of heat? How do you dress them to prevent the escape of heat from their bodies? Dress them in soft wool. See that the texture of the material you use for clothing is not closely woven, for it is the meshes of that material that retain the warm air, preventing the cold air from striking directly the surface of the body. Closely woven woolen material, like broadcloth, has no meshes to retain air, so it is as cold a garment as a kid glove.

The heat of the body is maintained by the physiological heat factory in the body, but you cannot make heat without fuel, without carbon (coal). Do you see to it that your children eat carbon enough to supply the loss of heat in a cold day? Feed them on buckwheat, rice, peas, beans, Northern corn, wheat, barley, pork, mutton, beef, chicken. Put plenty of molasses and butter on their buckwheat cakes.

Young people in various occupations, see to it that you get the proper nourishing food; do not go too long without eating. Labor, mental as well as physical, destroys the integrity of the

body, as a rope is destroyed by constant use. To keep yourself in health and strength you must supply the loss daily, nay hourly. Don't let ambition or love of money make you neglect this duty. Your physical power is like a capital in a bank; it will last only if you live only on its interest; if you draw on the capital the interest gets smaller and you will have to draw still more and oftener on the capital until nothing is left. If you work in crowded rooms, get out in the open air as soon as you can, and stay as long as possible. If you are confined to a desk, seize the first opportunity to go out for a walk. Let no business interfere with your mid-day meal. Don't return home so exhausted that you will be unable to digest the food you take. Treat yourselves as you would your horse, if you are humane at all; and you will live though you are not strong.

Take all the exercise in the open air that you can; it is only in this manner that you can re-establish a proper balance of your physical power that you lose in the concentration of your work. Don't work the whole day, and spend the night in dancing or carousing. Go to bed early. Take plenty of rest; plenty of exercise; good food; pure air; and you will be able to do a great deal of work, without detriment to your health.

Do you feel exhausted after moderate labor? Take notice of it. Is there any Consumption in your family? Have they died early, except by an accident? Is your chest well developed? Can you draw full inspirations, or do you pant for breath at every exertion? Are you subject to cough? Do you take cold easily?

Seek for a healthier occupation; for a healthier climate; but early; don't wait till you become anxious, but go at once, while you have some foundation to build on. Don't wait till the bricks crumble; it is too late then.

Don't rely on medicine. Medicine has cut but a poor figure in this insidious and fatal disease; and, above all, avoid medicines "warranted to cure," for it is one of the deceptions of the age. If medicine, in the hands of the most skillful physician, can do no good, how can you expect that vultures, who thrive on your credulity, will help you? You will hear of syrups innumerable that arrest cough. That is easy; a little morphine; a little opium; a little prussic acid in the solution, will arrest cough, *but they never cure*. You may be encouraged

by the use of them: so much the worse for you; you will only lose time, and when you appeal to the medical man, it is, alas! too late.

What you want is pure dry air and proper food. The western slope of the Rocky Mountains in Lower California, where the changes of the weather are scarcely ever sudden; Colorado, in the mountains; or in the Adirondaeks, where ozone abounds; in Florida, or in South Carolina, in winter; go before the dreaded tubercles have gotten control. Consult an expert physician as to the locality that would benefit your case.

There is no locality that suits every case; in one an invalid thrives; gets well and strong; another one dies in the same. Temperaments and condition of every individual case should be taken into consideration. Therefore, I will not guide you in this work, lest I mislead you.

Pathologists have classified Consumption, according to causes and conditions, but to the lay reader, such a classification, however learned, would be of no avail whatever; hence I limit myself to this cursory review, and to a general advice.

Symptoms and Course. It is only a little cough; you think you have taken cold, but the cough does not yield. For some-time it is dry, but a little hack now and then, but *you lose flesh*; the appetite is not very good, you think; you take a little tonic; you may eat a little more, but still you *lose flesh*. You do not deem yourself sick; you go about your avocation as usual, but *you lose flesh*. The annoying little cough does not stop. Then you become aware that you sweat when you go to sleep; only a little around the neck. The room is too warm, you think; you open a window and still you sweat. By and by you feel spells of heat towards evening; the cheeks become red; you pant a little, only a little. That feverishness will return every day, and the cough becomes loose. You feel encouraged because the cough is loose.

Ah, this is no case of Catarrh. The cough is loose because the disease has advanced, and part of the lung is suppurating; and your loose cough is an expectoration of muco-pus. Look at it; it is yellow or greenish; it sticks to the vessel; its smell is offensive. The afternoon fever increases; the slight night perspirations become *heavy sweats*; you *have lost many pounds of flesh*. Your eyes are bright; your skin white; your hair loses the gloss; you are on the high road to Consumption.

Will I prescribe? No. You should have the most skillful physician on the spot to prescribe for you. Take no advice but his.

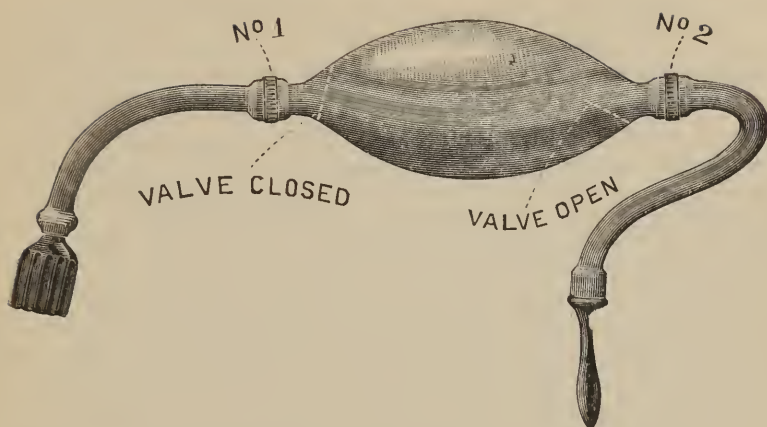
DISEASES OF THE HEART.

The heart is an organ of so complex a construction, and is so sensitive in its action, that its derangements are difficult to understand, even by experts; and therefore the author will limit himself to a cursory review of the diseases of this organ in this book, and give only the symptoms in detail, and the treatment of such of these disorders as may be understood and treated by an intelligent non-professional.

The heart is constructed as a double pump; it might even be said, and with reason, that we have two hearts. The left, intended to suck in from the lungs the purified or arterial blood, and to force it out for distribution through every part and particle of the body; the right to suck in the blood that has given out its life-giving elements and taken up from every part and particle of the body the refuse matter, viz: the matter cast off after usage. This is the venous blood, which, in its course towards the right heart, takes up also the new food that has been prepared by the alimentary tract. The current, therefore, of the arterial blood is *from* the left heart to the utmost limits of every part of the body; and that of the venous blood commences from these limits, and flows *back* to the right heart. As the blood reaches the right heart in its impure condition, it is forced by the same into the lungs, there to be acted upon and purified by the chemical elements of the air we breathe. When so purified it goes into the channels that conduct it to the left, to be again forced out and distributed for the maintenance of every part and particle of the body. These two currents, forming a circle by departing from and returning to the same point, is called "circulation."

This function of the heart is performed by its inherent power of alternate contraction and dilatation.

Each heart having a point of entrance and one of exit; the two hearts have together four openings. Any one having a knowledge of a bulb-syringe such, as this



must know that at Nos. 1 and 2 there must be a valve; No. 2 to close, while No. 1 sucks in, and No. 1 to close when No. 2 expels its contents. Should one of these valves, or both, be out of order, the syringe would not work. So with the heart, each opening having a valve, or a set of valves, to enable the heart to suck in the blood at one end, and expel it at the other. Any disorder which interferes with the free action of these valves affects or impedes the circulation of the blood, and the consequence is a grave one. Any person afflicted by a disorder of any of these valves is said to have "*Valvular Disease of the Heart.*"

The heart, being composed of muscular tissue, is liable to *increase* or *decrease* of bulk from various causes.

When the bulk is increased in *size* and *thickness*, it receives the name of "*Hypertrophy of the Heart;*" when diminished in size and thickness, "*Atrophy.*" The heart, however, may increase in size and diminish in the thickness of its walls; the disorder is then called "*Dilatation of the Heart,*" its chambers being larger, its walls thinner.

Whenever the structure of the muscles of the heart becomes *fatty*, or fat is largely deposited upon or around it, a disorder is the consequence which is named "*Fatty Degeneration of the Heart.*"

These constitute what are called "*Organic Diseases of the Heart.*" There are other disorders of the heart, in which the *structure* of the heart is in *nowise* changed; these are called "*Functional Diseases of the Heart.*"

The difficulty in making a proper diagnosis, and in being able to tell whether a disease of the heart is organic or purely functional, is very great, because the symptoms of both are often so similar that only an expert can differentiate them.

The heart is also surrounded by a shunt sac, called the "*Pericardium*." When the pericardium is affected by inflammation, the disease is called "*Pericarditis*." When the inflammation is in the muscles of the heart itself, the disease is called "*Myocarditis*."

When water collects within the pericardium, pressing upon the heart, the case is one of *Hydro-Pericardium*, and when water collects at the same time in the pericardium, and in the pleura, "*Hydrothorax*."

Diagnosis. To properly diagnose diseases of the heart, not only the *subjective*, viz: the symptoms of which the patient takes cognizance, but the *objective*, viz: those observed by the examiner, should be taken in consideration. A physical examination should be made as follows:

First, by *inspection*, that is to observe the *impulse* of the heart against the walls of the chest and see whether it is in the right place or not. Normally this impulse is observed in the fifth interspace of the ribs between the nipple and the breast-bone (the sternum).

Second, by *palpation*, that is placing the hand over the region of the heart to detect the *force*, the *frequency* and the *regularity* of the pulsations of the organ, and whether the walls of the chest over it bulge out.

Third, by *percussion*, that is by placing one hand on the region of the heart and tapping upon it with the fingers of the other hand to define its boundaries and whether it occupies its proper space or more space than natural. As the lungs are around the heart the tapping will give a *hollow* sound when the tapping extend to the lungs, but a *dull* sound when over the heart.

Fourth, by *auscultation*, that is by applying the ear to the region of the heart to find out its rhythm and the quality of its pulsations, whether feeble or strong, regular, irregular or intermittent. By auscultation valvular diseases of the heart are easily discovered, for so soon as one of the valves does not act, or only partially acts, the blood flowing over it makes a *murmur like a distant sound of a saw sawing wood*.

Symptoms of Myocarditis and Pericarditis. The symptoms are very similar and, therefore, it is very difficult to distinguish one of these diseases from the other. Both commence with *chilliness, fever, distress and acute pain* in the region of the heart followed by *cough, dry and suppressed*, by *increased pulsations* and even *violent palpitation*. Breathing and coughing increase the pain.

If in inflammation of the pericardium *effusion* takes place, the oppression is *increased*, the breathing *more labored with tendency to faint*. *Swallowing becomes difficult; hiccough, nausea, vomiting*, supervene; the pulse becomes *irregular and feeble; melancholia* and even *delirium* seizes the mind.

When Pericarditis become *chronic* the feverish symptoms *diminish* but the distress *increases*. On inspection it will be found, if the effusion is considerable, as it often happens in Bright's Disease and in Pneumothorax, in aneurism and diseases of the veins around the heart, that the increase in the size of the organ is so great as to cause the ribs and interspaces to bulge out.

Besides the above symptoms, the countenance expresses *anxiety and distress*, the sufferer becomes *despondent, irritable, and restless*, the palpitations *alarming*; he faints on sudden motions or on attempting to rise, and fear overcomes his mind.

Causes. The causes of these diseases are transference of Rheumatism to the heart, long and severe attacks of Asthma, violent, muscular exertion; grief, anxiety, mortification.

VALVULAR DISEASES OF THE HEART.

The valves of the heart are almost as delicate as cobwebs; very elastic as their constant motion requires. Any inflammation of these delicate membranes; any congestion or change of structure, from adventitious deposits, robs them of their elasticity, and prevents them from opening or closing in a perfect manner. They may contract and remain contracted; they may become hardened from ossific deposit, or deposits of plastic lymph, in which case they remain totally or partially opened. When they remain opened the pumping in or the expulsion of the blood is done only imperfectly; the whole circulation becomes disordered, and the purification of the blood is not complete. The quality of the blood remains deteriorated, and

the consequence of it is an inadequate nutrition, as expressed by the following

Symptoms. Rapid and irregular pulse; general Dropsy, or Dropsy of the lower limbs or abdomen; the flow of urine is diminished; the liver congested. There is distress about the heart; dry cough and short breathing. In applying the ear over the heart the murmur of the saw is heard.

The causes are usually found in Inflammatory Rheumatism, Gout, old age, and in any inflammation of the inner surface of the heart.

DILATATION OF THE HEART

Is marked by the following

Symptoms. Feeble circulation; weak pulse; veins distended; headache, aggravated by the the upright posture; frequent fainting; cough; difficulty of breathing; Jaundice; Dyspepsia; constipation; scanty urine; Dropsy; vertigo; general exhaustion.

HYPERTROPHY OF THE HEART

Is indicated by increased action; the arteries of the neck, the carotids, pulsating strongly; by headache, vertigo, congestion of the face and eyes, noises in the ear, dry cough, short breath, pains shooting upwards to the left shoulder and arm.

FATTY DEGENERATION OF THE HEART.

In this case the symptoms of "Dilatation of the Heart" are present; besides it is found that the pulse is slow and irregular, and the breathing becomes difficult at every exertion. The patient looks pale and dropsical; vertigo and swooning occur often; particularly on rising from the recumbent position. One of the symptoms which is characteristic and alarming to the bystanders is constant "sighing." At times it seems as if the patient stopped breathing, although the breathing is resumed, but only feebly and slowly.

FUNCTIONAL DISEASES OF THE HEART.

A functional disturbance of the heart often occurs without structural or organic changes, and they are generally caused by *overexertion, dyspepsia, uterine diseases, excesses in tea, coffee, tobacco, alcohol and venereal pleasures*, also by *moral and emotional feelings*, such as *grief, anxiety and fear* and even *joy*.

Symptoms. *Palpitations* are generally present, with *oppression* about the region of the heart. The palpitations come on suddenly, and are rapid and tumultuous, causing a sensation of *stricture or choking at the throat; vertigo, faintness*, the face to be *flushed or pale*, the patient being anxious of impending danger. These attacks come on *paroxysmally*, pass off in a few minutes, sometimes in a few hours, followed by *urinations of large quantity and pale urine*.

Of all the functional diseases of the heart

ANGINA PECTORIS

Is the worst and most dangerous. In this case the *symptoms* are truly alarming.

The patient is suddenly seized by a *violent pain around the heart*; it is a pain that causes him or her to cry out; the breathing becomes *rapid* and the *pulse slow and feeble*. The patient is *frightened* and great *anxiety* comes over the face, which is now *pale* and of a *leaden color*. A *cold sweat* now breaks out on the forehead, and the patient gasps for breath.

The condition is truly alarming, for the patient may die in a few minutes, unless relief is promptly at hand.

Angina Pectoris is considered a species of Neuralgia.

TREATMENT OF DISEASES OF THE HEART.

Hygienic and Dietary. There is no disease of the human economy against which hygienic and dietetic rules should be so strictly observed as in diseases of the heart. There is no form not requiring quiet and the purest air. Exertion is hurtful; the ascending of stairs or the climbing of altitudes are positively dangerous. Lifting, carrying, running should never be indulged in. Persons afflicted with organic or functional disease of the heart should endeavor to keep the most equitable temper, as outbursts of passion may be

followed by serious consequences; they should move with deliberation, and never by springs or jerks; they should never enter or remain in very heated rooms or rooms in which the air has become impure by reason of the presence of too many people. Hence theatres and churches, lecture halls and ball-rooms should be avoided. They should avoid great altitudes, even though they can reach them without exertion. Air too rarified is too stimulating for them. Medium heights and medium climates are best for them. Riding should not be indulged in, and driving only with horses that are known to be safe, for the motion of the former and the possibility of a runaway might be attended with disaster. Games requiring exertion, such as baseball, lawn tennis, etc., should not be played, rowing avoided, and bathing in the sea never indulged in without the advice of a physician.

As the emotions of the mind are so closely related to the action of the heart, the sufferer from heart disease, functional or organic, should endeavor to maintain an equable temper, and never be exposed to the sudden excitement of joy or sorrow. In this case those who are related to the patient by ties of friendship or of blood should see to it that news of an excitable nature should never reach him or her too suddenly; that irritating conversations are not carried on; that temper be not unduly excited by opposition; and that, so far as it is in their power, grief, anxiety, and fear, be soothed by encouragement and hope. The excitement of love should be moderate, and the pleasures of venery reduced to the minimum. Chastity and continence should be observed.

Diet. The diet should always be moderate, and attention be paid that such articles of food as disagree with the patient be avoided. A full stomach, a stomach distended with wind, will bring on palpitations of the heart. In cases where the heart is enlarged, care should be taken not to fill the stomach to its utmost, as this, on account of proximity, will interfere with the action of the former; better, then, to take food more often, say five or six times in twenty-four hours, and less at a time, than go hungry and then fill it with a full meal. Anything liable to cause flatulency, as cabbages, onions, apples, etc., should be avoided. Highly seasoned food, very greasy or peppery, should not be indulged in. And, moreover, one should not lie down till digestion is complete.

Coffee, tea, wines and alcoholic stimulants of any kind, should not be used except under the explicit advice of the physician.

Functional diseases of the heart are especially benefited, and often cured, by close attention to the above suggestions of regimen and diet.

MEDICAL TREATMENT.

In inflammation of the heart or the pericardium, generally the effect of rheumatic transmission, known by the symptoms as described under inflammation of this organ, *aconite* should be the first remedy given. Five drops of the tincture in a glass half full of water, to be taken by one teaspoonful every hour until the pulse drops to a normal standard.

Bryonia 3x should be given in alternation with *aconite* if pain in the region of the heart or shoulder accompany the fever. The *bryonia* should be continued after the fever if any of the pain remains.

Colchicum 3x is a very important remedy where Inflammatory Rheumatism of the large joints has preceded or is present, with *distressed* and *hurried* respiration, *panting* for breath, *anxiety* and *oppression*, *stitches* and *tearing* in the region of the heart particularly during inspiration, with strong and fluttering beating of the heart, a *hurried* pulse, *profuse*, *sour-smelling* sweats which do not afford relief, scanty urine of a bright-red color.

Spigelia 3x is another remedy which is of great importance in rheumatic disease of the heart and particularly when the following symptoms are present: The heart *seems* to beat without intermission; the beats seem to shake the heart from its place. The beats of the pulse at the wrist *do not keep time* with the beats of the heart; all these symptoms are greatly aggravated by *motion*, even by only raising the arms. The pains about the heart are like *stitches*. The arteries in the neck *pulsate visibly*; the cheeks and lips are *red* but which may become pale in attempting to move. Great *difficulty of breathing* is present, and the pain extends to the left shoulder. The beating of the heart is so tumultuous as to be heard at some distance. The heart beats so strongly that its motion is visible externally.

Digitalis has been used for disorders of the heart from time immemorial, and with good reason; there is no remedy which,

when properly applied, brings out better and quicker results. It is particularly useful in the disorders of the heart brought about by *violent emotions*, *protracted grief*, *anxiety*, and *care*; and even more so when dropsical effusions surround the heart, and the dropsy extends also to the limbs or to the body. The symptoms that require its use are: "Sharp stitches, or contractive pains in the region of the heart; uneasy sensations in the left side of the chest, often extending to the shoulder and arm; *palpitations*, excited by talking, movement, or on lying down, particularly on the left side; pulse *rapid*, *weak* and *irregular*, or *slow*, *soft* and *intermittent*; sense of oppression and anguish about the region of the heart; general weakness; frequent attacks of fainting; respiration *slow*, *difficult* and *unsatisfactory*, or short, painful and *sighing*; flushes of heat in the *chest*, *face* and *head*; while the *extremities remain cold*; general feeling of anxiety and despondency."

This remedy is also particularly indicated when symptoms of heart disorder are accompanied by swelling of the feet and ankles, or when the dropsy extends farther along the legs, or within the abdomen.

When dropsy is not present, ten drops of the first decimal dilution in a glass half full of water, to be taken by the teaspoonful every hour, may be sufficient to relieve the symptoms permanently in a few days. But when dropsy occurs, I would suggest ten drops of the *mother tincture*, to be prepared and given as the first dilution.

Digitalis in the latter case ought to increase the flow of urine, which should be carefully watched, and as the flow of urine increases the dropsical effusion ought to decrease.

Strong *digitalis* should not be used too long, not longer than two or three days at a time, and continued only when it causes ready improvements in the symptoms. It should then be stopped for two or three days and resumed if necessary.

Apis melifica. If the symptoms of the heart are *light*, scarcely observable by the patient, and still dropsy of the feet or other parts of the body is present, *apis 6x* every two hours would relieve the effusion. It is a good remedy to give for the relief of the dropsy after *digitalis* has removed the distressing symptoms about the heart, and the pulse has regained strength and regularity.

Cactus grandiflorus. This remedy has been found to pos-

sess great properties for the relief of chronic diseases of the heart from rheumatism and inflammation; it is particularly adapted to Hypertrophy and Palpitation of the Heart. It promptly relieves the following symptoms: Sensation of *constriction* in the heart, very *acute pain* and stitches around its region extending to the shoulder. Palpitation *continues night and day*, worse when walking and when lying down on the left side. Nervous palpitation of the heart during menstruation. Very useful in relieving *Angina Pectoris*.

The dose should be ten drops of the *tincture* in a glass half full of water, one teaspoonful of the solution every hour and oftener.

Laurocerasus tincture, ten drops to a glass half full of water, one teaspoonful every fifteen to twenty minutes, is exceedingly successful in removing the sudden and alarming symptoms of *Angina Pectoris*.

In *Angina Pectoris*, when the patient is gasping for breath, with constriction and pain at the heart, cold sweat over the brow, looking as if he were dying, it is my practice to give five drops of the aromatic spirit of ammonia of the stores, in a tablespoonful of water, every five minutes till the heart acts more strongly, the circulation is more diffuse and the cold sweat is replaced by a sensation of ease and warmth; then I follow it up with *laurocerasus* for twelve hours, and then by *cactus*.

In palpitation of the heart arising from an overloaded stomach, from Dyspepsia and from flatulency, *nux vomica* 3x is the remedy that will remove it, provided the patient becomes more abstemious.

In nervous people palpitation arising from any slight excitement of the mind, *ignatia* 3x will remove the symptoms.

The author is conscious that this is but a limited treatment for the multiform disorders that the heart is liable to, but enough, however, for non-professionals, who should not undertake to treat the formidable diseases of this organ when an expert physician should be called in to attend, if obtainable.

DISEASES OF THE MOUTH.

For *Aphthæ* and *Thrush* see chapters on Diseases of Children.

GUMBOILS.

These are almost always occasioned by decayed teeth or stumps of teeth. The inflammation commences from the periosteum, the investing membrane of the tooth, and extends to the gum, where an abscess is formed. It is recognized by a painful swelling in some parts of the gums. During the stage of inflammation slight fever may be excited.

The shortest way to get rid of one of these troublesome boils is to encourage suppuration with hot fomentations to the part externally or between the cheek and the gum, the latter being done by the heat of an onion hot, by a large raisin or a dry fig after being immersed in hot water.

If gentle pressure, finally, does not squeeze the pus out between the gums and the teeth, an incision through the abscess should be made. The relief is almost instantaneous, on the issuing of the pus, and the gum gets well.

Mercurius solubilis 3x should be given internally every two or three hours during the inflammation.

INFLAMMATION AND SUPPURATION OF THE MAXIL- LARY CAVITY.

The *high cheek bone*, so called, has a cavity which may take up inflammation from a cold, a blow, or from the fang of a tooth extending through it. The symptoms are those of a toothache, the pain from which, however, extends to the nose, to the eye and to the frontal sinuses just above the nose on the forehead. The pain, whether severe or not, is continuous, and it is from that continuance that one learns that it is more than a toothache.

This disease should be treated by a surgeon or a skilled dentist. No relief will come until the offending tooth has been

extracted or an opening for the outlet of pus, is made by the surgeon.

CARIES OF EITHER MAXILLARY OR SUBMAXILLARY BONES.

In scrofulous subjects, or from injuries to the bone, the upper, but generally the lower maxillary, may become diseased and part of it decay. In this case the surgeon is the only person that should have charge of the disorder.

Syphilis and the abuse of mercury are, occasionally the cause of caries of these bones.

SALIVATION (PTYLALISM).

This troublesome disorder is generally induced by the abuse of mercury in some form, calomel being the most common. The barbarous treatment of causing salivation in order to cure a disease is, fortunately, going out of fashion, although many physicians still adhere to the old claim that it is good practice.

The *symptoms* are *constant* and *increased* salivation; *swelling* and *ulceration* of the gums; the tongue greatly *enlarged*. The salivary glands become also *enlarged*, *inflamed* and *painful*; the breath smells horribly, and the disease may go as far as to cause the whole inside of the mouth to become *ulcerated* and *gangrenous*.

Iodide of potassium, tartar emetic, nitric acid, and nitromuriatic acid, are also capable of inducing salivation, if given in large doses.

Salivation has occurred also when it could not be traced to any of those drugs.

Treatment. All salivations, not induced by mercury, are quickly cured by taking *mercurius solubilis*, or *mercurius corrosivus* 6x, every three or four hours. In salivation occasioned by the abuse of mercury, *nitric acid* 3x, and *aurum* 6x, will bring speedy relief.

DIFFICULTY OF SWALLOWING (DYSPHAGIA).

This may be induced by a foreign body lodging in the gullet, as a fish or chicken-bone; by nervous disorders as hysteria, by

spasmodic constriction of the pharynx. Partial paralysis of the throat is also a result of violent Diphtheria, rendering deglutition difficult.

TREATMENT.

Displace a foreign substance entangled in the throat and gullet by an elastic probang with a sponge-tip; drive the probang down to the stomach. Swallowing a piece of dry bread has often removed a fish bone.

When Disphagia is occasioned by Hysteria, the cause is remote, and should be studied in order to cure the Hysteria. (See Hysteria.)

The spasmodic constriction of the throat has been cured by Prof. Helmuth, with *cocculus*. If that fails, *moschus* 2x or *agaricus muscarius* 2x should be administered.

This disorder generally creates great alarm in the patient; the excitement of the mind increasing the difficulty. Assure the patient that he is in no danger, and that relief will so be obtained; and he will be assisted thereby. In paralysis of the throat apply an electric current from the nape of the neck to the throat, externally. A light *Faradic current* for five minutes every day till well.

SMALL TUMORS UNDER THE TONGUE (RANULA).

A small, soft, fluctuating and semi-transparent tumor, which forms under the tongue, owing to the accumulation of saliva in the salivary duct, called Wharton's. A small opening to let out the saliva is generally sufficient; sometimes the tumor must be kept open by running a thread through it, and keeping it there. Surgeons often remove the little tumor altogether.

INFLAMMATION OF THE TONGUE (GLOSSITIS).

When the inflammation is superficial, it is of slight importance, but when it involves the whole tongue, the symptoms become serious on account of the swelling becoming so great as to leave scarcely room enough in the cavity of the mouth to retain it. The latter form is rare, but may be occasioned by a direct injury to the tongue, by contact with boiling liquids, by the action of acrid and corrosive substances, or by the sting of insects, such as bees, wasps, etc.

Symptoms. Fever, enlargement of the tongue, sensation of heat in the mouth, pain and increase of the flow of saliva. The severity of the symptoms depend upon the enlargement, as it may so fill the mouth as to interfere even with the breathing. An abscess may also form in the tongue, greatly adding to the enlargement.

TREATMENT.

Aconite as soon as fever appears and the tongue becomes red.

As soon as the tongue swells alternate *mercurius sol.* 3x with *aconite*. Continue the *mercurius* as long as the swelling remains. If an abscess forms, which is indicated by a round swelling in some part of the tongue, give *hepar sulph.* 3x every hour.

When stung by an insect, keep a solution of *ammonia* (15 drops of the aromatic spirit of ammonia to a glass half full of water, a mouthful). If the tongue is very hot, inflamed and swollen either *pulverized ice* or *hot water*, the one which can be best tolerated, should be kept in the mouth.

An abscess of the tongue should be opened as early as possible.

TOOTHACHE.

Although the treatment of toothache has been placed in a chapter on the "Diseases of Pregnancy," because common in that condition, the same treatment is applicable in all cases, provided the symptoms are as given under each remedy.

DISEASES OF STOMACH AND BOWELS.

In chapters devoted to the diseases of pregnant women and children, in other parts of this book, the common disorders of the stomach and bowels are treated. As the treatment has relation only to the symptoms as they occur, it is applicable to persons of both sexes and of all ages. (See Index.)

ACUTE INFLAMMATION OF THE STOMACH FROM POISONING (ACUTE GASTRITIS).

An acute inflammation of the stomach, being induced by swallowing irritant and corrosive poisons, such as mineral acids, arsenic, corrosive sublimate, copper, carbolic acid, etc., the reader is referred to the chapter on "Domestic Treatment of Poisoning" for the proper antidotes. When, however, several hours have passed and it is evidently too late for antidotes, or when the antidote has been given and yet the symptoms of inflammation of the stomach continue, the treatment should be such as for any other inflammation as found in the next chapter.

The patient will be found suffering from *intense heat* in the stomach, from *nausea*, *burning*, even in the throat, *weak* pulse and great *thirst*. The patient may scarcely be able to swallow or to retain anything in the stomach.

Treatment. Mouthfuls of pulverized *ice* should be given at once. Ice applied to the stomach will also be very grateful. *Milk* mixed with a tablespoonful of *lime water* may be given at small drafts and often. If retained, that should be the only food until the stomach is able to tolerate more nourishing food. If the patient shows signs of weakness, food in the shape of *beef tea* should be administered every three or four hours by *injections* through the *rectum*.

**INFLAMMATION OF THE STOMACH NOT INDUCED BY
VIOLENT POISONS. CATARRH OF THE STOMACH
(GASTRITIS).**

An inflammation of the stomach may occur even though the person has not been subjected to irritating poisons as described in the foregone chapter. It may be induced by the habitual use of spirituous liquors, by overloading the stomach or by the eating of improper things; it may be a sympathetic disorder connected with disease of the heart, of the lungs, of the pleura, or of the liver.

Symptoms. *Tenderness* in the region of the stomach at touch; *burning* at the pit of the stomach, great *thirst*, *nausea*, and even *vomiting*; a sensation of *fullness*, even when food has not been taken. *Loss of appetite*, craving for *stimulants*, bowels *constipated*. *Eructation of gases*. *Mental depression*, and general *ill feeling*. These may be accompanied by *vertigo*, *sleeplessness*, *weakness* and *loss of flesh*. Rising in the throat of viscid, ropy, mucus, particularly in the morning.

Pathologists are very fond of classifications, the slightest variation in a disease or in its effect upon the human system being sufficient excuse for a new name. Thus *Gastritis* is by some called *Gastric Catarrh*, acute or chronic, and also *Gastric Fever*.

The so-called Gastric Fever, however, is more like a remittent fever, so that many authors treat it under that head.

Gastric Fever, as understood, is generally a miasmatic fever. It commences with alternate *chill* and *heat* and *accelerated pulse*. The stomach symptoms, as *nausea* and pain may be very slight, and the constitutional symptoms violent. The *headache* is intense and the *lassitude* so great that the patient cannot rise. The tongue is very heavily *coated*, and the mouth tastes badly. The fever *intermits*, rising in the evening, and continues for several days. *Sleepiness* and *delirium* may be present in violent cases.

Recovery from this fever is slow, and the patient liable to a recurrence if he does not exercise the greatest care in the use of the proper diet.

Regimen and Diet. This part of the treatment is most important, particularly in the chronic form. All the medicines in the world, however well selected and appropriate, will do no good, unless the rules of diet and regimen are observed. Exercise in the open air should be insisted on, and all mental

cares abandoned. Traveling, a trip to the mountains, pleasure sports, as hunting, fishing and riding, will prove very beneficial, provided the cares are left behind. Utter abandonment of all spirituous liquors, and particularly of the so-called "tonics." These tonics are the most deceptive concoctions of money-making drug dealers. No matter who advises them, no matter how often they have cured (?) your friends, drop them, and that will be one point gained. Cure the disease; then your stomach will assimilate your food, the best tonic that *nature* suggests.

Coffee and tea should be avoided. All fat and fat meats, or dishes cooked with fat are objectionable. Spices should not be used. A person liable to inflammation of the stomach or dyspepsia, should never eat in a hurry, or when his mind is much pre-occupied. He should eat leisurely, well selected food, which he should masticate thoroughly. He should never eat or drink anything too hot, and should absolutely abstain from any *icy drinks, ice cream, etc.*, during or immediately after meals. *The abuse of ice water at meals in America is the cause of thousands of cases of indigestion.*

There is no absolute diet for dyspeptics, for, while one article agrees with one, it disagrees with another, but it behooves the sufferer to observe what does and what does not agree with his own special case.

Milk is probably the diet that would cure the largest number of cases; milk alone. It requires a strong will to adopt, even for a week, a diet purely of milk, but any one who would try it would feel repaid at the end.

Diseases of the stomach are so general, particularly among Americans, that hundreds of savans, physicians, druggists and speculators of all sorts have gone into the manufacture of preparations called digestives. But, outside of such simple preparations as pepsin, pancreatin and peptones, *unmixed with drugs*, all such preparations should be carefully avoided unless advised by competent physicians.

CHRONIC GASTRIC DISORDERS (DYSPEPSIA).

A chronic inflammation or catarrh of the stomach becomes a Dyspepsia pure and simple. The inflammatory condition, as fever and high pulse, is absent, but the *pain, the flatulence, the*

acidity and *loss of appetite* remain, besides innumerable feelings of discomfort, as *fullness* after eating, *constipation* or *diarrhoea*, probably *cough*. The cough and weakness and labored breathing may even suggest Phthisis, and many are the cases of supposed Phthisis that turn out to be only Dyspepsia. Phthisis is often accompanied by dyspeptic symptoms, hence the confusion. But in Phthisis a lesion of the lungs will soon occur, and a good physician ought to be able to discover if it exists. A week or two must determine whether the lungs are the seat of the disease or not.

MEDICAL TREATMENT.

In *acute inflammation* of the stomach with *fever*, *high pulse* and *tenderness* in the region of the stomach, *aconite 3x* should be given until the fever abates.

Arsenicum 6x. *Burning* and *shooting pain* in the stomach, worse on motion; *pressure*, *cough* and labored breathing. *Scraping* and *burning* from the stomach to the throat. Great *thirst* and desire for cold drinks. Stomach *swollen*, tongue *red* around the edges with a coating in the middle; pulse *weak*; *cold*, *clammy extremities*. Countenance pinched and expressing anxiety.

Ipecacuanha 3x if *nausea* and *vomiting* accompany the above. It may be given alone every hour till the nausea has disappeared, or alternated hourly with arsenicum, if the symptoms of this are also present.

Veratrum album 3x should be given when the symptoms found in arsenic are present in an *aggravated* form, as pulse *weak*, almost *imperceptible*; stomach and abdomen *swollen*; extremities *cold*, with *clammy sweat*; lips *blue* and *dry*; tongue *dark red*, almost *brown*, and *dry*; *hiccough* and extreme *prostration*; and all the symptoms of arsenic, but indicating a lower condition of the system.

Nux vomica 3x is the best remedy when the catarrhal condition of the stomach has been brought about by the abuse of fermented liquors, and particularly when the following symptoms present themselves: *tremulousness*, *staggering mood*, conversation confused, *coated tongue*, *aversion* to food, *constipation*; *bloated face*, eyes *inexpressive*, stomach *distended*, *flatulency*, *hiccough*, *offensive breath*; *tenderness* at the pit of the stomach, inclination to *nausea* and *vomiting*, *dizziness* of the head, feels wretched, anxious and melancholic.

Belladonna 3x, if the face is much *flushed*, with blinding *headache* and tendency to delirium and optical illusions. A few doses of this remedy may remove these symptoms.

Pulsatilla 3x, if the inflammation of the stomach has been brought about by an *overloaded* stomach, and particularly by *rich, highly seasoned* food. Excellent in females of the blonde complexion addicted to Leucorrhœa, delayed or scanty menstruation.

CHRONIC DYSPEPSIA, ATONIC DYSPEPSIA

This is not an inflammatory condition of the stomach, but one which depends on a functional derangement in the *quantity* and *quality* of the gastric juice, causing disorders in digestion and assimilation.

These functional derangements are brought on by *errors in diet*, gulping down food before being thoroughly masticated, by mental worry; going too long without eating and then eat to repletion; by weakness from other causes, and particularly by uterine diseases.

Symptoms. Sensation of *fullness* after eating, *acidity* of the stomach, *heartburn*, *waterbrash*, *flatulency* and emission of gases which relieves, gulping up of food, *tasting* food hours after eating, *perverted* appetite, *want* of appetite, pain or soreness in the region of the stomach during digestion. Tongue generally *clean* but *pale* and *flabby*; around the edges are the impressions of the teeth. Bowels generally *constipated*; sometimes *loose*, passing undigested food. *Drowsiness* after meals, *headaches* occurring often, weak memory, lassitude, palpitations of the heart.

TREATMENT.

Besides the remedies mentioned in the treatment of inflammation of the stomach, which should be consulted, the following one should be carefully studied so as to find such as will suit the case.

Carbo veg. 6x. Flatulent dyspepsia, belching of wind, cutting pains in the chest, acidity, *loose bowels*.

Bryonia 1x. Feeling as of a stone in the stomach; sharp pain going to the back of the chest; *pain between the shoulders*;

bilious vomiting; pains across the forehead; white tongue, constipation.

Mercurius solubilis. Pale, flabby tongue, depraved taste, foul breath, light stools, depression of spirit.

Calcarea carbonica 3x. Ravenous hunger, white-coated tongue, heartburn, waterbrash; milk disagrees; tight clothes unbearable; abdomen distended and hard; offensive white stools. Peculiarly adapted to scrofulous constitutions.

Kali carbonicum 3x. Dry, sore tongue; white, fatty and acid risings; nausea; fullness of the stomach as if full of water; tenderness; great distention of the abdomen after eating; stitches in the chest; sick headache.

Sanguinaria Canadensis 1x. Burning feeling of the tongue, which is coated yellowish-white; emptiness and craving for food; bilious vomiting, which does not relieve; water in the mouth; offensive eructations; soreness in the region of the stomach.

Lycopodium 30x. Chronic constipation, tenderness about the liver, cough, distention of bowels; rumbling of wind in stomach and bowels; waterbrash; white tongue; urine yellow, with red deposits.

Dyspepsia comes in so many forms, produces so many sympathetic symptoms, that to prescribe for all a comparatively large volume could be written, but when written it would not serve the unprofessional reader. The few remedies given will assist the sufferer, and in many instances cure him; but if not he should place himself in the hands of an expert physician to have his case thoroughly studied and then prescribed for.

Indigestion of pregnant females and children is treated elsewhere in this book.

Diet and regimen will be found in the preceding chapter.

ULCER AND CANCER OF THE STOMACH.

Chronic Ulcer and Cancer of the Stomach are placed in the same paragraph because the symptoms are so alike that only a very expert physician can make a reliable diagnosis. Moreover, the treatment of these two diseases are beyond the pale of unprofessionals. The prominent symptoms that are here given should be taken as suggestive of the necessity of applying at once to a properly qualified person.

Symptoms. A circumscribed spot in the region of the stomach becomes painful, both when pressed upon or without pressure; the pain becomes worse after taking food. The pain, at times, is like a hard pressure; again, burning, lancinating or cutting, particularly in Cancer.

As the disease progresses vomiting of watery mucus occurs at intervals.

The paroxysmal pains in the same spot in the stomach and vomiting, in a case where dyspeptic symptoms have been present for a considerable time, should warn the patient that an expert ought to be consulted.

HÆMORRHAGE FROM THE STOMACH (HÆMATEMESIS).

Blood issuing from the mouth is always a cause of alarm, as it is associated with hæmorrhage from the lungs, yet it may come from the stomach. The blood from hæmorrhage from the lungs is red, is coughed up, not vomited; besides, it is very rare that a hæmorrhage of the lungs occurs without having been preceded by symptomatic evidence of diseased lungs; at any rate, bleeding of the lungs is detected by sounds of rattling, loose mucus or fluids heard on applying the ear to the chest.

The blood ejected from the stomach is of a black, coffee-ground color, and is accompanied by feeling of faintness and sinking at the pit of the stomach; the ejected matter may appear clotty and mixed with particles of food.

Causes. Malarial fevers; congestion of the liver or spleen; absent menstruation, being relieved by blood flowing from the stomach, known as vicarious menstruation; Scurvy, Purpura; Ulcer or Cancer of the Stomach.

It is not considered a dangerous symptom unless coming from the abrasions of an ulcer or cancer; hæmatemesis from any other cause being only a symptom of disease, is cured as the disease is cured.

TREATMENT.

Perfect quiet in a semi-prone position. Crushed ice, taken internally by the teaspoonful, and also applied in bladders to the stomach and spine.

Ipecacuanha. Twenty drops of the tincture in a glass half full of water, one teaspoonful every fifteen minutes. If nausea supervenes, give it every half or every hour. Should ipeca-

cuahna fail to arrest it, give the fluid extract of *ergot*, fifteen drops in a tablespoonful of cold water every half hour till arrested.

If these remedies are not at hand, give *common salt*, one tablespoonful dissolved in half a goblet of water; two tablespoonfuls of the solution every ten minutes, till the flow of blood is checked.

If the blood vomited is only in small quantities, as a result of absent menstruation, *ipecacuanha* 3x, and *pulsatilla* 6x, every hour alternately or less often, should be given. In this case, in which the patient is likely to be anæmic, *china* 3x or *ferrum metallicum* 3x should then be given for several days after the hæmorrhage has been checked.

While this is the treatment for the emergency, no time should be lost in consulting a physician.

SPASM OF THE STOMACH (CARDIALGIA, GASTRALGIA).

This is a neuralgic affection, very severe while it lasts; caused by malaria, gout, anæmia, and indigestible articles of diet.

Symptoms. The attacks come on *paroxysmally*. *Gripping pain* of the stomach; a sensation as if it were *drawn into a knot*, followed by *faintness, cold hands and feet*. The pain is *very great*, and the stomach *swells out like a hard ball*. Pressure seems to relieve it, but the pain sometimes extends even to the chest.

The paroxysm lasts from a few minutes to half an hour, leaving the patient very much exhausted. Raising gas often relieves from the attack.

TREATMENT.

If induced by indigestible articles of diet, tumblers full of *hot water* will relieve, and probably produce vomiting of the offending cause.

Moschus 3x, trituration, a two-grain powder every five minutes, will relieve spasms of the stomach due to *Neuralgia*, particularly in *nervous persons*.

Nux vomica 3x is also a remedy of importance when the following symptoms are present: *Contracting, pressing, crampy, tearing* pains in the stomach, *fullness* and oppression, causing

all clothing to feel too tight; worse after a meal and drinking coffee.

After the paroxysm is over, all the remedies under the heading of Dyspepsia and Indigestion should be studied, as the return of the spasms will depend upon the condition of the stomach. The remedies under Gastric Catarrh should also be consulted.

Neuralgia of the stomach, depending upon anæmia or disordered menstruation, should be taken only as a symptom of those diseases, to which the reader is referred.

A DEBAUCH.

Connected with diseases of the stomach is the effect of a drunken spree.

It is painful to the author to feel that it is necessary in a book of this kind to write on the treatment of a "debauch." But as the author treats of human infirmities he must recognize this as one requiring his advice. It is written in behalf of many a loving wife or mother, who is forced into the sad position of helping her husband or a son out of one of these regrettable indiscretions. The author must recognize the fact that the trouble exists; and, recognizing it, feels it to be his duty to offer a helping hand.

For a "debauch" here is meant a case in which a person has so far forgotten himself as to become, temporarily, the victim of alcohol with all the sufferings upon him or upon others it may entail.

Often a mother or a wife finds herself face to face with one of these afflictions, and her heart, though wounded, goes over to the offending sufferer. Her pride, her love for him, will screen him from exposure; and he is on her hands, unused as she is to this phase of human infirmity. She is appalled; she is frightened, and does not know what to do.

For her sake here are some suggestions which may help her in her very helplessness.

If the man comes home intoxicated from an unusual indiscretion of not long standing the best thing to do is to put him to bed and let him sleep it out, hoping that the mortification and headache of next morning will be a lesson to him. But

if he comes home from a "debauch" of *several days* his condition may be serious, requiring her best judgment.

Do not reproach or assail with invectives a man in that condition. For the present he is not responsible, and a moral lecture is useless; defer this part of the treatment until he is in a condition to comprehend the enormity of his bad conduct. The question now is how, and how quickly, you can rehabilitate him.

Having for several days been stimulated, it may be dangerous to withdraw from him at once all stimulants. The reaction might be so great as to throw him into *delirium tremens*.

Some stimulant he must have; then give it to him in a form that may help him, and that is, mixed with food; whisky-milk-punch. His stomach has given away and he hates regular food. If he has drank hard for several days give three or four milk punches the first day, two or three the second, one or two the third, until it is evident he can do without them. His stomach being much irritated, he craves for some drink, and particularly for such as would warm up his stomach. To appease this craving give him ginger ale between the times that you have set for his milk punches.

Coax him to take some food, which he will take as soon as he can; as soon as he relishes food he is better, and will go on improving, but do not force it upon him.

At night he may be troublesome because he cannot sleep, and sleep is now what he craves most. A good sleep is a panacea to him, and although the author is averse to sleeping draughts, unless absolutely necessary, in this condition he realizes such necessity.

Bromidia, a mixture of various soporifics, has been found to act kindly in such cases. One dessertspoonful in a sherry wine-glass of water, administered two or three times, an hour apart, will quiet him, and probably induce him to sleep. I would not advise more than four doses during the night; although a person under the influence of alcoholic stimulants bears opiates remarkably well. If he sleeps four or five hours he will be better the next day; he will take more food and fewer punches.

The stomach is the organ to look to, and *nux vomica* 3x, fifteen drops to a glass half full of water; one teaspoonful of

this every two hours, will greatly assist in bringing that organ to the normal condition.

Four or five days under this regimen, and the patient will be brought near, if not entirely to his normal condition.

DELIRIUM TREMENS.

Following a debauch or several debauches, as described in the preceding paragraph, Delirium Tremens, with all its horrors may supervene. It is apt to occur when a man stops drinking after a long period of overindulgence in alcoholic stimulants. This first symptom is *insomnia*. If he takes snatches of sleep he is disturbed by *horrifying dreams* and *visions*. These visions pursue him even when wide awake; *snakes, horrible insects, armed men* pursuing him threateningly. He *hears threatening voices, or the mockings of deviltry*. He even complains of disgusting odors. These hallucinations are the first evidence of Mania a potu. He is very cowardly or attempts to fight against imaginary attacks. He can then be very violent. He talks incessantly, particularly about some one whom he thinks is persecuting him. In two or three days his muscles begin to *tremble*. He can hardly hold any object in hand, so convulsive are his muscles. It is from this tremor that the disease has taken the name of *Delirium Tremens*.

All these symptoms grow from bad to worse until he begins to get continuous sleep. From that moment he improves.

Differential Diagnosis. There are diseases that simulate Delirium Tremens, and it would be hard on a fellow, affected by any of them, to be called a drunkard and treated as such, and those diseases are: General Paralysis. Paralysis Agitans, Lead Poisoning, Locomotor Ataxy; paralysis of one side or the other, or of the lower part of the body from disease of the brain; Epilepsy, Insanity, acute Hysteria, etc.

The history of the case is therefore important. If it is known that the subject is liable to go in debauches; that he is a hard drinker; the verdict of Delirium Tremens may be proper. Again, the salient points of alcoholism are: *Insomnia, morning vomiting, muscular tremor, hallucinations, visions* of insects or threatening people. When, to these symptoms is added the *habit of hard drinking*, the conclusion may be safely arrived at that he is suffering from mania a potu.

TREATMENT.

First of all, he must be so placed that he cannot injure himself or anybody else, for suddenly he may spring out of a window or seize a hatchet or anything, and attempt to kill the one nearest to him. In other words, he is exceedingly dangerous. Many a loving wife has been dispatched by a blow from a drunken husband, even from one who loved her when sober. He may appear tranquil for a few moments, when he will shed tears, and call his wife all sorts of sweet names; the next moment he will kill her like a demon in a rage. He should not be trusted at all. He will make all sorts of promises, but look out! he only does so to gain a point or an advantage. Let a woman withdraw from the horrible sight and from the threatening danger. Let no child see this self-abasement of the father.

As the reaction of the stimulants induces intense weakness a concentrated diet of animal food should be insisted upon. The digestive powers are feeble, and a great quantity of food would not be tolerated or assimilated, hence food should be in a concentrated form, like Liebig's beef tea, or bovine, taken little at a time and often. Some stimulant may also be required, in which case it should not be given alone, but mixed with food, as milk punch or a tablespoonful of brandy in a cup of broth.

Strong opiates are not advisable, though many physicians would prescribe them; but, as it requires very heavy doses to have any effect, a non-professional should not administer them.

A physician should be in attendance in so grave a condition of a patient.

Belladonna 3x for great mental excitement; his face being red and congested *nux vomica* 3x should be given, every hour, after belladonna, for the nausea, aversion to food and constipation; at night *coffea* 3x or *hyosciamus* 3x may be given to quiet the nervous symptoms and induce sleep. A hot bath at night has often produced sleep for the wretched invalid. Even a blister at the nape of the neck has often induced great relief.

DISEASES OF THE INTESTINES.

INTESTINAL INDIGESTION, INTESTINAL DYSPEPSIA.

The digestion is not completed in the stomach. That is only the first process; after the food has been macerated and mixed with the gastric fluids, it passes on to the duodenum, the first intestine; there the food is further acted on by the juice from the pancreas, and by the biliary secretion. We might call this the second part of the digestive process. Should this part fail, then we have Intestinal Indigestion.

This Indigestion may be acute or chronic. In order to discriminate between the feelings produced by Indigestion in the Stomach and Indigestion of the Bowels, it should be remembered that the symptoms of Indigestion of the Stomach would be felt very soon after taking food; the food entering the stomach first, while the symptoms of Indigestion of the Bowels can only occur after the food has passed out of the stomach and entered the bowels, viz: Two, four, or six hours after taking food.

The *symptoms* of the *acute variety* are: *Pain, flatulency,* and noises in the upper bowels, which may be accompanied by feverishness, loss of appetite, coated tongue, headache, pain in the limbs, and even diarrhœa of undigested food. The gases may produce *colicky pains*. In severe cases there is *jaundice, yellow skin, dark-brown urine, light-colored stools,* and *constipation*. This would show that the biliary secretions from the liver are interfered with.

The *chronic form* has the symptoms of the acute, but not so violent or spasmodic, yet constant from day to day, from month to month. The food, not being properly acted on by the hepatic and pancreatic secretions, undergoes partial decomposition, evolving gases, hence *fullness* and *distention* of the abdomen occurs a few hours *after eating*, which may increase

until it presses the diaphragm upwards, causing *difficult breathing*. When this form of the disease is continued for a long time, the sufferer, not being properly nourished, becomes *emaciated*, loses *his good spirits*, becomes *melancholic* or *hypochondriac*, sleeps *poorly*, becomes subject to *headaches*, *vertigo* and *dizziness*: even his mind gives away; he is *despondent*, *discouraged*, looks on the worst side of everything, and even thinks of death and suicide.

The skin is harsh and dry, the urine dark, the bowels inactive.

TREATMENT.

In cases when the liver seems torpid, or the biliary secretions impeded, which is known by the *yellow, dry skin, furred tongue, constipation*, with *light colored stools, dark urine, nitric acid* will be found very useful. The nitric acid solution should be strong enough to be tasted, probably as much as lemonade. Get the nitric acid chemically pure from a druggist. Put a drop or two in a goblet half full of water; the water will become pleasantly acid; take one tablespoonful of that water before each meal.

In cases when the liver symptoms are not so apparent the *pancreatic preparations* in common use, provided they are not mixed with drugs, will be found beneficial.

Nuxvomica 3x. Tight feeling around the waist. Pressure from *flatulence* under short ribs. The side of the liver is *sensitive to pressure*. *Jaundicy* appearance. *Wind colic*; colic after a meal. Cramp-like pains. Griping, *going and coming*. *Distention* of the abdomen. Cutting pains in the abdomen, causing *nausea* and *eructations*. *Constipation*. *Ineffectual urging to stool*. *Large, hard feces*. Stools of *undigested matter*. Feeling as if something remained behind after a stool. *Hæmorrhoids*.

Mercurius solubilis 3x. *Yellowish tongue and skin*; *light colored diarrhœic stools*, sometimes accompanied by mucus. *Dark-green, frothy, bilious stools*. Colicky pains with *diarrhœa*. *Distention and pain of the abdomen*.

Podophyllin 6x. Colic, with *retraction* of the abdomen. *Chronic torpidity* of the liver; *yellow tongue and skin*. *Diarrhœa immediately after eating or drinking*. *Constipation with flatulence and headache*.

Consult also remedies under *Dyspepsia*.

INTESTINAL COLIC (ENTERALGIA).

This pain should be distinguished from other pains within or about the abdomen.

The pain from *Gastralgia* is felt about the region of the stomach.

The pain from *Hepatic Colic* and from *the passage of gall-stones* is circumscribed and *fixed* about the liver and gall-bladder, on the *right* side, just about the first and second short ribs, which causes retching, vomiting and jaundice.

The pain from *Nephritic Colic*, from *calculi* passing from the kidneys to the bladder, is a tearing, cutting pain, running forward and downward from the small of the back in the direction of the bladder, *on one side*.

The pain of *Uterine Colic* is fixed in the *lower* part of the abdomen, and is associated with *difficult menstruation*.

The pain over the ovaries is an *Ovarian Colic*, probably of a neuralgic character.

Pain in the abdomen may also be from *inflammation*, in which case, however, it is *sensitive to pressure*, while Intestinal Colic, from *wind* or *undigested food*, is *relieved by pressure*.

The *symptoms* of Intestinal Colic are: *Spasmodic* pains from the navel over the abdomen; characterized by *twitching, pinching, tearing, cutting, pressing*; making a person double up, relieved by heat and pressure. The pain may be so excruciating as to send a cold sweat over the brow. If caused by indigestible food, it may be followed by a quick diarrhœa, which relieves; if by incarcerated wind, the Colic will cease as soon as the gas is diffused or passed out.

TREATMENT.

The treatment of Colic must be immediate, and relief obtained quickly. Application of cloths dipped in hot water, repeatedly applied to the abdomen, will greatly assist in relaxing the spasmodic contraction of the intestines. Large draughts and injections of hot water will also be found beneficial. *Colocynth* 3x, every fifteen to thirty minutes, is the sovereign remedy in relieving the *pinching, cutting* pains. Then, if wind seems to be the cause, *chamomilla*, given in the same form, will act with promptness. But, if the Colic is due to undigested food, *nuc vomica* 3x should be preferred.

For *Colic* brought on by errors in diet, as green cucumbers, or some other irritating articles of diet, *camphor* should be given freely, two or three drops of the spirit of camphor on a lump of sugar every ten or fifteen minutes.

If *vomiting* and *diarrhœa* occur with the *Colic*, *camphor* and *veratrum album* 3x, alternately every twenty or thirty minutes, will bring speedy relief.

For Infantile *Colic*, see chapter on *Colic* in the section on Diseases Children.

LEAD COLIC, PAINTER'S COLIC.

In these days, when the potable water of cities is conveyed in pipes and tubes to the consumers, the question of poisoning by lead becomes very important. Plumbers are not the most conscientious people in the world and often, to save trouble and time, insert a piece of lead pipe in iron pipes carrying drinking water, and particularly where curves and angles are to be made in the pipes for the purpose of adjusting them to turns in walls, rooms, spigots, etc. Lead is soluble under certain circumstances; the quality of water has relation to the solubility of lead; while common river or spring water may not dissolve lead, rain water and distilled water will. Moreover, the friction of the water, which is greatest where the pipes are bent sharply, will slowly carry away, by corrosion, infinitesimal particles of the lead of the pipe. The use of different metals in solder joints, stop cocks, etc., is also supposed to set up galvanic action favoring the solubility of the lead. One-fortieth of a grain of lead per gallon of water is sufficient to make that water poisonous. One-seventh of a grain per gallon poisoned violently the whole family of King Louis Philippe, while residing in New Jersey. It came from a water tank lined with lead.

There is another source from which we may become poisoned by lead, and that is from the cans of fruits, vegetables and meats; the cans are soldered with lead, and drops of lead often drop in the can while in the act of soldering. What chemical processes may go on in a can containing lead, acid fruits and other combinations we do not know; still if *Colic* should follow the eating of fruits, vegetables and meats preserved in cans it is well to observe it as it may lead to the proper treatment for the removal of the *Colic*.

Painters, who use lead in their paints, are so subject to Colic that in their case it has received the name of Painter's Colic.

Symptoms. The characteristic symptoms are *violent contraction of the abdominal muscles, retraction of the abdomen, slow pulse, obstinate constipation.* They may come on spasmodically, but finally become continuous and most agonizing. The abdominal muscles are sometimes contracted so rigidly that the abdomen is quite tense and hard and drawn to the spine. The whole system then sympathizes and pains are felt in the limbs and other places. The bowels can hardly be moved, or only hard, little balls may pass. Stomach, bladder, testes and other organs sympathize. Paralysis may follow; the patient emaciates rapidly; the skin becoming dry, brittle, yellowish.

This condition of things may last from a week to a fortnight, and relapses may occur unless the cause is removed.

Treatment. *Opium* 30x is probably the most efficient remedy in this disease. There is no use giving it in large doses, as allopathists do, to relieve the pain; it only increases the constipation produced by the lead. If *opium* does not relieve the constipation *platina* 6x may be tried.

Hot applications, immersions in hot baths, may assist in removing the contraction of muscles so painful as it is.

Alumina 6x will aid greatly in removing the constipation after the acute symptoms have passed away.

CONSTIPATION.

Constipation has been so thoroughly treated under the caption of Constipation of Pregnant Females and Children, that it is hardly necessary to add more.

DIARRHŒA.

Diarrhœa may be said to be *adventitious* or *constitutional*.

To the first class belongs the *casual* Diarrhœa, induced by *indigestion, indigestible food, impure food and water, irritating matter or secretions poured into the bowels.*

To the second, Diarrhœa, as a consequence of *Phthisis, Pyæmia, Albuminaria* (Bright's Disease), *Typhoid Fever*; an indirect symptom of any formidable disease, other than one of bowels.

Then, again, the *Acute* and *Chronic* forms are classified to express brief or lengthened attacks of the same.

The *Acute* Diarrhœa is produced by the same causes that induce Casual Diarrhœa; while the *Chronic* is almost invariably dependent upon constitutional causes.

Symptoms. *Loose stools.* Soon after eating uneasiness in the bowels, and desire for an evacuation. *Wind* in the bowels; often *nausea*; *coated tongue.* The stools, however, are always *feculent*, and may contain undigested matter. The evacuations may be *light, dark or green.* In the so-called "*Bilious Diarrhœa,*" the evacuations are *green or yellow,* accompanied by *gripping pains* in the small intestines, and *scalding* at the *anus.*

Diarrhœa, from want of assimilation of food, technically called "*Lienteria,*" has evacuations of *mucus* and *water,* more or less mixed with bile and undigested food. The food not assimilating, the patient is not nourished, and therefore becomes rapidly emaciated.

The *chronic,* long-continued Diarrhœa, is generally *painless,* with the exception probably of some rumbling of wind just before an evacuation. The discharges are *thin* and *pale.* The mouth becomes *sore* or *ulcerated,* and a general condition of *weakness* prevails. It is a bad symptom in Phthisis and Typhoid Fever, as it greatly adds to the debility already induced by the standing disease.

Regimen and Diet. Persons addicted to attacks of Diarrhœa should be particularly careful as to dress, for any exposure to cold is liable to produce one. The feet should be dressed warmly, and a flannel bandage worn snugly around the abdomen. Food should be taken sparingly, consisting of light, non-irritating substances, as sago, tapioca, milk, arrow-root, gruel made of roasted flour and boiled milk, baked rice pudding, whitefish; no coffee, spices, acids, eggs, fruit or stimulating drinks.

In Chronic Diarrhœa the diet must have reference to the disease occasioning it: and should, therefore, be in every case prescribed by a physician.

Medical Treatment. In chapters on "*Diarrhœa of Pregnant Females and of Children*" will be found the remedies, with their symptoms, applicable to every form of Diarrhœa (see those chapters) in persons of both sexes.

INFLAMMATORY DIARRHŒA (ILEO-COLITIS, CROUPOUS ENTERITIS).

This Diarrhœa differs from the Diarrhœas in the preceding chapter, in that it depends on actual inflammation of some parts of the intestines characterized by the following:

Symptoms. Like any other fever it commences with *chilliness*, followed by *fever*, the temperature rising to 102° and 103°. The part inflamed is quite tender to touch, the pains are of a *colicky* character and the evacuations are *loose*. Nausea or vomiting is often present, and the stools contain but little fecal matter, mixed with particles of undigested food. If the evacuations are rapid they become watery, the patient feeling weaker at every evacuation.

In the *croupous* kind the stools contain *shreds of membrane*, sometimes bloody; this membrane may even be cylindrical, as a cast of the lining of the bowel. When this occurs the locality of the inflammation becomes raw and sore.

This inflammation may be mistaken for *Peritonitis*, but the Diarrhœa should distinguish it from it, as in *Peritonitis constipation* is the rule.

It might also be mistaken for *Dysentery*, but the latter has not the *shreddy* discharges of Croupous Enteritis.

Regimen and Diet. Keep the patient in bed and apply at once a hot poultice of flaxseed meal over the bowels, to be changed but not entirely removed, till the evidence of inflammation is passed.

Medical Treatment. *Acon.* 1x, ten drops in a glass half full of water; one teaspoonful of this solution every hour should be the remedy till the pulse gets down and shows that the fever is passing off. This should be followed by *arsenicum* 3x or 6x every two hours, if there is burning in the bowels with *loose, watery* Diarrhœa, accompanied by great *thirst*.

If the Diarrhœa is rather *yellow*, mixed with *shreds* of mucous membrane or *blood*, *mercurius protiodide* 3x should be given every two hours till improvement in the discharges is obtained; then once in four hours till the patient is cured.

DYSENTERY (BLOODY FLUX).

Dysentery is an inflammation of the large intestines. While a person desires to evacuate even every ten or fifteen

minutes, no motion proper of the bowels takes place. The discharges are of *mucus* and *blood*, but the irritation of the rectum is so great that even though the matter may not be more than a tablespoonful, the rectum cannot endure it or retain it; hence the frequent movements. Moreover, the inflammation and swelling of the rectum causes a sensation of fullness, and therefore a desire to evacuate, though there is nothing to evacuate; hence the *urging* and *straining* (tenesmus) so characteristic of this disease. This disease may be *sporadic*, *endemic*, or *epidemic*.

By *sporadic* is meant a *casual* occurrence induced by the errors in diet or hygiene of *an individual*.

Endemic, when cases are induced by *local* causes, as the malaria of a certain *city*, *district* or *locality*, liable to *reappear* at certain seasons.

Epidemic, when it becomes *general* among persons exposed to *transient* causes, as in armies, in jails, tenement houses, not appearing again after the causes have been removed.

It is a disease of *hot seasons* and *hot climates*, very common in India and China; but it may occur anywhere, and at any time, *if the air is contaminated by poisonous exhalations from sewers, water-closets, etc.* Hot days and cold nights predispose persons, children particularly, to it. Errors in diet may induce a sharp attack.

The acute form generally lasts a week, although the grave symptoms give away in three or four days; if not cured, and the patient remains still exposed to the causes that have induced it, or does not take particular care to avoid everything that may prevent a healing of the intestines, dysentery will become *chronic*, and last for months and years. Our navy-men, who have contracted the disease in China, and could not be removed at once, are liable to Chronic Dysentery for life; so with soldiers who contract it in the camp. The chronic form is a formidable disease that requires the attention of a skillful physician.

Regimen and Diet. As soon as Dysentery appears in a family or neighborhood, the *sanitary conditions* of the locality ought to be inquired into. Examine the *crisis* from the *sewers*; see that there are no *leakages* from *water-closet pipes*; and look to the *drainage*. *Close your windows at night*, and keep the body warm. Dysentery is an exhaustive disease; therefore

the diet should not be neglected. *Beef tea, veal or chicken-broth, milk, rice, tapioca, cocoa, ripe grapes or peaches,* should be given in *small quantities and often.* During the inflammatory stage *animal food* had better be *avoided.*

Medical Treatment. For remedies see Dysentery, elsewhere in book.

CHOLERA MORBUS, CHOLERINE, ASIATIC CHOLERA.

These three diseases, *generically,* are the same. They only differ in intensity and in the causes that induce them. They all attack the mucous membrane of the intestines, and that is, probably, the reason they all bear the name of Cholera, though qualified by an additional one. The author places them all in the same chapter to enable the reader to differentiate between the distinguishing symptoms of each of them, and because in the treatment the same remedies have reference to all of them.

Cholera Morbus is a disease that may attack any person at any time, locality or season, independently of any epidemics or contagious influences, from accidental or traceable causes, as exposure to *heat and damp,* and to the eating of *irritating substances,* as *unripe fruit or vegetables,* and from the *fermentation of food.* It does not spread to persons, however near, who have not thus been exposed to that carelessness or indulgence. Its symptoms are sudden and often severe. Generally a few hours after eating one is taken with *intense nausea, vomiting and purging,* and with pain in stomach or bowels. If provoked by the irritating substances above named he may become relieved as soon as they have been expelled, either through the vomiting or purging.

If caused by a subtle poison, as well water, contaminated by animal or vegetable decomposition, the symptoms may assume a *choleraic* character; the discharges become watery, resembling rice-water, and the cramps seize his legs; it would then be called "*Cholerine*" (Cholera-like), yet *not Asiatic Cholera,* because depending upon such causes as affect the person *only* who partook of them, as the eating of unripe fruit or drinking polluted water.

In times of Cholera epidemics, however, *Cholerine* would be taken as a precursor of true Cholera.

Asiatic Cholera is induced by a *specific* poison so far unknown, in spite of all the investigations and the assumptions

of learned scientists. It is a poison that pervades the atmosphere and which affects a whole population. It is true that dirt and accumulations of filth, badly ventilated, poorly drained localities favor the development and spread of this disease, but the "germ," whatever it be, is needed to this development; else all dirty places would have Cholera all the time. Filth is evidently good food for this germ, for it thrives in it like grass under a warm rain; yet the germ *must get there* to reproduce itself so wonderfully. There is no such germ in Cholera Morbus, hence the distinction. This germ Dr. Koch, of Germany, called "bacilli," which he found in the excretions of choleraic patients; what other scientists will find, and what they will call what they find, may be left to the history of the future. Whatever it is, the poison inducing true Cholera is a very virulent one, as the following symptoms will show.

Cholera generally develops in three stages.

First. General malaise, languor, irritability, confusion in the head, uneasiness at the stomach, and diarrhœa. Unlike Cholera Morbus, the diarrhœa is *painless*.

Second. Vomiting alternates the *painless* diarrhœa, which quickly passes from the feculent character into watery, rice-water, rapid discharges. The liver seems to stand inert, as the discharges show no bilious matter whatever. The patient then is seized with spasms, which commence from the legs, the calves generally, and go upward until the muscles of the abdomen and stomach contract into round knots, causing most excruciating pains. The person then becomes indifferent to surrounding objects or friends; his face becomes livid, and in a very short time a strange metamorphosis occurs. A young man looks old. His skin is dry, cold, gray and wrinkled; his eyes sink in his head, and a blue ring forms around their circumference. His hands and feet wrinkle so that one might suppose them to belong to a man of eighty. The eyes, moreover, half-closed, become glassy, the cheeks sunken, the nose pointed, the tongue cold and blue. The thirst is intense, yet he may object to cold water or acid drinks; the breathing is deep and slow, the breath cold; the voice rough and hoarse; the pulse is weak, tremulous and slow.

Even at this stage the symptoms may gradually subside and the patient gets well. If not, the

Third stage follows. The vomiting stops or abates. The

patient sinks in the bed, his abdomen and chest contracted; his face livid, death-like; the circulation extremely weak, the pulse imperceptible and death closes the tragic scene.

Hygienic Treatment. The prevention of *Cholera Morbus* is simple; common regard for digestion would prevent such an occurrence. The season of fruit is the season of *Cholera Morbus*; but any fruit in a perfect condition of ripeness will never cause this disturbance; unripe fruit or fruit in a half state of decomposition will. A glass of milk followed by a plate of green cucumbers would surely punish the fancy eater with nausea, vomiting, colic and purging in a very few hours. Eating a full meal in haste, and then flying to some active occupation, would probably do the same. Therefore, attention to diet and to sudden changes of the weather in a hot season will protect a person against *Cholera Morbus*.

The preventive measures of *Asiatic Cholera* are of very great importance.

In the first place, manliness and moral courage are required, as in all cases of danger. Cowards are the first victims. *Fear* is very conducive to relaxation of the bowels, which is a *starting point* in *Cholera*; and the *panic* and *alarm spread* by the cowards increase the liability to the disease a hundredfold. I think that, like an alarmist on the battlefield, the alarmist in the face of *Cholera* should be shot for the protection of the community. Rise to the level of true manhood; *be cheerful, have no fear*, and take the proper precautions. *Clean* your house; see that your neighborhood is placed in a sanitary condition. See to your *drains, sewers, water-closets*. Let no excrementitious matter be around; no decomposition of animal and vegetable matter. Wear no *linen* but *wool* on your person, and change it often; keep your *skin active* and *clean* with proper bathing, take *exercise*, keep in *cheerful* company. *Eat no fruit or green vegetables*; drink good wine but *no liquor*. Avoid acids. Avoid anything in your diet that may be of doubtful effect. Commit *no overexertion*; avoid *grief, anger* and *fear*.

If a case of *Cholera* occurs among the inmates of your household, see that every evacuation is *disinfected* without a moment's delay. Pour *corrosive sublimate* at once in the pot or in the water-closet. A solution of *corrosive sublimate* can be purchased at any pharmacy cheaply; one tablespoonful would neutralize a cupful of stercoral matter. *This disinfection is*

absolutely necessary to prevent the spreading of the infection. Keep your body *warm*. Wear a flannel bandage snugly around your abdomen. Don't sleep in the night air. Close your windows at night.

Treatment of Cholera Morbus. Copious draughts of hot water, given often, may relieve the nausea and vomiting. If not, *ipecacuanha* 3x, alternated with *veratrum album* 3x, will check both the nausea and the diarrhœa. If the nausea is relieved, but colicky pains and diarrhœa continue, *colocynth* 3x and *veratrum album* 3x will put an end to both.

Should the disease advance into *Cholerine*, with *cramp*, *watery discharges*, cold, livid, dry skin, *cuprum metallicum* 3x should be the remedy. Those remedies should be given every ten or fifteen minutes. Champagne, and if champagne is not obtainable brandy, should be given freely.

Treatment for Cholera Asiatica. *Camphor* is incontestably the best remedy in Cholera at its very beginning. Four or five drops of the *spirit* or *tincture of camphor*, on a lump of sugar, should be given every five minutes for two or three hours until a profuse *perspiration* ensues. Even pills of half a grain of camphor may be given in the same way. This remedy alone may cut short a case of Cholera, in fact abort it.

In the *second stage*, when *cramps*, general *prostration* and rapid *sinking* of the physical forces appear, *veratrum album* 1x, when the cramps are in the *legs*; and *cuprum met.* 3x if they are in the *bowels* and *breast*.

This is the principal treatment of Drs. Pulte and Erman, who had such a success in Cincinnati in the terrible Cholera epidemic of 1848.

The extremities and skin should be kept warm by rapid *friction*. *Ice-bags* applied to the spine often stop the cramps in a very short time. Cold drink may be given, pounded ice being preferable. *Champagne* is a good diffusive stimulant, and may help to allay the terrible nausea and vomiting. *Brandy* is also useful in small doses often repeated.

Outside of frictions, external applications are scarcely of any use.

In Cholera epidemics it is well to carry camphor gum in one's pocket, and take two or three small doses of camphor every day as a *preventive*. One drop of tincture on a lump of sugar three times a day. It is a contest of two *C's* against

one, *camphor* and *courage* against *Cholera*. The allies will win nineteen times in twenty.

OBSTRUCTIONS OF THE INTESTINES, TYPHILITIS.

The *cæcum* is that portion of the intestines that connects the small intestines with the ascending colon. Its length is about three inches. It is somewhat like a shoulder joint between two pipes, forming an angle. That joint or the *cæcum* sometimes becomes obstructed by *fecal* matter, by *seeds*, or by small *fruit stones*. It is then very troublesome and even dangerous to life, because it stops the motion of the feces in the bowels. It is on the right side of the abdomen, about three or four inches from the hip bone and about the same distance below the navel. When this obstruction occurs, the bowels do not move and the spot becomes very *tender* to touch; it even may *swell* to such an extent as to show a *protuberance* on that side of the abdomen. In severe cases *fever*, *restlessness*, *nausea* and *vomiting* occur. It has then gotten to a dangerous condition, for an *abscess* may form, perforating the intestines.

Treatment. In *light* cases, where the obstruction has not entirely closed up the intestine, there may be some movement of the bowels; no nausea or vomiting, but only the tenderness of the part. Half an ounce of *castor oil*, given at one dose, may remove the obstruction. The diet should be simply of milk, and the patient remain in bed and keep a flaxseed meal poultice on the part till the tenderness has passed away.

In the *severe* form, when the swelling is considerable and very tender, with nausea and vomiting, *castor oil* may be dangerous, as it would very likely only pack more the obstruction. Then *olive oil*, one tablespoonful every two hours, should be taken. And *aconite 3x* and *nuxvomica 3x*, alternately, every hour. Perfect *rest* should be enjoined, *milk diet* and *constant* poulticing. A physician should, however, be in attendance in this case.

INTESTINAL CONCRETIONS.

These concretions occur not infrequently. A *cherry-stone*, a *gall-stone*, *seeds*, *bits of thread*, in sewing girls, may remain in the folds of some parts of the bowels, the ascending colon par-

ticularly, and form a nucleus around which stereoral matter adheres, forming finally an immovable mass, as large as a hen's egg. This becomes an obstruction, of course, and constipation follows. In *obstinate constipation* the abdomen should be examined for these concretions. Place the patient on his back, with knees drawn up; then, with the tip of the finger press deep all over the abdomen, and particularly on the right side; if you find *hard, round, knotty* spots, feel around them until you can define their *size, limits and position*.

These concretions are called "*Scybala*." Those who indulge in *magnesia* as a cathartic are liable to it, as *magnesia* sometimes makes deposits that serve as nuclei. If the obstructions are considerable, all the unpleasant symptoms of dyspepsia will ensue.

Take *olive oil, of the purest kind*, one dessertspoonful before each meal for a long time. These concretions form slowly and are not quickly removed.

For medicine take *lycopodium* 30x, night and morning, even for two or three weeks.

Cathartics and injections are useless if not hurtful.

STRICTURES, STRANGULATION, INVAGINATION, TWISTING OF THE BOWELS.

These are all mentioned and explained, not treated in this book, because only an expert physician or surgeon is capable of diagnosing and treating them.

Strictures. In any part of the intestines there may be a stricture, the result of a passed inflammation, ulceration and cicatrization.

Strangulation. By strangulation is meant a rupture (*Hernia*) in which the intestine passing through the opening of the covering membrane becomes imprisoned and constricted by a contraction of the mouth of the opening or by inflammation. The intestine cannot return into the abdomen; it is strangled there and the strangulation produces inflammation and, if not relieved, mortification.

Invagination, called also *Intussusception*, is a part of the intestine, *entering upon itself* like the finger of a glove.

Twisting is the intestine tangled into a knot.

All these accidents cause serious obstructions in the performance of the functions of the bowels, and the symptoms are

so similar that only an expert physician can diagnose them satisfactorily; and yet it is absolutely important that the exact condition should be known, for, in certain instances, as in strangulated hernia, the surgical knife has to be used; should invagination, for instance, be mistaken for strangulated hernia, the intestines might be opened by the knife, and cause death.

The symptoms that are common to all are: *Constipation*, sever *colicky* pains; *distention* of the abdomen, particularly in the locality affected, which becomes very tender; *nausea* and *vomiting* follow; in very pronounced cases the matter vomited is mixed with *feces*. The pulse becomes *quick*, *small* and *feeble*, and the skin is covered with clammy sweat.

These symptoms sometimes occur very suddenly, placing the patient in immediate danger.

Give no cathartics; the best you can do is to give large injection of *hot water*, mixed with *olive oil*, and send for the doctor.

PERITONITIS

The *peritoneum* is a serous membrane that connects the convolutions of the bowels and lines them in front and behind. An inflammation of this membrane is called *Peritonitis*. It is an inflammation of a high and grave character.

Causes. In its acute form it is caused by a cold; blows upon the abdomen, wounds, by pyæmia, erysipelas; or it may be an extension of an inflammation of the stomach and bowels.

Symptoms. Chill, followed by intense fever, temperature quickly rising to 102° - 3° . The abdomen becomes exquisitely *tender*, so that even the lightest clothes are unbearable; it also becomes *distended*, is full of *gas* and on tapping gives a *drum-like* sound. The diaphragm being pressed upwards by the gas, heart, liver and spleen become displaced, and the pressure upon the lungs causes *oppression of breathing*. *Constipation*, as well as *nausea* and *vomiting*, are constant. *Hiccough*, which may occur when the disease is advanced, is a bad symptom.

There is a form of Peritonitis called *Puerperal*, or *Puerperal Fever*, child-bed fever, as it attacks women after parturition. It is then very formidable indeed. *Puerperal Fever* often rages as an epidemic, and it seems so infectious to women in that state that accoucheurs having such a case under their

treatment decline attending any other woman who has recently given birth to a child. Among the first symptoms of *Puerperal Fever* are *pain* and *tenderness* in the abdomen, followed by *chills*, *fever*, etc. Then generally all the discharges become *suppressed* and the symptoms as described in simple Peritonitis appear.

The exquisite tenderness of the abdomen and the unremitting pain should be taken as *diagnostic* symptoms. A sudden disappearance of all the pain after a few days of this illness, is a bad symptom, for it indicates approaching death. The pulse becomes *slower* and *weaker*, the patient *apathetic* and the expression *cadaverous*.

If the patient does not die in a week, the symptoms abate and convalescence ensues. Sometimes, however, it continues in a mild form and becomes chronic.

Diagnosis. In *Acute Gastritis* the pain is *localized* about the *stomach*, and the *nausea* is an early symptom. In *Acute Enteritis* the pain and tenderness are in *spots*, and are accompanied by *diarrhœa*, while in Peritonitis *constipation* is the rule. The pains from *Biliary Colic*, or the passage of *gall-stones*, are excruciating and of a *paroxysmal* character. So are the pains from the passage of *renal calculi*.

Hygienic Treatment and Diet. Hot fomentation or poultices would do great service if pressure could be tolerated. Some authors speak highly of placing on the abdomen a cloth saturated in the tincture or infusion of *aconite* as very important. Counter-irritation, by the use of mustard leaves applied to the abdomen, may render some service. If good effect is not obtained quickly it is useless to apply them, as the irritation produced by the application would make the patient more uncomfortable than before.

The diet should be of warm, diluent drinks, as light beef tea, mutton or veal broth. *Stimulants are hurtful.*

Medical Treatment. *Aconite* tincture and *belladonna* 1x should be the remedies given at once. Ten drops of each in a separate glass of water, one teaspoonful every hour, in alternation every hour.

Arsenicum should be given later if the disease goes on and the following symptoms appear: *Weak* and *rapid* pulse, abdomen feels like a *drum*, *parched* mouth and tongue, *cold* extremities, great *weakness*.

It is hardly necessary to say that in a disease of so grave a character a good physician should be in charge.

HERNIA (RUPTURE).

Hernia is the escape of a part of the intestines through any opening. Thus, *Umbilical Hernia* is when the intestine escapes through the *navel*. *Inguinal Hernia*, the most common, when a part of the intestines escapes through the opening which gives passage to vessels in the inguinal region, the *groin*. In men this Hernia goes downward and reaches even the sac containing the testicles, which it may fill to the utmost. Any tumor, therefore, around the *navel* or in the *groin* should be examined for *Hernia*.

Such tumors generally yield and disappear upon gentle, *continued pressure*; if not, place the person on a sofa, his or her legs on your shoulders, give a good shake, and if it is a Hernia the intestine will glide back in its own cavity and the tumor disappear. Then let the person stand or cough and the tumor will appear again. This is what is called "*Reducible Hernia*."

But if there has been any inflammation about the opening, causing adhesions, the Hernia may not return, and then it is called "*Irreducible Hernia*." Still, the *doughy, lumpy* feeling of fecal matter in the Hernia may demonstrate that it is an intestinal Hernia rather than a foreign growth.

If the opening, by some reason or other, becomes contracted not only the Hernia cannot be replaced, but becomes very tender and inflamed, requiring the surgeon's presence without a moment's delay. This is "*Strangulated Hernia*."

Hernia is very common in children and is often congenital; or it may be due to the shock of a misstep, or of a fall, forcing the bowels through a weak spot or opening in its coverings.

Hernia may be mistaken for other tumors, and particularly for an enlargement of the glands in the groins, but this is *not* reducible and the feeling is *hard* and *round* and not *doughy* or *lumpy*.

Hernia may come also just in front, where the thigh joins the belly (*Femoral Hernia*), but this is quite rare. At any rate Hernias are disorders that require the attention of the physician, for even a truss should not be applied except by persons who understand the anatomy of the parts.

DISEASES OF THE RECTUM.

HÆMORRHOIDS (PILES)

The name is derived from a cluster of veins in the rectum, called *hæmorrhoidal veins*.

The flow of the venous blood is towards the heart, therefore, the flow of blood of the hæmorrhoidal veins is upward.

Anything preventing the free flow of venous blood will cause the walls of the veins to distend. Pressure above the rectum will cause its veins to distend. The lumps formed by this distention are called *Hæmorrhoids*. So many things are located above the rectum that may interfere with the free flow of its veins that it is not surprising that Hæmorrhoids are common. The intestines, whose circulation is connected with these veins, lie above them. They may be full and heavy from *constipation*, and their volume and weight press upon vessels and slacken their flow. In a woman, the womb adjacent to the rectum may become congested or displaced, or contain a child, causing such pressure on the surrounding vessels as to impede the free flow of their contents, and cause hæmorrhoidal enlargements. The rectum and its vessels are, moreover, often irritated by hard, fecal matter, requiring great contraction for expulsion. These veins are, therefore, constantly exposed to an interference with their flow. When this interference is considerable their walls become weak, lose their elasticity, and do not contract, as usual. Then they become baggy, as it were, forming little tumors, which may remain inside, or be found outside. When inside they are called *Internal Hæmorrhoids*, when *outside*, *External Hæmorrhoids*.

When blood ceases to flow it coagulates; therefore, when the hæmorrhoidal tumor is forced out of the rectum and the sphincter muscle contracts around it, the blood flows no longer and coagulates, forming hard lumps like marbles. There may be one or several, as small as a pea or as large as a walnut. A

number of these may form a cluster around the anus, giving to it the appearance of a ripe tomato. When the hæmorrhoidal veins within the rectum swell they cause a sensation of *weight* and *uneasiness*, as if there were something there to expel.

During defecation these lumps impede the free exit of the stool, and are then thrust out during the act of expulsion. They should then be washed with *warm* water and gently *pressed back* into the rectum as high up as possible.

When the lumps remain outside, exposed to air and friction, they become exquisitely tender and painful.

Internal Hæmorrhoids are liable to bleed, as is seen in stools covered or mixed with blood. They are then called "bleeding piles." The bleeding may sometimes be considerable, and may flow out, unmixed with feces, in a continued stream, requiring the application of ice or hot water to stop the hæmorrhage. In the case of women liable to suppressed menstruation this bleeding may occur *monthly*, just at the time they should menstruate. It is then called "*vicarious menstruation*." But this *periodic* bleeding of the piles has occurred even in men.

It must not be supposed that bleeding at the anus is invariably a symptom of Hæmorrhoids.

It may be due to Dysentery, but the usual dysenteric symptoms will accompany the bleeding and distinguish it. It may come from the stomach or upper bowels, but in these cases the blood is *decomposed* and *black*, while in Hæmorrhoids it *covers* the stool like a film or issues *fresh* and *red*.

External piles seldom ever bleed because, the flow being stopped, the blood has coagulated in the veins.

Causes. Anything that interferes with the *circulation* and *action* of the bowels. If the liver is torpid, and less bile than is necessary is thrown into the bowels to act upon its contents; if digestion is imperfect, producing an *irritation* of the *coats* of the *bowels*; if constipation is a general condition of the person, permitting the retention of a great quantity of fecal matter to press upon the circulatory vessels, piles are likely to follow. *Pregnant women*, whose enlarged and heavy womb presses upon the veins of the abdomen and rectum, are commonly threatened or attacked by piles. *Sedentary habits, want of exercise, general weakness, too long standing, excessive riding, protracted bowel complaints, excessive smoking, abuse of coffee, wines and liquors,*

tight lacing; all these tend to affect the circulation of the abdomen and induce piles.

Treatment. Regarding piles as an *effect* rather than a disease, the cause should be inquired into and treated; all the local treatment in the world would do but little good if the cause is allowed to remain. *Constipation* being the most common cause of the formation of these troublesome and painful tumors, Constipation must be treated; so if they are due to inactivity of the liver or to some form of *Dyspepsia*, these functional disorders must be corrected before a cure of the piles can be secured. Look into your own habits, and if you find there the cause, avoid or change those habits for more salutary ones. Keeping that in mind, means of relief from the intense suffering during a fit of the piles are here suggested.

First, absolute rest on the back with the *hips high*, and very *abstemious* diet.

Second. try to reduce them, for as soon as they can be retained within the rectum the circulation commences again and they are relieved.

Smear them all over with *hamamelis salve*, then make a cone of three fingers and take in it one pile at a time, and make *gentle* and *continued* pressure towards the anus; in a few moments, except in very bad cases, the little tumor is felt to rise and enter the rectum: do the same with the others. *Follow them up* with the first finger as high as possible, and retain the finger in the rectum as long as you can, to prevent their falling out at once. Contract the sphincter muscles around your finger and draw up the rectum; after a while you will find that you can withdraw the finger without it being followed by the pile. That is a great gain. Introduce then plenty of *hamamelis salve* into the rectum; it is very soothing.

If *constipation* is present, which is very likely, take *nuxvomica* 3x every two hours.

If, after forty-eight hours, the constipation is not relieved, take *collinsonia* 3x every two hours.

If they are chronic, take *sulphur* 30x, three times a day for a week; then stop a week and take it again.

After each stool wash the piles with *warm* water, press them back and apply *hamamelis salve*.

If the piles *bleed* take *hamamelis internally*, ten drops of the tincture in a glass half full of water, one teaspoonful every hour.

If taken suddenly with *profuse hæmorrhage*, apply pulverized *ice* to the rectum; if ice is not at hand, water as *hot* as can be borne. This may seem a contradiction to the non-scientific, but it is not; though the principle in the action of these two remedies may be different, the effect is the same, viz: the stoppage of the hæmorrhagic flow, and that is what the patient wants, even without argument.

For *chronic hæmorrhoids*, and for persons who are predisposed to them, a treatment given would make a volume in itself; therefore the patient is recommended to follow the hygienic rules that are suggested by the causes of that condition, and apply to his physician for medical treatment.

Caution. The market is full of nostrums for the *sure* cure of piles. Now that you know that this disorder is dependent upon other conditions, it will not be difficult for you to understand that local applications cannot be cures, and much less *sure* cures.

Some surgeons are also fond of the knife: and although in some instances an operation may be necessary, do not forget that members of the body should *not* be cut off simply because they are out of order and troublesome.

PROLAPSUS OF THE RECTUM.

Protrusion or Prolapsus of the Reetum is a disorder more common in children than in adults, although Dysentery or a sharp Diarrhœa may induce it in the latter. Purgatives, such as aloes, podophyllin, calomel, blue mass and large doses of sulphur are remedies that, if abused, may induce such a relaxation of the muscles and mucous membrane of the reetum as to cause them to protrude at every stool. In children not exposed to these drugs the cause of the prolapsus may be an inherent weakness in the part, to straining, to worms, to stones in the bladder. The causes should be taken into consideration.

Treatment. When the prolapsus occurs place the child in a *warm sitz bath* for five to ten minutes, annoint the protruded part with *hamamelis salve* and gently press it into place. Let the child lie down an hour before allowing it to go and play. If caused by *constipation*, *nux vom.* 3x, three times a day, will cure it.

If by *Worms*. (See *Worms*.)

If by *Diarrhœa* or *Dysentery*. (See those diseases.)

If by a tendency to *Chronic Constipation sulphur 30x*, or *lycopodium 30x*, twice a day.

CONGENITAL MALFORMATION OF THE RECTUM AND ANUS.

Imperforated anus or the anus *imperfectly* perforated occurs as a congenital malformation. As soon as the child is born the nurse should pay special attention to its evacuations; notice if there is anything peculiar about them, particularly as to its inability or difficulty in defecating, and at once call the attention of the attending physician, for nothing but a timely surgical operation can correct the malformation or save the child's life.

IRRITABLE ULCER OF THE RECTUM.

The folds of the mucous membrane of the rectum are liable to *cracks* and *fissures*, which *ulcerate* and become very *painful*. Whenever an effort is made to stool, particularly if the stool is constipated, a pain like the *thrust of a knife* is felt in some one spot in the *rectum* or about the *anus*. Whenever that is the case a surgeon should be called in for treatment, as the irritating fecal matter and the dilation during stool keep the ulcer open in spite of diet, rest or internal treatment.

IRRITABLE AND NERVOUS AFFECTIONS OF THE RECTUM AND ANUS.

The rectum and anus may become irritated by indigestible substances and by articles that have a specific irritating effect upon the sphincter muscle, as persimmons, or the fruit of the medlar tree. It may be nervously irritable, as is found in *hysterical* subjects. There are persons with such a nervously sensitive rectum that they cannot approach a railway station without feeling a desire to evacuate, which desire passes off as the station is left behind. This discomfort is often associated with nervous, *fidgety* people, who fear that the train will leave them behind or that it will not stop at the right place; it is also associated with *fear* and *anxiety*.

Ignatia 3x will relieve a nervousness of the rectum induced by *fear* and *anxiety*.

Belladonna 3x for an *irritable* anus.

Neuralgia of the rectum, though rarely it occurs. The pain is

intense and spasmodic. A suppository of *opium one grain, belladonna one-eighth* of a grain, mixed, will give speedy relief.

ITCHING OF THE ANUS (PRURIGO ANI).

This is rather a common and distressing disorder. The itching may be so intolerable and continuous as to give no rest or peace. It is often caused by the presence of *pin worms*, but may also be caused by a *congestion* of the mucous membrane or an herpetic eruption. In *women* it is consequent on *affections of the womb*. Rubbing aggravates the mischief. The irrepressible itching will keep a person awake all night.

Treatment. *Prurigo* caused by *pin worms* has often been cured by the free use of German *rye bread*. If that does not relieve, an injection of a teaspoonful of *olive oil*, containing two or three drops of the *oil of turpentine*, has quickly disposed of worms and relieved the person. If due to affections of the womb, these must be treated and cured by the proper means before the *Prurigo* is overcome.

For hyperæsthesia (congestion and sensitiveness) of the mucous membrane, *belladonna 3x* is the best remedy.

But the trouble is so unbearable at times that the patient is not willing to wait for constitutional treatment and wants immediate relief. *Hot water* applied to the anus may give relief; if not, bathing with *lead water* or the application of *mercurial ointment*, the *oxide of mercury*, or the *oxide of zinc* may be found effective. These ointments should be simply smeared over the itching part.

In stubborn cases, however, nothing but the most regular diet and the best internal treatment will do any permanent good. Very obstinate cases have been cured by dilatation of the anus, which may be effected by the patient himself with two fingers, or the introduction in the rectum of a large tallow candle or an india-rubber bougie.

Should the itching be induced by an *eruption*, *arsenicum album 3x*, four times a day, will cure the eruption and stop the itching.

ABSCESSSES AND FISTULÆ OF THE RECTUM.

The loose tissue around the lower part of the rectum is liable to inflammation, and to the formation of an *abscess*; this abscess

may break *inside* of the rectum or *outside*, in the neighborhood of the anus. When it opens in the rectum, fecal matter will enter it, and keep up the inflammation and suppuration until a considerable cavity is formed, and a quantity of tissue is destroyed. It is then called "*blind internal fistula*." When it opens outside a sore pimple is noticed, which soon discharges *pus*. These abscesses, in burrowing their way out, make *tor-tuous* canals called *fistulæ*.

When an abscess opens both inside and outside, the fistulous opening can be traced with a probe to the interior of the rectum; by placing a finger in the rectum, and gently entering a probe through the fistula, it will be found that the end of the probe will touch the finger inside. Then it is called a *complete fistula*.

If the abscess has opened only on the outside, the probe will soon be stopped by the unruptured tissue above. It is then a *blind external fistula*.

These abscesses are sometimes slow in their development, causing so little irritation as to go almost unnoticed; still, if a running pimple is found in the neighborhood of the anus, which closes for a time and then runs again, a fistula is likely to exist. If through this opening *wind* is at times felt to pass, a *complete* fistula will be found.

Causes. *Fistulæ* may be induced by local causes as *chronic* piles, *inflammations of the rectum*; from *local injury*, from *debilitating Dyspepsia*, or by the *lodgment* of *irritating* articles, as *fish bones* and *small bones* or parts of bones of fowls. Long-continued *riding* on horseback or on *bicycles* may induce a local inflammation productive of an abscess and fistula.

These hidden abscesses and *fistulæ*, when continued, undermine the general health and give the expression of *consumption* to the patient.

Treatment. If an abscess is discovered in a state of formation *hepar sulphuris* 3x should be taken every two hours.

If an external opening has existed for some time, running watery *pus* from time to time, *silicea* 30x should be given three times a day for a week or two.

Fistulæ, and particularly the fistula that does *not* open in the rectum, are often *cured medically*, but *complete fistulæ* must be *laid open* to be cured, for the fecal matter entering it prevents it from getting well under the best medical treatment.

The experience of the author, however, is, that fistulæ being the result of abscesses they should be laid open, their surface exposed that it may be kept cleansed regularly, and stimulated so that they will heal from the bottom; therefore he advises the surgeon for the treatment of fistulæ of all kinds.

Hygienic Treatment. As fistulæ often depend upon a debilitated condition of the system or some scrofulous taint, gentle exercise in the open air, a generous, healthy diet and everything calculated to improve the general health becomes of the greatest consequence.

TUMORS AND EXCRESCENCES OF THE RECTUM.

These belong to the dominion of surgery. When there is difficulty in voiding the bowels; when the stools issue *flat*, having no roundness to their shape, but are stringy like ribbons; when constipation is *unconquerable*, or is immediately followed by two or three loose *diarrhæic* stools; when, added to these disorders, a sensation of *weight* is felt at the rectum and pains occur in the *pelvis*, or *darting* pains are shooting through the rectum, the attention of a physician should be called to these conditions, for tumors or cancers are not to be diagnosed or treated by non-professionals.

CANCER OF THE RECTUM.

For any obscure disease of the rectum, anoint your finger with sweet oil, lard, or any unctuous substance, and thrust it up the rectum as far as it will go. If you find everything *soft*, all right; but if you strike a spot or a place where the tissue *feels like wood or stone*, send for a physician, as cancer may be present. The author had a patient who only complained of obstinate constipation. Unsuccessful in relieving it, one day he explored his rectum with his finger, and he was astonished to find that his patient, a vigorous man, apparently in good health, was afflicted with a cancer which afterwards took his life in less than eight weeks.

DISEASES OF THE PROSTATE GLAND.

The prostate is a gland that surrounds the neck of the bladder of man, and is the commencement of the urethra.

It secretes a milky fluid, which, when abnormally increased, is mistaken for spermatorrhœa (a loss of semen). It is liable to become enlarged in old people, and become full of small concretions, giving rise to morbid symptoms.

PROSTATITIS.

This is an inflammation of the prostate, brought about by urethral inflammation, strictures of the urethra, inflammation of the bladder, wounds or bruises in the neighboring parts, diseases of the rectum, as hæmorrhoids, fissures, and cathartic and drastic medicines.

The *pain, weight and fullness*, are located in the *perineum*, viz: Between the testicles and the rectum. These pains increase at the passage of a hard stool, and whenever straining occurs at the rectum or at the mouth of the bladder. When highly inflamed, the constitution sympathizes, and fever follows.

To detect the presence of inflammation and enlargement of this body, a finger should be placed within the rectum, exploring the front part; if enlarged, the lumps are easily felt; if inflamed, the pain becomes intolerable.

If this inflammation is neglected an abscess may form which will be exceedingly troublesome, as it would discharge either through the urethra or the rectum.

Treatment. *Aconite* and *belladonna* 3x, should be taken when fever or any great tenderness of the part are present. These should be followed by *mercurius protoiodide* 3x, and by *hepar sulphuris* 3x.

The *muriate of ammonia*, one part; water, eight parts; one teaspoonful three or four times a day, has been found very efficient in reducing the *chronic enlargement* of the prostate gland.

The enlargement of the prostate may be so great as to prevent the urine from flowing through the urethra, when the use of a catheter will be necessary to empty the bladder.

Severe cases of enlargement and suppuration of the prostate require the attendance of a surgeon.

DROPSY.

Dropsy is a generic term for general or local accumulations of serous fluids.

Dropsies are classified as follows:

Anasarca, general dropsy from the feet to the eyelids. It is recognized by the general swelling and puffy appearance of the skin. The feet are swollen and doughy, and when pressed upon by the fingers or the shoestrings, or a garter on the leg, a pit, an impression, is left. It may commence at the feet and go upwards until it reaches the chest. This increase and ascension of the dropsical effusion is detected by tipping with the fingers. The eyelids look baggy, and the bags around them show watery effusion. After standing for some time the specific gravity of the water causes it to fall, and the feet become more swollen while the upper parts and the eyes become more natural. But after lying awhile the water distributes itself again, and the feet are less swollen, while the upper parts are more so. Even in *Anasarca* the water may collect in the cavities of the abdomen, of the pleura and of the pericardium, thus complicating the case.

As the water collects in these cavities, and particularly in the pleura and pericardium, it prevents a full distention of the lungs or heart, and short breath and quick pulsation of the heart follow. The symptoms of these will be given under *Hydropericardium* and *Hydrothorax*.

ASCITES.

Ascites is collection of water in the abdomen, which may range from a few ounces to several gallons. It is easily detected by *palpation*, viz: by striking one side of the abdomen with the palm of the hand a wave is formed which is felt by the other hand flat on the corresponding side.

It is also detected by *percussion*, that is, by placing one hand on the abdomen and striking it with the tips of the fingers of

the other hand; the sound produced is *dull* on the side where the water flows, and *hollow* on the upper side from which the water has receded.

Diagnosis. *Ovarian tumors* might be mistaken for Ascites and *vice versa*, but in such tumors the swelling is on *one* side and does not change by changing the position of the patient.

Pregnancy may be confused with Ascites, but the history of pregnancy should be sufficient to establish the actual fact.

Distention of the bladder has also been mistaken for Ascites; but the tumor is in the *lower* part of the abdomen, and is *round* and *prominent*, and *does not change* by changing the position of the person. Besides, the introduction of a catheter in the bladder will quickly establish the condition.

Chronic Peritonitis is distinguished by its history, pain and tenderness, lacking in Ascites.

HYDROPERICARDIUM.

Collection of serous fluid in the cavity of the pericardium surrounding the heart.

In this case the pulse is irregular and intermittent; the breathing much labored.

This disease has been treated in another place under "Diseases of the Heart."

HYDROTHORAX.

Collection of serous fluid in the pleura, diagnosed and treated in chapter on "Diseases of Lungs and Pleura."

All these serous effusions in shut sacs, as the ones above spoken of, and in the synovial sacs of large joints, are forms of dropsies. All dropsies, however, are symptomatic of other diseases, and, therefore, should be treated not as the disease itself, and accordingly they will be found explained and treated in this book under the diseases that induce them, as follows:

Diseases of the Kidneys, Bright's Disease, will induce Ascites and Anasarca.

Diseases of the Heart, Hydropericarditis and Anasarca.

Diseases of the Liver, Ascites.

Rheumatism, Synovial Dropsy of the Joints.

Diseases of the Pleura, Hydrothorax, etc.

DISEASES OF THE LIVER.

JAUNDICE.

Jaundice is a symptom of some disorder of the liver, whether from *direct* or *indirect* causes. By direct is meant those which affect the liver *primarily*; indirect, those which affect it *secondarily*, as a consequence of diseases of other organs. It is one of the functions of the liver to elaborate bile from the blood and discharge it in its reservoir, the gall-bladder, from which it enters the intestines to assist in the digesting process. If the bile is *not* eliminated on account of disorders in the actual functions of the liver, or discharged on account of obstructions in its ducts, the symptoms of Jaundice are manifested. If Jaundice were treated here in all its phases and forms, a score of diseases in which Jaundice is concerned would have to be treated, for it occurs as a symptom in certain miasmatic fevers, in Yellow Fever, in structural diseases of the liver, as tumors, abscesses, cancers; in diseases of the kidneys, as the Addison disease; in Cirrhosis (the liver of drunkards); from direct stoppage of the flow of bile to the gall-bladder by gall-stones; from catarrhal inflammation and swelling of its ducts; from nervous affections or mental emotions, as grief and fear; from poisons, as that of the bite of a serpent; from cancer, etc.

