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ANNUAL RECORD
 " OF
 HOMŒOPATHIC
 LITERATURE.

1875.

W. C. Brown
from Dr. Hering
 1877.

EDITED BY

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PREFACE.

Now that I have got through with extracting journals, with collecting and cutting manuscripts, with assorting, arranging and pasting the single items thus obtained, with overhauling and fitting them for the press, with reading of proof and that delightful job of making a triple index to the whole under the influence of a benign August-sun,—there still remains for me a last duty—to write an introduction for the child thus born in labor.

It must be stated that in this volume we have succeeded in making some valuable additions. Beside extracts from the “Bibliothèque Homœopathique,” the “Revue Homœopathique Belge,” by Dr. J. N. Mitchell, and the “*Criterion Medico*,” by Dr. S. B. Higgins, Dr. C. Hering has furnished us with extracts from the three first volumes of the “*Calcutta Journal of Medicine*,” edited by Dr. M. L. Sircar, our great Pioneer in the Far East.

The Journals and Periodicals thus extracted, are the following:

A. H. Z.—Allgemeine Homöopathische Zeitung of 1874, by C. G. Raue.

H. K.—Hirschel's Zeitschrift für Homöopathische Klinik of 1874, by C. G. Raue.

I. Pr.—Internationale Homöopathische Presse of 1874, by C. G. Raue.

Bibl. Hom.—Bibliothèque Homœopathique of 1874, by J. N. Mitchell.

R. H.—Revue Homœopathique Belge of 1874, by J. N. Mitchell.

El Crit. Med.—El *Criterion Medico* of 1874, by S. B. Higgins.

Calcut. M. J.—*Calcutta Journal of Medicine*, first three Volumes, by C. Hering.

Br. J.—*British Journal of Homœopathy* of 1874, by C. G. Raue.

H. R.—*British Homœopathic Review* of 1874, by Thomas Nichol.

H. W.—*Homœopathic World* of 1874, by A. Korndörfer.

N. A. J.—*North American Journal of Homeopathy* of 1874, by S. Lilienthal.

U. S. M. and S. J.—United States Medical and Surgical Journal of 1874, by J. P. Kippax.

A. O.—American Observer of 1874, by W. S. Searle.

M. I.—Medical Investigator of 1874, by T. Bacmeister.

O. M. and S. R.—Ohio Medical and Surgical Reporter of 1874, C. H. Von Tagen.

H. M.—Hahnemannian Monthly of 1874, by R. J. McClatchey.

A. J. of H. M. M.—American Journal of Homœopathic Materia Medica of 1874, by Chas. Thomas.

N. E. M. G.—New England Medical Gazette of 1874, by C. F. Nichols.

M. A.—Cincinnati Medical Advance of 1874, by O. W. Lounsbury.

Trans. A. I.—Transactions of the American Institute of Homœopathy of 1874, by C. Wesselhœft.

Trans. N. Y. S.—Transactions of the Homœopathic Medical Society of the State of New York of 1873-74, by C. G. Raue.

Trans. H. M. S. of O.—Transactions of the Homœopathic Medical Society of Ohio of 1874, by C. Cropper.

Other foreign Journals beside those mentioned have been utilized as far as translated in other Journals.

The arrangement of the whole is the same as in former years, made according to the same plan and by the same persons.

If heat means love, this volume is surely a child of love, and if light signifies wisdom, it should not be wanting in shedding a vast amount of information, as it took form and shape during the hottest and longest days of the year.

With greetings to my friends,

C. G. R.

R. M.

MATERIA MEDICA.

DYNAMIDS.

Electricity, the homœopathic treatment by. By J. C. Morgan. (Trans. N. Y. S., 1873-4, p. 191.)

Electro Therapeutics. By Guy R. Westcott. (Trans. N. Y. S., 1873-4, p. 185.)

The Grotto of Monsummano in the valley of Nievole, Italy. It consists of different apartments. The first or *vestibule* has a temperature of 27° C. The *sudatorium* or *purgatory* has a temperature of 34° C., while its terminating cavern (the hell) shows a temperature of 35° C. Its effect upon those who go in and stay a while is *profuse perspiration*. According to Dr. Turchetti these air-sweating-baths have been most beneficial for such ailments:

First, as have been brought about by suppressed perspiration or inactivity of the skin, as for instance muscular rheumatism, catarrhal deafness, laryngeal affections, serous exudations, certain disorders of the digestive apparatus, like chronic diarrhœa and dysentery, coxalgia, spinal irritations, etc.

Second, as have the consequences of certain poison in the system, as for instance chronic gout, articular rheumatism, miliaria, secondary and tertiary syphilis; mercurial,—iodine—and lead—cachexia, to a certain extent also herpetic dyscrasia; and

Third, as consist in a debility and sluggishness of the organic functions, with disturbance of nutrition and reproduction, as for instance chlorosis, incipient tuberculosîs, dyspepsia, scrofulosis, paralysis, etc. (H. Kl., 1874, p. 25.)

Mineral Waters (European and American) and their homœopathic action, vide N. A. J. H., v. 23, p. 152.

Sensitiveness to quartz-crystal. It causes pain, cramps and has a very disagreeable odor to patients;—were cured or at

least improved by the *Gastein-springs*. (G. Pröll, J. Pr., 1875, p. 212.)

Magnetic Wells of Michigan. Description and analysis of. By C. T. Harris. (Trans. N. Y. S., 1873-4, p. 193.)

Animal magnetism. By Wm. L. Fleming. (Trans. N. Y. S., 1873-4, p. 302.)

CHEMICALS.

SULPHUR GROUP.

Sulphur in Acute Diseases. By C. Wesselhöft. Sulphur appeared as the curative remedy *in eight cases of fever* presenting principally the following symptoms: fever of continuous remittent type, occurring in the autumn and winter. Rigors of various intensity precede the heat, but never follow it again. Chills are remittent, lasting for half an hour, or appear in paroxysms for a whole day, accompanied by thirst. The heat, also, appears in paroxysms; there may be from five to seven in a day; pulse from 130 to 160. Heat most intense toward evening, and forepart of night, with sweat after midnight. Thirst and dryness of mouth relieved by small quantities of water, frequently repeated. Headache and restlessness at night; jaundiced appearance of the skin, and dryness of the tongue; craving for acids. Typhoid symptoms with great dullness of mind, great slowness in responding to questions.