But there is a Jaundice purely *idiopathic*, unconnected with all of those diseases, which appears suddenly, sometimes epidemically, in a person who has previously enjoyed perfect health.

It may occur after a *debauch*, or an *excess* in eating or drinking, or from some *climatic* reasons not understood. This form of Jaundice is now under consideration.

Symptoms. Suddenly or gradually the white of the eye becomes tinged with *yellow*, this *greenish-yellow* spreading over all the other parts of the body. The stomach becomes uneasy, with *qualmishness* and *nausea*; the nausea, almost *constant*, is greatly *aggravated* by the *sight* or *smelling* of food. The bowels

become *constipated*, and the stools lose their natural brown color and assume a *grayish, clayey* appearance; the tongue is coated with a *yellowish-white fur*; the mind is *disturbed*, the person feeling *stupid, somnolent* and *melancholic*.

The kidneys, great purifiers as they are, now attempt to assist the liver in its trouble by taking up the bile from the blood and carrying it out, and this effort is recognized in the fact that bile is now found in the *urine* greatly discolored by its presence; its amber color is lost, instead of which a very *dark brown* almost *black* takes its place.

This disorder may commence by *chilliness* and *fever* lasting a day or two, after which all the symptoms of Jaundice develop.

Treatment. The person should keep in the open air as much as possible, taking moderate exercise. A gentle perspiration is welcome, because it helps to eliminate the impurities of the blood. The diet can only be such as the patient can tolerate. The craving for acids may be gratified by drinking freely of *lemonade*. The nausea may be greatly relieved by drinking small draughts of *champagne* often.

Medically, *aconite* 3x may be prescribed every hour as long as the feverishness lasts, then *mercurius dulcis* or *solubilis* 2x, should be taken every two hours. After two days of *mercurius*, *podophyllin* 2x every two hours should be taken for three or four days. Then *nitric acid*. Four drops of the pure nitric acid will acidulate pleasantly half a goblet of water; take of this a mouthful every four hours for several days.

Gradually the nausea will disappear, the stools and urine assume their natural color, and light diet and gentle exercise will bring the patient to his normal condition.

BILIARY CALCULI (GALL-STONES).

Concretions or *accretions* of some elements of the bile, the cholesterine principally, form round, hard substances called *gall-stones*. Their presence is not recognized until one or more attempt to pass along the ducts, when violent pain, called *hepatic colic*, is induced. The diameter of the stones being larger than the diameters of the ducts, the stretching causes intense pain. It is wonderful how many such stones, of different sizes, can be formed in a short time and passed into the gall-bladder! As many as six hundred have been formed in that reservoir.

The author remembers one instance where at an autopsy he found the gall-bladder so distended by stones as to give it the appearance of a chicken-crop.

Symptoms. The symptoms are sudden, occurring at the moment that a stone engages its passage through a duct.

The pain is *agonizing* and *piercing* in the region of the *gall-bladder*, just about the beginning of the short ribs, on the right side; and *nausea* and *vomiting* follow. As the pain continues it spreads to the *chest*, and to the *abdomen*; still the patient recognizes that the centre from which these pains radiate is in the region of the gall-bladder.

The flow of bile is then stopped, and *Jaundice* appears.

The pain is never relieved till the stone has reached the gall-bladder, and then it *stops as suddenly as it came*. This *sudden cessation* of the pain is the diagnostic sign of the passage of gall-stones.

Treatment. The patient needs prompt relief from the pain, therefore *hot fomentations* with *hop poultices* should be made at once. An hypodermic injection of *morphia* $\frac{1}{8}$, $\frac{1}{6}$ or $\frac{1}{4}$ of a grain, should be given if the pain is *intolerable*. This is done only to facilitate the passage of the stone by the relaxation the morphine induces, and to give temporary relief.

China 6x, every half hour, has been recommended by some highly considered homœopathic physicians. Therefore, it is advisable to give it, particularly as neither the fomentations nor the morphine will interfere with its action.

After the passage of the gall-stones, the relief having been obtained, the question remains how to prevent a future recurrence of the same difficulty. To this end the diet should be well regulated, and abstinence from all fatty and saccharine substances practiced.

One drachm of the *phosphate of soda* every day is recommended by distinguished authors as a preventive, but those liable to this painful disorder, if their means allow it, should go to Carlsbad and take a course of those waters so famous in removing the courses of this malady and in securing a permanent cure.

BILIOUSNESS (TORPIDITY OF THE LIVER).

This is a simple *congestion* of the liver due to *malaria*, *unsuitable food* or *drink*, *close confinement* to work, and too little

exercise. People of a "bilious temperament" are subject to this temporary disorder.

Symptoms. It may commence with *feverishness, aching limbs, headache.* The tongue becomes *yellow, the appetite indifferent;* sometimes *nausea, vomiting* and aversion to food. The bowels are *constipated, the urine highly colored, the complexion muddy or yellowish.* General feeling of *dullness, inclination to drop asleep at unusual hours.* General malaise. There may be some *tenderness* in the region of the liver. and *pain extending to the shoulder.*

Treatment. Very light diet of farinaceous food, acidulated drinks, particularly lemonade.

Mercurius dulcis 3x, every two hours, till tongue loses its yellow appearance. Then *nux vomica* 3x, particularly if constipation is present. *Bryonia* 3x should be used in preference if there is tenderness in the region of the liver or pain to the shoulder.

INFLAMMATION OF THE LIVER (HEPATITIS), ABSCESS OF THE LIVER.

Hepatitis is an inflammation of the liver of a very severe character, and likely to terminate in suppuration (abscesses).

Causes. Alternation of *damp and cold weather.* A *cold drink* inopportunist. *Violent emotions, anger, grief, chagrin.* Medicines producing violent effects, like *drastics and cathartics.* *Blows* upon the liver and *falls* from a distance. *Wounds and injuries* to the liver. *Metastasis* from *suppressed piles, from inflammatory rheumatism of the joints;* the *suppression* of chronic eruptions, Erysipelas, Diarrhœa, Dysentery.

Symptoms. It commences with a *chill, followed by violent fever,* which may remit and even intermit. The pulse is *hard and frequent.* Then *bilious symptoms* appear; *loathing of food, nausea, vomiting, hiccough;* *anguish and burning* at the pit of stomach, *bitter taste, yellow tongue, jaundicy appearance, constipation, or hard, clayish stools.*

The region of the liver becomes extremely *sensitive* sometimes *swollen, hot, dotted with red spots, and often throbbing.*

The pains sometimes extend to the stomach and chest and along the right shoulder and arm.

Breathing becomes difficult as the disease progresses, and

sometimes painful like Pleurisy, with short breathing and cough, particularly if the inflammation is on the internal part of the liver. The patient has to lie on his back or sit stooping.

If this inflammation goes on unabated *abscesses* form and then *night sweats, alternate chills and fever* supervene; the strength gives way, the tongue becomes parched and furred, the pulse very quick and small. *Temperature as high as 104°.*

The abscesses may break through the lung and be coughed up; they may break into the pleura and cause *empyema*. If near the external surface, the surgeon draws out the matter with the aspirator.

Diagnosis. The diagnosis of inflammation and abscess of the liver is not always easy

It might be mistaken for *Gastritis* (inflammation of the stomach), but in this there is *no enlargement, no jaundice*, and the evacuations have their natural color. Besides, palpation will show that the tenderness is in the region of the liver.

For *Pneumonia, Pleurisy or Empyema*, but these all *lack the bilious symptoms of Hepatitis*, and the comparing of symptoms will lead to absolute detection.

For *gall-stone colic*, but in this the pain is paroxysmal, and as soon as the stone has passed, the pain suddenly ceases.

Treatment. *Aconite 3x* and *bryonia 3x*, every hour alternately, particularly during the stage of *high fever*, and when the pain in the liver or chest accompanies it. These two remedies are particularly indicated when Hepatitis has been brought on by a *cold, chagrin, or a fit of anger*. All the symptoms are worse at *night*, and *cough or sneezing* causes a sharp pain in the side.

Nux vomica 3x should be given in place of *bryonia*, if the *gastric symptoms, nausea and vomiting*, are prominent. It is suitable also to a *choleric temperament*. *Sour, bitter taste* in the mouth, *loss of appetite, constipation*.

Mercurius solubilis 3x, when there is a decided appearance of *Jaundice*.

China 3x. *Sticking pain* in the region of the liver; sensation of *soreness* on touching that region; *swelling, diarrhœa*; quick and hard pulse.

Inflammation of the Liver, however, is a disease of so formidable a character that an expert physician should be called to attend.

CIRRHOSIS, HOB-NAILED LIVER, GIN DRINKERS' LIVER, DRUNKARDS' LIVER.

This is a chronic inflammation and induration of the liver. The liver becomes thoroughly disorganized by the constant use of ardent spirits. Post mortems have demonstrated such disorganization in livers of drunkards to be so constant that the liver in that pathological condition has been named the "Gin Drinkers' Liver," the "Drunkards' Liver."

Symptoms. This disorganization goes on so slowly that one cannot tell when it commences. Yet persistent *gastro-intestinal* disturbance in a drinking man should be looked upon with *suspicion*. If regard is not paid to the early symptoms of *dyspepsia*, *want of appetite*, *loathing of food*, *constipation* or *diarrhœa*, *dropsy* will appear; *jaundiced skin* and *emaciation* follow. Then the dram will *not* help any longer; *hæmorrhage* of the stomach and bowels may follow; the heart shows decided *weakness* and the span of life is shortened indeed. With the first appearance of dropsy, *one year* is the utmost that a physician could give to the sufferer's life.

Treatment. The success of the treatment will depend upon whether it has been taken in time or not. If upon the persistent dyspeptic symptoms, the commencement of emaciation and tendency to dropsy, the patient is willing to submit to the advice of a competent physician he may be saved; if not, the question of death is one only of a short time. It is impossible to prescribe medicine for a disease that runs such a long chronic course. The medicines have to be prescribed from time to time as the symptoms appear. Now the patient may need *nux vomica*; again, *mercurius* or *nitric acid* to meet the condition. One thing is certain, however, that all liquors, from beer to brandy, *have to be stopped*. The diet should be of the *simplest* kind, principally of milk. All *saccharine* food should be avoided. Gentle exercise should be taken, and the air of the mountains or the seashore sought. *It is a treatment of abstinence, diet and manliness.*

MALIGNANT JAUNDICE (ACUTE YELLOW ATROPHY), WAXY LIVER (AMYLOID LIVER), CANCER OF THE LIVER, HYDATIS OF THE LIVER.

These several diseases are so difficult to diagnose, on account of having so many symptoms in common, that it would be a

waste of time for the non-expert to attempt either to diagnose or treat them. They all show that some great and persistent trouble is affecting the liver. The *jaundice*, the *dropsy*, the *anæmia*, the *cold, hard, dry skin*, the *pinched features*, the *dejected* and *worn* expression, the *emaciation* and evident loss of vital forces, indicate a deep-seated disease of the liver. Consult the best physician obtainable.

To be noted! *Bad climate, bad habits* and *bad temper* are at the bottom of nearly all the diseases of the liver.

DISEASES OF THE SPLEEN.

SPLENITIS (INFLAMMATION OF THE SPLEEN).

The spleen is a gland that lies beneath the short ribs, on the left side, in front. In the adult it weighs from five to seven ounces. Its functions are somewhat obscure, though it is generally held that it is a reservoir for blood driven from other parts of the body. Thus, during digestion, when the stomach is full of the articles of food, the spleen is larger. During a chill, when the blood is driven from the surface of the body, the spleen receives it. If such a reservoir did not exist, the blood might go to some noble organs, as the brain the heart, or the lungs, causing dangerous congestions. The person who plunges into a cold bath would probably sacrifice his life if the spleen was not there to receive the blood so suddenly driven from the skin. This view of the functions of the spleen is supported by the fact that persons subject to chill and fever have almost invariably an enlarged spleen, so large in some cases as to have attained the enormous weight of eighteen and twenty pounds, filling a greater part of the left side of the abdomen. It has then received the name of ague cake, from the fever-and-ague theory of enlargement of the spleen.

Splenitis is an inflammation of this gland. Its symptoms are associated with functional disturbance of the stomach; and, therefore, somewhat difficult to diagnose, except by the *tenderness* or *pain* in the very locality of the spleen. There is *fever*, *thirst*, *variable* appetite, as desire for *unusual* articles of food; *sour*, *bitter* taste in the mouth; *acid* eructations; *redness*, *dryness*, with *whitish* or *yellow* coated tongue; with *indentations* of its edges; *sponginess* of the gums; *offensive* breath; *salivation*, *nausea* or *vomiting*. On palpation the spleen feels hard and large.

Causes. These are found in the abuse of eating and drinking; exposure to malarial influences; the cooling of the body rapidly when hot; the drinking of ice-cold water when heated;

the using of sugar and starchy substances, as peas, beans, potatoes, to excess: to anything, in fact, that moves the blood rapidly or that surcharges the blood with carbonaceous matter.

Treatment. The knowledge of the cause is the knowledge of prevention: and, as diseases of the spleen are more likely to be chronic, attention should be strictly paid to diet and regimen.

During the inflammatory stage, when the fever is present, *aconite* 3x should be given ever hour till fever abates or disappears.

When enlargement and tenderness of the spleen is occasioned by exposure to malaria or is the effect of miasmatic fevers *arsenicum album* 3x, four times a day, should be given, particularly if *thirst, red tongue, dry skin, pain, nausea or vomiting* are present. It should be continued for a couple of weeks, and if great improvement follows the same should be reduced to *twice* a day for a couple of weeks longer.

China 1x is also a most excellent remedy in persons who have been for a long time exposed to paludal grounds and miasmatic regions, provided they have not taken a long course of quinine. It is most effective when the following symptoms are present: *Great debility, emaciation, anæmia, swelling* of the spleen, *sallow* complexion.

Should these two remedies fail, *natrum muriaticum* 200x, is said to have been found quite effective in removing the Chronic Enlargement of the Spleen occasioned by the Intermittent Fever.

DISEASES OF THE PANCREAS.

PANCREATITIS.

The pancreas is to the human what sweet-breads are to certain beasts. It is a gland attached to the stomach, serving in the process of digestion. An inflammation of this kind is called *Pancreatitis*, and its functional disorders are recognized by the following general symptoms: *Indigestion, emaciation, anæmia, imperfect assimilation*. A disease of this organ, therefore, is so associated with diseases of the stomach that only expert physicians are competent to make a correct diagnosis; and then only after a thorough examination, and some lengthy period of observation.

KIDNEYS AND THEIR DISEASES.

The kidneys are such important factors in our organization that it might be wished that every one understood their mechanism and function. Unfortunately these are so complex that nothing short of a perfect knowledge of their special anatomy, and of the relations of their functions to the functions of the whole body, could suffice.

The kidneys carry out of the body one of its most violent poisons, the *urea*, a debris resulting from the wonderful changes occurring in life's system of work.

The kidneys are two glands situated about the small of the back, one on each side of the spine. Shaped like lima beans, they are four or five inches long, two inches wide, one inch thick, and weigh from four to five ounces.

These glands contain a complete apparatus for the separation of substances from the blood that would be dangerous to life if retained. They form the solution known as the urine, which, through tubes, they conduct to a reservoir, called the bladder, from which it is passed out from time to time.

Any disease that disturbs the normal operations of these glands is pregnant with danger. The urine, therefore, is an important secretion in the study and treatment of disease. The knowledge of its chemical composition would serve only the analytical scientist; hence it will not be mentioned here.

Its quantity and general quality in its normal or abnormal condition has been given in the chapter on "Urine as an Indicator," in another part of this book. To serve the reader as far as possible, here will be given an outline of all the diseases of the kidneys; but only for such as can be left to the care of a simply intelligent person, without *special* medical experience, will treatment be suggested.

SIMPLE INFLAMMATION OF THE KIDNEYS (NEPHRITIS).

The kidneys are liable to acute inflammation or congestion like any other organ.

Causes. A cold, suppressed perspiration; a blow on the back, a fall, the lifting of heavy weights; irritating substances, like turpentine, copaiba, cantharides; certain eruptive fevers, as Scarlatina, Measles, etc.

Symptoms. If from a cold, chills, followed by slight fever, pain in the region of the kidneys, which may be very severe and throbbing; moving and turning cause pain in the back; pressure on the kidneys gives exquisite pain; the patient is more comfortable on the affected side, with knees drawn up; the erect posture is painful, and any jar is quickly reflected by pain in the kidneys. Seldom both kidneys are affected in the beginning; the pain extends downward towards the region of the bladder, and in men down to the testicles. The urine is very scanty, and may become bloody or very slimy. These symptoms may confound Nephritis with Lumbago; but the latter is relieved by pressure while the other is not. Moreover, in Lumbago there is stiffness of the lumbar muscles or else the same muscles become cramped at every little motion. In Lumbago the urine is not often affected; but if it is at all it is not scanty; it would be more like any other neuralgic urine, excessive and very light in color.

If the inflammation should progress to suppuration, shiverings and dull throbbing in the region of the kidney would be felt, and probably pus would then appear in the urine. (See treatment at the end of chapter.)

BLOODY URINE (HÆMATURIA).

Blood in the urine is a symptom of disease of the kidneys or of the bladder, ureters or urethra; the appearance of the urine, however, is not the same in all, and its peculiar character, though bloody, will indicate from which of those organs the blood comes. When derived from the kidneys the blood is diffused equally through the urine, giving it a reddish, smoky tint, which, after standing, becomes of a chocolate color and drops to the bottom of the vessel. When from any part below the kidneys, viz: the ureters, bladder or urethra, the color of the urine is red or pinkish, forming small clots, which either float or fall to the bottom.

Causes. The causes of Hæmaturia are more generally found in local lesions, produced by falls, blows or cutting instruments.

When *not* due to such causes, Hæmaturia is only a symptom of a disease, either of the kidney itself or of some other organ of the body. Bright's Disease, an abscess, irritating calculi, Cancer, hydatids, may affect the kidney directly, and Hæmaturia follows. Indirectly, Hæmaturia is often induced by *eruptive* fevers, as *Scarlatina*, *Scurvy*, *Purpura*, etc., by *intermittent fevers*, *Cholera*, etc.

Hæmaturia is called *vicarious* when it appears in consequence of suspended menstruation or of hæmorrhoidal flux.

Hæmaturia, as a *consequence of disease of the bladder*, is recognized by such other symptoms as point to the bladder as the locality of the lesion, *i. e.*, *pain about the region of the bladder*, *pain or difficulty in evacuating the urine*, *frequent desire to urinate*; sensation of *weight* about the *rectum or bladder*. The quality of the urine has already been mentioned.

The treatment of Hæmaturia will, therefore, have reference to its cause. Such as may be given to non-professionals will be found at the end of the chapter.

ADDISON'S DISEASE.

It is questionable whether this disease should be classed with diseases of the kidneys, unless it is that the suprarenal capsules (the diseases of which have been described by Mr. Addison), are by virtue of their position in the body associated with the kidneys. It is a gland lying right on the top of the kidney itself. It is supposed to serve the kidney as a reservoir in case of congestion; that is when the kidney is oppressed by congestion it is supposed to find relief in the suprarenal capsules, receiving the superabundance of the blood that would otherwise interfere with the action of the kidneys. Each kidney has a suprarenal capsule.

The characteristics of this disease are peculiar. Its symptoms are *slow* and *undermining*. There is nothing in them so acute or severe as to warn a person of the presence of a formidable malady. The whole system is *enfeebled*, the appetite is *lost*; any *mental exertion overpowering*; the pulse is *small and weak*, the skin *shrivelled*, and *emaciation* apparent and progressive. The whole system is evidently affected; every organ showing debility; finally the skin assumes a most peculiar expression; it goes through *every shade of brown*, until it is as

dark as chestnut, and the patient looks like a mulatto. This discoloration may be in *patches*, the patches increasing in size until the whole body is covered by this peculiarly *brown* color, and the patient looks like a *bronzed statue*.

Such a case generally terminates fatally in the course of time. Treatment at the end of this chapter.

BRIGHT'S DISEASE OF THE KIDNEYS (ALBUMINURIA).

This disease takes the name of Dr. Bright, of London, who, in 1837, gave its most intelligent description. The disease is a structural degeneration of the kidneys. It is by some called "Albuminuria," on account of albumen being constantly found in the components of the urine resulting from the disease.

It has been sub-classified by different authors, according to the causes and character of the degeneration; a classification, however, that could not serve the lay reader.

It is a progressive degeneration, slow, but insidious, with symptoms so light as to go unnoticed until its ravages have reached a degree that they can not go unobserved. A little *swelling* around the ankles after a day's work, or a little *bagging* around the *eyelids* after rest, may be the only disorders that call the patient's attention. The physician is then informed, who at once causes an analysis of the of the urine to be made, and on the discovery of *albumen* and *renal casts* declares the trouble to be *Bright's Disease of the Kidneys*.

In chapter "Urine as an Indicator" will be found a test for albumen, which may be sufficient to enable the layman to observe for himself whether in his urine there are indications of Bright's Disease: for if no albumen is found all suspicion of the disease should be discarded. But if albumen is found, *even a trace of it*, the analysis *should* be made by a chemical and microscopical expert.

Do not be frightened by any appearance of the urine, for generally the muddiest, ugliest looking urine is innocent, so far as the kidneys are concerned, while the best looking may contain the products of Bright's Disease, but so well dissolved as to create no suspicion whatever.

There have been recognized two forms of this disease, the "*Acute*" and the "*Chronic*," although the former may run into the latter; but as the "*Acute*" is due principally to *recent*

causes it is considered more tractable, while the "Chronic" is hardly ever cured.

Causes. Acute Bright's Disease may be occasioned by *poisonous* drugs, as *copaiba, turpentine, cubebs, nitrate and hydriodate of potash, digitalis, apocynnum cannabinum, petroleum, cantharides, mercury and arsenic.* In cases produced by such causes the disease may spontaneously terminate as soon as the kidneys have entirely eliminated the drugs.

It may also be caused by a chronic inflammation of the *neck of the bladder*, by *strictures, enlarged prostate and calculi*; these diseases being treated and cured, the kidneys may resume healthy action.

It may occur in pregnant women, in malignant *Scarlatina, Erysipelas, Typhus, Yellow Fever, Smallpox* and *Diphtheria*, but here, while it would complicate the cases, the kidneys would be re-established in health as soon as the disease is removed. But the "chronic form of Bright's Disease" is the one that takes so many people to the grave, because slow and insidious in its nature, giving scarcely any warning till the mischief is beyond a remedy.

The distinctive *symptoms* of this disease in its chronic form are almost impossible to give, as *renal casts and albumen* in the urine only determine the existence of Bright's Disease. The many slight symptoms that might occur before a diagnosis of Bright's Disease is made are so common to other disorders that they serve but little. *Dropsy* of the *ankles*, or around the *eyes*, or in the *chest*, causing *short breath*, may be the first to call the patient's attention. As soon as any of these appear the urine should be examined by an expert.

The *causes* are also very often so remote as to be *undiscoverable.* Yet *high-living, abuse of alcoholic stimulants, repeated exposures to cold and wet and malarial influences, syphilis, rheumatism and gout* do lay, in the great majority of cases, the foundation of this disease.

While *Acute Albuminuria* occurs more often in *children*, from congestion of the kidneys, induced by the presence of the poison of *eruptive fevers, Diphtheria, etc.*, and in the later stage of *pregnancy of women*, on account of the great pressure exercised by the *fœtus* on the abdominal circulation, *Chronic Albuminuria* is more common among *men*, and of that class whose labor is *more mental than physical*; whose occupation

requires but little physical exertion; whose habits are indulgence in highly *seasoned food, strong wines and alcoholic stimulants*. Gentlemen who spend their working hours at the desk; who debilitate their nervous system in thinking, who do not stimulate their circulation by active and systematic exercise; whose skin, an auxiliary to the kidneys in taking off effete matter from the body, is kept constantly dry from inaction; who, after many hours of mental labor, return to late and heavy meals; who stimulate their digestion by high wines and whiskies rich in carbon.

In such a life the lungs, deprived of exercise and of open and fresh air, do not properly *decarbonize* the blood; the stomach and bowels are *slow* in the performance of their work, and in these deficiencies in the process of assimilation and purification, the kidneys bravely come to the breach. They do more work than nature fitted them for, and the consequence is *weakness, congestion, degeneration and consumption*.

Such is Bright's Disease of the Kidneys. Then, what is to be done? Look to the causes, and guide yourself accordingly.

To give *rest* to the kidneys is the first thing to be considered when the disease is apparent. How shall we do it? Adopt the most *abstemious diet*. Make your skin do its work by active exercise, or passive like massage, and adopt such food as will *not* enrich your body with *carbon*. *Take to a milk diet*. I do not say continue it forever, *but as long as the symptoms of this disease show tendency to dropsy*. Don't fear weakness from such a diet; the weakness is from the disease, *not* from the diet. When you find that the albumen and renal casts disappear from your urine, you know you are improving; then gradually go on to a little meat and some vegetables every day. Watch your urine! Be guided by the amount of albumen in it. The more albumen the more you should cling to the milk diet. But by milk I do not mean milk as it comes from the cow, but *skimmed* milk, of which you can take a tumbler full every two hours.

Watch your symptoms. Keep good hours, and perform as little mental labor as you can. Regulate the diet according to the symptoms, either as dropsical, or as to the quantity of albumen in the urine, and you will live many more years than by adopting a careless system of diet and relying on medicines. Medicines help, but do not build.

ACUTE URÆMIA.

This is a *suppression* of urine from acute or chronic Bright's Disease. The kidneys fail to perform their work, and the urea being retained, life is placed in absolute danger.

Symptoms. In consequence of the failure of the kidneys to eliminate the *urea* from the blood, the following symptoms appear: Sudden *stupor*, like apoplexy. There may have been prior to this, fit of *headache*, *dinness of vision*, *drowsiness*, *vertigo*, *deafness*, and even *nausea* and *vomiting*. To this may follow *stupor* or *convulsions*. When it is found that urine has not been passed for twelve or more hours, and that no urine is found in the bladder by a catheter, these symptoms would indicate *Uræmia*, or uræmic poisoning. Particularly is this the case when added to the scantiness of the urine some *drop-sical effusion* has been known to exist. Moreover, acute *Uræmia* is anticipated by the symptoms already given, while true Apoplexy comes unannounced. The breathing of Apoplexy again is of a *snoring character*, followed by paralysis, while coma from *Uræmia* is *not* so.

Treatment at the end of chapter on Kidney Diseases.

GRAVEL, STONE, RENAL CALCULI, RENAL COLIC.

Renal Calculi or *Gravel* "are *concretions* formed by the precipitation of certain substances from the urine around some body or substance, acting as nucleus." They are generally crystalizations of *uric acid* and *oxalate of lime*.

Uric acid is found as a sediment of the urine, which, when dried, has the appearance of *red sand* or *cayenne pepper*. When these crystalline grains of uric acid are retained in the small tubes of the kidneys they give rise to great *irritation* and even to the *exudation of blood*. The passage of these grains and the irritation produced by them cause *great and heavy pain* in the *lumbar region*. When these grains of uric acid adhere to each other in a considerable number they form small *stones*, which the urine in its passage force out of the kidneys through the ureters, the ureters being the tubes that conduct the urine from the kidneys to the bladder. These small stones, in their passage through these tubes, often of a smaller diameter than that of the stone itself, produce the most *excruciating pain*,

called "*a fit of the gravel.*" It is not until the stone has reached the bladder that the cutting and tearing pain *ceases*. The reflex action of this irritation of the kidneys and ureters upon the stomach produces *nausea* and *vomiting*. The whole nervous system is greatly excited, the face becoming *pale*, the features *pinched* and a *cold, clammy sweat* passing over the surface. In men the testicles and even the head of the penis *retract*. *Blood* now may appear in the urine passed by an irritable bladder. In severe cases the sufferer *loses consciousness* or is thrown into *convulsions* by the severity of the pain.

Similar symptoms appear in *biliary calculi*, passing from the liver to the gall-bladder, but in the *latter* the pain *is in front*, just under the false-ribs, while the former runs *downward towards the groins and bladder*.

These calculi, after reaching the bladder, if not passed out with the urine, remain as *nuclei* for larger concretions, which become *stones*, sometimes as large as hen's eggs.

The chemical analysis of these concretions shows quite a variety of elements in their composition, which have reference to the constitutional condition of the person, and therefore, when uric acid appears in the urine in the form of *sandy deposits*, an expert should be consulted for analysis and treatment.

The symptoms of stone in the bladder are: *Frequent inclination* to urinate, the act being *easy at first*, becoming *painful at the end*, when the urine passes out drop by drop. Again, during the act of urination, the flow *suddenly stops*. One of these stones gets to the mouth of the bladder, obstructing the passage of the urine; in a little while, possibly, the flow commences again; the stone having fallen backwards, the passage is left free again. *This is a very distinctive symptom* of stone in the bladder.

When the stone is of considerable size a sensation of *weight*, and even *motion* may be felt. Some *pain* or *itching and tingling* is felt at the head of the penis.

Such symptoms should be warnings that an *exploration* of the bladder ought to be made.

The complicated nature and origin of this disease puts it out of the pale of non-professionals to treat; hence, such palliatives as may be useful will be indicated in the treatment of diseases of the kidneys in general at the end of the chapter.

DIABETES MELLITUS.

This strange disease is still a stumbling block to the physician. The most industrious student of pathology, the most conscientious and scrupulous investigator, has failed to give an acceptable account of this disorder, which almost always ends in death. Discouraging as this may be, still more discouraging is it that no sure mode of cure has been found. Still, that the people may not be left utterly blind and helpless, even in the attempt to prevent it, a concise description of the symptoms of the disease will be here given, with such suggestions as to diet and regimen as may be useful.

This disease has been placed in this book among the chapters having reference to diseases of the kidneys, not because it is due to any disorganization of those organs, but because its most characteristic symptom is found in the urine.

The urine contains sugar! This sugar in the urine is the warning of the existence of the disease; it is even found in the *saliva* and the *perspiration*. When sugar is present the specific gravity of the urine is greatly *increased*; this may be ascertained by a uronometer, which can be found in any well-conducted apothecary store. The normal specific gravity of the urine being 1010 to 1020, when it reaches 1040 to 1050 sugar is sure to be present. The color of diabetic urine is not of the natural amber color, for the yellow assumes a decided *greenish* tint. The quantity is also enormously *increased*, eight and ten times more than the normal quantity, which, in the adult, is about thirty-five ounces in twenty-four hours.

This great loss of fluid causes *intense thirst*, so that diabetic people drink from one to two gallons of water a day. A diabetic boy, four years of age, under my charge, would drink two gallons of milk a day, without gaining one ounce of flesh.

Nutrient is evidently *not absorbed*, or is *converted* into sugar, which finds its way out of the body; diabetic patients, therefore, suffer from *ravenous hunger*, eating enormously, still becoming constantly *emaciated*.

The skin is always *dry*, even when others would perspire on account of the heat.

The disease runs a *slow course*, a year sometimes elapsing before death ensues.

The chemical test for sugar is so complicated that only experts should be trusted in making it.

Treatment. According to the theory that *starchy* substances are converted into *sugar* by the action of the saliva, it would be prudent to avoid them when everything taken into the stomach seems to turn into sugar; hence, potatoes, wheat, corn, beans, peas, rice, arrow-root, bread, honey. Sugar should be avoided, and the diet be of *meats, fowls, game* and *greens*, as *lettuce, spinach*, etc.

Stimulants are of no use whatever; milk, among the fluids, being the most useful. Reducing the quantity of liquids because too much urine is passed, is erroneous in this disease, for often the amount of urine passed has no relation to the amount of liquid taken.

Sea voyages and *frequent bathing* in salt water have proved beneficial in staying the disease.

DIABETES INSIPIDUS

This is an affection characterized by the *habitual* discharge of a very large quantity of pale, watery urine. *free from sugar or albumen*.

The symptoms are very much like those of Diabetes Melitus, except that the urine contains *no sugar*.

The large flow of urine in this case is generally preceded by *nervousness, irritability, inability to concentrate the mind, vivid imagination, failure of memory*, and *headache*.

Both of these forms of Diabetes are very intractable, and should be placed under the care of the best physician obtainable.

INFLAMMATION OF THE BLADDER (CYSTITIS).

This is a Catarrh of the Bladder, caused by long retention of urine; foreign bodies, as stones, in the bladder; by a sudden cold; by a blow, etc.

Symptoms. *Chilliness, followed by fever; frequent and painful* urination, the urine coming *drop by drop*. *Straining* in passing water; *pain* over the region of the bladder; sometimes of a *dull* character, again *sharp* and *agonizing*.

The urine is *red* and *cloudy*, showing an *alkaline* reaction on testing with *turmeric* paper.

The odor is *fetid*, owing to decomposition of mucus and pus.

This disease is liable to become chronic, when a skilled physician should be required to attend.

For treatment see following chapter on the treatment of diseases of the kidneys and bladder.

SPASM OF THE BLADDER.

A sudden emotion, an outburst of passion, great depression of strength, violent exertion during sexual intercourse, onanism, a cold (by sitting on wet grass, or a cold stone), may bring on a spasm of the bladder.

It comes on *suddenly*, with a violent *constricting* pain at the *neck* of the bladder; intense *desire* to pass water when scarcely any water exists; and when it does exist, passing it *drop by drop*, with a sensation of *urging* and *pressing*.

The patient should at once be made to sit in *hot* water, which will give great relief. For medical treatment read *cantharides*, *cannabis* and *terebinthia*, in next chapter, on treatment of diseases of kidneys and bladder.

PARALYSIS OF THE BLADDER.

This is, generally, a disease of *old age*. It may also be brought on by excessive *distention* of the bladder. In traveling, women particularly, whose false modesty prevents them from going to the water-closet, the urine may accumulate in such large quantity in the bladder as to paralyze it from distention. When they arrive at their destination, feeling the weight of the bladder, they go to the water-closet only to find their *inability* to pass it. No time then should be lost, but a catheter should be procured, and passed into the bladder to empty it. It may take a few days before the bladder acquires its power of contraction.

When the paralysis is *complete* then urine flows out *constantly*, and is a source of irritation and a great inconvenience. A receptacle of india rubber should be procured to receive the urine as it drops, and *electricity* used to restore activity in the muscles of the bladder.

GONORRHEA (INFLAMMATION OF THE URETHRA).

This is an *infectious* disease, contracted from the contact of the genital organs with those of a person affected by the disease. When it affects other parts of the body, and the mucous membrane of the eyes particularly, the disease may be conveyed from one person to another by contact or by using the same towel. When in the eyes, it is called *Gonorrhœal Ophthalmia*. New-born infants born of a mother so diseased are likely to have Gonorrhœal Ophthalmia. Originally it is a disease of the genital organs, affecting the *urethra* particularly.

Symptoms and Course of Disease. The first symptoms occur from two to four days after exposure, sometimes sooner. The first symptoms are *tickling* and *tingling* at the orifice of the urethra and the *flow of a thin fluid*, looking like milk. After two or three days the irritation becomes *exceedingly painful*, the urine feeling like *hot water*; the discharge then becomes *very thick* and *purulent*. In man, whose urethra is so much longer than in woman, this inflammation causes a congestion, which brings on the most *painful* and *intolerable erections*, called "*chordee*," the organ looking like a hard chord. A few days after this suffering all the symptoms abate, although the discharge continues. If not properly treated the disease will run a chronic course, the patient becoming subject to an annoying discharge.

This chronic discharge is called *Gleet*.

The person taken with this disease generally and properly feels so humiliated that he must get rid of it at once. He applies to quacks or to friends, who know something or other that will stop it in twenty-four hours. Look out! *Such active treatment may be followed by the most disastrous results!* Strong astringent injections may check it indeed, but it will find vent somewhere else, and in men, in the testicles, particularly. Just as they think they are cured, the testicles *swell* and become *inflamed*, and a case of *acute orchitis* is on hand, which will put the patient on his back for two or three weeks, with such suffering as is even beyond the punishment he deserves for his ignorance or his folly.

Go about this as you go about any other inflammation:
Treat it kindly.

The best thing to do is first to apply to a physician in good standing. If he is not at hand, keep the urethra *washed clean* by injections of *hot pure water*. Then turn to the remedies you will find described in the following chapter on treatment of diseases of the kidneys and bladder. Trust to those which bear resemblance to your case, and in nine cases out of ten the result will be what you most desire, a complete cure.

SUPPRESSION AND RETENTION OF URINE.

In *suppression* the kidneys, on account of some disorder, do not *eliminate* the urine. In *retention* the kidneys perform their functions, but the bladder is *unable to evacuate* the urine collected.

Suppression is always attended with danger. The whole system becomes poisoned by the retention of the urea in the blood, and the brain, first of all, shows grave symptoms of disturbance. *Effusion* and *coma* occur speedily, and the patient looks as if stricken by an apoplectic fit. In the case of suppression the saliva, the sweat, the breath, etc., are impregnated with the odor of urine.

This suppression may be due to *inflammation*, to *paralysis*, or to *calcareous obstruction* of the kidneys. When due to *inflammation*, there will be *fever, hot and dry skin, thirst, nausea, vomiting, rapid pulse, swelling and pain* in the region of the kidneys; frequent *desire* to urinate and the passage of a very small quantity of urine, causing great pain. There will be an odor of urine about the skin and in all the secretions of the body. The patient may even taste it. The brain becomes quickly affected, *delirium, stupor* and even *convulsions* following.

If due to *paralysis* of the kidneys the symptoms of fever will be absent, but the other symptoms remain. If due to *calculi* stopping the exits of the ureters, there will be *swelling, pain, sensation of weight and uneasiness* in the region of the kidneys, *numbness of the thighs, retraction of the testicles, tenderness* around the abdomen, *nausea, vomiting, great excitability, hic-cough, quick pulse, short breathing, sighing, delirium, convulsions*.

Retention may arise from *inflammation*, from *stricture* of the urethra, from enlargement of the *prostate glands*, from certain medicinal substances, as *cantharides*; from a *stone*, from pressure of a *displaced womb*, from a sudden *cold*, taken from sitting

on wet grass or on a cold stone: from going *too long without urinating*, etc. The symptoms are clear, for the bladder becomes *enormously distended*, inducing *pain* and a sensation of *weight*, and a *desire to urinate* without the power of doing so.

Fortunately retention is easily remedied; a good, *hot sitz bath*, and if that does not relax the contracted muscles a *catheter* can be easily introduced and a speedy relief obtained. After the relief is obtained, however, the disease causing retention ought to be treated.

If a *stricture* or an *enlargement of the prostate glands* are the cause the introduction of a catheter may be difficult, requiring the manipulation of an expert surgeon.

Do not delay, for the distention produced by retention may be so great as to burst the bladder or induce an inflammation, which may end in gangrene and death.

The medical treatment of these diseases will be found in the following chapter, dedicated to the treatment of diseases of kidneys and bladder.

IRRITABLE BLADDER.

Frequent inclination to urinate from an *irritation* of the *neck of the bladder*, not associated with any other disease.

There may be in this case a *constant* desire to pass water, and the water may be passed with some difficulty and with *tenesmus*, a peculiar sensation at the neck of the bladder, urging to urinate. This may come from a *cold*, from some substances taken internally, from the pressure of *worms* in the rectum. It is a simple disorder, cured by a few doses of cantharides 3x, or by removing the cause.

SYMPTOMATIC TREATMENT

OF DISEASES OF THE KIDNEYS AND BLADDER.

The treatment of these diseases has been grouped in one chapter here because disorders of the bladder and kidneys have so much relation to each other, and their symptoms are found so combined and mixed that to give a special treatment for the disease of each organ in a book would be to repeat unnecessarily the lists of symptoms and of remedies.

Aconite 3x. *Shiverings, fever, pain in lumbar region, highly colored scanty urine, also painful and difficult urination, with fever.* Particularly when such symptoms have been induced by a cold.

Cantharis 3x. *Pain in the region of the kidneys, extending into the abdomen. Inflammation of the kidneys. Violent, excessive pain in the bladder. Heat and burning in the bladder and urethra. Violent cutting pain in the urethra. Suppression or retention of urine. Desire to urinate, with scanty emission, dropping, as it were, with burning. Strangury of the bladder. Discharges of drops of blood. Hæmorrhage from the urethra. Painful gonorrhœa, with chordee and painful erections.*

Cannabis sativa. pure tincture, in two- or three-drop doses. Severe *pain* in the kidneys. The urine is *bloody*, being passed every few minutes. While this remedy is peculiarly effective in inflammations of the kidneys or bladder it is particularly so when the inflammation is due to *Gonorrhœa*. *Violent, burning pain* during urination; urine *slow to come and scanty*; often mixed with *mucus* and *blood*. Discharge of *pus* from the urethra. The *pus* is *yellow* and *stiffens* the linen.

Terebinthina 3x. This remedy's action is peculiarly on the kidneys. Violent inflammation of the kidneys, with *heat and pain* in the lumbar region; *dark, bloody sediment* in the urine. *Bright hæmorrhage* from the bladder. *Pressure* in the bladder relieved by *walking*. *Strangury*. Complete *suppression* of urine. *Albumen* in the urine.

Arsenicum 3x. Pain in the back; headache; nausea; scanty urine; thirst; dropsical effusion; blood and albumen in the urine.

Apis mellifica 6x. Dropsy; swelling of the feet; scanty urine. This remedy will increase the flow of urine and thereby lessen the dropsy. Incontinence of urine, particularly at night.

Kali nitricum 12x is especially effective in relieving symptoms caused by accumulation of fluids in the several sacs surrounding noble organs; therefore, in oppressions of breathing from water in the pleura; oppression about the heart from water in the pericardium. The patient cannot lie down from oppression. Aching and pain in the small of the back; swelling of the body. Weak, slow pulse. Frequent emissions of urine, but in small quantities, pale and turbid.

Mercurius corrosivus 3x. This remedy is peculiarly adapted to Acute Albuminuria, and to Albuminuria depending upon the gravid state. Disposition to stupor; spasms and convulsions; urine very scanty or suppressed; bluish, paleness and puffiness of the face. Dropsical effusion of face and limbs. Convulsions during the puerperal state. It is also useful when the same symptoms occur in the chronic form of Bright's Disease of the Kidneys.

Apocynum cannabinum is a drug that can be used with great benefit when the kidneys are so torpid that accumulations of water around the heart and lungs become dangerous. Therefore, it should be given in *Uræmia*, in order to induce a quick discharge of urine, and also in the rapid accumulations of water after *Scarlatina*. It should be given in doses of five drops of the tincture to five tablespoonfuls of water; one tablespoonful of this solution every hour, and even oftener, if the case, as in *Uræmia*, requires prompt relief. An increased quantity of the flow of urine will be the result. As soon as the patient is relieved from imminent danger the apocynum may be reduced to one dose in two hours and continued for a day or two.

Hydrastis canadensis in Chronic Catarrh of the Bladder is invaluable. Pain in the neck of the bladder before, during and after urination. The urine is turbid and loaded with mucus. The mucus is sometimes in such a large quantity as to impede the flow of urine from the bladder. It is more adapted to chronic than to acute inflammation of the mucous membrane of the bladder and the urethra, and is, therefore, of great benefit in *Gleet*, the chronic result of Gonorrhœa.

It should be given in *three* drops of the tincture on a lump of sugar every *two* hours.

Uranium 3x. This remedy is highly recommended in *Diabetes* and in *incontinence* of urine (wetting the bed).

Uva Ursi in tincture, five-drop doses, will relieve *dropsy* from disease of the *heart* and *liver*, *painful urination* with *burning*, *slimy*, *purulent*, urine, *Hæmaturia*.

Ammonium carbonicum 3x is particularly useful when *albumen* is found in the urine after *Scarlatina*, *Diphtheria*, *Smallpox*, *Typhoid Fever*. The face is *pale* and *bloated*; general *weakness*, *drowsiness*, *uneasy sleep*, *oppression* of the stomach after eating, *difficulty of breathing*, *palpitation* of the heart. *Pain* in the small of the back, *spasmodic twitchings*, urine *turbid* with strong *ammoniacal* smell.

Digitalis purpurea 1x. By stimulating the kidneys this remedy will relieve *general dropsy* (*anasarca*). The kidneys feel *sore*, and the urine, though often evacuated, is only *small* in quantity. The general dropsy causes *drowsiness*, with *bad dreams*, *headache*, *nausea* and *want of appetite*. General *weakness*, *loose stools*. Pulse *frequent*, *slow* and *weak*. *Difficulty of breathing*, particularly in *walking* or *ascending stairs*.

RESUMÉ OF TREATMENT.

For *Inflammation* of the Kidneys, see *aconite*, *terebinthina*, *cannabis*, *cantharis*.

For *Hæmaturia* see *cantharis*, *terebinthina*.

For *Albuminuria*, see *arsenicum*, *mercurius corrosivus*, *ammonium carbonicum*.

For *Uræmia* see *apocynum cannabinum*, *kali nitricum*, *digitalis*, *mercurius corrosivus*.

For *Diabetes* see *uranium*.

For *Inflammation* of the Bladder and Urethra, see *cantharides*, *cannabis sativa*, *hydrastis canadensis*.

For *Dropsy* see *arsenicum*, *apis*, *kali nitricum*, *apocynum cannabinum*.

REGIMEN AND DIET.

In *Bright's Disease* of the kidneys the body should be kept *warm*; moderate *exercise* should be taken in the open air. *Rest* should be secured by regular, early hours of retirement.

The diet should be *nutritious*, yet animal food should be *avoided* as much as possible. *Shell fish* should *not* be used under any circumstances; anything tending to act upon the kidneys, as *asparagus, onions, parsley, celery, etc.*, should be forbidden. *Wines, liquors and beer* should *not* be taken except under the *special* recommendation of the physician.

Milk should be used *largely*; indeed, when the disease has so far progressed as to cause *Dropsy*, milk, and *skimmed at that*, should be the *only* article of diet used, until the *albumen* in the *urine* and the *effusion* of water have been greatly *reduced*.

Weakness should *not* be an indication for *stopping* or for *not adopting* the skimmed milk diet, for it is proven that persons, though in a very weak state, have improved and gotten stronger under the sole diet of skimmed milk, *one goblet every two or three hours*.

Poland or *distilled* should be the only water drunk. *Tepid* baths are allowed, but the vapor bath is preferable, as the sudoriferous glands take much of the work from the kidneys.

The treatment for *Calculi* or *Gravel* should be a *preventive* one. Persons subject to Gravel should make free use of *distilled* water. Distilled water being water deprived of salts, it would readily absorb the salts from the body and prevent concretions. Distilled water is easily obtained from any steam engine; it should cost nothing. No other water should be used, and particularly mineral and saline waters. No salts should be taken as *cathartics*, and everything containing *phosphate of lime*, as *shell* and *whitefish*, avoided.

In *Diabetis Mellitus* everything that conduces to the formation of sugar should be avoided. *Starchy* substances like *wheat, corn, peas, beans, rice, potatoes*, being easily converted into sugar by the action of the saliva, should be *avoided* as much as possible. It is known also that the starch cells can be destroyed by very high temperature, hence, if bread is desired, let that bread be cooked to a crisp like toast or crackers; the potatoes should be roasted at a very high heat. Rice boiled down to a paste. In Diabetes a *diet of meat* should prevail, with such vegetables as *cabbages, asparagus, spinach, lettuce, green beans and green peas*.

In *Inflammation of the Bladder and Urethra*, *meats and highly seasoned food, black and red pepper, asparagus, parsley, onions, celery, parsnips, pickles and vinegar* should be avoided. Only the blandest substances drunk; *no alcohol, no wine, no beer*.

Gum-arabic water, light flaxseed tea, toast water, Poland water, distilled water, may be drank in place of hard water.

Buffalo Lithia water is good for *Gravel, Hæmaturia,* and irritation of kidneys or bladder from Rheumatism and Gout.

The waters of *Karlsbad* and *Vichy* have been found beneficial in *Diabetes*; but those waters should be taken from the fountain head, as those waters found in our apothecary stores are only *poor imitations.*

DISEASES OF THE TESTICLES.

ORCHITIS (INFLAMMATION OF THE TESTICLES).

It has already been said that Orchitis may occur from suppression of Gonorrhœa. But many other causes, as a blow or a cold, may induce inflammation of the testicles. They *swell*, they become *red* and *painful*. *Fever* is, of course, present.

The two remedies that will cure the inflammation are *aconite* 3x and *pulsatilla* 3x.

Hot applications, as flaxseed-meal poultices, will be very grateful and useful. Let this and the aconite and pulsatilla be continued until the patient gets well. The recumbent position and support of the testicles are necessary to assist in the cure of this painful disorder.

HYDROCELE (DROPSY OF THE TESTICLES).

This is generally due to some external *injury* or to *inflammation*. The testicles become very much *distended*, and by placing a candle on one side of them a *transparency* is quite visible. This is sometimes congenital.

VARICOCELE.

This is a *varicose* condition of the veins of the testicles, which feel quite ropy and knotty.

HÆMATOCELE

Is accumulation of blood in the sac of the scrotum, due to some external *injury*. When blood is collected in the sac the enlargement is *opaque*.

The last named diseases should be treated only by expert surgeons.

DISEASES OF THE PENIS.

SYPHILIS.

This is considered a constitutional disease; but, inasmuch as it is contracted in congress between man and woman, and its primary effect is upon the organ of generation, it is given under this caption.

Syphilis is a venereal disease communicated by contagion.

It appears as an ulcer on the head of the penis under the prepuce (the outer skin), generally near the frenum (the string) under the head. Among women it is chiefly on the lower part of the mouth of the vagina and on the smaller labiæ (lips).

The ulcer is generally round, of the size of a pea; its borders are sharp and shaggy. Often there is only one, but at times two or three near each other. The poisonous exudations from the ulcers being easily absorbed, the glands in the groins swell, inflame and go into suppuration. Such a swelling is called a "Bubo."

The course and changes of this disease vary in so many ways, and are so pregnant with danger to the constitution of the patient, that no one but an honorable and skillful physician should have charge of the treatment. It is only mentioned in this book, and its principal features given, to give warning to the patient of its presence and that the proper measures be taken.

BALANITIS

Is an irritation or inflammation of the glans of the penis, induced generally by want of cleanliness in men whose penis is well covered by the prepuce. It is also contracted from unclean women, who have discharges that are neither gonorrhœal nor syphilitic.

Symptoms. At first there is intense itching, and the drawing

of the prepuce is painful. Small miliary vesicles form and break around the back part of the head of the penis. As these vesicles break they assume an expression of ulcers and syphilis is suspected. The exudation from these vesicles keeps the part very moist, a moisture that smells strongly. The irritation may be so great as to have neighboring parts sympathize, and in consequence the glands in the groins *sympathize* and become tender.

Treatment. Wash often. Apply locally the powder of cinabaris 3x. This should be done three times a day. Wash first, then apply the powder. This treatment will cure the disorder in a few days.

HERPES PREPUTIALIS (ERUPTION OF THE GENITAL ORGANS).

This eruption is generally located on the *prepuce*, although it may appear on the *scrotum*, *penis* and on the *female sexual organs*. It develops in *small vesicles*, close together in *clusters*. When on the outer skin, in four or five days a *scurf* is formed, but if under the skin the vesicles break and *ulcerate*, casting the suspicion of being of syphilitic origin. The manner of development, of these ulcers, *that is*, in clusters, should distinguish these from syphilitic ones which come *singly* and *isolated*. Moreover the ulcerations in Herpes are *preceded* by an irritation of the vesicles, which last two or three days before they break while the ulcers from syphilis (chancres) appear at once without such precedence.

Treatment. The organs should be *kept clean* and washed two or three times a day with a weak solution of *carbolic acid*, followed by the application of *glycerine*.

Internally *arsenicum* 3x should be taken, followed, after two or three days, by *rhus tox.* 3x.

PHIMOSIS.

Phimosis is a constriction of the skin of the penis in front of the orifice of the urethra. The skin cannot be retracted, and the moisture exuded between it and the head of the penis may decompose and become a source of great irritation. The contraction of the foreskin may be so great that

even the urine can scarcely pass; and when passing from the urethra it is arrested by the foreskin in front, which then becomes filled like a bag. The presence of urine between the skin and the head of the penis is another source of irritation. This phimosis is not uncommon in new-born children, requiring circumcision. When induced by inflammation and by venereal diseases it requires the interference of a surgeon.

PARAPHIMOSIS.

This is a *contraction* of the skin of the penis behind its head. It is uncommon as a congenital malformation; it is generally induced by inflammation and venereal disease.

If of recent occurrence, emollient applications, as warm water, may relax the contraction, enabling the patient to gently draw the skin over the head of the penis. If this is not successfully done, division of some of the contracted fibres may become necessary, which should only be done by a skillful physician.

SEMINAL EMISSIONS, NIGHT EMISSIONS (SPERMATORRHEA).

A morbid and frequent recurrence of seminal discharges. These discharges occur almost always *at night* and *during sleep*, with or without erotic dreams. In daytime they may occur, and particularly during *defecation*. In some cases the patient is so weakened by this loss that an amorous thought, the sight of a well-made woman, decolette or partially dressed, or of a painted nude figure, the riding on horseback or on a bicycle, a jar, a lascivious dream, bring on a seminal discharge. It is a fact, however, that the cause is found principally in the *moral* condition of the man, viz: in the brain. A pure mind, one which does not dwell on the pruriency of things, scarcely ever becomes a victim of these debilitating discharges. Young persons *addicted* to that destructive vice, *self-pollution*, irritating their generative organs by exciting friction, mentally dwelling constantly on subjects that induce lascivious desires, are liable to become victims of these unnatural and weakening discharges, which sap the very foundation of health and virile power.

The great majority of young persons thus afflicted have probably become so from ignorance of the dangerous effect of

such a loss. Taught by *vicious young associates*, they continue the practice of self-pollution and excite their minds with lascivious thoughts until nature, weakened by this drain, and the organs debilitated, allows this fluid to escape, and even when the sufferer would wish it otherwise.

It must not be supposed, however, that all discharges from the urethra, that are not associated with any disease of the urethra itself, necessarily contain semen. Many a youth gets frightened at discharges that are comparatively harmless, the result, probably, of an irritation of the prostate or of the Cowper's glands. There is *no surety* that the loss is seminal until the microscope detects the *spermatozoa* in the discharge. In case of doubt or suspicion the discharge should, therefore, be examined by the microscopist.

Spermatorrhœa, or *night emissions*, as they are often called, is the unfailing punishment of those youths who *commit masturbation or sexual excesses*.

Persons addicted to this self-destructive vice soon show the inroads made upon their constitution. They become *sallow*, with *dark rings* under their eyes. Their *mind fags* and they *lose desire for the companionship of their fellow mates*, and *particularly of women*. They become *taciturn, retiring and cowardly*; they are *incapable of concentration of thought, lose their memory*, and finally become *imbeciles*. Insane asylums are well stocked with the victims of this vice.

Treatment. If all strength of character is not lost in the chaos of this dissipation, *moral courage* may still be appealed to to *abandon the practice of self-abuse*. The mind should be occupied by interests that have no relation to sexual thoughts. The reading of love stories should be given up, and the face turned from any picture that awakens lascivious desires.

The person should sleep in a *cool room*, and never permit the bed to become much *heated*. The urine should be *voided* often, and particularly *at night*. To secure this an alarm clock should be kept that would waken the person *every four hours*, when he should get up and empty the bladder, as the pressure from the urine may create erections and force the semen out.

He should get out of bed early in the morning, *take exercise* in the open air and *cold baths*. The diet should be *nourishing*, although meat should be used sparingly. *Highly seasoned food, oysters, pepper, late suppers, etc., should be avoided*. No liquors

or wines, and particularly no *gin, beer, whisky* or *champagne*, should be taken.

The mind should be engaged in legitimate occupation, and the reading should be interesting, amusing or serious; and *all books suggestive of doubtful virtue, impassioned love, etc., should be eschewed*; and above all *pictures of nudity, of lascivious forms or postures, should be kept from the sight of these unfortunate, weakened constitutions* that too readily yield to the fascination of this moral depravity.

The emissions are due to the weakness of the muscles retaining the too easy flow of the semen from its reservoir. Therefore, all that is conducive to general strength and health will greatly assist in curing the disorder. *Sea-bathing, salt water baths, journeys in the mountains, cheerful, but proper company, electricity, properly administered, will be useful.*

Internally, phosphoric acid diluted, sufficiently strong to taste it, like a pleasant lemonade, should be taken in doses of a *teaspoonful three times a day*, for some length of time.

This moral and hygienic treatment, and the phosphoric acid, will remedy cases of an uncomplicated nature; for the latter a respectable physician should be consulted. *Avoid all advertised nostrums and men who advertise to cure this disease without fail.*

DISEASES OF THE BRAIN AND SPINAL MARROW.

Before entering into the study of these diseases some knowledge of the structure and functions of these organs and their relation to the body is necessary.

The body might be likened to an army which is divided into departments for special services, under the immediate command of officers of various ranks, who, in their turn, are subservient to the orders of a commander-in-chief.

This commander-in-chief is the *brain*, well fortified within the skull. His staff is the *spinal marrow*, also well fortified in its osseous fortification, the spine.

The staff has also its subordinates, the *nerves*, which are posted in every direction and in such a manner that not a single individual of the composite army can escape their supervision.

The stomach is the culinary department; it cooks and prepares food. The heart, through its arteries, carries the prepared food to every part or individual of the army. The veins take up offals and debris, to be reduced to a hash for future use or to be thrown off as useless. The bowels, the kidneys, the liver, extract from the food anything that might be noxious as food, but useful for something else. The lungs attend to the ventilation of the camp, arresting, by the introduction of oxygen, the baneful effect of the carbonic acid gas, rendering thus its atmosphere more healthful and life-giving; and so on, one helping the other, that the health and strength of the whole may be preserved.

To ensure co-ordination in the multiple labors of all these organs an administration, at once systematic and practical, to which every department is subordinate, is provided.

This great department is the *nervous system*, at the head of which is the brain. The brain must know everything, even to the gamboling of a troublesome hair. Gen. Brain has his headquarters in the skull; under its immediate orders, and just

below it, is the "*cerebellum*," whose duty it is to attend to the co-ordination of action and to the sexual department. Then comes the "*medulla oblongata*." This has its quarters under the cerebellum and just within the cranium, although it is a part and the head of the *spinal marrow*. It is posted safely within the cranium, because it directs the organs of deglutition and respiration, which, if interfered with, threaten life with sudden extinction. If ventilation is stopped the army would suffocate; if deglutition is stopped the army would starve to death.

Then comes the *spine* with its beautiful system of *telegraph wires*, the *nerves*.

Morse never invented the telegraph; God Almighty did without taking out letters patent.

To detail the distribution of these nerves would be to write a volume; to tell of their functions would be to exhaust poetry and philosophy. Enough to say, that there is no place so small as the point of a needle which is not supplied with a telegraph station; that there is no sensation that they do not communicate to the brain; that there is no action (with few important exceptions) the order for which is not transmitted through them. The central distributing depot of these nerves, with the exception of a few which Gen. Brain insists upon keeping under his immediate control, is in the spinal marrow, well housed within the spinal column.

This is a great plan; still the engineer of our constitution knew that it would not do to put all the power in the hands of one individual, though it was Gen. Brain. Something might happen to him: he might become disabled through injury, or might be temporarily blockaded by the enemy (disease). Should that great army be paralyzed on the spot because its chief is cut off from it? No. So he conferred upon certain officers the authority to act in such contingency, and thus prevent the army from perishing in case its chief is temporarily disabled or checked. This authority was conferred upon the *medulla oblongata*, and the *spinal marrow*; so the heart goes on throbbing, the lungs contracting or dilating, the liver producing its bile, the kidneys eliminating the urea, the bowels its offals, etc., that the army may still live though in distress, until Gen. Brain can resume his proper command. This authority, however, is limited as to time and functions, for,

should Gen. Brain become permanently disabled, the organization would fall asunder, and the whole army perish.

Gen. Brain retains the *intellectual faculties*, the *will*, the *emotions*; the other subordinates attend to the *physical* life of the army. The co-operation, the co-ordination and the harmony among so many thousands of subordinates, are maintained by the intellect and the will of the brain; therefore, any interruption of intercourse between this chief and his subordinates is always a serious calamity, for though some of the under chiefs, like the medulla oblongata and the spinal marrow, may still maintain some order by the authority conferred upon them, yet without the free action of the brain, discipline and co-ordination will at last be lost, and the whole army become a helpless and incongruous mass.

Gen. Brain has a wonderful capacity: he has provided himself with *two* telescopes (the eyes), so that if one gets out of order the other is left to serve; these, through the *optic nerve*, communicate to headquarters all that's in sight; with a nose, through whose *olfactory nerve* everything suggestive of an *odor* is imparted to the General; with a tongue, whose *gustatory nerve* informs the brain of every *taste*, so that no noxious substances may be allowed to enter the stomach unawares; with a skin, as *avant-post*, over which millions of telegraphic wires are scattered, so that *touch*, even the prick of a pin, may be telegraphed to headquarters. There is not an organ of the body that is not supplied with this system of information. These nerves not only serve to convey intelligence but to bring back orders from the brain and distribute them accordingly. If a foot strikes a stone in the dark, the blow received being communicated to the brain, the brain's intellectual power, conceiving the nature of the difficulty, orders that foot to turn to right or left to avoid the obstruction. If the olfactory nerve conveys the intelligence that a noxious odor is present, vitiating the air, the brain, taking the situation in, orders the lungs not to breathe for a few seconds, and probably directs the feet to take the body to a window, the hands to raise the sash, so that pure air may come in to neutralize the baneful power of the mephitic air; and so on "*ad infinitum*."

It is a wonderful system of self-protection. But it does not rest there, for an army is not present for self defence only. Every organ is supplied with the means of communicating its

wants. The stomach informs the brain when the larder is empty; the tongue, when there is lack of water; and the brain tells them how to get food or drink. The heart is startled at the sudden apparition of a foe; the brain says: "Keep quiet, heart; be steady," then orders the hand to draw up in a knot and strike the foe. In fact, it is the brain that, through its intellect and will, provides for offense or defence and for the maintenance of the integrity of all, individually or collectively. Some of the organs, like the lungs, the heart, the kidneys, the liver, etc., act under general orders, and are not necessarily always dependent upon the immediate orders of the brain; so they go on acting even when Gen. Brain is asleep that no interruption may occur in the general plan of existence; but even these cannot suffer without Gen. Brain being aware of it, and providing for their safety.

When one thinks of this intricate organization, one may justly be terrified less something happens to disturb its co-ordination, yet one cold draught of air might do it.

All parts of the body are not of the same importance, however, any more than every part of an army is. A company or a regiment may be cut off and slaughtered, yet the army live and even conquer. So an arm or a leg may be crushed or lost, and the body survive; not so, if one of the important departments is lost. In animal life these departments are called "noble organs," as the heart, lungs, liver, etc., because they not only serve to maintain their own existence, but that of others, which is not the case, or only partially so, with a limb. Taking the spine as the distributor of telegraphic (nervous) communication, if injured in the lower part, the lower limbs are paralyzed, but the body may still live; if injured about the middle, then the bladder and bowels are paralyzed, and the body suffers more; but if injured above in the neck or above it, then the noble organs are paralyzed, and death is instantaneous.

These cursory remarks on the organization of the nervous system, and particularly on its chief officers, the brain and spinal marrow, must demonstrate how important their integrity is to life, and how any disorder of their functions may cause apprehension.

Pressure is a great enemy of the brain, spinal marrow and nerves. Whether it is from too much blood, as in inflamma-

tion or congestion, from a tumor or any other adventitious agency, the part so pressed upon is either partially or totally prevented from performing its functions, and any nerve having relation to that part suffers accordingly. As said above, the danger would increase not only in proportion to the disability of the brain or spine, but relatively as to the locality of the injury, for the nearer to the brain the more nerves would be severed from it; and when those nerves so severed are these that supply the noble organs, death is imminent if not instantaneous.

Poverty of the nutritive elements of the blood (Anæmia) renders the brain and spinal marrow weak, and, in their weakness, they cannot stimulate the organs of the body to perform their functions with alacrity; and the whole body then presents a picture of general debility or paresis.

The nerves originating from the brain itself, supplying all the organs of the head, cross from right to left, and *vice versa*, so that compression on the right side of the brain would paralyze the muscles of the left side of head or face, and *vice versa*.

The spinal marrow is double, having right and left sides, each throwing out nerves to supply its own side of the body; if one side is affected, then the muscles of that side are paralyzed; and those of the left side, if the injury is on the left side of the spine. This form of paralysis is called *Hemiplegia*, or paralysis of one-half of the body. When the injury affects both sides of the spine, and the lower part of the body is paralyzed, it is called *Paraplegia*.

MEMBRANES OF THE BRAIN AND SPINAL MARROW (THE MENINGES).

The meninges are the membranes that invest the brain and the spinal marrow. They are three in number, one over the other. The external one or the one next to the bony structure, is called the "dura mater," serving as a lining of the bony surface, and carrying blood to and from the enclosed organs. The middle one is a thin serous membrane called the "arachnoid," exuding a fluid for lubrication to prevent friction. The third is next to the brain or spinal marrow, and is called the "pia mater," serving to distribute blood for the nourishment of those organs. These three membranes form also a

thick and elastic lining, protecting these organs from shocks. An inflammation of these membranes is called "Meningitis." "Cerebral Meningitis," when in the head; "Spinal Meningitis," when in the spine; "Cerebro-spinal Meningitis," when in both.

An inflammation of the substance of the brain is called "*Encephalitis*" or "*Cerebritis*."

An inflammation of the substance of the spinal marrow, "*Myelitis*."

MENINGITIS (INFLAMMATION OF THE MEMBRANES OF THE BRAIN, BRAIN FEVER).

Though authors make a distinction as to which of the three membranes covering the brain is directly affected, the symptoms are so alike that no layman, and even very few physicians, can make a differential diagnosis; and, moreover, as the treatment is according to the symptoms rather than with reference to the particular membrane affected, in this practical work the distinction will not be made.

This disease is characterized by an acute inflammation with *headache, chill, fever, delirium*, followed by symptoms of *general collapse*.

Causes. Mental excitement and overwork; prolonged wakefulness; drunkenness; exposure to the sun; diseases of the internal ear; erysipelas in the head. Common among children during eruptive fevers.

Symptoms. This fever generally occurs in three stages. The *first stage* may last from a few hours to one or two days. During this stage the patient feels a *headache, vertigo*, with inclination to *vomit*, and has light fever.

The *second stage* comes on *suddenly*. A *chill* overtakes the patient, followed by a *high fever*, the temperature rising from 103° to 104°, the pulse from 100 to 120. The face becomes *flushed*, the eyes *congested*, the *headache* intense. The ears *ring*, the eyes are *very sensitive to light*; the *vertigo* is increased, the *nausea* aggravated; and if vomiting occurs the matter is ejected with *force* and with a *rush*.

As this stage progresses the sensibility of the body *increases*, the light becomes *unbearable*, the *hearing very acute*, and the *mind wanders* in absolute *delirium*. The limbs *jerk*, the balls

of the eyes *turn from side to side*, the pupils are contracted, the muscles of the face *twitch*, and in children *convulsions* follow. This stage may last from one day to one week or two.

The *third stage* is one of *relaxation and collapse*. The patient gets *quiet*; the delirium *subsides*, but *stupor* follows. The pulse becomes *irregular and slow*, the fever *diminishes*, but the eyes *cross* (strabismus), the pupils are *not* affected by strong light, the mouth is *drawn to one side*, the urine and feces *escape unnoticed*, and death soon follows, either by convulsions or coma.

Differential Diagnosis. Acute Cerebral Meningitis may be mistaken for Cerebro-spinal Fever, but the latter occurs *epidemicallly* and has *marked spinal symptoms, with an eruption over the body*.

In *Rheumatism of the Meninges* there are symptoms of Rheumatism *in other parts of the body* which associate themselves with the symptoms of the brain.

Uræmia has also symptoms that might lead the observer to think that he has to deal with a case of Acute Meningitis; but in *Uræmia* the *face is turgid* and the *eyelids are puffed*, while in Meningitis the face is *pale* and the eyelids *natural*. Moreover, in *Uræmia albumen* is always found in the urine, which is *not* the case in Meningitis.

Delirium Tremens might be suggestive of Meningitis, but the *history of the drunkard* would settle the doubt; moreover, the delirium of the drunkard is in *imagining* that things, *animals and reptiles are around him*, while in Meningitis the delirium is simply an *incoherence*. In *Delirium Tremens* the patient is *wild, noisy*, his skin *wet and clammy*; in Meningitis the delirium is *quiet* and the patient's skin is *hot and dry*.

INFLAMMATION OF THE SUBSTANCE OF THE BRAIN (ENCEPHALITIS, CEREBRITIS).

While this disease has many symptoms in common with Cerebral Meningitis, yet its development is so *slow and gradual* and its tendency is so constantly towards *Paralysis*, that confounding it with the Acute Meningitis is almost impossible. It may be confounded, however, with a *tumor*, to diagnose which is extremely difficult.

APHASIA.

This disease is a *symptom* either of Meningitis, or of disorganization of the substance of the brain.

It is expressed in *lack of co-ordination between the brain and the tongue*. The patient cannot find the expression he wants to use, or a word or the name of a thing well known. He is struck dumb, as it were, or may be able to repeat the word when suggested by somebody else. He contrives to carry his meaning by signs or by pointing to some object. He knows what he wants to say, but can't say it. It seems as if he had lost the power of speech or of articulation. Yet he may be able to say anything except what he wants to say.

The intelligence may be *intact*, yet the power of expressing one's thoughts seems lost. He may be able to decide some simple question, yet get much confused in one requiring thought and mental co-ordination. He may be able to write clearly his thoughts, yet not be able to express them in speech. In other words, *he cannot make the sounds he wants*. He is not an imbecile, nor is he insane.

This disease is closely allied to Locomotor Ataxia or St. Vitus' dance. The brain is in trouble, however, and an expert physician should be called to attend, as many cases get well by proper treatment.

CONGESTION OF THE BRAIN, RUSH OF BLOOD TO THE HEAD (CEREBRAL HYPERÆMIA).

Congestion, unlike inflammation, is *not* accompanied by fever.

Congestion is an abnormal *fullness* of the veins or arteries. It is characterized, when in the brain, by *headache, vertigo*, disorders of the *special senses*, and even by *convulsions*. It is said to be *active* when the arteries are abnormally filled, *passive* when the veins.

The *active* may be induced by *general plethora* (full-bloodedness), excess of *eating or drinking, sunstroke*, too much *mental labor or excitement, suppression* of an habitual flow of blood, either *menstrual or hæmorrhoidal*.

The *passive* congestion is generally due to an *obstruction* to the return of the venous blood, and to *dilatation* of the heart.

Symptoms. Rush of blood to the head, which is generally sudden, as in sunstroke. Vision and hearing are *impaired*, as experienced by the *buzzing* in the ears and *sparks* before the eyes. The face is *red* and *congested*, the *pupils* of the eyes are *contracted*, the *intellect* is *blunted*, and the patient drops to a *drowsy state*. He may then become *unconscious*, the eyes may be *fixed* and the limbs *jerk*. In children, convulsions are apt to occur.

A mild attack terminates favorably in a day or two; a severe one would probably induce

APOPLEXY.

This quasi-fatal disorder is a congestion of the vessels of the brain, during which the distension is so sudden and so great as to rupture one or more of them. Extravasation of blood then takes place, bringing on all the symptoms of pressure, viz: *Paralysis*. The patient *falls down* without uttering a sound, *unconscious*, *insensible*, and *totally or partially paralyzed*. The breathing becomes *labored* (sounds like snoring), *slow*, and the expirations are so *forcible* that the patient actually *puffs*. The pulse is *hard* and *slow*, with a tendency to become *more and more feeble*; the eyes are *glassy* and *staring*, the pupils *dilated or contracted* and *unaffected* by the approach of a strong light; all evacuations *escape unnoticed*.

The above are the symptoms of a true, sudden Apoplexy. Extravasation, however, may not take place so suddenly. The blood may ooze slowly out of a ruptured vessel; in that case there are warning symptoms of the approach of the more formidable ones due to consequent paralysis. There may be *headache* for a few hours, a *disagreeable sensation* in the head, *vomiting*. These, however, are soon followed by loss of motion in one part or other of the body.

The danger will depend upon the amount of blood extravasated in the brain.

The former is always fatal; the latter may cause only *partial paralysis*, viz: Of a leg or an arm, of one whole side or the other, and prompt treatment may bring about absorption of the extravasated blood and recovery. The danger is in proportion to the amount of paralysis. If a patient does not succumb in the

first thirty hours he may live, though his recovery be very slow, and probably only partial.

Patients having had one attack, are liable to others, till the fatal one comes. It behooves them that great care be exercised to prevent a return.

Hygienic and Dietetic Treatment.—All *mental work* and every thing likely to induce *nervous or arterial excitement* must be avoided. *Moderate exercise; tepid baths* (never hot or cold); *light diet*, principally of farinaceous and green vegetables, should be insisted on. All *wines and alcoholic stimulants*, as well as coffee or tea, *forbidden*.

MEDICAL TREATMENT

Of the above diseases of the brain :

Aconite and *belladonna* are probably the most appropriate remedies in inflammation or congestion of the membranes of the brain.

Aconite, five drops of the pure tincture in a glass half full of water, one teaspoonful every hour, when the inflammation commences with a *chill*, followed by *high fever*, or with *fever* without the chill, accompanied by *headache, vertigo, flushed face*.

Belladonna 3x should follow *aconite* when the ears ring, the eyes become very *sensitive to light*, the hearing very *acute*, the face and eyes *congested*, with *dilatation* of the pupils; the muscles *twitch*, and *convulsions* occur; the eyes *cross*, and *delirium* is present.

Opium 6x when collapse is about to occur, with *deep stupor*, *contraction* of the pupil, *irregular and slow pulse*, *strabismus*, and the discharges pass *unnoticed*.

Arnica 3x should be given in alternation with any other appropriate remedy if the inflammation or congestion has been brought about by an *accident*, as a *fall*, or a *blow* upon the head.

Glonoine 6x should be given in preference to any other remedy if *headache* is the most prominent symptom. The pain in the head is *intolerable*, the patient carrying his hands to his head, as if to press out the pain; the arteries in the temples *throb*, the face is very much *flushed* and even *swollen*.

This remedy will be found eminently successful in relieving all *congestive headaches*, and congestion of the brain from *sun-stroke*.

Nux vomica 3x is indicated when the congestive condition of the brain has been induced by *eating* too much or improper food, or by the abuse of *stimulants*, as in mania a potu. The stomach is affected, the tongue is *loaded white*, the bowels *costive*; there is *want of appetite, nausea, or vomiting, paralysis and convulsions*.

Inflammation and Congestion of the Brain are, under all circumstances, so formidable in their invasions and so pregnant with dangerous results that a skillful physician should be secured at once to attend the case. The medical treatment given may be used with great advantage while waiting for a physician and when a physician is not obtainable. However, it is better to trust the treatment as here given than to an unskillful doctor of medicine or to such means as people, in their excitement and anxiety, are liable to rush to under such circumstance.

External applications, as ice or hot water to the head, blisters, mustard plasters or vomitories are of no use. Let the patient be quiet, and administer the remedies as advised herein, and the chances will be in his favor.

ANÆMIA OF THE BRAIN.

Among the functional disturbances of the brain there is one called Anæmia. As anæmia is a condition of the blood, viz: that the blood is lacking in red corpuscles, the author thinks that Anæmia of the Brain is a misnomer, for if there is anæmia at all the anæmia must be general and not local. The blood that circulates in the brain cannot be different from the blood that circulates elsewhere. Yet when the blood is anæmic the brain, not being properly nourished, is subject to abnormal conditions, which are recognized under the title of Anæmia of the Brain. The other parts of the body suffer in proportion also as the brain, but as the brain is a more sensitive organ it develops symptoms that are more alarming and, therefore, that attract the attention more to the brain than to any other organ.

When the brain lacks nourishment the symptoms are the following:

Dizziness, inclination to faint, slow, weak pulse, loss of memory, disinclination to think; mental work is intolerable. The sight

becomes obscured, and lights and motes are seen before the eyes; the face is pallid. If this condition progresses the patient may become unconscious or partially so, or be subject to convulsive movements and even convulsions. A *sudden loss of a great quantity of blood*, as in hæmorrhage after parturition, or in copious hæmorrhage of any kind, the worst symptoms may appear suddenly. When anæmia is not due to a sudden loss of blood, but supervenes from malarial or other conditions the symptoms are not severe but continuous. *Headache, dimness of sight, buzzing in the ears, vertigo and sensitiveness to noises* occur. All these symptoms improve on *lying down*, as in that position more blood flows to the brain.

Treatment. As it is evident that anæmia is due to a loss of blood or to a want of the proper elements of nourishment to the blood, the treatment should be in the one case to increase the quantity, in the second to ameliorate the quality of the blood. After a loss of blood a generous diet of meat, red wine and exercise in the open air may be sufficient. When due to nervous or malarious influences, *three drops of the tincture of iron* in a tablespoonful of water, three or four times a day, will restore healthful condition, as it does in chlorosis (green sickness) of girls. *Ferruginous water*, from natural springs, and the stimulating air of the mountains, will greatly improve the condition of the patient and assist in bringing about a normal condition.

DISEASES OF THE BRAIN SPECIAL TO CHILDREN.

WATER IN THE BRAIN (HYDROCEPHALUS).

Hydrocephalus, of which there are three varieties, is a disease peculiar to *children*, from the period of dentition to the age of six and seven years.

One is more properly called "*Tubercular Meningitis*," depending upon a *tuberculous degeneration* of the membranes at the base of the brain, a result of an inherited scrofulous constitution.

The *symptoms* of this variety are generally *gradual*, but *insidious*, which may terminate in convulsions and death. The child grows *irritable*, loses *appetite* and *flesh*; his little abdomen *swells*, and his bowels become *irregular*, alternating *constipation* with *diarrhœa*. He suffers from *headache*, which may be suspected from seeing the child stop his play to put his hands to his head. This condition may continue for a month or two, when the child is seized with *vomiting*, *fever* and *convulsions*. He then becomes exceedingly *sensitive* to *noises*, and to *touch*, screaming at the top of his voice from the slightest touch. There will be *spasmodic movements* of muscles; *rigidity* and *convulsions*, during which the body bends backwards (*opisthotonus*).

This stage may last two weeks, when the symptoms of pressure from exudation in the brain manifest themselves. The child then becomes *stupid* and *somnolent*, the temperature, which has been as high as 104° , *falls*, the pulse becomes *slow*, the balls of the eyes *roll* from side to side or *cross*. At this stage the child gives the most peculiar shriek; *it is a piercing, quick, sharp cry*. This shriek is *characteristic* of *hydrocephalus*. Gradually the breathing becomes slow, the pulse slower and slower, and the sleep comatose. Death is then at hand.

This disease differs from Acute Meningitis from its slow and insidious course.

The next variety is probably the most common; it is *acquired Hydrocephalus*, instead of being *constitutional*; that is,

it depends upon *remote* exciting causes, as *teething*, *eruptive fever*, as *Scarlatina*, *Cholera Infantum*, *blows on the head*, *Valvular Disease of the Heart*, or *Bright's Disease of the Kidneys*.

A watery effusion takes place within the membranes of the brain, which causes pressure, with all its alarming symptoms.

This variety, too, is divided into three, viz:

The *comatose variety*, characterized by a *sudden* attack; the child falling into a comatose state, from which he does not recover, death resulting in a few hours.

The *convulsive variety*, resulting probably from *Bright's Disease* or *Dropsy*: the child *falling suddenly into convulsions*, which may be followed by *coma* and death in a day or two.

The *ordinary variety* which, as its name denotes, is the most common among children. In this case the trouble begins with *fever*, *headache*, *vertigo*, *dread of light*, *restlessness*, *delirium at night*, *sleeplessness*, *twitching* and *spasmodic contraction of muscles*, *excessive sensibility to touch*. If not improved by the proper treatment in a few days, *convulsions* set in, stupor and death.

The *third variety* of Hydrocephalus is the one known as *Congenital Hydrocephalus*. This is an imperfect development of the brain and its membranes, characterized by an *abnormal enlargement of the head*; the head *containing fluid* from an ounce to even a pint. This grows worse and worse; the mental faculties scarcely develop, and generally the child dies in a few months.

TREATMENT.

The *acquired Hydrocephalus* is probably the only one in which there may be hope to treat with success, hence the following remedies are suggested:

Aconite 3x. *Fever with great restlessness and delirium, red, bloated face, eyes red, sensation of burning in the head.*

Belladonna 3x. *Boring the head into the pillow; sensitiveness to light and noise, red eyes, bloated face, dilated pupils; the balls of the eyes are distorted; the head feels hot while the body is comparatively cool. The child is unconscious or partially so; the limbs jerk; he mutters, he becomes somnolent, and only answers to direct questions; urine and feces pass involuntarily.*

Æthusa cyn. 3x. *Strong convulsions followed by stupor. The eyes are staring and he is unconscious; pulse small, hard and frequent. Red spots on cheeks. Vomiting.*

Apis mellifica 6x when the water on the brain follows *eruptive diseases*.

Arsenicum 3x when water on the brain follows *summer complaints, Cholera Infantum*.

Arnica 3x if the trouble of the brain is due to a *fall* or a *blow*.

Opium 6x if stupor is *continuous* and the child *cannot* be awakened by touch or speech.

Helleborus 3x when the child is taken *suddenly* with *convulsions*, with *dilated pupils, crossed eyes, rigidity* of the body, *wrinkled forehead*; *chewing motions* of the jaw; *slight discharges* of urine; *avidity* for water; *restlessness, throwing himself* or some limb about.

These few remedies are suggested because very applicable to the symptoms, yet in cases where life is in such peril a skillful physician should be present.

DISEASES OF THE SPINAL CORD.

In the preceding chapter on "Diseases of the Brain," a rough sketch of the anatomy and physiology of the brain and spinal cord has been given. In the study of the various diseases of these organs, some ideas must be obtained of those affecting the membranes investing the organ from those affecting the organ itself, that is between *Meningitis of the Spine* and *Myelitis*, or Inflammation of the Spinal Marrow.

SPINAL HYPERÆMIA.

This is a simple congestion of both the membranes and the substance of the spine, not amounting to actual inflammation; it is *fullness* of the vessels, whether arteries or veins, *without fever*.

Causes. This hyperæmia may be induced by a *cold*, *arrested menstruation*, sudden *arrest* of an habitual hæmorrhoidal *discharge*; *malaria*; continued and protracted *erect posture*; *injuries* to the back, or the taking of *poisons* having specific effect on the spine, as *strychnine*, *alcoholic excesses*, etc.

Symptoms. Dull *pain* in the back, increased by *pressure* and *motion*. *Tingling* sensations in the *limbs*, *hands* and *feet*. *Unsteady* mobility of the body, and *jerkiness* of the limbs while at rest. If the upper part of the spine is congested, the breathing and action of the heart are *affected*; *short breath* and *palpitations* being the result.

This congestion differs from inflammation (*Meningitis*) in the *absence* of fever and of the *more violent* symptoms of that disease. From *anæmia*, not having the *pallor* and *general weakness* of this disease. From *hæmorrhage* of the spine, not having the *paralytic* symptoms which would necessarily be found in the latter.

SPINAL MENINGITIS (INFLAMMATION OF THE MEMBRANES OF THE SPINE).

This may be caused by a cold, injuries, rheumatism, puerperal fever.

Symptoms. These are more violent than in simple congestion. Fever is *present*, though not necessarily severe. The *pain* in the back is *intense*. *Motion* greatly *aggravates* the pain. The spine feels *rigid*, and a feeling as if a cord was drawn around the body is experienced. The muscles may *contract* so that one feels as if unable to extend the limbs. When the *lower* part is inflamed there may be *constipation* of the bowels and *inaction* of the bladder; if the *upper* part, then *short* and *difficult breathing* and *slow* action of the *heart* may occur. If the inflammation goes so far as to cause *pressure*, then *paralysis* of the parts *below* the inflamed spot occurs. If this pressure should be in the *upper* part or in the *medulla oblongata* death would occur from *paralysis* of the muscles of respiration.

Characteristic symptoms of Spinal Meningitis are the *pain* which is described as *boring* in the back, greatly *aggravated* by *motion* but *not* by pressure, also the *spasmodic* contraction of the muscles followed by paralysis.

INFLAMMATION OF THE SUBSTANCE OF THE SPINAL CORD (MYELITIS).

Unlike Meningitis, which is an inflammation of the membranes investing the spinal cord (marrow), Myelitis is an inflammation of the *substance* of the cord itself.

This inflammation is generally circumscribed in one spot of the spine, and is characterized by more or less *sudden paralysis* of the nerves below the spot inflamed. Complete loss of motion and sensation results from such paralysis.

Causes. This may be a sequence of Meningitis, or be contracted from cold and damp; from a local injury to the spine, and also in consequence of various diseases, as Typhus Fever, eruptive fevers, Rheumatism, Syphilis, or drug poisoning, as from strychnine, arsenic and mercury.

Symptoms. The attack is generally *sudden*, commencing with *chilliness* followed by high *fever*, the temperature rising quickly to 103° and 104°. The pulse is *frequent*, but what is most

noticeable is the *change in the power of motion* and in *sensibility of the parts* below the affected part. The limbs feel as if *asleep*, the skin has *tingling* and *pricking* sensations; altogether there is *loss of power* and *feeling*, though neuralgic pains may be felt. As the disease progresses a feeling of *constriction around the body* and limbs, as if encircled by a tight cord, is experienced, as well as paralysis of the lower limbs.

During the attack, besides the loss of motion and sensibility, the *stomach* and *liver* become *disordered*, the *heart* and *muscles of the lungs* affected, until the breathing and the action of the heart become decidedly *irregular*. Painful priapism is also likely to occur in men.

Later on, *shooting pains*, *spasmodic twitching* or *contractions* will occur in one or all the muscles, though paralyzed.

The characteristics which distinguish Myelitis from other diseases of the spine are the sensation as if a *cord were drawn tightly around the body*, the *rapid* and *complete paralysis* of the lower extremities, and the comparatively *low temperature* of the parts thus paralyzed.

CEREBRO-SPINAL MENINGITIS (SPOTTED FEVER).

In connection with Inflammation of the Brain and Spine, this remarkable malady is treated in this chapter on account of its resemblance to the other species of Meningitis.

Cerebro-Spinal Meningitis, or Spotted Fever, so called, comes as a *malignant form of epidemic*. It invades districts and localities, carrying death and desolation. Its principal characteristic is a painful *contraction* of the muscles. The patient feels *the head drawing backward*, and in his effort to get it straight he pulls the head forward, an alternate motion like that of a horse trying to get rest from a too tightly drawn check-rein. The senses of sight and hearing become *disordered*, the skin exceedingly *sensitive to touch*, and small round *purplish spots* are found on the body.

Causes. It is induced by a specific poison, yet unknown, as that of Yellow Fever. It is *not contagious*, and it occurs principally in winter.

Symptoms. Spotted Fever may be divided into three grades. First, the *common*, which, though severe, patients recover from. Second, the "*Fulminant*," which destroys life in a few hours.

Third, a light or *abortive* attack in which the characteristic symptoms disappear in two or three days.

The symptoms of the common grade are *chill, violent headache, nausea, vomiting, vertigo and extreme weakness*. Soon the muscles of the neck begin to *contract*, and if a finger is then pressed on the vertebræ of the neck a child will give an *unearthly scream*; a grown person will *cry with pain*. These symptoms are well nigh enough to pronounce the case one of *Cerebro-spinal Meningitis*. As the disease progresses the contraction of the muscles of the back may be permanent and keep the head *bent backward*. The surface of the body becomes *sensitive to the slightest touch*, and *convulsions* and *delirium* follow. The body sometimes become so *rigid* that if you place the patient on his feet he will drop as *stiff* as a stick of wood. The author has known a boy of fourteen years who, during a stage of this disease, would turn his body from head to foot, and from foot to head, round and round, making a wheel of himself. Neither the pulse nor the temperature rise very high; yet the eyes are so *sensitive* as not to be able to bear light; the sense of hearing, of smell and taste are greatly *diminished*. An *eruption of dark red or bluish spots* is found on the surface during the five first days.

The disease reaches its height about the eighth day, when it either yields to treatment or progresses to stupor and death.

The *Fulminant* kind is characterized by a *violent and persistent chill, great depression and collapse* in a few hours.

The *abortive* kind has *no chill*, but the contraction of the neck with a little tenderness on pressure are present. These symptoms do not progress, but disappear in two or three days. This form would scarcely be noticed except from the fact that it occurs during the existence of an epidemic of Cerebro-spinal Meningitis.

The peculiar contraction of the neck should distinguish it from any other disease.

TREATMENT OF CONGESTION AND INFLAMMATION OF THE SPINAL CORD.

Gelsemium 1x. Severe *chill*, followed by fever and *congestion* of the brain, or spinal marrow; great *weakness, staggering gait, dullness* of all the senses; pulse *weak*; *nausea, vomiting; labored* breathing; cheeks *pale*, pupils *dilated*. The patient seems to lose control of his muscles.

Belladonna 3x should follow, or be given in alternation with gelseminum. *Stupefying* headache; face and eyes *red*; *intolerance of light*; *throbbing* of arteries; head inclined *backward*; *spasmodic contraction* of the muscles of the neck; *distortion* of the muscles of the face; the *upper* part of the body is *hot*, the *lower cold*. Very *sensitive to touch*. Great *pain in the back*, *spasms, startings, and convulsions* of the limbs, increased by *touch*; acute sensitiveness of the *surface*; *paroxysms of stiffness and immobility* of one or all the limbs; *spasms*, preceded by a feeling of *creeping and tingling*; *sudden screams and shrieks*, with delirium and loss of consciousness. The *slightest touch* causes a child to *shriek out*.

Belladonna is an invaluable remedy in all congestions and inflammations of the meninges of the brain and spine.

It is peculiarly indicated in congestion induced by *eruptive fevers* and when *spots* like flea bites, or *bluish, dark red spots* are found on the surface.

Ethusa 3x. *Vertigo* with *drowsiness*. *Violent headache*, as if the brain were dashed to pieces. The eyes are *glistening and protruded, staring and inanimate*. They look *red and swollen*. The pupils are *dilated and insensible*. *Violent vomiting*. Pain and cold feeling in the abdomen. *Loose stool with pain*. Breathing *short*. The back feels as if it were in a vise.

Cimicifuga 1x is pre-eminently a remedy for Cerebro-spinal Meningitis. Its great characteristics regarding the membranes of the brain and spine are: *Wakefulness, dilated pupils, trembling* of the limbs. *Pain* in every part of the head, but particularly *on the back of the head, down to the spine*. The pain is of a *pressing-throbbing* character. The muscles of the neck *pain and draw*. The head feels as if it would burst, the pain being *internal*. Pain in the eyes of a *dull, aching nature*. *Weakness, trembling, and spasmodic contraction* of muscles.

Cimicifuga will be indicated in cases where pain and muscular sensibility and irritability are found, not where paralysis is developed.

Nux vomica 3x. *Convulsions excited by contact, noise, or any external stimulus*. *Paralytic symptoms*, particularly of the lower limbs. They *tingle and prick*, and are *less sensitive to touch* than natural; they are *colder* than the upper part of the body. Pains may dart through them, though they have lost sensibility and power of motion. There is decided *numbness*

of the lower half, or of one side of the body. Painful *contractive* sensations of one or more of the muscles. *Convulsions*, in which the head bends *backward*. *Trembling* and *weakness* of the lower limbs. *Heaviness* of the lower limbs. *Bluish spots* on the body. *Drowsiness*; violent *startings on going to sleep*. *Delirium*: *frightful visions at night*. *Vertigo*, with *obscuration of sight* and *whizzing* in the ears. *Headache*, with *nausea* and *vomiting*. *Constipation*. Swelling and redness of the face; intolerance of light. *Bruised pain in the back*, increasing by contact or pressure. *Drawing pain in the nape of the neck*.

The *numbness*, *creeping*, *tingling* sensations; *paralysis*, *spasms* and *convulsions*, with *head drawn back*, are characteristic symptoms of *nux vomica* in cerebro-spinal diseases.

It is particularly applicable where the disorder is caused by abuse of *coffee*, *wine* and *alcoholic stimulants*; in persons of *sedentary* and *studious habits*, liable to *dyspepsia* and *constipation*, and of a *sanguine*, *bilious* temperament.

These few remedies cover almost all the symptoms that may occur in congestion and inflammation of the membranes of the spine and of the substance of the spinal marrow. Of course there are many other remedies that might be better indicated in certain cases, but to suggest them to a lay practitioner would only involve him in doubt in selecting the remedy. A skillful physician should be on hand, if possible, to guide the treatment of such formidable diseases.

The hygienic treatment is one of absolute rest from the very beginning to the end. Local applications, as bags of ice or irritants should be left to an intelligent physician.

The diet should be of the simplest kind, as milk and light broths.

The galvanic and faradic batteries may be used with great advantage when paralysis occurs, particularly after the high inflammatory stage has passed away, viz: After the fever has left the patient. But electricity should be used with knowledge of its powers, and not at random. In paralysis without pain the faradic or interrupted current should be used, but when much tenderness and pain to the spine exist the galvanic or continuous current is preferable.

INFANTILE SPINAL PARALYSIS.

A child from the age of two to three or four years may

suddenly be found to be *paralyzed* in one or both arms, in one or both legs, or in one side of the face. The bladder and rectum are not affected. The part affected is *colder* than the others, and it has a bluish appearance.

The trouble is in the *spine*. It is a congestion of the substance of the spinal cord, which, if not quickly relieved, may leave a permanent disability.

Symptoms. It usually comes with a *sudden* fever of a remittent type; as the fever leaves the child is found to be *paralyzed* as said above.

Treatment. *Gelseminum* 3x, alternated with *Belladonna* 3x, every hour: if, upon examination, it is found to have fever and to be very tender or sensitive on any part of the spine. When the fever has departed, and some part is left paralyzed, *Nux vomica* 3x every two hours should be continued for a week.

A gentle *galvanic* current should be run from the nape of the neck to the feet or to the hands, according to which of the limbs are affected for five minutes, once a day, or less if the child improves.

Perfect rest is necessary, and a sponge dipped in hot water run along the spine for ten minutes at a time twice a day will be found useful.

ST. VITUS DANCE (CHOREA).

This disease is *peculiar to childhood*, though there are instances of adults having been affected. Some authors call it "insanity of the muscles," and not inappropriately so, for it does seem as if the muscles, acting in almost opposition to the will, must be crazy.

The *symptoms* are peculiar. Muscles of the face, of the arms or legs, *jerk* and *contract* in a spasmodic manner, independently of the will of the person so affected; nay, when a person desires to put an arm forward it may go backwards first, and then by an extraordinary effort of volition, be brought forward by a roundabout way. The author knew an extremely sad case where the vocal cords were involved; unwillingly and unconsciously these vocal cords would give utterance to a word which would not only bring the blush on his cheeks, but upon that of all bystanders; yet that word would come out of his mouth in church, at the table, before his sisters, or any-

body else. Such cases are extraordinary, of course. The most common cases are found in *young boys or girls* whose muscles of the *mouth, eyes and face jerk, and pull*, causing the victim to make *grimaces* at any time, particularly when a little excited. Children catch it from each other from unconscious imitation. The arms and legs are in them also so affected, and then the *strange raising and twisting of arms and legs* are noticed. An attempt on the part of the affected child to control this unwilling motion only makes it *worse*.

Causes. The cause is often obscure. Yet the unconscious imitation is one. Dentition and the presence of worms are others. In older persons masturbation, high living, drinking, and a life of constant excitement, particularly in the venereal reign of dissipation, weaken the nervous system so far as to induce St. Vitus Dance.

Treatment. The causes, if known, must be removed, of course. Never let a child associate with another who is affected with this disorder, for I take it that even *stuttering* is a form of *acquired* St. Vitus Dance. *Abstemiousness* in all things is necessary to conquer this disorder in the adult. If worms are suspected *santonine*, one-tenth of a grain, should be given half an hour before each meal. This may be mixed with sugar of milk so as to make the first decimal trituration of the homœopathic pharmacy. It should be continued for a week; if the child does not improve then probably it is not due to worms. If a teething child, then that should be taken into consideration.

Agaricus muscarius 3x is the medicine which the author has found most beneficial in the treatment of St. Vitus Dance of almost any form. It should be given every two hours for two or three weeks.

EPILEPSY.

Epilepsy is given in this book more with the view to enable the observer to recognize it than to treat it; for only the most expert specialist on diseases of the nervous system is qualified to attempt a cure of it.

It is a *sudden falling*, with *loss of consciousness*. The face may become red, but is generally *livid*. The person becomes *stiff* and the *jaw clenched*. *Foam* will come out of the mouth.

There is some convulsion, but generally the patient remains *rigid* from ten to thirty minutes, then goes into a *semi-comatose sleep*, from which he awakens in a few hours unconscious of what has happened. a little weak, but feeling rather better than before he fell.

This may recur from time to time, sometimes once a month or oftener; sometimes only once a year. but recur it will.

The only disease it may be confounded with is convulsion from uræmic poisoning. (See Uræmia.) But in this the general dropsy and the presence of albumen in the urine will determine the difference.

NEURALGIA.

Neuralgia is pain without inflammation, namely without fever. The pain is generally *severe* and *spasmodic in one spot*, or along the course of a nerve. It is almost always *relieved by pressure*, which distinguishes it from inflammation in which pressure aggravates the pain. It differs from rheumatic pains in that it is spasmodic; that is, lasting for a few hours, then passing away; it may return, but always in that spasmodic manner. It may occur in any part of the body; it is common on one side of the face, when it is called "*tic douloureux*;" in the balls of the eyes, in the supraorbital space, in the back of the neck, along the ribs (*Intercostal Neuralgia*), in the small of the back, and below (*Lumbago*) from the back down along a leg (*Sciatica*), etc.

TREATMENT.

Neuralgic pains are always more or less relieved by the external application of *heat*.

Facial neuralgia is often relieved by the tincture of *gelsemium*, three drops in a tablespoonful of water every two or three hours.

When induced by a *cold* or a *draught* of cold air, and the pain is accompanied by *tingling* and *numbness*, *aconite 3x*. When the part is *sensitive to touch*, is on *one side* of the face, the arteries *throbbing*, the eyes *pain* and cannot bear the light, or the pain is one side of the bridge of the nose, *belladonna 3x*.

When the pain just above the eye is jerking and tearing, increasing or decreasing at intervals, spreading to the *neck* and involving the *eyeballs*, aggravated by *motion* or *talking*, *spigelia 3x*.

When the violent, tearing pain is *intermittent* or *periodic*, *arsenicum* 3x every two hours.

Neuralgia of the *brow, face* and *neck of right side*, or *intercostal*, *chelidonium* 3x.

Facial, intercostal, throbbing of temples, *glonoine* 6x.

Left infraorbital neuralgia extending to the temple, *mezerium* 3x.

Neuralgia increased by the approach of a *storm*, *rhododendron* 3x.

Great pain in the *lumbar* region, *worse on motion*, and motion producing *cramps*, *cimicifuga* 3x.

Sciatica in the young after taking cold, *aconite* 3x. In the old and debilitated, *arsenicum* 3x.

A violent neuralgia in *one spot* on the face, *persistent* and particularly *periodic* has often been cured by large doses of *sulphate of quinine*, say five-grain doses three times in twenty-four hours.

When neuralgia is induced by *debility, anæmia* and *enervation*, *ferrum metallicum* 2x, four times a day, should be taken for several weeks.

Neuralgia is also treated in this book under the names of Hemicrania (Sick Headache), Gastralgia (Neuralgia of Stomach), Enteralgia (Neuralgia of Bowels, Colic). Angina Pectoris (Neuralgia of the Heart), which see.

Neuralgia and Rheumatism may easily be confounded by the inexperienced, but the pain of Neuralgia is *paroxysmal*, and very severe while it lasts. Rheumatism has something of a *rheumatic history*, moreover the pain is never so tearing, cutting, and paroxysmal, like Neuralgia. In inflammatory Rheumatism there is *redness, swelling* of the part, and *fever*. In un-inflammatory Rheumatism the pain is *more constant, less severe, duller*, and is generally *aggravated* by motion; there is also a chronic Rheumatism in which motion relieves the pain. In Rheumatism the urine is generally *reddish*, leaving a *red, sandy* deposit, while the urine of Neuralgia is *white* and *clear*.

VERTIGO (DIZZINESS).

Vertigo is not properly a disease but a *symptom* of a disease, yet it occurs so often, and causes so much alarm, that the author considers it important enough to treat it separately.

J. Spencer Ramskill describes it with great clearness, as follows: "Vertigo may present two forms: in the one the patient complains of giddiness in himself, external objects remaining stationary; in the other external objects assume various abnormal positions: for example, articles of furniture in the room, or patterns of paper on a wall, seem to chase each other round the apartment; or, in rare cases, the vehicles in the street appear upside down, or the pavement undulates or feels elastic. On attempting to walk the patient may feel himself drawn forwards, sideways or backwards." It is only by a strong act of volition that the patient is able to control his movements or himself.

Other symptoms may accompany vertigo, as mistiness before the eyes, seeing only one-half of an object, or one-half larger than the other, deafness or exaggeration of sounds, noises in the ears as the rustling of leaves wafted by the wind, the noise of rushing streams, of pumping water, or of a boiling fluid, etc.

Unless depending upon some organic disease of the brain vertigo is only an expression of a functional disorder. It is common in *dyspepsia* or in any form of *indigestion*, which is then easily treated; to *excessive smoking*, to immoderate *drinking of alcoholic beverages*, to *malarial poison*; to the *suppression of an habitual loss of blood*, as suppression of the menses, of an *hæmorrhoidal flux*, of *nose-bleed*, to rapid suppression of an *extensive skin eruption*, etc.

It may be caused by *overwork*, by excesses in *venereal pleasures*, or by anything that debilitates the system, as a severe diarrhœa, etc.

In *old age* vertigo is more alarming, as it indicates a condition of the circulation of the brain, which may bring life to an end at no distant time.

Treatment. When due to foul stomach or to difficult digestion, or to close thinking, to constipation, in other words, to *Dyspepsia*, *nux vomica* 3x, every two hours, will probably remove the vertigo. Of course the patient should be abstemious in eating and eat only such articles as he knows he can digest easily. Gentle exercise in the open air. Sponge baths should be taken and the mind kept free from care.

Nux vomica is also useful when vertigo is due to excess in alcoholic libations.

Pulsatilla 3x, like *nux vomica*, is also beneficial when the stomach is *disordered*, having *nausea*, *vomiting*, *repugnance to food* and *dizziness* from *looking up*. It is particularly indicated when the *menses are suppressed*.

Mercurius vivus 3x when *liver symptoms* are present, like a *brownish skin*, *yellowish tongue*, *nausea*, *dimness of sight*, appearing particularly in the *evening*.

Cocculus 3x, when *increased* by sitting *upright*, or when the *motion of a carriage causes nausea*.

China 3x, if due to *weakness*, induced by *diarrhœa* or *loss of blood*, or by *malarial influences*.

Ipecacuanha 3x, *nausea*, *vertigo*, *dizziness when walking*, with *tottering* and *staggering*.

Ferrum metallicum, 3x, *vertigo* due to *weakness* from *loss of blood*, or in *poverty of the red globules* of the blood, as in *Green-sickness*. The patient is very *pale*, the sight is *weak* and *unreliable*, the tongue is *pale*.

In *vertigo* from *overwork* *rest* is absolutely necessary, and *change of scene*, and the *stimulating air* of the mountains will be very beneficial.

The *aged* need a little *wine* with their meals, and *phosphoric acid* 3x as a remedy. Phosphoric acid will also greatly help those who suffer from *vertigo* on account of *venereal excesses*.

Vertigo as a symptom dependent upon other diseases, is treated in connection with them.

PALSY (PARALYSIS).

Paralysis should be studied in connection with diseases of the brain and spine (see those diseases). Paralysis is called "*Hemiplegia*," when it affects one side of the body, "*Paraplegia*," when the lower half of the body is palsied.

PALSY OF THE FACE (FACIAL PARALYSIS).

Suddenly, while looking in the mirror, a person finds his face looking peculiar. One side is utterly *motionless* and *inexpressive*, the corner of the mouth is *drawn down*, the eyelids of the same side *open*, the face *drawn to the well side*, with inability to expectorate, whistle or swallow. The facial nerve supply-

ing that side of the face is paralyzed. The only sensation on that side is *tingling of the lips and tongue*.

Causes. This paralysis is generally induced by a *draught of cold air* or by an *inflammation of the internal ear*. It is not uncommon among the older people who *smoke* or *chew to excess*, or who have debilitated themselves through *venereal indulgence*.

Treatment. If due to a draught of air *aconite 3x* should be taken every two hours. If to disease of the ear, with pain in the same, or deafness, *belladonna 3x* should be preferred.

The *galvanic* current, however, should be applied without delay.

CATALEPSY (APPARENT DEATH).

Catalepsy is *suspended animation*; that is, animation is barely perceptible, and persons in this condition have often been supposed to be dead. The *voluntary* power seems to be absolutely *suspended*, so that the afflicted one can convey no intelligence of himself or herself. The muscles of the body generally retain any position they may be placed in by the bystander. A person can be taken so suddenly that he or she will retain the exact position they held just before. A sewing girl will remain in the act of thrusting her needle in her cloth.

A physician relates the following case: "When I arrived she was employed in netting, and was passing the needle through the mesh, in which position she immediately became rigid, exhibiting in a very pleasing form a figure of death-like sleep, beyond the power to imitate, or the imagination to conceive. Her forehead was serene, her features perfectly composed. The paleness of her color, her breathing being scarcely perceptible, operated in rendering the similitude to marble more exact and striking."

The author also may relate the following: Suddenly the announcement was brought to him that Mrs. P., a patient under his care, had suddenly died. Very much astonished, he rushed to the house, and upon examination he decided she was not dead, but that animation was suspended. She retained any position, however difficult to maintain. A physician was called in consultation, and in proceeding to an examination he unceremoniously cast aside her clothes and exposed her person.

The author protested, saying that she was conscious of the act. The consulting physician laughed at the idea, declaring that she was utterly unconscious. On our second visit she had regained her former state, and when the consulting physician entered the room she ordered him out, stating that she, being aware of his unprofessional manner the day before, did not wish him to attend any further.

The question to be decided under such circumstances is: *Is the person dead or alive?*—a question sometimes difficult to answer, yet let us remember that the *rigidity of a cataleptic patient is sudden*, while that of a dead person comes on *gradually*, taking sometimes from twelve to twenty-four hours. Again, in a cataleptic patient the pupil of the eye may *contract* when exposed to a strong light or *dilate* when the light is withdrawn. The *unchanged attitude, the body having the appearance of a statue, with unsunken eyes, the limbs retaining any position given, should also be considered as not pertaining to death.*

In death the flexibility, elasticity, heat and contractibility of muscles *are lost in two to twenty-four hours.* After that the joints become rigid, the soft parts and the skin pit, and even a strong battery causes no contraction of muscles.

Causes. Catalepsy is strongly allied to Hysteria. It may be induced by violent mental impressions, great mental application, fright, terror, dread, suppression of the menses, concealed emotions, ungratified love or passion, ovarian diseases, nervous exhaustion.

This disease *can be simulated*, in which case it takes cleverness to discover it. A person unknown to be present should be hidden where observation is possible, the patient given up as dead; everybody, except the one concealed, should leave the room. If catalepsy is simulated, the *eyelids* will probably *quiver* or some other motion made, demonstrating that death has not occurred. Should this be the case, give the patient an injection by the rectum of *four ounces of the mixture of asafetida*, and very likely, as it happened to the author to observe in one case, the patient will show unmistakable signs of life.

Treatment. The case should be treated according to causes. Catalepsy will not induce death. Time works wonders with such patients. Let them alone until they return to a natural condition. A physician should look into the causes and treat them. (See Hysteria.)

PROGRESSIVE PARALYSIS (LOCOMOTOR ATAXY).

This is not a palsy in the full sense of the word, for the patient has *some control* over the movements of his muscles; but the movements of his muscles are *not co-ordinate*, hence his gait is precipitate and staggering, the legs starting in a *disorderly* manner, the heels coming down with a *stamp* at each step. Moreover, he has *to look* at his legs to have any control at all over them: if he does not look at them they would probably not move at all, although he may will that they should. With his *eyes shut*, or *in the dark*, he *reels over* at once and *falls to the ground if left to himself*. But when he is looking at what he is doing, sitting or lying down, he can place his legs in any position he wants, and successfully prevent any person from fixing them otherwise.

This disease chiefly affects the *lower limbs*, very unlike St. Vitus dance, which chiefly affects the muscles of the face and arms of young people. There is some *impairment of sensibility* at touch, yet not so complete as in real palsy. When lying without looking he may not know where his legs or feet are; but as soon as he looks at them he can place them where he wants.

All his taste, sight, hearing, memory, etc., gradually fail him, though he may answer questions quite intelligently.

Such patients are subject to *neuralgic* pains in the feet and legs. They may also be subject to *eruptions* of the skin. A patient of the author was greatly annoyed by an itching eruption that gave him no rest.

The great diagnostic sign is the *want of co-ordination* in the movements of the lower limbs. Locomotor Ataxy is generally a chronic infirmity depending upon organic disease of the spine and of the general nervous system, which only an expert can treat intelligently if not successfully.

LOCKJAW (TETANUS).

C. B. Radcliffe describes this disease, as follows:

Permanent muscular rigidity, causing first trismus (Lockjaw); then opisthotonus (bending backward), and implicating, when

at its height, almost all the voluntary muscles except those of the hands, the eyeballs, and the tongue.

Symptoms. Pain at the pit of the stomach accompanies Lockjaw, and is scarcely ever absent. This pain comes on *spasmodically*, and is often agonizing. *Difficulty of swallowing* from the occurrence of spasms of the muscles of the neck or throat. *Fits of painful spasms* in the permanently contracted muscles. Spasmodic action of the muscles of the *mouth*, causing it to appear as if forced to laugh, a sneering laugh (sardonic laugh). *Aged expression* of the face. Spasms easily aggravated by touch or mental excitement. High temperature, but *no fever*. *Absence of sleep*. No numbness or tingling; head clear; no trouble of bowels or bladder. *Loss of voice*. *Dilatation of pupils*.

Causes. There are two kinds of Tetanus, the *traumatic*, or one induced by an injury to a muscle or a nerve by a *pointed instrument*, by a *rusty nail*, etc. The other, the *idiopathic*, caused by *damp or cold*, by *foul air*, or by *some poisons*.

The traumatic is the most common, and the only one that a non-professional can understand or prescribe for.

Traumatic Tetanus may come soon after a puncturing instrument has been introduced into the flesh; it may come on during the inflammation or suppuration of such wound, or may come on even after the wound has healed. The intervals between the hurt and the development of the tetanic symptoms vary. They may come on in an hour or two or in fifteen and twenty days. The sooner they appear, the more dangerous the case.

Treatment. *Alcoholic stimulants*, whether in the form of wine, whisky or brandy, *in an unusually large quantity*, seems, according to the experience of many physicians, to have had the best effect. Of course every local irritation, such as a splinter in a wound, a needle, rust, a piece of bone, etc., should be removed. The patient should be kept quiet in a well ventilated room. If the Tetanus occurs after a wound has healed a surgeon should be called in to see if that wound should not be opened again.

Nux vomica 3x and *arnica* 3x, alternately, every hour should be given at once on the appearance of lockjaw caused by an injury.

Calabar bean, in doses from one to three grains, every two hours, is considered very effective in relieving a patient from lockjaw.

TYPHOID FEVER.

Typhoid Fever is also called *Slow Fever*, *Continued Fever*, *Nervous Fever*, *Enteric Fever* (particularly when the bowels are the seat of the disease). *Typho-malaria* Fever (when it seems to be of miasmatic origin).

It is also called *Cerebral Typhoid* Fever when the symptoms of the head are severe and predominating.

Pneumo-Typhoid Fever, or *Typhoid Pneumonia*, when pneumonic symptoms prevail.

Abdominal or *Enteritic Typhoid* Fever when the organs of the abdomen are peculiarly affected.

Causes. *Malarial* districts; *unsewered* localities; *bad drainage*. *Offensive emanations* from *water-closets* and *sewers*, or from *stationary washstands* in bedrooms. From any *decomposition of animal or vegetable matter*. From *overwork*, particularly of the *mental kind*. From *continued mental distress or worry*.

Young persons are more liable than old. It rarely recurs twice in the same person. It is not contagious. If several persons are attacked by Typhoid Fever in the same household it is because all of them have been exposed to the same cause existing on the premises.

If, during a case of Typhoid Fever, some member of the family is in constant attendance, and the discharges of the patient are not quickly removed or disinfected, the room not ventilated, and the attendant is in a moral state of worry and apprehension, it should not be wondered that he or she may also be overtaken by the Typhoid Fever; not that the fever of the patient has conveyed the contagion, but because the room has not been kept in a sanitary condition, and because the nervous system of the attendant has been greatly prostrated by constant nursing and worry.

Symptoms and Course of the Fever. This fever generally has a stage of incubation, lasting several days, during which the patient has an *indefinite feeling of being sick*. He has a little *headache*, some *vertigo*, *want of appetite*, *sleeps poorly*, or has *bad dreams*, he feels *weak* and *depressed*; then he is probably taken with *nose-bleed*, followed by a *chill* or *chilliness*, and the fever is upon him.

The fever is *continuous*, with little variation, being somewhat higher from 6 p. m. to midnight. For a few days the pulse

may rise from 100 to 120, but then it falls to 90 or 100, and may remain so for two or three weeks.

The temperature rises also to 100°, 102°, 103° and 104°, during the five first days; then remains from 103° to 105°, being higher in the evening than in the morning by one or two degrees.

In Typhoid Fever the temperature should be taken morning and evening *without fail*, and a memorandum kept of the *temperature, pulse and inspirations*. (See these.) These will generally go in harmony, *i. e.*, the higher the temperature, the quicker the pulse and inspirations, and *vice versa*. These memoranda should be kept for comparison from day to day to be able to realize the exact condition of the patient as he struggles through this long fever.

The temperature is probably the best indicator of the condition, for no matter how ill the patient looks, how delirious he might be, if the temperature is moderate, say, below 104° he is in no peril, but should it go above, particularly suddenly the patient is in jeopardy at once.

During the *first week* of fever the tongue is *coated*: *nausea, headache*, and probably *diarrhœa*, are present. About the *seventh day* a little *eruption*, like flea-bites may be found on the abdomen, chest on back.

In the *cerebral kind*, particularly when induced by continued mental excitement from *grief* or *disappointment*, even as early as the first week *delirium* may come on, the patient talking incoherently, muttering even to himself, the delirium being worse at night.

In the *pneumonic kind* there would be a *dry, hacking cough*, with quick inspiration.

In the *abdominal kind*, *diarrhœa, tenderness on the right side of the abdomen, along and above the right groin*. The abdominal kind is the *most common*, and the tenderness on pressure in the right groin and above a *characteristic symptom* due to an inflammation of the Peyer's glands of the intestines.

During the *second week* all of the above symptoms are *exaggerated*. The fever *continues*; the pulse is frequent, but *compressible*; the abdomen is somewhat *hard*, and on being tapped upon by the fingers feels like the head of a drum. *Gurgling noises* are heard on the right side of the abdomen on palpation and pressure. *Delirium* supervenes, or, if it existed before, it

increases. The patient has to be watched lest he gets out of bed. The *headache is severe*, the cough *worse and rattling*. The patient is somewhat *stupefied*, is *deaf*; answers only to direct and distinct questions. He will generally say that he feels well. The tongue is *hard and dry*; *brownish*; the fur feels *rough*. His muscles now *jerk*. His fingers have a tremulous, *jerky motion*. His teeth and lips are covered with a *brownish film*, which cracks.

During the *third week* there is scarcely any abatement of the symptoms, unless it is that the fever, in favorable cases, begins *to remit*. The end of this week, however, is looked upon with anxiety, for the *crisis* is at hand.

In favorable cases after the twenty-first or second day since the fever commenced it *abates and remits decidedly*; the temperature *falls* towards the normal degree; the pulse is *less frequent and fuller*; the tongue slowly but surely *cleans and gets moist*; the diarrhœa *ceases*; the abdomen *loses* its puffiness, becomes soft and more natural.

Emaciation now becomes very apparent; it seems as if suddenly the patient had lost all his flesh. But *convalescence* is secured and a happy result looked for.

On the other hand, if instead these favorable changes the temperature *rises above 105° or 106°* the delirium or stupor *remains or increases*, the pulse gets *weak and rapid*, *exhaustion* is *evident* and death expected.

The *diarrhœa* is a symptom of great importance, as it shows a decided lesion of the intestines, and when the stools on the second week become very fluid, dark and offensive, streaked with blood, or of blood alone, ulceration is evident and the danger increased. Typhoid Fever without diarrhœa, except as a crisis on the twenty-first or second day, is generally of a benign nature.

Pneumonic symptoms also complicate the case and render a prognosis more doubtful, and the convalescence long and tedious.

Distinctions. There is a so-called *typhoid condition* of other diseases, but these *lack* the diarrhœa, the peculiar eruption, and the characteristic temperature as described, and the tenderness in the region of the groins.

In *Enteritis* and *Peritonitis* the abdominal inflammation, so sensitive to touch, without head symptoms, should distinguish them from Typhoid Fever.

Meningitis has all head symptoms, no abdominal ones.

Favorable symptoms are constipation or very slight diarrhœa, low temperature and moderate delirium.

HYGIENIC TREATMENT AND DIET.

Intelligent nursing is the most important part of the treatment of Typhoid Fever. One person alone cannot do it, for the nursing must be unremitting, day and night. The nurse should know how to take the temperature, feel the pulse, and count the inspirations, and keep a morning and evening memorandum of them. She should watch and examine the stools, the urine *for twenty-four hours*, and be able to give a true account of them to the attending physician. The room should be kept well ventilated; no fecal matter allowed to remain in the room; both urine and stools should be disinfected. (See disinfectants.) Perfect quiet should be maintained in the room; no person besides the attending nurse being allowed except when called for imperative duties. No conversations should be permitted in the room.

The patient should not be pestered with the question, "How do you feel?"

During the delirium, which at times may be furious, be as gentle as possible.

A sponge bath with tepid water, mixed with alcohol, should be given every day.

This being a long and exhaustive disease, the *diet* should be generous, but in the *liquid form*, except jelly or gelatine. While the quantity should be small at one time, the patient should be fed as often as every three hours, and even every two hours in the later stages of the disease.

Beef tea, chicken broth (from an old chicken), mutton broth, chicken jelly, calf's foot jelly, arrow root, rice and milk, milk-toast, soaked crackers.

To drink: Plenty of *water, current-jelly-water, rice-water, toast-water, gum-arabic-water, eggnogg, champagne, milk-punch*, made with brandy or whisky. The stimulating drinks, however, not during the first week.

Port wine. Tokay during *convalescence*.

Solids may be gradually taken when the *temperature* has become *normal* and *remains so*.

When there is *decided diarrhœa*, blackberry-jelly-water or gum-arabic-water should be the only water drunk; brandy, port wine or Tokay the only stimulants used.

MEDICAL TREATMENT.

The treatment should be addressed to the head, to the chest, or to the abdomen, according to the most pronounced symptoms.

Aconite 3x, every hour for a day or two, during the feverish excitement.

Belladonna 3x is particularly useful when the head seems much affected by the following symptoms: *Severe headache, vertigo, cheeks scarlet red, sparkling eyes, dilated pupils, throbbing and distention of the blood vessels of the temples, wakefulness and night delirium.*

Hyosciamus 3x. *Sleeplessness, talkative delirium, constant muttering, night cough, tremulousness of the fingers, convulsive movements of the limbs, constant delirium with eyes open, desire to escape.*

Stramonium 3x will be particularly indicated in the advanced stage of the cerebral fever, when the following symptoms occur: The fever *increases to a great degree of violence, with aggravations at different periods of the day, especially in the afternoon and at midnight, accompanied by loss of consciousness and a trembling, small, rapid or intermitting pulse. Unintelligible muttering; stupor or wakefulness. Picking at the clothes.*

Opium 3x will be efficient when there is *great drowsiness or stupor. Loss of consciousness; the patient lies with open eyes and is sleepless; the limbs are rigid; the pulse is quick, full and hard; the face is dark red and puffed; the respiration labored, snoring and rattling.*

Bryonia 3x, particularly when the fever is accompanied by distinct *gastric or bronchial symptoms; as bitterness in the mouth, dryness and yellow coating of the tongue; aversion to food, nausea, with inclination to vomit, pressure and stinging in the pit of the stomach, constipation.*

Dry cough, pains about the lungs, the arms and the head; the skin of the head feels sore, is sore all over. Commenced with continued chilliness alternated with fever.

Phosphorus 3x is most important when the fever is accompanied by decided *pneumonic symptoms. Dry cough, bloody, rusty expectorations, difficulty of breathing, also diarrhœa at an early stage, of a dark, dingy, blackish-gray color, mixed with decomposed blood, and containing shreds of the mucous membrane. Great prostration after every discharge.*

Arsenicum 3x is the grand remedy in Typhoid Fever or Typhus. It is peculiarly so when the fever is due to *miasmatic* influences, and when it is somewhat *intermittent*; that is, when it is better one day, worse the next. It is greatly indicated when *debility* is a prominent symptom, and *thirst* worries the patient. When *night sweats* or *colliquative diarrhoea* are present arsenicum is indispensable. It is also indicated when the *eruption* on the skin is very apparent. Pressure in the right groin and above shows *decided tenderness*. The stools have a *foul odor*, and may be mixed with *blood*; the *exhalations* emanating from the patient are *fetid*. *Bed sores* form on the back, and the pulse is *frequent, hard and tense*. Paroxysms of sudden *collapse* after midnight. *Fetid breath, nausea and vomiting* after drinking water. The teeth are *foul*. The tongue *dry and chippy*. The patient is *very ill and weak*.

Rhus toxicodendron 3x. This is another remedy for true Typhoid Fever, particularly of *long duration*. But this is particularly adapted to the *nervous form*. *Muttering delirium, stupefaction, snoring while sleeping, anguish and dejection* in the evening and at night, inclination to *weep, fear of death, frequent sighing, soreness of the limbs, of the neck or of the muscles generally*. Face *red and swollen, rings around the eyes, nose pointed, lips dry, brownish or black, eyes red, with secretions at the angles*. Tongue *dry, red and dark*. Mouth filled with mucus collecting around the teeth. Great weakness; tendency to faintness. *Decided eruption* of the skin. Constant and pressing desire to urinate; loose evacuations, with *tenesmus*.

These are the principal remedies in Typhoid Fever; but there are so many phases of this disease that it is impossible to give a remedy to meet every important symptom in a book of this kind. Yet the fever is to be treated purely *symptomatically*, that is, to give such remedy as will protect every part involved; and as in the long course of three or four weeks the changes are innumerable, one well versed in the *Materia Medica* should be present to choose the remedy. The author has given the salient remedies for the salient symptoms, and it behooves the person who treats a case of Typhoid Fever by this book to *read the symptoms of each remedy carefully*, and appreciate the difference.

If one remedy does not cover all the symptoms, but two remedies do, then give the two remedies in alternation. Do not

change the remedies too often; the disease has a long course to run, and the remedies must have a chance. So long as the patient does well under one or two remedies, continue them; as soon as they have reached their utmost and the patient's symptoms have changed, study the other remedies and apply the one *that covers the largest number of symptoms*.

Caution. Great care should be exercised during convalescence in diet or exposure, for this fever is liable to relapses.

REMITTENT FEVER (BILIOUS FEVER, BILIOUS REMITTENT FEVER, GASTRIC FEVER, MARSH FEVER, TYPHO-MALARIAL FEVER).

This is a *paroxysmal* fever, which differs from *intermittent* fever by having *only one chill* at the beginning and none afterwards. It commences with a *cold stage*, the temperature rising one or two degrees: the stomach feels *uncomfortable* and *oppressed*; *headache* and *slight pains* over the body accompany this condition.

The *hot* stage then follows, during which *vomiting* is *most persistent*; the tongue becomes *furred*, the pulse rises to 100 and 120, and the temperature as high as 104° to 106°. The eyes look congested, the headache, pains in limbs and loins increase, the respiration becomes hurried, the bowels costive and the surface takes up a decidedly *yellow appearance*. If the fever runs very high delirium may be present.

After twenty-four hours the *sweating* stage comes on, which is generally not very severe, and all the symptoms abate. They *do not disappear all together* as in intermittent fever. After a few hours of this *remission* all the severe symptoms of the first stage, *except the chill*, return.

These remissions and recurrences may continue for seven or fourteen days, when they finally abate permanently. If not the remissions cease, the fever and all the symptoms continue unabated, assuming the form of the typhoid; it is then that it takes the name of *Typho-malarial Fever*.

Distinction. This fever might be mistaken for Typhoid Fever in the beginning, but if the peculiar temperature of Typhoid Fever, its diarrhœa, eruption, drum-like abdomen, deafness and severe prostration are remembered there is not much probability of confusing the two.

This is pre-eminently a disease of malarial districts.

Treatment. *Aconite* 3x and *ipeeacuanha* 3x should be given alternately every hour at once. As soon as the fever, nausea, vomiting and pain in the stomach remit, *arsenicum* 3x every hour until the fever rises again and the gastric symptoms reappear; then *aconite* and *bryonia* 3x, alternately, every hour; during the remission *arsenicum* every hour again, and so on. These four remedies will generally conduct the case to a speedy end. Should it take the typhoid form *arsenicum* should be given until a favorable crisis occurs.

Diet and Regimen. This being a *gastric, bilious* fever, the stomach is very irritable, and there are but few things it will retain. *Acidulated* water as lemonade, or *carbonated* water as *Vichy, soda, Apollinaris* may feel grateful to the stomach, particularly if very cold. *Champagne* is probably the only stimulant acceptable.

Liquid food will *not* be *suitable*; *small* pieces of the meat of birds or fowl, pieces of cracker; the yelk of a hard-boiled egg may stay in the stomach when nothing else will. Feed little at a time, but often.

INTERMITTENT FEVER (AGUE, FEVER AND AGUE, CHILLS AND FEVER, MALARIAL FEVER).

This fever is easily recognized; once had, never forgotten. First, a chill takes you by surprise; you not only feel cold during the chill, but your very teeth will chatter and your flesh shiver. The fire will not warm you through; you shake with the cold, *while* you are standing before it. You may think you are going to die, but you wouldn't, for in half an hour or so you begin to feel warm, then hot, then so hot that your head whirls. You wonder what will come next. Do not worry; it will come, and then you will wish it had never come. You will *sweat* from head to foot; you will soak your linen; your bed, your hair will be dripping wet. This sweat will continue some hours; then you will begin to feel better; you will probably sleep and wake up wondering what it was all about. You want something to eat, and for twenty-four hours you feel all right again; but do not boast, your old chill will be *back again*; the *fever* and *sweat* will follow, and then you will realize that fever and ague is a guest at your

house. "I declare!" you will exclaim. You needn't declare anything; if you never knew chill and fever before, you know it now, and it is the most troublesome acquaintance to get rid of.

When it pays you a visit every day it is called *Quotidian*; when every other day, *Tertian*; when every fourth day, *Quartan*, and then it may duplicate its politeness and visit you twice in the same day. They then call it double quotidian, double tertian, etc., but really there is no name bad enough to call it by. Do you want to know its doings during its visits? Well, I will tell you: First it *chills you*, gives you a *headache*, makes you *yawn*, your teeth chatter and your stomach *revolt*. You get so mad that your very flesh *shrinks* and *shrivels* with *goose flesh*. You will feel *thirsty*, too, and your temperature will *rise to 102°*, though you are cold. This little episode will last for an hour or two, when your friend changes tactics and *heat* will come over you. The cold room will turn into a furnace; you want to breathe; you throw off your clothing; your head *splits*; your stomach—well, it gives up. You want to drink now, sure enough—*cold drinks, icy lemonades*. This will worry you for from five to ten hours. Then you are relieved. How? A gentle moisture comes over your forehead and your limbs. You welcome it. You had better not, for in hour or two you will be in a *sweat*. Yes, you will liquify. The headache will go, so will the nausea. You will not wonder; you will think it is a wonder that anything is left. However, you will be left, and you will *feel as well as ever*, though a little weak. Don't say much about your late visitor and, above all, don't think you are rid of it. It will *come back* and play the same unpleasant pranks unless you arm yourself to the very teeth. It is *periodic* visiting that distinguishes this malignant visitor from any other. There is no danger of confusion; you will never mistake it for anything else.

Where does it live! Live! why, in low, mean grounds, where it is generated and thrives. Where could such a mean thing come from, but from paludal grounds, where water stagnates, and nothing will grow but thistles and rank vegetation? Where water is too lazy to run, and boils under the sun and gives birth to mosquitoes and chills and fever? Get away from the place; go to pure air, to mountain or seashore, for it hates all the delights of a healthy atmosphere. It likes

filth, dirt and miasma, but particularly low and undrained grounds, from where filth, dirt and miasma cannot get away. Get away yourself, and that is the best tactic you can use against this insinuating, diabolical, contemptible, mean visitor! There is no offensive or defensive alliance with it possible; it is all defensive, and there is no saying more applicable to this case than the following, that "he who runs away may live to fight another day."

For hygiene I have said all I could say unless it is that if you cannot get away, beware of the night air, because in such localities it carries chills and fever, on its very shoulders. If you are out, don't stand on the steps of your homes with coat off; don't keep your windows open at night, for it is a sneak, and will enter your houses, while you are asleep. Keep in motion while outside, and lock your doors at night.

MEDICAL TREATMENT.

Take something hot to drink during the chill; *hot water, hot lemonade, hot whisky, hot tea*, or what is better, a *hot infusion of boneset (Eupatorium perfoliatum)*.

When the hot stage comes take *aconite*, one drop of the tincture in a teaspoonful of water alternately every half hour with *ipecacuanha* 3x until the sweating stage arrives. Then take *arsenicum* 3x every hour during the intermission. If this treatment does not check the disease in five or six days, fight it with *quinine*. Take four grains after the sweat and eight grains two or three hours before the next chill is due. Continue this treatment for a few days, and as the enemy gets weak reduce your ammunition to one-half; if still the enemy keeps off, reduce it to one-half of the half, and continue it for eight or ten days, and the probability is that your disagreeable visitor has not found your company as good as it expected, and will come no more unless you invite it in.

But look out! It may pretend to have gone for good. Don't trust it; there is no honesty in it. On the 7th, 14th or 21st day after its presumptive departure, if you have not been more than cautious it will surprise you with another visit. However, three grains of quinine taken on the 6th, 13th and 20th day may keep the thing off for good and forever.

This may be called unscientific treatment, but so long as the Allopaths have only one remedy, viz: Quinine, and the Homœopaths have two hundred, the non-professional will find that

the mode suggested by myself is all he can manage, and he may do so successfully.

RELAPSING FEVER.

This fever is rather peculiar; it comes on like an Intermit- tent Fever, but is of a different order, for Relapsing Fever comes as an *epidemic*, and when you hear of one case you may be sure that a score will follow. It is said to be contagious, but I doubt it; like Yellow Fever, the cause that carries it to one carries it to many. Whatever poison it is that develops this disease in a human being, we know it finds aliment in filth, in crowded and unhealthy habitations.

Symptoms. It gives *no warning*: suddenly one is seized with *coldness* and *rigors*, accompanied by *headache*, *pain in the back* and weakness. The fever is not very high, the pulse rather weak, and the temperature will rise to 102° and 104°. *Nausea*, *vomiting* and *pain* or *ache* in all the limbs, particularly in the *calf of the leg*, are likely to be a part of the paroxysm. The regions of the *liver* and *spleen* may be swollen and tender, and jaundice appear. All these symptoms disappear about the seventh day, but on the fourteenth they will all return, if not in the same degree of severity, at least in a milder form. The second paroxysm may last but three or four days, and real convalescence set in, although several such paroxysms are apt to occur before convalescence is secured. *Emaciation is sure to follow.*

In hot climates it may even be mistaken for Yellow Fever, but in this there is no absolute intermission, and the black vomit distinguishes it from Relapsing Fever.

Treatment. Under Remittent and Intermitent Fever will be found the remedies that cover all the symptoms of Relapsing Fever. But when the intermission arrives, *arsenicum 3x* should be taken every two or three hours till the period of the recurrence is passed.

CONGESTIVE CHILLS (CONGESTIVE FEVER, MALIGNANT INTERMITTENT FEVER, PERNICIOUS FEVER, MALIGNANT REMITTENT FEVER).

All chills are congestive, but this Congestive Fever is pre- eminently so, and threatens life at short notice, because the organs—the liver, spleen, bowels, stomach, and particularly

the heart—are so loaded from the blood that should instead be flowing over the large surface of the body that they cannot act. The heart, when so overcome and interfered with by this mechanical obstacle, must stop, and that stop means death.

There is not much difference between this chill and that of fever and ague, except its severity. An author describes it as follows: The disease announces itself with a *severe chill*; the skin becomes *pale* and *shriveled*, the lips *purple*, the tongue *pointed* and of a *leadен hue*, or *pale, cold* and *clammy*; pulse *quick, feeble* and *irregular*, sometimes intermitting. Though the patient shakes with the chill he rarely complains of coldness. *Great thirst, nausea* and *vomiting*. The skin grows colder, and is bedewed with cold, unnatural perspiration; the patient is very *restless*, but if he rises he is *giddy, staggers, perhaps falls*. He feels oppressed with *excessive heat*, calls for ice, for cold water on his face and breast; *while his skin is cold and wet, he wishes to be constantly fanned*. A copious sweat suddenly breaks out and as suddenly disappears; the skin becomes *mottled* and *bluish*. He *gasps for breath*, and altogether he looks as if he could not live a minute longer.

He may react from this chill, but if another or a third one occurs he is doomed.

What can be done under such circumstances, particularly if a physician is not at hand? The heart must be kept going, therefore *stimulants must be used very freely*. *Brandy* or *whisky* in *very hot water* should be administered until the pulse gains strength. There is no time to lose; the patient is threatened with collapse. If high fever follows, give *aconite tincture*, five drops in fifteen teaspoonfuls of water, one teaspoonful every half hour. *When the sweat comes on watch the patient; if very weak, give brandy again freely*, and follow it up by large doses of *quinine*. Give *fifteen grains* at one dose before the next chill; if this dose moderates the chill give another as large before the next chill; *if not, give fifteen grains twice, three hours apart*.

This may be called heroic treatment, but, heroic or not, *if a great stimulant is not given the patient will die on the third chill*. If he survives the third chill it is because the medicine has made a good impression. Moderate your doses then; give five grains instead of fifteen, and gradually reduce them as your patient gets stronger and better.

A physician might do differently if present, but in the absence of a physician do this and you may save the patient.

Read Intermittent Fever, and during convalescence adopt the measures and medicine recommended for its prevention or return.

YELLOW FEVER.

As the secretary of the Homœopathic Yellow Fever Commission of 1879, and as a member of the National Board of Health of the United States, the author has had the benefit of all the most recent and scientific investigations into the causes and propagation of Yellow Fever; and after the knowledge he gathered from so extensive a field he must state that the germ, whether animal or vegetable, whether in gaseous, liquid or solid form, is absolutely unknown to the profession, and that so far only theoretical speculations have been made as to its real nature. It is known that it is an inhabitant or a product of *swampy* grounds, near the level of *tropical seas*, and that its propagation is increased by continued *high temperature*, followed by spells of *wet weather*.

That all that conduces to accumulation of filth, as large congregations of communities who have no regard to ventilation, drainage and proper cleanliness, the accumulations of offal and garbage exposed to the rays of a burning sun, and all filth, in fact, whether in a city or a house, are the causes of the propagation of this poisonous germ which, in the short period of a few weeks, can decimate a community and alarm a whole country.

As the emanations from filth supply the pabulum upon which this dreaded poison thrives and grows and spreads, so cleanliness and ventilation will starve it out of existence.

In some localities under the tropics, it seems to be almost indigenous, but it can and is often transplanted northward through the medium of merchandise, or the clothing of persons coming from those localities; and whenever it is brought to cities where municipalities and inhabitants have disregarded drainage and the removal of garbage, and of the offal in the street, this poison, like a fire-spark, can set up a conflagration that nothing checks except a cold snap, a decided frost, that withers it, as if by magic.

Symptoms and Course. It may come on suddenly, like a thunderbolt, prostrating the patient in a very few hours. It may come more slowly, simulating an attack of Remittent Fever. Again, it may resemble an attack of Bilious Fever. Those acclimated are apt to be attacked mildly, while those recently from northern climates are almost invariably attacked severely, if not fatally.

Warning symptoms are *giddiness*, pain in the *back* and *limbs*, slight *chills*, *nausea*, *headache*, with sneezing and some sensation of *faintness*. These are followed by the *first stage*, viz:

Chill, *high fever*; *temperature rising in a few hours to 104°*. *Pulse high*, *eyes brilliant*; *flushed countenance*; *coated tongue*; *nausea and vomiting*; *severe neuralgia*; *pains in back, limbs, joints or head*. In severe attacks, *delirium*. The *urine contains albumen* (see test for albumen); the patient feels restless and anxious, and emits a *peculiar odor*.

Second stage. The first stage may last from thirty-six hours to three or four days, when a *decided remission* occurs. The *fever may depart*, the temperature comes down to 100° and 101°; all the other *symptoms abate* in proportion, or may end with some *critical evacuation*; and then *convalescence fairly sets in*. If not, after three or four days of this abatement, the

Third stage, or *stage of collapse*, is ushered in by a return of all the symptoms of the first stage in a most *aggravated form*. The skin becomes *yellow*, almost *deep brown*, *black vomit* and *hæmorrhage* follow; the pulse becomes *feeble*, the skin *cold*, the respiration *irregular*, and life ebbs away.

The distinguishing characteristics of Yellow Fever are: *One paroxysm*, *one remission*, *albumen in the urine*, *black vomit*, and it occurs epidemically.

Regimen. While Yellow Fever is not, properly considered, a contagious disease, it is eminently *infectious*, through "putrescent emanations which foul a confined atmosphere." The products of decomposition adhere to clothes, woolen goods and other articles of apparel and furniture, and with heat, moisture and stagnant atmosphere the poison is reproduced; it devolves, therefore, on all persons attending Yellow Fever patients to maintain the *freest ventilation*, to *disinfect* and *bury* at once all matter ejected from the stomach or bowels. To have as little furniture in the room as possible, and particularly of upholstered furniture; no curtains, no carpet. The room should

be *high* and *dry*, and every part and parcel of clothing and bed covers, that have been exposed, should be *burnt*. Articles that can properly be washed should be at once *boiled in water* and *strong lye* for several hours. Persons in attendance should wear linen in preference to woolen material, change every day, and every suit thrown at once in boiling water as above said. If everybody should carefully disinfect at home Yellow Fever could never commit such ravages in a community. (See "Disinfectants.")

Diet. The diet should be of the lightest kind. *Arrow root* macilage, *arrow root* and *milk*, *rice*, *rice water*, *tea* and *toast*, *milk toast*, *rice pudding*, *custard*, a little *cream*, small quantities of *ice* to quench the thirst.

It is particularly during the remission that great care should be exercised in the diet, for hunger will now worry the patient, *but any indulgence may, at a moment's notice, produce death.*

MEDICAL TREATMENT.

Camphor, two or three drops of the tincture, or of the common *spirits of camphor*, should be given during the *first stage of chilliness*, and repeated every ten or fifteen minutes, until the fever rises. It may be given on little lumps of sugar.

The New Orleans physicians have obtained the best results from the following treatment, generally contained in Dr. Villeneuve's formulæ:

Aconite 3x and *belladonna* 3x, in alternation, every half hour during the *inflammatory stage*, viz: *High fever*, *headache*, *face injected*, *eyes brilliant*, *red and watery*, *glistening* as one intoxicated.

Bryonia 3x and *ipecacuanha* 3x, in alternation, every half hour, when the *gastric* symptoms appear, viz: *Nausea*, *vomiting*, *soreness* on and *around the stomach*.

Arsenicum 3x and *crotalus* 6x, every half hour in alternation, adapted to the second stage, viz: The *nausea* and *soreness increase*; the white of the eyes, skin and urine a *yellow hue*; the pulse *sinks* below the normal pulsation, and the patient feels *exhausted* and has a *stupid* expression of the face. These two remedies in trituration.

Arsenicum 3x and *sulphuric acid* 2x, decimal dilution (of the last ten drops in four ounces of water, one teaspoonful of this for a dose) in the third stage, viz: The pain in the stomach is greatly *increased*, and has become *burning*; the tongue is

dry, the thirst violent, the *nausea* and *vomiting* increased; first, large quantities of acid fluid are thrown up; by and by this fluid becomes mixed with *blood*, until at last it consists of *purely decomposed black*; at the same time black blood passes from the *bowels*; hæmorrhage in some cases also from the *nose*, *mouth*, *eyes*, *kidneys* and the *skin*.

Terebinth. 3x, *dilution*, ten drops to four ounces of water, one teaspoonful every half hour for *suppression of urine*, viz: No urine found in the bladder, *on application of catheter*. *Cantharis* 3x, as above, for *retention of urine*, viz: Plenty of urine in bladder, with *inability to pass it*. Draw urine with catheter.

REGULATION OF CONVALESCENCE.

Great care should be used during convalescence. The transition from liquid to solid food should be slow and gradual. Do not be anxious about the debility after the disease has departed. Broths, from chicken, squirrel, beef or mutton; calf's-foot jelly; a little claret or sherry may be used. Go slowly!

The same care should be had in exercise; bad consequences may follow a too early going out, or from becoming exhausted. Let this be gradual also. Do not expose yourself to the heat of the day.

DENGUE, DANDY FEVER.

This fever is blessed with a great many names, as *break-bone*, *neuralgic*, *rheumatic scarlatina*, *fever of Calcutta* or *of India*, etc., etc.

It is described as an *acute*, *epidemic*, febrile disease, consisting of *two* paroxysms of fever, with one intermission.

Symptoms. It comes on *suddenly*, the temperature quickly rising to 103° and 105°. An *intense headache*, *burning pains* in the *temples*, *backache*. Severe aching and swelling of the *joints*, and *stiffness* of the *muscles*. A *rash* appears like a *Scarlatina*. *Nausea*, *vomiting* and *constipation* are generally present. From a few hours to two and three days a distinct *intermission* occurs of one or two days' duration, when all the above symptoms greatly abate or disappear. Then comes the second paroxysm, but in a *milder* form, the patient feeling, however, much debilitated. It is at this time that the eruption appears, attended with *intense itching*. In a day or two the eruption

fades away, the skin *crumbling* away. Then the patient is convalescent.

If proper care is not taken, *relapses* may occur. This disease may be mistaken at first for *acute articular Rheumatism*, but the *eruption*, and its being *epidemic*, distinguish it; again it might be mistaken for *Scarlatina* or Measles, but the *pains* and *swelling* of the joints show that it cannot be.

Medical Treatment. *Aconite* 3x, and *rhus* 3x, in alternation every hour, should be sufficient to carry the case to a successful end, although *belladonna* 3x may be given in place of *rhus* when the *headache* and *pain in the temples* are very pronounced.

RHEUMATISM.

Rheumatism is *pain*, though every pain is not Rheumatism. There is no Rheumatism without pain. The pains of Rheumatism are in the *muscles, tendons, joints*, and membranes surrounding the joints.

It has been divided into two grand classes, viz:

Articular Rheumatism, when affecting the joints.

Muscular Rheumatism, when located in muscles or tendons.

Then again into *acute* and *chronic*; the acute form seizing young persons from fifteen to thirty-five years of age; the chronic form affecting and staying with the older.

One attack predisposes a person to another; indeed, its liking for flesh and blood is so great that it will cling to a person for life, and pass even to the children of the first, second and third generations: it is, therefore, hereditary. It devolves then upon every person of rheumatic parents to remember this tendency, particularly during the buoyancy of youth, for, a *checked perspiration*, the wearing of *wet clothes* or *shoes, too light a dress* on a cold day, an exposure to a *draft of air*, may surprise the thoughtless offender with an attack of Rheumatism that he will not forget ever after.

ARTICULAR RHEUMATISM.

This is also called *Rheumatic Fever*; *Inflammatory Rheumatism*.

Causes. The *predisposing* causes are *inheritance, Scarlatina* and the *puerperal state*.

The *immediate* causes are exposure to cold, chilling the body by allowing perspiration to cool off too quickly, or wet clothes absorbing the heat of the body.

Symptoms. A person wakes up in the early morn to find that he is *chilly*, that he is *stiff* and has *pain* in one or more of the *large joints*. A very *high fever* follows, the temperature rising to 102°, 104° and even higher. Great *thirst*, profuse *acid sweats*, *scanty, high-colored urine*, very *acid, red* and depositing a red film in the vessel. The fever continues, though it may remit. Sleep is disturbed by pain and sweating.

The inflamed joint or joints now *swell*, become *red* and so *tender* as to make the patient fear the slightest touch. The *knees*, the *ankles*, the *wrists*, the *elbows*, the *hands* and *feet* are the *favoured* localities of this inflammation. This inflammation easily *shifts* from one joint to another, and just as the patient thinks the pain is subsiding in the affected joint he is made aware that *another* joint begins to ache, and in a short time this will be as bad as the other. This strange disease acts peculiarly; the pain will shift from a joint on one side to a corresponding joint on the opposite side, as from knee to knee, from ankle to ankle, etc. It is an old saying, too often confirmed, that the attack will not absolutely give away until it has visited each joint *twice*. Thus I have seen the following circle completed: from the right knee to the left, from the left knee to the left ankle, from the left ankle to the right, from this to the right knee, from the right to the left, then to the left and right ankle; and, the circle having been completed twice, Mr. Rheumatism seems satisfied and lets the patient get well. But to complete this double circle it may take six weeks, so that the old doctor, who upon being asked what cured Rheumatism, gruffly answered "six weeks," spoke from experience.

Inflammatory Rheumatism has another vicious habit, and that is, that if not well watched and kept in subjection, it may pass to more noble organs, as the *heart*, the *brain*, the *lungs* or *pleura*. The heart, however, it prefers, and its *valves* particularly, so that it is seldom that valvular disease of the heart is not traceable to Articular Rheumatism.

Differential Diagnosis. The question sometimes arises, "Is it Rheumatism or Gout?" To answer which you should inquire if any of the parents have had Gout. Moreover, Gout affects *one joint*, is exceedingly painful, and even after the inflamma-

tion and pain have subsided an *enlargement* of the joint *will remain* for some time or ever after.

There is also Rheumatism connected with Gonorrhœa, but a *gleety* discharge is present, and only one wrist or one ankle affected, but without the fever or the sweat.

Pyæmia may affect one joint, but one only, and it generally goes to *suppuration*, with *hectic fever*. Moreover, there must be another disease present to induce Pyæmia.

ACUTE MUSCULAR RHEUMATISM.

This Rheumatism is invariably caused by a heavy cold, and in those muscles which were particularly engaged when exposed to a draft of cold air or to dampness.

This form of Rheumatism takes its name according to the locality it affects, thus: *Cephalodynia*, when in the muscles of the head; *pleurodynia*, when in the pleura; *lumbago*, when in the back (generally below the small of the back); *torticollis* or *wry neck*; when in the muscles of the neck; *intercostal*, when in the muscles between the ribs.

This is a milder form of Rheumatism than the Articular, yet it is one very liable to become chronic, as old people know to their sorrow. It will return on the slightest exposure to wet or cold.

Symptoms. The general symptoms are *pain, tenderness* and *stiffness* of muscles; movement generally aggravates the pain, although ache and stiffness in the chronic form is sometimes improved by motion.

The symptoms, according to locality, are:

In *Cephalodynia* the pain is generally situated in the muscle, from the forehead to the very back of the head, and the pain is increased by motion or touch; it differs from *Neuralgia*, which is *relieved* by gentle continued *pressure*. If the Rheumatism is in the eye, the muscles around it will hurt in rolling the eyes; if in the muscles of the jaw, whenever the jaw moves.

In *Torticollis* (wry neck, stiff neck), the muscles of *one side of the neck* are so sensitive that the slightest motion provokes such sharp crampy pains as to make the patient very unwilling to move.

In *Pleurodynia*, the pain in *one spot in the chest* is so greatly

excited by motion that every breath is like the stab from a knife; this pain is often called a *stitch*.

In *Lumbago* the pain is in the mass of muscles and fasciæ of the *lumbar region* (just below the small of the back). It may affect one side or both; it may be an ache or stiffness, or so painful that the slightest motion causes a feeling as if the muscles were being torn asunder. These muscles, when so inflamed, will become *cramped* at the slightest *attempt at motion*, and fasten a person in a position which he does not dare to change. Thus, in attempting to rise from a chair by assisting himself with arms and hands, he may be caught by a *cramp* which will neither let him rise nor sit.

Muscular Rheumatism can affect any muscle of the body, however small, though it has a preference for the larger ones.

RHEUMATOID ARTHRITIS (RHEUMATIC GOUT).

To the inexperienced this disease is like Chronic Articular Rheumatism, yet it differs from it. The inflammatory symptoms are almost the same, but this will attack several joints at the same time, selecting especially the *small joints of the hands and wrists*. It is painful but *slow*, with very little fever, if any, yet it goes on *deforming the joints by deposit*. This *structural change* is so characteristic of this disease that it is by some called "*Deforming Rheumatism*." The deformity remains. Though the hands and wrists are preferred by this disease, the author has seen one case in which all the joints of the bones of the body were involved; and the change in the structure by the deposits was so great that any motion would dislocate them. Again, the deposit often unites the two ends of the bone, making the joint absolutely immovable. The crooked and knotty fingers and wrists so often seen in elderly people are illustrations of this disease.

This disease seems to affect *women* more than men, and it is said to be due to improper hygiene, exposure, prolonged lactation, frequent pregnancies, change of life, or repeated attacks of Articular Rheumatism and gouty inheritance.

Hygienic Treatment. Rheumatism is largely *preventable*, and it is a strange commentary on human nature that while preventable, it is so common. So long as heat is not suddenly extracted from the body, Rheumatism will *not* occur. A *flan-*

nel on the surface of the body will, in a great measure, always prevent a sudden abstraction of heat. Where there is water, there is evaporation, and evaporation is always carried on at the expense of heat; therefore the water, whether in the form of perspiration, or retained in the meshes of the clothing on the body, evaporates, and in the process of evaporation, or drying, the heat of the body is used. If this is done rapidly, as a person in perspiration standing still in a current of air would do, or with wet clothing on, would dry it while on the body, Rheumatism is almost sure to follow, and absolutely sure in persons who inherit a tendency to the disease. A damp room or any damp place would act in the same way, for the water, though in a state of vapor in the room, would extract the heat of the body with great rapidity.

Medical Treatment. It is in the treatment of this disease that all medical schools have exhausted their ammunition; and in which speculators have anticipated fortunes from the effect of their compounds and nostrums. Every sufferer wants to be relieved at once, and they will resort to any suggested means, from a roasted mouse to blessed charms. But *patience*, and a good amount of it, is still the most indispensable remedy.

Aconite 1x, ten drops to a glass half full of water, one teaspoonful every hour, should be given in the *Acute Inflammatory Rheumatism* having violent shooting or tearing pains, aggravated by touch; swelling and redness of the affected parts; high colored, scanty urine; a *full, quick pulse*. *Aconite* should be alternated with *bryonia 1x*, prepared as the former, when the pains affect the *upper trunk*, namely: the arms, shoulders, neck, and particularly the *intercostal muscles* and the *pleura*. The pains indicating *bryonia* are lancinating, stitching, muscular pains, *worse on movement* or touch. It relieves the *stitch* in the side (false pleurisy) in a few hours.

Rhus tox. 3x will relieve the pains *aggravated by rest* or upon first moving, but improved by *continued movement*, as is often the case in Chronic Rheumatism. *Rhus* is more beneficial in *Muscular* than in Articular Rheumatism, and when the *lower half* of the trunk, back, thighs, legs, feet, etc., is affected; also in cases where a slight change of the weather, from dry to wet, from hot to cold, occasions it.

Digitalis purpurea 1x is peculiarly indicated when the Rheu-

matism goes to the *heart* and the following symptoms are present: *Hurried, small pulse, easily affected by motion; the heart pulsates hard, and a muffled sound, like the noise of a saw, is heard by applying the ear to the heart. Breathing is rapid, with some oppression. Suspension of urinary secretions, shining while swellings of the joints, not very sensitive to pressure.*

Mercurius solubilis or vivus 3x when the swelling of the joints, though not very great, is very painful, *intensely red; the breath is foul, the tongue coated, no appetite and inclination to nausea. Sweat until the skin is covered with copious diminutive water blisters. The pains are worse at night, relieved by heat, aggravated by cold.*

Cimicifuga 1x, fifteen drops to four ounces of water, one teaspoonful every hour, is very efficient in removing Rheumatism of the *Back* (Lumbago). *Rhus tox.* 200x the author has found to relieve *Lumbago* when nothing else would. *Cimicifuga* will also relieve the backache of *women*.

Spigelia 3x will relieve Rheumatism about the *heart* and about the eyes. The heart acts *violently*, keeping *no time* with the pulse. It should be given often.

Rhododendron 3x for *drawing, tearing* pains in the *joints* and *limbs*; most violent at *night* and during *rest*, leaving a feeling of *stiffness* and *lameness* in the joints, attended with *periodical* tearing pains in the lower limbs, with *tingling* sensations, swelling or redness of a *single joint*, aggravated by stormy weather and rest.

Iodine 3x in *chronic* articular Rheumatism, or arthritic, causing deposits on the joints. Iodine should be alternated weekly with *arsenicum* 3x, taking one dose every three hours in the *chronic* form, causing *enlargement of joints*.

There is not a remedy in the *Materia Medica* that could not be applicable in some form of Rheumatism; still these few are the principal ones, and will be found efficient.

One remedy, however, must be mentioned, though it is to be given in large doses, and that is *Salicin*. No remedy exists that cuts Inflammatory Rheumatism (articular) so short and quickly as this drug. In forty-eight hours the disease is under control; but for such a success it must be given in 20-grain doses every two hours. It is not a dangerous remedy, a sensation of goneness or weakness is all that is felt; after taking ten or fifteen such doses it should then be reduced. It may be

taken in capsules of five grains each, four at a dose. After eight or ten doses absolute amelioration of all the symptoms will occur; the pain ceases, the inflammation is checked, and so is the fever.

Some use or prefer *salicylic acid*, and *salicylate of soda*, which are chemical compounds of salicin, and which are also very efficient.

External Applications. In Inflammatory Rheumatism external applications beyond a light covering of loose cotton, are of no use, and besides they are not tolerated on account of exquisite tenderness of the part.

In *Muscular Rheumatism* local application of *heat* in any form gives relief. The old-fashioned way of ironing the affected part is as good as any. Hot poultices may be used. *Swollen joints*, that are *neither red nor very tender*, may be painted twice a day with the *tincture of iodine* until the swelling is reduced.

Massage and rubbing and a *mild galvanic current* may give great relief from *Chronic, not very painful, Muscular Rheumatism*.

Persons subject to that troublesome and insidious *Lumbago* should constantly wear a *tight belt*, four or six inches wide, across the hips and back. The belt should have buckles so as to draw it tighter whenever a symptom of *Lumbago* is felt.

The many noted plasters for *Lumbago* really have no curative properties beyond the heat they retain when applied. The belt does as much and better, is neater and can be applied and removed at any time. The belt should be of stout flannel or of silk, with elastics.

Diet. In acute inflammatory, when the fever runs high, nothing but liquid food should be given. It is important to sustain life in this exhaustive disease; and good, pure milk, mixed half and half with soda water, is a life sustainer, the alkaline quality of the water being also beneficial.

As the fever abates a more substantial diet should be given, light puddings, white fish, fowl, and later on ordinary meat.

Avoid anything *acid*, as vinegar, light wines, pickles, lemons, etc. An acid treatment has been adopted by some physicians, but that is done in a medical sense, not in diet.

GOUT.

A physician was asked the difference between Articular Rheumatism and Gout, and his peculiar answer was the follow-

ing: "Take a joint and put it in a vise, then screw on the vise until the patient can't stand it any longer; that is Rheumatism. Give then another turn to the screw, and you have Gout." That answer is very expressive and comprehensive, still in Gout fever is generally *absent* and only *one* joint is apt to be affected, and that is usually the *ball of the great toe*, which suddenly becomes *red, hot, swollen* and *exquisitely sensitive* to touch. The symptoms ameliorate early in the *morning*, to return in an aggravated form early in the *evening*. The pulse may rise, the tongue is coated, the bowels are constipated and the urine is scanty, acid and of a high color, depositing a brick dust on cooling.

Gout occurs in *paroxysms*, with intervals of several months, and lasts four or five days, when convalescence occurs.

Gout may be transferred to the stomach, the brain or other organs, when it becomes immediately dangerous to life. This occurs seldom, however.

Gout generally becomes chronic, heaping deposits on the joint it affects.

Causes. The causes of gout seem to be in the manner of living; malt and wine drinking; rich and highly seasoned food predisposing to attacks. It is also hereditary.

Medical Treatment. The symptomatic treatment of articular Rheumatism is applicable to gout, although the author must acknowledge that he has but little confidence in the effect of drugs in this disease.

Prevention and Diet. These are the most important parts to observe by gouty patients. The diet should consist chiefly of *vegetables* and *fruits*, excepting acid ones as tomatoes, strawberries, etc. *Fresh meat sparingly*, so also with *oysters* and *fish* generally. *No alcoholic stimulants, no beer, no wine, no coffee, no tea, no eggs, no pastry, hot bread or cakes, no sweetmeats, spices or condiments.*

Systematic exercise, walking particularly; *warm climates*; the skin protected by flannel.

Alkaline spring waters, as Vichy, and particularly a free use of *distilled* water, may prevent the accumulation of acid and salts in the blood, and thus keep off attacks. The water of St. Catherine's well in Canada is famous for curing and preventing gout. There are others, and in other countries, but always alkaline.

SCURVY (SCORBUTUS).

Malnutrition, depending upon a diet deficient in fresh vegetable material. Very common in olden times, on ships in long sea voyages, which carried no fresh vegetables; now this is greatly corrected by fresh vegetables being preserved in cans.

Symptoms. Great weakness and lassitude; skin dry, rough, pale and bloated. *Swelling* and *sponginess* of the gums, with great *tendency to bleed*. Breath very *offensive*. The teeth get loose and the skin becomes spotted with bluish specks like extravasated blood. The lips are *very pale*, and *bleeding* occurs easily from the *nose, mouth, bronchial tubes, intestines* and *vagina*. Great depression of spirit, palpitation of the heart and oppression. Urine high colored and fetid.

Treatment. A good supply of fresh vegetables; the use of acids, particularly of fruits, as lemons, oranges, and other acid or subacid fruits.

DISEASES OF THE SKIN.

ERYSIPELAS.

This is a circumscribed inflammation of the skin and of the tissue (the areolar) just under it. In its simplest form it appears only as a blush of a more or less deep red, extending from a wound, an abrasion, or from an injured part of the skin, particularly of the scalp. When the inflammation does not go deeper than the skin, there is scarcely any swelling, but a feeling of stiffness of the part and a burning or pungent sensation. Probably some slight fever accompanies these symptoms which, however, quickly yield to some simple treatment, as a few doses of *aconite* 3x, or of *nux vomica* 3x, if the tongue is foul, and the stomach irritable.

The *diet* should be reduced to its *simplest* form.

The *true Erysipelas* (phlegmonous Erysipelas), however, is a disease of a formidable character. It is caused by some bad condition of the atmosphere, occurring generally in the spring or autumn, which renders persons, in a susceptible physical state, liable to it, and consequently it then becomes an epidemic. This kind of Erysipelas may come in a mild or malignant form, selecting as a point of attack the head or neck.

Symptoms. It ushers in with a *chill*, soon followed by *high fever*, the temperature rising to 104° and 105°, and the pulse to 100 and 130; the tongue becomes *coated*, and the stomach sympathizes, being disposed to *nausea* and *vomiting*. Very soon a *swollen spot* is noticed *on the nose*, or *on the cheek*, or *on the neck*. This swollen spot *tingles*, *feels hot*, is slightly painful, and produces a sensation of *tension*. Notice that spot! It will *spread*, the skin will rise in *blebs* and even *vesicles*, from which may issue a *yellowish watery discharge*, which thickens on the part, unless washed away. The swelling increases in different ways. If it spreads on both sides of the face at once, soon *both eyes are closed*, matter issuing from the edge of the eyelids. It may be so spread all around the head at once, when head and

face then look like a pumpkin, perfectly unrecognizable, the eyes, nose and mouth almost disappearing. This is a *bad, dangerous form*, though the color of the skin may scarcely be changed, and there may be no external exudation of serum or formation of crusts. In this form the fever is of a *typhoid* character, and is complicated with *gastric and bilious* derangements. It is a *low* form, and the patient is in danger. The blood is evidently badly poisoned.

The most *common* form, however, does not go to that extent. It may commence on the nose or on either side of the face, and spread rightwards or leftwards. It may thus slowly go around the whole face and head, till it returns to the spot of starting and there ends. As it spreads, it *improves on the part first affected*, so that one side gets better while the other gets worse.

The soreness precedes the swelling and feeling of tension, and continues until the inflammation has gone further on. This form of erysipelas is generally accompanied by a *vesicular* eruption. These vesicles break, exude serum and form scabs, which dry and drop, leaving the skin tender but natural.

This is the *benign* form, in which the fever is not very high, and the gastric disturbance very slight. The attempt at checking these swellings, preventing them from extending by applications of nitrate of silver, iodine or other drugs, is absurd, for it is a self-limited disease, and it exhausts itself. Besides, it is a process of depuration of the blood, the checking of which is, to say the least, of doubtful propriety. When the inflammation of the skin covers a large surface the patient may become *delirious* or be in a state of *stupor*.

The course of this disease varies very much, according to constitutions and to the previous mode of living; a *drinking man*, or one who has greatly disregarded the laws of health, will become very ill after this disease overtakes him. A low condition is demonstrated by the patient being very *weak*, with tongue *brown and dry*, gums and lips covered with *blackish film or crust*, pulse *rising in frequency and losing in strength*; a *low, muttering delirium*, the limbs *jerking and trembling*, and the temperature running high.

Treatment. During the high *inflammatory stage*, with high fever, redness of part and swelling, confusion and even delirium *aconite 3x* and *belladonna 3x* in alternation every hour.

When the fever abates and the skin is *shiny* or covered with *vesicles*, looking like water blisters, *rhus 3x* is the remedy and should be given every hour alone, or in alternation with *aconite*.

The *low form* should be treated with *arsenicum 3x* every hour.

If *nausea* and *vomiting* are present *ippecacuanha* or *nux vomica* should be alternated with the remedy indicated by other symptoms.

Opium 6x is indicated when *coma* and *laboring respiration* are present.

Diet and Regimen. During the inflammatory stage the diet should be very light, consisting principally of milk, but in the low form milk punch and strong broths should be given.

DISCOLORATION OF THE SKIN, CHLOASMA AND EPHELIS, LIVER-SPOTS.

For discolorations of the skin, as symptoms of specific diseases of the system (see chapter on "Appearance of the Skin as an Indicator of Disease," page 28.)

Pigment is the coloring matter of the skin, arising from special cells called pigment cells. These pigment cells are largely developed in some races, as in the negro, and very slightly in others, as in the albino.

Light greatly stimulates these cells, hence the freckles and the browning on the surface exposed to the strong light of the summer sun. Another proof of this effect of light is that the negro just born is comparatively light in color, but becomes darker and darker as he is exposed to light after birth. In old age the pigment cells of the hair cease acting and the hair becomes white.

Yellow-brownish patches of the skin are very common, particularly on the *chest*, *abdomen* and *face*. Of these discolorations, though similar in appearance and known by the same name, viz: liver-spots, there are two distinct varieties, depending on different causes; requiring different treatment. Pathologists named one *Chloasma* the other *Ephelis*.

Chloasma generally appears on the *neck*, on the *chest* or on the *abdomen*, *Ephelis* more often on the *face*.

Chloasma is due to the presence of a *vegetable parasite*, a

microscopic plant called "Microsporon furfur," and presents the appearance of *variously-shaped stains* of the skin, of a *yellow, brown or reddish* or even *blackish* color.

These patches often coalesce, thus covering quite a large surface, or may be distinct, and of various shapes. They principally occur on the body, so that it was held by earlier pathologists that they were due to the wearing of flannel. These spots or patches are *slightly elevated*, and by friction or scratching a *mealy desquamation* of the surface is induced. By removing the scurf from these patches with the blade of a knife, the *red skin* underneath is exposed. *This does not occur in Ephelis*, which is a stain *not* removable by scraping unless the outer skin is absolutely taken off. Ephelis is a *pigmentary* disease, while Chloasma is a *fungus* which is even transmissible or contagious. Another characteristic symptom of Chloasma is *itching*, which is not found in Ephelis, or freckles.

Realizing these distinctions, it can easily be comprehended that the yellow patches of Chloasma can be removed by any *external* treatment that would exterminate the vegetation of the parasite, while such a treatment would be ridiculous in attempting to remove the yellow patches of Ephelis.

Treatment. Among the many ointments used for the removal of *Chloasma*, and one of the most harmless to the constitution, is the following: An ointment of *precipitate of sulphur*, applied every other day. Before applying it the patches should be well soaped, then washed off in a warm bath, the scurf removed by a stiff flesh brush. In a week the parasites will be killed, and the person relieved.

Ephelis, freckles, and sun-stains, belong to the same category. Ephelis, however, is commonly found in pregnant women, generally disappearing after the birth of the child. (See Liver-Spots of Pregnant Women.) Sometimes it is due to certain derangement of the womb in which case, when the disease is treated and cured, the Ephelis disappears.

When these yellow-brown stains disfigure the face an ointment of subearbonate of potash or soda, one drachm to an ounce of simple cerate, applied to the spots on going to bed, kept on all night, and washed off in the morning, will be found beneficial.

No confidence should be placed on any internal treatment of these pigmentary stains.

VITILIGO (WHITE SPOTS ON THE SKIN).

These patches of *white skin* are generally congenital. They are found on face and neck, but particularly in hairy places, solitary locks of hair being perfectly white. No cause is known, and no treatment has been found to remove them, even when acquired.

ERYTHEMA, ECZEMA, HERPES.

There are so many varieties of each and all of these, and they are often so similar in appearance as to make it difficult even for an expert to make a correct diagnosis. But for the layman the following general principles of distinction are all that is required.

Erythema is a continued *redness* of some portion of the skin, attended with some disorder of the constitution, but not contagious.

Eczema is an eruption of *small vesicles* on various parts of the skin, usually *set close* or crowded together, *exuding a fluid*, *itching*, but with little or no inflammation around their base, and *unattended by fever*.

Herpes is an acute *inflammatory* affection, consisting of one or more groups of vesicles, occurring principally on the *face* and *genital organs*, and generally *accompanied by fever*.

ERYTHEMA.

Redness and swelling of the skin, feeling rather hot and producing a sensation of *itching* and *burning*. It may be due to heat, to pressure of clothing; is common in Varioloid and as a sequence of vaccination; also in infants during dentition, in the form of small, well-circumscribed red spots, which soon disappear.

Simple Erythema requires no treatment. Light food and the removal of the causes that may induce it.

URTICARIA (NETTLE-RASH, HIVES).

This is a species of Erythema. Suddenly an eruption of wheals appear on the skin. The skin is *elevated* in *patches*, look-

ing *pale* in the middle, with a halo of bright *red* around; they are commonly oval in shape, varying in size. These may *burn* or *sting* and, what is most usual, *itch intensely*. It is just such a rash as would be induced by the touch of the nettle shrub. This form of Urticaria is generally induced by some articles of diet, as *fish, clams, oysters, lobster, crabs, pork, eggs, honey, mushrooms, cucumbers, berries, acid fruits*, etc. This form is very evanescent, and requires no treatment with the exception of avoiding such articles of food which are known to affect an adult or child in this manner.

Urticaria may become *chronic*, in which case the wheals do *not* appear but the skin *burns* and *itches*; the *slightest scratching* with the finger will set up itching and burning on the spot.

This condition is easily relieved by *warm baths* containing *carbonate of soda* (the common soda of the laundry), a large handful into a bathtub, to which may be added *starch, bran* or *oatmeal*.

The diet should be of the simplest kind and no alcoholic stimulants should be used in any form.

There are other forms of Erythema, but of too complicated a nature to be understood by non-experts, hence the author limits himself to the simple forms of Erythema.

ECZEMA (SALT RHEUM, MOIST TETTER).

This is probably the eruption that is most common to the skin. Its principal characteristic is in the *exudation* of a *serous, gummy fluid, redness* and *thickening* of the skin. The fluid sometimes collects, forming scabs, rather yellow or brownish in appearance. If the scabs crack or fall off, the exudation continues, fills the cracks or produces new scabs. However light, the part affected is always *moist*. If linen is applied to the patches it will become *stiff* wherever this fluid is absorbed. *Itching* is also one of its most constant characteristics.

In chronic Eczema the skin becomes thickened, forming cracks and fissures, particularly on the palms of the hands.

The simplest form of Eczema is what is called "chaffing," very common in fat babies between the rolls of fat around the neck and in the crotch between the thighs. The worst form is possibly in cases where the skin thickens very much, cracks,

and bleeds, forming bloody, purulent scabs. Eczema is *not contagious*.

Eczema, like a Spanish nobleman, is blessed with many names. It has a name for every kind of fluid it exudes. It has a different name if it is apparently dry; it has a name for every locality it may attack.

When it attacks the head, as it commonly does in nursing babies, it is called *Eczema Capitis* (milk crust). The exudation glues the hair together, and forms very thick crusts, as the hair prevents the scabs from falling.

Eczema palpebrarum, when it affects the *eyelashes*, matting them together with grayish yellow crusts.

Eczema faciei (milk crust), when it affects the face with redness, swelling oozing and formation of crusts. Another name when it comes in the beard, ears, nose, lips, breasts, umbilicus, anus, the lips of a woman's vulva, the hand, the feet, etc.

When it attacks the female's genitals and the anus, it is extremely troublesome, *the itching being unbearable*. It is the same when on the scrotum of men; the scratching, which is irresistible, doing more harm than good.

When on the *hand*, the skin *hardens* and *cracks*, causing bad-looking fissures, often seen in washerwomen whose hands are constantly exposed to the alternation of hot and cold water and irritating soaps.

When on the legs a large surface is covered, the skin is red, covered with scabs which easily fall off and reform; the itching is intense, and scratching adds burning to the sensation.

Wherever it may break out it has always the same characteristics of a red base, exudations of fluid, formation of crusts, itching and burning.

In some parts, as the face, it is disfiguring; in others, as in the genitals of either sex, it is intolerable.

Those who care to describe every phase of this disease can easily write a book of several hundred pages.

Treatment. The whole *Materia Medica* can be profitably used for the relief and cure of this troublesome eruption. But for a lay practitioner, who has not a thorough knowledge of all the symptoms of every drug, four remedies cover all the essential symptoms of Eczema, viz: *Arsenicum album* 3x, *rhus* *to.r.* 3x, *hepar sulphuris* 3x, *viola tricolor* 3x.

Arsenicum is indicated in *debilitated* subjects liable to erup-

tions of a rather *chronic* character. The eruption is rather *dry*, but accompanied with intense *burning* of the surface. Scratching causes much *burning* and bleeding of the part. The skin is parchment-like, and on rubbing off the dry scabs the characteristic *burning* is immediately felt.

In *hepar sulph.* the eruption is not only *moist*, but *exudes yellow, thickish fluid*, making crusts readily of a *yellow, purulent kind*. There is some *itching* and burning in scratching, but the latter only very slightly. This remedy affects favorably fat, blonde-haired children, liable to enlargement of glands, and all scrofulous people.

Rhus is peculiarly indicated in *acute* eruptions, suddenly appearing with *intense itching*. The eruption is covered with *vesicles* which may be so small as to be hardly perceived, or as large as marbles. These vesicles breaking exude a *light serous fluid*, causing *scabs* and *incrustations*. It affects the *genital organs* peculiarly. It relieves readily people who are easily affected by *poisonous oak*, people who can scarcely walk through the wood where poisonous oak grow without becoming affected. The itching is worse at *night*.

Viola Tricolor is considered almost a specific in *Eczema of the Head* (*crusta lactea*) of children. From time immemorial this remedy has been found efficient in removing that troublesome *milk crust* on the head of babies. *Lymphatic* children, blonde and of scrofulous parents are particularly susceptible to the influence of this drug.

These remedies should be given *every two or three hours* for a week or two at a time, unless an aggravation is noticed, when they should be stopped for a week and then given again.

When *Eczema* affects the *anus*, the *genital organs of women*, and particularly the external *soft parts*, or the *scrotum* of men, the itching (*pruritus*) is so intense as to be intolerable. Moreover, a sense of propriety preventing the sufferer from scratching except when alone, causes a suffering to drive one mad. The scratching, of course, does not improve the case; though it may temporarily relieve the itching by replacing it with a sensation of heat or burning. Something must be done to relieve that itching, even for a while, and external application may assist.

External Applications. Sometimes *hot*, sometimes *cold* water, gives temporary relief. The common *lead water* of the apothecary

cary stores often allays the itching by keeping the parts bathed with it often. If that is not sufficient, lead preparations may be mixed as follows: R. Liq. plumbi subacet., one drachm; tinct. hyosciami, one drachm; mist. camphoræ (B. Ph.), eight ounces. Mix. *Wash parts with this combination several times in the twenty-four hours.*

If the above does not succeed, particularly in relieving the itching of the anus, the following may do so: Chloroform, two drachms; glycerine, half ounce; cerate, one ounce and a half. Mix. Apply this whenever the itching is intense.

For intense itching of the soft parts of women, the following has been found useful: Gum arabic, two drachms; Peruvian balsam, one drachm; oil of sweet almonds, one drachm and a half; rose water, one ounce. Mix. Bathe often.

For itching of the scrotum the following is recommended: Iodine, twelve grains; iodide of potassium, six grains; alcohol, one ounce; water, five ounces. Mix. Bathe often with it.

Also, carbolic acid, five drops; glycerine, one ounce, mixed, may be tried to relieve the itching of any part.

Many applications of this nature have been suggested to relieve the intense itching, but the above are sufficient for the purpose of unprofessional persons.

HERPES (SHINGLES).

Herpes is an affection of the skin that generally attacks the face or the genital organs, except Herpes, called Zoster or Shingles, which generally attacks the sides. Herpes commences as a vesicular eruption about the nose or lips, accompanied by a burning sensation and slowly developing crusts or scabs.

When it attacks the genitals fever may not be present. It is quite common in the internal surface of the prepuce, causing itching and burning. This eruption is generally simple, yielding readily to cleanliness, and application of rice powder.

Not so *Herpes Zoster*. This eruption, which generally affects one side of the chest or waist, never both, may not appear at all alarming, for it generally is nothing but a cluster or clusters of a few vesicles, yet the pain can be so intense as to be unbearable. The pain seems disproportionate to the eruption.

The pain is of a *neuralgic* character. This eruption is vulgarly known as the "Shingles."

The distinction between Eczema and Herpes is sometimes so slight as to be confounded. But it should be borne in mind that the vesicles of Herpes are separate, scarcely ever confluent, and not running into each other as in Eczema; moreover, in Eczema the tiny vesicles break, keeping the surface moist with their exudations, making crusts with a raw base, while the vesicles of Herpes stand out each separate and alone, scarcely ever breaking, the redness being distinct at the base of each.

Herpes, like its sister disease, Eczema, has received a multitude of names, generally according to the part invaded by it, as Herpes Faciei for the face, Preputialis for the prepuce, etc., etc. These names have no significance for non-professionals.

Treatment. With the exception of Herpes Zoster and Herpes of the prepuce Herpes may be let alone, for it will get well in a few days without interference; the diet, however, should be of the simplest character and without stimulants.

Rhus tox. 3x is the remedy against Herpes, and even for Herpes Zoster. Next to rhus is *arsenicum album* 3x. These two remedies generally meet all the requirements of Herpes. Rhus should be given for three or four days, every two hours; if at the end of that time not much improvement is noticeable arsenicum should follow.

Herpes Zoster, or *Shingles*, however, can be so painful as to require some soothing treatment. The author attended a lady who became alarmingly ill from the excruciating pain in the locality of the eruption; a subcutaneous injection of one-eighth of a grain of sulphate of morphia gave her immediate relief; all the symptoms ameliorated and in twelve hours she became convalescent.

TRICHOPHYTOSIS (RINGWORM, SCALD HEAD, BARBER'S ITCH).

Under the name of Trichophytosis comes a class of eruptions which are known as *Ringworm*, *Scald Head*, *Barber's Itch*, etc. The generic name is derived from *Tricophyton*, a microscopic plant or fungus; therefore this class of eruptions is due to the growth of this parasite on the skin and consequently is *transmissible* and *contagious*.

RINGWORM.

This eruption has a *circular* form and extends from the centre, forming rings of various dimensions; they may occur in any part of the surface of the skin, the fungi finding lodgment, means of growth and propagation at the very root of the hair. *Highly contagious.*

TRICHOPHYTOSIS CAPITIS (SCALD HEAD).

This form of the disease generally invades the *heads of children*, scarcely ever of the adult. It commences with a *small, round, scaly patch*, which soon spreads, becoming larger and larger until, if not checked, may cover the whole scalp. The hair breaks and falls, leaving a bald patch covered with thin scales or crusts which come off easily.

This disease is easily contracted, being *more contagious than almost any other form* of parasitic diseases, by the use of hats, combs or brushes, previously used by persons affected by it.

TRICHOPHYTOSIS BARBÆ (BARBER'S ITCH).

This is not very dissimilar from the same affection of the scalp just described. It commences in the same manner in the *beard or moustache*, spreading from the centre outwardly, forming patches where the hair of the beard or moustache *fall*. If the disease is not speedily arrested, *pimples, pustules*, and even *ulcerations* may form, greatly disfiguring to the face.

This, like the others, is *very contagious*, and conveyed by *careless barbers* who use the *same towel*, the *same brush* or *razor* used in shaving persons affected by it.

The same affections may invade the *genital organs*, particularly of the males, and the hair surrounding them; it is then called *Trichophytosis Genito-Cruralis*.

As this order of diseases is known to occur in animals as cats, dogs, calves, horses, it may be reasonably supposed that sometimes the disease is conveyed to men by these animals that are often the pets of children and adults.

Causes and Hygienic Treatment. While all later pathologists agree that this form of skin diseases is due to a parasite, yet

they do also agree that the parasite grows and develops in subjects whose health is impaired, in a much higher degree than in persons in a perfect state of health. Therefore the general health should be attended to by good, *wholesome, nourishing diet*; by *cleanliness, pure air and exercise*.

Treatment. This should consist of both *external and internal*. To remove the cause is to remove the effect; therefore, if the parasite is destroyed the disease is cured. But often the parasite has induced a diseased condition of the skin, which may remain so unless removed by internal treatment, particularly in feeble or scrofulous patients.

The common *Ringworm* on the body is quickly removed by painting it with the *tincture of iodine*, three or four times. If on the face, and the stain of iodine is objectionable, *coal oil* at night or sulphur ointment may be used. This scarcely requires anything else except *good food, cleanliness and pure air*.

But when the disease gets in the hairy scalp or beard it becomes very troublesome. The hairs of the patch affected should then be pulled out as far as possible (the hair is diseased and comes out easily), then the following application of Dr. Lacharriere will be found beneficial: "Melt together equal parts of *croton oil* and *white wax*. When the mass is fluid, pour it into a hollow cylinder, made of paper, and about half an inch in diameter; when cold rub it into the patch. This will excite some inflammation; after this has subsided again pull out all the hair you can, and apply preparation again if necessary."

In children the preparation should be weaker, which may be as follows: *One-third croton oil, one-third cocoanut oil, one-third white wax*. Melt together as above, pull out the hair as much as possible and apply it. The author has found this preparation successful; persist in this method and the nasty, diseased patch will get well.

When the disease affects the beard the sickly hair must be pulled out, then paint the patch with *iodine*; if the stain is objectionable, apply *mercurial ointment*. Continue this till well.

Internal Treatment. In all these eruptions, if the subject is scrofulous and the skin liable to pimples, sulphur 30x dilution, two or three times a day, should be given for a week. Sulphur should be followed by *arsenicum 3x* if the scalp is covered with *dry scales or scabs*. When the eruption, whether in the hair of the scalp or of the beard, forms *pustules, pimples, or crusts,*

mercurius præc. ruber 3x should be given three or four times a day.

Hepar sulphur 3x whenever the patches discharge purulent matter.

ACNE (BLIND OR SUPPURATING PIMPLES OF THE FACE, BLACK POINTS ON FACE, ETC.).

This is another class of eruptive diseases which takes various names according to the locality they affect or according to some variation in development or appearance. It is a very common disease, affecting the young, and is particularly disfiguring to them when the face or neck become the seat of the affection—localities which the disease seems to prefer.

To understand this form of eruption it should be known that the skin is furnished with minute glands called "sebaceous," whose function is to exude an oily substance to keep the skin soft and pliable, and prevent it from becoming dry and from cracking. These glands, exposed to dust or dirt or to the irritating influence of obnoxious soaps, cosmetics, or in sympathy with bad digestion, become inflamed, form blind or suppurating pimples, and disfigure the face or the neck or worry the back.

Again, these glands have ducts, of course, and these ducts sometimes become filled with a cheesy-looking substance, which, when squeezed, comes out in coils like minute worms. These are called "comedos," *Acne punctata*. The dust falling on the surface makes the heads of these ducts black, and so is often seen a comparatively fair face marked with these black spots or heads looking like shot.

Strange that these eruptions, and particularly the former, should be peculiar to young men and women. In women the eruption of pimples is liable to occur more often and more largely at the menstruating period, but as in young men such existing reason cannot be given, the supposition is that in them they are due to venereal excesses or masturbation.

Preventive Treatment. Hygiene has much to do with the prevention of this troublesome malady, and in order that the reader may practise hygiene intelligently in this case he must know that the skin is composed of two layers, the outer to protect the inner. All the exuding glands, mentioned above, are

lodged in the inner. The outer layer dies and is renewed constantly like the bark of a tree; were it not so the inner layer would be subject to all the casualties of heat and cold, and from the rough treatment of the friction of clothes and the use of the limbs, hands and feet. Persons who do not often wash find that whenever they get in warm water the skin peels off and rolls under the fingers. That is the dead skin that has not been removed by proper ablutions. The dead skin, allowed to remain on the surface, becomes decomposed and a source of irritation, hence washing is imperative. This being understood, some not only wash, but scrub and rub. To these I say: Remember that the constant use of soap constantly removes the natural oil that is to keep the skin soft; that scrubbing and rubbing to an *immoderate degree* removes the outer layer of the skin and *exposes* the inner, the very sensitive one, to the air, to heat, cold or dust. Hence the flesh-brush, the rough towel, should *not be used inconsiderately*. When the inner layer is exposed the glands are exposed and subjected to the irritating influences above spoken, causing pimples, etc.

The author does not plead for dirt or uncleanness, but for the protection of this second layer, so important to the normal functions of millions of exuding glands.

The idea of rubbing the skin till it is red-hot is *wrong*, for were it otherwise, nature would have provided that it should be red-hot all the time, yet we see mothers and nurses scrubbing little babies till their skin becomes so susceptible that a breath of cold air makes them sick. So *moderation should be practiced, even in washing, rubbing and scrubbing*.

Women who understand the value of a beautiful skin or complexion, scarcely ever use water and soap on their faces; neither do they put their hands in very hot or cold water. Twice a day they anoint their faces with cold cream, mutton suet, or some other oily substance; then they gently rub it off with a piece of soft flannel. That removes all the dirt or dust, and the skin is allowed to remain in all its beautiful texture as nature intended. This practice goes far towards the prevention of pimples on the face.

Treatment. As *Acne* of whatever form, is greatly dependent upon the condition of the system, it devolves upon the person affected by the disease to study that condition. If weak and much debilitated, good *nourishing food* and *exercise* in the open

air. In food, all *shellfish should be avoided*, as well as all *acids, pickles, etc.* All alcoholic stimulants, *from beer to brandy*, should be absolutely *forbidden*.

Medical Treatment. When the eruption develops in *blind pimples*, covering small or large surfaces, in clusters or singly, *arsenicum album 3x* should be given three or four times a day for two weeks, then *iodide of sulphur 3x* for two weeks; if these two remedies are persisted in, as above recommended, a great improvement, if not an absolute cure, may follow. For pimples that go to *suppuration*, *Hepar sulphur 3x*, four times a day, may be taken for several weeks.

For the "*comedo*" I doubt that internal treatment will do much good, although *sulphur 30x* is greatly recommended. The *comedo* should be *pressed out* constantly but gently, so as not to irritate the skin too much, and gentle lotions of astringents used after pressing them. The following are recommended: "*Sulphate of zinc, two grains; orange flower water, one drachm and a half.*" Apply once a day after pressing the *comedo* out. The French "*vinaiquette.*" found at best pharmacies (half *vinaiquette* and half water), is recommended as an application to the face after squeezing out *comedos*.

PRURITUS (ITCHING OF THE SKIN).

Pruritus can scarcely be classified with eruptions of the skin, for really there is no eruption. The skin, in some part or other, simply itches; nothing is seen on examination, though the patient is impelled to scratch until the skin is red and marked by the nails. The itching of *Eczema* is recognized by its peculiar eruption. (See *Eczema*.) The itching of *Nettle-rash* is recognized by the wheals it presents. (See *Urticaria*.) The itching from *Scabies* (the Itch) generally points to the hands and fingers. (See *Scabies*.) The itching of the hairy parts under the armpits or around the genitals suggests *Crabs*. (See *Crabs*.)

Pruritus differs from all these, in having *no lesion*, and being free from the presence of *parasites*.

The itching is generally accompanied by a sensation of *prickling, crawling* and *burning*, particularly after scratching. It may be so intense as to be distressing, particularly at night, or when overheated.

It is a rather common distress of old people, so common as to have received the name of *Pruritus Senilis* (the Pruritus of old age).

It is generally due to an impaired condition of health, to *dyspepsia*, *constipation*, to some derangement of the *liver* or the *kidneys*. *Worms* may occasion it in children, particularly at the anus or the nose.

In *Diabetes* and *Bright's Disease* it often occurs.

Treatment. *Gelsemium sempervirens*, ten drops of the tincture in a glass half full of water. One teaspoonful of this dilution every hour or two will give great relief and often cure it, particularly in old people. When dependent upon a recognized disease in the system that disease must, of course, be treated to alleviate or cure the Pruritus.

Local Treatment. For *general itching* of the skin, when no cause is absolutely traceable, the author has found a *soda bath* particularly grateful. When this itching occurs after removing the clothes and after getting into bed, this bath gives great relief. In a bathtub half full of warm water throw a large handful of common soda, washing soda so called; stay in the bath ten or fifteen minutes.

Sponging with *alcokol and water*, half and half, with *bran water*, has also been found useful. If the itching is on a particular spot or in the *vagina* or the *rectum*, irrigating or bathing the parts with *lead water* will be found very efficient.

Diet. The diet should be attended to with great care, and reduced to the simplest kind, *refusing rich viands* and *stimulating drinks*. *No pastry, no candy, no pickles* and particularly *no shellfish*.

SCABIES (THE ITCH).

Scabies, the Itch, regularly so-called, should scarcely be enumerated among diseases, for it is nothing more than an irritation produced by the presence of a parasite called "acarus scabies," an insect about one-seventieth of an inch in length, visible to a person of good sight. It lodges itself in the skin, and there male and female reproduce quickly and extensively. It digs its own way through the outer layer of the skin, where it lays eggs for the birth of a considerable family, the members of which in turn dig homes for themselves; thus many

parts of the body are invaded. They love the skin so much that they quickly pass from one person to another, even through the mere touch of a finger or through an exchange of clothing. To sleep with one person who is infested with the Itch is to get up with the Itch, hence it is tremendously contagious.

Symptoms. A person may itch without having the Itch, still it may be very important to him or to her to know whether it is the Itch or not, for no one desires to spread it amongst his neighbors. Moreover the Itch is considered a nasty affection, which no one cares to be accused of having. Therefore, the following symptoms of the presence of the Itch may be of interest to any one having a strong desire to recognize it. The acarus loves *soft* places; it cannot easily dig its way through hard skin. It loves the *back of the hands*, the *wrists*, and *particularly the soft places between the fingers*. Some physicians take this last symptom as a *sure sign of the Itch*. In women it prefers the breasts and the nipples; after that it likes the soft skin around the genitals, though it does not object to set up house-keeping on the chest or abdomen, and the soft legs of children. Having eight legs of infinite minuteness, their movements cause the most intense itching, particularly when warm in bed; then comes the scratching and the irritation of the skin produced by the finger nails. The eruption is *vesicular*, coming in groups and singly; as minute as millet seeds, but still *globular* and somewhat *transparent*. If any scabs occur they are induced by scratching.

Treatment. This being an insect, the first object of the treatment is to *destroy* it, and the old-fashioned *sulphur ointment* is as good to-day for that purpose as of old; but in infants this ointment may be too severe, hence *vaseline* and *balsam of Peru*, equal parts, is preferred. The sulphur ointment need not be stronger than *twenty parts of sulphur to eighty of lard*, for at this strength it may be used for several days. Take a warm bath at night, apply ointment on parts affected, unless the whole body is invaded, in which case the ointment should be spread over the whole surface. The clothing should be changed every time, for there is no use killing the insect at night and reviving it again in the morning.

The clothing should be *disinfected*, either by fumigation of sulphur or by washing in boiling water containing carbolic acid.

This acarus often causes an eruption which may last even after the acarus is dead; this eruption should be treated like Eczema. (See Eczema.)

CRAB LICE.

This is a parasite that infests the hair *above the genitals*, and sometimes the *hairy part under the arm*. These insects easily pass from one person to another. They cause a considerable itching. They are scarcely seen by the naked eye, but with a magnifying glass blackish minute spots are discovered at the roots of the hair. They can be picked out with the fingers or with the tweezers, and spread on paper, when they are readily recognized.

Treatment. Two applications of the *blue mercurial ointment* of the apothecaries is generally sufficient to get rid of the pest. It should be well rubbed in. Take a warm bath, soap well, dry and apply ointment; next morning wash it off; next evening repeat operation.

ARMY ITCH, CAMP ITCH, GROUND ITCH, PRAIRIE ITCH, SEVEN-YEARS' ITCH,

Are all one and the same disease. It differs from *Scabies* or regular itch, not being due to the presence of a parasite. It does not attack the hands or fingers, like the itch, but prefers the thighs and arms. In bad cases it goes over the body, covering it with little vesicles containing a *watery, acrid fluid*, which cause *intense itching*; the vesicles break at scratching, exuding a liquid that may form crusts.

This disease is generally due to *uncleanliness*, as of soldiers, or of people in camp or prairie who have no chance of bathing; hence the name of camp itch, army itch, prairie itch, etc.

It is *contagious*.

Treatment. *Yellow dock* (*Rumex crispus*), seems to be a specific for this disease. Ten drops of the tincture of *Rumex* in a glass half full of water, one teaspoonful every two hours, is a good prescription. Bathing in water in which *Yellow dock* is immersed, has also been found to cure. When neglected, it remains for a long time in a chronic form, and from that came

the name of the seven-years' itch. It must be a very unclean person who carries the disease so long.

BOILS, FURUNCLES AND CARBUNCLES.

Furuncles and Carbuncles are usually called *Boils*, but oh, how different! The domestic cat and the wild tiger belong to the same species, the feline, but how different! So the common boil (Furuncle) and the malignant boil (Carbuncle). They may commence in a like manner, whether large or small, viz: *Swelling, redness and pain in one spot*. According to their size the constitution may sympathize, and *fever, want of appetite, constipation* and a *general feeling of illness* occur, but how different in their development! The *common boil* goes on maturing, pointing towards the surface; it quickly decomposes into matter, which soon discharges, driving out a "core" of disorganized tissue, then kindly subsides, closes up and gets well. Not so the carbuncle. It has no such kind intention. It grows, it pains, it racks the whole system, it will not come to a head; nay, it flattens on the top and breaks in small discharging openings. It discharges, unwillingly, nasty, bloody-looking pus, and goes on spreading and enlarging. It will not get well; it discharges *no core; only drops of pus are seen to ooze out from several places*. It looks angry, bluish-red; it will attack the *neck and back* just where the patient can't see it and watch its malignant ways. A boil gets softer and softer, a carbuncle does not. In a boil all the constitutional irritation, as fever, pain, etc., disappear as it gets to a head; in carbuncle the *malaise continues; nausea, constipation, loss of sleep* worry the patient, who is finally prostrated. If it locates on the head, which it rarely does, then it is dangerous; it is so near the brain. The patient soon realizes that this is no cat of the domestic kind—no purring about him; it is a tiger that means destruction. Don't stroke his hair to subdue him, but cut him to the quick.

Boils are generally the consequence of an overfed constitution, while carbuncles are generally the result of a low condition of the system and are, therefore, more common in old people.

Treatment of boils (furuncles). A good *flax-meal hot poultice* kept up will favor suppuration and cause the boil to discharge.

So will poultices of mush, oatmeal and slippery elm. If they are large but doughy, showing that matter is in the boil, lancing will let the matter out, relieve the painful, throbbing pressure and hasten the cure. Boils can be very painful and very destructive; if under hard skin, not easily opened by internal pressure, lancing gives immediate relief and prevents further destruction. These boils are called *abscesses* when very *extensive*, and when located *deep in the tissue* or *in the internal organs*. (See Abscess).

Boils follow each other *in series*, when the system is vitiated by the results of fevers as Typhoid, Scarletina, Measles, etc., or when digestion is impaired. It seems, then, that the system is trying to eliminate, through the skin, noxious materials.

A single boil is a matter of not much consequence, but a series of boils may be very troublesome.

Hepar sulphuris 3x is the best remedy for boils; it will not only hasten suppuration, but render the patient less subject to them.

Sulphur 30x is a remedy which will correct the humors causing the formation of boils. It is particularly useful in people of *fair skin* liable to *enlargement of glands*.

Calcarea carbonica 30x is particularly useful in destroying the disposition to boils *in children*.

Regimen. Persons addicted to boils should pay special attention to diet, which should be of the blandest kind, refusing sugar, fats and pastry. Exercise in the open air is very important; for such people need elimination, and exercise causes elimination through the kidneys and the skin.

Treatment of Carbuncle. This ugly customer has caused many arguments in the medical family. Some think that it should be cut and slashed, uprooted, picked out; anything so as to get rid of it as quickly as possible; others insist that such treatment only makes them more angry and insidious; that nature must be strengthened, so that the system may be enabled to throw them off. Both parties have good arguments for their preference. There is no question that internal treatment is necessary, for the system is invaded by a poison, as is evident by the constitutional symptoms. The knife, a crucial incision, deep and thorough, greatly helps in causing it to slough and drop off, but this is more successful in comparatively small-sized carbuncles than in the large ones. That

brilliant surgeon, William Todd Helmuth, after a large experience, considers the following treatment the most successful, and the author recommends it as one which has given very good results in his own practice:

“Apply over the parts four thicknesses of patent lint, saturated with a solution of *calendula*, one to six parts of water. Over this apply a piece of oiled silk, and over that a piece of spongiopilin, of sufficient size to cover all the other dressings. The lint must be removed every two hours, wrung out in tepid water, re-saturated with the calendula solution and carefully reapplied, day and night, and the patient given a powder of five grains of arsenicum album 3x, also, every two hours.”

Regimen. As this disease is very prostrating, the system, must be held up with generous diet and pure air. Beef tea, milk punches, etc., and the room well ventilated.

In bad cases let a good physician be at hand.

FELONS, WHITLOWS, RUNROUNDS, PARONYCHIA.

These various names have been given to the same disease probably because it differs in development and intensity, whether superficial or deep-seated.

The *runround* is a *superficial* felon under the skin near the *root* or *side of the nails*, the pus being very apparent and easily evacuated by a cut or puncture. This gives comparatively little pain, unless the inflammation and suppuration gets under the nail, when it may extend to the elbow.

A *more painful* felon comes under the skin, at the end of the fingers, and is deeper than the above; the skin being hard and unyielding, it cannot easily break through, hence the pulsation and pain are quite severe, although the pain does not extend much beyond the seat of the inflammation.

Another, and *still more distressing* felon, is the one that is deep among the *tendons* and *sheaths* of the fingers. It is *slow in suppurating*, on account of the peculiar tissue it involves, and cannot easily come to the surface, hence *the pain and throbbing are intense*. The pain is felt all along the finger to the wrist, and even to the elbow.

The *worst of all* of these amiable felons are those that attack the deep *periosteum*, viz: the tough skin immediately surround-

ing the bone. This is *painful indeed*, and the throbbing is enough to send one to distraction. If this is not soon opened it attacks the bone, which it destroys.

TREATMENT.

To the *deep variety the knife is a necessity*. The intense pain is caused by the pus pushing towards the surface, but meeting with hard tissue, which it cannot easily perforate. The incision then should be as deep as the felon, and the only evidence that it has been pierced is by pus following the knife. It is wonderful, the relief that such an incision gives to the patient. The superficial felons need no incision, as they are so near the surface that they burst without interference. In opening these felons the knife should cut in the line of the fingers, and not crosswise, so as not to sever the tendons.

It is well to keep these abscesses *well poulticed* with flaxseed meal, mush, cornmeal or oatmeal. These soften the integument, hasten suppuration, and hasten the cure.

Internally *Hepar sulphuris* 3x is the sovereign remedy.

Mercurius solubilis 3x is suggested when suppuration is very slow and the tissue very hard.

Arsenicum album 3x, when the felon has a bluish-red appearance, with intense *burning* pain, and stiffness and rigidity of the joints.

Often these bad felons, after being opened, show a disposition to induce proud flesh. This is an unhealthy granulation, which may be kept in abeyance by touching it with nitrate of silver (lunar caustic), or by sprinkling *alum* over it.

As a *preventive* of the development of a felon old women have a very good and efficient remedy. As soon as the inflammation is noticed, and a felon suspected, they wrap the skin of an egg, which has been boiled, right around the affected part. The pain may increase for a little while, but soon subsides, and the inflammation goes no further.

A cloth saturated with the *tincture of lobelia*, applied to the part, is also efficient in preventing the development of a felon.

FREEZING, FROSTBITES AND CHILBLAINS.

Exposure to intense cold lowers vitality, and the whole body may become so chilled as to put life in immediate peril. First it induces *pain*, then general *numbness*, and at last an irresisti-

ble *drowsiness* equal to *coma*. Should the person yield to that drowsiness and not keep in motion he will never awaken unless others come to his assistance.

Treatment. Should a person in that condition be found, care should be taken *not to take him to a warm room*, nor make hot applications to his body. Whether the person is frozen in whole or in part, he should be *briskly rubbed with snow or ice water* until some degree of warmth is induced. Then gradually the temperature should be elevated. The rubbing should be *towards the heart*, and continued till the heart is fairly in motion. Should the person be apparently breathless, *artificial breathing* should be induced by alternately pressing upon the ribs on each side of the chest.

When the person revives the *pain* may be *intense*, and *fever supervene*, then give *aconite 3x* every hour till reaction has fairly set in.

FROSTBITES.

This is *partial freezing*, and the parts most exposed are the ears, the hands and the feet. The *insensibility* of the part, after exposure to intense cold, should be taken as a sign of frost-bite.

Treatment. *Don't expose the part suddenly to heat*, but apply *snow or ice-cold water* till the parts begin to tingle and pain. *Apply friction* with the hands, and gradually warmth will set in. After the parts get warm, gentle heat may be applied by flannel or otherwise.

If the parts should be so badly frozen that mortification sets in, a physician or surgeon should be in attendance.

CHILBLAINS.

This is generally a secondary effect of cold, the *toes, fingers, nose, ears* and *heels* being the victims. They come on in winter, disappear in summer, and prefer the children. Sometimes they come on with the winter season, when the child has scarcely exposed himself in any extraordinary manner.

Symptoms. The skin at first becomes pale and *shriveled*: then it *swells* and inflames, assuming a dark hue, accompanied

by a sensation of *heat* and of intense *itching*. The swelling often *cracks* and *ulcerates*.

Preventive Treatment. Accustom the parts, which are likely to become affected, to cold by immersing them in cold water, night and morning, commencing in summer and continuing it through the winter. When going out in the cold or in a storm *anoint* the feet with *oil*, *vaseline* or *mutton suet* and put good *warm* stockings over them. Wear shoes or boots with *heavy soles*, and do not get your feet wet.

Medical Treatment. *Hamamelis* or *arnica salve*, should be spread over the sores till they get well. *Calendula salve* would be preferable when *ulcerated*. All the preparations of *coal oil*, as *cosmoline*, etc., are good.

BED SORES.

This is a great inconvenience during a long illness, requiring the patient to keep the same position on the back. They generally come along the spine, and particularly in the *lowest* part of the sacrum, the wide bones, on each side of the hips. Pressure being the cause, *pressure should be avoided* by properly applied hair cushions. They should be *suspected as soon as itching occurs in spots* over the sacrum or the spine. The itching is followed by *redness*, *swelling* and *ulceration*.

Treatment. Alternate applications of heat and cold, by sponges immersed in hot and cold water, every five minutes for about an hour several times a day, may *prevent the sore from going to ulceration*. After ulceration occurs cloths saturated in *calendula* tincture, one to four of water, applied to the parts may heal them in a short space of time.

Electricity is highly recommended, but in this case it should only be applied by an expert.

WARTS.

Young people are liable to warts, which generally appear on *hands* and *fingers*, and sometimes on the face and lips.

Treatment. Externally the *tincture of thuja* is the best. Soak some cotton at night with the tincture of thuja, and apply it to the wart. Do this for several nights, and the wart

will drop. If not, give internally *calcareo carbonica* 3x, four times a day, and continue the external application of thuja.

These warts may come singly or in crops, and often disappear without treatment, but the above is reliable.

POISON-OAK POISONING.