Sulphur cured *diarrhœa and cholera infantum*, presenting the following symptoms: frequent and copious discharges consisting first of liquid pale matter, soon losing its yellow color, and appearing as greenish, slimy or serous fluid, leaving a pale green stain on the napkin; discharges generally painless, sometimes griping. When discharges occur at the rate of twenty in twelve hours, or twenty-four hours in the heat of summer, and most frequent in early morning hours. Little or no vomiting. Thirst not excessive.

Sulphur cured *pneumonia*, presenting principally the following symptoms: Dyspnoea of a spasmodic kind; respiration wheezing; dyspnoea with piercing pains in the back; left lung is mostly the seat of pain in the form of "stitches." Acute congestion of lungs, characterized by heaviness, and

throbbing, palpitation, piercing pains. Cough dry and short, attacking patient just about to fall asleep. As a rule, one side only is affected; night, and especially midnight are the times of aggravation.

Sulphur cured *aphonia* when the symptoms were: great hoarseness, gradually ending in complete loss of voice, which in persons predisposed to it, may last for many days, or even for weeks, if left to itself. Three cases of this kind are reported with striking results.

Acute rheumatism is cured by *Sulphur* when indicated by cramplike pains; or pain as if the parts were bruised and swollen, stiff and *wrenched*. Great agony caused by twitching muscles during sleep. Parts affected, are left ankle and hips. Tearing pains run from the heel to thigh, and from knee to crest of ilium. Also from waist to elbow, middle joints of fingers to shoulder; the left side is particularly effected; pains move from below upward. Conditions: motion, but also lying down. Time: evening and night. Two cases are given in illustration.

The potency cured in all the above cases, was principally the 80th ct., prepared by the author. Statistical tables are appended, knowing the cures to have been prompt. The remedy was mostly given in one or two doses, dry on the tongue at long intervals. (Trans. A. I., 1873, p. 380.)

Carburetum sulphuris (*Bisulphide of Carbon.*) Notes on. By E. W. Berridge. (Appendix to B. J. H., April number, 1874, p. 86.)

PHOSPHOR GROUP.

Phosphorus in neuralgia. (B. J. H., 1874, p. 1.)

Arsenic Poisoning. (H. Reynolds, H. M., Sept., 1874, p. 53.)

— J. Rhees. (H. M., Sept. 1874, p. 49.)

— Three cases by P. A. Levin. (*Hygiea.*, Jan., 1873; D. Kl., No. 22, 1873; H. Kl., 1874, p. 112.)

— (M. T. and G., June 10th, 1873; A. H. Z., v. 88, p. 164.)

— (M. H. R., March, 1874, taken from M. T. and G., Jan. 10, 1874.)

— See Martiny. (R. H., p. 95.)

Physiological Action. Prof. R. Boehm, Trans. by S. Lilienthal. (H. M., Nov. 1874, p. 152.)

Sulphur antimonii auratum. Proving by Karl Mayerhofer. (H. Kl., 1874, p. 217.)

— Kermes minerale or Stibium sulphuretum rubrum or Kart-häuserpulver. Proving by Karl Mayerhofer. (H. Kl. 1874, p. 36.)

Antim. tart. Physiological provings and effects of large doses. By Karl Henke. (A. H. Z., v. 88, p. 5, its therapeutic action, p. 85.)

CARBON GROUP.

Graphites. By Goullon, Jr. Porrigo decalvans. A boy, æt. 6, perfectly healthy, except the bald places on his head. Characteristic for *Graphites* is here the perfectly smooth, shining appearance of the bald spots; where they are scaly, *Phosphor.* is more useful.

Moist herpes of the scalp with alopecia. Mrs. A. caught cold, four weeks later unbearable itching of the whole body, followed by a constant moisture behind the right ear, spreading over the right temporal bone to the occiput. Very sensitive to water, as washing herself increases the chronic troubles. Characteristic of *Graphites* were: cold as a cause; enormous itching preceding a herpetic eruption, at first general, then localized; female sex, simultaneous leucorrhœa and chronic lachrymation; pulling and falling out of the hair. (*Baryt.*, *Lycop.*, *Mercur.*, *Natr. mur.*)

Rhagades in the face greatly relieved by *Graphites*, but it needed a few doses of *Silic.*³⁰ to heal those around the lids and lips.

Circular herpes, hard to the touch and wrinkled, situated in the bend of the left elbow, which itched terribly, cured by *Graphites*².

Old hard scars can be removed by the use of repeated doses of *Graphites*.

Raw moist places between the fingers and in the face, permanently cured by *Graphites*.

Excoriations for several years in perinæum, vulva and between the thighs, cured by five doses *Graphites*.

Lupus. A corroding, tissue-destroying eruption in a woman, improved under the use of *Sulphur* and *Graphites*.

Leprosy. *Graphites* improves leprous spots or their consequent traces, especially coppery, annular raised spots in the face, coppery knobs at the ear, also callous ulcers of the feet.

Zona. Large blisters on raised ground, from the umbilicus to the spine. All blisters opened by scratching. Excruciating burning, cured by *Graphites*³⁰ after the failure of *Arsen.*

Ulcers on the feet from purulent pustules, always inflamed and very painful, entirely cured by five doses *Graphites*. (N. A. J. H., v. 22, p. 379.)

— (See Martiny, R. H., p. 257, etc.)

Petroleum. A physiological-therapeutical study, by Mossa. (H. Kl., 1874, p. 29, etc.)

OXYGEN GROUP.

Ozone and Antozone. By W. B. A. Scott. (B. J. H., 1874, p. 385.)

Nitr. ac. Proving. (Berridge, H. M., p. 8, 125.)

Nitrite of Amyl. Review of the pathogenesis by Dr. A. Peludon. (B. J. H., p. 218.)

— (Quoted by B. W. James, H. M., June, 1874, p. 521.)

HALOGEN GROUP.

Muriatic Acid in Diseases of the Tongue. A paper on. (R. T. Cooper, U. S. M. and S. J., v. 9, p. 268.)

ALUMEN GROUP.

Plumbum. Poisoning. (H. Goullon, Jr., A. H. Z., v. 88, p. 124.)

— By J. W. von Tunzelmann. (B. J. H., 1874, p. 17.)

— Chronic poisoning. By Lancereaux. (Gazette de Paris 34, p. 385, 1871; H. Kl., 1874, p. 151.) Second case. (H. Kl., 1874, p. 168.)

IRON GROUP.

Iron, on the action of. By Dr. B. T. Cooper. (B. J. H., 1874, p. 409.)

— Hahnemann's pathogenesis. (B. J. H., 1874, p. 614.)

— (See Martiny, R. H., p. 253, etc.)

Ferrum Phosphoricum. Mrs. R. S., in the third month of pregnancy, has suffered at times, for many years, from a severe headache, characterized by soreness in vertex, general soreness of scalp, cannot bear to have the hair touched, great nervousness at night. Gave Nov. 9th, 1873, four powders, each containing *Ferr. phosph. gr. v.* (of the 6th dec.) to be dissolved in six tablespoonfuls of water; a teaspoonful every

one to two hours during the continuance of the headache, and then a tablespoonful four times a day.

Dec. 12. Reported speedy relief, hardly any return since.

Nellie McC., æt. 12, and Miss J., æt. 20, both had suffered for some time frontal headache, followed and relieved by nosebleed. Both cured by *Ferr. phosph.*, given as above.

Mrs. Z., æt. 35. On stooping can't see; seems as if all the blood ran into her eyes. Cured by *Ferr. phosph.*

Miss E. McC., æt. 22. During her profuse menses was relieved "as if by magic" (to quote her own words) of a scarcely endurable "dull, heavy pain on the top of her head," by one or two doses of *Ferr. phosph.*

Mrs. C., æt. 40. After having been cured of attacks of perpendicular half sightedness by *Natr. mur.*, was relieved by *Ferr. phosph.* of the following: Top of head sensitive to cold air, noise, and any jar; on stooping, a sharp pain through the head, from back to front; at times, a feeling as if the head were being pushed forward, with danger of falling.

The following involuntary proving may serve to confirm this last symptom:

Mr. A., æt. 20. Received *Ferr. phosph.* for seminal emissions. Three days after he reported he had been compelled to stop taking the medicine on account of the great dizziness it seemed to cause; everything was swimming around him, his muscles seemed so weak he could hardly move about. Some time after he had gonorrhœa. He again got *Ferr. phosph.*, but was again compelled to cease taking it, on account of a recurrence of the same symptoms, even more intense than before, with the addition of a constant feeling as if his head were being suddenly pushed forward.

Miss I. S., æt. 17. For several months subject to sudden attacks of "deathly sickness at the stomach," coming on at no particular time, sometimes even awakening her out of sleep, and lasting from half to one hour. Appetite poor. In one week *Ferr. phosph.* entirely cured these attacks, and gave her such an appetite that "she could hardly get enough to eat."

AURUM GROUP.

Mercury, protosulphide of. Provings. (E. M. Hale, A. H. O., April, 1874, p. 210.)

- Argentum cyan. (?)** Cyansilber in form of so called *Argentine*. Poisoning by it. (Dr. Martius, Bayer, ärztl. Intelligenzblatt, xix No. 11, 1872; H. Kl., 1874, p. 128.)
- Argentum nitricum.** A pathogenesis from Dodea's *Materia Medica*. (Trans. by C. Dunham, A. M., May, 1874.)
- Cuprum.** Poisoning. (G. Pröll, A. H. Z., v. 89, p. 168.)
- Poisoning. By Dr. Bailly. (*Le Courrier Médical et La Reforme Médicale*, Nov. 29th, 1873; A. H. Z., v. 89, p. 207.)
- Cupr. ac.** Its physiological action from N. Z. f. H. Kl., v. 17, Nos. 20 and 21. (B. J. H., 1874, p. 260.)
- Cuprum and its salts.** Notes by E. W. Berridge. (Appendix to B. J. H., 1874, p. 99.)

MAGNESIA GROUP.

- Zincum.** Poisoning. By J. W. von Tuzelmann. (B. J. H., 1874, p. 610.)
- Provings. (Berridge, H. M. M., v. 8, p. 125.)
- By Dr. A. Gerstel. (J. Pr., 1874, p. 21, continued from p. 449, J. Pr., 1873.)

CALCAREA GROUP.

- Calc. ostr.** Proving. (Berridge, H. M. M., v. 8, p. 125.)
- Calc. carb.** See Martiny. (R. H., p. 128, etc.)
- Characteristics. Feels as though she would go crazy; desire to scream, as though she would like to run up and down the floor and scream, especially towards evening; imagines some one is walking beside her; if anything is hanging on a chair, imagines some one is sitting there; weak feeling in the back—worse from mental annoyance; burning feeling on the vertex; horrible, frightful dreams of sickness, death, etc.; bad taste in the mouth, like the smell of strong urine; high colored urine with very strong odor; unnatural craving for ice cream and lemonade, which agree with her; headache brought on by talking or thinking about it. (H. N. Martin, A. J. H. M. M., v. 8, p. 132.)
- Calc. fluor.** Proving. (J. B. Bell, N. E. M. G., p. 300.)
- Lapis albus.** Urkalkgneis, v. Grauvogl. (A. H. Z., v. 88, p. 196; H. Kl., 1874, p. 84.)
- Calc. sulph.** Proving. By Clarence M. Conant. (Trans. A. I., 1873, p. 332.)

- Calc. silicata.** Made an excellent cure of suppurating axillary glands. (Dr. Ussher, H. W., v. 9, p. 13.)
- Baryta.** A study. By Ch. Demoor. (Revue Homœopathique Belge, p. 43; A. H. Z., v. 89, p. 150.)

ALKALI GROUP.

- Natrum mur.** A long extract from a lecture by T. S. Hoyne. (A. H. O., May, 1874, p. 267.)
- Kali chlorat. or mur.** Very useful in dysenteric diarrhœa and in dysentery. Mr. V. had had dysentery for two or three days, Aug. 17, P. M., (in bed) suffering intensely with pains in the abdomen, cutting as if from knives; calls to stool every fifteen or twenty minutes, with tenesmus extorting cries. The evacuations consisting of only about a tea or tablespoonful of blood. Five grains of Kali chlorat. dissolved in a glass half full of water, and taking a dessert spoonful every hour; pains and diarrhœa ceased on the 18th, and he now complains only of soreness in the abdomen and weakness. (W. H. Bigler, A. J. H. M. M., v. 8, p. 88.)
- Kali brom.** By Binz and Anstie. (B. J., 1874, p. 272.)

ORGANIC COMPOUNDS.

THE ETHERS.