This is so common, and some people are so sensitive to the influence of poison oak that the author cannot pass the disease produced by it without cautioning and advising his readers. Poison oak (*Rhus toxicodendron*; swamp sumach, poisonous sumach), is extremely poisonous to the human system: there are persons so susceptible that they cannot pass in the neighborhood of this plant, without being affected by it. There are several varieties of this oak, one growing as a shrub, another as a climbing vine, each of which leaves its effects upon the passer-by.

Symptoms. *Itching, redness, a sense of burning, swelling, vesication, and finally desquamation.* The swelling of the face can be so pronounced as to obliterate all its features. Its effect is felt soon after exposure to it, and generally subsides within a week.

Treatment. *Rhus toxicodendron* 3x, every two or three hours, in spite of all the theories, will cure the effect of this poison.

ULCERS.

An ulcer is an open sore.

Ulcers may be very simple or very tedious.

A *simple ulcer* looks *red*, exudes *yellow, thick pus* and emits *no offensive smell*. Such an ulcer may come from a hurt or from a boil. If the constitution is in good condition the ulcer will heal without any treatment. Still it will do better and get well quicker if washed two or three times a day and lint, soaked in *calendula water* (one part to five of water), is applied to it.

There is an ulcer called "*Irritable*," because it looks *angry*: the edges are *ragged*, the bottom is *deep*; it is *red and inflamed* and *bleeds easily*. It discharges a *thin, greenish or reddish matter*, so *acid* that it excoriates the neighboring skin. Such an ulcer needs *constitutional treatment*. The whole system seems in an irritable condition. To make such an ulcer heal kindly

the limb should be kept at rest, and a light diet, avoiding stimulants of all sorts, should be enforced.

When irritable ulcers look angry, fill up with a superabundance of new flesh, which quickly breaks down again, touch them with *nitrate of silver* (lunar caustic) once or twice a day, and then dress them with lint soaked with *glycerine* mixed with a little *carbolic acid*, which will soon change them into healthy sores with a tendency to heal.

Arsenicum album 3x is probably the best remedy for *irritable ulcers*. If this remedy does not bring about a decided improvement in five or six days, *mercurius solubilis* 3x should be given for a week, to be followed by *silicea* 30x.

There is another ulcer, which is called "*Indolent*," because it does not hasten to get well; nay, it looks *flabby, pale*: there is not sufficient life in it to enable it to fill up and cicatrize. Its edges are *elevated, smooth and rounded*, and does not granulate (make new flesh), but is covered with a *palish pellicle*, or with a *crust*, from under which a *thin fluid* exudes. It gets slowly deeper and deeper, and shows *no sign of healing*. In this case the constitution is at fault. It is *debilitated, low*, as it were; and should be strengthened by a *generous diet*, to which may be added a little red wine.

Medically, the *tincture of china*, five drops in a sherry wine-glass of water, four times a day, should be given; or three drops of the *tincture of iron* in the same way.

On the thigh, and more generally on the *leg*, near or about a *varicose enlargement of the veins*, ulcers of an indolent character often appear. They are then called "*varicose ulcers*." To get these ulcers to heal, the venous circulation of the leg *must be supported* by a bandage properly applied. Wash the ulcers well with water and soap; then with water with a few drops of *carbolic acid*; then cover it with pledgets of cotton immersed in *calendula water*, viz: one-fifth calendula, four-fifths water; then bandage the leg from the toes to the knee, and keep the leg in a horizontal position. The bandage should be a roller, snugly, equally and smoothly applied from toe to knee. All indolent ulcers of the leg should be so bandaged. Some apply adhesive straps, but only physicians can properly apply straps. The author has found pulverized *potter's clay*, sprinkled thickly over the ulcer, and then bandaged, quite successful in keeping the ulcer *clean and exciting vitality*.

This being an indolent, as well as varicose ulcer, *nutritious diet* and *pure air* are necessary.

Silicea 30x is highly extolled by some practitioners as the best remedy for these indolent ulcers, but *arsenicum album* 3x should not be forgotten.

Bad ulcers, ulcers unwilling to heal, irritable ulcers, should require the attention of an expert in the treatment.

GLANDULAR DISEASES.

Glands are almost innumerable in the human system, but in this chapter the author refers only to those that are superficial and easily recognized by the lay practitioner, and those are located in front and behind the *ears*, in the *neck*, under the lower *jaw*, in the *armpits*, and in the *groin*.

When these glands become affected they firstly *enlarge*, feeling like kernels of different sizes; then they *inflamm*, become *red and tender*; if not checked in this course they *suppurate*. The suppuration is detected by the doughiness felt at touch.

They often become enlarged, remaining so for quite a time without becoming inflamed and going to suppuration; but after the enlargement, if they become red and painful, and finally soft or doughy, suppuration has set in.

Causes: *Local injuries, sprains, colds, application of irritating substances.*

Scrofulous subjects are very prone to enlargement, as well as to inflammation and suppuration of the glands, particularly of those of the *neck*.

In *Syphilis* but few escape inflammation of the glands in the groins, although inflammation of the glands of the groins may be due to sprains or local injuries. The inflammation of a gland in the groin is called a "Bubo." (See Syphilis.)

Treatment. As the course of the inflammation of these glands is always alike, the treatment does not differ whether they are in one locality or another. The first thing is to allay the inflammation and prevent them from going to suppuration.

For simple enlargement *mercurius solubilis* 3x should be given. If they inflame, *aconite* 3x and *belladonna* 3x should be given in alternation, particularly if fever is present. If after forty-eight hours they do not yield, but rather seem to increase in size, *protiodide of mercury* 3x and *hepar sulphuris* 3x should be given in alternation every hour for several days. A good-

sized, *hot poultice of flaxseed meal* should be applied as soon as they indicate an inevitable tendency to suppuration. As soon as suppuration is detected they should be opened, for otherwise a great destruction of tissue may occur before they open themselves, and in the neck it would be very disfiguring. The poultice should be kept on as long as pus issues from them, and the protoiodide of mercury and the hepar sulphuris continued. They should be *dressed and cleaned* with warm water and soap three times a day. When the pus becomes very *scanty and thin* the poultices should be given up and lint, soaked in a *calendula solution* (one part of calendula tincture to five of water), should be applied after every washing.

In cases where healing after suppuration is slow *silicea* 30x and *sulphur* 30x might be given with benefit, in weekly alternation.

BRONCHOCELE (GOITRE).

The thyroid is a gland composed of two lobes, one situated on each side of the windpipe, just about the Adam's apple. This gland is liable to enlargement, which varies in size from a little above the natural to the bulk of the head of an adult. This enlargement is very common in Switzerland and in England, but particularly in mountainous localities. It is then called "Goitre." Other tumors of the neck may be mistaken for Goitre, but if in the act of swallowing, without food, the motion of this gland follows the motion observed in front of the neck while swallowing, it is sure to be Goitre.

Causes. The real cause has never been found, although it seems that something must be found in the soil of certain localities to induce it. Those localities are generally mountainous. The disease is common on the Alps in Italy, and in Switzerland, and so common in Derbyshire, England, as to get the name of Derbyshire neck.

Treatment. *Iodine* one-tenth, five drops in water every three or four hours, has been found useful. *Iodine painted externally* over the surface of the tumor has also produced good effects. If these fail, *spongia* 3x should be tried, with confidence, for several weeks. The author has known *spongia*, given four times a day, to reduce the swelling in a very few days.

MUMPS.

Mumps is a glandular disease, treated in the chapter on Diseases of Children.

TUMORS AND WENS.

Anything can be called a tumor that is an unnatural growth, interiorly or on the surface. By tumor is not meant a swelling, though a swelling may be a tumor; but a swelling may be simply the result of an inflammation, as in abscesses or in enlargement of joints as in Rheumatism, in swelling of glands as in Mumps, but a tumor is a swelling, produced by an actual growth of the tissue or within the tissue. A tumor is an unnatural addition, as it were; an addition even to a healthy part, not the tissue of the part itself. It is generally not inflamed, nor is it tender and usually movable. It is not subject to the changes of a swelling, which increases or decreases, goes into inflammation and suppuration. A tumor is permanent; liable only to increase, unless reduced by medical treatment. In other words, the tumor is a *new formation*. These tumors, though bulky, do not change the natural appearance of the tissue.

The most important point to settle in the mind of one who discovers a tumor is "Is it an innocent or a malignant tumor?" and for that purpose the following differential diagnosis of Prof. Wm. Todd Helmuth is as good a guide as may be given :

INNOCENT.	MALIGNANT.
1. Harmless, with reference to the surrounding tissue.	1. The tumor is apt to destroy or involve surrounding structures.
2. Texture bears some resemblance to certain of the surrounding structure.	2. Texture differs from the normal structure of the human body.
3. Non-liability to return; few exceptions.	3. Great disposition to return.
4. Absence of hæmorrhage.	4. Liability to profuse bleeding.
5. Little disposition to soften.	5. Great tendency to soften.
6. Not much tendency to ulcerate.	6. Great tendency to ulceration.
7. Rarely accompanied by offensive discharge.	7. Very offensive, ichorous or bloody discharge.
8. No infiltration of surrounding structure.	8. Infiltration of the part on which they grow, which is often entirely transformed.

Tumors may occur in any part of the body. As a rule, malignant tumors attack most frequently the glandular organs, while benign tumors generally affect the skin, adipose tissue, nose, uterus and ovary.

In form they greatly vary; they may be smooth, lobular, round, conical, uneven, etc.

In volume they range from the size of a millet-seed to a bulk greater than the patient's body.

In color they change according to their character, the wen being generally purple, the fatty tumor yellow, the fibrous whitish, etc.

To the non-professional it is useless to give a longer description of tumors, for their variety is so great as to number scores in their classification.

The same as to the treatment; tumors are anomalies or diseases, which require a profound knowledge of pathological anatomy, which can only be found in expert surgeons. (See indications from swellings and tumors.)

EPISTAXIS (BLEEDING AT THE NOSE, NOSE-BLEED).

Though nose-bleed is common, particularly in young people under fifteen years of age, and is generally harmless, yet bleeding at the nose may be so copious or so long-continued as to create anxiety and require interference. If it does not come in an exaggerated form it may be a great relief to the head, particularly in full-blooded persons liable to rush of blood to the head. It would relieve a congestive headache, and when the head feels full, hot and itchy; when there is a feeling of weight, tension and pain in the forehead; when there is giddiness, buzzing in the ears, dizziness, disordered vision, redness of the eyes and nostrils, flushing of the face, with cold hands and feet.

The blood may fall drop by drop or in a continuous stream; in the latter case the loss may be so great as to become dangerous.

It may come both through nose and mouth, and create the suspicion that it may come from the lungs. This can easily be ascertained, however, by sitting the patient erect, with head bending forward and resting on the back of a chair. The blood in Epistaxis will then issue from the nostrils, or so little

will issue from the mouth that it becomes quite evident that the bleeding is from the nose. This being ascertained, the patient might sit back in the chair with head elevated.

If the bleeding occurs while the person is asleep, the blood may fall backward, and when the patient is awakened by a fit of coughing blood or clots of blood may issue from the mouth, causing alarm to the patient. Some of that blood may also have found its way into the stomach and be vomited, causing another alarm. By sitting erect with head bent forward, as said before, the discovery is easily made that it is a simple case of nose-bleed.

This flow of blood is also irregular; it may keep up five or ten minutes and then stop for good, or it may return in half an hour, sooner or later, without any provocation, or from coughing or moving.

Causes. Some persons are very liable to nose-bleed; a little fullness of the head, a blow, a cold, a sudden jar, picking the nostrils, sneezing, a violent paroxysm of coughing, a strong muscular effort, stooping, a tight cravat, exposure to the fire or sun, sudden changes of temperature, strong emotions, stimulating food or drink, may provoke an attack of nose-bleed in such subjects.

Nose-bleed is sometimes also the precursor of Typhoid Fever, and may occur during an attack of Smallpox, Scarlet Fever, Typhus, Scurvy, Phthisis.

It is sometimes the result of pregnancy, and is common in women whose menstruation delays or is very scanty; in the latter case it is called "vicarious menstruation" (taking the place of menstruation).

Treatment. When the nose-bleed is an effect of rush of blood to the head it may need no treatment. If there is constitutional disturbance, as fever, headache, flushness of the face, ringing of the ears, etc. *Aconite* and *belladonna* 3x should be given every hour alternately.

In the *passive bleeding* of the nose, which does not check itself within a reasonable time, the proper posture should be assumed by the patient and *hot* water thrown up the nose, or applied by means of cloths to the *head* and *forehead*. Hot water is more successful than cold. The hands and arms should be held over the head. If this treatment should not produce the desired results some astringent solution should be thrown

up the nose by means of a syringe. The hot water then should contain some *persulphate of iron*, say one drachm to a pint of hot water. Should the bleeding still continue, *powdered alum* should be blown up the nose by means of a glass tube, and even the nostrils sealed with raw cotton, well powdered with the alum. The cotton can be rolled into a conical shape, gently pressed within the nostrils till they are filled. It should be left from 24 hours to two and three days, when it can safely be removed.

DISEASES OF THE EAR.

DEAFNESS.

Besides the "Affections of the Ear," and "Foreign Bodies in the Ear," treated elsewhere, the only affection that may be treated by non-professionals is *deafness*, induced by accumulations of wax in the ear. The hardened material is easily removed by syringing the ear with warm water. It may, however, happen that the wax is so hardened, and so tightly wedged into the auditory canal, that many such applications may be required, by which I mean syringing once a day for a week. It is even suggested that a solvent be used in such cases, as a *strong solution of bicarbonate of soda*, to be injected, instead of plain warm water.

The syringing of the ear requires the proper syringe, and a little careful manipulation. The syringe to be used may be purchased at any drug store by asking for an ear syringe. To introduce it pull the outer ear backward, so as to straighten the canal; introduce then the syringe not further than three-quarters of an inch, and press the piston with the thumb, while the two first fingers hold the syringe in place. The syringe may hold from one to two ounces of water; let the water escapes from the ear into a cup held by the patient himself, right under the ear. Repeat these injections five or six times, then examine the water in the cup, and see if, at the bottom brown specks of matter have been deposited. If not, and the hearing is no better, syringe again for five or six days, and if no improvement in the hearing follows, then it is evident that the deafness is due to some other cause, which only a physician or an aurist is competent to treat.

The ear is quite a complicated piece of anatomy, without the knowledge of which its disorders are not easily comprehended or successfully treated.

DISEASES OF THE EYE.

The eye is a delicate and complicated organ, and so important to man, on account of its function, the sight, that none of its disturbances, unless superficial and simple, should be treated by a non-professional.

The symptoms of disorders of the eyes are often obscure and their causes remote. They are also often reflective; that is, they depend upon the abnormal condition of other organs, a fact not easily detected by persons not expert in making diagnosis; thus, an abnormal condition of the eye may depend upon the morbid state of the womb, of the kidneys, upon malnutrition, upon dyspepsia, or congestion of the brain or its membranes, etc. The treatment in such cases should have reference to the organ diseased rather than to the eye. Again, there are instances when, though another organ suffers, it is in the eye where the trouble is to be found. Many headaches are caused by "astigmatism," a condition in which the focus of one eye differs from the focus of the other, and as one eye is trying all the time to accommodate its focus to the focus of the other a headache is induced through nervous irritability; a pair of lenses correcting the difference between the two focuses, cures the headache. These things are mentioned as a warning to non-professionals not to jump at the first nostrum recommended for the cure of a disease of the eye.

ACCIDENTAL INJURIES TO THE EYE.

Of all the troubles to which the eye is subject, accidental injuries are the ones which the non-professional is more often called to relieve. Among these are: Contusions from blows, various hurts from burns, scalds, foreign bodies, etc.

INJURIES FROM BLOWS.

These may be occasioned by a blow of the hand, from a knock against a hard substance, from a ball during play, etc.

The first effect of these blows is *pain*, which, though severe, may pass off in a few minutes. Should the blow have been very hard, *congestion* or *inflammation* of the membrane investing the eye (the conjunctiva) may follow. The conjunctiva, which lines both eyelids and is reflected over the ball of the eye, becomes *red* and *painful*, the eyelid *swells*, and in a few hours becomes *bluish-black*; then it is a "*black eye*," vulgarly so called. This color is induced by stagnation of blood (echymosis).

Treatment. As soon as an eye is struck by a blow fomentations of *hot water* should be applied, and kept up for three or four hours, to prevent the settling of blood; then a *compress dipped in cold arnicated water* (one teaspoonful of the tincture of arnica to a goblet of water) should be placed on the eye, refreshed every hour or two, but retained for two or three days, or until it is evident that the inflammation or congestion has subsided.

INJURIES FROM THE INTRODUCTION OF ALKALINE SUBSTANCES.

These are *quicklime*, *slaked lime*, *mortar*, *plaster*, etc. These articles, particularly the quicklime, cause a burn which, if not properly treated, may end in opacity of the cornea:

Treatment. The use of *weak acids*, as neutralizers of the alkalis, is not well borne by the eyes, and should not be resorted to, although diluted vinegar might be used as a wash effectively, but only *immediately* after the acid has touched the eye. *Later it would do no good.* The eye should be at once washed with warm water, either by means of an eye syringe or by a camel's hair brush well loaded with the water. The lids of the eye should be everted, if possible, that is, turned over upon themselves, the inner surface exposed and thoroughly washed. After that *olive oil* should be applied over the surface of the eyeball and on the lining of the lids; then a compress should be made with a handkerchief or any piece of white muslin large enough to cover the whole of the eye or both eyes, dipped into cold water and applied snugly by means of a bandage. This should be renewed every hour or two. If much inflammation exists the eyelids should be gently moved up and down and from side to side, three or four times a day, *to prevent*

adhesions, and *aconite* 3x taken internally every hour or two, till the inflammation subsides.

INJURIES TO THE EYES FROM STRONG ACIDS.

Sulphuric acid, *nitric acid* or any other acid introduced in the eye might be neutralized by the quick application of an alkali, as *carbonate of potash* or of *soda*, five grains of either to the ounce of water. With either of these solutions the injured eye should be thoroughly washed by means of a syringe or camel's hair brush. If alkalis are not at hand the eye should be thoroughly and quickly washed with warm water, *olive oil* should then be introduced and the eye dressed as in the case of injury from alkalis.

INJURIES FROM GUNPOWDER.

If gunpowder has been introduced into the eye cleanse it at once with warm water, as prescribed above, remove all the grains of powder, then apply the *olive oil* and cold water dressing.

MECHANICAL INJURIES TO THE EYE BY CINDERS, DUST, PARTICLES OF IRON, STEEL, GLASS, ETC.

Such foreign bodies, imbedded in the conjunctiva of the eye, cause great irritation until removed. These substances are generally found *under the upper eyelid*. Turn the upper lid so as to expose its lining, and there will be found the offensive object; remove it with a fine brush or feather, or with the back of a penknife. If it has cut itself into the membranes, a pair of pincers may be necessary to remove it. Ease will follow at once. If it has been in for some time, an irritation will be left, which gives a feeling as if the foreign substance was still in the eye. Apply then pledgets dipped in cold water, to the eye, snugly by means of a bandage, keep it at rest for a few hours, and the sensation will disappear. *Arnicated water* will even be better.

If the offending object has gone deep into the eye, it should be removed by a skillful physician. Iron or steel can be removed by the application of a *strong magnet*.

INJURIES FROM FOREIGN BODIES IN THE EYE WHICH CANNOT BE SEEN.

It sometimes occurs that the foreign body, as a piece of glass, can be so small that it cannot be seen with the naked eye, and yet one feels its presence. In that case a decision may be arrived at by observing the following symptoms: If the pain or inflammation *does not yield* to palliative common treatment, as cold *aromatic* water; if the pain is *deep* in the eye; if a *film* cover the eye, the probability is that a foreign substance is present, and that an expert should be employed to dislodge it. All that the non-professional can do is to prevent the eye from moving by the application of a compress dipped in cold water, and a bandage to keep it on until the surgeon arrives.

CONJUNCTIVITIS.

Simple inflammation of the membrane lining the lids and covering the eyeballs.

This conjunctivitis may occur from injuries, as stated above, but it may also occur from *cold* or *intense heat*; from an *inordinate use of the eyes*, by a *glaring* or *dim light*, by sudden changes of temperature, from *Gout* or *Rheumatism*.

Of conjunctivitis there are various forms, from the simplest, as above stated, to the most complicated and dependent upon constitutional diseases, as Scrofula, Syphilis, Gonorrhœa, etc. Only the simple can be successfully treated by the non-professional.

A differential diagnosis of these constitutional forms of conjunctivitis (ophthalmia) is often difficult, even by professional experts. So, when the inflammation is not traceable to the causes given in simple conjunctivitis, and the eyelids *discharge matter* and *agglutinate*, and both the linings of the lids and the covers of the eyeballs are *uniformly* of a deep red, when both eyes look *swollen* and *puffed* as if water were in the lids and subjacent tissue, when the *nose is implicated* as well, when a feeling of *sand* or *dust* under the lids is *characteristic*; when the flow of tears greatly *diminishes* and the eyes are *extremely sensitive to the light*, the disease is of a bad and dangerous form, and probably contagious, that is, easily conveyed to others by

using the same towel, etc., and an expert physician should be called in to attend.

Symptoms of Simple Conjunctivitis. First the lining membrane becomes *bright red*, which redness gradually extends to the membrane covering the eyeball. When this redness is carefully examined it represents *a network of congested vessels*, but *not uniform* throughout. Now the eye becomes somewhat sensitive to light; tears, even hot tears, easily flow; a feeling as if sand were in the eye is experienced, the patient being induced to rub his eyes to get rid of the sand. This symptom is not characteristic of simple inflammation as it is of the more complicated form. *Heat, fullness and pain* may be felt in the eye or its surroundings. All these symptoms may become quite severe if not quickly relieved by proper treatment. *Fever* may be present, which may be preceded by slight chills.

If persons are at the time affected by Rheumatism or Gout the probability is that those diseases have been extended or transferred to the eyes, in which case the treatment will have reference to Gout or Rheumatism.

Treatment. *Hot water dressing* is very important, and its good effect in keeping up the circulation of the eye is better than cold water. A solution of *sulphate of zinc* (six grains to the ounce), applied freely by means of a camel's hair brush, will be greatly conducive to the contraction of the vessels, and therefore to the removal of the congestion. This application should be made *three times a day* for three or four days, lessening the applications as the eyes improve.

Internally *aconite 3x* should be taken at the onset of the disease every hour or two. If pain is present and intolerance of light occur, alternate *aconite 3x* and *belladonna 3x* every hour. This treatment is sufficient to lead simple conjunctivitis to a speedy and successful end.

HORDEOLUM (STYE).

This is a small *boil* at or near the margin of the lid. It commences with *redness and swelling*, which quickly inflame, causing *pain* and even *fever*. It comes to *suppuration* rapidly, and is relieved as soon as the matter is discharged. Some people, and particularly children, are peculiarly prone to it. One may follow another in succession.

Causes. These are generally found in improper diet, as the use of *highly spiced, fat, and stimulating food*. The *abuse of sugar*, as candy, and particularly molasses and cakes. The last particularly in young boys and girls. In *abusing the eyes* by reading or sewing by dim or gaslight, and sometimes in *scrofulous constitutions*, carrying impurities in the blood.

Treatment. Diet your patient principally with *vegetable food*; avoid the causes above stated. Take good exercise in the open air.

If the inflammation is high and painful, take one dose of *aconite 3x* every hour for three or four hours; then take *hepar sulph. 3x* every hour to hasten the suppuration. Apply a hot poultice of flaxseed meal to the eye. As soon as it shows a yellow head *open it* and squeeze the matter out. Then take *sulphur 30x*, twice a day for two weeks.

INVERSION AND EVERSION OF THE EYELIDS.

Inversion means *turning in*, Eversion *turning out* of the edges of the eyelids. In the first the eyelashes irritate the ball of the eye; in the second the ball of the eye is constantly exposed and irritated by dust, etc., falling upon it. Both of these abnormalities should be treated by an expert physician.

OBSTRUCTIONS OF THE LACHRYMAL DUCT.

On the inner corner of each eye a duct is found to conduct the flow of tears to the duct in the nose. When a slight flow of tears is occasioned by emotions, a feeling that water comes into the nose is experienced, which necessitates the use of the handkerchief. So people easily snifle in theatres, in churches and elsewhere, when the subject they are listening to is of an emotional character. If tears come on copiously, and the tear duct is not sufficient to carry them away, they overflow and run down the cheeks; it is then said that the person is crying.

The nasal duct, lined by mucous membrane, is liable to become inflamed, and, in case of chronic eatarrh, choked by the swelling of that membrane. In this case the tears, not having a natural outlet, flow out of the eye, over the cheeks. An abscess of the tear duct would do the same. When this condition does not yield to a simple treatment for inflammation, the

interference of the surgeon becomes necessary. The surgeon will open the tear duct by instruments manufactured for the purpose.

Treatment. For acute, simple inflammation of the tear duct *aconite* 3x, in alternation with *belladonna* 3x, every hour, will probably relieve it in twenty-four hours, so that the duct will be sufficiently free to admit the tears. If, after the inflammation has subsided and the duct is still obstructed, and the tears run down the cheeks, a physician should be consulted.

BLEPHARITIS OR OPHTHALMIA TARSII (SORE EYES).

Often one sees people with the edges of the lids red and scurfy. It is then said that the person has sore eyes. This is an affection of the cartilages at the edge of each lid. They inflame, ulcerate, forming crust or scurf, and discharge, agglutinating the eyelids, particularly after several hours' sleep, when the eyelids have been closed and in coaptation for some hours.

Causes. Overuse of the eyes in dim or in gas light, unwholesome atmosphere, want of cleanliness.

Treatment. Recent and mild cases readily yield to rest and pure air. To hasten the cure the following ointment may be applied to the edges of the eyelids *morning* and *evening*. R. White precipitate, one grain; simple cerate one drachm. Before applying the ointment the parts should be well cleansed of matter and scurf by warm water and castile soap.

Internally *mercurius protoiodide* 3x trituration, as much as the size of a pea, four times a day.

If no decided improvement is obtained in a week, a physician should be consulted, as there may be constitutional causes not easily detected by a non-professional.

TUMORS OF THE EYELIDS.

Small round tumors, looking as if a shot were lodged under the skin of the eyelids, generally the upper ones, are often seen. Mothers, after confinement, are liable to them. These are sacs, containing a gelatinous fluid. To remove them successfully and permanently the sac should be dissected out by a

surgeon. The operation is a simple one. Medical treatment is almost useless, except when they seem to be due to constitutional weakness, in which case good diet and pure air will prevent, at least, the formation or return of them.

PTOSIS (DROOPING LID).

This is due to a paralysis of a nerve that supplies the levator muscle.

Causes and Treatment. Ptosis is sometimes congenital, sometimes the result of an injury. *Electricity* to the muscles of the eye (a very gentle current), is probably the most successful treatment.

Plumbum, zinc, or nux vomica, from the 3x to the 6x, may be taken internally, with the hope of assisting in the cure. If these do not succeed, an operation may be performed by the surgeon to draw up the lid by shortening its diameter.

If induced by feeble health, that which will improve the general system will also remove the weakness of the eyelids.

The diseases of the eye are many, deep and complicated. The ones mentioned in this volume are those which the non-professional may treat; others, and particularly those that affect the sight, should be left to the care of physicians who make a specialty of diseases of the eye.

ACCIDENTS.

OVERCOME BY GAS IN HOMES, MINES OR WELLS.

Illuminating gas is a source of danger within our homes. The gas fixtures get out of order and the gas escapes; ignorant persons blow out the gas; others, desiring a glimmer of light as a protection in sleeping rooms, lower the gas to a small flame, which is easily blown out by a current of air from an open door or window. In either case the gas escapes, contaminating the air of the room with *a poison that destroys life*. Death must ensue to the occupant who breathes that poisoned air; it is only a matter of time, depending upon the size of the aperture that allows the gas to escape—the larger the aperture, the greater the quantity of gas admitted into the room, the quicker the death. The occupant lays in deep sleep while this life-destroying gas, unnoticed, flows slowly, asphyxiating him unto death. As the unfortunate sleeper breathes it he becomes lethargic, sleeping more and more heavily, becoming more and more deprived of his senses, and of the power of awakening or of arousing from his stupor. He is doomed unless some person discovers him before he is dead.

A person endowed with a keen sense of smell may be awakened by its pungent odor or by a sensation of oppression, but another not so sensitive, or a child, who does not know what the matter is, would surely die. A full jet of gas, left open in a moderate-sized room, would extinguish the life of the occupant in an hour or two.

TREATMENT.

As *oxygen* is life-giving, and antidotes carbonic acid gas, *the open air should at once be sought*. As gas, being heavier than air, falls to the lower part of the room, do not lay the patient on the floor of the room, but *raise him* and *carry him to an open window*; let his head lay low by placing a pillow under his back. *If he is stupefied, and breathes heavily, slap his*

face and his chest smartly with the end of a towel dipped in cold water. Keep the arms and legs warm by friction. If his breathing is very *slow, irregular and spasmodic*, let a strong person place a hand on each side of the chest, just under the armpits, press the ribs together somewhat forcibly, so as to force the air out of the lungs, remove the pressure to let the air in, then press again, etc. *Alternate these movements every minute, so as to make the lungs act as a pair of bellows*; this is called artificial respiration. As the pressure exhausts the air in the lungs, the removal of the pressure permits the lung to suck in air to fill the vacuum.

Continue this treatment even for hours, for it is known that persons recovered even after two or three hours, or when death seemed imminent.

If the pulse is feeble give brandy and water (one part of brandy to three of water), one tablespoonful every three or four minutes, until the pulse has gained strength, and the pallor of the face is replaced by a pinkish hue, showing that the circulation is fairly established.

The *aromatic spirit of ammonia* (one part of ammonia to sixteen of water) may be given like brandy, if the latter is not at hand.

If the person is apparently dead, and a galvanic battery is at hand, an *interrupted current* or faradic, might revive him. Apply the positive pole to the neck, the negative to the feet.

Oxygen gas, if obtainable, and the person breathes, should be applied to the nostrils and mouth; if breathed in it would revive the patient quicker than anything else.

The above treatment is equally applicable to people overcome by the gas of mines or wells.

DROWNING.

Drowning is also dying from asphyxia (want of air); therefore, as soon as the body is out of water, every attempt should be made to restore breathing. *Place the body on an inclined plane, with the feet high, the head low*, then cause *artificial respiration* by gently drawing the arms over the head, keep them there for a few seconds, then draw them down, keeping the elbows close to the sides of the chest, then press them with a quick motion against the ribs, and with sufficient force to

squeeze air out of the lungs; then raise them again, and go through the process till the person breathes again. While this is being done at one end, another person should try to *promote circulation by brisk friction of the legs and other parts*, taking care to *rub upwards*, so as to send blood to the heart. As the *person is chilled, warmth of the body should be promoted* by every means at hand—blankets, hot bricks or bottles, friction, etc. These should be applied to the stomach, armpits, thighs, legs and soles of the feet.

As soon as the breathing is started, inhalations of *ammonia* or *camphor*, and the administration of brandy or whisky, will greatly assist in restoring the circulation.

SPRAINS.

Sprained Ankle is the most common and troublesome of sprains.

Treatment. The first object of the treatment is to *prevent the settling of blood* in the sprained joint, and the method I have found most successful is the application of *hot and cold water in alternation*, and this is best done by procuring two pails, one half full of hot, the other of cold water. Immerse the sprained ankle in the hot for two minutes, then in the cold for two minutes; and so keep it up in alternation for a couple of hours. The pain will greatly abate; when so abated apply a rag soaked in *arnicated water*, three or four times folded around the ankle, and *bandage snugly* with a roller bandage from the foot to the middle of the leg. *Lie down*, keeping the injured ankle high. Every two hours wet the bandage with the arnicated water. The snug bandage should not be removed till the ankle feels quite easy in attempting to move it, and the swelling has gone. Some surgeons make a *dressing of plaster of paris* so as to prevent motion for several days.

DISTINGUISHING A SPRAINED ANKLE FROM A DISLOCATED OR BROKEN BONE.

Immediately after the injury, andress both feet, put them side by side, and see if there is any difference. Gently run the fingers upon the prominent bones of the injured ankle, and find if they are firm in their places. No dislocation or

broken bone can exist without changing the figure of the foot, and showing prominences not present in the uninjured foot. But the examination and palpation must be made *immediately after the accident*, for the injured ankle may swell so rapidly as to make it impossible to determine whether there is dislocation or fracture or only a swelling.

SPRAINS OF THE WRIST.

These should be treated like sprains of the ankle.

OTHER SPRAINS.

Sprains of large joints, which cannot be treated like ankle sprains, require absolute rest in the easiest possible position, and the application of an arnicated cold water dressing. To sprains of the back, after being relieved by the above dressing, an arnica plaster may be applied with benefit. When sprains of the back leave a tendency to cramping of the muscles, as in Lumbago, a tight girth around the body, worn at all times, will keep the muscles in a state of quietude, and prevent that cramping so dreaded by the sufferers.

Sprains, though not dangerous, may be very long and tedious in getting well, particularly when some fibres of the muscles have been ruptured.

FALLS AND BLOWS.

Falls and blows may cause *contusions* or *bruises*, *concussion* or *compression* of the brain, *dislocations* and *fractures* of bones

Contusions and bruises indicate that the injured part has been internally lacerated, while the outer skin has *remained unbroken*.

They are caused by a direct blow from a hard, blunt body, and by falls.

At first, they become red, from extravasation of blood under the skin; then they change to a purplish-red and greenish-brown, as the blood becomes decomposed before it is absorbed again.

These contusions, or bruises, in healthy subjects, heal with considerable rapidity, without leaving marks of the injury.

TREATMENT.

Cold applications to the injured part will be of great service in preventing an inflammation, and in inducing quick absorption of the extravasated blood.

Arnica and water, in proportion of *one to ten*, applied to the injured parts, is almost an acknowledged infallibility.

A contusion, that, after a few days, shows a disposition to disorganize the parts, suppurate, or slough, should be dressed with a warm flaxseed meal poultice, until the pus and slough fall off; when *calendula* and water, of the strength of *one to ten*, should be applied *three or four times a day* to induce granulation and cicatrization.

Arnica 3x should be given internally when the fall or injury is considerable.

Arsenicum or *carbo vegetabilis* 30x should be given *three or four times a day* when these injuries show a disposition to ulcerate and slough.

CONCUSSION AND COMPRESSION.

A fall from a height, a violent blow upon the head, may cause a jar upon the brain called "*concussion*;" and the severity of the blow may also cause an extravasation of blood within the brain, a compression of the bone, or the introduction of a foreign body, which will press on the brain and cause what is technically called "*compression*."

It is of the greatest importance to understand the symptoms that distinguish these two classes; for while in the former the danger may only be remote, in the latter it is imminent, and requires the immediate presence of a skillful surgeon.

Prof. Gross gives the following diagnostic characters:

CONCUSSION.

1. The symptoms are *immediate*, coming on *instantly* after the infliction of the injury.

2. The patient is *able to answer questions*, although with difficulty.

3. Special sensation is still going on; the patient can hear, see, smell, taste and feel.

COMPRESSION.

1. An *interval of a few minutes*, or even of a quarter of an hour, sometimes elapses, especially if the compression be caused by extravasation of blood.

2. The power of speech is *totally abolished*.

3. Special sensation is *destroyed*.

CONCUSSION.

4. The respiration is feeble, imperfect and *noiseless*.

5. The pulse is weak, tremulous, intermittent and *very frequent*.

6. There is *nausea*, and sometimes vomiting.

7. The bowels are *relaxed* and there are even involuntary operations.

8. The power of deglutition is *impaired*, but not abolished.

9. The bladder has the *power to retain* its contents; but often the urine *passes off involuntarily*.

10. The voluntary muscles, although much weakened, are still *able to contract*.

11. The pupils of the eye are usually *contracted* and somewhat sensible to light; the lids are *movable*.

12. The mind is in a state of *abeyance*; it is *weak and confused*, not abolished.

COMPRESSION.

4. The respiration is slow, labored, *noisy*, like snoring.

5. The pulse is very *slow* and irregular.

6. Stomach *quiet*, almost insensible to emetics.

7. The bowels are very *torpid* and unaffected, even by cathartics.

8. Deglutition is *impossible*, and may not return for several days.

9. The bladder is *paralyzed*, and therefore incapable of relieving itself, the surgeon being obliged to use the catheter.

10. The muscles are *paralyzed*, and generally those on the *side opposite* to the injury.

11. The pupils are widely *dilated* and unaffected by light, the lids being closed and *immovable*.

12. The mind is *absent* and the patient is *comatose*.

The above symptoms show that an injury to the brain is serious in the extreme.

Compression is pressure on the brain, either from bones that have been depressed by the blow or by extravasation of blood from some ruptured vessels of the brain. This compression of the nervous centre induces general paralysis, hence the loss of sensibility of the special senses. Depressed bones *may be removed* by the surgeon, and thus the patient may have a chance for his life; not so if the compression is caused by the escape of blood from an injured artery or vein.

If the compression is only on *one side* of the head, the paralysis of the body will be on the *opposite side*.

Depressions of bones may be easily discovered by examination. If no depression is found, then the violent symptoms must be due to extravasation of blood.

If the blow upon the head, from a fall or otherwise, has caused complete fracture of the bone, and the bone is loose, there will be no compression unless a vessel has been injured, and the blood allowed to escape in the channels of the brain.

That no precious time should be lost, the attendants should apply *cold lotions* to the head; and nothing is better than arnica and water (as mentioned in "Contusions"). If the person is faint or cold, a little *stimulant* may be given—a few drops

of brandy or whisky, a little wine, in some water. The salts of ammonia may be applied to his nostrils until revived.

The person should be allowed to remain perfectly quiet. No attempt should be made to keep him awake on the vulgar supposition that sleep is fatal.

INJURIES TO THE SPINE, CONCUSSION AND COMPRESSION OF THE SPINE.

Falls, railway collisions, blows, may cause concussion of the spine, and the symptoms are those of pain and rigidity in the locality injured. This in itself is not very serious, a difficulty that rest and the constant application of arnicated water, as used in contusions, will be sufficient. But if paralysis is present you must look for dislocation of the vertebræ or effusion of blood from an injured vessel of the spine. In this case paralysis will be below the injury. The upper part of the spine may not be injured, in which case the arms, chest and abdomen may be in a normal state. If the lower part, or just about the small of the back—the spinal marrow—is injured, the lower limbs will be found paralyzed. It is always pressure upon nerves that paralyzes; therefore, if paralysis is present the evidence is that either a dislocation has forced a vertebra upon the spinal marrow, or a piece of bone has been forced into it, or extravasation of blood has occurred to induce the pressure that caused the paralysis. Therefore, when paralysis occurs after a fall, a blow, or a shot, you may be sure that the spinal marrow is compressed or destroyed.

Treatment. In cases where paralysis exists the application of *arnicated water* as above mentioned, and the taking of *arnica internally*, is all that the non-professional can do. Of course, absolute immobility should be secured in the easiest possible position on the back; then a surgeon should be summoned.

DISLOCATIONS AND FRACTURES.

The replacing of dislocated bones requires a knowledge of anatomy. The many joints of the bones of the body are so different in conformation, and unless that is known, it would be impossible for any one to know which way to pull or press in order to force a bone back in its socket. Besides, all the

bones are drawn hither and whither by the muscles surrounding them, whose functions must be known in order to counteract their action, if necessary. Therefore dislocations should be left to the care of the surgeon. Yet it may be of interest to know, after an accident, whether a bone is dislocated or fractured, and for that purpose the following diagnosis is given:

A fractured bone is a bone broken in two, and therefore movable. There is no difficulty in detecting a fracture of a long bone, for, taking hold of the two parts, it is found that each moves from the other, besides that the two broken ends *grate* against each other. It is not so easy in round bones, as those of the skull, etc.

Dislocation always produces *deformity*. A bone out of place seldom moves, and if it does move, its motion is not the natural motion of the bone. It may move on one side, while it will not move on the other. Everybody is acquainted with the motion of the large bones; so when it is found that there are protrusions and depressions not natural to the joint, and that the joint does not work as it ought, it is evident that that bone is dislocated. To detect a dislocation of small bones, as those of the foot or wrist, is not easy, yet there is some disfigurement; and upon examination protuberances and depressions are found which do not exist in the uninjured foot or wrist. It is often only by this comparison that one can tell whether there is dislocation or not.

Treatment of Dislocations. This consists in replacing the bone as soon as possible after the accident. A considerable delay would endanger the joint. After the bone has been replaced, rest should be enjoined and a bandage soaked with arnicated water applied to relieve the contusions and the straining of the muscles.

Treatment of Fractures. As there are several kinds of fractures, such as *simple fracture*, which is a broken bone at *one* point *compound fracture*, in which the flesh surrounding it is much injured, *comminuted fracture*, in which the bone is broken or crushed in many places; *complete* and *incomplete, transverse, longitudinal, oblique*, etc., it is evident that the process of adjusting the broken bones should be trusted only to an expert surgeon, otherwise the probability is that deformity would be the result. All that the non-professional can do is to place the patient in the easiest position possible, and apply cold arni-

eated water by means of cloths, to keep down swelling and inflammation until the surgeon arrives. Although it is desirable to place the bones in coaptation as soon as possible, there is no danger to apprehend if a few hours intervene before a surgeon can be secured. The process of reunion does not commence for several days.

HÆMORRHAGE AFTER A FRACTURE.

It is not impossible that in a bad fracture, and particularly in a comminuted one, that a piece of bone may have entered an artery or a large vein, in which case much blood may be lost. If the exuding blood is *bright red* and comes out in *jets*, it is an artery that is wounded; if the blood is *dark red* and flows *evenly*, it is a vein. In the long limbs, as the arms and legs, the flow of blood can be easily checked by proper pressure. When arterial blood flows the pressure should be *between the wound and the heart*, that is, above the injury; if venous, *below* the wound. If pressure with strong hands is not sufficient to stop the flow, a handkerchief rolled should be tied around the limb, a stick put through it, and the handkerchief twisted until the flow of blood stops. It is very likely that in ten or fifteen minutes the handkerchief can be removed without any more loss of blood.

WOUNDS.

For convenience sake wounds have been classified as follows:

Incised. Those induced by a sharp *cutting* instrument, as a knife or razor.

Punctured. Those inflicted by sharp *pointed* instruments as needles, pins, thorns, splinters, nails, a stiletto, etc.

Contused. When a *blunt* instrument has produced an injury to the outer parts, without breaking the skin, or only slightly.

Lacerated. When the parts are so injured that the *skin and flesh* are torn, leaving a *ragged* appearance.

Poisoned. As the bite of *rabid dogs*; of venomous *snakes*; of *bees*, *wasps*, *hornets*, *yellow jackets*, *scorpions*, etc.

Gunshot Wounds. By pistol, gun, etc.

CHARACTER AND TREATMENT OF EACH.

The danger from an *incised* wound is *hæmorrhage* from an artery having been divided. If from a large artery, like the

carotid in the neck, death would follow in a few minutes. The flow from smaller arteries is easily controlled. At any rate the flow from an artery must be stopped without delay.

The blood from an artery is *bright red*, and comes in *jets*, keeping time with the pulse. If the end of the artery cannot be seized with a pair of pincers and tied, pressure should be made upon it just above the injury, that is, between the wound and the heart. Around a limb this pressure is easily made by a twisted handkerchief, tied around the limb and made tighter by placing a stick through it and twisting the handkerchief upon itself until the bleeding stops.

When a *vein* is injured, *dark blood flows in a continued stream*; if a small vein, the flow will soon stop from the application of very cold water; if a large vein, pressure should be made, as described above, *below the wound*, that is, leaving the wound between the pressure and the heart.

As soon as the bleeding has ceased, bring the separated parts *closely together*, and apply *adhesive plaster* to hold them in that position. If it is a small wound, it will heal without inflammation or suppuration. If the cut is extensive, a few *stitches* may be necessary to prevent the wound from gaping. If the parts remain separated in whole or only in part, the intervening spaces will be filled by granulation, which takes time and leaves a scar. Wash the wound well with water containing carbolic acid. If extensive, after sewing it up, dress it with cloths impregnated with carbolic acid water.

The access of air to broken surfaces of the body causes inflammation and suppuration. Carbolic acid water *destroys the germs* floating in the air, and the wound heals rapidly without suppuration, and therefore without leaving a scar.

If the wound heals the stitches should be removed in three or four days.

The silk used for the stitches should be white and coarse (saddler's silk), and the needle a *surgical* one, which has a *large eye*, a *fine point*, and is *curved*.

Contused wounds, being only *bruises*, require nothing but a light compress, soaked in *arnicated water*, kept on by a bandage.

Lacerated wounds bleed very little. They should be *cleansed of dirt or foreign substances*. Every part, even if partially detached, should be spread in its proper place and a compress soaked in *calendula* and *carbolic acid* applied (one teaspoonful

of the tincture of calendula and ten drops of carbolic acid to a gobletful of water). If the laceration is extensive it should be attended with great care, lest *gangrene* or *erysipelas* supervene. The compress should be refreshed with the solution every four or five hours and kept on by a light bandage.

Punctured Wounds. The danger of these depend upon their *depth*. When superficial they only require cleansing and an application of *arnicated water*. If deep in the *abdomen* or the *chest* they may have injured a *noble organ* or caused *internal hæmorrhage*, in which case death would probably ensue. If the wound is deep or from a *rusty nail*, it is probably better to leave it open, to wash it out from dirt as far as possible, and to cover it with a compress of carbolic acid water, so as to prevent Lockjaw as far as possible.

If a punctured wound swells and pains a great deal a surgeon should be called in to attend.

Poisoned by Bites of Insects. Some of these insects, like the yellow wasp, the hornet, the scorpion, can induce serious injury; and the scorpion and the tarantula (a species of spider found in South America, Mexico, Italy and Spain) even death.

The sting of poisonous insects induces, in a very short time, a *swelling, tense, hot and red*, and probably *fever*. In that case *aconite 3x* and *belladonna 3x* should be given every hour in alternation.

The intense *itching of the mosquito* can be allayed by the application of common *laundry soap* to the spot.

The *sting of bees* can be relieved by the application of *aqua ammoniæ*.

The application of *camphor and lemon juice* will also assist in removing the effect of the bite of insects. A *slice of raw onion* applied to the wound caused by the sting of a bee, wasp or hornet, is supposed to absorb the poison and relieve the person from its poisonous effect. It should be renewed every couple of hours.

Rubbing the parts exposed with *common soap, oil of pennyroyal or cedar*, will prevent mosquitoes from biting.

Olive oil is considered an *antidote* to the poison of many insects, and particularly of the *scorpion, tarantula*, and even of *rattlesnakes*. They give it freely internally, and apply it to the wound externally; they even enlarge the wound by scarification, so as to admit as much oil as possible into the wound.

In countries where the scorpion exists they apply a ligature tightly above the wound, so as to prevent absorption of the poison, and drip oil within the wound. The same treatment has succeeded in the bite of the *rattlesnake*.

When bitten by a *rattlesnake*, however, the wound should be *sucked* thoroughly by any person present. The poison of the rattlesnake, taken through the mouth, *does not poison*. A large quantity of *whisky* should be administered *without delay*. Half a pint of whisky might be given in fifteen minutes, which will probably produce drunkenness, but also save the patient's life. If alone, without any means at hand, *bind the limb tightly above the wound* till assistance can be had.

The Bite of Rabid Dogs. *Suck the wound* at once, if possible. *Place a tight ligature above the wound*, if in a position that it can be done. *Enlarge the wound* with a sharp knife and apply a *red-hot iron* to the wound. The iron must be of a shape that it can enter the wound. If that is not at hand, apply to the wound *lunar caustic* (nitrate of silver). The purpose of the treatment is to prevent the poison from becoming absorbed. The heat and the nitrate of silver will coagulate all the fluids around the wound, and render them innocuous; they obliterate the absorbing vessels in the neighborhood, thus preventing the absorption of the poison.

Keep the person at rest and cheerful, for fear will be his worst enemy.

Splinters, needles, or other foreign substances forced into the flesh, should be *extracted as soon as possible*, and in a manner to create as little irritation as possible. But, if *deep seated*, out of the reach of common instruments for extraction, they should *be left alone* until inflammation and suppuration cast them out in a natural way. When the offending object is extracted *arnicated water* should be applied to the wound; if not extracted, and inflammation ensues, warm poultices should be applied to facilitate suppuration.

GUNSHOT WOUNDS.

The danger arising from a gunshot wound depends upon the locality struck and upon the quality of the projectile sent through the body; the later may be from a bird shot to a minie rifled-musket ball.

As to locality, the *skull*, the *chest*, the *abdomen*—enclosing, as they do, the most noble organs—are the places where a shot may cause instant or an early death. The *large joints*, as the *hip*, the *knee*, the *elbow*, etc., may be forever lost by a gunshot wound.

A *wounded artery* may cause internal hæmorrhage, producing death in a few hours.

When a person is shot one should examine whether the bullet has passed *through the body*, and remember that not always does a ball pass through by a *straight line*; that it may be *deflected* by a bone in traversing, and the exit be where it may least be expected.

The *aperture* made by the bullet's *entrance* is *small*, with margins *inverted*.

The *aperture of exit*, on the contrary, is *larger*, with margins *ragged* and *everted*.

When a person is shot the presence of a surgeon is required immediately, for no unprofessional can extract a ball or find its course by probing, and life may depend upon the skill that only a surgeon has.

The only thing that an unprofessional can do under such circumstances is to *avert the effect of the shock* that a shot produces upon an individual.

The shock to the nervous system by a shot is remarkable; greater injuries are induced by accident that do not produce such a shock. Persons have died from the shock who would not have died from the wound. Even the bravest will be so affected by the shock as to become pale, tremble, vomit and be covered with cold perspiration. It is not the wound that produces these symptoms, for often you find them in persons in whom a shot has only produced a superficial flesh wound; *it is the shock to the nervous system*. This condition is, however, quickly overcome by the administration of some *stimulant*, as *wine*, *brandy*, *whisky* or *ammonia*, and the assurance that the wound is not a dangerous one.

BURNS AND SCALDS.

The danger of burns and scalds increases in proportion to the extent of the surface they affect, and according to the localities in which they occur. Thus, while a burn of the size

of a silver dollar need not cause serious apprehensions, one of the size of an ordinary plate will almost surely result in death. The burn on a leg or an arm, although severe, may not threaten life; but one over the region of the abdomen, heart, lungs, liver, bladder, or head, is generally attended by the most alarming consequences.

Children and very old persons are in greater danger than people of a medium age. Burns of any considerable size give a shock to the nervous system, from which very young and old people seldom recover.

Here we will only give the treatment for *simple burns or scalds*, by which we mean burns of a *very limited extent*; as those occupying a large surface require the immediate presence of the physician.

Of many methods to heal a burn rapidly, we have found the following very efficient and ready at hand: *Mix a little rum and molasses thoroughly, saturate with it raw cotton or canton flannel, apply it cold, and cover the whole so that the air cannot reach the burn.* A very good application is also a *mixture of flour, castile soap, and slippery elm.*

Every nurse has some method of her own for burns; but the great principle to be observed in the treatment is *to shield the burned surface from the air*, the air being the agent that excites inflammation.

Should nothing but castile soap be at hand, make a *thick lather* with it, and with a *shaving-brush spread it carefully over the burn*; as it dries give another coating, and so on another, until it has made a perfect shield over it; place over this some strips of linen, so as to keep it safe from accidental displacement. This will excite a little pain at first; but the pain will soon subside, and finally pass away.

The *slippery elm poultice* is a very safe protector; and, to render it still more healing, a little tincture of *urtica urens* slightly diluted in warm water, may be mixed with it.

In a case where two or three fingers have been burned or scalded, care should be taken that each one be *dressed separately*, else they might adhere, and cause a horrible *deformity*. Whenever the *burns are over a joint*, attention should be paid that the tendons do not become contracted; hence a *splint* should be applied, and a certain *motion practiced every day*, for fear of stiffening of the joint.

In *scalds* the *blisters* that form should be punctured with a *fine gold pin*, and, when the fluid is let out, treat them like burns.

Large openings should never be made, and the raised skin should not be taken off from scald-blisters; for that skin serves as a protection to the inflamed surface underneath.

The immersion of a burn or scald in hot or cold water would better be avoided, although each method has its advocates. The dressings, as above stated, are certainly the safest.

FOREIGN BODIES IN THE EAR.

Children in their play often place foreign bodies in the ear, such as *beans, peas, shoe buttons*, etc. Such accidents generally frighten the mother or the bystanders into an attempt at an immediate removal, which, if *not skillfully* done, is apt to produce great injury. Do not get excited; a small foreign body in the ear is not going to induce sudden and fatal results. Be calm; there is plenty of time. Do not make the matter worse by attempting to extract the offending object in a manner that, if it fails, you only thrust the object further in and probably against the drum of the ear.

The best method of extracting round bodies from the ear is the following: Take a stick, a penholder, well rounded, with the end cut flatly across; immerse it in Spalding's royal glue, joiner's glue, or some other adhesive glue, apply the end gently till it touches the foreign body, let it get dry and pull it out; the object will be glued to the stick and follow it, of course.

INSECTS IN THE EAR.

These may induce *intense and agonizing pain*. First pour *olive oil* into the ear; this will neutralize the insect poison and lubricate the part for the escape of the insect. A few minutes after syringe with warm soapsuds. You can do no harm by syringing repeatedly. Should the insect not come out then mix five drops of carbolic acid in six ounces of water and syringe the ear with this solution. Carbolic acid don't agree with insects; they either die from it or they try to escape from it.

But *before doing anything be sure that there is something in*

the ear, for people often insist that something has gotten into the ear when nothing is found in it upon examination.

To examine the entrance to the ear you want a strong light; then you should pull the wing of the ear backward so as to straighten the opening to the interior of the ear; thus the canal will be sufficiently exposed and the object within it detected.

FOREIGN BODIES IN THE NOSE.

Children often place things such as buttons, etc., within one of the cavities of the nose. Get a syringe with a *tip that fits and fills a nostril*, then *force water through the free nostril*. That may be sufficient to expel the button, or whatever it is, from the other nostril. Keep the child *standing with the head slightly bent downwards* while you are injecting the water, and let him keep his mouth open. Should that not succeed, try the stick and the glue as recommended for the extraction of foreign bodies from the ear. (See preceding chapter.)

CHOKING.

A piece of meat or some other substance may wedge itself in the pharynx, or upper part of the gullet, threatening immediate suffocation.

Extract the article, if possible; if too far down, or if of a substance of harmless nature, push it down with the index-finger, or with the blunted end of an india-rubber knitting-needle, or a whalebone, or anything blunt and elastic that may accomplish the purpose. As these things may pass by the obstruction without pushing down, tie to the end of the needle or whalebone a small piece of sponge well oiled, and then force it down.

If the patient breathes, tickle his palate, or give a little mustard and water, and make him vomit. If he cannot swallow, a little extract of lobelia *held in the mouth* will induce vomiting very quickly.

POISONS.

TREATMENT OF POISONING.

In all cases of poisoning, vomiting should be induced without delay with the means ready at hand; *e. g.*, thrusting the index finger down the throat, tickling the throat with a feather, drinking large draughts of warm water, putting snuff mixed with salt on the tongue, injecting tobacco smoke into the rectum. If these means fail, then select from the following list the proper emetic.

EMETICS.

Ipecac. From 15 to 30 grains in warm water; 3 to 5 grains in young children.

Lobelia (Indian Tobacco). From 5 to 20 grains in warm water; 2 to 5 grains in young children.

Sanguinaria (Bloodroot). From 10 to 20 grains. *Sanguinaria* is slightly *narcotic*; 2 to 5 grains in young children.

Mustard in powder is a *stimulating* emetic; good in *narcotic* poisons.

Tartar Emetic. From 2 to 3 grains in warm water; 1 grain in young children. This drug should be used only in extraordinary cases, as it disturbs the system too much. *Ipecac* is preferable to *tartar emetic* in *narcotic* poisons.

Sulphate of Zinc. Prompt and powerful emetic, causing but little nausea, chiefly used in *narcotic* poisons. Medium dose, 10 grains; in *narcotic* poisons, from 20 to 30 grains. From 2 to 5 grains in young children.

Sulphate of Copper. Still more powerful; used in *narcotic* poisons. Medium dose from 2 to 3 grains; in *narcotic* poisons from 5 to 15 grains. There is danger of causing inflammation of the stomach by an overdose. From one-half to one grain in young children.

GENERAL ANTIDOTES.

Coffee. Strong black coffee against all *narcotic* poisons, such as *opium* and its preparations; *morphine*, *laudanum*, *paregoric*, etc.; *nux vomica*, *strychnine*, *stramonium*, *sumach*, *bitter almonds*, *prussic acid*, *belladonna*, *colocynth*, *valerian*, *hemlock*, *cicuta*, *antimony*, *phosphorus*, *phosphoric acid*; drowsiness, intoxication, loss of consciousness, delirium.

Camphor. Against *vegetable* poisons, especially the *corrosives*, such as *croton oil*, etc.; and whenever they cause *vomiting*, *diarrhœa*, *pale face*, *coldness of the extremities*, *loss of consciousness*. Against *venomous insects*, as the *Spanish fly*, the *wasp*, the *bee*, the *hornet*, the *centipede*, the *scorpion* the *tarantula*, etc. Against all *vermifuges*; *tobacco*, *bitter almonds*; all fruits containing *prussic acid*, *acids*, *salts*, *metals*, *phosphorus*, *mushrooms*.

Liquor Ammoniaë (Hartshorn). Against all *narcotic* poisons, and the *bites of serpents*, *dogs*, etc.

Olive Oil. Good against the effects of *corrosive acids*, but *injurious* as against the bad effect of *venomous insects*.

Soaps and the White of Egg. Of soap dissolved, one teacupful every two or three minutes, against *metallic poisons*, such as *arsenic*, *lead*, *copper*, etc.; efficacious against *corrosive acids*, as *nitric*, *sulphuric*, etc. Also against *alum*, the *corrosive sap of plants*, *castor oil*, etc. The white of an egg, uncooked, every ten minutes. *Injurious* against *alkaline poisons*, *lixivium* (lye), *potassa*, *soda*, *muriate of ammonia*, *sub-carbonate of ammonia*, *slacklime*, *quicklime*, *baryta*.

Sugar (eau sucrée). Efficacious in poisoning by *colors*, *verdigris*, *copper*, and its preparations; *alum*, etc. Also against *corrosive juices*. *White of egg* or *soapsuds* may be administered afterwards.

Vinegar. Against *alkaline substances* (vinegar must be made from wine or beer). *Very injurious* as against *mineral acids*, *corrosive sap*, *arsenic*, and *many salts*. Useful against *narcotic substances*, *aconite*, *opium*, *mushrooms*, *stramonium*, *hepar sulphuris*, *poisonous fish*, *acids*.

SPECIFIC POISONS,

THEIR ANTIDOTES, TREATMENT AND TESTS.

Arsenic. *Symptoms.* Violent burning in the stomach and bowels; tenderness; retching; vomiting; dryness and tightness of the throat; *unquenchable thirst*; hoarseness; difficulty of speech; diarrhœa, with yellowish, greenish, *bloody stools*; *tenesmus*; burning pain in the bladder; difficult emission of urine; convulsions; cramps; cold, clammy sweat; livid and collapsed countenance; eyes red and sparkling; delirium; death.

Treatment. Apply stomach pump if at hand; if not, give *sulphate of zinc*, from 20 to 30 grains, in water, to an adult, from 5 to 20 to a child, to induce vomiting. Follow up the emetic with *hydrated peroxide of iron*, diffused through water, or the *carbonate of iron*, or *iron rust* in fine powder, every five or ten minutes until relieved. Give the preparations of iron, even if the patient has not vomited, or an emetic is not at hand.

Flower's Solution of Arsenic. For this preparation *lime water* should be given in copious draughts.

Iodide of Arsenic. Solution of starch.

For other Preparations of Arsenic. Emetics, diluents, demulcents. Counter irritation may be used to allay the spasm and violent pain in the stomach.

Test for arsenic should be made by a chemist.

Corrosive Sublimate and other Preparations of Mercury. *Symptoms.* Harsh *metallic*, astringent taste, burning pain in the stomach, *vomiting and purging of bloody matter*; sometimes irritation of the urinary organs or suppression of urine; breathing quick and catching; burning and tightness of the throat as to prevent speech; face generally flushed, with swollen and sparkling eyes; later, livid face, stupor, convulsions and death.

Antidotes. Albumen; the white of egg; milk; wheaten flour beaten up in water. Animal charcoal. The white of one egg will counteract the effect of four grains of *corrosive sublimate*.

Tests. Liquor potassæ gives a *yellow precipitate*; ammonia, a *white* one; lime water, an *orange* one. If a drop of the solution of *mercury* be placed on a piece of gold, and be touched

with a knife or an iron key, the mercury will amalgamate with the gold and produce a *white spot*.

Copper and its compounds; artificial verdigris; food cooked in dirty copper vessels; pickles made green by copper; Symptoms. Similar to arsenic and mercury. *Violent abdominal pains; copious evacuations; convulsions, palsy of the limbs, tetanus.* A very common symptom of poisoning by copper is *Jaundice*.

Antidotes. White of egg, followed by mucilaginous drinks, milk, wheaten flour, etc. *Sugared water* is recommended. *Iron filings in gum water* is a very efficient remedy. *Animal charcoal* should be given immediately after partaking of the copper.

Tests. *Ammonia* gives a *blue precipitate*; an *excess of ammonia* will give a *rich blue color*. A bright *iron bar* introduced into a solution of copper and ammonia will occasion a separation of the copper in a metallic state, *which deposits itself on the iron*.

Prussic Acid. Oil of bitter almonds. Laurel water. *Symptoms.* Nausea, giddiness, *prostration*, hurried pulse; *weight and pain* in the head; eructations having the odor of peach kernel; spasms, tetanus; contracted pupils; convulsions; death.

Antidotes. Ammonia, not concentrated; brandy; a solution of chlorine; *cold douches over the chest and head*; electricity; the vapor of ammonia.

Tests. Nitrate of silver gives a *white precipitate*; salts of iron, a *blue*.

Acids. Acetic, citric, muriatic, sulphuric, tartaric, oxalic, carbonic acid. Sour, acrid taste; burning in the throat, increased by pressure, by swallowing or coughing. *Excruciating pain in the stomach*; excoriation of the parts touched. *The matter vomited effervesces if mixed with carbonate of lime.* The countenance is glazed; extremities cold and clammy; death.

Antidotes. The carbonates of soda, potassa, lime and magnesia may be used indiscriminately for acetic, citric, muriatic, sulphuric and tartaric acids. For nitric and oxalic acids the carbonates of magnesia and lime *only can be employed with safety.* In the case of sulphuric acid, *water should not be drunk*, for it creates too much heat.

Tests. Baryta will throw a *white precipitate* when united

with *sulphuric acid*. *Nitrate of silver* does the same with *muriatic acid*. *Copper* will induce *orange-colored fumes* when united with *nitric acid*. *Citric acid* *blackens* when heated. *Lime water* throws down a *white precipitate* when united with *tartaric acid* and *oxalic acid*. Litmus paper turns red when dipped in solutions containing acids.

Alkalies and their salts. Ammonia, potassa, caustic potash and liq. potassæ, carbonate of potassa (pearlash), salt of tartar, nitrate of potassa (saltpetre), sulphate of potassa (liver of sulphur) soda.

Symptoms. Violent caustic, acrid taste; great heat in the throat, with destruction of the lining membrane; difficult and painful deglutition; vomiting of bloody matter, which turns the yellow of turmeric into a bluish brown; acute pain in the stomach, cold sweats, weakness, hiccough, violent colic pains, with purging of bloody stools and membranous flakes; death.

Antidotes. The vegetable acids; vinegar, lemon juice, citric and tartaric in solution. The fixed oils, as castor, linseed, sweet, almond, olive, form soap with the free alkalies, and destroy their caustic effect.

Tests. Turmeric paper becomes bluish when dipped in alkaline solutions. Carbonates of alkalies are known by their effervescence with an acid.

Lead. Acetate of lead, sugar of lead, carbonate of lead, white lead, water kept in lead vessels, acid food cooked and left in lead vessels.

Symptoms. Similar to other irritant poisons; but constipation is present, instead of diarrhœa. Spasms of the alimentary canal. Painter's colic. Complete paralysis; scanty urine; gloomy, anxious countenance; giddiness; torpor; coma; convulsions; death.

Antidotes. The sulphate of soda and magnesia in solution, given freely. Dilute sulphuric acid is also recommended.

Tests. The sulphates and carbonates poured into soluble salts of lead will produce a white precipitate; iodide of potassium, a yellow precipitate.

Glass or Enamel. *Symptoms.* If taken in coarse powder, it produces irritation and inflammation of the bowels.

Treatment. Large quantities of crumbs of bread should be eaten to envelop the particles. Then from ten to twenty

grains of *sulphate of zinc* should be given to cause ejections of the whole.

Chloroform, Sulphuric Ether. *Treatment.* Artificial respiration; alternate pressure on the chest and abdomen; fresh air; galvanism, inhalation of the vapor of ammonia; brandy; cold douche on the spine.

VEGETABLE POISONS.

Irritants. *Bryonia, croton oil, colocynth, cubebs, phytolacca, poke, pulsatilla, etc.* *Symptoms.* Acrid, pungent taste; heat and dryness of the mouth and throat; violent and continued vomiting; purging, with great pain in stomach and bowels; pulse strong and frequent; quick or difficult breathing; tightness of the throat; appearance of intoxication; pupil often dilated; insensibility; pulse becomes slow, and death follows.

If applied externally, many of them produce inflammation, eruption and vesication (blistering) of the skin.

Treatment. Vomiting by warm water, or *zinc sulphate*: follow it up by a purgative. When the poison is thrown off, give strong *coffee* or *vinegar* and water. When insensibility occurs, give *camphor*, and make brisk frictions over the body. *Animal charcoal* should be given immediately after partaking of the poison, as it *antidotes* the alkaloids.

Bromine, chlorine, iodine, are also said to be antidotes.

Acro-Narcotics. *Aconite* (monkshood), *belladonna* (nightshade), *brucea*, (ang. bark), *ipecac*, *cicuta* (water hemlock), *colchicum*, *conium* (spotted hemlock), *stramonium* (thorn-apple), *digitalis* (foxglove), *helleborus*, *camphor*, *lobelia*, *tobacco*, *rhus* (sumach), *ignatia*, *secale* (ergot), *nux vomica*, *veratrum*, etc. *Symptoms.* Similar to the irritants; but this class are particularly attended with *violent delirium* and *incoherence*.

Treatment. Vomiting, as in the irritants. *Cannabis indica* is recommended as a sedative; it may be given by drop doses after the stomach is free. *Animal charcoal* is very efficient. *Tannin* is also recommended. **Bromine, chlorine and iodine** are considered *antidotes*.

Narcotics. *Hyoscyamus* (henbane), *opium*, *laudanum*, *paregoric*, *poppy*, *cherry*, *laurel*, etc. *Symptoms.* Taken internally, or applied to a wound; *stupor*, *numbness*; heaviness in the

head; desire to vomit; a sort of *intoxication*: stupid appearance; pupil *dilated*; delirium; convulsions of different parts of the body; palsy of the limbs; pulse variable; breathing quick; anxiety, dejection, death.

Treatment. The poison should be removed by the stomach-pump, and vomiting excited by means of emetics. Give large injections of soap and water, or salt and water, and then an active purgative. After the emetic has ejected the poison from the stomach, give *a teacupful of strong hot coffee*. Keep the patient aroused; do not allow him to sleep; walk him. Dash cold water on his spine, on the genitals, on the head.

Bromine, chlorine and iodine are said to be antidotes to the alkaloids.

POISONOUS MUSHROOMS.

Poisonous mushrooms grow in wet, shady places; have a nauseous odor; are softer, more open and porous than the wholesome kind; have a dirty-looking, sometimes a gaudy surface; they have soft, bulbous stocks, grow rapidly and corrupt very quickly.

Symptoms. Nausea, heat, pain in the stomach and bowels, with vomiting and purging; thirst, convulsions, fainting; pulse small and frequent; delirium; dilated pupil and stupor: cold sweats and death.

Treatment. Vomit with *tartar emetic*; follow it up by frequent doses of *Glauber's salt* and large stimulating injections. After the stomach is evacuated give small quantities of brandy and water.

POISONOUS FISH.

Symptoms. Shortly after eating the fish a weight at the stomach comes on, with vertigo, headache, heat about the head and eyes, much thirst, *an eruption of broad patches, urticaria on the skin, hives*.

Treatment. From 10 to 20 grains of *sulphate of zinc* for an emetic, or promote vomiting by large draughts of warm water. For the *prostration*, brandy and water, ammonia, or *vinegar and water*. If spasms come on, *laudanum, five-drop doses*.

Subsequent inflammations or disorders should be treated by a competent physician.

FUNCTIONAL IRREGULARITIES OF THE GENERATIVE ORGANS OF WOMEN.

The author, in a volume heretofore published, called "Mothers and Daughters," a work intended for the "Preservation of the Health of Girls," has given physiological sketches of the functions of the generative organs of women as well as the anatomy of the parts concerned, the hygiene for their preservation, the causes of the disturbances of their normal condition, the effect and hygienic treatment of such disturbances. The book is addressed to the mothers as the loving monitors of their own daughters. It is a book of instruction for the well-being of girls at the moment of their entering into womanhood. From that book the author has now culled the articles on the derangement and irregularities of the menstrual function, to which he has added the medical treatment, the former being purely hygienic.

SYMPTOMS OF DISTURBANCE.

The functions of the generative organs of woman are not always established without subjecting her to annoyances, nay, even to afflictions and sufferings, which need salutary counsel.

Woman is subject to the process of menstruation for the best period of her life. During this long term, of thirty years of her womanhood, her health is dependent on the accomplishment of that function; according to the success or failure of that process she either flourishes in the enjoyment of health or languishes in pain and weakness. A girl is seldom the subject of special anxiety until she enters the state of puberty; like a boy, she runs and plays, and nature undertakes no peculiar mode of growth suggestive of sexual individuality. Puberty, although apparently sudden, is effected gradually, and not always without accident. Its manifestation in menstruation may be so abnormal as to constitute a real malady.

A girl in a perfect state of health may be taken by such

acute and severe symptoms as to lead one to suspect indications of a dangerous malady.

Parents, also, have been misled by the peculiar complaints into the belief that sickness was simulated, when, in reality, their daughter should have been rather an object of sympathy. Again, ignorant attendants, believing such an indisposition to be but an accidental attack of colic from indigestion or otherwise, have filled girls to drunkenness with alcoholic stimulants.

Menstrual colic having been mistaken also for a symptom of worms, or for some other imaginary ailment, medicaments, unfit for the girl's condition, have been administered, to the detriment of her general health.

It cannot be denied, however, that the symptoms are often obscure and confusing, because acute pain in the abdomen, accompanied by tightness and oppression, may suggest flatulency; irregular and heavy pain may suggest the presence of worms; yet, the age of the girl, the suddenness of the attack in the midst of good health, the periodical return of these indispositions, the regularity of the pulse, the natural condition of the skin, the cleanliness of the tongue, the absence of indigestion or of diarrhoea, and the shortness of the pain, should rather suggest a natural preparation for the menstrual flux. Moreover, menstrual colics are almost always attended by *coldness of the feet*.

These colics are generally relieved by hot foot-baths, application of heat over the region of the uterus: a bag of hot hops, or a hot corn-meal poultice. If there are complications, as tendency of blood to the head, neuralgias, pain in the chest, etc., some medical treatment may be required about which a physician should be consulted.

The establishment of menstruation is not unfrequently attended by serious constitutional difficulties, as chlorosis (green-sickness) and hysteria. Its manifestation may also be attended by such modifications of the general system as will result in an aggravation, or a decided amelioration, of the girl's usual condition. All of the special maladies identical to menstruation will be treated hereafter, separately.

The appearance of the menses should be the signal for a girl to seek rest in a horizontal position, and for the avoidance of extreme cold and heat. Her beverages should be warm rather than iced. We have known a glass of ice water, taken while

the body was heated by exercise, to suppress the menses instantly, and induce severe eolic pains. The dress should be easy, loose around the chest and abdomen. Linenwear should be discarded at such times, for it is too great a conductor of heat, allowing the body to cool too rapidly.

Delicate and nervous persons should adopt a system calculated to improve the general health; as exercise in the open air, riding on horseback, taking trips to the country. If inclined to melancholy, they should seek distraction in innocent pleasures, and in the company of congenial friends.

During the period of menstruation woman should be an object of solicitude, for even her moral nature may, during that time, be exposed to changes which appear extraordinary to an observer. It is seldom that menstruation occurs without inducing some change in the usual demeanor of women. The majority of them are subject to weariness, vague desires, melancholy; they may be more irritable in their manners, more impressionable, easily frightened and discouraged; they are also more liable to take cold and more susceptible to the changes of the weather: in other words, they are the victims of many little infirmities, which ought to be recognized and treated with kindness, rather than ridicule. Those who are naturally sensitive should be surrounded by soothing influences, and not exposed to anything that exalts the imagination. The diet should be light, and free from rich condiments and stimulating spices. The bath should be warm, and under no circumstances should the body be immersed in cold water immediately before the appearance of menstruation or during its continuance, even though it had been the habit to do so at other times. The feet should always be kept warm and dry.

Women of lymphatic temperament, of scanty menstruation, should be nourished generously with rare beef, roasted or broiled; rich soups, particularly of peas and beans. A little light wine, as claret or sherry, would be beneficial. Such women should also dress warmly, occupying well ventilated apartments, and make repeated excursions to the country.

Mothers should be particularly attentive to instruct their girls at the time when the generative functions are likely to commence; for it has often occurred that the unexpected appearance of blood on the garments has frightened girls into serious illnesses. It is also necessary that they should be made

acquainted with all the causes that may produce suppression or derangement. Ignorance has often led girls into errors which they would have avoided, had they known the serious consequences that would follow. Exposure to the inclemency of the weather, dampness, heat or cold; excessive exercise in walking, dancing, riding, playing or otherwise; exposing the heated body to a draught of cold air; plunging the feet into cold water; a sudden emotion, as fright, passion, joy; a violent pain; a drink of ice water, particularly when the body is warm; a sudden check of perspiration—may induce immediate suppression and all its concomitant painful results.

A recapitulation of the indispositions to which a young girl may be exposed during the period of menstruation, is the following: If she is strong and robust, she may be tormented with vertigo, motes before her eyes, buzzing in her ears, flashes of heat in her face, nervous or congestive headache, sleeplessness, and even convulsions. Her eyes may be congested, and shed tears easily; her pulse bounding and frequent; her temporal arteries throb; she may be subject to palpitation of the heart; to bleeding of the nose; to impeded respiration, and to sighing. She may be generally oppressed, or subject to pains and colic, and to fatigue from the least exercise. If she is feeble and lymphatic, she may be subject to congestion of the head, although her face may be pale, her eyes languid, her pulse weak and slow; also to palpitation of the heart, but not so violent as in the sanguine temperament. Her digestion may be feeble, yet she may desire indigestible substances, and sometimes articles entirely unfit for her condition. She may be subject to heaviness in the region of the stomach, to lassitude, to weakness even, and to the flow of leucorrhœa. So that the occurrence of symptoms like these, at the time of life spoken of, need not be looked on as alarming, but should, nevertheless, be carefully watched and attended to.

We have no intention of making this a medical treatise which may impart an intimate knowledge of causes and effects, and of preventive and curative means of treating *all* diseases peculiar to women; but a general review of some of these topics will be given which we trust will be of assistance in the preservation of health, and especially that of young girls, who are yet in time for precaution and proper care in advance.

CAUSES OF FUNCTIONAL DERANGEMENT.

These causes may be divided into two classes:—*Remote* and *Immediate*. Under the first head let us consider several points:

1. *Temperaments* are often the predisposing cause of diseases of the menstrual organs. Women of lymphatic and nervous-lymphatic temperament are more prone to scanty menstruation, to leucorrhœa (“whites”), and hysteria, while the sanguine or nervous-sanguine temperaments are more liable to excessive and to painful menstruation. Where the nervous temperament predominates, the susceptibility to excitement and to external impression predisposes the individual to conditions which disturb the natural exercise of the menstrual functions.

2. *Diet and nourishment*. *Insufficient, excessive or improper food*, disturbing the equilibrium of the vital forces, deranging the stomach, affecting the heart and the circulation, may induce such irritability of the nervous system as to predispose the organs of generation to functional derangements.

Insufficiency of nourishment impoverishes the blood, lessens the vital force, weakens the action of the heart in the distribution of blood; and in the general insufficiency of the circulation of that all-important fluid the ovaries and the womb become the participants, manifesting their disorder in the scanty, pale, watery menstrual fluids, in leucorrhœa, and the relaxation of the muscles of the womb and its ligaments.

Excess of food, on the other hand, overtasks the functions of the stomach, distends its capacity as well as that of the intestines, and finally weakens digestion and the power of assimilation. Blood increases in quantity, distending the vessels and inducing general plethora. Excess of food then, and, particularly, if composed of highly seasoned dishes, overloads and irritates the system, until the womb and the ovaries, overcome by the plethora and irritability incidental to that condition, express their abnormal condition by painful menstruation, irritable uterus, etc.

3. *Vitiated air* is another source of the general debility of women, and of derangements of their menstrual functions.

4. *Want of exercise and indolence* stand foremost among the causes of uterine and ovarian derangements. Exercise is the harmonizer between the supply and the consumption; in other

words, between nourishment and wear-and-tear. When properly conducted it gives vigor and strength to the body, and assists all the organs in the performance of their functions. Deprive woman of sun, air, and exercise, and she becomes enervated; the functions of her generative organs languish; she loses her bright tints and colors; general debility follows, and in the general breaking down the menstrual organs assume maladies that add to the irritation and discomfort of the girl.

"If a young woman," a physician says, "would be well-shaped and well-conditioned, and would escape pains and the doctor; if she would have grace and elasticity of movement, color in her cheeks, and admirable proportions in her limbs; if she would have a faultless foot and ankle, limbs of swelling proportion, the flesh firm, and the shape such as no sculptor could improve"—to which we add: if she would escape the thousand and one annoyances, pains and indispositions of deranged menstruation, or of irritable womb and ovaries—"she must avail herself of sunshine and use due exercise *on foot*. Three, four, five, or six miles a day is not any too much for a woman in respectable health. Horseback riding is an excellent auxiliary, but carriage riding is *too lazy* an exercise to do much good."

5. *Mind and Imagination.* The reflex action of the operations of the mind on the generative organs is so direct and immediate that over-exertion of the intellect and the prurient habits of the imagination, rank pre-eminent among the predisposing causes of uterine and ovarian diseases. The ambition of parents to have a girl excel in mental development at an age when nature demands her freedom for physical growth, and the establishment of the functions special to her sex, has sacrificed many a lovely maiden to an untimely grave.

Body and mind being parts of a grand whole, reflecting and depending upon each other, to neglect one is to injure the other simultaneously: exceptions form no valid argument against the requirements of this general law. Infringe it, and the penalty sooner or later must be paid. A proper equilibrium should be maintained by exercising the body and the mind, alternately with periods of rest and nourishment, necessary to the recovery of vitality lost in the exercise of mental or physical attributes.

6. *Exposure to wet, heat, or cold.* These predisposing causes

to functional derangements of the female organs are set forth in the chapters on "Clothing" and "Air." Getting wet at the times when the periods are about to appear, or are actually on, is probably more of an immediate than a remote cause of menstrual derangement. It will be treated under the paragraph on "Immediate Causes."

7. *Impedimenta.* All kinds of mechanical pressure, as in the appliance of tight clothing, is another predisposing cause, affecting the circulation and the natural development of the muscular system.

8. *Uncleanliness.* "Cleanliness is next to godliness." What a remarkable adage! Why is cleanliness considered so excellent as to be reckoned next to virtue? Is it because uncleanliness is repulsive to the human sense? That would be the negative reason. The proposition is, that cleanliness, mental, as well as physical, is purity—purity of the mind, purity of the body. Impurities of the skin engender disease. The skin is an organ of absorption and secretion: it absorbs from the surrounding atmosphere elements of vitality; it secretes effete fluids of the body. It is the safety-valve during excesses of temperature; it contracts when exposed to a very cold atmosphere, preventing the blood of the capillaries from becoming suddenly chilled, and secretes fluid when exposed to a high temperature, inducing evaporation and cooling, thus preventing congestion. Uncleanliness of this organ is a mechanical obstruction to its natural function, the bad effect of which reflects upon the whole system. It should be kept clean and protected from the excesses of temperature. When chilled suddenly it has caused dangerous congestions, checked or stopped the flow of the menses; and when it is kept for a long time in an unclean state, or exposed to sudden heat or cold, it becomes a source of chronic ailments of the chest and of the menstrual organs.

9. *Occupation* is always a source of health, while its negative, *Idleness*, is generally a source of disease. Among the class in which the mental faculties are excited to premature activity, and the body is allowed to remain inactive, an unwonted irritability of the nervous system is the consequence. The harmonious, self-possessed cheerfulness of the woman of physical labor compares favorably with the faulty temper, fretfulness and weariness of the girl of indolence. The sleep-

lessness, headache, nausea, loss of appetite, abdominal pains, backache, and general good-for-nothingness of the latter, is seldom found in the former. The life of the idler is emotional; the life of the worker is practical. The ailments of the nervous, indolent girl are soothed only by romantic literature, which excites the senses that reflect upon her organs of generation; the active girl overcomes the senses by a healthy exercise of the physical, and finds vigor in peaceful rest.

The occupations calculated to injure girls are such as demand an unwonted strain upon the abdominal muscles, *e. g.*, standing too long—as shop girls at a counter—long practice at the sewing-machine, or sitting too long bent over a desk. Girls at school, keeping a sitting posture for six hours, wearing stays, which, on account of their stiffness, must press the abdomen inwardly whenever the body is bent forward upon itself, are liable to displacements of the womb from undue pressure. And even if the womb is not displaced the circulation of the abdomen is interfered with, which is then manifested in the costiveness of the intestines, and in painful menstruation from irritability of the ovaries.

IMMEDIATE CAUSES.

When any of the foregoing remote or *predisposing* causes exist, menstrual derangement is easily brought about, even by a slight exciting cause or immediate occasion.

1. *Exposure* to a sudden change from heat to cold, getting the feet or the body wet while dressed, allowing the wet clothes to evaporate and dry while on the person, will abstract so much heat from the body as to cause a shock to the system that may induce immediate suppression of the menses with all its evil consequences. And when this is repeated, inflammation of the ovaries and uterus will follow, capable of putting life in immediate peril, or of exposing to such derangements of the menstrual organs as will consign a girl to months and years of suffering.

2. *Emotions*. A sudden mental excitement from joy, sorrow, or fright often as suddenly checks the flow, producing a dangerous retention. "The menstrual organs are especially susceptible to the influence of excitement of the passions, and their disorders are *oftener traceable to this source than to any*

other." The pleasures of society, inebriating to the young girl; her entrance to the theatre of love and passion, the fascination of erotic literature, dramas, or scenes, are often the beginning of a series of evils that sap her mind and destroy her body. Woman, by nature, more emotional than man, aggravating her condition by the effort to conceal what she fears may endanger her dignity, is rendered more susceptible to the evil consequences that result from the excitability of the senses.

The mother has evidently a serious duty to perform here. She should watch her daughter's associates; shield her from luxury and fashion; withdraw from her all literature of doubtful morality; restrain her from all things that fever the imagination—from intemperate wishes, from the enchantment of the senses. Unremitting vigilance, confidence and love should be her weapons. Purity of thought, tranquillity of heart and mind, will save her daughter from the gulf of errors to which she unconsciously tends, and where she will find only misery for her soul and destruction for her body.

At a certain period of life, the purest heart and the mind most chaste are susceptible to the passion of love. With melancholic, dreamy, indolent natures, it is a fiery ordeal. Civilization has elevated the passion of the savage into a sentiment of affection in the refined. An ardent love, even in the latter, can take possession of the soul, agitate and dominate it. The younger and purer the heart, the stronger the affection which may be kindled into a passion by the enervating atmosphere of ball-rooms, theatres, toilets and perfumes that fascinate the senses. Socrates said: "The wind nourishes the fire; habit and opportunity inflame love." An inordinate love, engaging wholly the imagination, is fraught with danger to the celibate; it engenders disorders that affect the entire human economy; the surexcitation of the senses induces feverishness, restlessness, anxiety, sleeplessness, loss of appetite, melancholy; and nervous persons, tender and innocent girls, building a world of their own imagination, rising above the vulgar earth into a sentimental sphere, where daily avocations and animal necessities are too coarse to be observed, waste in flesh and droop in spirit, until maladies of a serious nature overtake them: hysteria, melancholy, chlorosis, neuralgias, etc. The organs of menstruation, in sympathy with the general abnormal condition of the system, suffer; and irritation, inflammation of the womb, leucorrhœa, may easily be the results.

Unrequited love, or strenuous opposition, is even more dangerous. It is an unequal fight; it is a struggle of the imagination against fate; it is a hopeless one. The young girl lives in the secret chamber of her fanciful architecture alone; she is sad and dreary. The roses soon leave her cheeks, she becomes pale and hollow-eyed, morbidly sensitive; sighs come deep from her very heart, and tears flow easily; general weakness finally confines her to her couch; nothing can distract her mind now; nothing attracts her from solitude: she is alone among a thousand people; the roundness of her limbs deserts her; an irritating cough makes its appearance, fever (hectic) follows, and the grave in the dim distance opens its doors for her to enter.

Parents often fail in the manner of training girls whose attachments they disapprove. Fathers are too often harsh, and mothers whine over an imaginary ingratitude of the girl; how could she love anyone but her father and mother who have reared her, been so indulgent to her? etc. It is wonderful how a full stomach forgets the keen sensation of hunger! Although the girl is already, by the very affection of which they complain, disabled from thinking and judging rightly of the fitness of things, or of considering coolly or philosophically while passion is burning, she is expected to act with reason and circumspection. Father and mother might better look back and see in the mirror of their own life the very reflection of the daughter's condition. Sternness and bitter reproaches are out of place now, and certainly unavailing, as has been proved a thousand times. Travelling, change of scene, sympathy, love and good companionship, will do more towards calming the troubled spirit, and cooling the feverish excitement, than all the arguments or modes of coercion possible.

The all-powerful guard against dangerous emotions, or reveries, is *habitual occupation*. *Habitual* is written understandingly, for transient occupation is not calculated to engage the mind; but, when habitual, it becomes a necessity, on account of which it is performed, even though the mind is preoccupied by thoughts foreign to the act. It is this habitual occupation that so often enables man to withstand emotions that disappointments and misfortunes induce; the dignity of labor, the interest in his profession or trade, the healthful effort to succeed, and pride in conquering adversity, make him powerful in the struggle for existence. If a woman is so devoted to the

duties of her vocation as to render her life a necessity to others, or, to such pursuits as engage her intellect in the accomplishment of something worthy of herself and of the respect of her fellow-creatures, in either case, allegiance to her higher nature is evinced by self-forgetfulness and loving care for others in the one, and manifestations of a healthy, active brain in the other, and she is not the victim of passion or sentimentality.

Let every girl have an *habitual* occupation with which she is identified for success or failure, and the problem of life will become to her a fact of practical value, instead of a sentimental illusion. Let her be one of the helping hands of the household: let her be identified with all the interests and struggles of her parents; let her employment be steady and progressive, and she will not seek rest or solace from her "ennui" in the romances of the day, in the admiration of silly youths, nor in the vanity of ever-changing fashion. Conscious of her usefulness, she will respect herself, which is to have the strongest bulwark against the insidious attacks of imaginary evils, or excessive and unhappy emotions.

ACCIDENTAL AND OTHER CAUSES.

An injury, a fall, a shot, a railroad accident not in any way fatal, will cause a shock to the nervous system that may induce a sudden suppression of the menses. Acute diseases, as fever, hæmorrhoidal hæmorrhage, inflammation of the bowels, dysentery, pneumonia, pleurisy, etc., often induce a suppression, not only during the acuteness of the disease, but even until the general system has totally recovered from the debilitating influence. Change of climate, particularly from a high to a low temperature, and brought about in a quick manner; travelling—crossing high mountains, and even crossing the sea—has induced suppression of menstruation. There is no doubt that the cause is found in the quick succession of change in the temperature or other conditions of the atmosphere. It has also happened that women who lived in level districts and menstruated regularly, were subject to suppression of menses while residing on high mountains, or at sea; and that the return did not occur even for several months after change of locality. Novelty of situation, change of exercise, as, going to live in a house having many steps to ascend and descend, or

even so slight a thing as change from carpeted steps to marble ones, has sometimes caused temporary suspensions.

The natural suspension of menstruation, the critical period that occurs at a certain time of life (at about the age of forty-five), is the cessation of reproduction, commonly called "change of life." It is a natural process, and should be unattended by discomfort or illness, but alas! the hygienic rules so long disobeyed bring their result even at this stage, consequently, the process of cessation is hardly ever undergone without entailing upon woman disease and suffering.

AMENORRHŒA.

DELAYED MENSTRUATION, SUPPRESSION AND RETENTION OF THE MENSES, CHLOROSIS.

Amenorrhœa means *absence of the menses*, and is, therefore, used as the generic term for the three disorders, *suppressed*, *retained*, and *delayed* menstruation, although each is distinct from the others, having causes and effects peculiar to itself. Many of the symptoms of these disorders are alike, but a close and comparative examination will show the distinctive features of each, the knowledge of which is important to a proper discrimination in the selection of the means to avert them.

DELAYED MENSTRUATION.

By the above term might be understood a tardy appearance of the usual flow; but in this connection it is used to mean the *non-appearance of the menses at the time of life when it is reasonable to suppose they should be manifested*. In warm latitudes this climacteric change would occur from the tenth to the fourteenth year, in temperate ones from the twelfth to the sixteenth, and in northern regions from the fourteenth to the eighteenth. When these periods in the life of girls pass away, taking into consideration the respective latitudes, and this process of puberty is not manifested, menstruation has been unreasonably *delayed*, and becomes, therefore, a subject of great interest and solicitude.

Menstruation may be impossible, as in the case of congenital malformation, in which the ovaries, the womb, or the vagina, are absent; or, in cases of disorganization from violent inflammations in which adhesions of the walls of the vagina, or of the mouth of the womb, have taken place; in the case of imperforation of the hymen. These cases are rare, but they do sometimes occur.

The causes more common for this delay are, however, con-

stitutional rather than organic, and generally yield to hygienic and medical treatment. There are instances in which a tendency to a late establishment of this function is hereditary, and others which show the delay to have been brought about by external influences—by inappropriate modes of living, faulty education, etc. But it is oftener the consequence of a lymphatic temperament, of a scrofulous and weakly constitution, in which vitality is below a healthy standard. The retardation of this natural process will, in these instances, aggravate the condition of the already suffering individual.

When the non-appearance of the menses is due to the absence of the ovaries, or of the womb, the changes in the characteristics of the girl are rather masculine than feminine, in coarseness of features, skin, voice, etc. Such instances, although extremely rare, have been recorded.

When menstruation is delayed by constitutional or accidental causes, the girl retains all her feminine attributes, but looks immature and awkward; she may experience, monthly, the premonitory symptoms, and yet menstruation not appear. Pain in the back and the groins, general lassitude, deranged appetite, nausea, headache, may be present for two or three days, then disappear, and return at about the same date, the next month.

In girls inclined to consumption this delay is very significant; it indicates so little vitality, such a morbid state of the system, as to disable some of her most important organs; it is a condition which portends mischief for the future, and which, when accompanied by a cough, short breathing, hoarseness, sore throat, or pains in the chest, may be taken as something for immediate and careful attention.

HYGIENIC TREATMENT.

The treatment should be simply hygienic, unless the general health is so impaired as to require a medical one. For all amenorrhœa, but particularly for that class induced by a scrofulous constitution or by a lymphatic temperament, a regimen that is calculated to give tone to the general system is all that is needed. The girl should be taken from school, from all debilitating influences, such as bad air and poor diet, from the exciting and exhausting scenes of city life, and sent to the country, to the mountains or sea-shore, to breathe pure air,

rich in oxygen; take daily exercise and have sunshine and nourishing food. A season of this kind has brought many an enfeebled girl to a state of vigor and health which would before have seemed almost impossible.

Beware of forcing-medicines; of drugs that have been known to perform "miracles." Do not forget that amenorrhœa is not in itself a disease, but a symptom of a disease; that the administering a drug to force menstruation, would in such a case, be as logical as to attempt to prevent the fall of a house by removing the bricks that crumble from it. Moreover, at that time, when the system labors under some unknown difficulty, a drug may greatly add to the complication.

SUPPRESSION.

Before treating of this topic it may be necessary to explain the pathological difference between *suppression* and *retention*. "Suppression" is the failure of nature to perform the process of menstruation; while in "retention" nature has performed the process, but for some reason, probably mechanical, the blood is not permitted to flow out, and is arrested within the chamber of the uterus. As an illustration, suppose a reservoir from which water is expected to flow: at a given time, you open the spigot and no water comes. You at once inquire, Where is the obstacle? You examine the reservoir and find no water in it: the usual stream has failed to feed it; *it is a case of suppression*.

But if, on examining into the cause of the non-appearance of water, you find the reservoir is full, you come to the conclusion that, the stream having supplied it, the obstruction is in the spigot; *it is a case of retention*.

The failure of an organ to perform its functions should not properly be regarded as a distinct malady, requiring special treatment; but in view of the importance of the function of menstruation, and the quantity of fluid excreted, suppression may become the immediate cause of grave disease, and therefore requires particular attention.

The causes of suppression may be divided into *predisposing* and *accidental*. The predisposing causes depend upon the constitution of the individual, the organization of her uterine organs, temperament, and degree of sensibility of the genital

organs. When a predisposition exists, immediate causes will act as auxiliaries in producing suppression, and these are: poor nourishment, the use of acid beverages, a sedentary life; too much sleep, unhealthy habitations, overwork, late hours; or the use of articles of a stimulating nature, as rich viands, aromatic substances, and alcoholic fluids; also, moral affections, such as sadness, grief, disappointment, etc.; debilitating maladies anterior to the suppression, such as hæmorrhages and other excessive evacuations; the use of astringent medicines, and the repression of the calls of nature.

Among the *accidental* causes we find sudden exposure to cold and humid air, when the body is overheated; partial or general immersion of the body in cold water, icy cold drinks, abstraction of blood, either professionally or accidentally; a wound, a blow, a burn, a fall, an excessive pain; a strong odor, a great mental shock, powerful drugs, an irritated stomach.

Either of these accidental causes, occurring at a time when menstruation should appear, might induce suppression. The maladies following a suppression from accidental causes are generally acute, such as fevers, inflammations, etc.; while those resulting from simple predisposing causes are likely to be gradual, chronic, but progressive.

The liability to this suppression varies in different women; those who are predisposed to it through an inherited idiosyncrasy, or who have incurred the habit, have been subjected to a suppression by the slightest cause, such as even the change of linen; while those who are not so predisposed have exposed themselves to all the above mentioned causes with impunity.

Suppression is generally attended by the following symptoms: heat, heaviness or pain at the small of the back, extending sometimes to the end of the spine, and to the groins. The last vertebra may be so sore as to make it impossible to retain a sitting posture. Not unfrequently the pains of the abdomen are short and shooting, attending by swelling and tightness; the breasts also, sympathetically affected, become tumified and painful, and yield a white fluid, often mistaken for milk. When the suppression is long continued, the whole system responds to the unnatural condition; the appetite is lost, or replaced by a desire to eat strange things; the irritable stomach rejects food, or is troubled by nausea; the heart,

oppressed, is subject to palpitations; the head is full and heavy, and oftentimes excruciatingly painful; the ears ring with strange sounds; the intestines, in their turn, are irritated, producing diarrhoea or dysentery; the bladder, the next neighbor to the womb, shares in the general derangement, causing frequent and difficult urinations.

This condition finally induces general lassitude, sadness or malaise. Women thus affected give external evidence of their condition by their faces becoming pale and puffed, their flesh flabby, their movements languid; they yield easily to moral influences, and become morose or melancholy. This debilitated and depraved condition makes them prone to neuralgia, hysteria, hypochondria, glandular enlargements, eruptions of the skin, etc.; to dropsical effusion, partial or general, manifested in the eyelids, in the feet, in the pleura—the membrane around the lungs—in the pericardium around the heart, or in the entire skin surrounding the body.

The severest symptoms are more liable to occur when the suppression is sudden, and in subjects of lymphatic temperament; also in those of nervous and sanguine temperament, who have been subject to profuse menstrual discharge before the accidental suppression.

The indispositions that follow suppressions generally diminish in intensity, or entirely disappear, during the intervals between the menstruating periods, but are prone to increase during the time that menstruation should appear.

The effect of suppression depends upon its causes and duration. When induced by slight causes their removal is sufficient for the restoration of normal menstruation. Again, it sometimes happens that the woman's system adapts itself to a continued suppression without incurring serious consequences.

Yet the consequences are generally serious, and if continued beyond what might be reasonably expected from an accidental cause, medical counsel should be secured without delay.

Nature, oppressed by the retention of a fluid that should be monthly eliminated by the womb, attempts other means to obtain relief; thus hæmorrhages of the nose, of the lungs, of the hæmorrhoidal veins, have periodically occurred in place of the more natural process of menstruation; such hæmorrhages are called "vicarious."

Menstruation is suspended during pregnancy, of course.

(See author's *Maternity*.) The exceptions to this rule are so few and rare as to need no special mention here.

Amenorrhœa is *not* necessarily a grave malady, unless complicated with great constitutional disturbance, or dependent upon some remote disease; isolated and recent, it may prove but a delay. Having taken all the above into consideration, having made a satisfactory examination of her own condition and determined the causes of the suppression, the patient may be able to decide whether it is in her power to obviate the causes and remedy the evil, or whether she should give herself up to the better judgment of a medical counselor.

HYGIENIC TREATMENT.

Simple cases of suppression, originally depending upon debility and a lymphatic temperament, and occasioned by poor nourishment, ill-ventilated and damp apartments, should be treated with a generous diet of roasted or broiled meats, wines, etc.; the patient should practice dry frictions over the body, dress warmly, and take moderate exercise. A trip to the mountains or to the sea-shore, a few rides on horseback, a wholesome, fortifying diet, have often been enough to bring roses to the pallid cheeks of girls. In another case, if the subject is of strong sanguine temperament, nourishment should be of the lightest kind, beverages of water, and rest imperative.

It should be remembered that the tendency of menstruation is to reappear; that in due time nature makes the effort to re-establish it; it is *then*, therefore, that the means to assist it should be employed, that foot and hip-baths of hot water are particularly efficient.

Suppression induced by exposure to cold or dampness, or by checked perspiration, should be treated with warm drinks while in bed, for the purpose of restoring the action of the skin. When caused by mental impressions, as anger, grief, fright, jealousy, etc., a general warm bath will quiet the nervous system, and establish harmony between the relative functions of the mind and bodily organs.

If the suppression is accompanied by an excess of pain, warm hip-baths, local application of hop poultices, hot, will be very useful. When suppression resists all treatment, a change of climate, a long journey by sea, may prove efficacious.

When the condition is dependent upon moral causes, great sagacity will be required on the part of the parents and the

medical attendant, for as long as that state exists all the drugs of the pharmacy will be used in vain; but journeys, change of scene or surroundings, pleasurable distractions, will be the only means of restoring health to the patient.

The use of spring-waters (particularly the ferruginous) and sea-baths may, however, prove of great benefit to persons of lymphatic temperament.

In cases where mental exaltation in affairs of love is the cause of the suppression, marriage has proved permanently curative.

Such is the treatment in all simple cases; when complications with remote maladies of a serious nature exist, the case should be referred to a physician.

RETENTION.

We come now to consider cases of Retention. The pathological difference between retention and suppression has been described above. The ovaries and the uterus have performed their functions, but the blood exuded within the chamber of the womb finds no exit. This is a dangerous and painful malady, and if no means are ready at hand to relieve the womb of the blood collected therein, even life may be put in danger.

The causes that may induce such retention are various and peculiar; they may be organic, as when the mouth of the womb is closed by adhesions, and when the hymen is imperforated; instances are on record where the vagina was even found entirely absent. Such cases of adhesion, however, are exceedingly rare, but may be induced by repeated inflammation of those organs, and by the treatment with caustics. When the closure is complete, there can be no flow whatever; but when incomplete, the flow is scanty, slow, difficult and painful.

Retention, however, is generally induced by spasmodic closure of the womb, which yields easily to proper treatment. When the entire menstrual fluid is retained, the womb becomes distended and very painful; the distention increases every month, until, if not removed, it may burst the womb itself. Flexions of the womb, (that is, the womb bending upon itself,) the pressure of a polypus, or of any tumor, may induce complete or partial retention.

The symptoms of retention are like those of painful menstruation, but greatly intensified; the pains in the lower part of the abdomen are intensely severe and acute; they are of a foreing, bearing-down nature, pressing towards the bladder, causing frequent and difficult urinations. Under this great stress the nervous system becomes excited, producing ehills, headache, hysteria, and sometimes even convulsions.

It is evident that the nature of retention is so grave, that none but a skillful physieian is qualified to treat it. When retention is the consequence of spasmodic closure of the neck of the womb, and the patient has been so informed by her physieian, very hot hip-baths, or a drink of warm water, such as would produce vomiting, will relax the muscular fibers, and give prompt relief to the patient.