- Ether.** Death from. (A. M. Cushing, N. E. M. G., Feb., 1874, p. 62.)
- Chloral Hydrate.** It must be clear as water, of agreeable aromatic smell, its taste slightly caustic. It hardly ever causes nausea or vomiting, and shows no deleterious influence on digestion and defecation. Disagreeable symptoms from the prolonged use of *Chloral*, are: Conjunctivitis, erythemata, petechiæ, even gangrene on places exposed to pressure, especially in patients laboring under mental diseases, the gangrene spreads in depth with an intact skin. *Chloral* produces at first sleep, then more or less anæsthesia, and during both, relaxation of the muscles. It acts primarily on the ganglia of the brain, then of the spinal cord, finally on those of the heart, so that paralysis of the heart sets in. With the sinking of the pulse and respiration, the temperature falls, and the larger

the dose, the more evident the reduction. (N. A. J. H., v. 23, p. 128.)

— Poisoning after forty-eight hours. Paralysis, sensation and motion, both legs. Third day, bright scarlet eruption, face, body, limbs; face erysipelatous; face swollen, so that she could not see; eruption gone in four days; paralysis one week; thereafter free from headaches and symptoms of insanity. (J. H. Sherman, N. E. M. G., Sept., 1874, p. 412.)

Glonoine. Proving. By Dr. T. C. Duncan. (M. I., v. 2., p. 542.)

— Trans. from C. Hering's Amer. Arzneipr., with additions by C. F. Nichols. (N. E. M. G., June, 1874, p. 255; Aug., p. 337; Sept., p. 385; Oct., p. 433; Nov., p. 481; Dec., p. 529.)

— See Martiny. (R. H., p. 256, etc.)

Carbolic Acid Poisoning. Faintness, with sensation as if head were inflated; deathly faintness felt at stomach; too weak to whistle and sing. Head felt bruised; *scalp and face sensitive to touch*; pressure felt, especially in temples; *it seems as if he would see his temples sticking out*; if he turned his eyes, upon standing, *head seemed increased ten-fold*, and seemed to float; absence of fear (the strange sensations were ludicrous to him); became alarmed; *could not restrain himself from laughing*; mind (before sluggish) filled with delightful ideas. *Sense of smell too acute*; satisfied by smelling of food (for which he felt hunger); smelt odor of water-closet an hour after, and was distressed by it. Stomach, faintness; distress worse lying on either side, better lying on back with legs drawn up; food caused nausea; cold water caused nausea. Involuntary stool during sleep; stool like thick glue (mixed with currant seeds) *passed in thin strips like tape* (both voluntary and involuntary stools). Burning in rectum; urging without stool; flatus; sore feeling in abdomen and lumbar region (bruised); bruised and sore feeling in right leg; worse standing; enjoyed shaking head; better lying; aggravated by jarring of carriage (head). (C. A. Norton, N. E. M. G., July, 1874, p. 304.)

— First. It affects the spinal cord, whose reflex irritability becomes abnormally increased. Second. Sensibility is finally destroyed, when in consequence of convulsions, the spinal cord becomes exhausted. Third. Convulsions may arise spontaneously from external stimuli, and are increased by every respiratory motion. Fourth. From large quantities the

heart stops immediately in diastole. Fifth. Convulsions are clonic, irregular, and limited to separate groups of muscles. (N. A. J. H., v. 23, p. 267.)

- Proving. By T. D. Pritchard, D. D. (Trans. N. Y. S., 1873-74, p. 156.)
- (B. H. R., add., v. 6, No. 7, etc.)

PLANTS.

FUNGI.

- Agaricus.** Poisoning. By Dr. Crayon. (Gazette des hôpitaux, No. 140, 1873; A. H. Z. v. 88.)
- Twitching of the head and cervical muscles; worse on right side in a pregnant woman. Verified by W. McGay.

FILICES

- Lycopodium.** Proving. (E. W. Berridge, N. E. M. G., Sept., 1874, p. 401).
- Flesh lying in ridges, looking as if struck with a small stick. (Dr. Piersons, H. M., Dec, 1874, p. 213).
 - By Dr. J. E. Gilman, Chicago. (Translated, J. Pr., 1875, p. 110.)

LICHENS.

- Sticta pulmonaria.** Pulsation along right side of sternum to the abdomen. Case speedily cured. (P. Scheurer, A. H. O., June, 1874, p. 341).

AROIDEAE.

- Caladium.** Proving. (Berridge, H. M. M., v. 8, p. 125).

COLCHICACEÆ.

- Colchicum.** Poisoning. By the seed. (M. H. R., April, 1874.)
- Helonine.** Post diphtheritic debility. Dr. G. M. Oekford.
- Sabadilla.** Intense and repeated sneezing. (Dr. Ussher, H. W., v. 9, p. 272).

SMILACEÆ.

- Sarsaparilla.** Fragmentary proving. (H. C. Allen, A. H. O., April, 1874, p. 234).

- Faint feeling removed by 16°. (E. W. Berridge; H. M., Sept., 1874, p. 77).
 — Notes on. By Dr. E. W. Berridge. (Appendix to B. J. H., 1874, p. 99).

CONIFERÆ.

- Pinus Lambertiana.** (Sugar Pine of California and Oregon).
 A study. By A. P. Throop. (Trans. N. Y. S., 1873-4, p. 149).
Terebinthinæ oleum. In its Therapeutic actions. By Dr. Mossa. (A. H. Z., v. 88, p. 83).

MYRISTICACEÆ.

- Nux moschata.** Notes on. By Dr. E. W. Berridge. (Appendix to B. J. H., April, 1874, p. 83).

LAURINEÆ.

Camphor in large doses does bring on, when taken in health, choleraic symptoms, denied by some. A child, æt 18 months, ate a piece of camphor weighing nearly one drachm. About an hour after violent purging and vomiting set in, and in 4 or 5 hours the child was collapsed. Restlessness, intolerable thirst, sinking of the eyes, coldness of body, copious rice water stools, frequent vomiting, feeble pulse, in fact all the symptoms of cholera supervened.

A boy, æt. 3, suffered purging and vomiting after taking some camphor and well marked symptoms of camphor. (B. M. Sircar, C. M. J., v. 2, p. 166).

- Poisoning. (M. H. R., March, 1874).
 — Dr. Young. (H. M., Feb., 1874, p. 301).

VALERIANACEÆ.

- Valeriana officinalis.** (B. H. R., p. 16, etc.)

CAPRIFOLIACEÆ.

Viburnum opulus. 1st to 3d dil. indicated in spasmodic dysmenorrhœa, a few drops three times a day, for a week previous to the expected period.

It is equally useful for the severe, false pains preceding normal labor.

Of great value for after pains, and should be given a dose after each pain.

Cramps in the abdomen and legs of pregnant women are controlled very quickly by it.

Will prevent miscarriage if given before the membranes are injured and when the pains are spasmodic and threatening. (E. M. Hale, H. M., v. 9, p. 8; A. H. O., April, 1874, p. 206).

LORANTHINEÆ.

Viscum. Poisoning by the berries. (M. H. R., May, 1874, taken from B. M. J., Feb. 21, 1874.)

RUBIACEÆ.

Coffea. Poisoning. (E. M. Hale, H. M., May, 1874, p. 465.)

— (M. H. R., Feb., 1874, taken from D. Kl., No. 41.)

— (Martiny, R. H., p. 230, etc.)

Chininum arsenicotum. Proving by Dr. Muhr. (A. H. Z., v. 88, p. 39.)

SYNANTHEREÆ.

Guaco and its Uses. Translated from *La Reforma Medica*, Oct. 31st, 1873. (B. J. H., 1874, p. 183.)

Millefolium. Trans. from C. Hering's *Am. Arzneipr.*, with additions. (N. E. M. G., May, 1874, p. 193, and June, 1874, p. 241.)

Chamomilla poisoning. During the present year I was called to a lady of nervous temperament, very irritable and subject to headache. Relieving habitually her neuralgia by *Nux vom.*, I sent her a dose of that medicine, proposing to see her some hours later. A second message came quickly and informed me that Madame X. had delirium, and was uttering some fearful cries. I found her extended on a bed in disorder, her face red, hot and covered to her very hair with a profuse perspiration. She was a prey to great anxiety, excited in all the senses, scratched at the walls with her hands, and her cries could be heard through the whole neighborhood. Not being able to thoroughly understand such a state of affairs, I sat down near her to observe her, and often entertained the idea of poisoning. Notwithstanding I thoroughly questioned the parents and their assistants, I could gather no facts upon which to base a diagnosis. At the end of twenty

minutes the face grew pale, the pulse became small but rapid; the delirium and hallucinations continued. I was thinking to send for a priest, when, upon further questioning the assistants, I learned at last that Madame X., feeling sick, at the approach of her headache, her husband had prepared her a strong infusion of the flowers of chamomile. I did not hesitate to attribute to this fatal drug all the collection of nervous phenomena that I saw before me, for I knew the temperament of my patient in every particular, on which a large dose of chamomile could not fail to exercise considerable effect. A dose of *Coffea*, 3d dil., relieved her in a few moments. (M. le Dr. Van Cutsem, Rev. Hom., p. 100, etc.)

Cina. (Martiny, R. H., p. 229, etc.)

Arnica montana. (Martiny, R. H., p. 94.)

— Urging to stool, followed by copious loose stools repeatedly during the day, or urging to stool, with passage of urine. Inflammatory swelling of testicles; great tenderness. Hardness of bed on which he lies. (Metastasis from mumps.) Verified by W. McGeorge.

CUCURBITACEÆ.

Bryonia alba. Fragmentary proving. (E. C. Price, A. H. O., Sept., 1874, p. 521.)

— (Martiny, R. H., p. 126.)

— Pain in epigastrium towards the left side when making a misstep. (J. Jeanes, H. M., Aug., 1874, p. 44.)

Colocynthis. (Martiny, R. H., p. 232, etc.)

LABIATÆ.

Lycopus virginicus. Proving by Morrisson of London. (M. H. R., Oct., 1874.)

HYDROPHYLLINEÆ.

Hydrophyllum virginicum. After plucking the flowers, hot lachrymation with itching; swelling of the lids; conjunctiva injected with some photophobia; agglutination of lids in the morning; dull headache. Has been used successfully in case of conjunctivitis with similar symptoms. (A. H. O., Feb., 1874, p. 101.)

NOTE.—In Canada popular antidote to the Rhus poisoning.

SOLANINEÆ

- Hyoscyamus niger.** Poisoning. By N. B. Covert. (Trans. N. Y. S., 1873-4, p. 157.)
- Dulcamara.** (Martiny, R. H., p. 234, etc.)
- Solanum nigrum.** Pathogenesis. (P. B. Hoyt, A. H. O., July, 1874, p. 372.)
- Stramonium.** Poisoning case of. (W. H. B., A. H. O., May, 1874, p. 263.)
- By E. W. Berridge. (B. J. H., 1874, Appendix to January number.)
- Belladonna.** Poisoning in a child. (J. H. McClelland, H. M., June, 1874, p. 491.)
- Proving. (Berridge, H. M. M., p. 125.)
- See Martiny. (R. H., p. 97, etc.)
- Atropine.** Poisoning. (H. M., Jan., 1874, p. 262; M. H. R., Jan., 1874; by Sydney King, Lancet, Sept. 27, 1873.)
- Sulphate of Atropia.** Poisoning. (E. W. Chittenden, M. I., v. 11, p. 479.)

APOCYNIEÆ

- Gelsemium.** Involuntary proving. (J. C. M., A. J. H. M. M., v. 7., p. 171.)
- Study. By Helen J. Underwood. (M. I., v. 11, p. 29.)
- Nux vom.** Sensation as if brain were revolving rapidly on an axis. (Youmans, H. M., Dec., 1874, p. 213.)
- Whenever taken in the morning, dull, aching and heaviness in right testes and spermatic cord; taken in the evening it had not this effect. (E. W. Berridge, N. E. M. G., Sept., 1874, p. 401.)
- Paralysis of bladder, with dribbling of urine (cured by tinct. after 200th had been given for several days in vain.) Verified by W. McGeorge.

ASCLEPIADINEÆ

- Condurango.** Symptoms of. By H. F. Adams. (Trans. N. Y. S., 1873-4, p. 291.)

UMBELLIFERÆ

- Cicuta virosa.** Poisoning by. (H. Wilson, Lancet, II., 1; Sept. 16, 1871, p. 376; H. Kl., 1874, p. 48.) Eruption at corner

of mouth, in three days spreading over face and hands, in two days more appearing on breast, resembling erysipelas, gradually forming a yellow, honey-colored crust, with burning and itching, unaccompanied with fever. . . . Two cases cured in five and twenty-one days respectively. Verified by W. McGeorge.