It is scarcely needful to say more regarding this subject, as every case requires the most thorough investigation, and the most careful treatment of a physieian.

CHLOROSIS (GREEN SICKNESS).

Chlorosis is not properly a disease of the generative organs of woman, and would have no place in this volume were it not that amenorrhœa is invariably eonneeted with it. It is a disorder characterized by intense paleness of the skin, lips, and the lining membrane of the eyelids; it is a paleness having a greenish hue (from which the disease takes its name); at times the eolor is yellow, when it is often mistaken for jaundice. The noticeeable and peculiar paleness of the lips and of the membrane over the eyeball are almost infallible evidenee of ehlorosis.

Pathologically the disease is distinguished by a lack of red globules in the blood, which seems as if turned to water; and the transfusion of that water through the veins into the cellular tissue causes dropsy of the face, of the feet, or of the whole body; it is this dropsical condition that gives the "puffy" appearance. This disease, when continued, gradually weakens the patient, whose system under the general anæmia becomes deranged. The appetite is lost or perverted to a desire for strange things, such as slate peneils, chalk, dirt, salt, charcoal, pepper, vinegar, pickles, lemon juice, etc.; then a sensation of

weight oppresses the stomach, digestion is retarded, giving rise to evolution and eructation of gas; the respiration becomes labored, and palpitations of the heart are induced by the slightest exercises or mental excitement. This low condition predisposes the patient to neuralgia, which may effect the head, the neck, the eyes, the back, or any part of the body.

Chlorosis consists, essentially, of a watery state of the blood; the red globules being wanting, death-like pallor and weakness ensue, the menstrual and fecal discharges are suppressed. It is useless to discuss here the various theories advanced by pathologists regarding the exact nature of this disease; they disagree on this point, but concur that the almost constant absence of menstruation during the course of the disease is not the cause, but the consequence.

Chlorosis generally occurs at puberty, just before menstruating, although both married women and those who have menstruated have been affected by it.

A young girl in excellent health and color suddenly loses the roses of her cheeks, becomes intensely pale, loses her vitality, is tormented by notions and apprehensions; her cherry lips and the white of her eyes become greenish white. Soon her stomach shows irritability, refuses food or tolerates it with difficulty. Daily she grows weaker and more nervous, sleeps little and has frightful dreams. Now and then she complains of neuralgic pains in various parts of the body; she is moody, sensitive, hysterical. Spasms, convulsions, St. Vitus's Dance, epilepsy, may overtake her; the menses are suppressed, but she will probably be troubled with bleeding from the nose, of watery blood. Her heart jumps at the slightest cause; her breathing is oppressed. She has chlorosis.

This disease is generally curable, particularly when it does not occur in women of vitiated constitutions, and who have not been exposed for a considerable time to deprivation of healthy diet and pure, dry air. The danger of this malady lies in the organic diseases that may follow, some of which are: valvular disease of the heart, dropsy, paralysis, hæmorrhages, dropsy, consumption. The appearance or re-appearance of the menses is the most reliable sign of the return of strength and health, and of a complete recovery.

The causes that predispose to this affection are strong mental emotions, fright, love, sexual excitement, masturbation,

insufficiency or inferiority of food; residence in damp, close, unlighted, unventilated localities.

HYGIENIC TREATMENT.

A preventive regimen requires nutritious diet. If the girl has no desire for fresh meats she may relish salted or smoked beef and fish, codfish, mackerel, herring, oysters, clams, crabs, dried or smoked beef or ham. Brown, or rye bread, and good broths are excellent, and often acceptable; indeed, the stomach needs to be indulged to the last degree. Claret wine, ferruginous waters, are beneficial; but, above all, mountain air, seashore, sea-journeys, open-air exercise, dry and well ventilated apartments, will be more conducive to the restoration of her health than anything else.

MEDICAL TREATMENT.

Pulsatilla is generally placed at the head of remedies for retarded menstruation and chlorosis. But even *Pulsatilla* has only its own sphere of action where it acts like a charm. It affects blondes with blue eyes, tending to fat, rather than brunettes of a wiry constitution. Women of a *mild disposition* easily affected even to tears. When such have been exposed to *wet* and *cold*, in consequence of which menstruation is delayed or checked, scanty and of not easy flow, *Pulsatilla* is the remedy. This disturbance may also be accompanied by severe pain in the head, back and stomach, with restlessness and nervousness.

Belladonna is better adapted to full-blooded women when the menstruation is *suddenly suppressed*, accompanied by *pain, pressure and throbbing in the head*; by feeling of weight and fullness in the region of the womb and ovaries: pain down in the back extending even down the thighs.

Calcareo carbonica is peculiarly suitable to delicate girls (scrofulous) who, though fat and fair, are weak, perspire easily, their stomach gets easily out of order, and inclined to have a large abdomen. The menstruation is irregular; sometimes profuse; *more often scanty, delayed or suppressed altogether*. They are subject to headaches, to neuralgias, fainting, and fits of hysteria, particularly when the menses are delayed, during menstruation or immediately after. This remedy is particularly indicated in chlorosis.

Cocculus, when during menstruation the following symptoms appear: *hysterical spasms in the abdomen, with pressure at the*

chest: oppression: restlessness: weakness; the blood is rather *black*, and flows in *drops*: great nervousness; nausea and even vomiting.

Graphites. Irregular appearance of the menses; when it appears it is *pale* and *soon ceases*. This irregularity occurs especially in women who have *eruptions* of the skin, and who are liable to *spasmodic* pains in the head; nausea, pains in the chest, constipation, leucorrhœa, hæmorrhoids, and to great debility.

Kali carbonicum is peculiarly useful in girls who greatly *delay* in establishing the function of menstruation; they seem to be old enough, yet menstruation does not appear, and when it appears it is *scanty*, of a *pungent odor*, *acrid*, causing excoriations of the parts. The girl looks *bloated*, has bags under her eyes, *palpitations of the heart*: is *pale* and liable to *eruptions* on the face. She is very susceptible to cold, and liable to pains in various parts of the body. This remedy is well adapted in chlorotic girls.

Sepia. Delayed menstruation with *leucorrhœa*, *sick headache*, *toothache*, discolored complexion, with *brownish* spots and patches; disposition to *melancholy* and *sadness*; *nervous debility*; great tendency to *perspiration*, frequent *shivering*, alternating with *heat*. It is also indicated in chlorosis.

Macrotin. *Suppressed* menstruation, accompanied by severe headache, *as if the top of the head was pushed off* or the eyes *pressed out*; stiffness of the whole body, pains about the womb like labor pains; pain in the back and thighs; coldness and shiverings; palpitation of the heart; despondency.

China. Scanty or suppressed menstruation after a long, *debilitating* disease. The girl feels weak, is pale, feels cold; has intermittent pains, feels worse *every other day*. This is particularly useful in chlorosis.

Ferrum and all the preparations of iron are peculiarly important in the treatment of *chlorosis*, and particularly when the following symptoms are present: *Ashy pale* or *greenish face*; *anæmia* (poverty of blood), with *pale face* and *lips*; the white of the eye looks *greenish* and under the eye *puffy*; *ringing in the ears*; *palpitation of the heart*; muscles feeble; can not walk fast, with feeling of faintness or palpitation; *leucorrhœa like watery milk*; swelling of the body or limbs; general weakness.

Ferruginous spring waters are very good in chlorosis, par-

ticularly when found in the mountains, where the air is pure and exhilarating.

Iron by hydrogen, an impalpable black powder, in three grain doses, after each meal, I have found very efficient in restoring a chlorotic girl's health.

The *Muriate tincture of iron*, three drops in a tablespoonful of water, three times a day, is also a good preparation for a chlorotic girl. This should be taken with a glass tube, to prevent coloring the teeth.

These are only a few of the remedies for delayed or suppressed menstruation and for chlorosis. *Retention* of the menses requires that an expert physician be at hand.

MENORRHAGIA (EXCESSIVE MENSTRUATION).

This consists in either *too profuse, too prolonged, or too frequent* menstruation.

The quantity of blood discharged at one menstrual crisis varies in different women, and sometimes in the same subject; yet every woman has a knowledge of her average flow, either as regards quantity or duration. When she discharges more in the same length of time; when her periodical flow is prolonged beyond her usual time; when it recurs oftener than once a month, and the amount passed away in the month's cycle is beyond the usual quantity expected from the individual, the woman is said to be afflicted with *menorrhagia*.

Naturally woman menstruates once every four weeks, allowing a few exceptions who menstruate oftener without ill consequences; the quantity lost each time is estimated to be about six ounces; the usual duration four or five days. Suppose, then, a girl to menstruate twice a month, each time a regular quantity; another, to menstruate in a regular manner as to periodicity and length of time, but secreting a much larger quantity; another, flowing not immoderately but continuously for ten or twelve days; it becomes evident that in each and every such case the loss of blood is in excess of the usual habit, requiring attention and treatment lest the general health become seriously affected from the unwonted drain.

In menorrhagia the quantity must be an *unusual* one for the person complaining, as some young women may discharge ten or twelve ounces regularly and yet be in a normal condition;

while in others a discharge of eight or ten ounces would be considered unusually superabundant, and therefore menorrhagic. The normal individual quantity depends upon individual constitution and temperament. There are women also who naturally menstruate twice a month, or once in three weeks, but in quantities that, if added together, do not yield a total in excess of what is natural and usual; hence not menorrhagic.

An inordinate flow occurs generally in women of sanguine temperament, whose hearts' impulse is strong and whose circulation is free. This temperament predisposes to determination of blood, and it is therefore reasonable to suppose that the womb, under the seasonable stimulus, may receive and discharge an abundant quantity of menstrual fluid. It is seldom, however, that an *excessive* flow occurs, unless a debilitating cause exists. The sanguine temperament, exuberant in action, may overreach its limits of vital powers, and terminate in debility.

Again, where the passions are strong and exposed to over-excitation, reflex action might determine blood to the generative organs and induce congestions that nature relieves by a profuse menstruation.

Luxury, indolence and indulgence enervate the human system, however strong; and, therefore, it not seldom happens that a person of sanguine temperament is comparatively weaker than another who manifests less exuberance of constitutional vitality. Some morbid stimulus has exhausted the vital powers, destroyed the tone of tissues, induced anæmia, and relaxed the walls of the womb, on account of which the blood flows without restraint. Therefore, although a woman of sanguine temperament may be expected to discharge a larger quantity of menstrual fluid than one of a lymphatic temperament, yet, when the quantity is increased much beyond the habitual flow, a cause for the abnormal condition must exist which should be investigated and removed.

Menorrhagia is common also among women of nervous, irritable temper; in those who are corpulent and of indolent habits, and those who live in hot climates or who occupy rooms having a high temperature; it is also a hereditary predisposition; and, whatever its source, it is generally aggravated during the summer season.

Beside the constitutional tendency there are *accidental causes*

which may induce immoderate menstruation, among which are the following: exposure to excessive heat or cold; violent exercise, particularly on horseback and over rough roads; abuse of medicines intended to force menstruation; abuse of stimulants and of the pleasures of the table; a fall; lifting weights; mental excitement, such as fright, anger, jealousy, love, ambition, etc.

Reliable authorities insist that menorrhagia is invariably due to irritation and inflammation of the womb or ovaries; that the disease is local and not constitutional; that the morbid sensitiveness, the weakness, the moral and mental disturbances present in this disease are not causes, but effects of the excessive loss of vital fluid and of the uterine irritation communicated by reflex action. Others, quite as reliable, honestly differ from the above, and assert that in many instances this malady is induced not by local, but by constitutional causes. We are of the opinion of the latter, and advise the patient to consult the medical man, who, upon due investigation, will determine the causes affecting the special case brought to his notice.

Hæmorrhage should not be confounded with *menorrhagia*, although the latter implies a hæmorrhage, both meaning a flow of blood; but *menorrhagia* is associated with menstruation, while simple hæmorrhage is not. In other words, *menorrhagia* is either a too profuse, too prolonged, or too rapid recurrence of the *menstrual* flow; while hæmorrhage may occur at any time from the womb, the lungs, etc., and from accidental causes. A hæmorrhage of the womb may be a consequence of a blow, the application of a sharp instrument, pregnancy, labor, or abortion; also the presence in the womb of a tumor or some destructive disease, as ulceration or cancer; it obeys no law of periodicity, but occurs at irregular periods and continues as long as the local lesion remains unchecked by active treatment; and while it may be slight and harmless, it may also be profuse and immediately dangerous. *Menorrhagia* may, in being prolonged and repeated, slowly deplete a person of blood and thus withdraw so much of the vital force as to put life in peril; but the process will be gradual, and afford time for repair, for treatment, and for protection against collapse.

Menorrhagia may be *active* or *passive*, even *nervous* or *spasmodic*. The active kind results from an excess, the passive

from a deficiency of vitality. In the first, plethora is made apparent by the animated face, the strong, full pulse, the highly colored cheeks, the brilliant eyes; also by a liability to to congestive headaches, feelings of general heat, rush of blood to the head, heaviness of the back of the stomach, heat and itching of the vagina. The second is marked by the lymphatic appearance and by paleness, anæmia, puffiness, indigestion, want of appetite, cravings for strange things, general debility, slow and weak pulse. The flow of the former will be of clear red blood, as if coming from a cut, while that of the latter is of lightly colored, watery blood.

In a plethoric woman, an active flow may prove beneficial, and remove all the unpleasant feelings she complained of before its occurrence; but in a lymphatic, debilitated woman, even a passive flow will augment her weakness, and if continued induce fainting, dropsy, obscuration of vision, buzzing in the ears, dizziness, palpitation of the heart, discoloration of the skin, hysteria and possibly convulsions.

The above should be sufficient to warn women that menorrhagia may be so complicated and grave as to require the counsel of the most skillful physician. A general and local examination should be made, so that no false assurance should lead the patient into fatal indifference, or add a useless anxiety to the mental burden already oppressing her.

HYGIENIC TREATMENT.

The hygienic treatment will depend upon constitution and temperament. In sanguine temperaments excited by mental causes, quiet, rest, light and unstimulating food should be enjoined; the moral disturbances removed. Entire change from the locality, the scenes and the companionship that excited the mind and the senses will prove highly beneficial. If mental labor, in the transaction of business, in the attainment of professional or literary success, in study, in gratifying ambition or pride, has been the cause, a complete remission or intermission of those pursuits will be necessary. The mind must rest adequately to its labor, else a nervous exhaustion will follow, that will lower the vital powers of every organ of the body. A vegetable diet and acidulated beverages, lessening the red globules of the blood, and diminishing the over-action of the heart, will be found particularly useful in plethoric persons.

When menorrhagia is induced by anæmia, debility, constitutional or otherwise, or in consequence of malarial fevers or of diseases of long standing, the regimen recommended in amenorrhœa will be applicable to it. Moderately cold hip or entire baths are generally invigorating to the feeble, particularly if quickly taken and followed by brisk frictions. They are useful also to women of sanguine temperament, who may remain longer in the cold bath, thus permitting abstraction of heat. In either case, care should be taken not to plunge into a cold bath immediately before, during, or immediately after menstruation.

Menorrhagia depending upon inflammatory or structural diseases of the womb requires such positive and specific treatment as would be out of place in a volume of this character, and it is therefore properly referred to the care of the physician, who should be made acquainted with every detail connected with the case to enable him to prescribe with intelligence and skill.

MEDICAL TREATMENT.

Belladonna. This remedy is indicated when the following symptoms are present: general *full-bloodedness* (plethora) with inclination to throbbing headaches. The menstruation comes too often and is *too profuse*; the blood is *bright red*, or looks thick and dark, *smelling strong* and *feeling hot*. While menstruating there is strong *pressure downwards*, as if everything must fall out of the vagina. There is tenderness just above the groins pressing upon which or upon the womb induces *nausea of the stomach*.

Crocus 2x. Excessive flow of a *dark, stringy* blood, in black clots, *increasing on motion* or by coughing. This remedy is found useful also after miscarriage, when hæmorrhage follows it.

Platina. Like *Belladonna*, this remedy is indicated when the menses are too early and too profuse or last too long, and discharge *dark, thin blood*. But in *Platina* the parts are very *sensitive, feet swollen*, with an *indefinite sense of sexual desire*. It is found efficient in girls who *mature too early*, who are passionate when older, and who have an exalted self-esteem.

Sabina. Excessive menstruation of women who are subject to *inflammation of the womb*; the womb feeling *tender at any time*, and particularly during menstruation. The menses come

on too early, too often, very profuse and last too long. The blood gushes in jets at times, particularly during coughing or motion: the blood is generally dark and clotty, though at times it may be bright red. During menstruation the sexual desire is increased. It is often accompanied by pain in the back. The flooding is also accompanied by bearing-down pains and desire to pass water often.

Secale cornutum. The symptoms of this remedy are very much like those of miscarriage, and of flooding after labor. The blood gushes out in streams at the least motion, is generally of bright red color. The flooding is accompanied by spasms of pain in the womb during which it increases.

This remedy should be given in doses of five to ten drops of the tincture every fifteen minutes until the excessive flow is permanently checked.

Calcareo carbonica is another good remedy in too early and too profuse menstruation, but particularly in women of delicate constitutions, generally weak and said to be scrofulous. The woman is liable to a leucorrhœa of a milky-white fluid during the intermission: is subject to cold feet, takes cold easily, and is inclined to local or general sweats. It is, therefore, pre-eminently the remedy in women who menstruate profusely, while they suffer from a phthisicky cough.

Sulphuric acid, strong enough to taste like lemonade without sugar, one tablespoonful every two hours, will gradually check a too long-continued menstruation, or flooding after parturition or miscarriage.

Ferrum or *China*, when the profuse or long-continued menstruation seems to depend upon general debility, particularly after long-continued illness, such as fevers, etc.

Ipecac. when the menses are too early and too profuse, of bright red color, accompanied by nausea.

DYSMENORRHŒA (PAINFUL MENSTRUATION).

The suffering connected with this disorder is of the most intense and acute character; and reflecting that a girl thus affected is monthly condemned to its recurrence, each time prostrating her on a bed of agony, the hardest heart would deplore her destiny.

But, probably, only the sufferer herself can realize that three

or four days of writhing, wringing, cutting abdominal pains, returning once a month, is a penalty too severe, too cruel to be inflicted on a human being were it even intended as a retribution for crime; and when the torture is inflicted on an innocent girl, heart and mind rebel against the castigation. Yet thousands of married and unmarried women periodically bear this torture, smiling during the short intervals of ease that come between the spasms that seem to rend them. There is a pain-enduring capacity in woman that certainly man knows not of; in the throes of labor she smiles in anticipation of gladness, in the racking pains of dysmenorrhœa she only prays for the hour of relief. It is that struggle between the moral and the physical from which woman comes out a heroine.

But it is on this account that our best efforts and greatest sympathy should be engaged in protecting and relieving her from such a terrible fate. It is to be regretted that often the most energetic means have failed to relieve; this failure is, however, generally due to a misconception of the origin and cause of the difficulty, and must be incurred whenever the trouble is treated as an independent difficulty while it is but a symptom of a deeper and remote disease.

Dysmenorrhœa is due very generally to inflammation or congestion of the ovaries or womb, yet it may be of neuralgic or rheumatic origin, or due to nervous irritability of the womb, the spasmodic strictures of its mouth interfering with a free flow of the menstrual fluid, causing partial retention and giving time to the blood to coagulate, each coagulation having to be thrust out by the contractile force of the womb. Menstruation suddenly suppressed by any accidental cause may become very painful and assume the form of dysmenorrhœa. During a high state of inflammation plastic lymph is sometimes exuded in the womb, organizing a pseudo-membrane like that of diphtheria or croup in the throat, passing off entire or in shreds, with the keenest pain. This has been styled "membranous dysmenorrhœa."

Malposition or flexion of the womb, tumors, or any mechanical obstruction may render menstruation difficult and painful.

Women of sanguine and nervous temperament are predisposed to dysmenorrhœa, particularly when they indulge in indolence, rich food, ardent spirits, wines, the pleasures of the senses; or are exposed to mental impressions of an exciting character.

This disease affects especially unmarried women, and marriage has often cured the disorder.

The *direct* or *accidental* causes are manifold, for almost any shock to the system may induce dysmenorrhœa in subjects predisposed to it; but moral disturbances, sudden transitions from heat to cold, or *vice versa*, any morbid affection of other organs, are pre-eminent causes of dysmenorrhœa.

The *symptoms* are of a very violent character; they generally commence three or four days before menstruation, increasing in intensity until the flux is fairly established; the erect posture aggravates them. They are as follows: pain in the back extending to the groins, and in the abdomen over the whole region of the womb as high as the navel, sometimes radiating down to the thighs. The pains gradually assume the spasmodic and colicky form until they become unbearable; the blood flows by drops and sometimes in little clots, or is accompanied by membranous shreds. In highly nervous temperaments the excitement is so great as to induce hysteria and even convulsions. Under this excitability of the generative organs the breasts swell and become painful; gases are evolved in the abdomen, and a sensation of heat is felt in the vagina and the soft parts. The bladder sympathizes, and urine is passed often, but with difficulty and a sensation of scalding. These symptoms may be premonitory and disappear as quickly as the flux appears; but more often, if the flow is not free, they increase for twenty or thirty hours, and may not end till the end of the discharge. The flow is generally scanty, but may be profuse; in the latter case, however, intermissions of suppression occur, during which the pains return with the usual severity; this is especially the case in women of highly nervous organization, susceptible to every impression. Generally a free flow relieves the pains as if by magic. In very young girls the womb may not be sufficiently developed, in which case the disorder cannot be expected to be cured until that organ is grown to adequate proportions. The natural cavity of the womb is very small, not retaining more than fifteen or twenty drops of the fluid, so that it may be easily comprehended that a very small quantity of blood may cause such distention as to induce excruciating pain.

When dysmenorrhœa recurs for many months and becomes habitual it may gradually induce such disorganizations of the

womb as to cause it to become permanently diseased, unless properly treated.

Authors have differed regarding the causes of dysmenorrhœa; we will quote one who says: "Ordinarily, the primary and true seat of the morbid process, known as painful menstruation, is to be sought for in the highly irritated, congested, or inflamed condition of one or both ovaries, which condition is induced under a great variety of circumstances: from application of cold, from falls upon the knees or sacrum, from horseback riding, dancing, or long, fatiguing walks just previous to, during or immediately after, the menstrual flow, from great muscular effort, as the lifting of heavy weights, from tight dresses, corsets, and the various bands and strings around the waist, preventing a free returning of the blood from the pelvis; from retention or suppression of the catamenia [menses], from gouty or rheumatic habit, from solitary practices, etc.;" to which we add: from constipation, from mental excitement (particularly of the affections), from anger, fear, disappointment.

To give a clearer view, of this trouble in all its phases we will divide it into classes, and give the principal characteristic of each; we hope thus to enable the unprofessional reader to discern its several forms.

Simple Dysmenorrhœa. This is an uncomplicated form of the disorder, called "nervous" or "neuralgic." It is due to the morbid sensitiveness of the uterus or ovaries, and aggravated by mental excitement, exposure to heat or cold, over-fatigue, rheumatism, overloading the stomach, constipation, etc. Nervous-sanguine temperaments, girls subject to neuralgic or rheumatic affections, are more liable to it. The distinctive symptoms are found in the great sensitiveness of the uterine regions; the girl cannot be touched by the hand without an increase of pain, and even the weight of her clothing seems unbearable. At the approach of the menstrual period, sensations of fullness, weight and bearing down are felt at the vulva, and pains supervene which radiate to the bladder, the rectum and down the thighs. As the flow commences the pains become more intense and spasmodic, often amounting to actual cramps, and simulating labor pains. Women have been heard to exclaim, "I would rather give birth to a child than be subject monthly to these pains." Usually, after twelve or

fifteen hours, when menstruation becomes fully established, the pains abate, passing gradually away, to the great relief of the patient; but it does often occur that they last during the whole course of menstruation. During the intervals, however, she is perfectly well, the parts not unnaturally sensitive, which is proof that there is no local inflammation. The suddenness of the attack, its severity and paroxysmal character, its recurrence month after month without affecting the general health, should be accepted as evidences that the case is one of irritability of the uterus, and of a neuralgic form.

Accidental Dysmenorrhœa. This is also one of the simplest forms that may occur occasionally from hygienic errors on the part of the woman immediately previous to, or during, menstruation. Overfatigue, excitement, exposure to cold, may at such a time induce painful menstruation, which *does not recur at the following period.*

Congestive dysmenorrhœa is generally distinguished from the others by the clots which pass during menstruation. Congestion is a rush of blood to the womb, and may be compared to the rush of blood to the head causing apoplexy. The veins and arteries are engorged, causing all the pains of dysmenorrhœa, with all the concomitant nervous symptoms, which are very severe, but generally of short duration. Vomiting, convulsions, hysteria, may occur during the stage of congestion; but as soon as the blood flows sufficiently to relieve the over-distended vessels, the symptoms disappear and the patient is well.

Inflammatory Dysmenorrhœa. This is not a constitutional dysmenorrhœa, but the result of an inflammation of the womb and ovaries. It does not commence at puberty, like the constitutional, but occurs at any time in married, or unmarried women, when that morbid condition of the womb or ovaries exists. In this form the sufferings continue during the whole period of menstruation, leaving the region *tender even after it.* The whole system sympathizes with the local inflammation, and languor and anæmia follow, giving a general and continued evidence of physical deterioration. It is in this form of dysmenorrhœa that the *pseudo-membrane is formed*, passing out of the womb in shreds, with excruciating pains. There may be inflammatory dysmenorrhœa without the formation of this membrane, but the presence of the membrane is always proof

of inflammation. Inflammatory dysmenorrhœa is generally attended by *fever*.

Mechanical or Physical Dysmenorrhœa. This depends upon organic imperfection of the uterine neck, such as constriction; deformities of structure, or malposition of the womb; thickening of the lining membrane induced by previous and repeated inflammations; adhesions; tumors; and, finally, closure of the vagina or imperforation of the hymen. The symptoms of this form do not differ in any high degree from the others, and it is therefore difficult to determine the form except by the close examination of the medical man. A tumor, if of any size, may be detected by the enlargement of the abdomen, that does not subside after menstruation. The malposition of the womb may be suspected, if pain in the back, sensation of bearing down, desire to pass water often, and passing it with difficulty, or constant desire to evacuate the rectum without doing so, or when doing so passing a small, hard, compressed stool, *continue* to occur *during the intervals* between the menstruating periods. And the entire closure from imperforation of the hymen, or adhesions of the vagina or womb, may be prognosticated, if all the violent pains of periodical dysmenorrhœa occur, *without* any discharge of menstrual fluid.

Authors give many varieties of dysmenorrhœa, and do not always agree as to its pathology, or in the classification; but the above may be sufficient to warn girls that dysmenorrhœa may be or may result in formidable disease, and that, therefore, it needs their earnest efforts to prevent even the simplest forms; and in difficult and complicated cases, their good sense should enable them to conquer their aversion to calling upon the physician for advice and treatment.

HYGIENIC TREATMENT.

It must be evident even to the common reader that this disease, except in its simplest form, requires medical and surgical treatment; and there is no disease where the rules of hygiene should be more strictly observed than in this.

For young girls every means should be exercised that will assist in a proper and regular establishment of this function; hence, when this process begins with pain, they should be taken from school and all places or occupations of confinement, from exciting scenes, and from mental labor; the ambition to excel even in ordinary studies should be checked; their life

should be vegetative. Attendance at balls and theatres should be strictly forbidden, and the diet be of the blandest character and in conformity with the temperament. And, above all, care should be taken that an evacuation of the bowels be obtained *every day*, constipation being not only an aggravation but often the sole cause of the disorder.

It is very common for girls to seek relief from the suffering in intoxication. This remark may seem extravagant, yet we have known girls to take two ounces of pure brandy or whisky at one dose, and declare that that was the only means by which to secure relief. This practice is dangerous—first, because if it is a case of inflammatory dysmenorrhœa, the stimulant aggravates the disease; secondly, if it is of the mechanical form of difficulty, the stimulus is useless; thirdly, the habit of drinking may be acquired. There is no doubt that in some instances, and particularly in the neuralgic or simple forms, stimulants relieve; yet it would be greatly to their advantage if women should confine their efforts during their intervals of ease to the observance of every care to prevent the recurrence of the disorder, and leave the active treatment to the physician.

Opiates are also resorted to for the relief of this painful trouble, which are no less dangerous than stimulants; and we dare assert, from our personal knowledge, and that gathered from other physicians, that drunkenness and opium eating in women are habits often contracted from the habitual recourse to these baneful “remedies” during the pains of dysmenorrhœa. We regret to say, moreover, that physicians have carelessly encouraged those habits, thoughtless of the disastrous results, when they should instead have studied their cases thoroughly or turned them over to more skillful professional brothers if their own ability failed them.

Moderation in all things, should be the rule of all women suffering from dysmenorrhœa. Rheumatic and neuralgic patients, as well as those of a lymphatic temperament, should dress warmly, and never be exposed to dampness or drafts of cold air; those of a sanguine temperament should make frequent use of cold baths, taking the precaution to follow them quickly by brisk and hard dry rubbing; but nervous and lymphatic temperaments will find the warm bath more conducive to their comfort. During the three or four days just preceding the menses the body should be kept at rest in a reclining position,

and every night a hot hip-bath should be taken before retiring. During the access of pain or spasms hot hip-baths, application of hot poultices to the abdomen, hot applications to the feet; vaginal injections of hot decoctions of hops, marshmallow, chamomile, warm water, etc., will afford relief. If the bowels are not free they should be moved by warm enemata of water. No food water, or very cold drinks of any kind, should be taken immediately before, or during, menstruation; a mouthful of cold water has in many instances brought back all the pains that had been relieved by proper treatment.

MEDICAL TREATMENT.

For *simple, accidental, congestive, and inflammatory dysmenorrhœa*, the following remedies should be applied according to symptoms:

Belladonna. Violent *dragging* pains with *pressing-down* sensation in the vagina. Twenty-four hours before the appearance of the menses, *cutting, spasmodic pains* occur in the region of the womb. This remedy in persons of full habits, should be commenced twenty-four hours before the menses are due, and given every two hours until relieved. The menses are *profuse* when they come.

Cimicifuga. Menses *irregular, delayed or suppressed, but exceedingly painful*. The ovaries and womb feel *tender to touch*; the limbs feel *heavy and numb*. This remedy is particularly useful in women subject to *rheumatic* pains, particularly in the small of the back, over and around the hips, in the neck, etc. The pains during menstruation are like labor-pains, bearing-down, expulsive.

Caulophyllin $\frac{1}{10}$ should follow *Cimicifuga* as follows: *Cimicifuga* during menstruation; *Caulophyllin* during the period of *intermission*, to prevent a return of the rheumatic condition of the womb or ovaries.

Viburnum will relieve the *excruciating, crampy, colicky* pains in the region of the womb during menstruation, particularly when the bloody discharges seem to be mixed with *shreds of membrane*. The patient is *extremely nervous*, and the pain is accompanied by *constant nausea*. It is especially indicated in subjects liable to *neuralgia*.

Viburnum seems to prove more beneficial when given in five-drop doses of the tincture in hot water, every twenty or thirty

minutes. When relief is obtained, it should be given every two or three hours, in smaller doses, during the whole period.

Gelsemium $\frac{1}{20}$ is also useful in very painful menstruation, but particularly when accompanied by *sick* or *neuralgic headache*, with *confusion of ideas* and of *vision*, *nausea*, *congested eyes* and *face*, *throbbing of the arteries* in the temples, *tendency to fainting*, the patient passing a *great quantity of very clear, light-colored urine*.

Cyclamen 3x. Profuse and *often-recurring* menstruation, attended by severe abdominal pains. Reappearance of *long-suppressed* menstruation, increased in quantity and of a *black, lumpy* character. This remedy is particularly efficient when the patient is *anæmic*, with *vertigo*, *liability to faint*, generally *chilly*, subject to bad dreams and uneasy sleep. The pains of this remedy are like *labor pains*.

Mechanical dysmenorrhœa requires the interference of an expert physician.

The remedies for menorrhagia should be looked into, as some of them may be very appropriate to dysmenorrhœa.

PALLIATIVE TREATMENT.

Five or ten drops of the *Acetate of ammonia* of the apothecaries in a tablespoonful of water, every three hours, twenty-four hours before or during menstruation has often prevented the formation of the *clots* that cause so much pain in menstruation.

In cases where the pains are agonizing, *like cramps* in the lower part of the abdomen, the blood flowing with *difficulty* or by drops, a suppository of *one grain of opium* to *one-eighth of a grain of Belladonna*, thrust within the rectum, will alleviate the distress in a short time. Any druggist can put up such suppositories in a few minutes.

Hot water, internally and externally, and even by the rectum, gives great relief.

If the patient is constipated, large enemas of hot water should be used till a good evacuation is secured.

LEUCORRHEA ("WHITES").

This disease, although not dangerous to life, is one of great discomfort and general debility. It consists of a flow of mucus from the genital organs, which varies according to the consti-

tutional disturbance, and the locality and extent of the inflammation, being at times white (from which it takes its name), again bluish, yellowish, or red with blood; at times inodorous, again fetid. The seat of the irritation or inflammation may be in the walls of the vagina, the neck of the womb, the lining membrane of the womb itself, or the fallopian tubes.

Leucorrhœa being a symptom of some constitutional disturbance rather than a disease, has been, by medical men, classified according to its original causes; but in a work intended for the lay rather than the professional reader, a pathological classification would rather burden than assist in the comprehension of its description. As a principal cause of leucorrhœa we must note the constitutional inheritance as found in lymphatic subjects, ill-developed and feeble, generally known from their want of muscular vigor, their pallid faces, soft flesh, weak digestion, morbid and melancholic tendencies. (See "Lymphatic Temperament.") Girls of such constitutions may manifest, even during infancy, leucorrhœal characteristics, probably excited by irritation induced by dentition, or by the presence of worms.

External causes predisposing to this malady are sometimes found in the water of certain mineral springs, in the use of new beer, unripe fruit, milk diet, tea, and *café-au-lait*.

This last article of diet has, by a French author, been declared a very common cause of leucorrhœa among French women, who make daily use of it; the same author asserting that in cases where women refrained from the use of that stimulant they were permanently cured of the annoying discharge. Local irritations from the application of instruments, the wearing of pessaries, or solitary habits of a vicious character have been found to be sources of this disease.

Not unfrequently leucorrhœa is induced by the suppression of some other malady, as a cutaneous eruption, rheumatism, gout, the suppression of a hæmorrhoidal flux, a diarrhœa, or the milk in nursing women; the healing of an old ulcer, the sudden check of a chronic cough.

Again, and more often, it is the result of exposure to either heat or cold, insufficient or excessive exercise, dampness of the atmosphere, wet feet and damp clothing, badly ventilated apartments, insufficiency of light, malaria, poor nourishment, prolonged warm baths, medicated injections, obstinate consti-

pation, rough travelling, riding a hard-trotting horse, inflammation of the womb or ovaries, uterine displacements or ulceration, abortions, and drugs intended to force menstruation.

Fevers, and particularly miasmatic and scarlet fevers, measles, and smallpox, often terminate in leucorrhœa, which is then called *critical*, and regarded as a favorable symptom.

Of all the infirmities that afflict women, leucorrhœa is probably the most common: it affects women of all ages and of all classes, but particularly during the period of menstruation. It is, moreover, an intractable disease, difficult to cure, and one against which physicians have often exhausted their skill and patience in vain.

The probable reason for their failure may be that it has too often been treated as a disease *per se*, rather than as a symptom of disease. No intelligent person could attempt to treat an expectoration as a disease, and prognosticate that when the expectoration ceases the disease is cured. The vagina and uterus are lined by the same mucous membrane that lines the bronchial tubes, an excessive exudation from which would be an evidence of irritation or weakness. There is nothing extraordinary in leucorrhœa, for it is only the excess of a discharge that should always be present for the lubrication of the walls, that would otherwise adhere to each other.

The quality of the discharge may vary just as does the quality of a bronchial discharge, both being dependent upon constitutional and local condition.

And in consideration of the monthly excitement and congestion of the ovaries and uterus, it is not surprising that a debilitated condition of the general system, or other causes affecting the organs of generation, should often determine an irritation of the uterine and vaginal follicles, exciting them to exude an inordinate flow of mucus.

Precursory Symptoms of Leucorrhœa. Heavy pains in the lower part of the abdomen and the small of the back; distaste for articles of food; lassitude; itching of the private parts, which may be tumefied and painful. This condition may be attended by dryness of the skin, fever and sleeplessness. Finally, mucous fluid escapes the vagina, varying in color and thickness. As the disease progresses the above symptoms are present in an aggravated form.

Acute Leucorrhœa. This form may be distinguished from the chronic by its more severe but shorter course.

When acute, the itching of the vagina may be so violent as to be almost unbearable; the local irritation spreads to the surrounding parts and to the bladder, inducing a constant desire to urinate. Soon the characteristic discharge makes its appearance, accompanied by a sensation of heat and distension of the affected parts.

For two or three days this condition becomes more and more aggravated; the discharge increases, and from white it turns to either yellow or green; the inclination to urinate becomes frequent, and the urine scalds; the local inflammation grows more intense, the pain more severe and prolonged. In the course of eight or ten days the inflammatory symptoms yield, however; but the discharge is still on the increase, and becomes thicker and of a deeper color. In two or three days more even these last symptoms abate, and the patient becomes conscious of great improvement. Finally, if no error is committed, in twenty or thirty days the patient gets entirely well. The course of this accidental leucorrhœa is therefore acute, severe, and short.

Chronic Leucorrhœa may be a continuance of an acute form in consequence of bad treatment; and its course then is very irregular, and its duration uncertain. In the chronic form the discharge is continuous, although in some instances it intermits; the acute inflammatory symptoms, such as the intolerable itching and the tumefaction of the parts, may not be present, or only in a slight degree; the pains are less, more bearable, and intermittent; the vagina less painful to the touch.

But this form, although not severe, slowly undermines the general health from its continuance: the stomach takes up the sympathy, loses desire for food, or bears it unkindly, rejecting it at the slightest provocation; digestion, thus impaired, adds to the general bad condition, manifested by weariness, paleness or puffiness of the face, and indifference to pleasure; the head partakes of the general anæmia, and dizziness, fainting and hysteria supervene; the pulse becomes small and slow, and the perspiration scanty.

The patient then is very susceptible to cold and to all mental impressions.

There is also a *transient* form of leucorrhœa which may

occur either before or after menstruation; oftentimes induced by disordered stomach, but borne without much trouble or suffering, passing away with the adoption of a proper diet and the restoration of a good digestion.

Leucorrhœa seems to replace in some instances the menstrual flux.

It has happened that instead of the menses a certain quantity of white mucus has been excreted periodically and regularly every month, lasting four or five days and then disappearing.

Intermittent Leucorrhœa, arising from mechanical causes, yields easily to proper and preventive treatment; when, however, it is a result of feeble, lymphatic and scrofulous constitutions, or of long duration, it may baffle the best efforts of medical art.

The mode of life influences the tenacity of leucorrhœa. When long-continued it interferes with the regularity of menstruation, reducing its quantity and changing its quality; it may even prevent the establishment of the menstrual functions at puberty. When it has existed for a long time, and is suddenly arrested, the malady may be transferred to other organs, as the lungs, exposing them to pneumonia, or to a development of consumption if the patient is scrofulous.

In cases where there is a relaxation of the tissue of the vagina or of the muscles supporting the womb, this constant humidity tends to relax still more those tissues, thus forming displacements and falling of the womb.

A disease of this character, depending upon so many different causes, and particularly upon hereditary and constitutional disturbances, apparently simple, amenable yet complicated, and fraught with danger, requires so much discrimination and clearness of judgment that it seems as if no one but the most competent physician should be allowed to examine and advise. Regarded, as it often is, as a light indisposition, too little attention is given to it, and the recommendation of incompetent persons too readily adopted; it is probably due to this fact that leucorrhœa has been allowed to go on from year to year, until it has sapped the very foundation of a woman's health, and reduced her to a state of chronic valetudinarianism, or sacrificed her to the fatal effects of such diseases as ulceration or cancer.

HYGIENIC TREATMENT.

The treatment of this disease should consist in the strict observance of the rules of hygiene; for a regimen, adapted to the case, is truly of more importance than all the preparations of the pharmacopœia. The leucorrhœal tendency being more generally due to constitutional weakness than to any other cause, it follows that anything calculated to improve the general health should be pre-eminent in the treatment; therefore, the patient should be removed from all enervating influences, of school duties, or any other occupation, of heat, cold or dampness, and sent to the country, where the atmosphere is pure and bracing. Her nourishment, with due regard to her capacity, should be generous, of digestible meats not overdone: Bordeaux, Rhine, Madeira, Port or Sherry wine, used with discretion, may be added to her dietary. She should take regular and systematic exercise in the open air, but proportionate to her strength, never beyond it: the exercise should be gradually increased, until she can walk three or four miles a day without prostration. She should not lift nor carry weights, nor practice cooking by hot stoves. She should keep her skin in moderate perspiration by warm clothing, careful, however, not to expose herself to draughts of cold air. She should shun the ballroom, late suppers, and all scenes of excitement. She should not remain in wet shoes or garments; and when she has unavoidably exposed herself to getting wet, she should return home, walking rather than driving, immediately remove the wet articles, dry the skin by brisk friction, dress herself in dry garments, and move about until reaction is complete. Locally she should keep the parts free from accumulations by daily ablutions, and cleansing with castile soap and water.

TREATMENT.

Calcarea carbonica 3x, or even higher attenuations, is pre-eminently the remedy for *milky* leucorrhœa, which may or may not be accompanied by *aching* in the vagina, *itching* of the soft external parts, *the flow increasing after exercise*. For other symptoms see *Calcarea* in the treatment of delayed or excessive menstruation. It is especially adopted to women of nervous and lymphatic temperament, subject to catarrh and to glandular swellings. *Sepia* 3x when the discharge is of white *mucus*

or *yellowish water*, which chafes the parts, particularly when it occurs before or immediately after the menses, causing *itching* or *stinging pains* in the genital organs. *Sepia* is peculiarly adapted to females liable to sick headaches connected with menstruation, and to brown patches on the forehead or elsewhere at the menstrual period. *Calcaria* and *Sepia* are helpful also in higher dilutions.

China 3x is most adapted in cases where leucorrhœa is brought on by general weakness, and particularly if it follows a malady that has greatly reduced the system.

Hydrastis 3x for *thick, ropy, yellow, tenacious* leucorrhœa, probably accompanied by constipation.

Kreosote 3x. *Yellow leucorrhœa, smelling strongly* and causing *itching soreness, smarting* and *burning* in the vagina. Particularly indicated when nausea is present.

Mercurius sol. 3x for *profuse, greenish, yellow, or purulent* leucorrhœa; *worse at night* and accompanied by *itching, smarting* and *corroding* sensations of the vagina.

Many other remedies can be suggested for leucorrhœa, but as the leucorrhœa they represent indicates abnormal conditions of the womb, ovaries, or of the general system, requiring a diagnosis from an expert physician, they are avoided here to prevent confusion.

In all cases of leucorrhœa, however, daily injections of *hot water* into the vagina will be found very beneficial; there is no objection to the adding of a little *Alum* or *Borax* in the water.

Under the various derangements of menstruation will be found leucorrhœa treated as a symptom.

HYSTERIA.

Hysteria is but little understood by people; to some it causes merriment, to others contempt; yet few are the maladies on account of which the patient deserves more sympathy and kindness. Just imagine a girl conscious of an inner power acting independently of herself, causing her to laugh when she should weep, and weep when she should laugh! Imagine one's command over oneself gone, or the body disobedient to the will! Imagine one talking immoderately when silence would become! Imagine an ecstacy when soberness would befit! Turning, twisting, writhing in extraordinary movements when

modesty would forbid! Imagine one with a horrid pain shooting through the brain (a pain almost facetiously called "elavus hystericus," hysterical spike), being told by the physician that it is "nothing but hysteria!" Imagine a sensation as if a ball were rising in the throat suffocating one to death! Imagine convulsions, apparent death, with a pulse as even and regular as the tick of the most perfect clock! Yet, such is hysteria. Many pages might be filled with descriptions of its manifestations, so numerous and varied are they. Nevertheless, a person, nay, a girl, thus affected, receives no sympathy, because the disease does not kill! Many a tear has been shed over much less dangerous or troublesome affections; much sympathy been wasted where it was less needed! Still, no one can tell what hysteria is. The many names it has received from different pathologists only prove the ignorance existing regarding it. It is easily recognized by its manifestations, but its true origin is undiscovered.

When in ancient times the uterus was believed to be an animal, hysteria was believed to be the wanderings and vagaries of that animal within the body, as if in a frolic or ecstacy; later, when pathology became a science, some have attributed it to a morbid condition of the uterine nerves; others to a similar condition of stomach and bowels; others to congestions of lungs and heart; to spinal irritations, to cerebral excitement, to displacements of the womb, to inflammation, ulceration or irritability of the same, etc. It is a disease that has perplexed many a brilliant intellect; that has been explained only to have the explanation denied; it is useless to the purpose of this book, therefore, to examine into the various speculations regarding its origin; its immediate causes and manifestations will suffice, for everything else is uncertain.

Although this disorder is found among all classes of women, and in very rare instances in men, it is seldom found among the working class; its field of action is principally among that class who lead an indolent life, kept awake by the excitement of the imagination. Those peculiarly predisposed to hysteria are women of ardent temperament, pre-eminently sanguine and nervous; impressionable, lazy and feeble.

The causes that predispose to hysteria are: the effort of nature to establish menstruation at puberty; everything calculated to irritate or inflame the generative organs; and

delayed, suppressed, or painful menstruation. It must be acknowledged, in favor of the uterine theory, that a very large proportion of hysterical cases are associated with some derangement of the womb or the ovaries. Exposure to excessive heat or cold, winds, dampness, or the rays of the sun may produce an attack of hysteria; also violent exercise, fatigue, dancing, long vigils, irritating articles of diet, and, particularly, cheese, oysters, truffles, mushrooms, pepper, spices, etc.; extreme pressure of clothing; too frequent ablutions, particularly if warm; strong perfumes, rich food, and abuse of coffee, tea, wine or liquors; love, jealousy, disappointment, etc.

The *immediate* causes are: a fit of anger, a fright, a violent and sudden affliction, a reproach, improper conversations, the sight of a repulsive object, impressions from a tragical drama, somber music or an affecting story, humorous tales or plays exciting the risibles, contrariety, a sudden joy or the sudden appearance of an object of love or hatred, long and hopeless waiting, bad news, irritating applications to the skin, tickling, etc.

Hysteria (morally speaking) is infectious; if one girl falls into a fit of hysteria in the presence of other girls, some of the latter will very probably become affected in the same way. It is related of a boarding-school that it had to be closed, and the girls sent home, on account of the many cases that followed one which occurred in presence of the class.

Women predisposed to this affection present, generally, all the traits of a very impressionable nature; they are light, frivolous and opinionated; often capricious and irascible; of a humor inconstant and changeable. A trifle will cause them to pass from the most violent expression of joy, from an immoderate laugh, or from affectionate caresses, to sulkiness, sighs, tears and bitter reproaches; even to regret, self-accusation and melancholy.

It may be cruel to say of persons, whose illness makes them irresponsible, that they dissimulate; yet in hysteria this is frequently the case. The patient will often affect a malady that does not exist; and it is told of a lady who had kept her bed for many months, despite the remonstrances of friends and medical attendants, that the ruse of setting her bed on fire was resorted to; and that in her fright she flew out of bed and house, although she had always insisted that it would be death

to her to move from it. She returned to her home and couch, but like other people, and in a natural condition, and from that time retired and rose regularly, without the slightest apprehension or sickness.

Again, other diseases, under the influence of hysteria, may be greatly exaggerated, irregular, and out of proportion to the real state of the affected organ. Hysterical coughs are so exaggerated as to lead one to suppose that pneumonia or phthisis is imminent; hysterical palpitations of the heart, of such violence as to make the patient believe that an organic disease is not only possible, but certain, the assurances of a skillful medical man to the contrary notwithstanding. Apprehension of pregnancy in married women predisposed to hysteria has so misled their intelligence that instances have come under our observation in which women, sensible in everything else, and who had experienced all the symptoms of pregnancy several times before, would insist that they were pregnant, and that they distinctly felt the motions of the child, when there was not a shadow of enlargement of the abdomen, and the womb was in a perfect state of quiescence. To induce the husband and attendants to believe with them they would resort to ruse and deception, and swallow sickening things to make themselves vomit. There is no end to the pranks of hysteria. Those subject to it are truly to be pitied; for their distress, whether feigned or true, is real to them. Generally, when accident or circumstances reveal their real condition, they become totally cured of that hallucination, and never refer to it again. It seems that the shock to the mind received by the humiliating discovery cures the mental obliquity of which they have been the victims.

Catalepsy is apparent death; but although very rare, when it occurs it is invariably associated with hysteria. So, also, is that which is called *ecstasy* or *trance*. Hysterical convulsions may be mistaken for epilepsy; but in the latter there is *entire loss of consciousness*, while in the former there is not. The patient on emerging from an epileptic fit remembers absolutely nothing of what occurred during the paroxysm: not so during an hysterical fit—the loss of consciousness is never complete, and never occurs at the outset. There are other secondary points, such as foam, froth and blood issuing from the mouth of a patient during an epileptic fit, which never happen during

an attack of hysteria, and other distinguishing characteristics which would not be of much use to the lay-reader.

The diseases that are often simulated by this one are: *Inflammation of the peritoneum* (the membrane covering and holding in place the organs within the abdomen). When acute pain in the abdomen, aggravated by the slightest pressure, is present, and is accompanied by hot skin, furred tongue and quick pulse, and the symptoms appear in a young female subject to irregularity of menstruation, the probability is that she is affected by hysteria, instead of that dangerous inflammation, *peritonitis*.

Pain in the side simulates *pleurisy*, diseases of the spleen or liver.

Partial *palsy* is also simulated by hysteria; but the hysterical paroxysms, and the sudden disappearance of the palsy after the paroxysm is over, should be an indication that the case is one of hysteria instead of true paralysis.

A sudden loss of voice, "aphonia," occurs in hysteria, leading the attendants to suppose an inflammation or disorganization of the larynx; there are instances on record where surgeons have plunged the knife into the throat to relieve a supposed and fatal stricture, when in reality it was only an hysterical constriction, that could have been removed by simple remedies.

The breasts become tumefied, painful and tender, alarming the friends with the anticipation of cancer.

The hysterical cough is also common, and has led even medical attendants to believe in the approach of consumption or pneumonia; it is a loud, harsh, dry, spasmodic cough, more like a bark than a cough.

Hiccoughs and eructations, continuing unabated, have made people fear a deep-seated disease of the stomach.

The most common simulations are, however, pains in the joints and along the spine. These have kept women in bed for months, undergoing the most active old-fashioned treatment without improvement. It is in such cases that patients have believed it impossible for them to move, and retained the same position in bed, while they could have walked like any perfectly well person. Dr. Bright relates the case of a young lady who had been confined to her bed for nine months. If she attempted to move she was thrown into a paroxysm of agitation and of great agony, particularly in the abdomen. She gave

no evidence of disease whatsoever. She protested against getting up, declaring that it was impossible. Once he left her for a month, and when he returned he found her completely recovered; for, under a deep religious impression, she had abandoned her former hallucination and had gone to work. It is in these cases that charlatans, Spiritualists, etc., raise people from the dead. They put the patient under the influence of a stronger impression, and she gets well. If they confined themselves to curing cases of hysteria they might be of some use in society; but when they go on, wickedly pretending to cure organic diseases, they should be indicted.

Simple hysteria is quickly detected. Women called hysterical laugh or cry even immoderately, or commence with the former and end with the latter, for trivial causes that often would induce but a smile or a moment's soberness in others. During a play, in which several persons are engaged, any unusual or general merriment will throw a girl into an immoderate and irrepressible fit of laughter, soon followed by long and deep sighs, which are only efforts to regain breath; she will then alternate the fits of laughter with fits of crying as if her heart would break, alarming some one with the idea of having giving offense or pain. If this is not immediately checked by an extraordinary effort on her part, or her mind is not quickly diverted from the object that caused her to laugh, these fits become stronger; a sensation as if a ball were rising in her throat causes her to violently grasp her clothing to remove the object she fancies is choking her; she throws her limbs about and gets partially convulsed; her fingers tighten upon anything within reach, or are spread out like unarticulated sticks. She relaxes only to go in a little while into another paroxysm. During the remissions she moans, pities herself, bewails her fate; no one loves her, every one is against her; she is inconsolable. She tells strange things; she repeats what she knows, whether it is injurious to others or to herself. Great secrets have thus been revealed, and quite as often exaggerated, and even invented. This condition may last but fifteen or twenty minutes, or may continue for hours, and even for days.

A very noticeable fact in this disorder is, that although it may continue for days and months uninterruptedly, the digestive organs are seldom affected; the appetite continues unim-

paired, and the general system remains in a reasonably good condition.

It is a distressing malady but not a fatal one; no person has ever died of it unless complicated with some structural disease. It is probably due to this immunity from danger, and to the extraordinary and often foolish behavior of the afflicted ones, that people have learned to look upon this infirmity with indifference if not contempt.

TREATMENT.

As this is a disease peculiar to women of highly nervous temperament, of an exalted imagination, care should be taken to shield them from all causes predisposing to a development of hysteria. The more the brain is refined by education the more the susceptibility to this disorder is increased; and the fact that it is common among the refined class of the cities and exceedingly rare among the working women of the country is a proof that abundant and pure air, healthy exercise, and a brain untainted by the exciting scenes or temptations of city life are so conducive to that healthy and normal state of the nervous system as to secure exemption from this morbidity. Young girls at boarding-schools promiscuously associated with others, oftentimes of a depraved character, are in great danger. Let their minds remain pure; let them avoid conversations and literature of dubious character, shun everything of doubtful propriety, or they will incur imminent danger of becoming victims to a malady whose very name draws a smile of derision. It is conceded that love, and all its immoderate desires and disappointments, the morbid appetites of precocity and the depravity of the senses grown under improper sexual stimulus, lay the foundations for this disease, which, when acquired, will only leave the victim when nature has reached her limit and the body entered its season of decay.

The great majority of cases of hysteria depend upon some disorder of the generative function or from an exaggeration of the affections. In the former all that has been said regarding these functional disorders should be carefully noticed, and the regimen respectively applied as suggested, when it is evident that hysteria is a consequence of any one of them. In the latter, the parents should secure the confidence of their daughters, and apply such moral remedies as only a loving mother and father can suggest. The cause of the nervous derangement

should be inquired into with care and circumspection, lest fear and suspicion be engendered in the girl, leading her to deceive. Change of locality, of habits and associations, may accomplish a permanent cure. What reasoning cannot effect, compulsion might; but the latter should never be resorted to until the former has been exhausted. Parents, above all, should never forget that they have been young, and that love, although devoted to an unworthy person, is neither unnatural nor a crime; that unreasonable opposition to or compulsory abandonment of her affection may throw the object of their solicitude into a much worse condition than if she had married the one she loved. Inoffensive watch should be kept over the habits of the girl predisposed to this malady, and in many instances it would be well for the mother to take the girl as her companion, and sharer of her room and bed. Let her have plenty of air, exercise, innocent and light amusements; but keep her from spectacular dramas, the ballet, impressive music, and the company of over-weening associates; from religious extravagances, and anything that would strongly impress the imagination.

The diet should be light and principally of vegetables; rich viands, wines, beer or liquors absolutely forbidden, except in special cases of anæmia.

During an attack, cold affusions are very beneficial—sprinkling the face, or pouring a column of cold water from a pitcher on the head; the shock thus produced has often broken a spell instantly. Remove all tight dressing, place the patient on her bed, give her plenty of free air, and remove from the room every person calculated to keep up or increase the mental excitement. In long and continued paroxysms the physician should be in attendance.

MEDICAL TREATMENT.

It would be useless if not impossible in a work of this kind to suggest remedies that would be adapted to every expression of this strange malady. If simple, it requires nothing but the hygienic treatment as suggested above; if complicated or dependent upon some lesion of the womb or ovaries, only an expert is qualified to undertake the treatment with a view to a permanent cure.

INFLAMMATION AND DISPLACEMENTS OF THE WOMB.

The womb up to the period of puberty is totally passive; has no functions to perform, except such as concern its own existence. It is not, therefore, then liable to inflammations or disorganizing diseases. But as soon as it reaches the stage of development for the preparation of the productive period, and becomes subject to a monthly orgasm, it is liable to all the diseases observed in the other organs of the economy. The more active an organ, the more liable to derangement, as may be noticed in the frequent diseases of the brain, of the lungs, of the stomach, bowels or liver, and the comparatively rare diseases of the spleen: hence, the ovaries and the womb, when in the dormant state, scarcely ever assume disease, but when actively engaged in the exercise of the functions peculiar to their organization are susceptible to all the influences surrounding them; nay, the extreme sensibility with which they are endowed, their peculiar irritability and physiological course, constitute a state of activity which dominates the entire physical life of woman. It is not, therefore, surprising that the womb, so much concerned in that physical life, should become deranged in its operations or disorganized by disease; indeed, it is marvelous that an organ subject to so many phases, to so many alterations, should maintain its integrity as often as it does. Supplied abundantly with vessels carrying blood, with nerves connecting it with nearly every other organ, it might be supposed that it would often be invaded by inflammations or nervous maladies, particularly when subjected to violence; but nature, having ranked it in the class of the noblest organs, has provided it with means of resistance which enable it to undergo the severest trials without perishing.

INFLAMMATION.

Inflammation of the womb is divided into the *acute* and the *chronic*. Acute inflammation of the womb, the ovaries or the

vagina, is very rare amongst unmarried women. The distinguishing symptoms attending the acute form, however, are fever and severe local pain. The pain in the region of the womb may be so acute as to render even the weight of the clothes unbearable; it extends to the back and even down the thighs; the parts are swollen and sensitive to the touch. Standing or walking is almost impossible; the sitting or lying position relieves, in favoring the inflamed organs. The bladder and the rectum become, also, sensitive, rendering evacuations from either difficult and painful. During the attack the fever is accompanied by thirst, a furred tongue, headache, hot skin and nausea. Acute inflammation of the uterus may be confounded with inflammation of the bladder; the physician is the only person qualified to make a differential diagnosis, and therefore should be called to examine the case.

Chronic inflammation of the uterus is more common than the acute; it may be a consequence of an anterior acute attack, but more generally it is the result of continued local irritations. This inflammation is partial rather than general; that is, it occupies a portion of the womb rather than its whole body, and the part more generally affected is the neck. The symptoms of the chronic form vary from the acute, in being much less intense and in the absence of fever. The patient generally experiences a constant dull, aching, deep-seated pain in the lower part of the abdomen, particularly in the groins; also a sensation of weight in front, and a dull, aching pain in the back. The backache is almost constant. Walking, riding, driving, going down stairs, aggravate all these symptoms, and cause the patient to long for rest. Before and during menstruation the pains are greatly increased. The stomach sympathizes in very high degree, and is nauseated at the slightest provocation. The whole system is irritated, inducing repeated sick headaches and various forms of dyspepsia or hysteria. Many cases of dyspepsia and hysteria have been permanently relieved by successfully treating a chronic inflammation of the neck of the womb. In fact, continued nausea, when there is no disease of the stomach, may be taken as a sure sign of chronic inflammation of the womb.

Women thus affected are generally sallow, languid, very sensitive, and liable to headaches, want of appetite, and constipation. Common symptoms complained of by such sufferers

are flatulence, heartburn, loss of appetite, foul tongue, constipation, headaches, disordered vision, sleeplessness, bad dreams, flushing of the face, palpitation of the heart, etc.

This form of inflammation is liable to perpetuate itself unless skillfully treated by a physician, as, when long-continued, ulcerations of the neck of the womb are apt to follow, with or without discharge. When the ulcers are very active, or even indolent, discharges occur, which vary from a healthy to a thin, serous, purulent character; they may be so slight as to go unnoticed, or may be very abundant and troublesome. This discharge should not be confounded with leucorrhœa; in ulcerations it is generally of a bloody or of a purulent character; red, yellow, or greenish.

We could not follow in this work the manifold symptoms of structural disorganization resulting from these inflammations; it is a subject on which volumes have been written by very able authors, and one which is more applicable to married women or those advanced in years, than to young unmarried ladies. These diseases are noticed here because they are often the consequences of the simpler disorders of the uterine functions unobserved or neglected in the earlier period of life, when, from ignorance of the functions peculiar to their sex, girls commit acts of indiscretion that eventually lead to the development of such diseases. The several chapters on the various disorders of menstruation should be to them a sufficient guide in the *prevention* of structural diseases. When those diseases appear, no false modesty should prevent their appealing to a skillful physician for aid, as without it years of suffering, and possibly a painful death, will ensue.

DISPLACEMENTS.

An unnatural position of the womb is a disorder which should not affect girls; yet we regret to say that in the higher classes of society it prevails. Anatomically the womb is held in place by ligaments, and by the surrounding pressure of the vagina, and other tissues. If, therefore, the condition of a woman is that of general weakness, the ligaments and other tissues are relaxed, and the womb allowed to fall downwards for want of support; this would be a simple case of *prolapsus*, falling of the womb. There are other causes predisposing to

this displacement, as: *increased weight and size of the uterus*, which is possible after repeated inflammations, or by the presence of tumors within its chamber; *distention of the abdomen*, induced by habitual constipation, inflammation of the intestines, dropsy, a distended bladder, enlargement of the ovaries, etc.; *pressure on the abdomen*, from tight dresses, corsets, or heavy clothing carried on the hips, etc.; *leucorrhœa*, facilitating local weakness and relaxation.

Displacements may, however, occur instantaneously from a great exertion in carrying weights, lifting, straining in defecation or urination; from a leap, a fall on feet or knees, a blow; from long standing, or excessive dancing; from spasmodic coughs, sneezing, and vomiting.

These displacements have received different names according to their character; for the womb may fall forward or backward, or double upon itself. We mention these varieties simply to convey a general idea of their nature and causes. When it falls directly downward it is called *prolapsus*; when it bends forward, *anteversion*; when backward, *retroversion*; when it bends upon itself forward, *anteflexion*; when it bends upon itself backward, *retroflexion*; and when it projects out of the mouth of the vagina, *proidentia*. There is another, but very rare, variety termed *inversion*, when the fundus of the womb falls within its own cavity.

Bearing in mind the anatomical fact that the womb lies between the bladder and the rectum, it is easily comprehended that if the bladder is kept distended with urine it will press the womb backward upon the rectum; and, *vice versa*, if the rectum is allowed to become unusually distended with fecal matter, it will thrust the womb forward upon the bladder. When this is allowed to go on habitually, the womb acquires that position thus forced upon it, and retains it permanently unless replaced in proper position.

Simple Displacements may be carried a long time without causing discomfort, particularly by strong women of a phlegmatic temperament, or of a not very susceptible nervous system; but others, more irritable, soon become aware of some derangement by the innumerable unpleasant sensations of which they become the victims.

The general symptoms are: languor, lassitude, and weakness; the patient is inclined to lie down after every little exer-

tion: there is disposition to pain in the head, in the eyes, temples, and almost constantly in the back; if of nervous temperament, the patient becomes irritable, peevish, excitable and restless: the appetite is very often disturbed, and the stomach often feels as if caving in. The patient is better in the morning, and always after long rest; her feet are cold, and her face often flushed.

The local symptoms are: sensations of fullness, of pressure and of weight in the lower portion of the pelvis; if the womb falls forward, the pressure on the bladder induces a desire to pass water frequently, sometimes with inability to do so; if the womb falls backward, the sensation of pressure and weight is at the rectum. During an evacuation, particularly if constipated, a sensation is felt as if everything were dragged out. "Bearing down" is another and very common sensation, accompanied often by what women thus affected call an "open feeling" at the mouth of the vagina. Standing, walking or riding aggravate all these sensations, while the recumbent position relieves them greatly.

Menstruation is generally regular and painless, unless the womb is bent upon itself, in which case all the symptoms of dysmenorrhœa may be present.

A diagnosis of displacements is not possible from the symptoms above indicated. When there is a suspicion of such an occurrence, a local examination is necessary to determine the case.

These deviations of the position of the uterus are not generally attended with danger; but *if allowed to continue*, the system gradually sympathizes, and we then have an array of unpleasant symptoms never to be relieved until the uterus is properly replaced. Complete rest on the back for a week or two is often sufficient for the uterus to return to its place, provided the obstructions to its accomplishment are removed. When rest is not sufficient to restore it to its place, complications may be expected which only a competent physician should be allowed to treat.

It should be observed here that, although simple displacements may be of little importance to an unmarried woman, they are always grave to a married one; and that, therefore, no young woman should be permitted to remain in such a condition when entering the connubial state.

BREASTS.

INFLAMMATION AND ABSCESSSES OF THE BREASTS.

This has been partially explained and treated in the chapter on milk fever and engorgement of the breasts in nursing women, but this disorder is not confined only to women in that state; young girls and even males may be affected by such swelling and inflammation.

They may be caused by blows, by severe handling, by exposing them to a draught of cold air while warm and in perspiration; in nursing women, besides, by engorgement of the milk glands.

Symptoms. The first symptoms are chilliness, followed by fever with tenderness in one breast. Inflammation and *swelling* will then be noticed in the neighborhood of the nipple. The swelling will increase and become exquisitely *tender*. If the inflammation is not arrested it will go on to suppuration, which may take eight or ten days. In the meantime the breast gets very *large, red and hard*; finally it softens in one direction and pus is evidently present. It is then that it should be opened and the pus let out.

TREATMENT.

From the very beginning hot fomentations should be applied to the breast. A large and thick flaxseed meal or hop poultice should be applied, and renewed every two or three hours. It should be continued until the inflammation, tenderness and redness disappear or until it has ceased to form and discharge matter. Nursing women should give up nursing from the breast as soon as inflammation is set in, for it is impossible to tell how soon pus will form, which may get into the milk and thus given to the baby; yet the breast should be kept empty of milk as much as possible by the breast-pump.

Aconite 3x and *Bryonia 3x* should be taken in alternation every hour, as soon as the *chill* and *fever* appear. *Bryonia*

should be substituted by *Belladonna* 3x as soon as the breast becomes *inflamed* and *tender*.

If these remedies do not cause the inflammation and swelling to subside in two or three days, it is evident that the tendency is toward suppuration, when *Hepar sulphuris* 3x should be given every hour.

If the suppuration is thus arrested, but a hard lump remains, *Mercurius solubilis* 3x should be given every two hours, for several days.

When the hard lump becomes soft and doughy it is evident that suppuration has fairly taken place: it is then that the abscess should be opened by the surgeon.

LITTLE LUMPS OR TUMORS OF THE BREAST.

It often occurs that a woman notices a lump on her breast. A woman should not confound this with the lumps *deep* in her breast, *which she has at all times*, and which are really the *lacteal glands*. The tumors that she should observe are the *superficial ones*, either just under the skin, not appreciable to the eye, or standing out as large as walnuts. The first thought that will arise in her mind is, "Is it cancer?" Such tumors are often found that are perfectly *innocent*; in that case, though the little tumor is felt or seen, it *does not show any change in the appearance of the skin*, gives *no pain* and is *movable*. But if the skin *puckers* on the top of it, and now and then *lancinating pains* pass through it, the tumor is not benign, and a surgeon should be immediately consulted. The former should be let alone, the latter treated only by a skillful physician or surgeon.

OVARIAN TUMORS.

Tumors that should also greatly interest a woman are the ovarian tumors.

These tumors often deceive the best of surgeons, hence it would be useless to attempt to give positive instruction to a non-professional regarding them in a book like this. But if a woman is worried with *indefinite pains in the lower parts of the abdomen* and in the *back*, with *difficult or painful menstruation*, with a *general feeling of illness*, which does *not improve* under

proper rest and hygienic measures, and by feeling *deep into her groins* she finds *lumps* or *swellings*, which may or may not cause pain on pressure, she should lose no time in consulting a physician. The removal of the ovaries has relieved women from impending insanity; in fact, diseased ovaries are so dangerous to the well-being and even to the life of woman that the best of counsel should be secured, without hesitation or loss of precious time.

A woman may think herself pregnant, when, in reality, she has a tumor; again she may think she has a tumor, when, in reality, she is pregnant. These hints are for the purpose of showing to the reader that in case of an enlargement of the abdomen, either on one side or the other, and even spread equally over the abdomen, unless she has positive knowledge of pregnancy being present, she should consult a physician, and a good one.

MATERNITY.

PREGNANCY, ITS NATURAL COURSE AND THE DERANGEMENTS THAT MAY OCCUR DURING ITS PERIOD.

This is a part of the well-known "Maternity" of the author, revised and improved.

Suppression of the Menses. The suppression of the menses is not a certain sign of pregnancy, although it is one of its most important concomitant symptoms. Exposure to cold or wet, a shock to the nervous system from fright or other causes, uterine congestion or structural disease of the womb—any of these may cause suppression. There are instances in the history of pregnancy when women menstruated regularly through the whole period of utero-gestation (pregnancy); and it often occurs that women menstruate for the first two or three months. Baudelocque and Dewees mention cases when women menstruated only during pregnancy.

Enlargement and Shape of the Abdomen. The enlargement and shape of the abdomen is not always a sure indication of pregnancy, and certainly not during the first three months. At the end of the third month, however, some physicians believe that they can detect a flatness in the lower part of the abdomen, which is produced, partly by the intestines being pushed upwards and sideways, and partly by gaseous accumulations. The French have so much confidence in this change, that they have adopted the adage, *En ventre plat, enfant il y a.* (in flat abdomen there is child). During the first month the process of gestation causes more blood to flow to the uterine region; and the womb, in adapting itself to the new condition, causes a sympathetic irritation of the alimentary canal, which induces formation of gases that render the abdomen more tense and full; but this soon disappears, leaving the abdomen more natural, apparently destroying often the sanguine hopes of the would-be mother.

Gases are often a concomitant symptom of pregnancy. In

some cases, they are so troublesome as to suddenly collect in the abdomen; and cause such distention as to throw the patient into spasms.

After the third month, the abdomen acquires a very perceptible prominence, which gradually increases and rises, until it fills up the whole abdominal region.

The increase and modification of the abdomen is not in itself a sure sign of pregnancy; for some women, after marriage, become very fat; others are so constructed as to show very little increase; while others show it very soon and plainly. Women having a large frame and large pelvis would show very little abdominal prominence; but little women with small pelvis, or women having the lower part of the spine much curved forward, would show a great deal. This is to be borne in mind in judging of the advancement of pregnancy when there are no data to go by.

Although a gradual increase of the abdomen is a strong indication of pregnancy, there are often diseases that simulate it. Dropsy may be present; tumors may be growing in the abdomen. These exceptional cases do not often interfere, however, with the diagnosis.

Additional Signs. A woman oftentimes cannot tell whether she is pregnant or not until the fourth or fifth month; when *quickenings* occurs, and there is no more room for doubt. There are, however, rational or sympathetic symptoms accompanying the suppression of the menses, strongly indicating that pregnancy exists. A month or two after conception the *mammæ* (or breasts) enlarge, and often become the seat of slight pains and prickling sensations; the nipples also enlarge, become tumid and darker; the areola, or ring around the nipples, spreads in circumference, and assumes a darker color, in brunettes becoming almost black. The little follicles, or pimples, also become more prominent and darker, and the veins more blue. These symptoms and changes, however, often occur from sympathy with a diseased womb. And some women state that they experience them before and during every menstruation.

The *presence of milk* in the *mammæ* is an additional sign, although old women and young girls have been found with milk in their breasts.

Morning sickness—nausea or actual vomiting on rising from bed—is another rational sign. The term is misapplied, how-

ever, for the sickness may come on after every meal, or at any time during the day or night. Many are fortunate enough to escape this distressing symptom entirely; others are subject to it during the first two or three months and the last; others are afflicted by it through the whole period, becoming thus much exhausted, and their life, in some instances, put in jeopardy. This symptom is so common, that it is sufficient, in some women, to pronounce pregnancy at its appearance. It generally lasts from six weeks to three months, when the patient experiences a great relief until the eighth month; then it often reappears.

It is advanced, also, and it has been pretty thoroughly tested by *accoucheurs*, that a certain change in the urine of a pregnant woman takes place, which may add to the circumstantial evidences of pregnancy; and that is, the presence of a mucilaginous principle called *Kyestein*. This may be detected in the following manner: take half a pint of the urine of a woman supposed to be pregnant, passed early in the morning, before breakfast: put it in a glass cylinder or a tumbler; cover it with paper, and let it rest in a safe place; after two days, a dense pellicle of fat-like matter will be found on its surface, which will increase for two or three days longer, and then evolve a powerful odor of putrefying cheese.

For the sake of brevity, I will give here the recapitulation of the rational signs of pregnancy, according to Gazeaux:

FIRST AND SECOND MONTHS.

Suppression of the menses (numerous exceptions).

Nausea, vomiting.

Slight flatness of the lower part of the abdomen.

Depression of the umbilical ring.

Swelling of the breasts, accompanied with sensations of pricking and tenderness.

THIRD AND FOURTH MONTHS.

Suppression of the menses continued (a few exceptions).

Frequently continuance of the nausea, and sometimes vomiting.

Less depression of the umbilical ring.

Augmented swelling of the breasts, prominence of the nipples, and slight discoloration in the areolæ.

Kyestein in the urine.

FIFTH AND SIXTH MONTHS.

Sensation of quickening, motion in the abdomen.

Suppression of the menses continued (some rare exceptions).

Vomiting and nausea disappear (few exceptions).

Considerable development of the whole sub-umbilical region.

A convex, fluctuating, rounded abdominal protuberance, salient particularly in the middle line, and sometimes exhibiting the fœtal inequalities.

The umbilical depression is almost completely effaced.

The discoloration in the areolæ is deeper, tubercles elevated.

Kyestein in the urine.

SEVENTH AND EIGHTH MONTHS.

Suppression of the menses continued (exceptions very rare).

Active movements of the fœtus (child).

Disorders of the stomach (rare).

The abdomen more voluminous.

Sometimes pouting of the umbilicus.

Numerous discolorations on the skin of the abdomen.

Sometimes a varicose and dropsical condition of the vulva and lower extremities.

Extended and deeper discoloration of the areolæ; breasts still larger, and nipples more prominent; sometimes flow of milk.

Kyestein in the urine.

FIRST FORTNIGHT OF THE NINTH MONTH.

The vomiting frequently reappears.

The abdominal swelling has increased, rendering the skin very tense.

Difficulty of respiration.

All other symptoms increase in intensity.

Sometimes pain in the back, and other irregular pains.

LAST FORTNIGHT OF THE NINTH MONTH.

The vomiting often ceases.

The abdomen is fallen.

The respiration is easier.

Great difficulty in walking.

Frequent and ineffectual desire to urinate.

Hæmorrhoids; augmentation of the varicose and dropsical state.

Pains in the loins.

The woman who reads the symptoms of pregnancy, as above given, may justly complain that, after all, they are not as satisfactory as she might desire: for, surely, they do not remove the doubt. Unfortunately the observing physician can do no better: yet, if after cohabiting with her husband she, being generally regular, now misses her menstruation without any other cause that she can appreciate, and the absence of the menses is accompanied by the enumerated changes in the breasts, or by an unaccountable sickness of the stomach, while she is otherwise fairly well, she may conclude that she is with child: at any rate it is safe to so regard the situation.

QUICKENING.

“Quickening” is the common term by which is generally meant the first cognizance that a mother takes of the child’s moving. This first motion of the child must not, however, be understood to be the beginning of life, but simply the beginning of muscular action. The period in which it occurs varies; but, in the majority of cases, it dates from the eighteenth week of utero-gestation. The child may be felt earlier or later, stronger or weaker, probably according to its constitutional strength and the room it has move in. I have seen cases where the mother prognosticated a strong, large child, from her feelings; while, to her great surprise, she gave birth to a small and puny infant. The great movement during pregnancy was due to an immense quantity of water in the sac, in which the child could float and move freely. Whenever the mother cannot give approximate data of conception, she may safely calculate the date of the end by adding four months and a half to the date of quickening. These peculiar movements at first often induce sensations of syncope, or fainting, which gradually disappear as the woman becomes accustomed to the cause.

The sensation of quickening does not remove all doubt as to the existence of pregnancy. Some women have not only felt this, but have thought of having seen even the movements of the child through the abdominal walls, and yet were not pregnant. Again: women have been found pregnant when they had not been conscious of any sensation of quickening. The movements of the child may be so slight as to be imperceptible to the mother.

DURATION OF PREGNANCY.

Two hundred and eighty days is the general average, which may be divided into ten lunar months, or nine calendar months and ten days.

THE PROBABLE TIME OF DELIVERY, OR THE AGE OF THE CHILD IN THE WOMB.

This has already been alluded to in discussing the progressive signs. Pregnancy is generally dated from the last appearance of the menses. In this, however, physiologists have differed; probably from the fact that many women have been disappointed by this calculation; and this question cannot be settled as long as it is impossible to exactly tell when conception takes place.

The accepted theory is now, that an ovum descends into the womb immediately before or after every menstruation; that it remains there eight or ten days, exposed to fecundation; that, after this, it loses its vitality, and passes off, after which the female is not liable to conceive until the next operation of the ovaries. This theory has a great deal that is plausible, but has been found untenable in so many instances, that it is not to be relied on. An *accoucheur* of great renown and experience has given a hundred and fifty cases, in each of which he had noted the precise date of the last appearance of the menses. These cases, which will be found below, show the impossibility of making an exact calculation of the time of delivery from that date.

Five women were delivered in from	252 to 259	days.	37th week.
Sixteen " " " " "	262 " 266	"	38th "
Twenty-one women were delivered in from	267 " 273	"	39th "
Forty-six " " " " "	274 " 280	"	40th "
Twenty-eight " " " " "	281 " 287	"	41st "
Eighteen " " " " "	288 " 294	"	42d "
Eleven " " " " "	295 " 301	"	43d "
Five " " " " "	303 " 306	"	44th "

It can be well understood, that if a woman conceives just before her menses are due, and the menses become suppressed in consequence, and nine months are counted from the time of the appearance of the last, the calculation will fall short four weeks; thus giving the false impression that the woman has been pregnant ten months before giving birth to the child.

ADVICE TO A WOMAN WITH CHILD.

First of all, be hopeful. There is not one case in a hundred in which life is imperilled; and there is no reason why you should be that one. Take your chances with the ninety-nine. Do not appeal to old women, or listen to their stories. If you have any apprehension, apply to your physician, who will assist you in case of need. Be moderate in everything: shun balls, heated rooms, crowds, and excitement.

Avoid unpleasant sights, and do not listen to frightful stories: there are instances reported, which, although no physiologist can explain them, have created such an impression upon the mind of a woman carrying child, as to cause her to give birth to an infant bearing marks of these impressions. Still, these instances are very rare. Dr. William Hunter, of London, in two thousand cases of labor, was accustomed to ask, as soon as the woman was delivered, whether she had been disappointed in any object of her longing, whether she had been surprised by any unusual shock; and, when answered in the affirmative, did not in *one* instance find the circumstances to coincide with marks on the child. Therefore, while I caution you against unpleasant impressions, I would by no means arouse in your mind any tendency to dwell on the fear of such an event.

Take daily exercise in the open air; do not lace; do not run; do not jump; do not drive unsafe horses; give up dancing and riding; do not plunge into cold water. Many women in your condition will tell you they have done these things, and no harm befell them; still, do none of them. Sponging your body will answer for cleanliness, and a happy heart for the dancing and riding.

If you are weak, do not run for extolled tonics, for beer, or whisky. Apply to your physician: he will discover the cause, and find the remedy.

Do not take medicines (purgatives, in particular) on your own or your friends' advice: your physician is the only person capable to prescribe for you. I have known an "innocent purgative" to be followed by frightful consequences.

In your diet, use nothing that induces constipation.

Remove from your chest, waist, and abdomen any article of clothing that exerts undue pressure.

Avoid all practices that increase nervous irritability, such as an immoderate use of coffee or tea; also, operations on the teeth.

Do not indulge in inordinate or morbid appetites. A woman in pregnancy may have unusual aversions or longings. It will do no harm to avoid what is repugnant to you; but it may be detrimental to your health to satisfy the longing for slate-pencil, chalk, or other deleterious substances which sometimes women in your condition crave.

But, above all, keep a cheerful mind: do not yield to grief, jealousy, hatred, discontent, or any perversion of disposition. It is true that your very condition makes you more sensitive and irritable; still, knowing this, control your feelings with all your moral strength.

Your husband should be aware, also, that this unusual nervous irritability is a physical consequence of your condition, and would therefore be more indulgent and patient, unless he is a brute.

If you believe that strong impressions upon the mother's mind may communicate themselves to the fœtus, producing marks, deformity, etc., how much more you should believe that irritability, anger, repinings, spiritual disorders, may be impressed upon your child's moral and mental nature, rendering it weakly or nervous, passionate or morose, or in some sad way a reproduction of your own evil feelings! And, indeed, this is more frequently found to be the case than is the physical marking of a child by its mother's impressions.

FEARS OF DANGER IN BEARING CHILDREN.

These apprehensions, so common in pregnant women, are very seldom well founded. If a woman has no deformity of the spine or pelvis; if the distance from hip to hip indicates no unusual narrowness; if, as she stands, she sees that she is as well formed as the majority of women; and if she knows of no objective reasons herself—she should conclude, without any further thought, that she is perfectly able to bear children. A deformity which would disable a woman from bearing children would be of such magnitude as could hardly escape her notice.

APPREHENSIONS OF DIFFICULT LABOR.

Experience does not show that a woman's first labor is necessarily a difficult one. It often occurs that her first labor is an easy and short one; while subsequent ones are more protracted and painful. It depends upon the condition of the soft parts of the woman at that period, whether more or less relaxed; and also upon the size of the child, which cannot be prognosticated.

The size of woman is never a hindrance in labor; small women bear large children with comparative ease.

MALADIES DURING PREGNANCY.

Nature has provided that pregnancy should not be a source of disease; but ignorance, false modesty, fashion, previously-acquired diseases of the womb, errors of regimen and diet, a weak constitution, bad training in girlhood, often lay the foundations of serious troubles during pregnancy.

These diseases will be discussed separately, and means to avoid and to alleviate them suggested. At the head of them stand

MENTAL DISORDERS.

Such are, *undefined fear of pending evil; anxiety about the future, and fear of dying*; many forebodings and gloom, even to despair.

These mental disturbances, although they may have no cause, are serious in the extreme. It is important to the mother's well-being, and to a happy termination of her labor, that these mental illusions should be conquered. Serious consequences have been produced by an overwrought imagination. This dark phantom that hangs over the reason of the already burdened patient should be chased away by gentle reasoning and moral suasion.

To you, husbands, I say, Reflect upon the manifold inconveniences and annoyances your wife must labor under while pregnant. The love which you gave her before the altar of God—double it now. Think of the suffering you are spared, which she must undergo to give you the delight of paternity. In doubling your attentions, in anticipating her desires, in calming her fears, in soothing her irritations, you do only your duty, though it should also be your highest pleasure. Do it cheerfully; let your devotion spring from a manly heart—from the heart of a true husband. What was a molehill to your wife before must be a mountain now. Smooth her rugged path; shade her from the burning flame of mental

agitation; encourage her, inspire her with hope; and when the time comes that she lies prostrate, her face beaming with happiness at the sounds of her first-born, thank God that you have been kind to her.

The hygiene in these cases is purely a moral one, and must be conducted by a careful and loving husband, and affectionate relatives or friends. When forebodings and gloom pervade the mind of her who is to become a mother, reasoning may be in vain. In this case, her condition should not be totally ignored lest offense be given; but unknowingly to her, and apparently unaffected by her fears, simple means may be employed to throw her off the gloomy path of her thoughts. The wife's tastes and predilections when in health being known, there are a hundred things that can be done to attract her from her sorrow of self into innocent distractions and pleasures. This must be done without an effort or an apparent purpose, else the object may be defeated by making her aware that care and kindness is induced by solicitude. Bring home a good book, a favorite fruit, or a mutual friend with whom you may enter into an innocent conspiracy for her good. Invite her to take a walk; and then do not rush her through an unfeeling crowd, but walk leisurely in a favorite place; call her attention to objects of interest, and even to trifles, that may have amused her before. Have some congenial friends at home; a game of whist, or any sort of innocent game, and moderate gayety; a little surprise-party of dropping-in friends—some genial, happy faces. If it be necessary, an innocent plot with your friends may be formed to get her out some evening to a social meeting, a lecture, a concert, a lively, pleasing drama. If the rooms or halls are too hot or crowded, you may show solicitude enough to take her home. Cheerful fireside, unstinted sacrifices, loving sympathy, will rob the mind of many a dark shadow. Change of scene; short, easy journeys to favorite cities or spots, is a source of pleasant and healthy excitement that will invigorate body and mind. Be never weary, and success and happiness will crown your noble efforts.

MEDICAL TREATMENT.

For a non-professional, it is difficult to nicely discriminate these symptoms, and I would therefore refer the patient to her physician. A few remedies may safely be tried, however, in

case distance or other causes should make him inaccessible. The medicines are indicated, and, following them, the symptoms of the child-bearing patient, for which experience has shown them to be adapted.

Cimicifuga. Great mental depression; melancholy; fear of dying; doubts the affection of her beloved ones; suspects they turn against her; wants to leave them; wants to leave the home she has loved; wants to be alone; is jealous, restless and unreasonable; is apprehensive of the end; does not sleep well; when she sleeps, she is wakened by unpleasant dreams.

One drop in a little fine sugar every two or three hours.

Ignatia. Excessive desire to do things in haste; great tendency to start; irritation upon the slightest contradiction; inconstancy; impatience; irresoluteness; quarrelsomeness; intolerance of noise; taciturnity; brooding. The patient is sensitive and sad.

Same as the above.

Aconite. Lamenting apprehension of approaching death; presentiments; inconsolable anguish; lamentations and reproaches from trifling causes; great anxiety, attended by palpitation of the heart; increased heat of body and face and great weariness of the limbs.

Same as the above.

Hyosciamus. Jealousy; fear of being poisoned; talks a great deal; vertigo; dullness of feeling.

Same as the above.

Potency. *From the 1st to the 3d decimal; or from the 12th to 30th centesimal.*

DISORDERS OF THE STOMACH.

In connection with this subject, I have already mentioned *morning sickness* as a concomitant symptom of pregnancy. It is probably the most reliable sign. Some women have only to feel the return of this discomfort to declare themselves pregnant. Vomiting can, nevertheless, occur under different circumstances; yet when the tongue is clean, and free from all appearances indicating disease of the abdominal viscera, and the vomiting persistently and periodically returns on rising from bed; before, after, or during meals, at certain hours of day or night,—physicians accept it as a conclusive evidence of pregnancy.

It may appear immediately after conception; but it more frequently commences after the second or third week. It may continue for three or four months,—generally not beyond the third,—and sometimes it will not cease until quickening. It may continue irrepressibly through the whole period; but, generally, it only reappears after the eighth month, and ceases when the enlargement descends in the abdomen, two weeks previous to confinement.

The frequency and intensity of the vomiting varies in different subjects, and often in the same. A woman may vomit only in the morning, before eating,—a sort of viscid, glassy mucus, which may be accompanied by some green bile, particularly if the straining is severe. Some vomit after eating, and then easily emit the ingesta. It happens, also, that vomiting is induced after a few mouthfuls of food: and the patient is able to return and finish her repast without inconvenience. There are distressing cases in which even the smell of food provokes vomiting. Again, the patient has nausea, and makes all the efforts of vomiting without being able to do so. In cases where the straining is very severe, the shock may be communicated to the lower part of the abdomen, causing distressing pain, which, however, gradually wears away in a few hours.

Nervous susceptibility may be greater in some than others. Constitutional disturbances, a reckless disregard of the laws of digestion, indulgence in obnoxious articles of diet, devotion to the baneful fashion of small waists, may greatly aggravate this distressing symptom.

Irrepressible and long-continued vomiting, however, must be connected with some disorganization, maintaining a constant irritability of the womb, such as ulcerations, displacements, or congestion; or it may be due to an excessive sensibility of the nervous system. This vomiting may be very severe and intractable, particularly when no cause can be ascertained. Premature labor has often been induced on the plea that the life of the patient is in danger; but this high-handed measure is sometimes distrusted by the fact that the most irrepressible vomiting has suddenly ceased without medical or surgical interference. A shock from sudden joy or fear, it has been recorded, has stopped the vomiting, never to reappear. This would lead us to suppose, that, in those instances, it was a

nervous disturbance suddenly changed by stronger impressions.

In *irrepressible vomiting*, however, the womb should be examined, and, if found diseased, proper medical or surgical treatment should be applied.

Simple vomiting may be borne with comparative comfort and patience; it will produce no disastrous effects on the patient,—nay, in some cases, it seems only to deplete the system, which is a natural treatment in plethora, against which we have no gainsay. Vomiting that requires medical treatment is rare; still, when a constant vomiting interferes with the functions of the stomach, and wears away the patient, medical assistance is absolutely required.

The apprehension that excessive vomiting may affect the well-being of the child in utero must be done away with; for there is not one instance recorded where it is proven that the child has thus been affected.

REGIMEN.

A cheerful mind; avoidance of mental excitement (passion, anger, fear, etc.); exercise in the open air without fatigue; early hours to rest, and early rising. When the sickness overtakes you on rising from bed, try taking breakfast before rising. A few mouthfuls of pulverized ice, swallowed quickly, often relieve nausea. In distressing vomiting, ice applied to the pit of the stomach has given relief, although it is a hazardous remedy. Champagne, in many instances, has relieved vomiting very promptly: I have prescribed it with success for nausea of jaundice and cholera. A change of the usual hours of eating, the use of lemonade, Vichy water, or a few teaspoonfuls of sherry wine, brandy, ether, peppermint water, or a watery solution of *Calomba* root, have relieved cases.

The treatment of vomiting will be found in the next chapter on

DERANGEMENT OF APPETITE (APYREXIA).

The same sympathetic relation existing between the uterus and the stomach, which causes vomiting, will cause *want of appetite, water-brash, acidity, indigestion, aversion to food, flatulence*, and that capricious appetite for *chalk, slate, dirt*, and many things too absurd to mention. The appetite may also

become excessive, indeed, voracious; in the latter instance, however, it indicates a diseased condition of the stomach. This appetite has sometimes been satisfied to an alarming extent, on the vulgar supposition that, as the child derives nourishment from the mother, the mother should eat a great quantity to supply both. This error may cause serious trouble in women who have a strong tendency to plethora. It may give origin to dizziness, fullness, pressure in the head, indigestion, flatulence, spasms, piles. It increases the quantity of blood, overcharging the veins, which become fuller, causing swelling of the feet and limbs.

A good appetite should be satisfied; but a voracious one should be allayed by light food, taken often, in not very large quantities, and treated medically.

I have already mentioned *appétites for unusual or obnoxious articles*. As moral persuasion is almost always useless in these cases, care should be taken that the indulgence allowed may not seriously interfere with digestion and health. The importance that people attach to these longings is unfounded, and should not be gratified to any great extent.

It is true, that, in many cases where the stomach craves unwholesome articles, they have been taken with impunity; still, prudence is a shield against accidents.

In *loss of appetite*, it is useless to force the patient to eat; then the most nourishing food should be concentrated in small quantities; such as beef-tea, calf's-foot jellies, eggs, cream, etc. A little wine may be useful; but medicated tonics should not be taken without the advice of the physician. Keep in the open air; take gentle exercise, walking particularly.

For *water-brash*: Vichy water; one teaspoonful of chareoal; three or four grains of bismuth; but, particularly, water acidulated with a drop or two of nitric or sulphuric acid, or with the juice of lemon, has been found very useful.

Diet. The diet should consist of wholesome articles, such as beef, mutton, lamb, fowl, game, etc. (either roasted or boiled, in preference to broiled and baked); and all salted, spiced, or smoked aliment ought to be taken sparingly, or not at all, if the stomach is delicate, as they generally derange it. The flesh of young animals—as veal, lamb, chicken, and certain kinds of fish—is less nutritious than the other articles mentioned, and is therefore considered lighter. Fatty food—

as pork, duck, eel, butter, oil, etc.—generally disagrees with nervous, bilious, or dyspeptic persons, and those who suffer from indigestion, flatulency, and lowness of spirits, especially during pregnancy, when there already is more or less tendency to nausea and vomiting. Farinaceous food—such as bread, rice, potato, beans, peas, sago, arrowroot, tapioca, and salep—is highly nutritious, though it may in some cases induce heartburn, flatulency, and indigestion. Mucilaginous aliments—as carrots, turnips, parsnips, cabbages and asparagus—ought to be taken but sparingly by pregnant women, and those who suckle their infants; and then a little pepper should be used with them. Sweet food—as sugar, molasses, candies, dates, fruits, etc.—should be used in moderation. Finally—as the stomach is irritable and delicate in most pregnant women during the first months—it is highly necessary that their food should be both cut small, and then well masticated, to render it more fitted, and more easily acted upon by the stomach; and drink, too, should be used sparingly while eating; for, if the gastric juice be too much diluted, it cannot act upon the food in an efficient manner.

And, above all, I recommend that no ices should be taken on full stomach, as heat acts a very important part in digestion. Coffee and tea should be used moderately.

TREATMENT.

Ipecacuanha. Nausea and effort to vomit; aversion to food. Vomiting of the ingesta, and of a large quantity of mucus.

Nux vomica. Sour taste in the mouth. Milk seems to sour upon the stomach. Putrid or bitter taste in the mouth early in the morning. Constant want of appetite. Hunger; nevertheless, aversion to food. After a meal, sick feeling, as if the stomach was overloaded. Pressure at the stomach. Hiccough. Frequent eructations. Bitter or sour eructations. Heartburn. Nausea early in the morning. Nausea at a meal. Vomiting of sour-smelling mucus. Constipation. For nervous bilious temperaments—brunettes.

Tabacum. Nausea, accompanied by fainting and deadly paleness.

Cuprum. Vomiting, attended with cramps.

Camphor. Vomiting, attended with cold perspiration.

Arsenicum. Vomiting after eating and drinking, accompanied by great thirst and weakness.

Pulsatilla. For blondes, and those of lymphatic temperament. Loss of appetite. Taste as of putrid meat in the mouth, with inclination to vomit. Bitter taste. Nausea, induced by eating fat. Eructations, tasting of the ingesta. Sour, bitter, bilious eructations. Repulsion to food, fat particularly.

Hydrocyanic acid. Irrepressible vomiting. Four drops of the diluted preparation of the United States Pharmacopœia in an ounce of water: one teaspoonful, when nauseated, every two or three hours.

Mercurius is particularly indicated when vomiting, loss of appetite or desire for acids, with yellowish-coated tongue, is aggravated by a state of biliousness.

Dose and Administration. As a general thing, the 1st decimal preparations are preferable; but many distinguished homœopaths prefer high potencies, from the 12th to the 30th centesimal.

Camphor is more effective in drop doses of the tincture. Of the other remedies, five drops in a tumbler half full of water; one teaspoonful of which, before the vomiting generally occurs, or before meals, should be taken. For other disorders of the stomach, the medicine should be taken two or three times a day, before meals, or during the occurrence of the symptoms.

Of the medicines prepared in powders, one or two grains, or as much as the size of a common pea, is a dose. Of the pellets, from five to eight.

Colomba has been used by allopaths as a sort of specific in morning sickness, but in fifteen to twenty grains per dose, before meals.

Creasote is highly extolled, particularly by the allopathic physicians. Five drops of the tincture in a tumbler half full of water; one teaspoonful every hour or two. It has been successfully taken in one-drop doses, on a little lump of sugar.

Sulphuric and *Nitric acids* have been mentioned; so has *Citric acid*, or lemonade, for acidity of the stomach. Even allopathic physicians have made the discovery that acids, and particularly vegetable acids, are more successful in curing acidity than *alkalies*, and think it strange.

DESIRES IN PARTICULAR.

For food and acid drinks	<i>Arsenicum</i>	(Pulte.)
“ beer	<i>Nux vomica</i>	“
“ spirituous liquors	<i>Arsenicum</i> or <i>Nux</i>	“

For <i>chalk and lime, or earth, Nitric acid or Nux</i> . . . (Pulte.)	
“ coal	<i>Cicuta</i> “
“ cold drinks	<i>Mercurius or Arsenicum.</i> “
“ cold food	<i>Veratrum</i> “
“ dainties	<i>China</i> “
“ milk	<i>Mercurius</i> “
“ pickles	<i>Hepar.</i> “
“ sugar	<i>Kali c.</i> “

A *Belladonna* plaster over the region of the womb often assists in relieving nausea. It should be taken off as soon as there appears an undue dilatation of the pupil of the eye.

CONSTIPATION

Is a disorder that often accompanies pregnancy, and may be the source of many troublesome symptoms, and, in aggravated cases, a cause of dangerous irritation to the impregnated womb. Women who were never of costive habit before may become so now; and women who were subject to it before may become so much worse now as to be unable to have a healthful evacuation without the interference of some mechanical or medicinal means. This may be due, partly to the increased action of the womb, drawing, as it were, blood and nervous force from neighboring organs; partly to the mechanical pressure which the womb, in its enlarged condition, exerts upon the rectum; and, also, to the indolence which a woman in a state of pregnancy may indulge in, or to a deficiency of bile, which, in cases of hard vomiting, is pressed into and ejected from the stomach.

Whatever may be the cause, and whatever may have been her habits before, a pregnant woman should now pay particular attention that masses of feces should not accumulate in her bowels. *Piles* would be almost a necessary consequence from pressure on the hæmorrhoidal veins. Bearing-down pains, pains in the back, flatulence, colic, displacement of the womb, swelling of the veins of the legs (increasing the tendency to dropsy of the feet), headache, giddiness, sleeplessness, may follow. In women who easily miscarry, the undue pressure on the womb will increase the liability; and, during labor, fecal masses may expand the descending intestines and rectum, so as to obstruct the exit of the child, or be expelled, during labor,

by the powerful pressure of the descending womb, to the great annoyance of the patient and attendants. A disregard of this costive condition has placed ladies in the most unpleasant and awkward predicaments, as well as in real danger. It has sometimes been known to produce inflammation of the bowels, so fatal in the puerperal period.

TREATMENT.

Appropriate diet, and regular exercise in the open air, is most important. To women thus affected I would recommend especially not to eat chalk, or take magnesia as a laxative; for both have been known to become hardened, or have hardened some of the fæces, so that it became impossible to evacuate them without powerful drastics or mechanical means, to the great distress and danger of the patient.

The diet should not be of dry food; vegetable diet is preferable. The use of fruits, such as prunes, figs, roasted apples, oranges, etc., is beneficial, except in those cases where they produce flatulence. Brown bread, oatmeal, porridge, and the use of olive oil, in substance or as a condiment, are sometimes sufficient. A tumblerful of water before going to bed, or an orange before breakfast, has also produced good results.

For unusual constipation, produced by inactivity of the liver, or unaffected by gentle means, apply to your physician.

Beware of cathartics! While some are simple enough, others, such as *Aloes*, *Caulophyllin*, *Podophyllin*, *Turpentine*, and other irritating drastics, have caused abortion. Do not take a cathartic without the advice of a physician.

MEDICAL TREATMENT.

In cases where a thorough evacuation of the bowels becomes imperative, an injection of tepid water and soapsuds may be taken. If that is not sufficient, twenty grains of *Fel-Bovinum* (ox-gall) dissolved in half a pint of water, and given as an injection, will remove large quantities of impacted hard fæces.

If the fæces have been allowed to accumulate in obstructing masses in the the colon, or lower intestine, a tablespoonful of castor oil will remove the difficulty.

Nux vomica, *Sulphur*, *Opium*, *Platina*, *Lycopodium*, *Alumina*, etc., high and low potencies, have cured thousand of cases of constipation.

Nux vomica is indicated in constipation from sedentary

habits, abuse of coffee or liquors, and when the following symptoms are present: constipation as if from inactivity of the bowels, ineffectual urging to stool, difficult passage of large, hard fæces, *colic*, succeeded by discharge of dark-colored mucus, causing a smarting, burning in the anal region; painful spasmodic stricture of the anus, with or without hæmorrhoids (bloody piles); flatulence, and distention of the abdomen.

In chronic constipation, it may be alternated with *Sulphur*, morning and evening, in high potencies, say the 12th or 30th.

In acute cases, *three drops of the Tincture of Nux vomica*, should be mixed in a tumbler half full of water, and *one teaspoonful* of it taken *before each meal, and before retiring*.

Opium. Frequent constipation of strong, plethoric persons; retention of stool and urine; constipation, as if from paralysis of the intestines; costiveness for weeks, sometimes alternated with liquid, frothy stools.

Six globules of the 3d or the 30th, morning and evening.

Platina. Constipation, with straining and itching at the anus; shuddering over the whole body after every evacuation, accompanied by feeling of weakness in the abdomen, with contraction, bearing down, oppression at the stomach.—*Her-ring*.

Six globules of the 30th, morning and evening.

Lycopodium. *Chronic constipation*, for persons of bilious temperaments, subject to indigestion and torpidity of the abdominal organs, and also for constipation arising from sedentary habits.

Six pellets of the 30th, morning and evening.

Alumina. *Constipation of long duration*, causing *colic*, flatulence, vomiting; evacuations of hard stools with bearing-down and tenesmus, causing itching and burning at the anus.

Six globules of the 30th, before meals.