Apium graveolens proving. (Berridge, H. M. M., v. 8, p. 125.)

Phellandrium aquaticum. (Dr. Dunphey, *Bibliothèque Homœopathique*, p. 28.) I found *Phellandrium* particularly useful in bronchial catarrh, where tubercularization is suspected; dry cough; incessant, persistent, excited by a tickling in the trachea. (Dr. P. Pitet, B. H., p. 32.)

Oenanthe crocata. A study by Dr. Blot. (*Montpellier Medical*, Nos. for Oct., Nov., Dec., 1872; April, May, 1873; *Ars Medicale*, March, 1874; B. J., 1874, p. 459.)

Sumbulus moschatus poisoning. Quoted by B. W. James. (H. M., June, 1874, p. 525.) Fragmentary proving. (J. Morgan, A. H. O., July, 1874, p. 416.)

CONNARINEÆ.

Ailanthus glandulosa. Pathogenesis. (S. A. Jones, A. H. O., Feb. 1874, p. 111.)

ANACARDIINEÆ.

Rhus radicans. Poisoning by. In June, 1874, a man, aged 20, called and complained of intense itching and burning of the skin of forehead, and about the eyes. Face was much swollen, could open his eyes only with difficulty. Vesicles made their appearance, filled with watery fluid. Fever and slight pain in the head was also present. Also more or less dizziness. Inquiry revealed that a few days prior patient had been in the country, hunting strawberries, and was probably poisoned by coming in contact with the *Rhus* plant. Same patient had been poisoned in boyhood in a similar manner. The antidote used in this case was the *Polygonum hydropiper*, or smart weed, bruised and applied after being mixed with a handful of common salt. Three applications, after a few hours, produced complete relief of the local symptoms. The remedies used to relieve the constitutional symptoms were *Bellad.*¹² and *Rhus tox.*¹⁵. The

doctor reports a similar relief in his own case with the smart weed when a boy. (J. A. Sapp, O. M. and S. R., v. 8, Nos. 1 and 2, p. 36.)

- Dr. C. poisoned his hand with *Rhus rad.*; there were small pimples, coalescing into blisters the size of a split pea, filled with yellow, watery fluid, with intense itching; worse at night after 12 P. M. The only relief he can get is to rub it with something rough, until the blisters are open. The case was of three weeks' standing. *Sanguinaria*²⁴, one dose, relieved quickly and cured. (A. Hammond, M. I., v. 11, p. 603.)

PAPILIONACEÆ.

Baptisia tinctoria, proving of. By B. B. Schenck. (Trans. N. Y. S., 1873-4, p. 155.)

- Some new symptoms. All the symptoms, even the *paralysis*, appeared within a few hours after taking the drug, and disappeared before the expiration of twelve hours. Six weeks after, livid spots all over the body, without any special discomfort. The wandering, lame, sore and drawing pains were only the precursors of the final culmination. (N. A. J. H., v. 22, p. 366.)

Cytisus laburnum. Poisoning. (Lancet, Sept. 16, 1871, p. 376; H. Kl., 1874, p. 48.)

Calabar. *Physostigma venenosum*. Proving. (S. Swan, H. M., Jan., 1874, p. 266.)

CÆSALPINIACEA.

Cassia alata. Curative in virulent ringworm of India. (N. E. M. G., Jan. 1874, p. 46.)

Senna. Proving. (Berridge, H. M. M., 8, 125.)

CACTINEÆ.

Opuntia vulgaris. Characteristics: excoriating, with feeling in lower third of abdomen with sensation as if the bowels had all settled down into lower part of abdomen; nausea extends from the stomach into the bowels; worse in median line; nausea, with dull, heavy pain in stomach, with feelings as if cramps would set in; feeling of prostration and coldness. (Burdick, N. A. J. H., 23, 47.)

POLYGONIFLORÆ.

Fagopyrum esculentum. Proving. By Dexter Hitchcock, (Trans. A. I., 1873, p. 258.)

RIVINACEÆ.

Phytolacca decandra. Poisoning by. A woman, æt. 45. Temperament bilious sanguine, active, hard working, with a large family of grown children. Was always in good health until one year prior to report of case. She was attacked with rheumatism, followed by anasarca, and many other symptoms indicating "change of life."

The patient took a swallow of whisky three times daily, for a period of some thirty days, in which three ounces of poke root had been put (the quantity of whisky was a pint). The following condition was observed. Found the patient covered with an eruption commencing at the crown of the head and extending to the feet, presenting the appearance of erythematous blotches of irregular shape, slightly elevated, pale, red or pink in color, very sore and painful, itching slightly only on desquamation, but too sore to allow of any scratching for relief, terminating in a dark or purple spot. The required time for the eruption to pass through its various stages was thirty days, and about the same time for it to advance from head to foot. Fever, face slightly swollen, no sweat, appetite good. Nightly pains in the bones of the face and head. These pains appeared to proceed from nodes on the frontal bones.

Gave *Merc. sol.* ʒd trit., which relieved the pains and enabled her to sleep. Eruption now grew apparently worse, and then invaded the ocular conjunctiva, the mucous membrane of the mouth and nose, and subsequently three months later in the œsophagus and fauces, having entirely disappeared from the body surface. Louis Grasmuck, O. M. and S. R., v. 8, No. 5, p. 289.)

— Case of Poisoning by. I was called Sept. 25th, 1865, to see a child æt. 8. Upon my arrival, he was in great agony, complained of his stomach where he felt constrictive gripings of nausea and vomiting. I examined the ingesta and found in it seeds and skins of the *Phytolacca* berries; the ingesta was of a dark red color; the child told me after vomiting that he had eaten more poke berries. After the vomiting

had ceased, there were a number of liquid, dark brown stools, with much pain in the stomach upon pressure, which made him cry. The vomiting and diarrhœa stopped in a half hour after my arrival. The child then complained of slight nausea, of burning, griping pains in the region of the umbilicus, of obscurity of vision; the tongue was coated white, and he had spasmodic jerkings of the hands and legs. He went to bed and slept well all night; in the morning he was as well as ever. I forgot to mention that his throat was sore; that the isthmus was congested and of a dark red color; that he had dryness of the throat with some swelling of the tonsils. (Dr. C. H. Lée, d'Etna, Bib. Hom., p. 182, etc.)

ONAGRACEÆ.

Oenothera biennis. A partial proving of. (T. R. Nute, U. S. M. and S. J., v. 9, p. 313.)

MYRTINEÆ.

- Eucalyptus Globulus.** Proving. By Fawcett, of Australia. (M. H. R., Feb., 1874.)
 — History and partial provings reported. By Edwin M. Hale. (Trans. A. I., 1873, p. 367.)
 — Provings. By E. M. Hale. (A. H. O., April, 1874, p. 216.)
 — By E. Lewi. (H. Kl., 1874, p. 13, etc.; p. 82.)
 — On the action of. By W. Mees. (Arch. f. Klin. Med. 13, 638; A. H. Z., v. 89, p. 200.)

CRUCIFERÆ.

Iberis amara. Its pathogenetic effects upon the heart. By E. M. Hale. (N. H. M. and S. J., v. 7, No. 27; Trans. H. K., 1874, p. 49.)

PAPAVERINEÆ.

- Morphium.** Poisoning. By Mossa. (H. Kl., 1874, p. 617.)
Opium. By Codein Poisoning. (M. H. R., May, 1874. Taken from *Brit. Med. Journ.*, April 11th, 1874.)

RANUNCULINEÆ.

Ranunculus bulb. Small sore spot as from subcutaneous ulceration after pneumonia. By G. M. Ockford. (H. W., v. 9, p. 198.)

Pulsat. Proving. (Berridge, H. M. M., v. 8, p. 125.)

Hydrastis canadensis. Symptoms verified:

First. Dull, heavy, dragging pain and stiffness of the back, particularly across the lumbar region, obliging the patient to use his arms in rising from a seat and walking bent for a few steps before being able to straighten up.

Second. Weakness of digestion, pale tongue, fullness and uneasiness in stomach after eating, weakness of body and limbs, with depression of spirits.

Third. Palpitation of the heart, with heavy, dull, hard thumping fullness of the chest and dyspnoea, in connection with dyspepsia. By Robt. C. Smedley. (M. I., v. 11, p. 35.)

— Erysipelas. By D. G. Woodvine. (N. E. M. G., Jan., 1874, p. 28.)

Aconitum Napellus. By Martiny. (R. H., Belge, p. 34.)

— Pathogenesis, with clinical cases. By J. H. Nankivell. (B. J. H., 1874, p. 70.)

Actæa racemosa. Value of, in facilitating labor. By W. E. Rogers. (A. H. O., April, 1874, p. 222.)

EUPHORBIACEÆ.

Crot. tigl. Proving. (Berridge, H. M. M., v. 8, p. 125).

RUTACEÆ.

Jaborandi. *The New Diaphoretic.* The leaves and little twigs are broken up, and from four to six grammes infused in a cupful of warm water. The infusion may be taken warm or cold, ten minutes after the patient breaks out into a violent sweat, which continues four or five hours, and which is so thorough as to necessitate several changes of linen. At the same time a most abundant flow of saliva is promoted—so abundant, says M. Gubler, that speech is rendered almost impossible. He asserts that he has known patients eject *more than a litre* in less than two hours. Occasionally has induced diarrhoea. Its action is more rapid and thorough

if taken warm and if the patient is well covered up in bed, but its effects are none the less certain under quite contrary conditions. According to Professor Baillou, the plant belongs to a species of the rue family, the *Pilocarpus pinnatus*. *Jaborandi* is the Indian name.—*Med. and Surg. Reporter*. (Quoted by B. W. James, H. M., Sept., 1874, p. 88).

It quickens the pulse, flushes the face, causes prostration and sleepiness.

Belladonna acts as an antidote in checking the sweat and removing the dryness of the mouth. (Boston Journal Chemistry, June, 1875.)

SIMARUBACEÆ.

Simaruba Cedron. Pathogenesis of. (S. A. Jones, A. H. O., Aug., 1874, p. 441.)

HIPPOCASTANIEÆ.

Æsculus Hippocastanum. In leucorrhœa, constipation, hemorrhoids and rheumatism. The key-note of this remedy: *pain and lameness in each sacro-iliac symphysis worse when walking*; was repeatedly verified. Patient can scarcely walk on account of this lameness in the back, which seems to be of a rheumatic character. (H. V. Miller, H. M., Nov., 1874, p. 163.)

— Observations quoted from American Observer by B. W. James, (H. M., Sept., 1874, p. 91.)

ERYTHROXYLINEÆ.

Coca. Proving. By Dr. E. W. Berridge and others. (N. A. J. H., v. 23, p. 165.)

— Notes on. By E. W. Berridge. (Appendix to B. J. H., April, 1874, p. 96.)

ANIMALS.

ARTICULATES; OR INSECTS.

Coccus cacti. Spasmodic cough after midnight, causes vomiting with copious expectoration. (Dr. G. M. Ockford, H. W., v. 9, p. 181.)

— Used in crude form. (According to Grauvogl, A. H. O., Feb., 1874, p. 102.)

Formica. Notes on. By Dr. E. W. Berridge. (B. J. H., appendix to April number, 1874, p. 82.)

Apis mellifica. Accidental proving. By Charles Cropper. (Trans. H. M. J., N. Y., 1873-74, p. 152.)

— Characteristics of.—Excessive sensibility to pressure of the affected parts, debility, exhaustion, *especially of the back*, with trembling, necessity to lie down, paleness, chilliness, giddiness or vomiting, dreams of travelling, of flying in the air, with agitation in the latter part of the night or sleep greatly prolonged in the morning; burning, lancinating pains in the affected parts; dislike to fresh air; excessive sensitiveness to the least touch or external pressure; aggravation by heat; amelioration by cold water; amelioration by changing position of the painful parts, which felt aggravated by lying down. (N. A. J. H., v. 23, p. 234.)

— Dr. Martiny. (R. M., p. 36.)

Cantharides. Poisoning Case of; Collodium with it. (E. Schwerin, A. H. O., March, 1874, p. 160. See H. M., April, p. 416.)

MOLLUSCS.

Sepia. Proving. (E. H. Berridge, M. E. M. G., Sept. 1874, p. 402.)

— its clinical effects. (H. Goullon, Jr., J. Pr., 1875, p. 688.)

Snakes, see toxicological remarks.

MAMMALIA.

Pulmo Vulpis in asthma. (S. A. Jones. A. H. O., Dec. 1874, p. 632.)