Collinsonia. Constipation, attended *particularly with piles*, flatulence, sluggish stool, distention of the abdomen, heat and itching at the anus.

Two grains of the 2d decimal trituration, three or four times a day.

DIARRHŒA.

This is often the sequence of constipation. The hardened fæces that have for a long time obstructed the proper action of the intestines, finally cause an irritation of the mucous membrane, that produces a watery diarrhœa, even without unloading the bowels. Nervous irritation, introduced by pregnancy, is also often a cause, as well as colds, defect in dress, and improper diet. In severe cases, the diarrhœa is induced by ulceration of the mucous membrane, caused by previous fecal accumulations, in which case the patient suffers from pain (a sensation of internal burning), the pulse quickens, the tongue becomes dry, the skin hot, and the appetite is lost. Thirst and emaciation, followed by vomiting, may supervene, placing the patient in a very precarious condition.

In cases where the diarrhœa is alternated by passages of hard, lumpy stools, indicating a mechanical irritation above by indurated fæces, *a teaspoonful of castor-oil* may be sufficient to remove the cause and the disease.

The diet should be the reverse of that recommended for constipation. Avoid acid fruits and coarse food and vegetables; live principally on rare meats, beef-tea, rice, arrowroot, tapioca, etc.

TREATMENT.

Mercurius solubilis, or *Vivus*. In bilious diarrhœa attended by yellowish-coated tongue, bitter taste in the mouth, green or whitish passages.

Two grains of the 3d trituration, every two or three hours.

Collinsonia is used, as in constipation, particularly in cases of alternated diarrhœa and constipation attended with piles.

China. When the loose passages contain undigested food, and take place soon after meals, or at night. Weak digestion.

Six globules of the 3d, before each meal.

Arsenicum. For watery diarrhœa, attended with thirst.

Six globules of the 3d or 30th, after every evacuation.

Phosphoric acid. Chronic diarrhœa, attended by painless and half-liquid passages; occasioned by general weakness followed by emaciation.

Fifteen drops of the 3c in two ounces of water; one teaspoonful after every evacuation.

Pulsatilla. Diarrhœa caused by fat meats or gravies. The stools are slimy, greenish, and watery; they may be preceded by colicky pains. The patient experiences shivering, and the evacuations occur principally at night.

Six globules 3d, every three hours.

Dulcamara. When the diarrhœa has been caused by a cold. The discharges are greenish or yellowish; they smell acid, and occur principally in the evening.

As Pulsatilla.

FLATULENCE, COLIC.

I place these in the same paragraph, because the former is, in a great majority of cases, the cause of the latter. They have both been mentioned in connection with constipation.

Wind-colic, as it is vulgarly termed, can be excessively troublesome and distressing. I have known a case where it would awaken the patient regularly, between eleven and twelve o'clock at night, and put her, in ten or fifteen minutes, into such distress, that she would throw herself about in perfect agony, from the distention of the abdomen, and a pressure upon her lungs so that she could hardly breathe. On one occasion, it threw her into a violent convulsion in fifteen minutes from her awakening.

Weak digestion and constipation give rise to this malady. (See paragraph on "Constipation.")

The diet should be of the most digestible kind, and food well masticated. Acid fruits and vegetables are apt to produce or increase it, particularly uncooked apples, cabbages, onions, beans, etc. Eat moderately, rather often and little at a time, than a full meal rarely. *Eat nothing for three or four hours before going to bed.*

Domestic medicines—such as peppermint, ginger, aniseed—are often useful in assisting to expel the gas. Sometimes a tumblerful of warm water, taken internally, has caused an easy vomiting, and with it the emission of an incredible quantity of wind. When the wind seems lower in the abdomen, or rolling about, an injection of warm water has caused a slight movement of the bowels, which afforded a chance for the gas to escape.

For diet and medical treatment see paragraph on "Constipation."

HÆMORRHOIDS OR PILES.

For description and treatment the reader is referred to page 143.

SALIVATION (PTYALISM).

This symptom occasionally takes the place of the morning sickness. It sometimes appears almost at the commencement of pregnancy, and before the time for the expected menses to appear, previous to the fact of their suppression being known. If, following the suppression of the menses, the patient, in the morning, finds her mouth and throat filled with a tenacious mucus, or saliva, which, in being expelled, assumes a round shape (what in some countries they call "spitting English shillings" or "cotton"), she may rest assured that pregnancy exists.

TREATMENT.

Mercurius and Iodine, six globules of the 30th dilution, three times a day. Take Merc. for three days; if not relieved, take Iodine.

Holding candied sugar or a little gum arabic constantly in the mouth will render it is less distressing.

TOOTHACHE.

Of all neuralgias, toothache is the most common among pregnant women. It generally affects the lower jaw; sometimes on one side, sometimes on both. It commences during the first months of pregnancy, ceasing about the fourth or fifth month.

If a tooth is diseased from partial decay, or exposure of the nerve from a cavity, a dentist should be consulted. *Persons of nervous sensibility, or addicted to miscarriage, should not have teeth extracted during pregnancy; for the apprehension of pain, and the shock received in the extraction, have sometimes caused abortion.*

TREATMENT.

When toothache has been brought about by exposure to cold or wet, and it is accompanied by throbbing, which extends to the gum and the cheek, attended with some fever, *Aconite* should be taken.

Four drops of the tincture in twelve teaspoonfuls of water, one teaspoonful every hour.

Belladonna. In congestive and inflammatory toothaches, both in sound and decayed teeth, attended with great irritability of the nervous system, and pain of a *rending, digging, and piercing* character.

Four drops of 3d dilution to twelve teaspoonfuls of water, one teaspoonful every hour.

Mercurius sol. Is probably the most efficacious remedy in toothache, from a cold, and from no apparent cause. High dilutions have also proved successful.

One grain of the 2d or 3d trituration every two hours.

Creasote. One drop of the oil, mixed in a bread-pill, may be applied to a cavity of a decayed tooth with benefit.

Pulsatilla. In females of lymphatic temperament with toothache, attended with chilliness, paleness of the face, congestion and pain in the head, suppression of the menses, menstrual cramps in the abdomen, aggravated by the warmth of the bed, in a warm room, or by warm food.

Nux vomica. Nervous, bilious temperament; toothache aggravated in the morning by exposure to cold air, by cold drinks or food, by mental excitement or exercise.

Sepia is excellent in removing pain in the teeth of pregnant women, and in non-pregnant ones troubled with suppression of the menses, accompanied by heat in the head, pain in the back, and affected by yellowish spots over the face, arms, or body.

Six globules of the 3d, every two or three hours, will be found to answer in the last three remedies.

LIVER-SPOTS.

Very often in pregnancy, and particularly in brunettes, brown, dingy stains appear on the cheeks and forehead, which greatly disfigure and annoy the patient. They are called liver-spots, on the supposition that they depend upon certain abnormalities of that organ; which is very doubtful, as we know them to appear about the body of persons who seem in a perfect state of health. This is rather an intractable disease. (See page 248).

TREATMENT.

Sepia seems to be the most efficient remedy. *Sulphur*, *Lycopodium*, and *Arsenicum* may be tried, one after another.

Six globules of the 12th Sepia, Sulphur, or Arsenicum, three times a day, each, for two weeks, should be taken before changing. Lycopodium, ten globules of the 30th, three times a day.

JAUNDICE.

This may occur, during the early months of pregnancy, from sympathy, and, during the latter months, from pressure of the womb obstructing the bile-duct: it may be caused also by a cold, congestion of the liver, or from mental emotions, such as chagrin.

Jaundice will produce constant nausea and *malaise* at the stomach, even when pregnancy does not exist: of course, it aggravates these symptoms when it does exist. The skin, particularly of the temples, assumes a greenish-yellow hue, which is also quite perceptible in the white of the eye. This yellowness varies in degree from a hardly perceptible tinge to a perfect lemon color.

The fæces become of a light clayish color; and the urine becomes very dark—dark enough, sometimes, to frighten the patient.

TREATMENT.

To allay the nausea and *malaise* at the stomach, there is nothing better than *Champagne*, taken in small draughts several times a day.

Mercurius sol. Two-grain doses of the 3d should be taken three or four times a day, until the fæces begin to assume the natural brown color.

Podophyllin should be taken in the same way, by patients who would object to *Mercurius*, or upon whom *Mercurius* fails.

If there is any complication, apply to your physician.

ITCHING (PRURITUS).

This is often very distressing and very troubleome, not only to pregnant females, but to persons of all ages. It may be so

severe as to deprive the sufferer of any sleep or rest. Sometimes it occurs without any appreciable cause; again, it is induced by the want of proper cleanliness. It may affect any part of the body; but, when it affects the private parts, it is perfectly intolerable. In pregnancy it may be owing to some discharges from the vagina of an acrid nature; in this case a daily washing of the vagina, even two or three times a day, with castile soap and water, is absolutely necessary. If that is not sufficient a wash of *Borax*, or an injection of *ammoniated water* (two teaspoonfuls of the aromatic *Spirit of Ammonia* in a tumblerful of water), may prove so.

These remedies may also be applied to any other part of the body. *Benzoic acid*, ten or twenty grains to half a pint of water, as an application, is also very efficient.

If the whole body feels itchy an alkaline bath should be taken (five ounces of *Carbonate of Potash* in the entire bath).

Internally, Dr. Pulte considers *Conium* the most efficacious remedy. He advises to try this remedy before recurring to any other treatment.

Dr. Moffat, in twenty years' practice, has never needed any thing but *Creasote* for this trouble, internally taken. (See Pruritus, page 260.)

COUGH.

Although cough may occur during the earlier or latter months of pregnancy, it is often suspended when it exists from affection of the lungs. In fact, the progress of consumption is often suspended during the whole period of pregnancy, and sometimes during lactation, although, I am sorry to say, it is generally reassumed when those processes have terminated.

The symptomatic cough of pregnancy, however, is a nervous cough, unless induced by a fresh cold, and is spasmodic in its nature; thus causing short and teasing paroxysms, distressing to the patient. (See coughs in general.)

TREATMENT.

Such paroxysms may be cut short by holding a piece of sugar, a gum-drop, or a *clove* in the mouth; the latter sometimes acts like a charm.

Conium. Six globules of the 3d, after each coughing spell, has often proved successful in curing the tendency.

Hyosciamus, in the same way, will allay the cough at night.

Drosera and *Cuprum*, in the same dose, have proved successful where the others failed.

SHORTNESS OF BREATH (DYSPNŒA).

This difficulty is troublesome, but not dangerous; will occur particularly during the latter months of pregnancy, when the abdominal muscles are too distended to assist the muscles of the chest, and the abdominal cavity is so filled as to give no extra room to the lungs for free expansion.

When it occurs in the beginning of pregnancy, it is generally a mere nervous sympathy with the womb; when it occurs in the middle of pregnancy, it may depend upon a plethoric state of the system, which should be attended to by the physician; and this is particularly the case, *when, at every motion, the breath is impeded, or the heart palpitates.*

Those liable to *asthma* should be able to distinguish the difference; for in that disease there is more or less mucus rattling in the chest at every expiration and inspiration. Moreover, the short breathing from pregnancy is always ameliorated by rest; while that from *asthma* is not.

TREATMENT.

Rest is important; the stomach should not be overloaded by hearty meals; eat often, and little at a time. Costiveness of the bowels should not be tolerated; for the patient wants all the interior room possible. The dress should be worn loose.

Medicine is useless, of course, when short breathing is produced simply by the mechanical pressure of the enlarged fetal tumor during the last two months.

In the earlier stages of pregnancy, this trouble may be relieved by *Ipecac*, a drop of the tincture every two or three hours.

Moschus or *Arsenicum* (3d). Six globules every two or three hours will relieve when *Ipecac* fails.

Aconite. When there is any tendency to congestion, which may be known by an increased pulse, flushing and heat of the face, heat about the body. Six globules of the 3d every hour or two until relieved.

PAIN IN THE RIGHT SIDE.

From the fifth to the eighth month, from sympathy and when the pressure of the extended womb reaches the region of the liver, a fullness and a state of congestion may occur which induce a deep-seated *pain* or *aching* on the right side, aggravated by motion, by coughing, or the taking of a long breath: it may be accompanied by a sensation of heat, and of a dull, heavy weight in the part affected.

At such times, exercise should be very moderate. The application of a mustard-poultice is useful when the pain is acute. A cold, wet bandage, put on when retiring, and well covered with flannel, will sometimes relieve this pain entirely. If the pain is connected with inflammation of the liver, which would be detected by the presence of fever, chilliness, and yellowish-coated tongue, a physician should be consulted.

TREATMENT.

Aconite and *Bryonia*, alternately, every two or three hours, from the 1st to the 3d potency.

Mercurius would be very useful, particularly when symptoms of biliousness are present.

Of the third trituration, one grain every three hours.

PLETHORA AND ANÆMIA.

The first is commonly known as *full-bloodedness*; the second, *poverty of blood*, *chlorosis*, or *green sickness*. There is no subject which is so little understood by non-professionals as this. Females of full-blooded habit, as it is called, subject to congestive headaches, throbbing, and sensation of enlargement of the head, congestion of the eyes, heat in the head, red suffusion of the face, nose-bleed, bleeding piles, profuse, red menstruation, and who are now (i. e., in pregnancy) affected with fullness and hardness of pulse, with a feeling of heaviness in the head, with somnolence, vertigo, ringing in the ears, sudden flushes of the face, may conclude that they are affected with a plethora requiring *diminution* of food, abstinence from meat, cold ablutions, perfect regularity of the bowels, total abstinence from alcoholic drinks, and daily exercise. Females who are generally

pale, whose menstruation is rather scanty and watery; who, during pregnancy, suffer from vertigo, somnolence, and ringing in the ears; but who have no full, hard pulse (pulse very compressible), and are inclined to bloated face, swelling of the hands and feet, even though they have flushes of the face, may conclude that they have serous plethora (anæmia), and *should eat meat generously*, take a glass of red wine now and then, and plenty of exercise in the open air. When such are the conditions, however, a physician should be consulted.

TREATMENT FOR PLETHORA (FULL-BLOODEDNESS).

Gelsemium. One drop of the tincture every two hours, when there is feverishness, throbbing of the arteries, heat of the face and body, full pulse; *bouncing palpitation of the heart; intermittent pulsation of the heart; oppression of the heart and chest.*

Aconite. Fever; violent, dry heat; *burning dryness of the skin*; alternate paleness and redness of the face; *great nervousness, restlessness, tossing*; pulse hard, frequent, and accelerated; vertigo, particularly on raising the head.

Belladonna. Violent, congestive headache; throbbing at the temples; pain in the forehead, obliging the patient to close her eyes; tension and pressure in the head; feeling as if the brain were larger; motion increases the pain violently; stitches in the head; when stooping, the blood rushes to the head; violent redness and heat in the face; dark red face; *redness of the eyes; pain in the orbits* (one sees double); dullness of the head; stupefaction.

Aconite and *Belladonna* may be taken separately or alternately. *Six globules of the 3d every hour. Of the solution, six drops of the 3d in a wineglass of water; one teaspoonful every hour until relieved.*

If not relieved within twelve hours, send for your physician.

TREATMENT FOR SEROUS PLETHORA (ANEMIA).

China. Heaviness of the head, vertigo, *dizziness*, somnolence, headache, compressive headache, *paleness of the face, puffiness, weakness, laziness, ringing in the ears.*

Arsenicum 6x. Vertigo; weight in the head, with humming in the ears; beating pain in the head, with nausea in attempting to rise from the bed. Pale, death-colored face; yellow, livid; *bloated; swelling of the lips, hands, or feet; great thirst; prostration; urine scanty.*

Ferrum. Two grains of the 1st trituration every two hours, when the patient is in an *anæmic* state. *Pale, greenish face and eyes*. Pass great quantities of pale urine. *Want of appetite; aversion to meat*. *Pale bluish nails, pale hands, weakness, pale tongue*. Vertigo, dizziness, trembling. Sluggish bowels. *Coldness of the extremities*.

PALPITATION OF THE HEART.

Women, and particularly weakly ones, and those of nervous temperaments, are liable to palpitation (see paragraph on "Plethora") when in a state of pregnancy.

The exciting causes are mental agitation, sudden starts, disordered stomach and bowels, errors in diet, and the motion of the child. The drinking of large quantities of coffee or green tea will also predispose the woman to palpitation.

The attacks may come on while awake or while asleep, suddenly or gradually. When the heart beats violently it produces a queer, choking sensation in the throat, and makes one feel almost sick at the stomach; the cold perspiration may sometimes be felt all over. The excessive beating may even shake the body. The action of the heart at such times is generally regular, although excessive, and rarely intermits. Giddiness, dimness of vision, heat and pressure in the head, stupefaction, may accompany an attack.

This will soon subside if the patient takes a recumbent position. Smelling salts of ammonia, or taking a teaspoonful of brandy or whisky, is useful.

Although extremely distressing, palpitation of the heart is hardly every dangerous. The cause should be inquired into. If induced by indigestion, flatulency, sour stomach, etc., the diet should be attended to; so with the bowels, if constipation is present. So much has been said already about the diet in constipation and indigestion, under their respective heads, that it is useless to repeat.

TREATMENT.

Cactus grandiflora. In palpitation, particularly from plethora, pressure at the heart, sensation of fullness at the heart, dull, aching pain around it, suffocative feelings; this remedy continued three times a day will stop the tendency to palpitation and pain from plethora.

Five drops of the 3d dilution to a tumbler half full of water, one teaspoonful every hour.

Nux vom. Will relieve palpitation from dyspepsia, with fullness at the stomach, flatulency, nasty-tasting tongue, white-coated tongue, constipation.

Ignatia. Palpitation from nervousness, from fright, distress of mind, and from hysteria.

A drop of *Spirits of Camphor* on a lump of sugar will quickly relieve palpitation with tendency to fainting.

For further treatment, see "Plethora."

FAINTING.

This is not an unusual occurrence among women during the first month of pregnancy. Many females take it as a sign of pregnancy, even before the suppression of the menses. At the period of quickening, however, it is quite common; probably owing to a sympathetic nervous irritation from the movements of the child. A cause of fainting, during pregnancy, is tight dressing, and oppressive, confined air. It is common to see women leave theatres and churches in a fainting condition. Nervous and delicate females are easily overtaken by fainting. It is generally a disorder that should create no alarm, unless it is connected with disease of the heart; in which case it is sufficiently serious to call in medical assistance. During the later months of pregnancy it is regarded with some apprehension, on account of unpleasant anticipations after delivery. During pregnancy it is apt to frighten the attendants; but the alarm is groundless, as it will not interfere with the process of parturition, nor expose the patient to any danger.

Fainting may be regarded with suspicion immediately after delivery, if there is hæmorrhage, or the discharges are entirely stopped. In that case, the cavity of the uterus should be examined lest a clot of blood hides an internal hæmorrhage. In this case, however, the fainting is prolonged, the face is ashy pale, the lips bluish; there is a fullness in the abdomen, attended by a sensation of weight.

TREATMENT.

The first thing to be done in fainting is to lay the patient flat on the bed, with the head even with the body; loosen the

dresses around the chest; allow plenty of air; sprinkle cold water on the face; and, if at hand, apply to the nostrils salts of ammonia or camphor, cologne, vinegar, etc. This is generally sufficient to restore the patient. If, after fainting, there is a great sensation of weakness, a little wine, brandy, or whisky may be administered.

If fainting is from fright or nervousness, *Ignatia* is the remedy; if from oppressive air or tight dressing, it is sufficient to remove the cause; if it comes from constitutional or functional disturbance, apply to your physician; if due to weakness, plethora, or anæmia, see paragraph on these disorders.

Vomiting may occur in recovering from faintness: do not interfere, it relieves. If the patient falls asleep soon after, let her alone: she will awaken much refreshed.

For continued fainting-fits, give *Camphor*, one drop of the spirit in a little water every ten minutes, and send for the physician.

VERTIGO AND DIZZINESS.

(See paragraphs on "Anæmia," "Plethora," and "Fainting.")

HEADACHE.

Next to disturbance of the stomach, *headache* is considered the most common complaint of pregnant women; and we are safe in saying the most common complaint amongst men, women, and children.

Headache is a disorder that has been treated more scientifically and more successfully by the homœopathic than by any other system of medicine ever applied.

CONGESTIVE HEADACHE.

The pregnant female liable to this form of headache should peruse the paragraph on "Plethora" in connection with the following.

This headache comes from determination of blood to the head; and persons who make use of spirituous liquors, who lead a sedentary and studious life, who indulge freely at the

table; persons of much mental application, of sanguine nervous temperament—are addicted to it.

The symptoms are: great throbbing of the arterics, pressure in the head, giddiness in stooping; headaches mostly over the eyes; the eyes feel big and painful, they cannot bear the light; the face is flushed; great heat in the head, particularly on top; motion aggravates the symptoms, the brain feels as if it would fall out; cold feels grateful.

It may be brought on by mental excitement, mental labor, close application, errors in diet, exposure to cold, fatigue, suppression of the menses, etc.

TREATMENT.

Apply cloths wet in cold water, and renew them as soon as they get warm; hot bricks to the feet, particularly if they are cold: in severe cases, a mustard-poultice to the back of the neck. Vomiting relieves.

Gelseminum, *Aconite* and *Belladonna*. (See "Plethora.")

Pulsatilla. The pain is dull and oppressive on one side only. Very efficient in females whose menses are suppressed, particularly in phlegmatic, blonde girls.

Of the 3d or 30th, six globules every hour.

Glonoine. The character of the headache is throbbing, pressing, and fullness of the arteries; a sensation of a tight band around the head. The arteries throb; the pulse is full and rapid; sometimes palpitation of the heart, nausea, and vomiting; the nausea does not commence with the headache, it seems to follow it. *Dizziness*, sensation of balancing confusion of the senses from intense pain. The pain is cutting, jerking, *pressing from below upwards*. The patient is wild with pain, and, as soon as relieved, goes into a deep sleep. The eyes are *hot, injected*, painful; *sparks and flashes of light appear* before them.

Ipecac may be alternated with any of the remedies if nausea or vomiting is persistent.

One drop of the 3d, every hour, until vomiting subsides.

Nux vom. Alone, or in alteration with one of the above remedies, if the headache has been induced by *constipation* or *gastric irritation*, from over-eating, or eating late at night, also if brought on by drinking.

Six globules of the 3d or 30th every two hours.

Ignatia. Like *Nux*, if the headache has been induced by mental excitement or nervousness, *anger* or *grief*.

China. If the headache is from weakness, loss of blood and is *periodical* (see "Anæmia").

The Diet should be light and farinacious, except in case of loss of blood (see "Anæmia").

Those subject to congestive headaches should rise early, take open-air exercise, cold shower-baths, and be moderate in their occupation, eating, and drinking.

HEADACHE FROM CONSTIPATION OR GASTRIC DERANGEMENT.

In this headache, the tongue is furred, the taste is bad, the appetite is lost; nay, the thought of food causes nausea, malaise at the stomach, nausea and vomiting: the bowels may be constipated.

It is unnecessary to say that it is induced by errors in diet, late eating, eating in a hurry, eating food that usually disagrees, etc.

TREATMENT.

If the headache comes on soon after eating, free vomiting will give great relief. This may be effected by drinking a tumblerful of warm water with a teaspoonful of mustard dissolved in it.

Nux vomica is the chief medical remedy in this headache (see *Nux*, also, in congestive headache).

Pulsatilla. Shivering with thirst; *pain only on one side*, with little determination of the blood to the head; for females of a mild, quiet temperament, who weep easily, and are easily agitated; particularly if the headache is brought on by *fat food*, or irregularity of the menses. *Dose.* As in congestive headache.

Bryonia. The head feels as if pressed together on both sides; and, on stooping, as if everything would fall out of it; the nose bleeds; the eyes water and burn; stitches in the head; rheumatic pains; constipation; particularly if brought on by a cold. *Dose.* As *Pulsatilla*.

Opium. *Habitual constipation*; rush of blood to the head; *stupor*; thirst, mouth dry.

Six globules of the 30th three times a day.

Sepia. *Habitual headache in nervous women*, with *leucorrhœa*, or derangement of the menstrual functions; cannot bear the light; *sick headache.* *Dose.* As *Opium*.

Ignatia. Headache produced by mental agitation.

SICK HEADACHE.

A distressing form of the malady, occurring most frequently in literary or professional men, and in delicate but intellectual females. It occurs most frequently in persons between the age of puberty and forty or fifty years. Some are peculiarly subject to it for a long series of years; and many, though temporarily relieved by various modes of treatment, are never permanently cured.—*Marcy & Hunt*.

It is common for sick-headache to commence in the morning, on waking from a deep, unrefreshing sleep, after previous fatigue, mental excitement, or irregularity of diet. There is "disturbance of vision; dull and distressingly oppressive pain of the head, centering in one temple, most frequently the left; tenderness and fullness of the eye of the same side, extending across the forehead, and sometimes fixing itself over the inner corner of the eyebrow; painful sensibility to light; clammy and unpleasant taste in the mouth; chilliness of the skin; cold and moist hands and feet; pulse feeble; face pale."—*Wright*.

"After the pain in the head and about the eye has become severe, sickness at the stomach begins, and is increased by every movement, especially raising up; flatulence; retching; shuddering, and vomiting of the contents of the stomach, or of a thin, glairy fluid of an acrid, sour taste. Some of these attacks last six or twelve hours; again, one, two, or three days."—*Marcy & Hunt*.

"It is distinguished from neuralgia by the predominance of the gastric symptoms. It has none of the strict periodicity which belongs to the intermittent neuralgic disease of the head and eye."—*Hartmann*. It is distinguished from dyspeptic headache, by being more severe.

TREATMENT.

Sanguinaria often cures this form of headache when accompanied by persistent nausea, *redness of the tongue, burning sensation in the throat, chest and stomach, bitter eructations, yellowness of the face and eyes, loathing of food and drinks.*—*Marcy & Hunt*.

Glonoine. (See "Congestive Headache.")

Iris versicolor. Nervous sick-headache, particularly of the right side, aggravated by rest, and on moving the head, but re-

ieved by continued motion. Headache with bitter taste, nausea, and vomiting of bile; fullness of the head; head feels hot; shooting pains in the right temple and from the teeth; stupid, stunning headache several mornings in succession, with copious, limpid urine. It is particularly indicated where the nausea and vomiting predominate.

Ferrum acetikum (1st trituration). Two grains morning and evening, for a long time, has cured obstinate cases.—*Marcy & Hunt*.

Nitric acid and *Ferrum* on alternate weeks has now and then cured severe cases of this malady.—*Marcy & Hunt*.

Ipecac will relieve the nausea.

Spigelia. Great sensitiveness to noise; pain confined to or worse on the left side; deep-seated pain in one eye or both.

Six globules of the 3d every three hours.

For a cure of this distressing and obstinate malady a physician should be consulted.

NEURALGIA IN THE HEAD, NERVOUS HEADACHE HEMICRANIA, MEGRIM.

This malady, which is called by so many names, is a true neuralgia, and one of the most painful and intractable diseases. The distinguishing feature of this headache is, that the pain is severest in some spot about the head, according to the nerve that is affected. It may be on one temple or the other, on the top of the head, on the cheek, on the bridge of the nose, but seldom on two places at the same time; although it will pass from one place to another. The pain is of that acute, boring kind, to distract the patient. It has a periodical tendency, generally commencing at sunrise and stopping at sunset. The patient will press hard upon the spot, and throw herself about in despair. Pressure often relieves. As it continues the patient becomes very sensitive to the light; and the slightest noise or jar will make her wild. Retching and vomiting sometimes follow, and give relief to the patient, particularly if she vomits bile. The pulse is not affected, and there is no appearance of congestion about the face. It is apt to recur periodically—every week, two or three, or longer. It sometimes has premonitory symptoms; often it comes on suddenly. Great quantity of colorless urine passes.

TREATMENT.

Hot, dry flannel around the head sometimes gives relief. If the feet are cold put hot bricks to them. A handkerchief tied around the head tightly is grateful.

Aconite and *Belladonna* cover all the above-named symptoms. I have taken *three drops of the tincture of each*, and put them in *twelve teaspoonfuls of the same water*, and given one teaspoonful every hour, with great success.

Arsenicum. The symptoms in which this remedy has been found efficient are: aching, stunning, tearing pain; *patient sensitive to the open air*; she keeps in constant motion, and is relieved by outward warmth; feels exceedingly languid, chilly, and sometimes bloated; *the pains are apt to recur* after dinner, and are worse at evening and night; particularly after chills and fever. This remedy can be taken regularly, twice a day, with view to a radical cure.

Six globules of the 3d or 30th.

Sepia. Is peculiarly indicated in hysterical females (see *Sepia*, under "Headache from Constipation," etc.), and is particularly indicated by *shooting pains* in the frontal bones, like flashes *from without inward*, reverberating through the brain; heat; tightness of the head, *painful to touch*.

Six globules of the 30th three times a day.

Ignatia. From over-excitement of the nervous system; pain particularly at *the root of the nose*; pain as if a nail were driven through the nose; patient feels *taciturn, dejected, nervous*.

Calcarea carbonica. In serofulous patients, with little development, flabby muscles, and large glands. *Menses too early, or too profuse*.

Six globules of the 30th or 200th twice a day.

Spigelia. (See "Siek-headache.")

China. (See "Anæmia.")

Cyclamen. Periodical *semilateral* headache and face-ache for four years, appearing every week or fortnight, and lasting from twelve to thirty-six hours; worse at menstrual epoch. The skin, eyelids, lips, and gums were pale; body lean; skin dry and cool. Right eye spasmodically closed, discharging hot tears when opened. Dr. Eidherr, of Vienna, cured such a case with *Cyclamen 3d*.

Veratrum viride. *Five drops in a glass half full of water, one*

teaspoonful every two hours, has cured many neuralgic headaches.

This neuralgic headache has sometimes been *effectually* cured by large doses of quinine; not in pregnant women, however.

HEADACHE FROM COLD OR CATARRH IN THE HEAD.

Some feverishness is present, attended by fullness, heaviness, and pain over the eyes and nose. The nose is stopped up, or runs watery, acrid matter, that irritates the passages. The eyes are congested, and run water, sometimes hot. The patient sneezes, clears her nose, or snuffs air.

Aconite and *Nux vom.*, alternately, sometimes are sufficient.

Mercurius, in place of *Nux*, is adopted in epidemic influenza attended with great sneezing, running at the nose, with redness and excoriation; also with painful itching in the nose, chilliness, fever, pain in the limbs.

Arsenicum. Hot water running constantly from nose and eyes. Fever, thirst, weakness, loss of appetite.

Sulphur, from chronic catarrh.

Six globules of the 30th or 200th twice a day.

RHEUMATIC HEADACHE.

Bryonia or *Rhus* may be taken in alternation with one of the remedies indicated for neuralgia; the former, if the pain extend to the upper extremities; the latter, if to the lower.

In the selection of a remedy for headache, all the remedies given for the various headaches should be studied; for, although the headaches are classified, many of the symptoms are similar, and the remedy should be chosen that covers the greatest number of symptoms without regard to the class of headaches for which it is recommended.

SLEEPLESSNESS (INSOMNIA).

Pregnant women of nervous temperament are often kept awake night after night without apparent cause. This is produced by the slightest mental excitement, or by the motions of the child; again, by eating, or indulging in a cup of tea or coffee before retiring. Close confinement to one's room, and

want of exercise, may also be the cause. This may be borne without inconvenience, provided the patient gets some few hours of sleep in the morning, and awakes refreshed. But, in some instances, the patient suffers severely; does not sleep a minute; becomes feverish, restless, and agitated; she loses her appetite, and become weak and prostrated; her mind begins to suffer; and she becomes fretful, whimsical, and even irrational.

The principal causes of this distressing disorder being pointed out, it will not be difficult for the patient to obviate them.

TREATMENT.

Coffea (3d). provided the patient does not use coffee as an article of diet, will be found efficient in wakefulness *without any desire to sleep*. Patient *wide-awake*, as it is commonly expressed. Has no particular feeling, *only has no inclination to sleep*.

Hyosciamus. *Drowsiness without sleep*; patient starts from her sleep and cannot sleep again; she has bad dreams; at times she sleeps very heavily; she talks in her sleep; she imagines something is in the room, and is afraid.

Ignatia. She is very nervous; she lies thinking about herself; broods over things; she trembles; she weeps or laughs alternately; she is restless in her sleep; her mind is fatigued in the morning.

The *dose* of these remedies, if in globules, *six every hour*; if in solution, *six drops to ten teaspoonfuls of water, one teaspoonful every hour*.

Nux vom. (See "Constipation.")

Mesmerism, that is passing the hands gently over the patient's eyes downwards, sometimes is sufficient to quiet her nervous system, and put her to sleep.

If her head is hot, a dose of *Belladonna*, and a kerchief wet in cold water, tied around her head, may be sufficient. Bathing the feet at bedtime, drinking a glass of water, may assist her.

Listening to reading aloud, or to a long, tedious story, or fixing the eyes and mind on one object, often produces sleep.

ABORTION.

SPONTANEOUS MISCARRIAGE.

Although physiologists have divided abortions into classes, according to the period of pregnancy, for the sake of theoretical speculation, there is but one to the woman bearing child. The loss of the fœtus (child) before its full time is to be called abortion, miscarriage, premature birth, or any other name chosen to designate that loss. *It involves the same fact, the same risk, morally and physically.* Classification may be of use to a physician; but it has no import to the woman. *except to deceive her.* From the moment she conceives she is mother to the creature, and contracts towards it all the moral duties which devolve upon her during any period of its life within or without the womb.

CAUSES, AND THINGS TO BE AVOIDED.

Gazeaux divides the causes of abortion into classes, as follows:

1. THOSE DUE TO THE FATHER. Physiologists and pathologists disagree in regard to these; some maintaining that the father can, some that he cannot, be a cause of abortion. There is enough, however, in the experience of medical men, to *caution a diseased man from getting married.* The transmission of disease from the father to the child is of too frequent occurrence to need arguing.

The age of the father—his extreme youth or old age—has been supposed to be a predisposing cause of abortion, through an extremely attenuated power of life in the fœtus itself.

2. THE GENERAL CONDITION OF THE MOTHER necessarily increases or decreases liability to abortion. Plethoric women addicted to profuse menstruations; very impressible, nervous women, greatly excited by passion or mental disturbances, women of sedentary habits, or those who indulge immoderately in the pleasures of society, dancing, late hours, tight

lacing; women occupied at the sewing-machine, or who carry weights to strain their back, or who expose themselves to heated stoves in the kitchen—are constantly exposed to this mishap.

Acute diseases, particularly *smallpox*, inflammation of the bowels, syphilis, Asiatic cholera, severe constipation, hæmorrhage, disease of the womb and ovaries, inflammation of the bladder, vagina and rectum, are all predisposing causes.

In periodical and habitual abortion the cause may almost always be traced to some abnormality of the womb.

3. SOME ANOMALOUS CONDITION OF THE OVUM ITSELF may be the immediate cause of the abortion of early pregnancy.

4. DEATH OF THE FÆTUS *is inevitably followed by abortion.* *The mother may transmit disease to the fœtus.* Children have been born with the smallpox, with intermittent or with yellow fever, after the mother had for some time recovered from it. An army officer and his wife had the yellow fever in Texas; the husband died of it, the wife recovered. She returned to Washington, and, after a few weeks, gave birth to an infant, apparently healthy. Six weeks after, as the child gave sign of restlessness, the mother got up to comfort it, when, to her greatest horror, she recognized in the vomited ingesta of the child the fatal symptoms of yellow fever. In twelve hours the baby was dead. So, also, disease and death may take place in the child before it is born.

The signs of death of the fœtus are: cessation of motion after quickening (this sign is an unsafe one to rely upon, however, for the motion may have become so slight as to be imperceptible to the mother); the abdomen collapses; the breasts shrink; the woman experiences a sensation of weight in the loins, which may change locality in moving to different positions; and a pressure in the lower part of the abdomen.

As a general rule, the retention of a dead infant, even for some time, does not produce disastrous results to the mother. In time it passes off; and if pregnancy is advanced, the breasts may swell with milk; but they soon subside, and the regular order of health becomes re-established.

5. ACCIDENTAL CAUSES. *A leap from a carriage, running down stairs, missing a step, falls, excessive fatigue, too frequent coition, severe contusions,* may produce miscarriage. A blow on the abdomen may cause injury and death to the fœtus. The severe jar or jolting of a carriage, a sudden fright, *a fit of violent pas-*

sion, have often produced abortion. The taking of large doses of strong medicines, as cathartics, drastics and quinine.

Of the classifications of abortion, the consideration of *miscarriage* and *premature birth* is the only one that may be of use to the mother. *Miscarriage* is the term used for abortion of a child before the seventh month, because it is not *viable* (that is, liable to live); after that period abortion is called *premature birth*, because the development of the child is such that it can live out of its mother's womb.

Miscarriages happen oftener at the third month of pregnancy; but they occur often enough before and after. It is believed that at the third month it can occur with less danger to the mother; still, physicians know that the danger increases with the advancement of pregnancy. It is also said that the infant is more likely to live if born at the seventh than at the eighth month, although there is no physiological reason for it.

The womb is an organ of such periodical habits, that, *when miscarriage has happened once it is apt to occur again*, and at the same period of pregnancy.

The best mode to avert this periodical liability is for the woman to *remain on her back for two weeks before, and two weeks after, such period*.

Having given the causes of abortion, it is useless to suggest the means to avert it. Common sense would lead the woman to avoid what would endanger the life of her infant and her own life.

For causes over which the woman has no control, she should consult her physician.

When a woman has been subject to abortions, it is indispensable that she *should not become pregnant for a year or two*, in order to give time to the womb to recover from its weakness.

Moderation in everything should be her effort, to attain the dearest object of her life.

SYMPTOMS AND TREATMENT.

There are premonitory and actual symptoms of abortion.

The *premonitory symptoms*, which may occur several days before the *actual* symptoms set in, are: alternate sensations of chilliness and heat, nausea, thirst, lassitude, palpitations, cold extremities, pallor, depression of spirit; the eyes look heavy and dull; sensation of sinking at the stomach; of *weight near*

the anus and vagina; pain in the loins; ineffectual desire to pass water; the breasts become soft and flaccid.

These symptoms may occur singly or collectively, without indicating abortion; yet, when a woman has had miscarriages before, she should not disregard these warnings.

The *actual symptoms* are, regular *periodic pains with chills*; pains that start from the *back*, and run down the loins and the lower part of the abdomen; pains that cause *contraction of the womb and bearing down*. During each pain, the abdomen grows hard under the hand and *relaxes after the pain is gone*; a watery or bloody discharge *exudes from the vagina*, which is an indication that the membranes are detaching themselves from the womb.

When such symptoms occur, and when blood, however little, discharges from the vagina, even without any other symptoms, *it is imperative* that the patient should confine herself to her bed, maintain the most undisturbed quietude, morally and physically, and send for her physician.

A sudden vaginal flow of blood after a fall, a jar, a blow or a shock to the nervous system, should be regarded as *perilous in the extreme*; and the physician should be summoned without a moment's delay.

During the first and second months of pregnancy, a sudden, profuse flow of blood may carry off ovum and all, the patient recover from the shock soon, all the symptoms of pregnancy disappear, and the woman doubt even that she had been pregnant at all. After the second month, if a woman has a profuse loss of blood, and passes shreds or lumps of coagulated blood, she should *preserve them for the physician's examination*, lest they do not contain the whole ovum and after-birth; part of these being retained in the womb, where they may eventually act as an irritant, and *produce constant hæmorrhage*.

SYMPTOMS NOT DETERMINATE.

However, *abortion is really inevitable only when the fetus has ceased to live*, or when the separation of the after-birth and membranes is so complete as to cut off all nourishment from the child. There are many instances recorded where the pains and bloody discharges seemed to make abortion inevitable;

yet those symptoms ceased, and the child went to its full term, and was born healthy and strong.

Many of those symptoms may occur from diseases independent of pregnancy. Colic, diarrhœa, dysentery, will produce pains like labor-pains. Blood may ooze out of an ulcer located in the mouth of the womb: watery discharge may occur in certain forms of dropsies, etc.

The physician, however, should be the one to examine the case, and give his opinion.

DANGERS OF ABORTION.

It has already been said that the danger increases as pregnancy advances.

If the fœtus and after-birth have been expelled with but little hæmorrhage at or after the occurrence, the mother may recover without any danger to herself; but, if some portions of the fœtus or after-birth are retained, they may either cause inflammation of the uterus, or pass off shortly afterwards in a putrified solution, unattended with any disturbance of the system, or go to the end of the term of pregnancy before being expelled.

TREATMENT.

In any and every case of threatened abortion perfect rest and reclined position are absolutely necessary, sometimes for days, sometimes for months. The mind of the patient should be composed, and all interference on the part of the nurse or friends excluded. Let her lie in a horizontal but easy position, on a spring or hair mattress, if possible. If she is inclined to "flood" give her *cold* drinks, iced lemonade, iced tea; let her not move body or limbs. Give *no stimulating* or *hot* drinks. The coverings should be light and sufficient. The room, the house, in fact, should be quiet; no hammering or stamping allowed. No good or bad news should be brought to her that could cause her a shock. *Cheer her mind with hope.*

For abortion threatened by plethora, see "Plethora."

For abortion threatened by anæmia, see "Anæmia."

For abortion threatened by constipation, see "Constipation."

Ipecac. Ten drops of the tincture to a tumbler half full of

water: one teaspoonful should be taken every hour or two upon *any show of blood*. If the discharge of blood is rather profuse, every half hour, lengthening the intervals as the blood diminishes. The strength of *Ipecac* may be reduced to two or three drops to the same quantity of water, if the former produces nausea.

Secale. Five drops of the tincture to a tumbler half full of water: one teaspoonful every hour *for contracting and bearing-down pains*; and it may be taken in *alternation with Ipecac*, if blood is discharged.

Sabina. Prepared like *Secale*: should be taken in its place, in case the latter fails to remove the pains.

Arnica. Prepared like *Secale*: alone or in alternation with one of the above remedies, *if the casualty is produced by a fall or a blow*.

Ignatia. In place of *Arnica*, *if mental disturbance or nervousness from fear or fright* has produced the above symptoms.

If the pains become periodical, severe, constant and *the womb becomes hard under the hand at every pain, and relaxes after every pain*, constituting, in fact, labor-pains, threatening immediate miscarriage, *twenty drops of Laudanum in a tablespoonful of starch-water should be injected in the rectum and retained*. If the pains do not stop in thirty minutes give another of forty drops. Persons easily affected by opiates may commence with ten drops.

FLOODING.

Profuse, continuous flooding, imminently threatening the life of the mother on account of retained after-birth or other causes, may require immediate interference before the arrival of the medical man. In that case the patient should take *ten drops of the tincture of Secale in a tablespoonful of water every five, ten or fifteen minutes, until the discharge is so much diminished that the danger is averted*.

It is better that the mother should lose the child (if it is not already born) by the contractions produced by the *Secale*, than she should die herself.

In case this is not sufficient, cloths wrung out in ice water should be applied to the abdomen: if necessary, even pounded ice in a bag should be applied.

If the blood gushes out in streams, pieces of sponge, or strips of cloth, handkerchief, or napkin, wet with cold water medicated with *Hamamelis* (if *Hamamelis* is not at hand, with *vinegar*), should be thrust within the vagina, high up, filling it up entirely, and left until the proper medical assistance is obtained. Raise the hips of the woman higher than the body and limbs, and keep her perfectly still. If she faints, give her to smell some salts of ammonia, camphor, or aromatic water; but do not stimulate her with liquors, unless the pulse becomes unsteady and thread-like. Fainting generally assists in stopping hæmorrhages.

Watch the patient, change napkins every five minutes to ascertain the condition of things; keep the patient very quiet, and send for the nearest doctor.

PAINS.

The previous chapters having considered pains in connection with miscarriage, it should not be supposed that all pains during the progress of pregnancy necessarily are symptomatic of abortion. Pregnant women are subject to such pains during one period or another of their pregnancy, without the slightest intimation of any serious disorder. The pains in the back, abdomen, legs, and thighs, are often produced by some nervous irritability; sometimes due to the process of distention of the womb; sometimes to colic; sometimes to pressure upon certain nerves. Some pathologists contend, that, in almost every case, these pains are neuralgic. The fact is, there is not a woman, who, during her pregnancy, will not be annoyed by some of these pains. They are generally transient and irregular, worse when the patient is in motion or standing, or at the slightest movement of the child. In the latter months of pregnancy, there can be no doubt that the pressure and weight of the womb may cause pain and distress of the bladder, pain and cramps of the thighs. Pains in the back may be due sometimes to slight deviations of the womb, as tilting backward or forward. *Pains from rheumatism of the womb* are of more serious nature.

These may simulate labor-pains, and may even threaten miscarriage from their severity.

It is necessary to recognize these at once; for to mistake

them for labor-pains would not only prevent the adoption of the curative treatment they require, but might lead the patient into grave errors.

The principal feature of uterine pains from rheumatism of the womb is, that the part becomes so *tender and sensitive as to be not even able to bear the clothes*, still less, any pressure made by placing the hand on the abdomen. During the intermission of pain *in labor*, the abdomen is *not* sensitive to slight pressure, In labor-pains, you may rub the abdomen, but not so in rheumatism, without creating agonizing pain. Another distinguishing sign is, that the rheumatic-uterine pains are generally accompanied by pains *elsewhere*: sometimes they will even leave the womb for another organ or a limb, or leave these to attack the womb. When this is the case, there can be no doubt in prognosticating rheumatism.

Again, these pains may be traced to checked perspiration, exposure to cold or dampness, inadequate clothing, or some inadvertent change from a high to a low temperature.

The pain in rheumatism is almost always *constant*; there is a dragging sensation, whether seated or standing; the pains extend generally from the back, down the thighs, in the external genital organs, vagina and bladder. The slightest touch of the vagina may cause the most acute suffering.

The attack may be ushered in by a chill followed by fever, pain, restlessness, thirst; the pulse becomes rapid and hard, the face flushed, the skin hot, probably followed by sour perspiration; the tongue is hot and dry. All these symptoms may moderate with the pains, but are apt to return in aggravated forms, unless checked by proper treatment.

It is not difficult to conceive that the violence of an attack of uterine rheumatism may threaten the patient with imminent miscarriage.

Rheumatism of the womb during labor increases the sufferings of the patient a hundred-fold; and its influence is to retard the progress of delivery.

Neuralgic pains (see "Neuralgic Headache") may be seated in the womb. The distinguishing feature of this pain is, that it is generally confined to a circumscribed spot, sometimes to a spot no larger than a shilling. It may suddenly pass from the womb to the bladder, from the bladder to the thighs or elsewhere; but very rarely is it found in two different spots at

the same time. When it occupies the womb, it may cause such contractions as to need immediate medical interference to prevent abortion. When it occupies the bladder, it causes agonizing suffering, and also an intense desire to pass water without the ability of doing so. Neuralgic pains are also, almost without exception, accompanied by an immense flow of urine of a very light color. The pains are not constant, and have complete remissions. All the above symptoms, and the absence of fever, thirst and perspiration, would sufficiently distinguish them from the pains of rheumatism of the womb.

TREATMENT.

External frictions with the hand are sometimes very soothing to the back or limbs; on the abdomen they should be avoided. In pain of the bladder, hot fomentations give great relief. A cold wet compress on the back, well covered with flannel, will sometimes give great ease.

For rheumatic pains, nothing will give as much relief as a silk blanket wrapped around the naked body; if a silk blanket is not at hand, use an old silk skirt.

Staphisagria (3*d*). Will cure *crick* in the back from a cold.

Sepia (3*d* and 30*th*). Painful weariness in the small of the back, particularly if accompanied by leucorrhœal discharge.

Nux (3*d*). Pain in the back as if bruised, particularly if accompanied by flatulence, constipation or piles.

Bryonia (3*d*). If generally rheumatic from a fresh cold or exposure to dampness.

Aconite and *Bryonia*. Alternately every hour or two, if the rheumatic pains are accompanied by fever, thirst and perspiration.

Rhus. In place of *Bryonia*, if the rheumatic pains are confined to the lower limbs.

Aconite and *Belladonna*. If the pains are very severe, located in the uterus or bladder.

Belladonna. May be used alone in purely neuralgic pains of the womb or bladder.

If the pains are so severe as to threaten immediate abortion, if the *abdominal tumor grows hard under your hand during these pains*, thirty drops of Laudanum in a tablespoonful of starch-water should be injected and retained in the rectum. In an hour this may be repeated if the pains and contractions of the

womb have not subsided. A physician should be called to attend, however.

VARICOSE VEINS.

An enlargement of the veins, so that they sometimes stand out like knotted cords, is the condition called varicose. In pregnancy the pressure of the womb, particularly during the last months, on the trunk of large veins, impeding the flow of the venous blood upwards, causes the veins to become so clogged up that they expand until they become as large as fingers. The lower limbs are generally the seat of the difficulty; but sometimes even the vagina becomes thus affected.

TREATMENT.

Make a solution of one teaspoonful of tincture of *Hamamelis* to a tumblerful of water, and bathe your limbs with it morning and evening.

Then take a roller of cotton, if you have not an india-rubber stocking, and bandage the limbs snugly from the toes upwards beyond the seat of the difficulty.

DROPSY.

Women, when pregnant, are peculiarly liable to dropsical effusions, and to dropsy of the lower limbs in particular. This seems to be induced by the pressure of the womb upon the surrounding parts, and also by the obstruction it causes in the circulation of the lungs, preventing a perfect arterialization of the blood.

Dropsy of the limbs generally makes its appearance within the last three months of pregnancy, especially when it is due only to the pressure of the womb. The progress of this dropsy is slow; it generally begins at the feet, rising higher and higher, until it invades the ankle, leg and thigh. This infiltration of fluid within the cellular tissue under the skin may increase to such an extent as to cause great inconvenience to the patient, so that she will not even be able to walk, and her limbs look as if they would burst at any moment.

This dropsy is not dangerous and disappears almost immediately after the birth of the child.

When dropsy is general, however, and the face, eyes and hands are invaded, it becomes sufficiently serious for the patient to inquire into its nature. This condition may be caused by a disease called *Albuminuria*, which is suggestive of very alarming disorders, viz: *Convulsions*, *Paralysis*, *Amaurosis*, *Bright's Disease*, etc., which see.

In the paragraph on "Plethora and Anæmia," I have mentioned dropsy from "Serous Plethora," which the patient suffering from dropsy should peruse.

When *Ascites*, or dropsy of the abdomen, occurs, it complicates pregnancy in a manner to require immediate interference of the physician, else the distention may become so great as to force abortion.

Coma, or sleepiness, is a symptom of great importance when it accompanies general dropsy; for although it may exist when there is little dropsy, and may not occur when dropsy is present in a very great degree, yet, when the two are concomitant, they may result in *complete coma and convulsions*.

TREATMENT.

Frictions of the limbs upwards, keeping the limbs raised on a chair. Frictions of sweet oil or glycerine will render the skin more pliable and prevent its cracking. Use vapor baths or warm baths. Women who have a tendency to rush of blood to the head should *not* use vapor baths, however.

For *medical treatment* see treatment of diseases of Kidneys and Bladder, page 164-174.

FALSE WATERS (HYDRORRHŒA).

This consists in the occasional discharge of water from the vagina by the pregnant female, but which is neither preceded nor followed by any uterine contractions, nor miscarriage; nor does it seem to interfere with the regular and normal course of pregnancy.

These discharges are called *false waters*, from the fact that, although such discharges during natural labor or miscarriage generally indicate the breaking of the *bag of waters*, in this case, they do not mean anything of the kind.

The distinguishing feature of these discharges, wherein they differ from those threatening abortion is, that in the latter

they are accompanied by uterine pains, while in the former they are not.

The color of this water is usually a little yellowish, very limpid, sometimes tinged with blood, and may pass in great quantity.

These waters may be the oozing out of the fluid from a superabundance within the membranes surrounding the child, and probably by an exudation from the walls of the womb. The quantities that come out suddenly, at times, can only be explained by the supposition that they had found a lodging place within the cavity of the uterus, but that, the capability of the womb to retain being inadequate to their increase, they are suddenly pressed out, thus leaving room for further accumulations.

TREATMENT.

Perfect rest during the occurrence, and an injection, to be retained in the rectum, of fifteen to twenty drops of laudanum in a tablespoonful of starch-water, *if the discharges excite pains.*

LEUCORRHŒA (WHITES).

Few are the women entirely free from this malady, and many are its causes; but it will here be considered only as it affects pregnant females.

Leucorrhœa is a very common disorder amongst women during the period of pregnancy. The discharge, which is sometimes *white*, and sometimes of a *yellowish-green color*, usually makes its appearance during the second month of pregnancy; though some women are affected even before.

This discharge is often accompanied by a *great irritation of the vagina*, sometimes actual inflammation. It may become so abundant as to cause prostration, and even to re-act upon the stomach, causing pains, disturbance of appetite, and vomiting.

This affection, when of an acrid character, may be the cause of the most *distressing, intolerable itching of the soft parts*. A profusion of small vesicles may appear on the internal surface of the labiæ (or lips of the external part), which burst, and cause excoriations that render walking very painful.

Although a very troublesome and disagreeable disease, it is

not attended with danger to the progress of pregnancy, unless it comes from extensive ulcerations of the womb.

TREATMENT.

Frequent washing of the external parts, and of the vagina, is indispensable: it should be done even two and three times a day.

The patient should be careful not to use any medicated washes without the advice of her physician. Castile-soap and water is the best for cleanliness of the external parts; and, for injections of the vagina, the water injected should be lukewarm, so as to prevent a shock to the womb, unless otherwise ordered by the physician.

The external parts may be safely washed with *lead-water*, to allay itching and irritation.

The patient may derive comfort also by keeping the labiæ separated by the introduction of a fine piece of linen, wet in the lead-water: if that is retained, it will prevent friction and pain in walking.

Sepia (30th). Is an excellent internal remedy for yellowish, greenish, fetid, or corrosive discharges, whether attended or not with bearing-down sensations.

Calcareæ (30th). If the discharge is white and corrosive, particularly in women of lymphatic constitution, light complexion.

Sulphur (30th). For chronic cases of leucorrhœa, attended by yellowish, burning, corrosive, and particularly, after repelled eruptions.

If the external parts are painful, a decoction of *Poppy-heads*, four ounces to four pints of water, may be applied, warm or cold, with great relief to the patient.

DISEASES OF THE WOMB AFFECTING PREGNANCY.

DISPLACEMENTS.

Prolapsus of the womb may occur during pregnancy: it may come on suddenly or gradually, although the patient may never have been thus affected. During the first two months there is a normal descent of the womb; but, at the third month, it rises, and pregnancy goes on undisturbed.

Prolapsus of the womb will cause great distress and disturbance; the bladder, being pressed upon, causes dangerous retention of the urine; and the rectum may be so interfered with as to make it impossible for the patient to have a natural evacuation.

Retroversion. This may be brought on by habitual constipation, and even by severe retching or vomiting, or by great straining at stool or in urinating. It may be caused also by a woman retaining her urine too long: the bladder distends, and presses the womb backwards.

Anteversion is very rare in the early stages, but may occur after the fourth and fifth month, particularly in patients who have been subject to it before pregnancy. This may be caused by allowing impacted fæces to remain in the rectum; thus thrusting the womb forward.

Lateral obliquities occur very rarely; but they are not of so much importance, as they scarcely interfere with rectum or bladder.

These displacements during pregnancy are of the greatest importance; for they are liable to bring about premature labor; inflammation of the bladder; strictures of the urethra, so as to render the patient powerless in passing water; inflammation or stoppage of the rectum, so as to incapacitate the woman from evacuating her bowels at all. But their importance is greater in the anticipated labor. *Serious, indeed frightful, may be the consequence of such displacements in labor.*

Therefore, whenever the pregnant woman experiences great

difficulty in passing water, or in passing the contents of her bowels through the rectum; whenever she feels bearing-down sensations, or feels as if every thing would fall out; whenever she experiences great pain in the back, and pressure backward or forward—she should consult a physician without delay.

INFLAMMATION OF THE WOMB.

During pregnancy, more frequently than in the unimpregnated state, the womb, or some part of it, is liable to inflammation.

The patient feels a very severe, constant pain, or stitch, in some parts of the womb: the spot is tender on pressure, which tenderness is increased by walking, and by the movements of the child. What distinguishes this pain from one dependent upon rheumatism of the womb, is, that it does *not* come on in paroxysms. The patient has fever; the pulse is quick, skin hot; thirst and vomiting is present.

This affection may terminate without trouble, but may cause adhesion of the after-birth to the womb, giving considerable trouble during labor.

TREATMENT.

Send for the physician, if possible; if he is not accessible, use the following:

Take some tincture of the *Root of Aconite*, and apply it externally, by means of cloths, to the regions inflamed.—*Peters.*

Belladonna and *Aconite*, alternately, should be taken every hour internally.

IRRITABILITY OF THE WOMB. FALSE PAINS.

During the last month or two, the womb is often irritated by the severe pressure and expansion, causing pains simulating labor-pains. The patient is frightened lest labor becomes imminent; but she can easily distinguish these “false pains” from true labor-pains by placing her hand on the abdomen, and feeling, that, during a pain, the tumor under the hand *does not become hard and contracted.*

Quiet is important.

Secale or *Pulsatilla* may relieve.

From the 3d to the 30th, six globules every two hours.

INCONTINENCE AND RETENTION OF URINE.

During the early months of pregnancy, when the womb descends a little, and when so much blood is called to the genitals, the patient may be tormented with a constant and painful desire to urinate, passing water in little quantities, with a kind of disagreeable straining at the neck of the bladder. The desire may be so urgent that, in case the female has no opportunity to gratify it, she may pass the water involuntarily.

Later, when the uterus becomes very voluminous, the same state of things may occur from pressure. The pressure may be so great as to induce even the opposite extreme, *retention*, which is by far the most alarming.

In *prolapsus*, *anteversion*, or *retroversion* (see their respective chapters), this inconvenience becomes much greater and dangerous. If the fundus of the womb falls upon the bladder the pressure will cause a constant desire to make water, and may even cause paralysis of the bladder, so as to make it impossible for the patient to retain her urine.

Again: if the neck of the womb falls forward it may obstruct the urethra so as to make it impossible for the patient to empty her bladder. In this case it becomes imperative for the patient to call the assistance of the physician to draw the water, lest the bladder become so distended as to throw the fundus of the womb against the rectum, and complicate the difficulty in the most serious manner. Besides, if the bladder is not emptied within a reasonable time, inflammation may ensue, which will place the patient in great danger.

At the commencement of labor retention of urine is still more dangerous; for the powerful throes of the womb may press the bladder down in the vagina, exposing it to immediate compressions and contusions, which may result in great danger; it would certainly retard labor, or render it almost impossible; and the compression would excite an inflammation, which would result in sloughing and perforation, and all the painful consequences of a vesico-vaginal fistula.

Let the patient in labor, then bear it in mind to void her

urine during the earliest stages of labor, and every time that she has the slightest inclination. Should she feel her bladder to be full, with disability of passing the urine, let her send for her physician with a *peremptory message, explaining to him her reasons for so doing.*

These retentions may be temporarily caused by an irritability of the nerves of the urethra, in which the application of cloths steeped in hot water, or even a warm sitz-bath, may enable the patient to pass water in a few minutes. I have caused women to urinate after labor by simply allowing water to drip from a pitcher into a bowl. The noise of the dripping water makes such a powerful impression upon the brain as to cause intense desire to void the bladder, which generally yields and urination follows. The presence of piles may occasion this difficulty, in which case the patient, by putting her thumb in the vagina and pressing the tumor of the piles backward, may enable herself to empty her bladder.

But, *whenever incontinence or retention of urine is constant*, she should acquaint her physician of the fact; for it may be the means of his detecting displacements that he can remedy.

TREATMENT.

Medicines are, of course, useless when either of those disorders are produced by mechanical obstructions, such as pressure from displacements of the womb. If it is induced by piles, these must be treated and reduced (see "Piles"), before she can obtain relief.

Cantharides (3*d*). *Six globules every hour* should be given, when the urine passes by drops or by jerks, *with burning and scalding sensations.*

Belladonna. For *nervous retention of urine*, accompanied by tenesmus (straining); also when caused by violent neuralgic pains. Dose, the same as *Cantharides*.

Nux vom. If the bladder seems paralyzed; the water passes involuntarily without any pain; particularly if accompanied by constipation or piles. Dose as above.

If *Cantharides* relieve the retention, but leaves some irritation and inflammation, follow it up by *Cannabis sat.* This should be used strong; *ten drops of the tincture to ten teaspoonfuls of water, one teaspoonful every hour.*

Caution. In retention of urine, through ignorance of the

causes your friends may suggest some diuretics, such as sweet spirits of nitre, gin, juniper, watermelon-seed-tea, etc. *Such treatment would only increase the difficulty*; for the bladder contains too much water already, and those remedies would increase it. I mention this because it has happened to several of my patients, greatly to their regret.

In regard to urinary difficulties, read further chapters on "Dropsy" and "Albuminuria."

PALSY (PARALYSIS). AMAUROSIS (DISTURBED VISION). DEAFNESS.

These three diseases are grouped, because, according to pathologists, they seem to depend upon the same cause in pregnancy. (See "Albuminuria.")

Paralysis is partial; for complete general paralysis would cause instant death.

Pregnant women are peculiarly liable to these partial paralyses.

They are designated by different names, according to location: thus, paralysis of the face, *facial paralysis*; paralysis of one side, *hemiplegia*; paralysis of the lower half of the body, *paraplegia*; etc.

Palsy may occur during pregnancy, during or after labor; but it occurs oftener during the latter months.

Amaurosis (impaired vision). The patient may suddenly or gradually be taken with partial or complete loss of vision of one eye: sometimes both eyes are affected at the same time. Sometimes it may be a mere obfuscation; again, the patient may see *black spots* flying before them. This affection may also occur before, during, or after labor.

Deafness may, like *Amaurosis*, affect one or both organs of the hearing. It may be very slight, and noises and roaring may be heard. This may come on periodically, or it may intermit, or remain permanent. *Buzzing in the ears* and *deafness* are often the precursors of convulsions.

Albuminuria and uræmia seem almost always to be connected with the above disturbances.

Facial paralysis is almost always connected with *amaurosis* and *deafness*; for the same nerves that are affected by the one are affected by the others.

Hemiplegia, which is of more common occurrence, besides depending upon albuminuria and uræmia, may depend upon cerebral apoplexy, or upon anæmia. (See "Plethora" and "Anæmia.")

Paraplegia, besides the causes already mentioned, may be occasioned by the *pressure of the fetal head* upon the nerves of the pelvic cavity.

These diseases generally get well in a little while, particularly after labor. There are instances, however of permanent injury.

TREATMENT.

For paralysis depending upon albuminuria or uræmia, the most experienced physician should be consulted. For paralysis from pressure, patience is the best medicine; as, in proper time, the patient will be delivered of both child and disease.

For paralysis connected with amaurosis or deafness, evidently dependent upon an *apoplectic condition*, that is, upon determination of blood to the head, *Belladonna* should be taken until the *black spots before the eyes, the buzzing and noises in the ears*, are passed away. Then, for the remaining paralysis, *Plumbum* should be taken for a week, and, if the patient is not better, *Nux* should be taken for another week.

If the paralysis is caused by *weakness* or extreme *anæmia*, *China, Arsenicum, Phosphoric acid*, may relieve it.

Electricity will be of great benefit in paralysis *after labor*, not before; for the electric shock may produce abortion.

Brisk frictions with the hand, or cloths wet with cold water, may be useful.

INTELLECTUAL DISORDERS.

INSANITY.

Mental aberrations of the intellectual and sensorial faculties are not uncommon in pregnant females. *Hypochondria, hallucinations, fears*, are phases of them. (See "Mental Disorders.") A woman who has loved her husband may now conceive a great antipathy for him. She may conceive the same antipathy for her children, or for any relation or friend.

These disorders of the intellectual faculties may proceed even to *insanity*. *Actual insanity*, however, is more common during and after labor than before. The mother may attempt the life of her infant, or she may abhor the very sight of it. This insanity is only temporary; very rarely has it become permanent.

The medical treatment of insanity should be left to a skillful physician. For moral and mental treatment, see "Mental Disorders."

CONVULSIONS.

This is probably the most formidable liability of the puerperal woman. It does not occur very often, fortunately; probably not oftener than at an average of one in four hundred; and, when it is thought to occur, it is often confounded with hysteria or catalepsy, neither of which are fatal in their nature.

Puerperal convulsions are very unusual in the early months of pregnancy. They may appear in the latter months; but they are more frequent during parturition, and after delivery.

Amongst the causes, albuminuria and uræmia have been mentioned under their respective chapters.

During labor the powerful efforts on the part of the womb may occasion an excitement of the nervous system, which, being transmitted to the spinal cord, may induce convulsions.

A great distention of the intestinal canal from incarcerated

wind, constipation, impacted fæces, a great distention of the stomach from indigestible food, a heavy repast, retention of urine with great distention of the bladder, the use of tight garments, the abuse of spirituous liquors, immoderate sexual intercourse, the suppression of habitual discharges as bleeding piles, too much sleep, want of sleep, want of exercise, confinement to crowded rooms, anger, jealousy, disappointments, etc., are all predisposing causes to these convulsions.

The *precursory symptoms* are the following:

The patient is agitated, easily excited, impatient and irritable; she experiences a difficulty of breathing, and an exceedingly poignant and acute pain in the head; the pain seems to be fixed in a circumscribed spot. *This pain in the head, which is not at all amenable to treatment, is the most important diagnostic sign.*

The primary symptoms increase in violence, and the mind becomes affected by them. *The vision becomes affected, the sight obscured; the patient may see only the half of an object placed before her eyes; the hearing becomes less distinct: the patient becomes stupidly indifferent; her features are immovable, or appear sunken; she can be aroused only with difficulty; scarcely comprehends; replies incoherently; then she sinks back into her stupid state.*

In *plethoric women* the pulse is full, slow and hard; the face flushed and animated. In *anasarca*, on the contrary (see "Plethora" and "Anasarca"), the pulse is small, hard and contracted; the face pale; the skin cold.

From this she may go into the actual convulsive condition, gradually or suddenly. When gradually, one notices little tremors of the muscles of the face; the eyelids wink rapidly; the balls of the eyes roll upward; the nostrils dilate; the corners of the mouth become distorted; finally the look becomes completely fixed; the jaws are tight; foam is breathed out of her mouth. This state may be followed by a spasm, drawing her face or head on one side. The face is congested, swollen, and acquires a bluish, livid hue. The limbs may be very much or very little convulsed.

In general, the first fit is of short duration and not very violent; but, in most cases, the fits are repeated frequently; and the symptoms become more and more frightful in appearance as they are renewed.

The duration of an attack is variable; it may last from one minute to two and three hours.

During the interval the patient at first may return to herself, and look around, astonished at the commotion. After repeated attacks, however, she is left in a comatose state, which becomes deeper and deeper after every one. She becomes perfectly insensible to sounds or to touch. Even this comatose condition may pass off; she may regain some of her faculties.

When the patient is going to get well the convulsions become less severe, the intervals much longer. All her faculties gradually return. Memory is the last to be regained.

When the attacks last longer, and at each time the symptoms grow more severe, all hopes to save the patient are only illusory.

In *hysteria*, which is often confounded with puerperal convulsions, there is an alternation, but *never a total abolition*, of the intellectual powers; indeed, the sensorial faculties seem to become more acute. There is *no coma after the fit*. There is a continual tendency to change the position, and the patient may writhe with violence; it may require even considerable force to retain her in bed. Again, the hysterical paroxysm is almost always preceded by a sensation as if a ball were rising in the throat, and the patient grasps with violence the throat, as if attempting to relieve herself of the choking. There is *no frothing* at the mouth, and the pulse may be perfectly normal.

Epilepsy, also, may be confused with puerperal convulsions: but the former history of the woman may be a guide; for, in that case, epilepsy has generally occurred before.

Tetanus has the distinguishing feature that the convulsive rigidity of the limbs is constant and continued.

Catalepsy represents a state of peculiar immobility.

Apoplexy is not preceded by convulsive movements: the limbs are relaxed, but have lost their sensibility and mobility.

Women with short necks; those who are fat; those who possess considerable muscular strength; those whose tissues are firm, solid, hard, and unyielding; those that are of a sanguine, nervous temperament; those who have swollen feet, hands, and features; and such as, upon walking in the morning, complain of numbness in the hands; those who are affected with a feeling of great weakness, or with loss of sensation in one side of the face or in one of the members; those

who have suddenly lost their hearing; those who have vertigo, headache, flashes of light within the eyes, dimness of sight, double vision or half-sight; those who have sudden loud noises in the ears; and such as feel as if a violent blow had been received upon the head; those, furthermore, who labor under intense anæmia, with distention of the blood vessels and heart—all such are to be held liable, and closely observed and protected.

TREATMENT.

Patients subject to any of the above symptoms, and their friends, should carefully study the paragraphs in this volume on *Mental Disorders, Indigestions, Constipation, Plethora, Anæmia, Dropsy, Albuminuria, Uræmia, and Paralysis.*

The treatment applicable in those cases will be applicable in the prevention of anticipated convulsions.

When the convulsions really occur, a non-professional would better let things alone, lest he aggravate the case. Cold water to the head, mustard-poultices to the legs, is about as much as can be done.

If it is known that the trouble has been brought on by *over-eating*, or by *eating indigestible food*, an *emetic* might be given *once*; and the most efficient and yet innocent, is a tumblerful of warm water containing a teaspoonful of mustard.

If protracted *constipation* is known to exist, the bowels should be immediately moved by repeated enemas of warm water and soap; and if failing with this, an enema of a pint of warm water with *fifteen grains of ox-gall* should be injected into the rectum. If the bowels remain still full, give one tablespoonful of castor-oil, repeating it in six or eight hours, if it shall not have operated.

LABOR.

Pregnancy and its concomitant derangements having been treated of in the first part, the second part will be devoted to the preparations for labor, and to labor itself.

OCCUPATION OF THE MOTHER DURING PREGNANCY.

A woman with child would find it greatly to her advantage, and conducive to her health and happiness, to employ her leisure hours in the preparation of the necessary articles of clothing for herself and her coming baby.

As many seem really ignorant of what is necessary, I name some few of the articles which she will absolutely need. These will naturally suggest others to women accustomed to the convenience of plentiful supplies.

ARTICLES NEEDED BY THE MOTHER.

- Six cotton chemises.
- Six cotton night-dresses. Short night-dresses are preferable.
- Six unbleached cotton bandages, one yard and a half long.
- Two flannel skirts.
- One flannel dressing-gown, to wear on getting up.
- Three dozen napkins. These may be made from old table damask, rendered soft by use.
- One dozen common face-towels.

ARTICLES NEEDED BY THE CHILD.

- Eight belly-bands of infants' flannel; four of them one quarter of a yard wide and five-eighths long, and the other four not quite so wide, for earlier use.
- Four dozen diapers.
- Four flannel barricoats with muslin bodies; left open like an apron.

One dozen linen-cambric shirts, to be worn over the belly band.

Six muslin night-slips, one yard long.

Two flannel skirts, of two breaths each.

Six pairs knit socks.

Two blankets of fine flannel or merino, one yard square, bound with ribbon, for a shawl.

One baby-basket, containing: a box of rice-flour-powder; powder-puff; one cake of old, white Castile soap; pieces of old handkerchiefs, to be used in dressing the navel; one box of cold-cream: one fine sponge; one paper of large, one of small pins; one pair of sharp, round-pointed scissors. A complete suit of baby-clothes should be in it at the time needed.

Strange as it may appear, it is often the case, that, while attending a woman in labor, the physician finds no provision of the most necessary articles, creating delay and confusion. Some women are so indolent, that they put off these preparations until the time overtakes them quite unprepared.

MONTHLY NURSE.

By this term, is meant a woman experienced in attending confinements, and capable of assuming the care of a baby, and of the parturient, for a month from the commencement of labor. She should be intelligent, and have experience; yet she should not be presumptive, and should never be allowed to exercise duties not within her province.

The monthly nurse should be a judicious, unobtrusive, well-tempered woman. She should know the care the patient needs; she should administer to her comfort, but not attempt to entertain her with stories or gossips of any kind; she should carry out the wishes of the physician conscientiously, but never remonstrate on her own account, with the patient; she should acquaint the physician with every irregularity without exaggeration, and never undertake, under the assumption that it will do no harm, to administer favorite lotions or potions to the patient or to the child.

In the house, she should not be a source of trouble. I have known nurses to demand so much attention from the house-servants as to be unbearable. Some nurses assume rights and

authority over the patient and the husband. Take my advice: such a woman, being a nuisance, should be paid and sent off.

If the parturient is worried by the nurse, she should inform her physician without delay. I have known patients that were so intimidated by the nurse as to be afraid to mention this fact to physician or husband, and would, consequently, go from day to day, sick without an appreciable cause.

In this case, let the husband take the matter in his own hands, and let him protest against such conduct: if this be vain, let him invite the woman out of the sick-room, and deliberately inform her that she must leave the house. Having gone thus far, she should not, under any pretext whatsoever, be allowed to enter that room before leaving; for, with truly revengeful spirit, she may make a scene that will greatly affect the condition of the wife.

In looking up a nurse, and inquiring into her qualifications from those who have had experience of her, it will be found useful to ask the following

QUESTIONS.

Is she strong and healthy?

Is her breath offensive?

Is she clean about her person?

Does she keep the baby clean, and is she tidy in the nursery?

Is she attentive to the mother?

Is she gentle, kind, anticipating all wants, and supplying them with a willingness?

Is nursing to her only an effort by which she makes a livelihood, or has she a natural adaptability for the calling?

Is she a light or a sound sleeper?

Does she snore?

Has she such a habit of watching that she can keep awake if necessary?

Can she cook food or dainties for the mother?

Did any accident ever happen through her carelessness?

Is she truthful?

Does she drink, or use tobacco?

Does she receive many visitors?

Does she interfere with the household servants?

Is she inquisitive or gossipy?

In making these inquiries, see that your informant is reli-

able; for many people, through mistaken kindness, recommend the most objectionable servants.

When you engage her—which should be at least two months before the expected time—stipulate the price, and make every condition clear and unmistakable.

She should be ready to attend two or three weeks before the anticipated event.

THE ROOM.

Should be a spacious and well-ventilated one. If possible, it should have a southern exposure. Let it be remote from the noise of the street or the house. If there is a bath or dressing room attached to it, so much the better. Keep no soiled clothes in it during sickness. One bed, one washstand, wardrobe, bureau, and two or three chairs, is all the furniture needed; any more would be in the way, unless the room is unusually large.

THE BED.

Should be a double one, in good order, on castors. The spring mattress is the best; hair and cotton come next. Feather-mattresses are inconvenient, too warm, and should be avoided. The sheets should be of cotton, unless it is in the midst of summer, or in a hot climate. During labor, the patient should lie on the right side of the bed. This position will place the patient on the right side of the physician. Attention to this will prevent a change of side when the physician arrives.

For labor, the bed should be prepared as follows: Fold the lower sheet so that it will not come below the waist of the patient, with the end towards the hips, so that it can be grasped and pulled down after delivery.

Cover the mattress, from the waist down, with an impervious material,—a piece of India-rubber or oil-cloth. Over it place a thick cover—a blanket or sheet folded several times—to absorb the discharges. Replace the bed-covers as though the bed had been made up as ordinarily. To the foot-board—against which the feet should be fixed during expulsive pains—attach a long-towel, twisted, that the patient may grasp at it during strong bearing-down pains.

ACCOMMODATIONS FOR THE PHYSICIAN.

A chair to sit upon, some lard or sweet-oil to lubricate his

hands and the soft parts of the mother, several towels, cold and warm water, and soap.

ARTICLES NEEDED DURING LABOR.

A cord made of twisted linen thread; a pair of sharp-edged, but blunt-ended scissors; a paper of large, sharp-pointed pins; a square yard of soft flannel, or some suitable material, to envelop the child when born; a bandage for the mother; an abundant supply of warm water; some suitable stimulant, as camphor, cologne, or aromatic spirit of ammonia; one dozen towels and napkins; a fine sponge; a vessel under the bed to receive the after-birth.

BANDAGE.

Although some physicians split hairs about the bandage, and some assume even that the patient can do better without it, I can but recommend the use of it. The bracing-up of the collapsed abdomen gives such a feeling of comfort that that alone would recommend it, as, in ordinary cases, enabling the mother soon to move about the bed without feeling that she is going to fall to pieces. Besides, I know cases where the abdomen never contracted, from want of this support; and the woman had to bear a pendulous abdomen ever after, to her great discomfort and annoyance. And I never knew or heard of an instance where the bandage, properly applied, had caused unpleasant or dangerous results. Of course, as in all things in this world, there is a way to do it right, another to do it wrong if even a feather, in the hands of an ignoramus, may prove a fatal weapon. If the bandage be put on snugly, with no undue pressure exerted, so as to obstruct the circulation, none of the far-fetched maladies will result from the application.

A great deal is said about the shape of a bandage. For my part, a towel long enough to go around the body I have always found to answer every purpose; some, however, prefer to have it so shaped as to fit the curves of the body. It should be wide enough, at all events, to cover the whole abdomen.

WHEN TO SEND FOR PHYSICIAN AND NURSE.

This requires some judgment; for it is very hard on a physician, fatigued by a severe day's labor, to be suddenly awakened from his sleep, and requested to relinquish his rest and

go to a patient, only to find that it is all a false alarm. I speak feelingly on this subject. Physicians appreciate the anxieties of a woman, who, being conscious that her term is near completion, feels pains flitting about her abdomen: and they are willing to go to her, were it only to calm her apprehension: still, some consideration is also expected on her part. He, like other mortals, has only one life to live, the preservation of which requires the same rest and the same peace that others enjoy.

On the completion of her eighth month, the woman is liable to be overtaken by pains simulating labor. These pains are probably caused by the womb's attempt to adapt itself to its enlarged condition and position. A few hours of complete rest will often make these pains disappear without further trouble.

When a woman, however, has reached her full term, she may suddenly awake one night to find herself in labor. Still, let her remember that labor is very rarely an instantaneous process. There are preparing pains, and many are they, before the actual presence of the physician is necessary.

Pains coming at regular intervals, commencing in the back, and running down the loins, causing the womb *to harden under the hand*, and to relax after the pain is gone, should be considered labor-pains. When these pains are accompanied by a *serous bloody discharge there can be no doubt that labor has commenced*.

As long as the pains do not return oftener than every fifteen minutes, the physician need not be summoned, if it is night. The nurse should be sent for, however, without delay.

When the intervals are gradually getting shorter, until they are no longer than five minutes apart, the physician should be summoned.

The physician's attendance should also be immediately required after the *breaking of the bag of waters*. This may happen suddenly, without giving any premonitory symptoms.

When the symptoms of labor occur during the day, the physician should be informed of the fact without delay; for he may find it convenient to call, and ascertain for himself the condition of things. If early in the morning, let him know it before he leaves his office, lest he cannot be found when he is wanted later in the day.

A sudden gush of blood, or a continuous stream of it, should

warn the patient, or the attendants, to have the physician instantly; and, if the regular family attendant is not to be found the nearest doctor should be brought to the spot.

In case the stream of blood is continuous and alarming, *fill up the vagina with a sponge*, and *keep the patient quiet* on her back until the physician arrives.

LABOR

Is the inevitable and physiological consequence of pregnancy. It is a process of pain and suffering. It is a process that requires all the moral courage and fortitude a woman is capable of.

The woman who bears a child to her husband performs an act which his lifelong love and kindness could not repay. The woman who bears a child to the State gives the legislator to mould the nation, the general to defend her honor, the admiral to span the oceans. The woman who bears a child to her God is an imitator of his creation, and will glory in the light of his love.

Woman is the re-creator and the nurse of mankind. Her sufferings in giving birth to her offspring, her self-abnegation in raising and educating it, command man's respect, his admiration, his love, his gratitude.

Beautiful in love, sympathetic in sorrow, she governs his affections, and assuages his pains.

In the throes of labor, she is heroic. On the life of her infant, she sheds tears of joy. In the tenderness of a newly-made mother, she forgets her pains. Her lips whisper thanks to her God; her eyes look with a triumphant joy upon her husband.

No wonder man loves his mother! If a mother never did anything but give birth to her son, he should love her and be grateful to her forever.

PREMONITORY SIGNS OF LABOR.

During the last fortnight of pregnancy *the abdominal tumor subsides*, so that pressure is taken off from the lungs, heart and stomach, and the woman feels more buoyant, freer, and more comfortable. The pressure, however, is brought downwards

by the descent of the womb, causing often a desire to void urine, and sometimes even with an inability of doing so. (See "Incontinence and Retention of Urine.")

FIRST STAGE OF LABOR.

Labor may be divided into two stages: the first constituting the process of *dilatation of the mouth of the womb*; the second, the process of *expulsion of the child* from the interior of the mother.

During the first stage the parts become humid: a discharge of watery blood, "*the show*," occurs; intermittent, regular and periodical pains come on, each ushered in by shiverings. This stage of preparation occupies five-sixths of the duration of labor. The fibres of the womb contract, and its mouth dilates, at every pain.

During this stage it is evident that there is nothing to be done but to patiently wait. The mother should make *no expulsive efforts*; on the contrary, she should save her strength for the second stage, when the child escapes from the womb, and is pressing hard against the soft parts.

She may walk the room or sit in a chair alternately; the first will assist in the expansion of the mouth of the womb by the pressure of the weight against it; the second will shorten her confined position in bed, which may become very tiresome if the labor is slow.

The patient should know that during this stage there is no accident to apprehend; her mind should be at ease and hopeful.

During these contracting pains she may become nauseated, and may even vomit. This condition is considered *favorable*, because it relaxes the system.

She need not have any fear or anxiety if this stage is rather long; for it may depend upon the rigidity of the mouth of the uterus, which will yield in proper time. Anxiety will only tend to diminish the force of her pains, and render labor longer and more tedious. She should dispel every imaginary dread that she will not get through; for nine hundred and ninety pregnant women in a thousand have suffered like herself, and have gone to the end with perfect safety to themselves and their offspring.

She should not resist any inclination to move her bowels, or

to pass urine; on the contrary, *she should encourage both*, as the discharges will give her relief and make the exit of the child easier. It has even been customary to have the bowels moved by a cathartic, and in case the patient should be at all constipated, I do not deem it objectionable in the least.

During this stage, if her physician is not present, she should be examined now and then by the nurse, in order to know the progress made in the dilatation of the mouth of the womb. If, after every five or six pains, no progress is detected, there should be no hurry in summoning the physician. When, however, the mouth of the womb is so expanded as to be of the *size of a silver dollar*, the physician should be present.

HOW TO MAKE AN EXAMINATION.

Place the patient on her left side with knees drawn up. The nurse lubricates with oil or lard the index finger of the right hand, introduces it into the vagina, running it upwards and backward in the direction of the spine. When she reaches the tumor let her feel for an opening in the membrane that covers the child. If she is in doubt whether her finger is then in the mouth of the womb, let her keep it within until a pain comes on, and, if the finger is within the womb, she will feel the mouth contract around it like the string of a purse. She can then detect the size of the opening. When the womb is relaxed she may confound the thin mouth of the womb with folds of the vagina, but not so when it is in a state of contraction. The mouth of the womb is sometimes difficult to find, because it lies backward and high up. *The examiner should not be satisfied until it has been found and its dimensions fairly measured.* Care should be taken during these examinations not to press too hard against the tumor, lest the bag of water should be broken. The waters, enclosed in an elastic bag around the head of the child, assist in expanding the mouth of the womb. This bag of waters generally breaks spontaneously during a violent pain. When it breaks in the beginning it constitutes what is called "*dry labor*," which may last longer on account of the absence of the assistance spoken of. It usually breaks in the second stage, although it may do so at any time, particularly if the pains are strong and the membrane weak.

The mother should be made acquainted with the existence and the necessary bursting of the bag, lest she should be frightened at a sudden and unexpected gush of so much water.

THE ARRIVAL OF THE PHYSICIAN

Should be announced; his entering the room unannounced may give the patient a shock. Even modesty requires this caution. After he has made his examination he should be invited to another room. He will accept willingly, for he knows that the patient will thus feel less constrained than she would in his presence.

CONDUCT OF THE ATTENDANTS.

Admit no one to the room except the nurse or a female friend requested by herself.

Under no circumstance permit idle curiosity to peer into that room. Keep out officious women whose services are not needed. Stop every conversation regarding hard labors, or accidents happened to other parturients. This is imperative. Physicians know, to their regret, how many labors have been kept lingering by the influence of these mischievous conversations on the mind of the patient.

The husband should bear himself manfully; and, in his expressions of love and sympathy, *he should not show that he is harrowed by a feeling of anxiety* and the fear that the case may not terminate well.

ARRANGEMENT OF DRESS.

Before the commencement of the second stage the patient's dress should be so adjusted that it need not be soiled. Her chemise should be folded up around her waist, and the bandage to be used after delivery pinned around it. This will secure the chemise, and, at the same time, leave the bandage ready to be brought down, without moving the patient after delivery. Below this may be put a flannel skirt, or a small sheet folded, which will cover the patient, and protect the clothing above.

This simple precaution will prevent the necessity of changing her linen after delivery; a process which may be dangerous, in proportion to the condition of the patient.

SECOND STAGE OF LABOR.

The Birth. The mouth of the womb having dilated during the first stage, and the child being now bearing down upon the soft parts of the mother, the patient has a strong desire to

make expulsive efforts. *This should now be encouraged.* When she feels a pain coming on, she should draw a long inspiration, and then, holding her breath, bear down with all her strength. Restrain her from making exclamations during the pains, and urge her not to relinquish the downward pressure she ought to exert. If she complains of her back, press gently with your hand against it.

During these pains, she may become very much excited, and even talk incoherently. Reassure her by telling her that she is now near the end of her troubles. Encourage her to rest between her pains, and maintain her position on her left side.

Place a pillow between her knees, which should be bent, and let her feet press against the foot-board.

Take a napkin, and *press gently between the vagina and the rectum during the pains*; not enough, however, to prevent the descent of the child, but *to prevent a possible rupture of the soft parts.* If her exertions cause her to perspire, dry her face with a handkerchief, or fan her a little; if she is faint, give her volatile-salts or cologne to smell.

Should the pains subside, and become weaker during this stage, give her a cup of hot tea.

This stage, sometimes, is very short. Many instances have occurred in my practice, particularly amongst healthy and strong women, where it consisted of one pain, prolonged until the child was expelled. With some women, it requires several pains, particularly when the parts are rigid. Encourage patience. In cases where the infant's head is very large, or the outlet of the mother rather narrow, the head is to be moulded, as it were, to the proper proportions, and the resistance will cause some delay.

It is during these pains, that she should pull at a towel fixed to the bed or in the hands of an attendant.

The patient should not be discouraged if several severe pains, at this stage, do not cause the child to be born. As long as the presentation is right *she need have no fear for the result*, even if no physician be present.

When, at last, the result begins to appear, and the head is expelled, it should be supported in the palm of the right hand, but no traction made. If the pain ceases, and the cord is twined around the child's neck, pull the cord gently until it is loosened; and, if it is sufficiently long, pass it around the

child's head until it is disentangled. If the pain delays, and the child's face looks congested and blue, make gentle frictions on the mother's abdomen; force your index finger under the armpit of the child, and draw gently.

When the child is born, and it breathes, *turn its face from the mother, and from the discharges*, lest, during an inspiration, it draws in some of the fluids. If it cries, so much the better: that will cause a long inspiration, and expand its chest.

Do not be in a hurry now: there is no necessity.

How and when to cut the cord. Having your string and scissors at hand, *as soon as the cord ceases pulsating*, tie a cord about it, an *inch and a half from the navel*; then put another ligature two inches from that, and cut between them. Then take a soft napkin, and wrap it around the child, so that, in its slimy condition, it may not slip from the hands; and place it in a smooth blanket in a *safe place*.

The After-Birth (Placenta). With your right hand, take hold of the cord, and put it on the stretch; place your left hand on the abdomen of the patient. If the abdomen is not very much collapsed, and the womb does not feel like a round ball that you can grasp with the hand, *there may be a twin-baby*. But if the abdomen is sunken, and the womb contracted, *wait for a pain*; and, when it comes, pull gently, but steadily, at the cord. It will probably be felt to follow the pull; if not *do not pull hard*, lest you break it, and have no means to get it out. It may take one or two more pains.

Sometimes the womb, being rid of the greatest part of its contents, remains inactive, and suffers the placenta to remain for a time. In this case, gentle frictions should be made on the abdomen, and the womb gently pressed, so as to excite contractions.

Should you, by accident, separate the cord from the placenta, *and, after waiting twenty or thirty minutes, during which several pains may occur, the placenta not being passed out*, introduce your hand, *formed in conical shape*, into the vagina, hook your fingers in the spongy placenta, and gently pull it out.

ATTENTION TO THE CHILD.

Does it breathe? If the child gives a hearty cry, you may be sure it is all right. If it is evidently breathing at all, as the

vast majority of new-born infants are, there is no further serious trouble to be looked for on that score; but if it remains still, and gives no sign of life, it will require immediate attention. Some authors recommend not to cut the cord until respiration is fairly established. But this connection should exist *only as long as the cord is pulsating*; when that ceases, the *cord should be cut*, lest the placenta act like an instrument of suction, and withdraws blood from the child.

The *unbreathing* condition of the child may be caused by *mucus filling its mouth*: care should be taken, therefore, to clear it as soon as born, by wiping the mouth with a finger wrapped in the corner of a soft handkerchief. Then sprinkle cold water on its face and body: the shock thus given may awaken the dormant vitality. Should this be not sufficient, alternate the sprinkling of cold water with immersion in warm water. This alternate treatment of heat and cold may be repeated several times. Should this not succeed, take a towel wet in cold water, and with a corner of it strike the child vigorously on the chest, back and head.

Do not give up in discouragement, even if the child does not breathe for half an hour. There are instances in which children have been brought to life after an inconceivable length of time, and after many attempts to make them breathe.

Another means to restore life is the following: Close its nostrils by pinching them together, and then blow into its mouth, so as to force air into its lungs; then press its ribs together, so as to cause the lungs to expel the air; this alternate movement continued may stimulate the lungs into action. During this process, the body of the child should undergo frictions made with warm flannel immersed in alcohol, brandy, whisky, or any stimulant at hand.

Some authors suggest taking a mouthful of brandy, and then spurring it forcibly against the breast of the child; this repeated has sometimes induced convulsive contractions of the respiratory muscles, and caused the lungs to expand. Also a stream of cold water from a height has proved successful.

These efforts should be continued even after respiration has commenced, if it is very weak.

Should a galvanic battery be at hand, currents of electricity may be made to pass from the nape of the neck to the muscles of the chest.

During these attempts to restore life, the child should lie on a flat surface, *with the head lower than the body*; and, during the manipulations, the head should not be allowed to fall on its chest.

Should the face of the child remain very much congested and blue for several minutes, untie the cord, and let a tablespoonful or two of blood flow.

Sometimes the new-born child's features look shrivelled; it has a blue appearance, and breathes with a spasmodic jerk, and feebly; its cries are very weak, and sound like a weak groan. Under such conditions, it should be stimulated by alternate douches of cold and warm water, by dry heat and frictions. Care should be taken not to fatigue it. It may be bathed with alcohol, and artificial respiration kept up by alternate blowing in the mouth and pressing the ribs together. A little brandy may also be given as follows: Five drops of brandy to a tablespoonful of warm water; *one drop of this solution on the tongue every five or ten minutes*, until the child gives sign of some strength and of established circulation.

ATTENTIONS TO THE MOTHER.

Immediately after delivery, the patient, passing from a state of tension to a state of relaxation, is often taken by a nervous chill: so do not expose her surface to the air unnecessarily; and, if the chill comes, cover her up until reaction has set in and she feels warmer.

Do not allow her, under any circumstance, to help herself; gently and steadily pull from under her the soiled cloths and garments; then draw down the bandage, and pin it snugly around her; pull down her dress, and cover her warmly.

Apply a soft napkin to the vulva. Should the soft parts be very sore, they may be bathed with tepid water medicated with tincture of arnica.

If a physician has been in attendance, after his departure leave the patient to repose, *and let no over-scrupulously cleanly person interfere. Too much intermeddling is the cause of severe after-pains, or of more or less dangerous flooding.* If the patient be allowed to sit upright, the blood will accumulate again in the uterine veins, distend them, and cause coagulations of blood that will induce violent after-pains; and if the blood

does not coagulate, but flows away, it will produce the most violent and dangerous flooding. The patient is thus exposed to the risk of her life at a time when every moment of repose is of the highest value to her.

TREATMENT.

To overcome the chilliness, cover her with warm clothing, and, if necessary, give her a little warm tea.

If the patient be feverish, restless, and nervous, give her *Aconite*.

If she has much headache, *Belladonna*.

If she suffers from obstinate sleeplessness (see "Sleeplessness").

If she feels *very much bruised*, give *Arnica* internally, and wash her externally with warm water, containing a few drops of the tincture of *Arnica*, three times in twenty-four hours.

Change of Position. If the patient should flow so much that flooding may be apprehended, she should remain quiet in the same position, until all danger is over. If the discharges seem no more than should be expected, she may be drawn up upon the bed, or even slidden to the other side, as soon as convenient. Being made comfortable, she should be left quiet, and allowed a little sleep, from which she will awaken very much refreshed. The removal of soiled clothes should be done with care to give her no cold, or expose her to violent motions.

DRESSING THE CHILD.

Lubricate the child all over with some unctuous matter, animal oil or lard. In many instances the application of unctuous matter will be sufficient to detach all the viscid matter adhering to the child; and it may be wiped off by a fine sponge or a soft flannel cloth. This will prevent the chilling of the child by washing. However, washing with fine Castile soap and warm water is not objectionable, and may satisfy the fastidious cleanliness of the mother. This washing process should be as short as possible, and carefully done before the fire, lest the child is chilled.

The Umbilical Cord. Take a piece of linen (an old handkerchief is good) about six inches square; cut a hole in the centre of it; smear it all over with mutton suet, and through the hole

draw a cord; then fold this linen up so as to envelop the cord completely, and lay it upwards on the abdomen; then cover it over with a square piece, doubly folded, of fine flannel, and apply the belly-band, so as to secure it in its place and prevent rubbing.

The Clothing. In dressing the child care should be taken that the diaper is not *too thick or coarse*, as it would keep the limbs too widely separated. Otherwise, the child may be dressed as the mother desires, although I would suggest that the dress should be with high neck, and the sleeves down to its wrist; thus maintaining equal circulation throughout the body, and avoiding exposure of its chest and arms when the child is taken up.

PRESENTATION OF THE CHILD TO THE MOTHER.

After the mother has had some rest, and the child is dressed, it should be presented to the mother.

She will look with pride on her offspring; and the joy caused by the first sight of her babe will act beneficially on her mind and system.

Allow the mother then to tender the breast to her baby. The first flow of milk is the first medicine that the child receives. It is a natural laxative, to clear its bowels from the *meconium*, which is a dark, mucilaginous matter. The act of nursing stimulates the breasts, and the reflex action stimulates the womb to healthy contraction.

Threatened hæmorrhage has been suspended by this act.

If the mother is strong the baby may be allowed to draw from the nipple for several minutes; *but if the mother be nervous and irritable, and the efforts of nursing cause violent contractions of the womb*, it should be taken from her and placed in a soft, warm bed.

If the child cries, and is restless after this, as if it were hungry, a few drops of sugared water may be given it.

Keep the room darkened, and *do not turn the child's eyes to the light*.

The room should have ventilation by allowing open a door that communicates with another room, *but no draught*.

WHEN COMPANY MAY BE ALLOWED.

The birth of a child is a source of joy and excitement in a household. Every member is impressed with the desire to run and congratulate the mother. *This should be allowed only after the mother has had rest and gives sure signs that she is in good condition.*

Let no one, in an outburst of joy, jump at her, but let them approach her calmly and happily. A great joy may be changed into a great sorrow by not adhering to these rules.

DISORDERS DURING THE ACT OF PARTURITION.

FALSE PAINS.

See "Rheumatic and Neuralgic Pains;" also "False Pains."

NAUSEA AND VOMITING.

If excessive during labor, give *Ipecac.* *Five drops of the tincture to a tumbler half full of water: one teaspoonful every half hour until relieved.*

NERVOUSNESS.

Many women suffer excessively from nervous agitation and excitement during labor: they feel the pains acutely, lose their self-control, and lament in the most heart-rending manner.—*Peters.*

Dilute five drops of the tincture of Ignatia in a tumbler half full of water, and give one teaspoonful every half hour until comparative quiet is induced.

SLOWNESS OR FEEBLENESS OF CONTRACTION.

In some women, this prolongs labor indefinitely, to their great peril.

The strength of the patient should be supported by broths or some light wine.

Dilute fifteen drops of the tincture of Secale with five teaspoonfuls of water, and give one teaspoonful every ten minutes until the pains increase in strength, and the intervals are shorter.

Pulsatilla, from the 3d to the 200th, is greatly recommended also. Same dose.

SUSPENSION AND IRREGULARITY OF THE PAINS.

It not seldom occurs, that from mental excitement at the reception of exciting news, or from injudicious remarks, or from other causes, the pains become suspended. In this case, friction over the abdomen, or titillation around the neck of the womb, or getting up and walking, is sufficient to bring them on again. If not successful, administer *Secale* or *Pulsatilla*, as advised for slowness of the contractions.

If the suspension is followed by distressing vomitings, sharp pains and cramps in the muscles of the back, abdomen, or legs, give *Ipecac* and *Colyacinth*, alternately every five minutes, until relieved.

If the pains are irregular, viz: some being strong, some weak; first on one side, then on the other; returning at different intervals; the patient becoming distressed, despondent, and feverish; her face turgid, her limbs convulsed; give her *Belladonna* (3d) or *Opium* (3d). Five drops to a tumbler half full of water; one teaspoonful every fifteen minutes. If this condition subsides under the effect of these remedies, but the pains remain weak, follow up with *Secale*, as above said.

Whenever these irregularities occur, and do not yield to treatment within two or three hours, the nurse should examine the mouth of the womb with her finger to find whether it contracts during the pains and dilates after the pains; if not, a rigidity of the neck of the womb may be present to interfere with the progress of labor. The nurse should also examine the vagina, to find out whether it is too narrow or contracted to allow the child to descend. In either case a physician should be called in.

HEMORRHAGE BEFORE, DURING, OR AFTER THE DELIVERY OF THE
AFTER-BIRTH.

See "Flooding."

TREATMENT AFTER DELIVERY.

AFTER-PAINS.

The pains after delivery are generally caused by the natural effort of the womb to contract itself to its natural size. They are spasmodic, and may be very severe. Sometimes they arise from a constipated condition of the bowels, sometimes from re-

tention of urine in the bladder. Some think they are produced by the presence of clots of coagulated blood in the womb, which it tries to expel.

If they depend upon flatulency, or constipation of the bowels, *Nux vomica* every two or three hours.

If from retention of urine, *Cantharides*.

But the most homœopathic remedy for these pains is *Secale*. *Two drops of the tincture to a tumbler half full of water, one teaspoonful for a dose, repeated every hour or two.*

URINE.

It often occurs, after delivery, that a patient does not pass her water for thirty-six or more hours, without pain or inconvenience; while some others feel occasion to pass large amounts of fluids from the bladder shortly after delivery.

The nurse should ascertain the condition of the bladder, and should not let the patient go without passing water longer than twenty-four hours.

Sometimes the patient feels as if she were deprived of the power of straining; in fact, as if the parts were paralyzed. In such a case, there is a very simple and effectual means to ease the passage of water without any trouble. *Let the nurse pass water before the patient, so that she can hear it dripping in the vessel.* This seems to awaken the nerves of the urinary parts to action through the mind, and the patient will then feel the desire to pass water herself: she should encourage this feeling, and will be relieved. This process may be substituted by dropping water slowly into a vessel. Should this not succeed, apply cloths, wrung out of very warm water, to the vulva. If this does not succeed, see "Treatment of Retention of the Urine."

The physician should be informed if urine is not passed within twenty hours after delivery.

LOCHIA, OR DISCHARGES FROM THE WOMB.

Lochia is the name applied to the matters that escape from the genital organs of the mother after the delivery of the *secundines* (after-birth and membranes). They play a very important part in the welfare of the patient, and should be carefully noticed. While it is very variable in quantity in

different cases, and even in the same patient at different times after delivery, it may, perhaps, be taken for an average, that she will have occasion to employ the nurse to remove six napkins, well filled, during the first six hours, four during the second, two in the third, and one in the last six of the twenty-four hours after delivery. She will probably require, on an average, a napkin every six hours.

These discharges change also in quality. While in the first six hours they may be composed of pure blood, later they become more and more watery, which can be detected by the yellowish hue they assume, and by the paleness of their color, until after the sixth day, when the color of blood has almost entirely disappeared. The lochial discharge is apt to be more copious in women who have borne many children, who have been subject to profuse menstruations, and who have been addicted to stimulants and rich diet.

A sudden cessation of these discharges before the twelfth day is of sufficient importance to apprise the physician without delay. The consequences may be serious.

The milk-fever has the effect of greatly lessening these discharges; but, as soon as lactation is established, they should reassume their previous vigor.

If the sanguineous lochia is prolonged far beyond the usual term, it may be an indication of inflammation of the womb, of some lesions of the parts, or of careless mismanagement in diet or regimen. Inform your physician of it.

In some instances, these discharges persist on account of general debility, and assume an exceedingly disagreeable odor.

TREATMENT.

To bring them on after suppression, apply moist and warm applications to the vulva; also injections of infusion of chamomile flowers, warm.

Aconite. Five drops of the tincture to a tumbler half full of water. One teaspoonful should be given every hour or two, when the suppression occurs after delivery, and the patient has pains or inflammation in the abdomen, with *anxiety, fever or congestion to the head and chest.* In case the abdomen should be painful at the least pressure, apply the tincture of *Aconite* freely upon it, particularly over the region of the womb.

Belladonna. Six globules of the 3d. Offensive lochia; feeling

of heat in the parts; *flushed face and injected eyeballs; delirium and frightful visions; pains in the region of the uterus, coming on suddenly, and finally leaving as suddenly.*

Bryonia. Dose as Belladonna. Suppression of the lochia, attended with backache, *severe stitches in the side, and cough, intense headache, pain in the breasts.*

Calcarea carb. Six globules of the 30th. Profuse lochia in women who have been subject to profuse menstruations, and who are of lymphatic temperament.

Colocynth. Six globules of the 3d. Suppression of the lochia, with violent colic, flatulency in the stomach, and tendency to diarrhœa.

Hyosciamus. Six globules of the 3d. Restlessness at night, or soporific sleep with frightful dreams.

Pulsatilla. As *Hyosciamus.* If the milk become suppressed, together with suppression of the lochia; or the lochia assume a milky appearance.

Sepia. Six globules of the 30th. Suppression of the lochia, accompanied by severe and constant *pain in the back; the lochia is offensive.*

Secale. (See "Hæmorrhage.")

INFLAMMATION OF THE MUCOUS MEMBRANE OF VAGINA AND WOMB.

Severe labor induced by a large child or a small outlet of the mother is apt to be followed by such contusions of the parts as to create inflammation and pain after delivery. The soft parts of the patient are very sore; the discharges more than usually offensive; and the patient is feverish, weak and restless. This inflammation may bring on retention of urine (which see). The abdomen may be perfectly free from tenderness, yet the soft parts be so sore as not to be able to bear the slightest touch; even the limbs have to be kept apart to prevent the slightest pressure.

TREATMENT.

Warm emollients, applied to the parts, or injected into the vagina, are useful. For such purpose may be used a decoction of *Flaxseed, Slippery elm, Marshmallow, or Poppies.*

Arnica. Six globules of the 3d should be taken internally.

If the inflammation goes on to suppuration, and the discharges become very dark, foul, and offensive, pimples appearing about the lips of the vagina, the following wash will be found very useful:—

Labarraque's solution of *Chloride of sodium*, one ounce; water, one pint. Bathe the parts, and inject into the vagina two ounces of this solution, three times a day.

Arsenicum (3*d*) should be taken internally while this wash is applied.

THE NURSING AND REARING OF INFANTS.

LACTATION.

MILK FEVER.

After delivery, the most important function for the welfare of the mother and the life of her baby is the natural mode of feeding. The process of the formation of milk in the female breast during her lying-in state is called the *Milk fever*. Although a truly natural and normal process, it does not occur without creating some disturbance in the woman's system. Immediately after delivery, the breasts yield, on suction, a liquid of a yellowish color, and of a sweetish taste, called, in medical parlance, *colostrum*. This milk seems to act like a gentle and necessary purgative on the child. For twenty-four hours it retains these qualities; when it becomes whiter, and of different consistency.

Forty-eight hours after delivery, the breasts begin to swell; and this change is attended by a slight chill, thirst, and perhaps headache: this state is followed by heat, dryness of the skin, which is succeeded in a few hours by a copious perspiration. The fever lasts from twelve to forty-eight hours, sometimes even three or four days.

During this febrile condition, the enlargement of the breasts increases, until, in some cases, the distention is so great as to become exceedingly painful, and even to invade the armpits, which prevents the bringing-down of the arms alongside of the body.

This distention of the breasts should be relieved by the suction of the child; and in cases where the nipples are so drawn in that the child's lips cannot grasp them, or where the child is so weak that its attempts fail in drawing any milk, or do not draw sufficiently to relieve the breasts, the nurse, or an older and stronger child, should be applied to the breasts. Some nurses are very skillful in thus emptying the breasts by

the suction of their own lips. Should not this be obtainable, and should the milk increase so fast as to apprehend an incursion of inflammation, a breast-pump should be used; and, should even that be not at hand, a young pup will perform the needful act very satisfactorily.

By the time the fever is over, ordinarily the secretion of milk is very abundant, and the breasts have attained their greatest distention. If the child draws well, they are emptied every time it sucks, and no engorgement is to be feared; but should the child not draw, or the mother choose not to nurse her infant, the greatest precautions are necessary to prevent engorgement, inflammation, and suppuration of the breasts. For this purpose, everything tending to the formation of milk should be avoided. The diet should be a very spare one; and the drinking of ale or other stimulants prohibited.

Warm emollient applications, such as *Flaxseed meal* or *Slippery-elm* poultice, should be made to the breasts unremittingly, with a view to excite perspiration that will relieve the tension. The precautions of drawing the milk as above described should be adopted. Even the application of camphorated ointment is very useful in diminishing the quantity of milk. A strong infusion of sage, taken in doses of one or two ounces, every three hours, is said to greatly diminish the secretion of milk. An ointment of the *Extract of Belladonna*, reduced to the consistency of thick paste, spread around the nipple for an inch and a half beyond it, has been used with great success in reducing the mammæ and the knots into a flaccid, comfortable state. This, used in time, may prevent gathering of the breast.

In cases where the breasts seems full of milk, and yet the child is not able to draw a sufficient quantity to satiate itself, or to relieve the breasts, the difficulty may be due to a clogging-up of the little ducts, which would require one of stronger force to draw and fairly start the flow; for this purpose the nurse or the pump should be employed until the milk flows easily; then apply the child.

A child may seem satisfied after a few moments' nursing, and even fall asleep; but it may soon awake again and seek for the breast; this would indicate that its strength was exhausted in drawing for those few moments, or that the mother had not a sufficient quantity of milk to feed her child.

THE QUANTITY OF MILK

Varies in different women. A woman, although in every respect healthy, may barely be able to furnish milk enough to supply her child: whilst another may be able to suckle several at a time. Hygienic and moral influences affect, also, the quantity of milk. The nurse's age, and the size and form of the breasts, are of importance, although women with very small breasts often give a profusion of milk. Women of lymphatic temperament, where fat predominates, are liable to have little milk; and nutritious food, instead of increasing its quantity seems only to become converted into fat. Whatever may be said to the contrary, it is a well-proven fact, that even the quality of food influences, more or less, the formation of milk.

EXCESS.

Besides the means above described to diminish excessive flow, *Aconite* and *Bryonia*, alternately, may be taken with advantage, particularly if there is a feverishness and the breasts are greatly distended and painful.

INSUFFICIENCY.

A more distressing occurrence to both mother and child, however, is when the mother, through some constitutional abnormality, is not able to supply her infant with a sufficiency of milk. Every means that may increase the secretion of milk should be adopted. Her diet should be nutritious; and should the deficiency of milk seem to depend upon her weak condition, some stimulant, as ale, or soup with wine, may be partaken of with great advantage.

TREATMENT.

Agnus castus has been found very useful when the milk disappears without any appreciable cause; and the mother adds to her misfortune by brooding and despairing. *Three drops of the tincture every three hours.*

China θ . When there is debility from the loss of animal fluids, particularly blood, or from diarrhœa or leucorrhœa.

Asafœtida is very highly recommended. *Ten drops of the tincture, in a little water, should be taken every two hours.*

Anise-seed and *Dill-seed*, made into a tea, have been found useful.

A decoction of *Ricinus communis* (the castor-oil plant) is used with great success by the nurses in some parts of South America. They make a strong decoction of the leaves, and with it bathe the breasts two or three times a day. It is said that, after a few applications, the breasts begin to swell, and very soon discharge milk. It is used by professional wet-nurses to prevent the drying-up of their milk, and thus ending their occupation.

Dr. McWilliam reports so strongly in its favor that it is very well worth trying, as no bad effect can follow the application. It should be applied warm, of course, and even in the shape of a poultice. The breasts which are deficient in milk should always be kept very warm; and warm emollient applications are always useful.

A fluid extract is now prepared by druggists for the purpose of taking the *Ricinus internally*.

QUALITY OF MILK.

Milk may be very fluent, and yet of a very inferior quality. To be good it should be white, opaque, sweet, and of a very pleasant taste. A drop of *good* milk on a plate of glass *will not run off easily*; it will maintain a globular form, and adhere somewhat to the glass. Not so with milk *deprived of its solids*; it will run off *quicker than water* on the slightest inclination of the glass.

The *health of the woman nursing* is of importance; for, while one disease may cause the solids to increase, and, in proportion, the water to decrease, another, *vice versa*, decreases the solids, and, in proportion, increases the water. The first will make the child liable to indigestions; the latter will deprive it of sufficient nutriment to maintain life.

The age of the mother. Very young and very old women's milk is apt to be watery and unnutritious.

Acute diseases tend to diminish the proportion of sugar, and increase the quantity of butter. In *chronic diseases* the sugar remains the same; but the solids are diminished.

Moral affections, such as sudden joy, grief, fright, anger, disappointment, will alter the milk in the mother, and render it even dangerous to the child. When this is the case, the

mother should refrain from nursing her infant until she is quite composed, and her breasts have been, once at least, thoroughly emptied by the pump, or otherwise. Spasms and death to the infant have occurred in consequence of disregarding this precaution.

In nervous women, the milk is apt to be very thin, and of a greenish color.

Menstruation. While, in some instances, women, although menstruating while nursing, have thriving infants, there are many whose milk deteriorates so much as to be insufficient for the nourishment of the child. This is soon discovered by observing that a child, although in apparent health, constantly loses in strength and flesh.

Pregnancy during lactation is a very unfortunate occurrence.

It will not require a great strength of intellect to understand that the mother could not supply food to a being in the world while she is supplying food to one in her womb.

The most experienced accoucheurs advise pregnant women to relinquish nursing from the moment that they find themselves pregnant. Isolated cases in which a woman has succeeded in raising a healthy, thriving child by her own milk, while she was pregnant, are not sufficient reason for a woman to disregard this general principle.

Effect of certain alimentary or medicinal substances on the milk. It is an indisputable fact that articles of diet or medicine impart to the milk some of their properties, which are conveyed to the child through nursing; the use of such articles as onions, beans, cabbages, spirituous liquor, medicines, and all such things as are known to affect her disagreeably are therefore forbidden.

Nurses who are poorly fed will find that the quantity of water in their milk is apt to increase; while, in those who indulge in the pleasures of the table, the solids will increase; the former will make but poor milk, the latter too rich.

Violent exercise will affect the milk. The mother should never run home, and, as quickly as she enters her chamber, open her breast to the child. She should rest an hour at least after returning from a heated walk, cool down, and then nurse her baby.

INCONTINENCE OF MILK.

The retentive power of the mouths of the milk-ducts on the nipple is sometimes so greatly diminished as to permit the milk, when formed, to flow away continually. A want of tone in the fibres of these ducts is the cause of the incontinence. This may be a source of serious trouble to the mother, who, besides regretting to see the fluid that is to nurse her child flow away from her, is annoyed by the discomfort of having her clothes kept constantly wet.

Nipple-glasses well applied will prevent the milk from running over the dress. Such glasses are found in every drug store. Still they should be used only when absolutely necessary; for, having the air exhausted in order that they may adhere to the breast, they draw, thus keeping on the flow which should be prevented.

TREATMENT.

Borax. Of the first decimal trituration, one powder of two grains should be taken every two hours.

Borax or *Alum* lotions may be used externally with advantage.

TOO ABUNDANT SECRETION.

The formation of milk may be so rapid and excessive as to greatly endanger the health of the mother. General debility, loss of appetite, a sensation of heat in the stomach, pains and dragging sensations in the back and chest, are symptoms that will soon make their appearance. If this is allowed to continue, the "nurse's consumption," so called, may be brought on. The patient gets weaker and more emaciated every day, until hectic fever sets in as the precursor of an early death.

Weaning is, in such a case, peremptory, in order to save the mother's life. As soon as the milk ceases to form, the patient gains in strength; and a change to the country will greatly assist in her ultimate recovery. A physician, however, should be consulted.

EXCESSIVE NURSING.

When nursing women complain of loss of sight or hearing, or headache, either their nourishment or stimulus should be increased, or suckling should be at once discontinued. Where there is any predisposition to insanity, mothers should not, if possible, be allowed to suckle their children. In all cases of this kind, the dependence of the mania upon exhaustion is abundantly evident. *It is especially likely to happen when pregnancy and lactation are allowed to proceed simultaneously.*

The following symptoms indicate that nursing is undermining the mother's health: general weariness and fatigue; unrefreshing sleep; aching and dragging in the loins, between the shoulder blades and under the left breast; the pulse is quick and feeble, and the extremities cold; short breath and palpitation of the heart. If the nursing is then continued, headache, vertigo, noises in the ears, numbness, impaired vision, loss of memory, irritability and despondency will follow.

In this case nursing must be discontinued; the attempt to force the supply of milk by large and frequent quantities of beer, wine, or spirits, will only tend to the more perfect exhaustion of the mother. If cocoa, wine-whey, weak milk punch, caudle, cheese, etc., aided by frictions of the breasts, do not suffice to keep up the strength of the patient, and a full supply of good milk, all further attempts should at once be abandoned.

Ferrum and *China*, 1st trituration or dilution, will meet the case whose symptoms are weakness, noises in the ears, palpitation of the heart, swelling of the feet or face, sleeplessness, night-sweats, and leucorrhœa.

Causticum 3d. When the nervous symptoms predominate, accompanied by headache, noises in the ears, dimness of sight, great appetite, but with a sense of sinking and emptiness soon eating, despondency of the mind, and twitching of the muscles.

Calcareo 6th and *Phosphorus* 6th. Alternated every two hours, in cases where the symptoms of the chest predominate, such as cough, dry cough, weakness of the chest, tendency to bend over, bluish paleness of the face. *Calcareo*, particularly in patients who are supposed to be tainted by scrofula.

These remedies, when well selected, should be continued for a long time.

The above treatment should be adopted when the symptoms of weakness in the mother are not very serious, for the mother should not, for slight irregularities, or some want of robustness and vigor, relieve herself of the duty of nursing. It must be borne in mind also that nursing is a natural process, and that, therefore, there is some danger in not performing it, such as engorgements of the breasts, abscesses, etc.

OTHER CAUSES TO PREVENT NURSING.

A woman of scrofulous constitution, one addicted to recurring diseases of the skin, or subject to hereditary diseases, as insanity, consumption, syphilis, inflammatory rheumatism, gout, disease of the heart, should not nurse her infant.

MALFORMATION OF THE NIPPLE.

The nipple may be more or less developed, and, according to its development, it may present more or less difficulty in nursing. There are instances in which the nipple is almost entirely obliterated, or has never been allowed to develop, through an early pressure made upon the breasts by tight corsets, and by false compresses, used to improve the appearance of the shape, or to make a dress fit according to fashion.

There are instances of natural malformation, also, where the nipple not only does not project, but actually occupies a depression, rendering it impossible for the child to get at it.

Whenever such difficulties exist, the woman should adopt early precautions to improve the conformation of the nipple. A very good method, one which gives but little trouble, as it requires no assistance, is the daily application of the pump to the breasts two or three months before labor. Let the pump be applied so as to take the nipple within its chamber; let the air then be exhausted by withdrawing the piston, and the nipple will be pressed within the chamber, very much elongated. It should be retained there for fifteen or twenty minutes each time; for thus may be gradually produced a well-shaped nipple where there was but an incipient one. After

the application of the pump, wash the nipple and the surrounding areola with arnicated water, or with glycerine, or any fatty matter that will keep the skin supple, and prevent excoriations. The nipple-shields that are used to project the nipple by compressing around it through the pressure of the corsets are not very successful; and the constant pressure might cause ulceration: hence this mode cannot be recommended.

Suction by the husband or by an intelligent nurse is not only effective, but more natural, in the preparation of the nipples. This should be done twice a day. After each time, the nipples should be washed with arnicated water, and covered with wax, as follows: take a piece of white wax, immerse it in warm water to soften it, spread it out, and then press it around a finger so as to give shape to it; then apply it so as to retain the elongated nipples within it. Another method to elongate the nipples is to tie a bit of woollen thread or yarn two or three times around the base of the nipple after having it gently pulled out with the fingers. It should be tied snugly, but not enough to impede the circulation; it can be worn three or four weeks.

These processes should be commenced about two months before delivery, and continued until the nipples maintain a good and prominent shape.

The same treatment may be used during nursing, if the nipples are too short.

In case a child is so weakly as to be unable to draw from a short or an ill-developed nipple, let a stronger child nurse first, so as to give it shape, and cause the milk to flow freely. It may be necessary even to allow the weakly babe to nurse from an easy breast until it has become strong and vigorous.

INFLAMMATIONS AND DISORDERS OF THE NIPPLE.

During nursing *erosions, excoriations, chaps, fissures* and *cracks* of the nipples often occur, which render nursing not only painful, but unbearable. After nursing do not expose the nipple to cold, but wash it with warm water and protect it. The exposure of the nipple to cold may bring on an inflammation, which may be followed by ulcerations, chaps and crackings. Women of a fine and sensitive skin are very liable to these

troubles in the first month of lactation, and should therefore be particularly careful; for the pain caused by the child's seizing the nipple may be so great as to cause even an affectionate mother to relinquish nursing. Mothers of a very delicate skin should make the effort to harden the nipples before delivery; this can be done by gentle frictions with the dry hand, by repeated and daily applications of arnicated water, glycerine, or tannin. An ointment which may be applied with gentle frictions on the nipple for a month before delivery is the following: *Cocoa butter*, two drachms; *oil of Sweet Almonds*, two drachms; *Tannin*, two drachms.

Alum water, *weak brandy*, and a *solution of Borax*, have been variously used with success in preparing the nipples for nursing.

With these erosions, cracks and excoriations are present, nursing should be done as rarely as possible, so as to give time to the ulcers to heal. Great care should be taken to wash the nipples after each nursing; first with warm water and white castile soap, then with a solution of borax or alum. They should then be covered up with collodion. *Collodion* should be spread over the cracks and excoriations with a camel's hair pencil; it will make a pellicle impervious to the air. If the baby's milk sours on its stomach, wash the nipple with lime water. If the baby has the thrush (minute ulcers in the mouth), wash the nipple with a solution of *Borax*.

Glycerine may be applied with benefit. *Glycerine* and *Tannin*, equal parts, is an excellent application. The nipple should be well washed, however, before offering it again to the child.

An artificial nipple or shield may be used with great relief to the mother, if the child can be made to take it.

MIXED NURSING.

The subject of "Insufficiency of Milk in the Mother's Breast" has already been treated. That paragraph, however, treats only of the manner by which the quantity of milk may be increased. When the quantity cannot be increased on account of some constitutional disturbance, or of some conformation of the breasts, the necessity follows that the child must receive some other nursing besides that of its own mother.

Mixed nursing is one of the most dangerous modes of raising

children, unless great care is taken that the mixed food does not produce derangements of digestion.

It often happens, that, after two or three months' nursing, the mother becomes aware that her milk does not satisfy her child, and that, although in perfect health, it loses flesh all the time. The necessity is then apparent that the child must receive some other nourishment besides its mother's milk.

A wet-nurse is the first means to be thought of to supply this deficiency, provided the mother can be reconciled to share with another being the nursing of her own child. We cannot but sympathize with the mother who is too jealous of her baby's love to allow any other woman to rob her of a part of it, and could not insist upon her relinquishing her maternal instincts, and taking a wet-nurse. In this case, cow's or goat's milk, or other things, as suggested in "Artificial Feeding," should supply the deficiency. This should be done, however, as soon as possible; for, the more the child becomes accustomed to the breast, the harder it will be to make it take the bottle.

When mixed nursing is adopted, the mother should nurse the child in daytime, and feed it by the bottle at night: this will insure a good night's rest to the mother, so much needed for the formation of milk.

After the fourth or fifth month, if the mother's milk still decreases, or becomes deteriorated in quality, or if the mother's strength greatly suffers in consequence, it would be well for her to give up nursing altogether. At this age, children under artificial feeding thrive better than they do at an earlier age, and there is little to fear for their welfare. At this age, many people commence feeding children with paps and panadas; and as they are often successful, particularly if the child thus fed is of a vigorous constitution, they advise others to follow their example. I must insist, nevertheless, that a child under ten months of age is safer when fed by cow's, goat's or ass's milk, than by farinaceous food, however well it may be prepared.

RULES TO BE OBSERVED IN NURSING.

Regular habits is the first lesson in the education of that being which can only grow by the fulfillment of all the laws of Nature. As the child commences with purely an animal life,

so feeding is its first act, its first thought, its first desire, in maintaining its existence. Feeding plays the most important part in the sustenance of its animal life. And, as the child cannot for some time bring its animal instincts under the discipline of reason, it follows that the mother must impart to it, through a method consistent with the requirements of nature, those habits which will be conducive to its well being. Only a woman who has brought up children regularly and irregularly can tell the ease and comfort derived from the former, and the difficulties and annoyances derived from the latter. Hence make your rules for nursing, and adhere to them with a pertinacity worthy only of a mother who loves her child.

Nurse your child at stated hours, and do not deviate by a minute; soon you will have the happiness to see that your child will awake only at those hours, as regularly as the hand of the dial points to them. The intervals will be periods of refreshing sleep to the child, and of needed rest to the mother.

During the day, for the two first months, if your child is vigorous, nurse it every two hours; during the third and fourth months, every three hours; after that, every four hours. Should you do otherwise, and should you nurse the child every time it cries, you will overload its stomach, without giving it a sufficient time to digest the food; an error that will tend to gradually derange the digestive functions, and induce all its fearful consequences of indigestion. Besides, the child will soon begin to know that it can nurse whenever it cries; and then it will cry very often and give signs that it wants the breast every time. Should its cries sometimes be only the result of nervousness or uneasiness produced by indigestion, your nursing, instead of relieving, will only add fuel to the fire. Slow digestion will cause flatulence, flatulence will cause colic; and when you think that the child cries and desperately throws itself about for food, it is only giving notice it has cramp-colic in its belly. The fact that nursing often quiets the child is taken as an indication that it needed food. That is a mistake; a little more food may stupefy it, rendering it less conscious of its pains, but this is only temporarily so; in a little while the child will cry and writhe worse than ever.

Children may cry even without any appreciable reason; it is a way they have sometimes to entertain themselves; they, too,

like to hear their own voice. If that indulgence does them no harm let them cry: their lungs will receive the benefit of this muscular action.

The cries of hunger, which may occur soon after feeding, if the mother's milk is poor in quality, are generally accompanied by throwing the little arms about, turning the head to the breast and opening the mouth to everything offered.

If the child is weak and can nurse only a little at a time, it may, of course, be necessary to nurse it oftener; but this should be done only with a perfect understanding of the child's condition.

At night the child should not be nursed as often as during the day. For the three first months nurse it when you put it to bed, say six or seven o'clock, p. m.; then at eleven or twelve o'clock; then at five or six. a. m. After that period you may omit the midnight meal, and, if the child wakes, give it a sip of water. This method will secure many an hour of good sleep to the mother and give wholesome habits to the child.

A child in good health generally wakes spontaneously when it needs nourishment. Some children, however, are slow in taking the nipple. In that case wet the nipple with a little of the milk and titillate the child's mouth with it until it takes hold. When the child does not wake, through constitutional weakness, it should be wakened at stated periods. If it is very weak it may sleep almost constantly, and the mother may rejoice at the quietude of her infant; but she will soon find that the child is less and less inclined to nurse after each prolonged sleep, that it cries very weakly and is ready to go to sleep again. Such evidence of weakness is dangerous in the extreme, and the child should be at once undressed, taken to a warm fire and rubbed briskly with a flannel moistened with some stimulating substance, as alcohol, whisky, brandy, or camphorated spirit; and, if the child is still disinclined to nurse, milk should be drawn from the breast and given with the spoon until there are signs of restoration of strength. It should be wakened every hour or two, and fed as above, until it is able to take the nipple and nurse itself.

It is difficult to say how long a child should nurse; for what is plenty for one may be too little or too much for another; but, if in good health, the child may be allowed to nurse until it is satisfied, for Nature will relieve it by a good throw-

ing up if it has taken too much. If the act of nursing lulls it to sleep before it has had a fair allowance, wake it up, and it will go on nursing again. As soon as it has had enough, and drops asleep, put it in its cradle. Do not retain it one minute longer on your arms, lest it might take cold, or contract such habits of sleeping out of its bed, that will be difficult to conquer when holding the child becomes a labor, and ceases to be a pleasure.

While the child is at the breast, notice if it swallows; for often it plays with the nipple without drawing the milk; the act of deglutition is very apparent by the motion of the throat.

Never neglect to make the child *nurse at both breasts* during the same meal; this will prevent engorgement of one breast while the other is emptied, and will also accustom the child to lie on either side without preference.

In case the breasts become so distended with milk as to be painful to the mother, and make it difficult for the child to hold the nipple deeply embedded in them, the pump should be applied, and some milk drawn before nursing.

Breast-glasses or reservoirs can be worn by the mother. The air in them being rarified by breathing hot air within them, they will gently draw as they cool, and receive milk that will flow from the over-extended breasts even by the pressure of the dress. These will act twofold: they will relieve the breasts, and save the dress from being constantly wet and soiled.

Nursing women require rest and sleep for the formation of plenty of good milk: consequently they should not keep the baby in bed with them; for it will soon learn its way to the breast, and nurse all night, even unknowingly to the mother. This would be very injurious to the child, besides exposing it to the accident of crushing or suffocation. If the mother has an attendant, let the latter carry the child to her at the stated periods; if not, and the mother is compelled to keep the child in her own room, it is better that she should get up and take it than run the risk of keeping it in her own bed. A baby in her bed will sink lower than the pillow, and may eventually be covered over by the bedclothes, compelling it to breathe the impure air emanated under them, while the purest air is necessary to its existence.

Do not expose your breast to the cold air; for, in its sensitive

condition, it is liable to take up inflammation, which will end in abscesses or gathered breasts, commonly called, so terrible to the mother, and dangerous to the child: avoid, therefore, nursing a child while taking a drive in a carriage, unless it is on a warm summer day.

Never nurse a child immediately after a heated walk or a fit of anger; rest, and get cool. After a fit of passion, it would be better to draw out the milk with the pump, and wait for a fresh supply.

WET-NURSE.

The natural food for a child is woman's milk, not cow's or goat's. Whenever it is decided that the mother is not to nurse her infant, the breast of a healthy woman should be procured to fulfil the laws of Nature as to the child's diet.

In the selection of a nurse, the physician should be consulted. No mother should engage a wet-nurse without her having been examined and indorsed by a skillful and conscientious physician. So far as her physical condition is concerned, he should be the only judge.

The appearance of the nurse should be one to indicate health and strength; her skin should be clear, and free of all eruptions. Enlargement of the glands around the neck indicates a scrofulous taint, which should be strenuously objected to. Cicatrices around the neck indicate a previous existence of enlargement and suppuration of those glands.

Although beauty should not be an indispensable attribute of a nurse, a good face, a pleasant expression, will be agreeable to the mother, who must make of this woman almost a companion for several months.

Intelligence, unstained character, and a general good disposition, are *necessary qualities* for a foster-mother.

A bad countenance is as repulsive to a baby as to a grown person.

The probity and morality of the woman should be above suspicion.

Since the moral, as well as the physical condition of the nurse, will influence the infant, it is important that she should be free of all vices and pernicious habits, such as a taste for liquors, an irascible temper, or a morose disposition. Violent

passion can induce such an alteration in the milk as to be poison to the child. Affliction, care, and despondency in the nurse, will render a child nervous, peevish, and restless.

The age of a nurse should be inquired into; the ages between the twentieth and thirtieth year being the most suitable.

The woman should be cleanly in her habits, and moderate in eating and drinking.

If she has her own baby at the breast, its appearance will be a criterion of her ability to give wholesome food to a child.

She should put away her baby when she undertakes to nurse yours, for very eogent reasons.

The nurse should have been delivered three or four weeks before the mother, to be sure that she has regained her strength, and is free from all the irritations concomitant with the puerperal state. But as the woman's milk may be too strong for a newly-born baby, and, moreover, as her milk then will not contain the colostrum (that element found in the first flow of milk, which acts as a natural cathartic to the child to clear its bowels of the meconium), it is well to allow the child to nurse from its mother for a day or two, until it has dejected that blackish matter which would otherwise be retained as an irritant to its bowels.

A voluminous breast is not always an indication of a great power to supply milk; for, generally, it is fat that renders it massive. A small breast with large glands often supplies more and better milk.

For the quality of milk, the paragraphs on that subject will be applicable to wet-nurses as well as to mothers.

If a mother is compelled to engage a wet-nurse after having nursed her own baby for a few weeks or months, she should see that the nurse's milk is not much older than her own. A difference of two or three months would not be objectionable, if the baby is older than six months.

See that the nurse and her child are not affected by a sore mouth or sore eyes.

Should the nurse's milk seem too rich for the baby, she should not nurse it to repletion; and, after each time, she should make it drink a little sugared water: this would dilute the milk in the child's stomach.

REGIMEN AND DIET OF NURSING WOMEN.

A woman who is to bear the fatigue of nursing and attending a child should be supplied with a generous diet. Rich beef-broth, beef, poultry, and game, roasted or broiled, should form the most important part of her meals. She may partake of vegetables, with the exception of onions, garlic, cabbages, carrots, and beans. Highly-seasoned food should be avoided, as well as an excess of mustard, pepper, vinegar, pastry, and other indigestible condiments. Coffee should be avoided altogether, and tea (black) used with great discretion. Green tea should be avoided.

Although the woman should eat enough to satisfy her appetite, she should take care not to overload her stomach; for indigestion, vomiting, diarrhœa, or constipation would follow, to the detriment of the child also.

Rest, and freedom from anxiety and care, are indispensable.

Healthy exercise and pure air, avoidance of dampness and colds, in fact, every thing conducive to health and good habits, should be carefully attended to.

It is a common practice to supply a nurse with much food, and strong drinks, such as ale, porter, etc., to induce a plenty of rich milk. This is often a great error; for, in thus forcing her powers of assimilation, you may defeat the very object you want to attain, by rendering her liable to all the terrible effects of indigestion. It is also a common remark, that "mothers who are suckling may eat anything;" but do not forget that bad food cannot make good milk any more than bad food can make good blood.

The hours for meals should be regular; and late dinners, or eating late at night, are not conducive to the health of a nursing woman any more than to any other.

The use of tonics and stimulants should be avoided, except when ordered by the physician.

A wet-nurse should be allowed exercise according to her previous habits. Had she been a working-woman, she should be employed in light duties about the house. Was she a country-woman, do not confine her to heated chambers, but let her go often in the open air.

RAISING A CHILD BY HAND.

Whenever human milk cannot be procured, or, by reason of its disagreeing with the child, it cannot be used, some proper method of feeding must be adopted for the preservation of its life.

This is a subject of great importance,—one which requires all the attention of the mother and the physician; for statistics show that the mortality of infants is much greater among those who are raised by hand than among those who are raised at the human breast.

Milk is unquestionably the best food for an infant. When woman's is not to be used, that of animals must be substituted. But, as each varies from the others in its constituents, an analysis has been made of the principal ones, in order to learn the proportions of the constituents as they exist in each, to enable us to supply the deficiencies, or reduce the superabundance. In this way, the milk of animals may be rendered of the same quality as that of the human female.

The following table will serve as a guide: the fractions have been nearly all omitted, as unimportant and somewhat confusing:

MILK.	Specific gravity	1000 parts contain		The solid constituents are composed of			
		Fluid.	Solids.	Sugar.	Butter.	Caseine	Incombustible salts.
In woman.	1032	889	111	43	26	39	1.38
In cow	1033	864	136	38	36	55	6.64
In ass.	1034	890	110	50	18	35	5.24
In goat.	1033	845	155	36	56	55	6.18
In ewe.	1040	832	168	39	54	69	7.16

From the above table, we learn that the solid constituents of *ass's milk* are arranged in the same manner as human milk; and it therefore suggests itself as the most appropriate milk for infants' food. The great objection to this milk is the diffi-

culty in obtaining it; for while, in some countries, the ass is found in abundance, in others it is hardly found at all, and, even in those countries where it is found in plenty, its milk is very expensive. Ass's milk being deficient in oily matters, it is suggested that a little cream (about the twentieth part) be added to it. This milk possesses also some laxative properties, which are not always desirable. To counteract such an effect, Henry Marsh recommends heating it to a boiling-point; and others recommend the addition of about one-fourth of lime water.

Cow's milk is the next substitute, and the most generally adopted. But as this milk contains more caseine, and less sugar, than human milk, it is necessary to dilute it with water and sweeten it with sugar.

The degree of dilution must vary according to the age of the infant. For the two first months, to the milk should be added an equal quantity of water; from the second to the sixth month, one-third; afterwards, the child may have it pure.

A medium-sized lump of crushed sugar is sufficient for sweetening it.

The temperature of the milk should be as near as possible to the temperature of milk just drawn; namely, from 90° to 95° Fahrenheit. To prevent burning in heating it, the bottle containing the milk prepared for use should be put in a pan containing warm water, and there left until it has acquired the proper temperature. To be sure that you get it to the right temperature every time, a thermometer should be used.

The milk that remains in the bottle after feeding should *never be used again*. Every time the child is to be fed, the milk should be prepared afresh as recommended above.

The bottle should be kept scrupulously clean, and, once a day, it should be washed with scalding water.

The nipples, as soon as used, should be cleaned, and allowed to remain in water until they are wanted again.

The little sponges that are used to prevent the too great flow of milk in the nipple should also be carefully cleaned every time, and kept in water.

The *quantity* of cow's milk that a child should take each time will depend upon its age and upon its natural requirements; for while one child is easily satisfied, and thrives on two ounces of milk every two hours, another will require more. As a

general rule, to an infant of one or two months, two or three ounces are sufficient; from the second to the fourth month, from four to five ounces; afterwards, from six to eight. This seems a very rapid increase of food; but as, in the latter months the child is not fed so often, the quantity it takes in twenty-four hours is not so great as it may appear at first thought.

The *quality* of the cow's milk is of great importance. The milk of a healthy cow is slightly alkaline; this alkalinity may be changed into an acidity by improper food.

A cow shut up in a stall, and poorly fed, will give a milk greatly deficient in solid constituents, and very liable to become sour.

Cows kept in the city, and fed on carrots, garbage, etc., will give a very inferior milk. It is therefore preferable to obtain milk from a cow that is at pasture, or that you are sure is fed on hay, straw, clover, or such forage as horses feed upon. Whenever it is apprehended that the milk may have an acid reaction, it should be tested with *litmus paper*, and, if found so, a little lime water may be added to render it slightly alkaline.

Great caution must be exercised in the selection of a person well known for honesty and integrity to supply the milk; for an ignorant and careless person may think it but a light trick to give you the milk of one cow instead of another: this little trick, however, may cost your child's life.

Engage the milk of *one cow*, which has just calved, and keep taking it from her until you have good reasons for changing. Examine the milk every time you receive it; do not trust ignorant servants or nurses; see to it yourself, and the milkman will conclude that you are in earnest in this matter, and will not attempt deception.

New milk should be brought morning and evening; for it will not keep sweet twenty-four hours without chemical means, which should not be allowed.

Many nurses heat the milk to the boiling-point as soon as they receive it, and keep in a cool place, in an open vessel. This treatment will prevent its turning in a few hours, even in a warm day.

A thunder-storm will turn the milk: this electrical influence gives the milk an acid reaction, and renders it unfit for use.

“*Solidified*” and “*Condensed*” milk. Professional itinerants, such as actors, etc., who are unwilling to leave their cares behind, by necessity use such milk, as fresh and good milk could not always be obtained; and it would be dangerous to a child to thus change daily the quality of the milk. But “solidified” and “condensed” milk are not made by the same process. The process now used in “condensing” requires no chemical adjunct, while the “solidified” requires the presence of bicarbonate of soda, and one-fourth of sugar. Hence, for an infant, I would recommend the “condensed” in preference to the “solidified.”

ARTIFICIAL FOOD OTHER THAN MILK.

Lentil powder, of all vegetable substances, is considered the best substitute for milk: much preferable to pap, or pulp of wheat bread, which, from the absence of chloride of potassium, and the frequent presence of alum, is unfit for use. As food for children with atrophy and debility, lentil powder is invaluable.

Take one dessertspoonful of lentil powder, and let it soak for half an hour in a gill of water; then add half a pint of water, and let it boil slowly for two hours, skimming, and adding water, to maintain the same quantity, as the water diminishes in boiling:

Crumb of Bread. This should be boiled four or five hours in water, taking particular care that it does not burn; then add a little sugar. When the infant is two or three months old, add a little new milk, gradually increasing the quantity as the child becomes older, till it is nearly all milk, there being only enough water to boil the bread. The milk should not be boiled.

Flour. Take a pound of flour, put it in a cloth, tie it up tightly, and put it in a saucepan of water, and let it boil four or five hours; then take it out, peel off the outer rind, and the inside will be found quite dry and hard; it is then to be grated into a powder. A small quantity of the powder should be made into a gruel with water or milk.

This gruel is considered binding, and is used when the bowels are relaxed, and other things do not agree.

Flour is also used as follows: Take one dessertspoonful of flour, add five tablespoonfuls of water, mix thoroughly, put

over the fire, and add five spoonfuls of new milk, and a bit of sugar, in a saucepan; the moment the milk boils, pour into it the flour and water; stir well, and let it be over the fire about twenty minutes.

This is excellent where the bowels are relaxed.

Rusks should be boiled for an hour with water; then strained, well beaten up, and slightly sweetened with sugar. For children older than one year, rusks are excellent when just baked, hard and crispy.

Crust of bread should be prepared like rusk. If the child's bowels are costive, *brown* sugar should be used instead of *white*.

Rice Powder. A dessertspoonful to six ounces of milk or water. The rice powder should be first soaked in a little water for half an hour; then it should be poured into the milk or water intended to be used, which should be at a boiling-point; let it boil twenty minutes, stirring all the time to prevent burning; then sweeten, and serve it to the infant, in the bottle.

Arrowroot. Take of the best Bermuda arrowroot one teaspoonful; put it in a large cup, and add, by degrees, two table-spoonfuls of cold water or milk; mix thoroughly until perfectly smooth, then add half a pint of water or milk; put the whole in a clean saucepan, place on the fire and continue stirring until it has boiled two minutes; then pour out and add a teaspoonful of sugar; mix thoroughly and serve promptly.

When milk disagrees it should be made with water.

If sugar is not desirable put a little salt instead.

If a child is weak and much emaciated, a teaspoonful of sherry wine should be added to this gruel.

Oatmeal, Sago, Semolina. Take two dessertspoonfuls of either; place in an open basin, gradually pour in a pint of milk or water, rub down with the spoon so as to mix thoroughly; then place the whole in a clean saucepan and expose it to a gentle fire until it boils. Allow it to boil five or six minutes, still stirring; then add a little sugar and serve.

A teaspoonful of sherry may be added for a weak child.

If sugar does not agree, it should be omitted, and a little salt used instead.

Barley. Barley water is much used in France. It is made as a strong tea, three or four teaspoonfuls of the barley to the pint of water. It should be allowed to boil a couple of hours, then strained and served.

To these may be added infants' food, as found prepared in apothecary stores.

Nestle's Milk Food. Wheat meal and milk condensed to a powder. Adapted to older children.

Neaves' Farinaceous Food. This is to be mixed with milk, but requires good digestive powers.

Ridges' Food. Very popular.

Granum. This may be mixed with milk or water, to suit. This agrees with babies with summer complaint.

ANIMAL FOOD.

Very weak children, or those exhausted by spells of sickness, may require stronger food than milk and farinaceous substances. In many instances broth agrees with certain conditions of the digestive powers better than the above articles. Again: milk is made stronger by the addition of chicken, beef, or veal broth. Great caution ought to be exercised in the adoption of animal diet for an infant, and, except under the most exceptional cases, it should not be used before an infant has attained the age of six months.

Beef broth. Take one pound of the lean of prime beef, whether from the rump or shin, cut it in very small pieces; place the meat so cut in a hollow dish, and add just enough cold water to moisten it; allow the meat so moistened to stand aside, covered over, for three-quarters of an hour; then add a teaspoonful of salt; stir well, and pour in about two pints of water; stir again, and put the whole in a stew-pan upon the hob, so that it may just rise to simmering heat. As soon as the liquid begins to simmer, skim and remove all fatty matter; allow the liquid to simmer for about fifteen minutes; pour off in an open pan: strain through a fine cloth, and serve.

This broth may be used warm or cold. It will keep twenty-four hours in warm, and forty-eight in cold weather.

Mutton broth, Veal broth, are made like beef broth.

Chicken broth. Select a well-grown chicken, not too old nor too young. The broth of very young chicken is as laxative as a cathartic. Skin the chicken, and to one-half add half a pint of water; place it in a hollow dish; cover over and set aside for twenty minutes; then add one teaspoonful of salt, and a

pint more water; place the whole in a clean saucepan upon the hob, and near the fire; when it simmers, skim (as directed for beef broth). Let it simmer for an hour and a half; skim continually; pour and strain through a cloth, and serve.

Preparations of *Chocolate*, such as *Racahout*, *Alkethrepta*, and also *Liebig's food*, come with directions, and should be used only under the advice of a physician.

WEANING.

The period of weaning varies according to circumstances. Some hold that a child ought to be weaned at nine months of age, believing, that, as the child remains in utero nine months, it should not derive sustenance from the mother more than nine months after it is born. This is erroneous, of course: for while one child may be safely weaned at nine months, and earlier, others cannot be weaned with safety to themselves until the fifteenth or eighteenth month. I have known mothers, through great anxiety (and even from prurient desire), to nurse a child two and three years. It is unnecessary to say that that would be utterly wrong.

Often the weakness, or some malady of the mother, compels her to wean the child at very unseasonable times; but, allowing everything to be normal, the *dentition* of the child should be the *only guide in weaning*. It is very true that children often have no teeth, or have not completed their dentition, until they are a year and a half and two years old. Still, if the mother is healthy, and does not seem to suffer from the nursing, it is better that she should keep on nursing, at least partially, until the disorders attending dentition have passed; for it often happens that a sick child would take no artificial food, while it would not refuse the breast. After the twelfth month, however, the child should have some stronger nourishment than its mother's milk, else its development would be slow and weak.

When the child has six or eight teeth, it may commence to suck a piece of rare beef every day. A slice or two of well-baked bread with a little butter spread on it, a little rice, arrow-root, the yolk of an egg, may be given. A roasted potato, provided it is mealy and healthy; a little corn-bread; the bone of a chicken,—are things that, one after the other, may

suit. In this way the child will get all the nourishment it needs, and yet not give up entirely its mother's breast. This system will also prepare the child for a final and complete weaning without trouble. The paragraphs on "Bringing up a Child by Hand," and "The Ways of Preparing Food," will be suggestive here.

As the evolutions of teething are a cause of irritation to the child, the summer season, and the season of hot days and cold nights, which so often engender diseases of the intestines, would hardly be a proper time for weaning. For I repeat that, under such circumstances, it will be difficult to find food that agrees with the child during diseases of the bowels better than its mother's milk: and often the child refuses every kind of food except that. A child, although *ten or twelve months old* in the month of April, *should not be weaned entirely until October or November*, in order to have a safe diet in case of disorders of digestion during the summer season. (See "Teething.")

DRESS.

CLOTHING WHILE ASLEEP.

Some children are constantly throwing themselves about while in bed, and uncovering themselves, a habit which, during winter nights, would be dangerous. To avoid any accident, clothe them in a flannel suit from the neck to five inches below the feet, in one continuous piece. Guarded in this manner, children can never be so exposed as to take cold.

If a child's head perspires during its sleep, and the evaporation cools the head too rapidly, causing the child to sneeze, and to act as if it had a cold in the head every time it awakes, a cap made of floss silk will be sufficient to prevent this difficulty.

CLOTHING DURING AND AFTER A WALK.

For a walk, dress the child comfortably, according to the season and weather. If it is warm when it returns, do not take its things off at once, lest it cool too rapidly; but let it play awhile in the room, with its things on. After it has cooled remove all unnecessary clothing.

WASHING AND BATHING.

Washing implies cleanliness; and bathing such ablutions as invigorate and strengthen the body.

The child should be washed all over once a day. Nothing but pure, old, white castile soap and water should be used. The water should be lukewarm; in summer it may be used cold. The best way is to have a baby-tub, with sufficient water to dip the child in. It may be kept in from five to ten minutes, never longer. Children learn to love their bath. If the child is very weak, or appears weaker after a bath, it should only be sponged. Give the bath in a room sufficiently warm to prevent its taking cold during the process of ablution. Do not let the child go out immediately after a bath, particularly if you use warm water. If the child takes a nap in the morning give it the bath immediately before its nap; for thus it will sleep sweetly and awaken refreshed. Do not rub the child to death! Use soft clothes in drying, and do not rub it till the skin is fiery-red, under the absurd notion that it promotes better circulation. Nature protects the skin with an oily exudation and by an other skin to protect the one just under, so tender and full of glands and vessels, from the effect of the atmospheric air. Don't destroy this beautiful process of nature by hard rubbing and dissolving soaps. Alcohol, whisky, and other stimulating substances, are often put in the bath; but this should not be done without the advice of the physician.

A restless child has often been put to sleep by giving a quick, warm bath.

AIR AND EXERCISE.

You might just as well deprive a child of its food as of fresh air. Therefore, keep the child in a large airy room, that has the sun for several hours. Two weeks after birth, unless the child is very weak, it should be taken out in the open air and promenaded. It is better it should be drawn in its little carriage than carried in the arms. Not only would carrying expose the child to the danger of a fall (for, even allow that the nurse would not let it drop, she is liable to fall on an orange peel, a frozen surface, etc.); but the pressure, the squeezing of the limbs together, is hurtful; and, when it commences to sit erect, its back is too weak to support the body for two or three hours. The child should be sent out every day, unless it storms, or is very windy; in winter, in the middle of the day; in summer, morning and evening. It should never be out when the

dew falls. After the sixth month the child may remain out several hours.

Caution. Be sure of the honesty of your nurse. Order that, while out with the child, she should *enter nobody's house and nobody's kitchen*: for it is a favorite pastime of nurses to visit friends when ostensibly out to promenade with their little charge; and then your child will pass from hand to hand—from the arms of a fat, greasy cook to the arms of a lean washer-woman with wet clothes. Enjoin that nothing should enter that child's mouth when out, except its bottle, if it has one; for, to the little rosy and smiling chub, a cake, a cracker, a piece of sugar or candy, will be constantly offered; and you may rest assured that your nurse will never tell you.

Bitter experience makes me give this caution.

SLEEP.

For a few weeks after their birth, babies will sleep almost all the time. They will awake to nurse only, and will fall asleep immediately after. As they grow older, after the second month, they will sleep less and less, until they take regular naps. Finally, they will only sleep at night, and two or three hours in the middle of the day. While the child is asleep, you need not walk on your tip-toes for fear of awakening it: this will make it so sensitive to noise, that it will awake at every slight jar, which would be an inconvenience to itself and its attendants. Walk and talk as usual about the room without making extra noise: this will soon give the child the habit of sleeping through a good deal of noise. Do not let it fall asleep in your arms, if you can help it. When you think the child ought to go to sleep, put it into its crib while awake: it will soon get the habit of thus going to sleep, and will save you an immense amount of trouble.

Lay it now on one side, again on the other, though it is better it should get the habit of sleeping on the right side than on the left: this will prevent pressure on the side of the heart.

Be firm in giving these habits to your child; for they will bring good results.

Do not rock your children, and have no rockers to your crib. A child who acquires the habit of being rocked asleep will

make of you a rocking-chair, which will soon cease to be a pleasure.

Do not approach a child too suddenly while it is awakening; for you will give it a fright, and make it nervous. Let it hear your voice before you present yourself. Strangers should never approach a child at such a moment. You need not take up your child instantly after awakening, else you will give the habit, and it will cry unless so taken up. If you lay it down a few moments, it will soon begin to play with the bed-clothes, and eventually give as much time as you want to make preparations.

WALKING.

Do not be too anxious to have your child walk too soon, and, above all, do not force it to do so. As soon as the child has the strength to support its own weight, it will start off by itself, and walk. The danger in making a child walk too soon is that, as its bones do not yet contain sufficient earthy matter, they will bend. From this may come a permanent deformity, as bandy-legs, etc.

DISEASES OF INFANTS AND CHILDREN.

Although all diseases, with the exception of those pertaining to sex, might be found in people of all ages, yet for the convenience of those who have the special care of children, the diseases most common to the young are here given under the head of "Diseases of Children." This separation has caused more labor and thought to the author, for repetitions must occur in this arrangement which could have been avoided had he treated all diseases according to classification, without reference to age: but the convenience of the separation to any one, using this work for practical purposes, is so evident that the author was willing to sacrifice time and labor for convenience and clearness.

SPECIAL EXTERNAL INDICATIONS OF DISEASES IN CHILDREN.

The indications given under this head should not deter the reader from studying the "Indications of Diseases in General," as given in the beginning of the book.

CRIES.

The *crying of hunger* is easily discovered by the quiet and cheerfulness following nursing. But crying after nursing, or refusing the breast at the same time, is a symptom of great significance.

A *short wheezing cry immediately after birth* denotes "weakness, or an asphyctic or apoplectic" condition.

A *sharp, quick, unappeasable cry*, accompanied by drawing up of the limbs, would indicate "*colic*."

A *spasmodic, intermittent cry*, with great restlessness, tossing of the head, and fear of any approach, would point to "ear-ache." This may be ascertained by trying gentle pressure on one ear, and then on the other. The slightest touch on the

painful side will cause a piercing cry, and great anxiety in the child.

Crying, accompanied by crowding the fingers in the mouth, and attempt to bite, would indicate "pain from teething."

Crying from coughing, "pain in the chest."

Crying, with an attempt to vomit, nausea, indigestion, "pain in the stomach."

Crying, from touching a particular limb or a part of a limb, "rheumatism or a hurt."

Crying without any apparent cause, with a disposition to lie down, "sleepiness."

Crying without an apparent cause may be used by the "pricking of a pin," or "pinching from some part of the dress."

Crying without an apparent cause, while the child is alone with the nurse, may be due to a little pleasure she may take to herself to worry it, maltreat it, so as to be relieved of the charge.

VOMITING

Vomiting generally denotes indigestion. Some infants vomit very easily, and even after every repast, without injury. Still, this would indicate that "the child takes too much" or that "the milk is too rich or too poor." If the child vomits the milk in a cheesy condition, it is evident that it suffers from "acidity of the stomach;" if it vomits the milk clear, that its stomach is too feeble to digest it.

Tossing the child up and down, or rolling it on a flat surface, immediately after nursing, will induce vomit.

Teething, tight bandaging, may also induce vomit.

Sudden emotions of the mother or the nursing-woman, affecting the milk, will disagree with the child, and cause vomiting.

Vomiting is also the precursor of disease. It precedes "eruptions of the skin, measles, scarlet fever," etc. It accompanies "dropsy of the brain." It may indicate the presence of "worms."

Vomiting accompanies "whooping cough" during almost every paroxysm.

Vomiting, accompanied by obstinate constipation, may indicate "stricture, or knotting of the intestines."

Sudden and unusual vomiting without a known cause may be induced by the swallowing of unfit articles of diet, a fruit, a piece of cracker or cake, a piece of potato. Examine carefully the ejections.

DIARRHŒA.

Diarrhœa indicates "irritation of the intestines," induced by unsuitable food, by a cold, or by a sympathetic irritation from teething.

TONGUE.

A *white-coated* tongue indicates slight "gastric derangement."

A *leather buff-coated* tongue, "inflammation of bowels and liver."

A *dry, red-pointed* tongue, "great irritation of the intestines."

A tongue coated by *patches*, "inflammation of the stomach."

A *yellow-coated* tongue, "derangement of biliary secretions."

A *shiny, glazed* tongue, and especially if *chapped* or cracked, "ulceration of the bowels."

A *strawberry-looking* tongue, "scarlet fever."

Thrush and *ulcerations* on the tongue, "imperfect digestion and tendency to diarrhœa."

A tongue covered with *small white granulations*, as if of coagulated milk or cheese, "thrush."

A *pale tongue*, malarious "intermittent fever."

A *dry, dark-brown* tongue, low state of "typhoid fever."

MOUTH AND FAUCES.

Ulcerations and *cheesy deposits* have been mentioned in the above paragraph.

Redness of the soft palate, uvula, larynx, "sore throat," and, when other symptoms corroborate, "scarlet fever."

A *red tumor on each side of the soft palate*, "inflammation and enlargement of the tonsils."

A *leather buff-color deposit* on the tonsils, palate and larynx, "diphtheria."

Great inflammation and tumefaction of the whole cavity, without deposits, "quinsy."

Slightly elevated white ulcers on the tonsils, "ulcerated sore throat."

APPETITE.

Ravenous appetite, in diseases of the "mesenteric glands," and when "intestinal worms" are present.

Want of appetite, disordered digestion, or some oncoming fever, jaundice, eruptions, etc.

Canine or insatiable hunger, "tapeworm."

THIRST.

Intense thirst indicates a high degree of internal fever, such as inflammation of the mucous membranes of the stomach, bowels, etc.

It is present in *diarrhœa*; but is *very great* in *cholera*.

BELLY.

Distention of the belly indicates the presence of gases in the intestines, "flatulency." It is also present in great "inflammation of the bowels;" but, in this case, the great tenderness and sensitiveness to touch will distinguish it from the former, in which friction is grateful.

Drumlike distention of the abdomen in fevers is a very alarming symptom.

A *very large, fat abdomen* indicates "coarse food and over-feeding."

A *very emaciated and sunken* belly, "tuberculous disease of the intestines.

STOOL.

Very loose and repeated stools indicate "diarrhœa" from cold, or some noxious articles of diet; "teething, worms," etc.

Green stools, "bilious diarrhœa and acidity of the stomach."

Green and white stools, "indigestion and bile, acted upon by acids."

Mucus mixed with stools, "catarrh of the bowels."

Mucus and bloody, jellylike, small stools, inflammation of the rectum, "dysentery."

Rice-water-like stools, "cholera."

Very dark, watery stools, in long fevers.

Black stools indicate the presence of blood from the upper intestines.

Clay-colored stools, inactivity of the liver, "deficiency of biliary secretions."

Frothy and fermented stools, "bad digestion."

Costiveness during fever may point to inflammation of the bowels. Costiveness may indicate deficient secretion of bile and of the glands of the intestines, debility of the intestines, obstruction of the bowels.

Frequent small stools, with straining, "dysentery."

BREATHING.

In health, breathing is regular. An infant will breathe,

when quiet or asleep, from twenty to twenty-five times in a minute. The inspirations can easily be counted by noticing the rising of the dress on the chest, caused by them.

Quick breathing indicates fever, or inflammation of some organ. During fever, an infant will breathe from forty to fifty times a minute. When it goes above that, it indicates a deep-seated, dangerous inflammation.

Slower respiration than natural, "great weakness and fainting."

Moaning and sighing during breathing, "inflammation of the bronchial tubes, or pneumonia."

Hot breath, a very high degree of fever, also "inflammation of internal viscera."

Cold breath, "sluggish circulation, mortification, and the last stages of fatal diseases."

Rattling breathing, "accumulation of mucus in the bronchial tubes, from inflammation."

Labored breathing with great wheezing all throughout the chest, even without fever, "asthma."

Rough, hoarse, and whistling breathing, "croup."

Offensive breath, "foul stomach, worms, indigestion." A symptom of the "last stages of fevers."

Acid breath, "acidity of the stomach."

Quick, short breathing, as if cut short by pain, "pleurisy."

Short breathing, followed by an occasional long, labored breath, "congestion of the lungs," or "presence of water around the lungs."

Simple, oppressed breathing, without signs of inflammation, "indigestion."

COUGH.

Sudden cough at night without any previous ailments, with difficult and hoarse inspirations, a cough with a *hoarse, dry, grating, shrilly, metallic sound*, "croup."

Harsh, painful, and loose cough, accompanied by fever, accelerated breathing, "catarrh of the lungs."

Dry cough accompanied by high fever, difficulty of breathing, "pneumonia."

Barking cough, with wheezing through the lungs, labored breathing, a spasmodic cough that takes the breath away; child, making violent efforts to breathe, is almost thrown in convulsions, with cold sweat breaking out on the forehead, and

cough terminating in a shrill, sonorous, crowing respiration; "Asthma Millari."

Hollow, dry, irritating cough, accompanied by sneezing, running water at the eyes, fever, is a precursor of "measles."

Spasmodic, hurried cough, losing the breath in coughing, with redness of the face and vomiting; comes on at regular intervals; child makes great efforts to get his breath while coughing; succeeds only with a hollow, dry noise; "whooping cough."

Incessant, hacking cough early in the morning, before nursing, relieved by nursing, sometimes attended with jerking and starting during sleep, grating of the teeth, rubbing at the nose, coated tongue, fitful appetite, indicates "worms."

Dry, spasmodic cough is often an accompaniment of "teething."

URINE.

Straw-colored, "natural."

Dark, with or without deposit, "fever."

Copious, red deposit in urine after standing, "rheumatism."

Very dark brown, of mahogany color, "jaundice."

Excessive, "disease of the kidneys."

Suppressed, and passed by small quantities with pain, often red and scalding, "inflammation of the bladder or urethra."

Copious quantity of urine, with sediment after a few days of fever, generally indicates a favorable crisis.

Milky and copious urine, presence of "worms."

Incontinence of urine, weakness of the neck of the bladder, and presence of "worms."

Scanty and dark urine is usual during diarrhœa, or after sweating.

PULSE.

The pulse in an infant is a very unreliable indicator. While an infant's natural pulse ranges from eighty-five to a hundred, the slightest emotion, crying, laughing, playing, or fear, may send it up to from a hundred and twenty to a hundred and thirty. When the pulse keeps, while the child is quiet, above a hundred, accompanied by external heat and quick breathing, fever is present. When it rises above a hundred and forty it indicates deep-seated inflammation; when under eighty, weak and irregular, dangerous weakness. *Thready-running* pulse, with hardly perceptible undulations, approach of death.

TEMPERATURE.

Chilled skin, accompanied by "goose-flesh," is a precursor of fever.

Excessively hot hands and feet indicate fever. The degree of heat bespeaks the degree of fever.

Constant dry, harsh, hot skin, indicates "tuberculous disease of the abdomen."

Cold skin, followed by a stage of heat and sweat, "intermittent fever."

A *sudden fall of the temperature* during eruptive fevers is a dangerous symptom, indicating a fatal termination of the disease.

SKIN.

A *canary-yellow skin*, in patches, or yellow all over, indicates "jaundice."

The skin feels *tense and full* in "eruptive fevers."

A *bright red skin*, showing an equal efflorescence all over (not in spots or patches, nor in granulations), which becomes white under the finger on pressure; "scarlet fever."

An *efflorescence of dark-red patches*, with minute elevations, and which does not turn white on pressure; "scarlet rash."

Small, brownish-red, irregular spots, leaving the skin in a normal condition in the interspaces, making their appearance on face and neck first, and then becoming confluent, and extended gradually down the body; "measles."

Small, hard, pointed, red elevations, resembling blind pimples, which in two or three days become *inflamed at the base and depressed in the centre*; "smallpox."

Small globular elevations, having for a head a transparent blister, resembling those induced by drops of scalding water, "chicken pox."

A *little miliary eruption*, like small flea-bites, indicates summer heat and "eruption from teething."

A *rash of red, elevated and irregular patches*, sometimes *whitish on the top, intensely itchy*, indicates "hives, or nettlerash," induced by indigestion, or unsuitable articles of diet.

A *very fine eruption, without inflammation*, which contains a little yellowish fluid that can be squeezed out, intensely itchy, invading principally the *hands and wrists*, and the *spaces between the fingers*, indicates "scabia," or, as it is vulgarly called, the "itch."

A dry, scaly, inflamed eruption, which appears in rings, "ring-worm."

Small, numerous, whitish pustules, with a red basis, *discharging yellow pus*, which dries and makes a crust, appearing in clusters *on the scalp*, and spreading over other parts of the body, intolerably itchy; "milk-crust."

EXPRESSION AND ASPECT.

Pallor of the face, "anæmia."

A dusky flush, "pneumonia."

Anxious expression, "disease of the heart."

Pinched and contracted expression indicates great suffering.

Redness, "simple and eruptive fevers."

A fixed, indifferent look, "convulsions."

Rolling upward of the eyes, "disturbance of the brain," probably water on the brain.

Puffiness, "diseases of the kidneys or heart."

Contracted pupil, "disorder of the brain."

VOICE.

Hoarseness, "inflammation of the larynx."

SLEEP.

Restlessness and sleeplessness augurs some derangement which requires attention,—*"teething, earache, nervousness, indigestion,"* etc.

GLANDS.

Swelling of the glands, in front of and under the ear, "mumps."

Chronic swelling, inflammation and suppuration of glands around the neck, "serofula."

SPECIFIC DISEASES OF INFANTS.

ELONGATION OF THE HEAD AT BIRTH.

The infant's head being often larger than the outlet of the mother's pelvis would allow Nature has provided that the bones of the cranium can slide one over the other, so as to reduce its diameter. During this process what the head loses in width it gains in length, inducing an elongation, which is very disfiguring. This elongation, however, is only temporary; for very soon it is perceivable that it gains its rotundity and proper proportions.

No treatment is required; a few days will enable Nature to restore itself in all its intended beauty.

RUPTURES.

PROTRUSION OF THE NAVEL (UMBILICAL HERNIA).

Carelessness in pulling at the cord during labor, bad dressing of the navel, and sometimes a congenital weakness of the muscles of the abdomen, induce this disorder.

TREATMENT.

Reduce it first by gentle pressure with your fingers on the navel; then make a pad containing a coin, or a flat piece of lead; place it on the navel, and secure it by a suitable bandage.

Other ruptures should be treated by a physician.

INFLAMMATION OF THE NAVEL.

It not unfrequently happens that the navel, during the process of formation after the separation of the cord, becomes very much inflamed, the inflammation spreading even considerably around it; and, if not properly attended to, it may ulcerate.

TREATMENT.

Apply pledgets of lint dipped in a cold infusion of *Flaxseed*

or *Slippery-elm*; if ulceration is threatened, dip the pledget in *Calendula water*, of the following strength: *fifteen drops of the tincture of Calendula to fifteen tablespoonfuls of water*.

SIMPLE INFLAMMATION OF THE EYES.

Nature of the Malady. Inflammation of the mucous membrane lining the lids, and reflecting over the eye. The Meibomian glands within the edges of the lids are also often invaded.

Causes. Too sudden exposure of the eyes to a strong light, uncleanliness, a scrofulous constitution.

General Symptoms. Redness, lachrymation, agglutination of the lids, sensitiveness to light.

TREATMENT.

Keep the eyes clean. When they are inflamed, wash them under the lids with camel's-hair brush with warm milk and water. Should this not be sufficient to allay the inflammation, give *Aconite* internally, *three pellets every four hours*.

If the child dreads the light, and cries whenever exposed to it, give *Belladonna*, the same as *Aconite*.

If the lids agglutinate, give *Euphrasia* in the same manner as *Aconite*.

SCROFULOUS OPHTHALMIA.

This a very serious inflammation of the eyes; and the distinctive symptoms are: on pressing your fingers on, or on opening, the lids, *a jet of pus streams out*. This is such a formidable disease, that it should be intrusted only to the care of a skillful physician.

CRYING, RESTLESSNESS, AND SLEEPLESSNESS.

Children often cry, or are restless and sleepless, without any apparent reason. It may be owing to slight indigestion, to a nervous irritability from teething, or from some atmospheric cause. At night, although the child may not appear in any way sick, it is, nevertheless, a cause of anxiety and trouble to have it cry. One dose of *Coffea* will probably correct this

nervousness. If the head or gums are hot, a dose of *Belladonna* will be preferable. *Aconite* and *Chamomilla* are also sovereign remedies in quieting that irritability.

CORYZA (SNUFFLES).

OBSTRUCTION OF THE NOSE.

This has already been mentioned. A slight current of cold air on a child's head unprotected by a good crop of hair, the sweating of the head of some children during sleep without a cap, often induce that obstruction of the nose, commonly called "snuffles," and, by medical men, "coryza."

For such symptoms as would indicate dryness of the nose, give *Nux vom.*, morning and evening. But if the nose runs water, and even excoriates the nostrils, give *Arsenicum*.

When these symptoms become chronic, however, give *Calcarea*, twice a day, for one week, and *Sulphur*, twice a day, for another week.

SWELLING OF THE BREASTS.

Infants are liable, soon after birth, to have swollen breasts, which many people have erroneously believed to contain milk. Do not squeeze them, but apply an emollient and warm poultice: a lint dipped in warm sweet oil is often sufficient. A little camphor mixed in lard makes often a very good ointment.

Medical treatment is hardly required; but if the breasts are red, and much swollen, *Belladonna* or *Mercurius* may be given.

SEXUAL AND URINARY ORGANS.

Boys. Examine the prepuce (foreskin) of the penis. If very long, it should be moved and retracted every day and the head washed, otherwise the exudation between the gland and the foreskin may become so decomposed as to be a source of irritation and inflammation (*Balanitis*, so-called). Then adhesions may occur, necessitating the interference of the surgeon. If the foreskin is very short, the head of the penis is entirely uncovered. If not kept clean irritation and inflammation of foreskin may occur, causing a painful constriction just behind the head, also requiring the interference of the surgeon. (See Phimosis and Paraphimosis.)

Girls. Even soon after birth some blood may escape from the vagina. This is of no consequence and requires no treatment. But in girls two or three years a pruritus (itching) of the parts may occur, causing the child to scratch constantly. Keep the parts washed with common lead-water, and give *Sulphur* internally.

Leucorrhœa is not uncommon among very young girls. It may be induced sympathetically by the presence of worms, and particularly of pin-worms, in the rectum. (See Worms). If not it is a constitutional weakness requiring *Calcarea carb.* 30x, several times a day for a week or two. Locally the parts should be kept cleansed.

GASTRIC DERANGEMENTS.

SORE MOUTH.

Nature of the Malady. Inflamed and ulcerated spots (*aphthæ*) in the mouth.

Causes. Disordered stomach; weak digestion; uncleanliness; mismanagement in nursing; mixed food; attrition of the child's tongue and gums against the nipple, thus inducing the same ulcerations in the mother's nipple. They often appear in the low stage of fever, from inflammation of the intestines.

General Symptoms. Some parts of the tongue, palate, or gums, become inflamed, and soon form in whitish or yellowish pimples, which break, and form *distinct and separate ulcers*.

PREVENTIVE TREATMENT.

Wash the child's mouth every time after nursing; do the same with the nipples. Keep the child in the open air; let its nursery be a dry and sunny one. Do not overfeed it.

MEDICAL TREATMENT.

Apply a weak solution of *Borax* to the ulcers, *three or four times a day*. If the ulcers are deep, invade the throat, and emanate a disagreeable odor, give *Mercurius solubilis* 3*d*, *six globules every four hours*. If the ulcers look pale, ragged, and are accompanied by diarrhœa, give *Arsenicum* 6*th*, *three globules every four hours*. If the ulcers look foul, discharge matter, have uneven edges, and the child vomits, or has a watery diarrhœa, give *Sulphuric acid* 6*th*, *six globules every four hours*.

THRUSH.

Nature of the Malady. Inflammation of the mucous membrane of the mouth, often extending to the stomach and intestines. The tongue, and even the whole mouth, and, as far as can be seen, the throat, are covered by *granular white deposits, like curdled milk*, which coalesce, and make a general coating.

Characteristic Symptoms. This disease differs from the above, although it is often confounded with it; and is by far more formidable and dangerous. These minute white spots, on being removed, bleed easily, and show an inflamed under-surface. The aphthæ in the "sore mouth" cannot be removed by brushing.

General Symptoms. The child's health fails, and gives evidence, by emaciation, that nutrition is imperfect. As soon as the mouth becomes covered with the granular white deposit, nursing becomes difficult and painful. Fever soon sets in; and the brushing-off of the deposit is immediately followed by a new crop of the same. The child loses strength daily, and drowsiness comes on. As the inflammation extends downwards, the intestines become affected; and a dangerous diarrhœa sets in, which threatens to end the child's life by exhaustion.

Causes. Want of cleanliness; foul air; damp rooms; damp summer weather; indigestion; use of sugar-teats; unwashed nipples, on which the milk is allowed to sour; the bottle, and artificial nipples, for children raised by hand, left unclean; sucking from a breast or artificial nipple, that has been used by a child affected by the disease; association with children thus affected. All these causes must of course be avoided.

TREATMENT.

As soon as the white granules appear, wash them off gently with a linen rag dipped in cold water, and apply to the exposed surface, with a camel's-hair pencil, *Borax* and *Glycerine* prepared as follows: Half a drachm of *Borax*, one drachm of *Glycerine*, dissolved in one ounce of water.

Take care to wash the child's mouth every time after nursing; do it very gently, so as not to cause bleeding of the raw surfaces.

When the disease gains in intensity, the stomach becomes irritable, and then cheesy deposits are passed in the stools. *Borax* (10th) should be given internally. *A powder of one grain should be given every three hours.*

Sulphuric acid 3d should be given when the following symptoms appear: great weakness; mouth very sore; the deposits reappear soon after being brushed off; dry tongue or profuse salivation; sour eructations; the breath smells sour; gulping up of milk, smelling sour; desire to vomit; vomiting; sensi-

tiveness at the region of the stomach; diarrhœa, watery or green; flatulency and pain during stool.

The *Sulphuric acid* may be given sufficiently strong to have an acidulated taste: of this, *one teaspoonful every three hours*. Some find *Sulphuric acid* (30th) quite effective: of the latter, *six globules every two or three hours may be given*.

Bromine (3*l*) will be found very efficient in case the *Sulphuric acid* does not improve the case in forty-eight hours; and particularly when the deposits coalesce, and form a membrane that can only be removed with difficulty.

If in solution, put *ten drops in ten teaspoonfuls of water*, and give *one teaspoonful every two hours*, until the membrane detaches and falls off, without a tendency to re-form.

As soon as the disease has fairly yielded to the above treatment, and nothing but weakness remains, give *China 3*d* three or four times a day*, until the child has regained its usual vigor.

Should the above treatment prove unsuccessful, send for your physician; for the complications that may ensue in this disease often baffle the most skillful treatment.

DIET.

The infant suffering from this disease should be fed often, but little at a time. Should the milk disagree with it, as would appear if it is restless, and cries after nursing, or vomits the milk in a curdled, cheesy condition, -give weak broths instead. See article on "Broths." If the child's mouth is so tender that it cannot keep hold of the nipple, draw the milk with the pump, and feed with the spoon. If the child is raised by hand, change its usual food, lest the cause lies in it.

REGIMEN.

Take the child out every day: should the weather be propitious, twice a day, and keep it out two or three hours each time. A change is desirable if the present locality is not considered healthy. Keep other babies away, as the disease is infectious. The nipple should be washed with a *solution of Borax* before and after nursing.

COLIC. FLATULENCY. CRYING.

See paragraph on the "Cries of Infants."

Nature of the Disease. Colic and flatulence are always symptoms of indigestion.

Causes. In order to be able to relieve an infant speedily of colic, it is absolutely necessary to know the cause. Is your milk adapted to the child's digestion? (See paragraphs on "Qualities of Milk and Nursing.") Do you observe the rules of diet for nursing-women? Have you nursed your child after a fit of passion, or after a heated walk? If you raise your child by hand, have you observed the rules pointed out under its respective paragraph? Is the milk from the same cow? Is the cow fed on garbage, instead of hay or grass? Have you not allowed the milk to turn sour? Inquire into these things carefully, and you will discover the cause that renders food distressing to your child. Colic may be induced also by a cold; by a confined state of the bowels; improper beverages taken by the mother, as ale, wines, liquors, etc., or by some cathartic medicines used by her.

Characteristic Symptoms. The cry of colic is of a spasmodic kind accompanied by drawing up of the limbs: a warm hand gently pressed or passed over the abdomen gives temporary relief. If flatulence is present, the abdomen will even become distended, and be as tight as a drum.

General Symptoms. The children roll their eyes during sleep; distort their features, though, at first they do not wake, but continue to sleep an uneasy sleep; suddenly they commence to cry, and at intervals they twist their bodies, draw up their legs, kick their feet; the abdomen swells, causing oppression of breathing; restlessness and sleeplessness follow; they refuse the breast, and become very unmanageable. Rumbling noise is heard in the bowels, indicating the presence of wind, which gives great pain, until it has passed off; then an interval of quietude follows, which is broken into by another sudden attack of crying and pain. These attacks may become so violent as to throw the child into a spasm. Often a greenish, sour diarrhoea follows, which relieves the child.

TREATMENT.

Let me first caution against the anise-seed teas, whisky, "Mrs. Winslow's Soothing Syrup," and all the extolled "nos-trums" for infant's colic. They will only serve to derange the stomach more and more; for, although they seem to give relief, it is only a temporary relief that is often followed by the most alarming consequences.

Chamomilla is an invaluable remedy in colic of children from flatulence, even if accompanied by greenish diarrhœa.

Pulsatilla. When the colic is accompanied by vomiting, nausea, and diarrhœa.

Nux vomica. When the colic and flatulency are attended by constipation.

Rheum. When colic is accompanied by greenish or yellow diarrhœa of a sour smell.

Colocynth. When the child seems to have griping pains, causing it to twist and scream.

If the colic and flatulency seem to have been induced by a cold, and are connected with painless diarrhœa, *Dulcamara* is to be preferred.

DIET AND REGIMEN.

Care should be taken not to give food that the child cannot digest. If the colic has been induced by the mother's milk, which has undergone alterations from a fit of anger or passion, from heat or from cold, she should be careful not to nurse her infant until after her breasts have been once exhausted by the pumps, and she had quieted down to her usual mood.

During a hard fit of colic the child may be undressed and dipped in a warm bath; hot applications may be made to the abdomen; and a poultice of allspice may be allowed to remain on the abdomen until the pain is entirely relieved.

COMMON INDIGESTION.

Overloading the stomach, and the use of articles of food not adapted to the digestive powers of a child, are often the cause of gastric derangements. These derangements, although not very serious in themselves, may lead to dangerous diseases if not properly attended in time.

The symptoms are loss of appetite, nausea, vomiting, diarrhœa, urine loaded with sediment, flatulence, colic, hiccough; the tongue becomes white-coated; the pit of the stomach appears distended; and the child will not allow you to touch it, the touch evidently causing pain. If this is allowed to go on the child will vomit sour phlegm, or a greenish, bilious fluid; headache will come on; the child refuses to play; he is dull and wants to lie down. This condition of things may lead to a *gastric, bilious, or typhoid fever*.

If the liver is in a state of congestion or inactivity the tongue will show the bilious condition by a yellow-brownish color. When the child vomits he will eject a greenish-yellow fluid; the stool passages will be very dark or very light; the urine will be dark, and the skin assume a very sallow, yellowish tint. *This condition may lead to a bilious fever.*

When the mucous membrane of the stomach is affected the tongue will have a thick, slimy coating, difficult to scrape off; the mouth is filled with phlegm; a viscid, ropy phlegm is vomited with difficulty, as it adheres to the throat in its passage; the evacuations will have the same mucous appearance. The child looks pale and weak; the pulse becomes feeble, the extremities cold, the urine may be clear, but will soon deposit a slimy sediment.

All gastric derangements are of great importance in a child. It is almost invariably an evidence that there have been some errors committed in the diet. An inquiry should be immediately made to discover the cause of the derangement in order to avoid it in the future.

Overloading the stomach with indigestible food is often the immediate cause of *convulsions*.

TREATMENT.

If the child be sick, and inclined to vomit after partaking of food, it is well to encourage the vomiting by a draught of warm water. Infants may be made to vomit with a little black coffee, without sugar. The ejection of the ingesta may save the child from a convulsion; he will immediately be relieved of the swelling of the stomach, and all the *malaise* accompanying it. The child will return to its play as well as usual.

The following remedies should be given, according to their symptoms:

Pulsatilla. Eructations, gulping up of food, inclination to vomit *after a meal*. Tenderness of the stomach on pressure, sour eructations, complete loss of appetite, *aversion to food*, *slimy* diarrhoea, colicky pains, watery urine, headache *after eating fat meat or butter*. *The tongue is lined with a tenacious mucus.*

Antimonium crudum. Great inflation of the stomach and abdomen, especially after a meal. Flatulence, constipation. *Nausea after drinking*, great disposition to vomit, *derangement*

from overloading the stomach, tongue coated white, blisters on the tongue, violent thirst, with dryness of the lips and tongue.

Carbo vegetabilis. Nausea whenever the child attempts to eat. Bloated abdomen after eating or drinking, continual eructations, hiccough or gulping up of food, nausea early in the morning, water-brash, tenderness in the region of the stomach, great dryness of the mouth, or great flow of saliva, loss of appetite, tongue dry and white-coated.

Ipecac. Constant nausea or vomiting, vomiting every time food or drink is taken, vomiting large quantities of mucus, difficult swallowing, as if the throat was contracted, diarrhœa.

Nux vomica. Frequent hiccough, frequent eructations, bitter or sour eructations, nausea, violent vomiting of sour-smelling mucus, pain in the stomach, the stomach feels as if a stone were in it, tension across the stomach, griping pains in the stomach and bowels, throbbing and burning in the region of the stomach, the child has taken a cold, constipation, ineffectual urging to stool, dryness of the mouth, white coated tongue, swelling of the gums, aphthæ on the tongue, milk sours upon the stomach, total want of appetite, headache, dulness, heat and redness of the cheeks.

Mercurius. Fetid smell from the mouth, ulcers and sores within the mouth or on the body, constant saliva in the mouth, enlargement of glands, constant desire or attempt to swallow, morbid appetite, craves for bitter or acid things, yellow or brown coated tongue, gulping up of food, pain in the region of the stomach on pressure, sallow skin, colic with diarrhœa (the stool is green, very dark or very light), desire for stool without being able to accomplish it, constipation, chilliness after a diarrhœic stool, bloody stool, mucous discharge from the rectum, urine dark brown, toothache, red gums, ulcerated gums, the child has taken a cold. All the above remedies from the 3d to the 6th.

Cina. (See "Worms.")

DIET.

The simplest and lightest diet will be necessary,—gruels, panada, broths, milk, etc. If the child has no appetite, do not force it to eat. It will not hurt the child to go two or three days without eating. Do not give ice water; this would induce pain when there is a tendency to colic or diarrhœa. Toast-water, milk and water, water with a little raspberry or blackberry syrup, will be palatable, and not hurtful.

CONSTIPATION.

Constipation often affects children from their earliest infancy. Although not necessarily a dangerous disorder, it nevertheless should claim the attention of the mother, lest it becomes a permanent habit of the child, to its great discomfort.

CAUSES.

Constipation is often hereditary, and then it is very difficult to correct. It may supervene in the child from errors in the diet of the mother, or from her milk containing too large a proportion of solids; in which case the mother should use a greater amount of fluids. Feeding by hand seems also a general cause of constipation, in which case the proportion of water in the milk should be increased. Inactivity of the liver is also a cause, which, however, can be ascertained by the quality of the stool, which will consist of hard, clayish-white lumps. Debility of the intestines themselves may also render them inactive. It will be necessary to understand the cause to be able to treat this constipation successfully.

PREVENTIVE TREATMENT.

When a child is inclined to constipation, rub and gently knead its abdomen every morning, at the same hour. The mother or nurse should avoid every article of diet after partaking of which constipation invariably follows in herself or child. As soon as the child can sit, put it to its chair every morning at the same hour, encouraging it to urge to stool and, if it be disinclined, a little stick of castile soap or a gluten suppository may be introduced into the rectum for a few moments, which will stimulate it to act. In this manner, you can give to the child the habit of going to stool regularly; and this system has often cured constipation that medical treatment could not reach. Avoid castor-oil and all cathartics; for although they relieve, and the child appears better in consequence of an ejection, the constipation will return worse than ever. Alter the child's diet to suit the case.

TREATMENT.

When the child has no movement for forty-eight hours, and the abdomen becomes hard and distended, the child becomes

restless, feverish, and cries as if uncomfortable, relieve it by an injection of tepid water. The prejudice against this simple means of relief is unfounded.

Nux vomica 3*d* will correct a constipation brought on by gastric derangements and by debility of the intestines, particularly when it is accompanied by flatulency, and a white-coated tongue, loss of appetite, distention of the bowels, and restlessness.

Mercurius solubilis 3*d* will be indicated if the stool is hard and of clay color; the tongue, if coated, coated yellow; and possibly the skin having a yellow tinge; also if the constipation comes on after a cold, and the urine is of a yellowish red.

Bryonia 3*d* often relieves the symptoms given under *Nux*, when the latter fails to give relief.

Sulphur 30*th* should be given when the child indicates a serofulous constitution, particularly when the child is very fair, has blue eyes, the glands of the neck enlarge and harden easily. *Sulphur* should be given in a high attenuation, the 30*th* at least.

Lycopodium 30*th* will remove obstinate constipation, which causes great urging and pain in having a stool. This remedy should also be given in a high attenuation, and continued for several days.

Platina 30*th* has proved successful when the stool was so hard that it required assistance for its expulsion.

Graphites 30*th* will be found useful when the stool is very large and hard, and the constipation is accompanied by light eruptions of the skin.

Many other remedies might be given; but, if the mother cannot relieve her child with the above treatment, she would better ask for medical assistance.

For such constipation as indicates malformation of the intestines; or such sudden and unconquerable difficulty as would indicate twisting of the intestines, a skilful physician should be immediately called to attend. The symptoms of the latter are so severe, that it is hardly supposable that a mother would take the responsibility of treating her own infant.

DIARRHŒA. CHOLERA INFANTUM. DYSENTERY. SUMMER COMPLAINT.

Although these diseases are essentially different, I describe and treat them in the same paragraph; because they have

so many symptoms in common, and are so often induced by the same causes, that by exhibiting them side by side, with the characteristic symptoms in parallel, it may be easier for the lay reader to distinguish them.

Diarrhœa is only a condition of the intestines which induces more evacuations of the bowels than are natural. These evacuations, although comparatively loose, and too numerous, need not be abnormal in the quality of their contents, their color, or consistency; they rarely give pain, and are generally unattended by fever, unless fever is induced by other disturbing influences, as a cold, or a fit of indigestion. (See Treatment of.)

Dysentery has also many evacuations; but they will contain but *little if any feculent matter*; they consist principally of *mucus and blood*, and cause *great pain and tenesmus* during their passage. They are invariably accompanied by *fever* as a consequence of the inflammation of the rectum. The *thirst* in dysentery is intense; while it is hardly noticeable in diarrhœa. As soon as these mucous and bloody evacuations change into feculent and foul-smelling discharges the disease is conquered, and the patient is convalescent. (See Treatment of.)

Cholera infantum is sudden in its invasion. It appears in summer from extreme heat, and in the autumn from hot days and cool nights. It may appear, also, as an epidemic from miasma. The gastric symptoms predominate in this disease. *Vomiting is a precursor and a companion of the alvine (intestinal) evacuations.* The child ejects everything it takes, and often vomits without taking anything, from simple irritability of the stomach. The discharges from the bowels are ordinarily of a *colorless and inodorous fluid*, although they may become mucous, and looking like beaten eggs. These discharges may also be *green* when they pass; which indicates that an acidity of the stomach or intestines converts the yellow of the bile into a green color; they also, if not passed green, may *turn* so after a short exposure to the air. The ejections are discharged *suddenly*, and without premonition or effort; sometimes, however, they cause tenesmus from their acidity, in which they become mucous as in dysentery. These discharges are excessively exhausting; the child lies prostrate, looking very ill. As the disease advances it becomes noticeable that life ebbs away; the eyes become hollow and sunken; they lose their lustre and become inexpressive. The emaciation is so rapid that it can be

noticed from hour to hour; the lips and tongue become dry, ulcerous and red; the skin dry and shrivelled; a damp clammy sweat covers the brow; hands and feet swell; the child rolls its eyes; sleeps with the lids half open; and its life is in imminent peril. (See Treatment of.)

Summer Complaint. There is but little difference between this disease and *cholera infantum*, except that it is *not so sudden in its invasion* and is *more insidious* in its course. But *cholera infantum*, if not quickly checked, will degenerate into *summer complaint*. During hot seasons the child begins to droop; its appetite fails; nausea, vomiting and diarrhœa manifest themselves. Slight fever sets in; the symptoms soon become very much aggravated; and the child languishes. The little sufferer begins to decline taking food; takes it only when forced, and gags and throws it up soon after. The gums become tender and sore; minute ulcerations or thrush begin to form in the mouth, which is an indication of the great severity of the disease.

One of the most threatening periods in this malady is when the head becomes affected. The child incessantly rolls its head on the pillow, sleeps with eyes open, rolls its eyes, and has slight convulsive twitchings. A fine eruption like flea-bites appears about its body, on the abdomen particularly; the feet and hands become dropsical. The child then is very low, and shows that tendency to dropsy of the brain, so fatal in these little beings. (See Treatment of.)

CAUSES.

The causes of these diseases are common to all of them. Sudden changes from hot to cold, from dry to damp atmospheres; indigestible articles of food; irritability induced by the process of dentition; miasmatic influences. It is true that dysentery and cholera infantum are more prone to supervene during the summer and fall seasons, while diarrhœa may occur at any time, from slight irregularities of diet or regimen; still, even the former may occur in other seasons than summer or fall. The distinctive features are really only found in the respective symptoms of each.

PREVENTIVE TREATMENT.

Avoid overfeeding and unsuitable articles of diet at all times, and particularly during summer and autumn. Shield your

child from taking cold, from dampness, from the heat of the day, from the dew in the evening. Do not allow your child to be out after sunset, after the first of July, in miasmatic regions. Keep it in a dry room; and, during the autumnal season, keep the windows down unless it is intensely warm. Do you hear of an epidemic of dysentery or summer complaint in your town, remove the child to the country, or some healthy locality. Do not give it fruits or potatoes while the disease is about. If you live in a town where the disease occurs every summer as an epidemic, remove your child early in June to the country. Avoid the seashore; go to the mountains in preference. If you raise your child by hand, taste the milk before feeding the baby in summer; for a few hours of intense heat, or a thunderstorm, may turn it sour.

TREATMENT FOR DIARRHŒA SIMPLEX.

Dulcamara. A green, yellowish diarrhœa, brought on by a cold.

China, if during the diarrhœa *undigested food* is found in the stool, and *great weakness* occurs.

Mercurius vivus or *Solubilis*, for *bilious diarrhœa during teething*. The evacuations are green and abundant, the tongue has a yellowish coating; also if the passages are so acrid as to corrode the rectum; also for white, clayish stools; *aphthæ, or thrush, in the mouth*; yellow urine; yellow-tinged skin. Continue *Mercurius* until the passages assume the natural brown color.

Chamomilla is a sovereign remedy for diarrhœa during dentition, with pain and wind in the abdomen. The stools are as *green as grass*, look like *beaten eggs*, smell putrid. If the child is feverish and cross, alternate with *Aconite*.

Calcareæ. In children *who teethe slowly*, have small bones, soft and flabby muscles, look pallid and scrofulous, have large heads, large stomach, perspire very easily.

Rheum. Very green or yellow watery diarrhœa; the stools smell acid, or *turn green after exposure to the air*. The child's breath is acid. If it throws up curdled milk smelling acid, alternate *Rheum* with *Ipecac*.

Colocynth. If each stool is preceded by cramping pains.

Pay strict attention to the *dict*, and *do not overfeed* the child. See "Nursing of Children."

TREATMENT OF DYSENTERY.

Aconite. Fever, thirst, dry heat, restlessness, distress. This is a good remedy to commence with; for often it checks the whole disorder without further treatment.

Mercurius sol. or *Virus.* Violent tenesmus after every evacuation; the large intestine is forced out; the stool is composed of nothing but *mucus and blood*; sometimes it is streaked with *green* and *white* jelly-like matter. The stool contains no feculent matter. This remedy should be alternated with another whenever it does not cover all the symptoms.

Colocyath. The colic pains are excessive. Alternate with *Mercurius.*

Ipecac may alternate with *Mercurius* if the dysentery occurs in the fall, *nausea* is present, and the stools are slimy and very bloody.

Arsenicum. Great thirst, emaciation, and debility. Stool very watery, blackish or greenish yellow. Colic after eating or drinking, often accompanied by vomiting with coldness or clammy sweat.

Aloes. Soft, yellow stool, with tenesmus; great urging to stool; bloody stools, with colic.

Colchicum. Particularly in autumnal dysentery, consisting of white mucus, violent spasms at the anus (often without evacuations), aversion to food.

Cina. For dysentery, caused by worms.

Regimen. Keep the child in the open air as much as possible.

Diet. See "Nursing of Children." Avoid fruits, candies, sugar, and vegetables.

TREATMENT OF CHOLERA INFANTUM AND SUMMER COMPLAINT.

Camphora and *Veratrum.* Alternately every hour, when the child is suddenly taken with vomiting and purging. These should be continued for eight hours, and, if the disease does not abate within that time, select from the following remedies:

Ipecac and *Chamomilla.* Alternately, if the above treatment does not succeed, for twenty-four hours; then,—

Arsenicum. Violent vomiting, and diarrhœa of watery, bilious or slimy brownish or blackish substances, with severe pains in the abdomen; thirst, restlessness, sudden prostration, cold extremities, and clammy sweat.

Colocyath. Green vomiting, with violent colic.

Mercurius sol. or *Vivus*. Important after the acutest symptoms have been allayed, and a greenish-yellow diarrhœa continues.

China and *Phosphoric acid* should be used when the disease assumes a somewhat chronic form; many stools continue day and night, the strength gives way, and for several days there is hardly a perceptible change of the disease.

Aconite, alternated with any other remedy, should be used whenever fever is present; also for great restlessness, and dry heat of the body.

Belladonna. The child becomes stupid, its face is red or very pale. The child *rolls*, and *sinks the head* in the pillow.

Bryonia and *Helleborus*. Alternately, whenever the child is threatened with *effusion of water* on the brain. The bowels are somewhat checked; but the child lies listless, *vomits*, *rolls its eyes* from side to side, does not recognize its mother; it does not cry, but it *shrieks*.

This disease is excessively perilous, and requires the most careful nursing and attention of the mother. No error in diet should be committed; for a very slight error may cause the child's death. Keep the child in the open air as much as possible; dress it so as not to be either too warm or too cold. The child should be kept at the breast, and if that be not possible, its nourishment should be so regulated as not to overload the already weakened stomach. If milk seems to disagree, give light broths (see "Broths," in "Nursing by Hand"). *Fruits, vegetables, or sugar* are *strictly forbidden*.

A convalescent child, by the slightest error, may be brought to a sudden grave. Do not change the habits of the child except under the special advice of the physician.

TEETHING.

The process of teething is often attended with such disturbance of the nervous system as to require medical attention; and, when this disturbance occurs in summer, complications with diarrhœa and summer complaint are apt to rise, and cause the condition of the child to become imminently critical. Although dentition is a natural process, still the local irritation often induces such sympathetic functional disturbances as congestion of the brain, spasms, eruptions, sore mouth, cough,

diarrhœa, etc. During dentition, the face may become hot and red, the gums swollen, and—on the part under which the tooth pushes—white, hard, and sensitive to touch. Saliva dribbles from the mouth, and the little sufferers attempt to bite at everything; and anything hard seems to give them relief. Sometimes the glands around the neck take up the irritation, and become hard and swollen. The child becomes nervous, restless and stubborn; its appetite may fail, diarrhœa set in, etc.

Teeth are rather irregular in their evolutions; but the average of their growth is the following:—

“Between the sixth and eighth month, the *first two lower incisors* come through, at an interval of from one to fifteen days, through generally on the same day; and when these two first do not appear within two or three days of each other, the dentition is irregular. When this is over, the child rests. It rests from two to six months.

“The *four upper incisors* are a month in coming through. First the middle, and then the lateral ones appear, and that occurs between the tenth and twelfth month.

“From the twelfth to the fifteenth month, those of the third series come through: namely, the *four first molars* and usually, after them, the *two lower lateral incisors*: then the child rests for four or five months, during all which time the evolution of teeth is suspended.

“Between the eighteenth and twenty-second month, the *four canine* (vulgarly called eye and stomach teeth) make their appearance, and are three months in getting through; after which there is a very long repose.

“Finally, the child gets its *four last molars*.”

There are then twenty in all.

No general rule, however, can be laid down, from which there will not be frequent variations. I have known children who never showed a tooth before the fourteenth month, and did not finish teething before they were three years old; being robust and healthy all the while. There is a case on record, in which the child did not get any of its teeth until it was ten years old. On the other hand, there are cases of precocity of action in teething, in which a child had eruption of the two lower incisors at birth; and some were even born with those two teeth.

The first stage of teething, however, is between the third and fourth month of infancy, and constitutes what is called *breeding the teeth*, or the conversion of the pulpy rudiment buried in the gums into a solid material, which shoots downwards, and gives to the tooth its fang. During this process, the child is ill at ease, wants to bite, and drools. Parents, noticing these symptoms, watch for the appearance of teeth, which do not come for three or four months after.

The eruption of the "cuspidati," or *stomach-teeth*, seems to create greater disturbance than that of any other; hence the common expression that the child's second summer is the most dangerous. During the process of teething, which is certainly a critical period in a child, the mother should be very careful that no neglect or error on her part should induce sickness in her infant; for any sickness during dentition is always of a grave character.

Weaning is an important question in regard to the welfare of the child during dentition. If a child is born during the fall, it is likely that its stomach-teeth would be coming during the second summer; and, if the mother is to nurse her child through that period, she will be keeping it at her breast for two years,—a long time, indeed, longer than Nature seems to require. Yet if the mother is strong and healthy, and does not seem to suffer from the long nursing, I would advise her to continue the child at her breast until after all the stomach-teeth have protruded, and particularly during the summer season and the early months of autumn; for, should cholera infantum overtake the child, it might refuse feeding by hand, while it would take the breast. Moreover, the mother's milk is food already prepared, and less likely to disagree with the infant.

In regard to lancing the gums (against which some physicians have a prejudice, because they say that the incision will form a scar more difficult to be bored through by the teeth), I must say, that, when done *at the proper time*, great relief may be rendered without incurring any such difficulty. Let it be done when the gum over the tooth is much elevated, red and tumefied, and the pressure of the tooth from underneath causes the centre of the protuberance to be of a pale color. When done at such a time, the tooth will be found directly under a thin cover, which will hardly bleed by the incision; this will

give immense and immediate relief to the child. Thus impending convulsions, and congestion of the brain, may often be averted.

During dentition let the child have some ivory or coral piece to bite; but *do not give india rubber*, the chemical constituents of which are calculated to color the teeth black, or corrode the enamel.

TREATMENT.

For restlessness, wakefulness and obstinacy, give the child *Coffea*.

If the child is feverish, and the gums are swollen, alternate *Aconite*.

If the head becomes very hot, the face flushed, eyes sparkling, and the pupil widened, give *Belladonna*, every two hours, until relieved.

Calcareæ carb. if the head perspires during sleep, teethe slowly, has large abdomen, enlargement of glands around the neck.

Chamomilla, if the child starts during sleep, is very restless, and wants to be carried; the bowels are out of order.

For diarrhœa, constipation, cough, or dysentery, induced by teething, see the respective chapters of these diseases.

WORMS.

It may be a humiliating fact, but it is nevertheless true, that parasitic animals find habitation in our body, and that there they live and are nourished.

Several species of these parasites have been found; but, to serve the purpose of this work, it will be necessary to mention only those most common among children.

1. The "round-worm" (*Ascaris lumbricoides*), which is in shape, size and appearance like the ordinary earth-worm. This is the most common in children.

2. The "thread-worm" (*Ascaris vermicularis*), which is like small bits of thread.

3. The "long thread-worm" (*Tricocephalus dispar*), a thread-worm, but longer than the last.

4. The "tape-worm" (*Tænia solium*), which may be many feet in length.

The *round-worm* is from five to six inches long, of a reddish-

brown color. This worm usually inhabits the small intestines; it sometimes finds its way upward into the stomach, and downward into the lower bowels. When they ascend to the stomach they create such an irritability of that organ and of the nervous system in general as to induce fever, vomiting and serious disturbances, even indicating a typhoid fever. As soon as the stomach expels them all the symptoms subside, and the patient gets well as if by magic.

This worm has been said to ascend to the throat causing alarming symptoms of strangulation. It may exist single, or in a multitudinous mass. It is very prolific.

This worm is more common in the early period of childhood than afterwards.

The *thread-worms* of the first and second class inhabit principally the rectum, and are found in vast numbers; they are often ejected or pass out, matted together in the shape of balls, or entangled in portions of excrement. Sometimes they crawl out of their own accord and find their way into the vagina, causing a most intolerable itching.

These worms also exist principally in infants, although they sometimes are found in adults.

The effect upon the locality is that of *itching*, which gives no peace and renders the patient nervous and irritable.

The *tape-worm* has a long flat body, composed of many pieces articulated together. These pieces become detached, and can pass off without affecting the life of the worm; they look like small square pieces of tape. Its length is so considerable that much exaggeration has been indulged in regard to it. Many specimens, however, are preserved that are upwards of twenty feet in length. One or several joints may be expelled and the worm still live and grow. The motions of this worm are sometimes felt in the abdomen.

This worm, however, is more frequent in adults than in children. It is found in animals, and is more frequent in some countries than in others. In England, Holland and Germany it is quite common.

Symptoms of Worms. The symptoms are *local* and *sympathetic*, and frequently very obscure.

With some people anything that ails a child suggests to them the idea of worms; with some others they hardly exist.

The child complains now and then of pain in the abdomen,

which looks puffy and swollen; it loses its appetite or becomes morbid in that regard; its breath smells fetid; it constantly picks at its nose; one cheek becomes red while the other is pallid; the child grinds its teeth at night; startles easily from sleep, or talks while asleep; the bowels generally become deranged. Reflex action upon the spinal marrow induces also, although not always, peculiar nervous symptoms. A cough appears without the child having a cold.

The *thread-worms* produce great itching and irritation of the anus.

The *tape-worm* is only detected when some of the joints are voided; hence the necessity of examining the excrement each time when there is a suspicion of its presence.

The symptoms of this worm are summed up in the symptoms of the other two kinds. But the presence of this worm greatly affects the appetite, which is sometimes wanted, often of the most ravenous and insatiable kind; and although persons eat a great quantity, they nevertheless constantly lose flesh. The pupils of the eyes become dilated; pains in the limbs, lassitude, and general nervousness follow.

TREATMENT.

There is no one disease or class of diseases that has excited so much the ingenuity of medical "quacks" as worms. How many hogsheads of "vermifuge" our victimized children have taken only these soulless medical quacks who live in marble palaces can tell: how much injury has been done to those innocent beings by "nostrums" only God and desolate mothers can know.

For *round-worms*, *Santonine*, *one-tenth of a grain every three or four hours*, is probably the most effective remedy known.

Cina, *Spigella*, *Stannum*, are all remedies that should be tried when one remedy is not successful.

The sympathetic symptoms will disappear from the moment the cause is removed.

Sulphur should be given after the worms have passed, and the symptoms are removed, particularly where the child gives evidence of a scrofulous constitution, and is liable to eruptions.

Spigelia is preferable in cases where there is fever, colic, diarrhœa, with craving appetite, and the symptoms appear at the *same hour* every day.

To destroy *pin-worms* prepare a solution of common salt,

about four ounces, add three drops of *Carbolic acid* and inject in the rectum.

The treatment of *tape-worms* is of sufficient importance to be left to a physician.

DIET AND REGIMEN.

Very light and digestible diet. Change the fountain from which you draw the drinking-water; these parasites often come in that beverage. Avoid acids, fruits, and vegetables when diarrhœa is present. When a child is subject to worms, he should avoid gross food, butter, potatoes, heavy puddings, pies, vegetables, in fact any rich food. Let him take plenty of exercise, and make free use of ablutions.

AFFECTIONS OF THE SKIN OF INFANTS.

ERUPTIONS FROM TEETHING, HEAT OR SLIGHT INDIGESTION.

An eruption of fine red pimples during dentition, or from summer heat, often breaks out on the child's face, neck, and even over the whole body. The skin looks and feels rough: sometimes the pimples look like flea-bites. This eruption appears particularly when the child is kept too warm. The eruption from indigestion after eating strawberries is apt to be in the form of "hives," in which the skin rises in blotches, is intensely itchy, and has a whitish appearance on the top. These eruptions disappear quickly without any medicine; but if they remain, and are troublesome, the following remedies will be found useful:—

Aconite. For eruption from heat, causing restlessness.

Mercurius. If from teething.

Nux vom. If from indigestion.

The usual ablutions of the child should not be stopped for these eruptions.

If the child seems itchy, compelling it to scratch, wheat-flour may be sprinkled over the parts affected.

CHAFING, EXCORIATIONS OR RAWNESS OF THE SKIN.

The excoriations which often occur between the limbs, nates (buttocks), or under the armpits, are always caused by the negligence of the mother; for should she wash her child in those parts often, and between the limbs every time after the child wets its napkin, or has a passage after diarrhœa, and then sprinkle rice-powder on the parts, the child need never suffer from that inconvenience.

But, when they have occurred, the parts should be lubricated with olive oil. If this does not stop the chafing, *pow-*

dered peruvian-bark should be spread on it after the parts have been washed.

Rhus given internally will assist in the cure.

ERYSIPELAS OF NEW-BORN INFANTS.

During the earliest days of the infant's life, erysipelas often occurs. It may proceed from a circumscribed spot around the umbilicus, from the sexual parts, from the extremities, or the thorax. It spreads very rapidly, and may cover the whole body.

This is a formidable disease, and should be treated by an intelligent physician.

Causes. Washing the child with irritating substances, such as bad soap, alcohol, liquors; uncleanliness; injuries; rude handling; and the use by the mother of spirits and bad diet; changes in the milk, brought on by anger and passion; cold and miasmatic influences.

The symptoms are restlessness, peevishness, fever, vomiting, colicky pains, diarrhœa or constipation. The skin is of reddish-yellow; the urine scanty, and leaves yellow stains.

Aconite should be given immediately. If the disease shows no abatement in twenty-four hours, alternate it with *Belladonna*; and if, in twenty-four hours more, the disease still progresses, give *Rhus* in place of *Belladonna*.

Apis and *Lachesis* are also very good remedies here.

JAUNDICE.

This is another disease that may supervene almost immediately after birth. The yellowness of the skin will give sufficient evidence. If the child does not appear sick, and its stools are natural, no treatment is necessary; but if the child has diarrhœa, or its stools are of a *clayish-white* color, the urine *dark* and *yellow*. *Mercurius* should be given two or three times a day.

BLUE DISEASE (CYANOSIS CARDIACA).

Sometimes, shortly after birth, the child's face, sexual organs, tips of the fingers and nails become of a livid blue color. The

child may become cold, the pulsations of its heart irregular and noisy. The child may faint, or have suffocating paroxysms. These paroxysms may last an hour or two, and terminate in long inspirations and regular breathing.

The disease is owing to some malformation of the heart that renders the circulation imperfect.

TREATMENT.

The only course to adopt is to keep the circulation going; hence friction, immersion in warm water during the paroxysms, should be resorted to. A bath containing *camphor* or a little *alcohol* or *brandy* may be useful. The bowels should be kept open, moved at least once a day, with an injection of warm water. Nursing should be light. Care should be taken not to overload the stomach.

A case like this should, of course, be treated by a skillful physician; hence I will offer no medical remedies.

MILK CRUST (CRUSTA LACTEA).

This is a disease peculiar to children at the breast. It occurs more often during the period of dentition than at any other times, and may last until the third year. Fleshy, robust children, with a delicate and white skin, are most liable to it.

The eruption is generally "characterized by little pustules disposed in *irregular groups*, developing themselves upon the face and scalp, and furnishing an abundant viscid fluid. *The pustules, at first white and very slightly elevated, are surrounded by a red, inflammatory areola.* The yellow or greenish fluid discharged from them is transformed, in drying, into thin and yellow scabs, which, by their successive accumulation, spread sometimes to such a degree as to form a veritable mask."—*Teste.*

This is not a dangerous disease, but excessively annoying to parent and child. The itching caused by this eruption is intense, sometimes keeping the little one constantly at work with its hands.

It is not contagious; and by some people it is regarded as a "salutary depuration."

TREATMENT.

Iacea, *Viola tricolor*, vulgarly called "*the Pansy*," has been in

use from time immemorial for this disease, generally with great benefit. It has been given in doses sufficiently large to affect the urine; but there is no necessity of that. The homeopathic tincture of *Viola tricolor* is in most cases sufficient. *Six drops of the mother tincture in twelve teaspoonfuls of water, one teaspoonful every four hours,* should be given.

Should the eruption not yield in a week or two to *Viola, Sulphur 30th*, three doses every day, should be tried for two weeks longer.

Sepia, Rhus and *Hepar sulphuris*, high dilutions, are also recommended.

Externally, no other application than sweet oil, to facilitate the loosening and fall of the scabs, should be made without consulting with a physician.

DAMPNESS.

During the period of dentition, a child may be affected by a "dampness" behind the ears, which spreads down the neck, and towards the eyes. This moisture adheres to the hair, and in drying assumes the appearance of milk crust. It first appears like sweat behind the ears, but gradually becomes thickened and consistent. The falling of the scurf leaves the skin red and inflamed, from which the moisture continues to exude.

TREATMENT.

The parts should be washed often with warm milk and water. When the scurf is formed, it should be oiled with sweet olive-oil or glycerine, to assist in detaching it, and in keeping the air from the inflamed surfaces.

A little raw cotton may be placed on the parts to absorb the moisture. *Calcarea* or *Sulphur (30th)* may be given internally

MUMPS.

This is an inflammation and enlargement of the salivary glands under and in front of the ear. These glands often attain a very large size. They commence on one side generally, and as one subsides the other side becomes affected. This disease generally affects a person only once, and it is easily communicated from one to another. Adults who never had it

during childhood are liable to its invasion. It is not a disease attended with danger, although there are instances in which, in boys, the disease has been transmitted to the testicles. Mumps come in as an epidemic, and are eminently contagious. One case will spread to a whole neighborhood, a whole school, or a whole family.

Symptoms. For a few days the patient feels feverish, languid, sleeps uneasily and loses appetite. The stiffness of the neck follows. In two or three days the region in front or below the ear begins to swell. The parts become hard and the swelling well defined; it is not very painful except on hard pressure; the color hardly changes, though it may be slightly red. The movements of the head are stiff and painful, and the lower jaw can scarcely move. The swelling may commence on both sides, or go from one to the other. As the swelling appears generally the fever disappears. Enlargement of these glands may follow a fever, particularly the typhoid, but then they assume a more inflammatory character.

TREATMENT.

Mercurius protiodide (3d trituration). *One grain every three or four hours* is generally sufficient to meet the case.

Should a sudden disappearance of the mumps be followed by excitement of the brain, or convulsions, *Belladonna* should be immediately administered.

Should the disease strike the testicles, *Mercurius solubilis* (3d trituration) should be administered *every two hours*.

Aconite may be alternated with either of the above remedies, if the pulse is full and rapid.

REGIMEN AND DIET.

The neck should be covered with thin flannel. The patient should *not be exposed to cold or dampness*. Diet light.

NERVOUS DISORDERS.

CONVULSIONS AND SPASMS.

There is no disease more calculated to frighten a mother or a nurse than convulsions or spasms; and yet there is hardly a disease less threatening to the life of the child, while requiring more coolness and self-control on the part of the attendants, than that. Although convulsions indicate a great irritability of the nervous system they never prognosticate a dangerous condition of the child, except when they supervene after a long sickness from teething, summer complaint, dropsy of the brain, or *after a fall*.

Some children have such an impressible nervous system that a slight indigestion, the cutting of a tooth, the crawling of worms, will induce spasms and convulsions. I know a child who is taken with convulsions whenever it has fever; and yet it is a splendid specimen of growth, health and intelligence. I have attended one in whom a convulsion was always a precursor of fever and ague. Some go into convulsions from ear-ache; others from anger or excessive crying. These convulsions, instead of injuring the child, seem, on the contrary, to benefit it; the insensibility during or following a convulsion seems to quiet the nervous system, to the child's great relief.

These things should be fully understood by the mother and the attendants; for more harm than good is often done by attempting to break up a convulsion, which is not possible to do, and for which there is no necessity.

Whenever your child goes into a convulsion be calm; order warm water in its little tub; undress it gently—*not on your knees*, but on a flat surface, on a bed, particularly; do not tear everything to pieces, and throw its limbs or head about in the attempt to divest it of its clothes. *There is not the slightest necessity to hurry*. If, when the warm water is at hand, the child is undressed, and still laboring under spasms or a convulsion, dip it in the warm water for two or three minutes;

hold its head, so that it will not jerk about; take the child out, wrap it in a blanket and let it alone. But if, just as the preparations for the bath are accomplished, the child seems out of the convulsion, or spasms, *let it lie quietly*; do not disturb it, it will sleep and wake up a great deal better.

The convulsions from the causes above mentioned hardly ever require specific medication. If worms are suspected worm medicines might be given; if from teething, see treatment of teething. In fact, these convulsions are only a symptom, not a disease.

Another class of convulsions which need not excite the mother's anxiety is that which often precedes eruptive fevers, such as measles, scarlatina, smallpox: for, as soon as the eruption appears the convulsions disappear. It is even observed that convulsions, in the beginning of an eruptive fever, prognosticate a moderate course of the disease.

If convulsions appear, however, upon a sudden disappearance of the eruption, or when the course of the eruptum ought to have reached its end, it will be taken as a bad symptom; it indicates the transmission of the disease to the head.

Convulsions from a fall (see "Falls") are dangerous, inasmuch as they indicate that the fall has probably caused concussion, or an effusion of blood on some parts of the brain.

Convulsions from the presence of indigestible articles of food in the stomach are dangerous, because, if those substances are not quickly ejected, the convulsions will return, remain longer, and induce a cerebral congestion dangerous to the child's life.

In *convulsions from teething*, if the head is very hot, give it a foot-bath containing mustard or ashes, and pour a continuous stream of cold water over its head until that has sensibly cooled off.

If the child does not recover soon from the convulsion, and particularly if it has been constipated or flatulent of late, give a copious injection of lukewarm water, containing one tablespoonful of sweet-oil or soap-suds.

The child should only be rubbed dry, with no alcohol or any stimulating substance.

TREATMENT.

If convulsions or spasms are brought on by a fall, *Arnica* internally should be given; the head should also be bathed

with *arnicated water*, in the proportion of one of *Arnica tincture* to ten of water.

Nux vom. should be given if indigestion, constipation, or flatulence, have induced convulsions.

Belladonna and *Calcarea*, if from teething. (See "Teething.")

Ignatia, if from fright, excitement, or crying.

Cina, *Stannum*, or *Santonine*, if from worms.

If caused by a sudden disappearance of any eruption, take a sheet, dip it in very warm water (that would not scald), wrap it around the child from the feet up to the chin; around that wrap one or two blankets; leave the child in the pack for an hour or two, in fact until the child perspires freely, and the eruption has re-appeared all over its body. If it is from suppression or retrocession of scarlet-rash, give *Belladonna*; if of measles, *Pulsatilla* and *Bryonia*; if of smallpox, *Mercurius* and *Saracenia*.

If caused by an overloaded stomach, or by eating indigestible food, cause the child to vomit by a copious draught of warm water containing a small pinch of mustard. As this may be difficult in a young child, give one dessertspoonful of *Castor-oil* which will make the undigested food pass through the bowels, and thus relieve the child. Should the child have eaten fruit and swallowed the seeds, *Castor-oil* would be the best treatment.

If, after the convulsions, the child lies in a stupor over two or three hours, give *Opium* alternately with *Helleborus*.

If the child does not speedily recover under this treatment, send for a skillful physician.

URINARY DISORDERS.

The mother should be especially careful in noticing that the functions of the bladder of her infant are performed regularly and without any difficulty; for an infant has no means to convey an expression of its distress like a grown person: and a serious inflammation of the bladder may be induced before the mother becomes aware of it, by the inability of the child to void its urine.

RETENTION OF URINE.

Shortly after birth, the infant should discharge the contents of the bladder, else the bladder would become distended, and liable to a very troublesome if not a fatal inflammation. A long retention of urine will induce fever, restlessness, pain: the child will twist its little body and legs, and even have convulsions.

TREATMENT.

If the child should go over twelve hours without passing water, a cloth wet in warm water should be applied to its genital organs; if that does not succeed within two hours, give it an injection, by the rectum, of a gill of warm water and milk. Should this not succeed, immerse the child in a warm bath containing wheat-bran; during the bath, make rotatory frictions over the bladder. This treatment is, generally, sufficient in retention of urine from any cause, except calculous deposits, and in children of all ages.

Should internal treatment be required, an infusion of common *Parsley*, one teaspoonful or two, according to the age of the child, repeated every hour, is a very good remedy, and generally adopted in Europe.

A watermelon-seed infusion is very much used in the United States, and is very efficient and harmless. It may be found at any apothecary's. For spasmodic retention of urine, to which a child may be subject, *Pulsatilla* or *Belladonna* will be found useful.

Cantharis will be appropriate if the child passes urine by drops, with great difficulty and pain. If the child has any difficulty in urinating, do not give any alcoholic stimulants on the apprehension that it suffers from pain in the bowels; for they will greatly increase the difficulty.

INCONTINENCE OF URINE (WETTING THE BED).

This, besides being unpleasant to the child, is very inconvenient to the mother. It is a weakness of the neck of the bladder, to which many children are subject. This is, principally, a nocturnal difficulty; although, when there exists an organic weakness, it may occur during the day.

In many cases, it is due to certain constituents of the urine, such as an excess of lithic acid, which is irritating. It may be induced by the presence of worms in the rectum, particularly the pin-worm; again, to a natural weakness of the neck of the bladder.

If this infirmity is not controlled, it eventually becomes a habit very difficult to eradicate.

TREATMENT.

Precautionary measures should be adopted: e. g., limit the quantity of drink, particularly before going to bed or during the night. Arouse the child at stated hours to void its urine, during the night, so as to prevent a great accumulation in the bladder. Cold sponging at the back on retiring is considered useful. *Do not allow the child to lie on its back.*

Nux vom. is very efficient if the incontinence appears to be due to weakness of the bladder and to indigestion. If *Nux* does not succeed, *Belladonna* should be tried.

If induced by worms, *Cina*, *Stannum* or *Spigelia*.

Silicea and *Sepia* may be tried in inveterate and stubborn cases.

GRAVEL OR CALCULI IN INFANTS.

Even soon after birth, a child may be subject to gravel.

The *symptoms* are painful discharge of a few drops of blood-colored urine with slimy, purulent sediment. Only a physician of skill should be allowed to treat the case.

FEVERS IN CHILDREN.

A very slight disorder may induce fever in an infant. As soon as fever is detected, ask yourself the following questions:

Is it from *indigestion*? Has the child *eaten* any unusual food,—a piece of a bad potato, cake, etc.?

Was the milk pure? (See “Gastric Derangements.”)

Is it from *teething*? Look at its *gums*, if they are red and swollen. (See “Teething.”)

Is the *scarlet fever* about? Is its face uncommonly red, hot, or swollen? Are there signs of *sore throat*, of difficult deglutition? Is there *inclination to vomit*? (See “Scarlet Fever.”)

Are the *measles* about? Is the fever accompanied by *running water at the nose or eyes*? Do the eyes look congested? Is there cough, and inclination to vomit? (See “Measles.”)

Is it from a *cold on the chest*? Is the breathing very short? and does breathing cause wheezing in the chest? Is there a *dry or loose cough*, with rattling? Does the child cry after every fit of coughing? (See “Pneumonia and Bronchitis.”)

Is it *from worms*? Does the child startle from its sleep, *grind its teeth, rub its nose*? Is its abdomen hard and swollen? (See “Worms.”)

Is it an *intermittent fever, fever and ague*? Does the child look blue and cold? Is its skin rough, like gooseflesh, before the fever? and is it followed by a sweat? Is there an interval of perfect *intermission*? and does the fever recur periodically? (See “Intermittent Fever.”)

Is it a *remittent fever*? Does the fever *fall and rise* at regular periods, *without absolutely leaving* at any time? (See “Infantile Remittent Fever.”)

ERUPTIVE FEVERS.

Eruptive fevers are common to all ages, but as the greatest number of them are more common among children, their description and treatment have been classified in this book with the diseases of children. The treatment does not vary, whether

they are in the old or the young, as it is purely symptomatic. They scarcely vary in the symptoms, except that young children are liable to *convulsions* while older persons are *not*.

SCARLET FEVER AND MEASLES.

These are two distinct and different diseases, yet I treat them in the same paragraph, to make the difference more clear to a non-medical attendant; for it often occurs that there is doubt in the mind of the mother or nurse, particularly during the stage of incubation, as to the real nature of the eruption.

GENERAL SYMPTOMS AND COURSE.

SCARLET FEVER	MEASLES
Occurs sporadically and epidemically.	Occur sporadically and epidemically.
Contagious and infectious.	Contagious and infectious.
Fever runs very high.	Fever runs very high.
Face sometimes red and swollen.	Face sometimes red and swollen.
Eyes red and congested.	Eyes run water, and are slightly red.
	Nose runs water; the child sneezes, and has all the symptoms of cold in the head.
Tongue looks like a <i>strawberry</i> .	Tongue only coated white or yellow.
Throat sore and red: there is pain and difficulty in swallowing.	Throat generally free.
	Hoarse cough.
<i>Tends to the throat.</i>	<i>Tends to the chest.</i>
<i>Nausea</i> and <i>vomiting</i> are often present before the appearance of the eruption.	<i>Nausea</i> and <i>vomiting</i> are often present before the appearance of the eruption.
<i>Convulsions</i> sometimes occur in young children before the eruption.	<i>Convulsions</i> sometimes occur in young children before the eruption.
The eruption appears from the <i>second</i> to the <i>third</i> day.	The eruption appears from the <i>fourth</i> to the <i>fifth</i> day.
The eruption appears on the neck first, then on the face and on the chest, and spreads all over.	The eruption appears on the <i>face</i> first, then on the nose, ears, eye lids, and spreads down the neck, body, and lastly, over the limbs.
The eruption is an <i>efflorescence</i> , a blush, as it were, <i>even</i> all over. The skin is as red as a <i>boiled lobster</i> . The eyes and throat are red.	The eruption comes in <i>clusters</i> , is not of a vivid red. <i>The patches</i> are <i>semi-lunar</i> in shape, and mark the face particularly.
While the eruption is on, the inflammation of the <i>eyes</i> and <i>throat</i> increases.	While the eruption is on, the symptoms of <i>pneumonia</i> increase.

The eruptive stage lasts about *twelve hours*.

The stage of efflorescence lasts four days, when the redness gradually disappears, the fever abates, the violence of the sore throat yields, and the child appears freer and better.

The stage of desquamation (or scaling off of the dead skin) commences on the *sixth day* after the appearance of the eruption. On the back and around the joints, the eruption continues the longest; the skin becomes moist, but the fever still continues. Later, the neck, face and chest begin to itch; the fever and the throat-difficulty leave; the tongue becomes moist and clean, and loses the strawberry appearance. The urine becomes copious, turbid, and gives a *reddish-white* sediment. The bowels move freely, and give great relief.

Sequela.—Diseases of the brain, spinal marrow, dropsy, deafness, abscesses under the skin, rheumatisms, suppuration of articular cavities, furuncles, chronic catarrh, gangrene of the throat.

The eruptive stage lasts *two or three days*.

The stage of efflorescence lasts three or four days, when the fever disappears, the patches assume a pale yellow color, the catarrh abates, and the hoarseness ceases.

The desquamation commences on the sixth or seventh day, and even later, with itching of the skin.

The skin detaches, and falls like bran. The fever disappears entirely, the skin becomes moist, and a copious sweat ensues.

A slight *bleeding at the nose* often occurs. The eyelids become agglutinated during sleep, the nose, discharges a purulent mucus, and the cough is very loose. The urine is copious, and give a *white* powdery sediment. The bowels become very active. The appetite and strength return, and the child feels well.

Sequela.—Chronic catarrh, whooping cough, phthisis, pneumonia, croup, earache, deafness, dry, irritating cough, with hoarseness, inflammation and suppuration of the eyelids, chronic eruptions, etc.

The above parallels show the distinctive symptoms of the two diseases, but do not contain all the symptoms and varieties of each disease; hence each will be described as follows:

I. SIMPLE SCARLATINA,

In which all the symptoms of scarlet fever are moderate; when the eruption appears the fever abates; the throat is slightly, if at all, affected; the nausea, oppression of breathing and of the stomach, are relieved after the appearance of the eruption; on the fifth or sixth day the child enters into a happy convalescence.

II. SCARLATINA ANGINOSA

Is ushered in with shiverings, followed by intense heat and dryness of the skin, frequent and hard pulse, nausea, vomiting, headache, *violent sore throat, painful deglutition*, intense thirst, pain and tenderness about the stomach and abdomen, pain and stiffness of the neck, tongue coated with a yellowish or whitish fur, out of which come the enlarged papillæ, that make it look like the surface of a strawberry; the throat, palate, tonsils are

red, swollen and ulcerated; eyes red and injected; voice thick and hoarse. All these symptoms increase in intensity until the seventh and eighth day, when desquamation commences, and all the symptoms abate.

III. SCARLATINA MALIGNA.

All the above symptoms exist in greater intensity, with a tendency to dissolution. The fever assumes a typhoid character, in which the pulse is very frequent and very weak; the eruption is only partial and of a pale color; the throat is full of foul, ash-colored ulcers; an acrid discharge issues from the nose; the tongue, at first red, now becomes dry and black; the skin finally becomes dark; the abdomen is covered by a fine eruption, like flea-bites; diarrhœa and hæmorrhage follow. The expression of the face is stupid. The physical exhaustion is excessive. The brain, lungs, or abdominal viscera become seriously affected, and finally death ensues.

This last form of scarlet fever is fatal almost from the beginning.

I. SIMPLE MEASLES.

Measles have also their varieties, although they do not occur so often as in scarlatina. The simple form of the disease is ushered in with chilliness, followed by fever, with all the accompanying *catarrhal symptoms*. A sense of languor overtakes the patient, who complains of frontal headache, loss of appetite, nausea, vomiting. The fever goes on in a regular form, without any very distressing or alarming symptoms.

II. COMPLICATED MEASLES

May be known by the intense fever, great catarrhal irritation, *cough*, shortness of breath, *pneumonia*. The tongue is thick and yellow; great retching and vomiting; bilious diarrhœa jaundiced color of the eyes and skin: urine red or brown.

III. MALIGNANT MEASLES

Has all the above symptoms intensified. The *eruption appears and disappears*; it *develops irregularly*, by fits and starts; in some parts it is of a pale livid color; in others, bright red. The physical prostration is excessive. The head is dull; stupor or sleeplessness follows; the skin is alternately hot and cold; the tongue becomes dry and brown; a muttering delirium follows; the pulse becomes small and weak, sometimes fluttering; the breathing very much labored, the cough harassing and con-

vulsive. If this terrible form of the disease is not soon checked watery diarrhœa, clammy sweat, hemorrhage, aphthæ, ulcers and all the forms of a putrid disease follow, which must end in death.

PROGNOSIS OF

SCARLET FEVER.

There is no more insidious and deceiving disease than scarlet fever.

While mild and light in the beginning, in a few hours it may assume its most terrible form. On the other hand, while threatening in the beginning, it may run a mild course. The greatest danger is from the first to the sixth day of the eruption.

Weakly children, and children at the breast, are in great danger.

Robust children are most exposed to cerebral complications.

A livid color of the eruption, its evanescent character, accompanied by delirium, are dangerous symptoms.

When the angina, or inflammation of the throat, is proportionate to the eruption, it is more favorable than when it is disproportionately slight and disappears too rapidly.

Inflammation and ulceration of the glands of the neck, foul breath, watery diarrhœa, stupor, vertigo, deafness, convulsions, grating of the teeth, retention of urine, hemorrhages, sudden prostration of strength, frequent and small pulse, are dangerous symptoms.

Violent, urging disposition to urinate, and discharge of watery urine, while the eruption is fully out, indicate a dangerous attack on the brain and spinal marrow.

Sudden change of color in the face, especially paleness and coldness, indicate impending death.

Favorable signs are: absence of internal inflammation; florid eruption of a scarlet red; regular course of the eruption; general desquamation; abatement of the pulse after the eruption is out.

MEASLES.

This disease is generally mild in its character, although there are epidemics when it is very virulent and fatal.

The *sequela*, or after-effects of the disease, are more dangerous than the disease itself.

The measles process may be intense, yet run a uniform and uncomplicated course.

The greatest danger is during desquamation.

Weak and scrofulous children are more exposed to its after-effects, such as chronic catarrh, sore eyes, earache, coughs, etc.

If the disease breaks out while the patient is affected by whooping cough, influenza, teething, the danger is greater.

Irregular development of the disease, livid appearance of the eruption, sudden disappearance of it, with increase of cough and labored breathing, are dangerous signs.

Great prostration, watery diarrhœa, dulness, inflammation of the lungs, great restlessness, vomiting upon the disappearance of the eruption, are dangerous symptoms.

Small, running pulse; harassing, convulsive cough; labored breathing; hot and cold surface; clammy sweat; hemorrhage—indicate imminent danger.

Favorable signs are: regular course of eruption; the eruption is out in full, and well developed.

The fever abates on the appearance of the eruption; the cough is slight, or absent; the breathing is only slightly accelerated. The congestion of the eyes and discharges of the nose subside on the beginning of desquamation.

In adults, this disease assumes a graver form than in children, predisposing the victims to pneumonia, phthisis pulmonalis, consumption, etc.

DIET AND REGIMEN.

Great precaution is requisite alike in both these diseases, for the danger lies in the repercussion and sudden suppression of the eruptions. All draughts, currents of air, dampness, must be carefully excluded from the room. While, in scarlet fever, the room may be kept moderately *cool*, in measles, it should be kept moderately *warm*. And so with beverages: in scarlet fever, they should be *cold*; in measles, the chill should be *off*. Again: in scarlet fever, it is very grateful and safe to the patient to *sponge the body* with cold vinegar and water; it would be fraught with *danger* to do the same with measles. Ventilation of the room is necessary in both cases, but should be done only through another room or a hall, and not by means of an open window in the same room, except during a hot spell of weather in summer, and then with caution.

The *beverages* may consist of water, sweetened or not with a little sugar or syrup; toast-water; mucilaginous drinks, such as slippery-elm, gum-arabic water; marshmallow-water, etc.

The *nourishment* should consist of barley, oat-meal, rice, bread-crumbs, farina, gruels, milk and water, bread and butter, stewed fruit, except in cases where great prostration indicates the need of broths and beef tea.

The greatest care should be taken not to infringe on these rules during the stage of *desquamation*; for in both diseases this is the *most critical period*, when the system is very sensitive to dampness and cold, and when the foundations of a serious disease are apt to take root. *No solid food* should be given until this period is fairly passed, the fever gone, and all irritations subdued; and the re-assumption of solid food should be *gradual*, and spare in quantity.

Caution should be taken that *change of linen* and clothing should be done with doors and windows *closed*, and that the fresh articles of clothing should have been exposed to a perfect drying process before the fire, immediately before putting them on. *Do not trust linen that has been a long time washed and dry in a closet or drawers*; for in that time it must have absorbed from the atmosphere a moisture which may be perilous in the extreme.

If the eyes are inflamed or sore, the room should be kept dark.

It is only after the eruption has entirely disappeared, and

while the skin falls rapidly off, that the child may have a tepid bath.

Should the brain give evidence of being invaded, the utmost quietude should be enforced.

PREVENTIVE TREATMENT OF SCARLET FEVER AND MEASLES.

Whenever persons have been exposed to the infection, or are so near as to be in danger, *Belladonna* should be administered. *A few pellets twice a day* will be sufficient; or *one drop of the tincture* may be diluted in a tumbler half-full of water, and *one teaspoonful given once or twice a day*.

Pulsatilla is said to be a prophylactic against *measles*. Although this is not so well proved as *Belladonna* in scarlet fever, still, as it can do no harm, it should be given. Dose the same as *Belladonna*.

TREATMENT OF SCARLET FEVER.

Aconite and *Belladonna* cover all the symptoms of scarlet fever during its inflammatory stage.

These two remedies should be given every hour or two, alternately, until the fever, and inflammation of the throat and eyes, abate.

Hyoscyamus. A few globules may be given at night for *restlessness* or *wakefulness*.

Ipecacuanha. If gastric symptoms are prominent, such as *nausea*, *vomiting*, fetid breath, loss of appetite, pain and uneasiness about the stomach, *diarrhœa with nausea*.

Mercurius. For *ulcerations* of the mouth; *profuse salivation*; *ulcers* on the tonsils, covered with ash-colored sloughs; *deglutition* very difficult.

Muriatic acid. In malignant sore throat, when there is tendency to *sloughings of the throat* with great *depression* of the vital forces, *tremors*, confused intellect, cold extremities, *clammy sweat*, *watery diarrhœa*.

Arsenicum. When *prostration is extreme*, with pain in the stomach and abdomen, *great thirst*, tongue and lips brown and dry, pulse extremely weak and thready, pinched countenance, *watery diarrhœa*, coldness of the extremities, clammy sweat.

Cuprum acetikum. For *sudden disappearance* of the eruption.

Scarlet fever should be treated by a skillful Homœopathic physician.

The remedies should be repeated rather often, until they have produced the desired effect; and, although I have confidence in high dilutions, in extremely dangerous cases I have always used the low from the 3d to the 6th.

SEQUELE OF SCARLATINA.

Earache and ulceration in the ear.

Belladonna should be given first. If no relief follow in twelve hours, give *Pulsatilla*. If these remedies fail, pour a drop or two of oil of *Sweet Almonds in the ear*. The heart of a boiled onion, warm, applied within the ear, is an old remedy and a good sedative. It often relieves pain when every thing else fails.

Hepar sulphur. To be given internally if there is tendency to suppuration or ulceration, and apply an emollient warm poultice externally.

Silicea or *Sulphur* (30th). For scrofulous children, who have chronic running at the ears.

Swelling of glands around the neck.

Mercurius. Also for ulceration and enlargement of tonsils.

Dropsy of the body.

Apis, and, if not relieved in two or three days, *Helleborus*.

Water on the brain.

Helleborus and *Bryonia*, alternately every hour.

For convulsions, see paragraph on "Convulsions of Infants."

Rheumatism, viz: pain in the wrists, ankles or joints of any parts.

Bryonia first, then *Rhus*, then *Colchicum*.

For disinfection of clothing and rooms see "Disinfectants."

TREATMENT OF MEASLES.

Aconite and *Pulsatilla* are the principal remedies in this disease; *Aconite* during the inflammatory stage, *Pulsatilla* in almost all stages.

Belladonna should be given if there are prominent head symptoms—*violent headache, congestion of the eyes, sore throat, twitchings, convulsions*.

Bryonia. *Short, dry cough*; spasmodic cough; difficult, short, anxious respiration; *stitches in the chest*; rheumatic pains in

the limbs. *Bryonia* will alleviate the inflammatory symptoms, and bring out the eruption.

Coffea or *Hyoscyamus* may be given for restlessness at night.

For pneumonic and bronchial symptoms, see "Pneumonia" and "Bronchitis."

In the typhoid state of *malignant measles* the treatment is the same as in the "Malignant Scarlet Fever," which see.

For the treatment of the sequelæ of measles, as *chronic catarrh*, *whooping cough*, etc., see those diseases under their respective heads.

Dr. Franz Hartmann, treating of the sequelæ of measles, says: "The treatment of the sequelæ depends upon their locality, form and character. Some of them occur so regularly that I feel disposed to devote a few lines to them. One of the most common consequences of measles is a *catarrh*, which has scarcely any of the measles character left. The cough which characterizes this *catarrh* is particularly troublesome; it is excited by every change in the weather and is accompanied by a renewed roughness in the throat and hoarseness. If it is a common cough, not distinguished by any characteristic symptoms, I have found one or two doses of *Silicea* (30th) sufficient to arrest it. If it is a spasmodic cough, of the nature of whooping cough, and the roughness and hoarseness were present, *Drosera*, *Ipecac*, *Cina*, *Hyoscyamus*, *Cuprum met.*, are the best remedies. For a rough and dry cough, *Arnica*, *Chamomilla*, *Ignatia*, *Nux vom.*, do the most good."

For the disinfection of clothing and rooms, see "Disinfectants."

SMALLPOX. VARIOLOID. CHICKEN POX.

The fears that overtake people at the appearance of these eruptions require that the characteristics of each should be brought before the reader in such a distinct manner as would leave no doubt in the mind of the mother or the attendants regarding the exact nature of the eruption.

SMALLPOX.

Symptoms. From two to fourteen days before the eruption appears, is often noticed a general *malaise* of the patient—crossness, depression of spirits, frequent chills, restlessness, sleep-

lessness, want of appetite, vertigo. This stage is followed by the actual *invasion*, recognized by the following symptoms: chilliness, alternating with heat; thirst; want of appetite; colicky pains; diarrhœa; headache, etc. Fever ushers in, accompanied by gastric derangements; the tongue is coated; the mouth tastes bad; and nausea, vomiting, frontal headache, may be present; the urine becomes dark; and constipation follows. Stiffness and *violent pains attack the back and lumbar region*. All these symptoms increase in violence in the evening; and *the back feels as if it would break*. Somnolence overpowers the patient. Children start and cry during sleep; grate their teeth, and have convulsive movements. Convulsions often precede the eruption. Often these symptoms become very violent, and are attended by hiccough, which seems to immediately precede the eruption. running at the nose, sneezing, hoarseness, cough, stitching in the chest, shortness of breath, difficult urination. This stage is often marked by great sinking of strength, paleness and fainting. The skin now emanates a smell of *musty bread*.

This stage lasts from two to three days.

The symptoms now grow in intensity every succeeding evening until the third, when the eruption shows itself.

Appearance of the eruption. It is an elevation of the skin, as if lifted at different points with the head of a pin. These elevations look like blind pimples. They are hard, inflamed pimples, which appear first on the face, then on the neck, chest, back, and upper extremities.

Course of the eruption. Each pimple, on the second day of its appearance, becomes flat, and somewhat transparent from the fluid it contains. It grows from the size of a pin's head to the size of a small pea; and on the third day it acquires a *pit in the centre*, and a bright red circumference. On the *third* day, the fluid in the vesicle assumes a milky, white, yellowish appearance. On the *sixth* day, the pock is fully formed, and begins to suppurate. It increases in size, takes a globular shape, changes to a yellow color; first in the centre, afterwards at the circumference. The skin around becomes red and swollen, and causes burning pain. On the eleventh and twelfth days *desiccation* commences. The pus changes to a crust, which, from a yellow, becomes of a brownish color. As it dries, the inflammation around disappears. The crusts ad-

here to the skin for four or five days, when they drop, leaving reddish-brown spots, or cicatrices or pits.

The *concomitant symptoms* change with the development of the eruption. The swelling of the face increases, so that, sometimes, the eyes are closed. The skin burns; and the patient complains of the most intolerable itching. The glands of the neck and armpits swell. On the *ninth* day, the suppuration sets in with repeated chills, burning heat of the skin, unquenchable thirst, frequent full pulse, headache, restlessness, and delirium. Towards morning, the fever remits, and sweat breaks out with a strong odor; the urine becomes turbid, with a thick, slimy sediment.

In *confluent smallpox*, the above symptoms are greatly intensified. The face is *thickly studded* with the eruptive pox; the skin is very much inflamed and swollen, and the fever is intense; the inflammation spreads to the interior; the eruption invades even the throat, and the prostration is so great as to put life in imminent danger.

I shall not go into the various phases of this severe disease, for a skillful physician should be in attendance.

Complications. Laryngitis and bronchitis and pleurisy often accompany smallpox. *Any complication is to be regarded as dangerous in the extreme.*

Sequelæ. Disease of the eyes, leading to blindness, earache, deafness and ozæna, often follow the smallpox. Other affections may follow, particularly ulceration of the bowels, according to the constitution of the patient.

During the precursory stage of this disease, the symptoms may be mistaken for an incursion of scarlatina or measles; but with the former, the presence or absence of the *sore throat*, and the peculiar *strawberry-like tongue*, should be the distinguishing marks; while, in the latter, the peculiar *catarrh symptoms*, the *fluent coryza*, and *lachrymation*, should also distinguish it from smallpox; which, if it has them, they would only be in a very moderate degree.

VARIOLOID

Is only a modified form of smallpox. All the smallpox symptoms may be present, but in a mild form. It is more rapid in its course; it has a shorter precursory stage; and the eruption is *irregular and rapid*. The fever is milder, and does not give forth that unmistakable smell during the stage of maturation.

There is very little swelling of the face: the pustules are farther apart, and scarcely ever leave any scar, unless they are dug out by scratching. It runs pretty much the same course as smallpox, except that it is shorter, and not so violent.

Sequelæ. Varioloid seldom leaves subsequent diseases although abscesses, furuncles, rheumatism of the joints, may follow it.

CHICKEN POX (VARICELLA).

After one or two days of *malaise*, accompanied by fever, chills, gastric derangement, catarrhal symptoms, loss of appetite, nausea, or vomiting, the characteristic eruption appears. This eruption seems to have no predilection for localities: it may first appear on the chest, the hand, the body or limbs.

The *eruption*, which commences as minute pimples, soon spreads out into vesicles, which look like round blisters caused by the falling on the skin of drops of boiling water. In three or four days, they dry up without going to suppuration. While some dry, others come out, which is not the case with the smallpox.

We shall now consider the treatment of these diseases separately.

TREATMENT OF SMALLPOX AND VARIOLOID.

Sarracenia purpurea (known under the names of "hunter's-cap," "side-saddle-flower," "fly-trap," "pitcher-plant,") has received such testimonials at the hand of physicians in the treatment of smallpox, that none should hesitate an instant in giving it whenever the characteristic symptoms or eruption make their appearance.

The writer must add to those favorable testimonials his own experience. During the smallpox epidemic in Washington in 1862, he took the opportunity of giving a fair test to the remedy in question; and he must acknowledge, that, in every case, the relief was very perceptible. In the majority of cases, as soon as the patient was put under the influence of that remedy, the pustules seemed to cease in their virulent inflammation and development, dry up and fall, without leaving the dreaded marks. He has used it *empirically*; but his success was not less true. He used the tincture, as prepared by homœopathic pharmacists, in the following manner:—

To an infant under two years of age, he would give *one drop*.

of the tincture to a teaspoonful of water, every hour, from the discovery of the characteristic eruption.

To a child from two to ten, *two drops*; to a person older, *four drops*; as above said.

In twelve hours, he would notice a very apparent abatement of the disease. The febrile symptoms would diminish; the urine would pass abundantly; the pustules would lose their angry look. As soon as the abatement became perceptible, he lengthened the interval between the doses to two, three, and four hours, until the scabs were formed and dry, and commenced dropping off; when he stopped it entirely.

The purely homœopathic treatment is the following:

Aconite and *Belladonna* should be given, in alteration, every hour during the first stage, when the fever is high, the eyes red, the face swollen, the skin red.

Mercurius, in place of *Belladonna*, as soon as the eruption begins to suppurate, or invades the throat; also when *salivation* is one of the symptoms.

Stibium (*Tartar emetic*) is a remedy much extolled in smallpox. Dr. Liedbeck, of Stockholm, prescribes *one-half grain of the crude drug* to a tumblerful of water, *one tablespoonful of the solution every four hours*. This should be prescribed as soon as the eruption develops, or invades the throat, and continued until the abatement of the disease. Like *Mercurius* and *Belladonna*, it may be alternated with *Aconite* during the feverish exaerbatation.

There are other remedies that could be suggested according to the different complications; but the smallpox is a disease that does not warrant a non-professional to take entire charge of the case: hence it is better to suggest no further remedies.

The treatment of varioloid does not differ from that of smallpox.

Thuja is believed to be a prophylactic against smallpox or varioloid. A few pellets of *Thuja* should be taken morning and evening, by those who have been exposed to it. Vaccination should be sought, of course, during epidemics of smallpox.

DIET AND REGIMEN.

During the course of this disease, until desiccation is fairly established, the diet should be rather cool than warm; the patient should have only light broths, sago, arrow-root, and

ripe fruits. It is only when the patient becomes low, and falls into a typhoid state, that he requires rich broths and very nourishing food.

The chamber of the patient should be cool, and freely ventilated. The bed clothes and linen should be changed often. If pustules are on the scalp, the hair should be cut off. The surface of the body should be sponged several times a day with tepid water.

Cold cream, olive oil, or glycerine, and lime water, may be smeared with a camel's-hair pencil over the itching surfaces: this will afford relief.

Cooling drinks, lemon juice, tamarinds, raspberry syrup, diluted in water, may be taken in moderate quantities to quench the thirst.

Many are the means suggested to prevent "pitting" by external applications. These should *not be used without the advice of a physician* experienced in such treatment.

TREATMENT OF THE SEQUELÆ.

If the patient, after a course of smallpox or varioloid, is afflicted with *chronic ophthalmia*, the following remedies should be tried:

Hepar sulphur. Pressure in the eyes; redness, inflammation, and swelling of the lids; obscuration of sight while reading; twinkling before the eyes.

Mercurius. Itching in the eyes, inflammation, lachrymation, swelling, redness, *ulcerations*, dim-sightedness, *scurfs* around the lids, *suppuration* and *agglutination* of the lids.

Euphrasia. Eyes are bloodshot; the lids are *inflamed and ulcerate*; the *light is unbearable*. The eyes are very painful, particularly during *wet weather*. Stitches are felt in the ball of the eyes. Matter exudes *during the night*.

For *boils* in any part of the body, *Kali hydriodicum* for ten days, followed by *Sulphur* (30th).

For *convulsions*, see treatment of "Convulsions of Children."

For *caries of the bones*, *Silicea* (30th.)

For further treatment of these *sequelæ*, apply to your physician.

For disinfection of rooms and clothing see "Disinfectants."

TREATMENT OF CHICKEN POX.

Seldom does this disease require any medical treatment. If

the fever is high, however, *Aconite* may be given. If there is much excitement, the child is restless, his head is hot, *Belladonna* should be given.

Coffea, at night, will quiet the nervous system, and induce sleep.

Pulsatilla, six globules every night, is given as a prophylactic or preventive after exposure to the disease.

For disinfection of rooms and clothing, see "Disinfectants."

RUBEOLÆ. ROSEOLÆ.

During the epidemic prevalence of an eruptive disease, many mild and light eruptions, simulating the prevalent ones, are apt to occur. The treatment of these eruptions can be selected from the remedies for scarlet fever, measles, or varioloid, according to their resemblance to either of those diseases.

INTERMITTENT FEVER.

This fever often occurs in children of the most tender age, nay, babies have been born with the intermittent fever, from mothers who had the fever during pregnancy. Children residing in malarious districts, where the fever and ague prevails, are liable to it like grown persons.

SYMPTOMS.

The child may not shake like a grown person; but, if notice is taken, it will be found that, at a certain time of the day, the child becomes listless; it does not want to nurse; it is very restless, or else falls into a torpid sleep. *Its feet and hands become cold; its face pale and bluish.* In an hour or two, it becomes very feverish; hands, feet, and head become hot; the child sleeps as if in a stupor. In three or four hours, a moisture is noticed on its body; the fever abates, and gradually leaves it *entirely*. From the moment the fever has left it, it wants to nurse, becomes playful, and *appears well*. In twenty-four or forty-eight hours, however, the above symptoms *re-appear* and follow the same course.

TREATMENT.

During the intermission, give the child *half a grain of sweet Quinine every three hours*. As soon as the child misses the

fever, continue the *Quinine* for several days, giving only one powder one or two hours before the usual hour that the chill would set in. (Sweet Quinine is manufactured by Frederick Stearns, druggist, Detroit, Michigan.)

With this treatment, I have never failed to arrest the intermittent fever in an infant within three or four days.

Every remedy in the Homœopathic Materia Medica is good in some phases of intermittent fever; for this fever is accompanied by so many different symptoms, that no one remedy, or set of remedies, could cover them. And, as it would be absolutely impossible to discover those symptoms in an infant that cannot express them, I have adopted the *empirical* system in the case, and with success.

If any complications arise, however, and the fever is not arrested in five or six days, under the above treatment, a physician should be called to attend.

AFFECTIONS OF THE EAR.

Inflammation of the ear ("otitis") may be caused by exposure to damp or cold, and also by a sudden suppression of an eruption.

The symptoms are: violent burning, stitching pain deep in the ears; swelling and redness of the ear; fever.

Earache ("otalgia") resembles inflammation of the ear; but the fever, the redness and swelling are absent. This is more like neuralgia, and comes from a cold taken, or from sympathy, during the eruptions of the teeth. The excitement of the pulse is owing to the restlessness and the violent beating pain within the ear.

Running of the ears ("otorrhœa"). This is generally a *sequelæ* of inflammation of the ear. After a severe form of inflammation and acute pain, the ear begins to run thick yellow pus, causing great relief to the patient: this running often continues even after the inflammation has entirely subsided. Running of the ears is not rare after measles or scarlet fever.

The crying of children in earache is spasmodic and intermittent. (See "Indication of Cries.")

TREATMENT.

Aconite and *Belladonna*, alternately, every hour or two, when the ear is red, painful to touch and swollen. There is fever, intense pain, headache, shooting pains around the ear. The inflammation follows *scarlet fever*.

Pulsatilla often relieves quicker than *Belladonna* for the same symptoms. The pains are darting and tearing; the child screams with pain. The inflammation follows the *measles*.

Mercurius. The child is *worse in a warm bed*, complains of *chilliness*; a tooth is in process of eruption; the pain extends to the teeth. The inflammation follows *smallpox*, *varioid*, or *chicken pox*.

For *chronic running of the ears*:

Purulent matter: *Mercurius*, *Hepar sulph.*, *Calcarea*.

Bloody matter: *Mercurius*, *Lachesis*.

Mucous liquid : *Mercurius, Sulphur, Calcareae.*

Very offensive matter : *Mercurius, Hepar sulphur, Calcareae, Silicea.*

REGIMEN.

When the pain is violent, a warm poultice of hops will be very grateful to the ear.

The violent neuralgic pain I have often relieved by pouring a drop or two of the *oil of sweet almonds* within the ear. The *heart of a roasted onion*, reduced to the size that can enter the ear, has often given relief when everything else failed. *Oil and laudanum*, equal parts, will also relieve the acuteness of the pain; a little raw cotton, soaked in *two drops only*, should be introduced within the ear.

The warm poultice should be continued as long as the pain lasts; for, besides relieving acute neuralgia, it will hasten the formation of matter in inflammation, which will soon break forth and relieve the patient entirely.

DISEASES OF THE RESPIRATORY ORGANS.

BRONCHITIS AND PNEUMONIA (BRONCHO-PNEUMONIA).

To understand these diseases imagine the lungs to be a sponge; the narrow channels through it, bronchial-tubes; and the holes around and between those spongy, fibrous channels, air-cells. Those channels and holes are lined, as it were, by a mucous membrane; which, when it becomes irritated, exudes a quantity of fluid or mucus, filling up the holes and channels. As the channels are there to allow the atmospheric air to get to the air-cells, it is easily comprehended that the mucus will greatly interfere with and even totally prevent the entrance and exit of the air, so necessary to the purification of the blood in the lungs. When the air is totally prevented from entering, the patient is choked to death; and, in proportion as it prevents the air from entering, the danger to life increases or diminishes. The drawing-in of the air, which is done by the inherent power of expansion of the lungs, is called "*inspiration*;" the expulsion of the air, which is done by the inherent power of the lungs to contract, is called "*expiration*."

The necessity for the constant change of the air in the lungs is induced by the fact that pure atmospheric air is needed there to decarbonize or oxygenate the blood. The pure air gives up its oxygen, the very essence of life, to the blood, and receives in its place carbonic acid, the most destructive poison. In this manner the blood becomes arterialized or oxygenated; and the carbonic acid which is formed in this process of oxidation is thrown off by the expiration of the lungs. Thus the equilibrium is maintained. The moment this process is stopped, death must ensue from the poisonous effect of an overdose of carbonic acid retained in the blood. There are other chemical processes going on between the constituents of the air and those of the blood; but the one described is the most important to life.

The inflammation of the lining membrane of those channels or bronchial tubes, holes or air cells, is called "*bronchitis*."

Recurring to the sponge (in a figurative sense), it may be observed that there is a substance around those tubes and cells, which goes to form the mass of the sponge; so it is in the lungs. The tissue proper composing the mass of the lung is called "*parenchyma*." When this tissue takes up inflammation it induces a disease called "*pneumonia*."

An inflammation of any part of the tissue may be followed by a disorganization or suppuration of that part, which, if not arrested or circumscribed, may cause immediate death or remote consumption. When a part of the lung thus inflamed progresses towards suppuration or solidification, the air tubes and cells contained in it become stopped and useless in the process of the oxygenation of the blood; and the whole system must suffer in consequence of that loss.

Whenever both the parenchyma, and the air tubes and the cells are diseased at the same time it is called "*broncho-pneumonia*."

Having thus a crude outline of the locality of those diseases, and the complex nature of their anatomical relation, one can readily understand the danger following such inflammations in children of a tender age, and, in fact, in people of all ages.

BRONCHITIS, AND ITS DISTINCTIVE SYMPTOMS.

Bronchitis commences with the common catarrhal symptoms—a common cold; chilliness followed by fever; hoarseness; respiration difficult, quick and oppressed; severe, frequent and distressing cough, at first dry, then very loose. Mucus accumulates rapidly in the windpipe and the bronchial tubes, which causes a very audible *rattle* at every inspiration and expiration; the child draws up its shoulders and dilates its nostrils at every inspiration; expectoration sometimes temporarily relieves, and occasionally the mucus is expelled from the air passages by vomiting; the countenance is *pale* and *anxious*, and somewhat livid. These symptoms are interrupted and relieved by occasional *remissions*, during which the child generally appears drowsy. Probably the child sleeps from fatigue during these intermissions. However, if the disease is

not checked, the symptoms return in a most aggravated form; the difficulty of breathing becomes excessive; and the accumulation of mucus so great as to threaten it with immediate suffocation.

The child's appetite is impaired and he appears very thirsty. The tongue is coated white. Children at the breast nurse with great difficulty, on account of the want of breath; they seem to be eager to seize the nipple, but they soon drop it and commence crying, throwing back their head.

All the symptoms grow worse at night.

This disease may be mistaken for *croup*.

Putting the ear to the breast, a great *rattling is heard all over or only on the side affected*. It is even felt by the hand placed over the ribs, on the side or at the back. It is then called *capillary bronchitis*.

PNEUMONIA, AND ITS DISTINCTIVE SYMPTOMS.

Pneumonia is seldom a primitive affection of children; it more generally supervenes after an eruptive fever—*measles* particularly, or whooping cough. Its symptoms are almost the same as in bronchitis, with the exception that the cough is generally *dryer, shorter and more hurried*; it is also more *continuous* and painful. Every inspiration, talking or crying, makes the child cough. In bronchitis the cough is more paroxysmal. The pulse may not be very quick, but is very *full*. The face, instead of being pale and livid, as in bronchitis, is *red and flushed*, and the eyes *congested* and shiny. The skin is very *hot*. As the inflammation runs higher, however, the pulse may become very quick, hard and wiry. *The tongue is parched and of a dark red*. The child is restless. It awakes suddenly from sleep and seems frightened. The bowels are usually constipated; and children at the breast vomit. The child breathes with *open mouth*, which becomes *dry* in consequence.

In putting the ear to the breast during the first stage a *crepitous* sound is heard, not unlike the cracking of salt put in the fire, or horsehairs rubbed between the fingers. The mucous rattle, found in bronchitis, is *absent*; or, if heard, it will be in a very moderate degree.

As the inflammation gains ground, the substance of the lung

becomes altered in structure, and it is now said to have entered the second stage or stage of *hepatization*, viz: filling up of the air-cells, and solidifying of the part. Percussion, which is done by placing one hand flat on the chest and striking it with the points of the fingers of the other hand, yields a *dull* sound where the lung is thus affected, and a *hollow* sound where not.

If the disease be not checked at that stage, it runs to the third, or *suppurative stage* of the disorder. Percussion will yield a sound *more dull*. A *gurgling* sound may be heard over the part affected, showing that matter has formed, and that the air passes through it. The symptoms become alarming at this stage. The face becomes patched with red, and is sometimes livid; the pulse weak and irregular; the hands and feet become cold at times; cold sweat may cover the forehead; the strength sinks rapidly.

Children under three years of age expectorate seldom; and this mode of relief, so important in cases of adults, is unavailable, and the matter thus ordinarily cast forth is unnoticed.

TREATMENT OF BRONCHITIS, PNEUMONIA, AND BRONCHO-PNEUMONIA.

The two first-named diseases, so well marked and distinct in adults, are not always easily recognized when they occur in children; because very often, they are both present at the same time: indeed, we may say that they are seldom found separately in infants under two years of age, developing what is called "broncho-pneumonia." Fortunately, this diagnostic difficulty does not affect the treatment, for homœopathic physicians treat the symptoms as they are found, with great success, even if the true pathological condition remains undiscovered.

Aconite. *Fever*; dry, burning heat, with thirst; shivering from time to time; pulse hard and frequent; agitation and starting during sleep; short breathing; painful stitches in the chest.

Belladonna. *Constant desire to sleep*; starting from sleep as if frightened; the *head is hot*; strong pulsations of the arteries of the head; respiration short, anxious, and rapid.

Bryonia. *Dry cough*, painful cough, sighing respiration, crying after a paroxysm of dry cough. *Motion aggravates the cough.* Constipation, *hoarseness*.

Tartar emetic. Severe *paroxysms* of coughing, *rattling* in the

chest, *wheezing*, shortness of breath, *oppression at the chest*, great anxiety and agitation, *thirst*, the *bronchial tubes are full of mucus*, vomiting.

Chelidonium is even preferable to *Tartar emetic* when the child seems suffocating from the collection of mucus in the chest so that it can be felt by the hand at every inspiration.

Hyoscyamus. At night: *great restlessness; coughs more at night than during the day; sleeplessness*.

Phosphorus. Particularly in the advanced stages of the disease: *dry cough; dull sound on percussion; gurgling sound in auscultation, or listening examination*. This remedy, however, is useful in almost every stage of pneumonia. Increase of the short, dry, hacking cough, especially in the evening. The child cries when it has to cough: the paroxysms are painful.

Sulphur may be preferred to *Phosphorus* or *Tartar emetic* when the child gives signs of a *scrofulous constitution*, or comes from parents who are scrofulous.

Ipecac. *Loose cough*, but unattended with the severe symptoms of *Tartar emetic*.

Mercurius should be given when the tongue is *coated yellow*, the stools are a *light color*, the urine is *dark*, and the *skin sallow*.

These diseases are sufficiently formidable to require the attendance of a physician.

For their treatment, the author prefers the low dilutions, although accomplished high-dilutionists meet with great success.

As long as the fever is present, the *Aconite* should not be discontinued, but *alternated* with another remedy well indicated by the symptoms. The medicines should be given at the short intervals of an hour or two, until the acute symptoms have abated; when the intervals should be prolonged in proportion to the abatement.

When a remedy is well chosen, it should not be too readily given up for another, unless the symptoms have changed.

The child should be nursed or fed frequently, *but little at a time*. It should be kept in a room of *even temperature*.

A flannel immersed in hot alcohol may be put on the chest if it gives positive sign of *local pain*.

Care should be taken, in washing it, not to give additional cold. It should be washed with warm water.

**SIMPLE SORE THROAT. ULCERATED SORE THROAT.
ENLARGEMENT OF THE TONSILS.**

Children, like adults, are liable to a simple sore throat, as well as to ulcerated and enlarged tonsils.

The common sore throat is ushered in with a cold, sometimes with chilliness and fever; the back part of the throat, the palate and tonsils, becomes red and swollen.

These symptoms may pass off in twenty-four hours, or may go on to a higher degree of inflammation; when an abscess may be formed in the tonsils, causing great pain, difficulty of breathing and swallowing. The abscess bursts if not lanced, and the symptoms abate.

The *ulcerated* sore throat, or "quinsy," is more dangerous, and its symptoms more severe. High fever, painful deglutition, and difficulty of breathing; the tonsils are covered by small, whitish elevations, which break and assume an ulcerated appearance.

When scarlet fever is about as an epidemic, this sore throat occurs in a virulent form among children.

It commences with coldness of the surface, followed by intense fever; the breathing is oppressed; the voice has a choked sound, and the child is often nauseated; the eyes are congested; the cheeks are deep red; the nose is inflamed and discharges an acrid fluid that excoriates the upper lip; the pulse is rapid and weak; the child is very restless; the breath becomes offensive, and the lips and tongue show, also, ulcerations; the glands around the neck become enlarged; and the disease assumes a dangerous type.

On the other hand, all these symptoms may be present, but in a mild form.

If the disease is not properly treated, the tonsils remain enlarged after the acute attack is passed, and the trouble assumes the character of "chronic enlargement of the tonsils," which has induced many heroes of the old school to cut them off, without doing a particle of good to their patients.

TREATMENT.

In all these cases of sore throat, the first thing to be done is to place around the neck a bandage wet in *cold water*, well covered with a piece of flannel to prevent quick evaporation.

Every two hours, the bandage should be removed, dipped in cold water and re-applied. In the commencement of the attack, the feet should be immersed in warm water for five minutes, and then *well dried*.

If the child cannot or will not swallow, on account of the pain in deglutition, the remedies should be administered in pellets or powders and allowed to remain within the mouth, where they will be dissolved and be absorbed.

Aconite and *Belladonna*, alternately, every hour or two, should be taken at the very outset of the disease, when the following symptoms are present: fever or feverishness; dryness in the mouth and throat; *thirst, with fear to drink; deep redness* of the tonsils and palate; red, swollen face: eyes congested; fear of the light: *pain in the ear*.

Mercurius. Sore throat caused by a cold; great pain in the throat; *enlargement and ulceration of the tonsils*, also of the lips and tongue; great difficulty in swallowing; elongation and dropsical swelling of the soft palate.

Kali bichromicum (*Bichromate of Potash*), 1st trituration. *Two grains dissolved in fifteen teaspoonfuls of water*; one teaspoonful should be given, alternately with *Mercurius*, when the tonsils are not only ulcerated, but show a disposition to form *patches of membrane* over them.

Baryta carbonica (12th trituration) is another excellent remedy, and particularly in that very red sore throat *during the prevalence of scarlet fever*. It may be given in alternation with *Aconite* if fever is present.

There are many other excellent remedies for the treatment of throat diseases; but, as this volume is intended more to prevent the development of severe diseases than to treat them, the author would prefer not to confuse the non-professional attendant with too many remedies.

The above treatment will suffice for the majority of cases; but, when it does not, no time should be lost in consulting with a physician.

DIET AND REGIMEN.

The food should be very light and in liquid form. The swallowing of small bits of ice will be grateful to the patient, and useful in allaying the local inflammation.

If the child is constipated, an enema of lukewarm water should be given.

CROUP.

Croup, commonly so called, appears in two distinct forms, one of which is connected with little or no danger to life, while the other is intensely perilous.

1. *False, or Non-membranous, or Spasmodic Croup*. This croup usually makes its appearance suddenly, with considerable difficulty of breathing, noisy and wheezing inspirations, a short, dry, hoarse cough, occurring but rarely, and an *entire absence of febrile symptoms*.

Catarrhal croup also commences suddenly, with "a croupy cough," hoarse voice, shrill, wheezing, and sonorous inspirations, oppression and tightness of the chest, and sudden attacks of dyspnoea; but, in a few days, the croupy character will wear off of itself, leaving simple catarrhal symptoms.

This catarrhal croup is, however, preceded by catarrhal symptoms, such as sneezing, running at the nose and eyes.

"An important peculiarity of all the varieties of false croup consists in the *suddenness* of their attacks. Children may retire to their beds in the most perfect health, and yet, in an hour or two, be disturbed from a sound sleep with an apparently alarming attack of croup. It is important, however, that all should be aware that these seemingly dangerous cases are much less to be dreaded than those which make their appearance in a more slow and insidious manner, as will be seen by the description of *true croup* below:

"In the varieties above described, although there may be difficult, labored, anxious, and wheezing respiration, hoarse, harsh, and croupy cough; hoarse voice; and the patient may seem to be in imminent danger of suffocation; yet the fact that it has occurred *suddenly*, and that the cough bears no resemblance to the dreadful *metallic* cough of *real* croup, will afford sure indication of its nature, and one to become assured that the attack will be speedily subdued."

2. *True, or membranous croup*, is usually ushered in with the ordinary symptoms of catarrh: as chilliness, sneezing, some soreness of the throat, hot skin, thirst, slightly accelerated pulse, hoarse voice, and some little impediment to respiration. At this period, a whistling or "buzzing sound may be heard at the glottis [the narrow opening at the base of the tongue, the

entrance to the wind-pipe], by placing the ear upon the back of the neck or over the larynx.

“As the disease advances, the febrile symptoms increase; the respiration gradually becomes more labored and difficult; the inspirations, particularly after coughing, being slow, sawing, sonorous, or ringing; while the expirations are quick, the cough is dry, and gives forth a *metallic sound*; the voice becomes more shrill; the pulse is frequent and small; the expression of countenance swollen and anxious; the head is thrown back; the extremities are cold, while the rest of the body maintains its exalted temperature; there is often a profuse perspiration, until finally the respiration is so much impeded that the blood is but slightly oxygenated. The cheeks and lips become livid, the eyes red and sunken, the pulse extremely small and frequent, the whole organism prostrated; and the child expires in a state of asphyxia, or suffocation.”

“*Causes.* A cold and damp atmosphere, wet feet, and exposure to the air which blows from seas or lakes.” The patient is, perhaps, predisposed to it, as it is often seen that a child becomes croupy on very slight provocations. Croup may also follow eruptive fevers, as scarlatina, measles, etc.

TREATMENT.

In *false or spasmodic* croup, the writer has found that *Hepar sulph. 3d*, alternated with *Ipecac* (*one-drop dose of the tincture in a teaspoonful of water*) every ten or fifteen minutes, would almost invariably change the hard, dry, hoarse, grating sound of the cough, into a moist, loose, easy cough, that would show a decided abatement of the alarming symptoms within an hour. The paroxysms would return further apart, and the child would sleep without moaning, or oppression of the chest. Wake the child to give the dose at the regular intervals, until the symptoms have greatly ameliorated, when it should be allowed to sleep half an hour: at which time cause it to cough, to be sure that the improvement continues; then let it go to sleep under the watchful care of the mother, who is to give a dose of one or the other, in its turn, after every spell of coughing.

Should the paroxysm be so intense as to threaten suffocation, I have often caused the child to take two or three teaspoonfuls of *melting lard, unsalted*, which it would soon throw up. The

vomiting would cause such a relaxation of the system as would prevent a return of the spasm.

Aconite is important when any *feverishness* is present, and seems also useful in arresting the cough which follows after the *expiration* of air.

Spongia should be alternated with *Aconite* in catarrhal cough, having the following symptoms: hollow cough, with *expectoration* and pain in the chest. *Spongia*, unlike *Aconite*, seems to cause the cough during *inspiration*.

Bromine is probably the most important remedy in the treatment of membranous croup. The membrane is formed; the child breathes with great difficulty, and a sibillant noise is heard at every inspiration. Its head is thrown back, it looks anxious, and grasps, with its little hands, at the throat, to relieve the oppression. *The child gasps for air.*

The writer has saved several children threatened with imminent death by suffocation, with *Bromine*, *first dilution*: five drops in fifteen teaspoonfuls of water, and one teaspoonful (alternately with *Aconite*, when fever was present) every thirty minutes or one hour, until an absolute improvement became evident, when the intervals were prolonged.

Bi-Chromate of Potash. One grain of the 1st trituration, dissolved in ten teaspoonfuls of water, has been also given with success, when the child now and then vomits pieces of membrane, and when the *Bromine* does not improve the case in twelve hours.

Tartar emetic is useful, not only in the early stages of croup, but it is indicated, also, when there are indicative signs of paralysis. The face is livid and cold; cold sweat on the forehead and body; respiration exceedingly difficult, short, hoarse, shrill and whistling; head thrown back; pulse small and rapid; difficulty of swallowing; disposition to sleep.

A dose of the 1st trituration to be given every twenty or thirty minutes, until relief is obtained.

REGIMEN AND DIET.

A fine handkerchief wet in cold water should be immediately put all around the neck, and covered with flannel to prevent evaporation. It should be renewed every hour.

The room should be kept of an even temperature, rather warm, or about seventy-five degrees.

A warm foot-bath may be useful.

The nourishment should be of the mildest if the child is not at the breast; arrow-root, farina, milk and water. Water may be given freely if the child is thirsty.

I need hardly say, that membranous croup requires the attendance of the best physician attainable.

DIPHTHERIA.

Diphtheria is a disease of so complicated a nature, so dangerous to life, that the author might be excused from attempting to give it a place in a work which is intended for persons who are not expected to be learned in the science of medicine. Yet its invasion is often so sudden, and its danger so imminent, that he considers a brief outline important, inasmuch as it will awaken the careful suspicion of parents, and induce them to seek the immediate attendance of a skillful physician.

A child, a person of any age in fact, is attacked by a severe cold, with fever and sore throat. The illness progresses rapidly, and is marked by a *prostration out of proportion to the length of time that the patient has been sick*. In mild cases, the throat is simply red and swollen, like quinsy or scarlet fever, or ulcerated, like the old-fashioned ulcerated sore throat. These cases get well rapidly, and one is apt to think that he can easily cure diphtheria.

The real characteristic of diphtheria, however, is a *false membrane* that covers the tonsils and the soft palate; this *membrane forms quickly, in patches*, which rapidly *spread and coalesce*, thus covering, in a short time, the whole throat, and extending even down the larynx.

The patient then finds difficulty in breathing, and is almost totally devoid of the power of swallowing.

Liquids are almost immediately returned through the nose, and solids cannot even be attempted.

The glands of the neck become sympathetically enlarged, and stiffness of the neck supervenes. The pulse is quick and small.

The membrane, at first almost transparent, soon *becomes opaque and thick*, and *assumes a yellowish color, resembling the color of leather*. At this stage it begins to detach, and large pieces are thrown off, leaving underneath an inflamed surface, which soon becomes re-covered by the formation of a *second*

membrane. The second membrane adheres more firmly than the first, and any attempt to remove it causes bleeding.

In some cases, the patient is taken from the commencement with vomiting of a thin, yellowish matter, extremely offensive; purging may follow. These ejections cause a great depression of the vital powers, almost like cholera.

In this state of prostration, the patient falls into a stupor, from which he wakes only to go into a delirium; the pulse ranging from 100 to 120 in adults, and from 140 to 160 in young children.

The fetid breath is a constant symptom of an alarming case.

The sudden prostration, the characteristic membrane, and the peculiar odor of the breath, will distinguish diphtheria from a common sore throat, from scarlet fever, from quinsy, and from the so-called ulcerated sore throat.

Again, the general prevalence of the disease should be taken as *prima facie* evidence of its presence in any special case.

TREATMENT.

Kali bichromicum and *Mercurius protiodide* have been found the most successful remedies in the treatment of diphtheria.

Kali bichr. of the 1st decimal trituration, two grains, dissolved in sixteen teaspoonfuls of water, one teaspoonful to be given. One hour or two after, one grain of *Mercurius prot.*, of the 1st decimal trituration, should be given, dry, upon the tongue. These two remedies should be continued in alternation for at least twelve hours. As the disease abates, the interval between the remedies should be lengthened.

In adults a gargle of *Kali bichr.*, 1st trituration, four grains to a tumblerful of water, is made, which may be used to gargle the throat three or four times a day, without discontinuing the use of *Kali* internally.

Cyanide of mercury 6x, six pellets every hour, has been found very efficient when the diphtheria has assumed a very malignant form.

Cyanide of mercury in the following preparation has been greatly extolled by Dr. H. Selden, of Sweden. *Cyanide of mercury*, one-third of a grain; honey, two ounces; mix well and give one teaspoonful every thirty or sixty minutes according to age of patient.

Phytolacca decandra 3x is efficient in the milder form, and

also when, after the separation of the deposit the parts are left red and tender.

Phytolacca tincture, thirty drops to a goblet half full of water, is then also used with benefit as a *gargle*.

Muriatic tincture of iron, ten drops to an ounce of water, applied to the parts covered with the membrane by means of camel's-hair brush, I have found very efficient in removing the membrane, particularly when the diphtheria is *not* of a very malignant form.

Great claim is made also upon the following as *destroyers of the membrane*, viz: *Papoid* and *Trypsin*.

Fairchild Bros. & Foster have the following preparation:

R *Trypsin*, grs. *x.r.r.*
Bicarbonate of soda, grs. *x.*

Mix and add water sufficiently to make a thin paste, then apply with brush. If the child is too restive for the operation, make it much thinner and apply it by spray. Apply it every two hours.

Papoid comes in powder, unmixed or in tablets, prepared by Johnson & Johnson, New York, as follows:

R *Papoid*, one and a half grains.
Soda bicarbonate, three grains.
Pulv. Trochise, Menth. Pip., three grains.

Of the *powdered Papoid*, five grains are mixed with a little water to make a thickish paste to be applied by means of a brush, to the parts covering the membrane every two hours, till the membrane drops off.

The tablets should also be reduced to a paste by the admixture of water and applied as above.

Either of these may be used as *sprays*, where swabbing is intolerable, by diluting them sufficiently, viz: Six grains, to two drachms of water. Both *Papoid* and *Trypsin* should be prepared *fresh every time*.

Inhalation of Steam. The best steam atomizer is the C. & S., obtainable from any well-conducted drug store. To the water in the cup add *three drops* of the *tincture of Iodine*, and when the steam is generated let the child take the mouth-piece in his mouth and inhale it. It will not scald him, as the steam has already been cooled by the air. These inhalations are very important, as they reach the windpipe and the bronchial

tubes; and, therefore, are particularly important in *croupous* diphtheria.

DIET AND REGIMEN.

The experience of the majority of practitioners, as well as that of the author, recommends a diet that will sustain the vital forces. Rich broths, wine whey, milk punch, brandy and water, claret, should be administered in proportion to the failing strength of the patient.

In adults the swallowing of pulverized ice is generally very beneficial.

The *nourishing diet* should be adopted *from the very beginning*.

The complications of diphtheria, and its many phases, forbid our going further into the treatment of this terrible disease, which requires the immediate attention of the physician.

Sequelæ. Diphtheria is liable to be followed by paralysis. Usually the paralysis develops gradually and slowly, very soon after the termination of the local affection; probably two or three weeks after the local lesion of the throat and nose has disappeared. It generally commences in the larynx, affecting the voice and the power of speech. It may extend downwards affecting the bronchial tubes and lungs, causing difficulty of breathing. It may then extend to the muscles of locomotion, paralyzing the spinal muscles when the patient cannot stand erect, or the limbs, when he cannot walk, or the arms when he cannot put food to his mouth or hold any object in the hand. Paralysis therefore is the worst consequence of diphtheria.

Although this paralysis is dangerous it is not necessarily fatal, unless it is so complete in the throat and lungs that he can neither eat nor breathe.

Everything that can restore strength to the patient should be done. *Good nourishing food, pure air, particularly of the mountains or the sea-shore, and electricity* applied daily according to the necessity of the case, that is, either general or local.

Propagation of Diphtheria. This disease is eminently infectious; therefore each case should be carefully isolated, keeping every person (except the nurses) and particularly children away from the room and floor occupied by the patient. If possible, the room should be the highest in house. For disinfection see "Disinfectants."

ASTHMA OF CHILDREN. CROWING DISEASE. SPASMS OF THE GLOTTIS. LARYNGISMUS STIRIDULUS.

Under these several names is known the alarming disease that throws a child from perfect health into the greatest struggle for life.

The child wakes at night with a shrill sound, like the inspiration of croup or whooping cough. The attacks come on at longer or lesser intervals, and they are of a *spasmodic character*. The child seems to be suffocating, and struggles to draw a breath, in the efforts of which he makes a sound that is styled "*crowing*." The throat is temporarily closed by a spasm of the glottis; and the child gets blue in the face, stares with its eyes, throws its head backward, and often goes into a general convulsion, from which he comes out relieved of the spasm. A fit of coughing or crying often puts an end to the spasm, when the child looks frightened, but comfortable.

TREATMENT AND REGIMEN.

Immerse the child immediately in a warm bath, and keep a cloth steeped in warm water around the throat.

The distinguishing characteristics of these spasms from croup or whooping cough are, that, during the paroxysm, the child's *fingers, thumbs, wrists, ankles, and toes contract*.

As soon as possible, give a drop of the tincture of *Ipecac* in warm water; continue the *Ipecac* every *fifteen or twenty minutes for an hour*. If not relieved, then give *Sambucus* in the same manner as *Ipecac*. Keep the child quiet; give only gruels, if it is not at the breast.

WHOOPIING COUGH.

This cough is so common, that every child, in the course of his early youth, seems destined to become a temporary prey to it. It attacks but once during life, with rare exceptions; and those who escape in childhood are apt to become affected by it, if exposed later in life.

Authors divide the course of this cough into three stages; viz:

First Stage. The child is attacked by a common cold: he sneezes; water runs out of his eyes and nose, and he com-

mences to cough a common cough. He may be feverish in the beginning; but the fever soon passes away. This stage may last from one to twelve and fifteen days. The child seems better, yet *the cough remains*.

Second Stage. At this juncture, the parents are startled by the well-known "*whoop*," which the child produces in a fit of coughing. All doubts are removed now. From that moment, the child is taken with fits of coughing that almost strangle him. The child becomes acquainted with the sensation in the throat, that denotes the approach of the dreaded paroxysm: he instinctively runs to his nurse, grasps her arms, her dress, or a chair, or anything that is near, that will give him support. During the paroxysm, in which he struggles to get air in his lungs, he makes the sound which is called the "*whoop*."

This sound perhaps remits, but is soon heard again; the child looks as if he were suffocating, turns black in the face, and often passes urine during the paroxysm. After a few seconds of these convulsive inspirations and expirations, the child vomits a copious expectoration, which is often mixed with the contents of the stomach. If the fit be violent, the fluid rushes not only out of his mouth, but his nose, and is sometimes mixed with blood. In very violent cases, blood bursts forth from the mouth, nostrils, eyes and ears.

When the fit has subsided, the eyes, which seem to have started from their sockets during the paroxysm, become natural, and suffused with tears. In a few minutes, the child forgets his troubles, and becomes playful again. This stage reaches its acme in two or three weeks, when convalescence begins.

Third Stage. The stage of convalescence has set in. The paroxysms come further and further apart, and with less violence. This stage may last two weeks and even months. As soon as the child takes cold, he is reminded that the cough has not altogether deserted him.

Complications may arise in this cough to render it very perilous to life. It may settle into a bronchitis, or inflammation of the stomach and bowels: any complication is always of a serious nature.

It is an infecting disease, and is apt to come in a form of epidemic. *It often follows measles and smallpox.*

It may occur in a child as early as the sixth month after

its birth. The younger the infant, the more dangerous the disease.

The whooping cough develops itself within ten or twelve days after an exposure to it.

Many authors state that vaccination during the presence of whooping cough has the effect of mitigating the case.

TREATMENT.

It is an indisputable fact, that the homeopathic treatment shortens the course of this disease, and renders it milder. Dr. Testes's treatment I have found very efficient. He says, "From the moment that the coughing fits have assumed the convulsive form, and even before that time, that is to say, during the catarrhal period,—as soon, in a word, as one is sure to have to deal with whooping cough, instead of simple bronchitis.—we would immediately prescribe *Coralia rubra* of the 30th dilution, for three or four days in succession, *four doses in twenty-four hours*. As soon as the amelioration produced by *Coralia* ceases, that is to say, at the end of four or five days at the most, it should be discontinued, and *Chelidonium majus* administered, of the 6th dilution, *three doses in twenty-four hours*, and continued until there is a renewal of the violent spasmodic coughing fit; when *Coralia* should be resumed, until they are again conquered; when a return should be made to *Chelidonium*."

During the *first stage*, *Aconite* should be given for the feverish condition and the dry cough. This may be followed by *Tartar emetic*, if the cough is loose and rattling in the chest is heard.

Ipecac, if the cough is paroxysmal, giving rise to a great deal of mucus and vomiting.

Phosphorus should be given, if the lungs seem invaded; if debility, oppression of breathing, thirst, or diarrhœa are present.

In the *second stage*. *Drosera*; the child whoops, the paroxysms are violent, the child vomits the ingesta during every paroxysm. If *Drosera* does not lessen the violence of the paroxysms, *Trifolium infœna* should be tried.

Cuprum. If the paroxysms appear *very often* during twenty-four hours, rendering the little patient *rigid* and *unconscious*, and if accompanied by drowsiness and rattling of mucus in the chest between the paroxysms, *Tartar emetic* should be given in alternation with it. *Cuprum* is particularly indicated when

convulsions appear instead of the cough, and cease when the paroxysm returns.

Other remedies, such as *Mephitis putorius*, *Allium sativa*, are useful during the spasmodic stage of this disease. For coughs in general, see article on "Coughs."

Of late it has become the fashion to send children affected with the whooping cough to the gas house. Many have thus been relieved. The child is taken to the gas house during the hour when they remove the lime from the tanks, and is allowed to breathe that peculiar gas.

Children with whooping cough, unaccompanied by complications, should be sent out every day to get fresh air and exercise.

Sulphur is recommended as a preventive, or as mitigator of whooping cough, during an epidemic. *A few globules* may be given *twice a day* with that view.

INFLUENZA.

Common cold in the head is as common in children as in adults. The symptoms are, stoppage of the nose, running of mucus or aerid water from the nose; the eyes water, and are inflamed and painful; the chest is oppressed and cough is present.

This cold is often ushered in by fever, pain in the head, in the chest, body or limbs.

TREATMENT.

Arsenicum seems a specific in a cold where an *acid, watery mucus* runs from the nose, the eyes water, and there is a severe frontal headache. *High dilution* better than low.

If *Arsenicum* does not relieve in twenty-four hours, *Camphor* should be given, and even smelt. *Five drops of Camphor to a tumbler half-full of water; one teaspoonful every hour*, until relieved.

Mercurius will be found useful when the discharge from the nose is *thick and puriform*, the eyes are red, the cough is loose, and diarrhœa is present.

Bryonia and *Aconite*, alternately, when the patient is *feverish*, has fits of coughing, and *pains about the chest*.

Belladonna and *Aconite*, alternately, when there is *fever, headache, fullness of the head*, throbbing arteries, congestion of the eyes, and *dry cough*.

Stibium (*Tartar emetic*), if the cold falls on the chest, causing great oppression, prostration, and a *loose cough*.

This may be alternated with *Phosphorus*.

COUGH IN GENERAL.

Although cough is almost always symptomatic of other diseases, such as bronchitis, pneumonia, etc., yet it often occurs unconnected with any specific diseases,—a simple cough from a cold, or from sympathy, as from derangement of the stomach, teething, or from the presence of worms, etc. To relieve these coughs, I will give a few remedies with their specific symptoms. In selecting the remedy, care should be taken that its symptoms not only agree with those of the disease, but that it covers the largest number.

Aconite. Burning, *feverish heat*; full pulse; hoarse, rough voice; *short, dry cough*, with *constant incitement to cough*; *shootings in the chest* when coughing; also when the cough is convulsive, with scanty expectorations of whitish or blood-streaked mucus.

Belladonna. *Dry cough, with sore throat*; hot skin; fullness of the head; spasmodic cough; fatiguing; shaking cough, occurring at *night* or on going to bed.

Bryonia. After a fresh cold, dry cough excited by a tickling in the throat, *spasmodic, suffocating cough*, especially after midnight, or after eating or drinking, with vomiting of food; *shootings in the side*; pains in the chest or head, great tendency to perspire; hoarseness.

Nux vomica. *Hoarse, dry and hollow cough*, excited by dryness of the throat; *hoarseness* and pain in the throat; *especially in the morning*; *accumulation of tenacious mucus in the throat*; *splitting headache*; *pains in the right side*; *constipation*; *bad digestion*; pain in the stomach after eating; *flatulency*.

Pulsatilla. Hoarseness; loss of voice; discharge of yellowish-greenish matter from the nose; cough at first dry, then loose; shaking cough, which occurs chiefly in the evening or at night in bed, *aggravated when lying down*; bad taste in the mouth. Particularly for persons of lymphatic temperament, blue eyes, blonde hair.

Ipecac. Especially in children in whom cough is accom-

pained by great *accumulation of mucus in the bronchia*; great rattling in the chest; *spasmodic, suffocating cough*, nausea and vomiting.

Lachesis. Catarrhal cough with *constant hoarseness*; a *sensation of mucus adhering to the throat*, which causes tickling; cough, especially at night *when sleeping, invariably after sleeping*, and *excited by the slightest pressure on the gullet*; aggravation of the cough after a meal, and also on rising erect from a horizontal posture; pains in the throat, eyes, ears, and head when coughing.

Phosphorus. Hoarseness, with cough; fever; dry cough; deep cough; oppression of the chest; symptoms of *pneumonia*.

Spongia. Croup; *hoarse, hollow, ringing, and squeaking cough*; *slow, noisy, wheezing respiration, which resembles the sound of a saw*; fits of choking, with inability to breathe.

Hepar sulphur is preferable, when under the action of *Spongia*, the cough has become more easy. *Cough loose*; *mucus rattling the chest*; cough of consumptives; chronic, loose cough.

Arsenicum. Loose cough, with difficult expectoration, and *tenacious mucus in the larynx and bronchia*; or else *dry, shaking, and fatiguing cough*, especially in the evening, after lying down; renewed after drinking cold water, and also when in the fresh air; great *lassitude and weakness*; hoarseness and *coryza, with discharge of corrosive mucus from the nose*.

Drosera. *Whooping cough*: excessive hoarseness; *dry, spasmodic, fatiguing, and shaking cough*, which occurs chiefly at night; *retching and vomiting of food from an attack of cough*; *bleeding from the nose and mouth during the fit*.

Hyoscyamus. *Cough at night, especially in a recumbent position*; the cough does not let one sleep; spasmodic cough; *sleeplessness from coughing*.

Sulphur. *Dry cough, very fatiguing*; *constant, hacking cough*; *hectic fever*; *pain in the lungs*; *chronic cough, excited by dampness and cold weather*; *loose, purulent cough*; obstinate cough, particularly in scrofulous subjects addicted to eruptions of the skin.

Cina, especially in children apparently affected by worms; cough dry; unceasing fits of coughing *before breakfast*; *cough better after eating*.

Tartar emetic. Loose cough, with fever—the effect of a *recent cold settled on the lungs*; cough often, with pain and oppres-

sion of the lungs; mucus rattles in the bronchial tubes; difficulty of breathing; congestion of the lungs; vomiting; diarrhœa.

For cough in specific diseases, see "Bronchitis," "Pneumonia," "Croup," "Whooping," "Asthma" of children, "Influenza," etc.

DISINFECTANTS.

I could do no greater service to the readers of this volume regarding disinfection than to give them the concise and complete report of the Committee on Disinfection, appointed by the American Public Health Association, and by that association adopted. The report is intended for popular use, though based upon the most thorough investigations and scientific tests. It is available in the sick-room by any person, however untrained in scientific pursuits. It is as follows:

DISINFECTION AND DISINFECTANTS.

The object of *disinfection* is to prevent the extension of infectious diseases by destroying the specific infectious material which gives rise to them. This is accomplished by the use of *disinfectants*.

There can be no partial disinfection of such material; either its infecting power is destroyed or it is not. In the latter case there is a failure to disinfect. Nor can there be any disinfection in the absence of infectious material.

It has been proved for several kinds of infectious material that its specific infecting power is due to the presence of living micro-organisms, known in a general way as "disease germs;" and practical sanitation is now based upon the belief that the infecting agents in all kinds of infectious material are of this nature. Disinfection, therefore, consists essentially in the destruction of disease germs.

Popularly, the term disinfection is used in a much broader sense. Any chemical agent which destroys or masks bad odors, or which arrests putrefactive decomposition is spoken of as a disinfectant. And in the absence of any infectious disease it is common to speak of disinfecting a foul cesspool, or bad smelling stable, or privy vault.

This popular use of the term has led to much misapprehension, and the agents which have been found to destroy bad

odors—*deodorizers*—or to arrest putrefactive decomposition—*antiseptics*—have been confidently recommended and extensively used for the destruction of disease germs in the excreta of patients with cholera, typhoid fever, etc.

The injurious consequences which are likely to result from such misapprehension and misuse of the word disinfectant will be appreciated when it is known that:

Recent researches have demonstrated that many of the agents which have been found useful as deodorizers, or as antiseptics, are entirely without value for the destruction of disease germs.

This is true, for example, as regards the sulphate of iron or copperas, a salt which has been extensively used with the idea that it is a valuable disinfectant. As a matter of fact sulphate of iron in saturated solution does not destroy the vitality of disease germs or the infecting power of material containing them. This salt is, nevertheless, a very valuable antiseptic, and its low price makes it one of the most available agents for the arrest of putrefactive decomposition in privy vaults, etc.

Antiseptic agents, however, exercise a restraining influence upon the development of disease germs, and their use during epidemics is to be recommended, when masses of organic material in the vicinity of human habitations cannot be completely destroyed, or removed, or disinfected.

While an antiseptic agent is not necessarily a disinfectant, all disinfectants are antiseptics; for putrefactive decomposition is due to the development of "germs" of the same class as that to which disease germs belong, and the agents which destroy the latter also destroy the bacteria of putrefaction, when brought in contact with them in sufficient quantity, or restrain their development when present in smaller amounts.

A larger number of the proprietary "disinfectants," so-called, which are in the market, are simply deodorizers or antiseptics, of greater or less value, and are entirely untrustworthy for disinfecting purposes.

Antiseptics are to be used at all times when it is impracticable to remove filth from the vicinity of human habitations, but they are a poor substitute for cleanliness.

During the prevalence of epidemic diseases, such as yellow fever, typhoid fever and cholera, it is better to use in privy-vaults, cesspools, etc., those antiseptics which are also disinfectants, i. e., germicides; and when the contents of such receptacles are known to be infected this become imperative.

Still more important is the destruction at our seaport quarantine stations of infectious material which has its origin outside the boundaries of the United States, and the destruction within our boundaries of infectious material given off from the persons of those attacked with any infectious disease, whether imported or of indigenous origin.

In the sick room we have disease germs at an advantage, for we know where to find them, as well as how to kill them.

Having this knowledge, not to apply it would be criminal negligence, for our efforts to restrict the extension of infectious diseases must depend largely upon the proper use of disinfectants in the sick-room.

GENERAL DIRECTIONS.

Disinfection of Excreta, etc. The infectious character of the dejections of patients suffering from cholera and from typhoid fever is well established; and this is true of mild cases, and of the earliest stages of these diseases, as well as of severe and fatal cases. It is probable that epidemic dysentery, tuberculosis, and perhaps diphtheria, yellow fever, scarlet fever and typhus fever may also be transmitted by means of the alvine discharges of the sick. It is therefore of the first importance that these should be disinfected. In cholera, diphtheria, yellow fever and scarlet fever, all vomited material should also be looked upon as infectious. And in tuberculosis, diphtheria, scarlet fever, and infectious pneumonia, the sputa of the sick should be disinfected or destroyed by fire. It seems advisable also to treat the urine of patients sick with an infectious disease, with one of the disinfecting solutions below recommended.

Chloride of lime, or bleaching powder is, perhaps, entitled to the first place for disinfecting excreta, on account of the rapidity of its action. The following standard solution is recommended:

STANDARD SOLUTION NO. 1.

Dissolve Chloride of Lime of the best quality in pure water, in the proportion of four ounces to the gallon.*

Use one quart of this solution for the disinfection of each

*Good Chloride of lime should contain at least 25 per cent. of available Chlorine. It may be purchased by the quantity at 3½ cents per pound. The cost of the standard solution recommended is therefore less than one cent a

discharge in cholera, typhoid fever, etc.† Mix well and leave in vessel for at least one hour before throwing into privy vault or water-closet. The same directions apply for the disinfection of vomited matter. Infected sputum should be discharged directly into a cup half full of the solution.

STANDARD SOLUTION NO. 2.

Dissolve Corrosive Sublimate and Permanganate of Potash in pure water, in the proportion of two drachms of each salt to the gallon.

This is to be used for the same purposes and in the same way as *Standard Solution No. 1*. It is equally effective, but it is necessary to leave it for a longer time in contact with the material to be disinfected—at least four hours. The only advantage which this solution has over the chloride of lime solution consists in the fact that it is odorless, while the odor of chlorine in the sick-room is considered by some persons objectionable. The cost is a little more. (Corrosive sublimate costs about 70 cents a pound, and permanganate of potash 65 cents a pound, making this solution cost about or a little more than 2 cents a gallon.) It must be remembered that this solution is highly poisonous. It is proper, also, to call attention to the fact that *it will injure lead pipes if passed through them in considerable quantities.*

It will be best to empty the vessel containing excreta and disinfectant into an earthen jar or wooden vessel, and to leave it for twenty-four hours, at the end of which time it may be thrown into a privy-vault, or into a hole in the ground excavated for this special purpose.

Disinfection of the Person. The surface of the body of a sick person, or of his attendants, when soiled with infectious discharges, should be at once cleansed with a suitable disinfecting agent. For this purpose solution of chlorinated soda (*liquor sodæ chlorinatæ* of the apothecaries), diluted with nine parts of water; or *Standard Solution No. 1*, diluted with three parts of

gallon. A clear solution may be obtained by filtration or by decantation, but the insoluble sediment does no harm, and this is an unnecessary refinement.

†For a very copious discharge use a larger quantity. For the disinfection of solid or semi-solid feces use a solution of twice this strength—8 oz. to a gallon of water—in the proportion of 1 quart for every 4 oz. of material to be disinfected.

water, may be used. A two per cent. solution of carbolic acid is also suitable for this purpose, and under proper supervision, the use of a solution of corrosive sublimate 1:1000 is to be recommended.

In diseases like smallpox and scarlet fever, in which the infectious agent is given off from the entire surface of the body, occasional ablutions with solution of chlorinated soda, diluted with twenty parts of water, will be more suitable than the stronger solution above recommended.

In all infectious diseases the body of *the dead* should be enveloped in a sheet saturated with *Standard Solution No. 1*, or with a 5 per cent. solution of carbolic acid, or 1:500 solution of corrosive sublimate.

Disinfection of Clothing. Boiling for half an hour will destroy the vitality of all known disease germs, and there is no better way of disinfecting clothing or bedding which can be washed than to put it through the ordinary operations of the laundry. No delay should occur, however, between the time of removing soiled clothing from the person or bed of the sick and its immersion in boiling water, or in one of the following solutions; and no article should be permitted to leave the infected room until so treated.

STANDARD SOLUTION NO. 3.

Dissolve four ounces of Corrosive Sublimate and one pound of Sulphate of Copper in a gallon of water.

Two fluid ounces of this standard solution to the gallon of water will make a suitable solution for the disinfection of clothing. The articles to be disinfected must be thoroughly soaked with the disinfecting solution and left in it for at least two hours, after which they may be wrung out and sent to the wash.

N. B. *Solutions of corrosive sublimate should not be placed in metal receptacles*, for the salt is decomposed and the mercury precipitated by contact with copper, lead or tin. A wooden tub or earthen crock is a suitable receptacle for such solutions.

When diluted as directed, this solution may be used without danger from poisoning through the medium of clothing immersed in it, or by absorption through the hands in washing. A poisonous dose could scarcely be swallowed by mistake, owing to the metallic taste of the solution, and the considera-

ble quantity which would be required to produce a fatal effect. Clothing may also be disinfected by immersing it for four hours in a two per cent. solution of carbolic acid.

Clothing or bedding which cannot be washed or subjected to the action of steam, may be disinfected by exposure to dry heat in a properly constructed disinfecting chamber for three or four hours. A temperature of 230° Fah. should be maintained during this time, and the clothing must be freely exposed, i. e., not folded or arranged in piles or bundles, for the penetrating power of dry heat is very slight.

The temperature above mentioned will not destroy the spores of bacilli, e. g., of the anthrax bacillus, but is effective for the destruction of all diseased germs which do not form spores; and there is good reason to believe that this list includes smallpox, cholera, yellow fever, diphtheria, erysipelas, puerperal fever and scarlet fever(?). Moist heat is far more effective, and it is demonstrated that ten minutes exposure to steam, at a temperature of 230° Fah., will destroy all known disease germs, including the most refractory spores.

In the absence of a suitable chamber for the use of dry heat, fumigation with sulphurous acid gas may be resorted to. The room in which disinfection is practiced should be hermetically closed to prevent the escape of the gas, and three pounds of sulphur should be burnt in it for every 1,000 cubic feet of air space. Expose the articles to be disinfected as freely as possible by hanging them up in the disinfecting chamber, and leave them for at least twelve hours subjected to the action of the sulphurous acid gas.

[It is my custom to fumigate the room, while the sick person is in bed, once or twice a day with sulphurous acid gas, by means of a spirit lamp filled with *bi-sulphide of Carbon*, a liquid that can be purchased at apothecaries. It burns like alcohol, filling the room with sulphurous acid gas. It is a safe and elegant mode, perfectly under control. It may be blown out as soon as the people in the room cough.—*The Author.*]

Soiled mattresses, pillows, feather beds and articles of this nature cannot be effectually disinfected by sulphur fumigation, owing to the fact that the gas does not penetrate to their interior in sufficient amount. For articles of this kind, and in general for articles of little value, which have been soiled by the discharges of the sick, destruction by fire would be advisable.

Disinfection of the Sick-room. In the sick-room no disinfectant can take the place of free ventilation and cleanliness. It is an axiom in sanitary science that *it is impracticable to disinfect an occupied apartment*, for the reason that disease germs are not destroyed by the presence in the atmosphere of any known disinfectant in any respirable quantity. [However true this may be, the disinfection, as suggested by the author in a paragraph above, greatly assists in preventing the accumulation of disease germs, and is beneficial to the patient, particularly in diphtheria and smallpox, and it partially protects the nurses.]

Bad odors may be neutralized, but this does not constitute disinfection in the sense in which the term is here used. These bad odors are, for the most part, an indication of want of cleanliness, or of proper ventilation; and it is better to turn contaminated air out of the window or up the chimney, than to attempt to purify it by the use of volatile chemical agents, such as carbolic acid, chlorine, etc., which are all more or less offensive to the sick, and are useless so far as disinfection—properly so called—is concerned.

When an apartment which has been occupied by a person sick with an infectious disease is vacated, it should be disinfected.

The object of disinfection in the sick room is, mainly, the destruction of infectious material attached to surfaces, or deposited as dust upon window-ledges, in crevices, etc. If the room has been properly cleansed and ventilated while still occupied by the sick person, and especially if it was stripped of carpets and unnecessary furniture at the outset of his attack, the difficulties of disinfection will be greatly reduced.

All surfaces should be thoroughly washed with *Standard Solution No. 1*, diluted with three parts of water, or with a 1 : 1000 solution of corrosive sublimate. *Standard Solution No. 3*, diluted in the proportion of four ounces to the gallon of water may be used.

The walls and ceiling, if plastered, should be brushed over with one of these solutions and subsequently washed over with a lime wash.

Especial care must be taken to wash away all dust from window ledges and other places where it may have settled, and to thoroughly cleanse crevices and out-of-the-way places. After this application of the disinfecting solution, and an interval of

twenty-four hours or longer for free ventilation, the floors and wood-work should be well scrubbed with soap and hot water, and this should be followed by a second more prolonged exposure to fresh air, admitted through open doors and windows.

As an additional precaution, fumigation with sulphurous acid gas is to be recommended, especially for rooms which have been occupied by patients with smallpox, scarlet fever, diphtheria, typhus fever and yellow fever. But fumigation with sulphurous acid gas alone as commonly practiced, cannot be relied upon for disinfection of the sick room and its contents, including bedding, furniture, infected clothing, etc., as is popularly believed.

When fumigation is practiced it should precede the general washing with a disinfecting solution, heretofore recommended.

To insure any result of value it will be necessary to close the apartment to be disinfected as completely as possible by stopping all apertures through which the gas might escape, and to burn not less than three pounds of sulphur for each one thousand cubic feet of air-space in the room. To secure complete combustion of the sulphur it should be placed, in powder or in small fragments, in a shallow iron pan, which should be set upon a couple of bricks in a tub partly filled with water, to guard against fire. The sulphur should be thoroughly moistened with alcohol before igniting it.

Disinfection of Privy Vaults, Cesspools, etc. When the excreta (not previously disinfected) of patients with cholera or typhoid fever, have been thrown into a privy vault this is infected and disinfection should be resorted to as soon as the fact is discovered, or whenever there is reasonable suspicion that such is the case. It would be advisable to take the same precautions with reference to privy vaults into which the excreta of yellow fever patients have been thrown, although we do not definitely know that this is infectious material.

The most trustworthy agent for this purpose is corrosive sublimate.

The amount used must be proportioned to the amount of material to be disinfected.

Use one pound of Corrosive Sublimate for every five hundred pounds (estimated) of fecal matter contained in the vault.

Solution No. 3 diluted with three parts of water may be used. The diluted solution should be applied in the proportion of one

gallon to every four gallons (estimated) of the contents of the vault.

All exposed portions of the vault, and the wood work above it, should be thoroughly washed down with the disinfecting solution.

To keep a privy vault disinfected during the progress of an epidemic, sprinkle chloride of lime freely over the surface of its contents daily. Or if the odor of chlorine is objectionable, apply daily four or five gallons of *Standard Solution No. 2*, which should be made up by the barrel, and kept in a convenient location for this purpose.

Disinfection of Ingesta.—It is well established that cholera and typhoid fever, are very frequently, and perhaps usually, transmitted through the medium of infected water or articles of food, and especially milk. Fortunately we have a simple means at hand for disinfecting such infected fluids. This consists in the application of heat. *The boiling temperature maintained for half an hour kills all known disease germs.* So far as the germs of cholera, yellow fever, and diphtheria are concerned, there is good reason to believe that a temperature considerably below the boiling point of water will destroy them. But in order to keep on the safe side it is best not to trust anything short of the boiling point (212° F.) when the object is to disinfect food or drink which is open to the suspicion of containing the germs of any infectious disease.

During the prevalence of an epidemic of cholera it is well to boil all water for drinking purposes. After boiling, the water may be filtered, if necessary to remove sediment, and then cooled with *pure* ice if desired.

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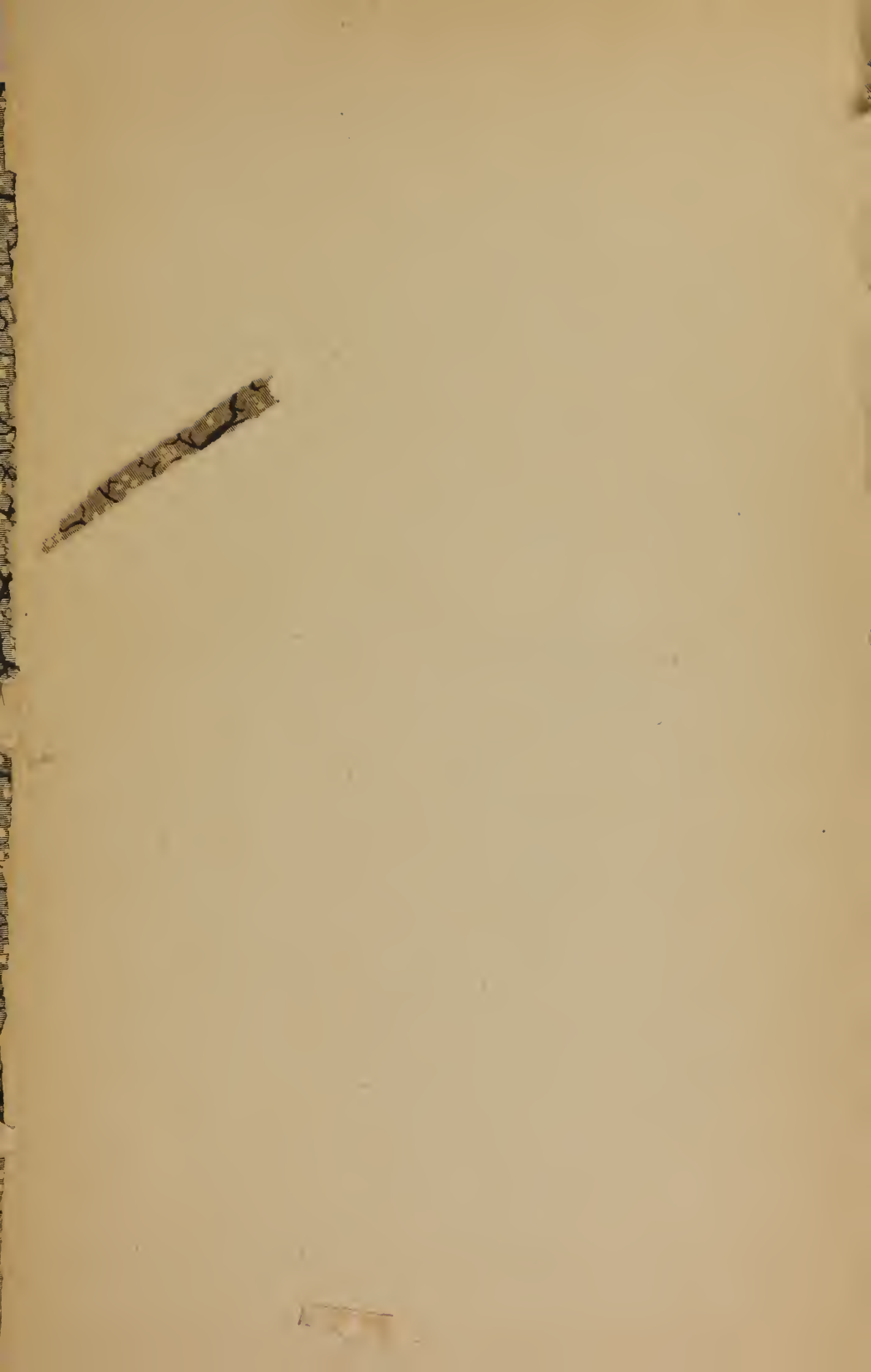
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