Lac defloratum. Proving and Cures. (A. H. Z. Quoted by R. J. McClatchey. H. M., Dec. 1874, p. 219.)

Koumiss. From time immemorial the people inhabiting the Steppes of Eastern Russia have been accustomed to use for drink, and also for medicine, the fermented milk of the mare. Invalids suffering with profound debility in consequence of organic or other lesions, the Russian physicians send from all parts of the Empire to the country situated between the Caspian Sea and the Sea of Aral, to be cured with Koumiss. In order to promote the fermentation of mare's milk they add to it, in this country, a certain amount of flour of mil-

let or of brewer's yeast. Fermentation generally sets in in twenty-four hours; the liquid is then put in bottles, where it becomes still stronger.

Previously it has been thought that the atmosphere of the Russian plans was absolutely essential to successful cures by Koumiss; but various experiments which have been made in the hospitals of Paris with Koumiss prepared there from the milk of the cow and ass, give reason to believe that fermented milk is more easy of assimilation than fresh milk, and that it will become a precious resource for invalids whose constitutions are profoundly undermined,—and especially in affections of the chest. (*Revue Hom. Belge*. Aug. 1874. Quoted by R. J. McClatchey. H. M., Nov. 1874, p. 178.)

Lacticum acidum. Proving by T. F. Allen. (A. H. Z., v. 88, p. 131. N. Y. J. H., in 1873, see Record 1874, p. 17.)

NOSODES.

Secale affects first the *cerebrospinal* and *ganglionic* system and through them not only the walls of the blood-vessels, but also venous stagnation and toxæmia take place, showing itself in suffering of the organs and finally gangrene. (S. Lilienthal. M. I., v. 2, p. 160.)

Vaccininum. Proving. (Berridge, H. M., v. 8, p. 125.)

COMPARATIVE MATERIA MEDICA.

Graphites and Causticum Compared. *Both* are characterized by *humming pain* and *dryness* of the parts; both cure, therefore, eruptions, tetter, fissures, rhagades, fistules, which are characterized by an annoying humming, no matter where they appear (near the anus, scrotum, behind the ears, around the mouth, eyes or nose).

Both are indicated in *scrofulous inflammation of eyes*, with crusty eruption in the nose and around, swelling of legs, coryza running or dry; *photophobia*, hordeola, point more to *Graphites*.

Both cure *constipation*. *Causticum* in scrofulous children with thick belly and constant unsuccessful urging, wetting the bed, dry skin, easily festering on slightest scratch. *Graphites* in more advanced age of female sex. (The hard feces are covered with slime.—C. G. R.)

Both have *hoarseness*; the sensation of a lump in the throat; rawness in the throat and chronic hoarseness.

Both cure half-sided *paralysis* of face. *Causticum* paralysis after apoplexy, especially in the right side. *Graphites* paresis of upper eyelid (Ptosis)

Both cure *neuralgias*, *odontalgias*; both are important in the *panaritium of ingrowing toe nails*. Both have cured *impaired hearing*.

Causticum acts especially upon kidneys and bladder. Cures *fistules*; is important in *burns*, in warts, in lupus exanthematicus, acne tubercle (mentagra), while *Graphites* finds its application in cramp of stomach, menstrual colic, spasmodic cough and asthma; in tettery eruptions, fissures; in hæmorrhoidal diathesis; in various affections of the female sex; during the climateric age, and as an emmenagogue; in hardness of hearing, with hæmorrhoidal disposition, constipation and tettery eruptions. (H. Goullon, Jr., J. Pr., 1875, p. 173.)

Comparisons according to Temperament and other Characteristics. By H. V. Miller.

The temperament of the patient is often highly important and in some cases determines the choice of remedy. By different authors various classifications of temperament are made, some of which are not clearly defined nor easy of comprehension. But the ancient classification is the one most generally employed.

Calcareæ carb. suitable especially for the leucophlegmatic temperament in childhood: fat children with light complexion; light hair and blue eyes; large head; large, open fontanelles; dry, flabby skin; profuse head-sweat, etc. Craves eggs.

Calcareæ phosphorica. Subjects instead of being fat, as in *Calc. carb.*, are emaciated. Instead of a clear, white complexion like the above, it is for a dirty white or brownish complexion; also, skull soft, thin, crepitating when pressed, especially on the occiput. Craves bacon, salt meat and potatoes.

Silicea is often indicated when *Calc. carb.* is administered. It is appropriate for children with large bellies, weak ankles, much head-sweat and aggravation from uncovering. The head-sweat extends lower down than in *Calc. carb.*, and is apt to smell offensively. Offensive foot-sweat is another indication; scrofulous constitution.

Bromine is important particularly in croup and diphtheria, occurring in children with light hair, blue eyes and fair skin. There is

a rattling of mucus but no choking in the cough as in *Hepar sulph.* The diphtheria begins in the larynx and extends upward into the fauces, or in some cases it may extend from the fauces into the larynx.

Kali bich. Adapted to fat, light-haired persons; important in croup and diphtheria; expectoration adhesive and ropy; tough and stringy discharge from the nostrils.

Kali carb. Adapted to fleshy, aged people, and to complaints following parturition. Various diseases characterized by stitching pains.

Aconite is suitable particularly to plethoric people; to young girls of sanguine temperament and sedentary life; for fevers and other complaints characterized by restlessness, anxiety and fear of approaching death (compare *Arsen.* and *Agnus cast.*). In cases of fever, wherein the process of blood-decomposition has not already commenced, as in typhus and typhoid fevers, and especially when the following symptoms are found to be present, indicative of arterial excitement and capillary obstruction: *a full and bounding pulse, great thirst and superficial heat, anxiety and restlessness.* On rising from a recumbent posture, the red face turns pale (compare *Veratr. alb.*).

Belladonna is to be considered in affections of persons of lymphatic or plethoric constitution, with a tendency to engorgement of the glands, or to phlegmonous inflammations, as in erysipelas. Also in diseases of children and of women, as well as any persons of a mild temperament, with blue eyes, light hair, fair complexion, and delicate skin (*Bromine*). Adapted to cases of fever with cerebral congestion, indicated by hot head, flushed face, throbbing of the carotids, moaning, delirium, eyeballs red and injected, etc. One characteristic of this remedy is, that the skin imparts a burning sensation to the hand.

Bryonia is chiefly a masculine remedy. In its sphere it embraces affections principally of male adults, having a nervous or a dry, meager and bilious temperament, complexion dark, hair and eyes black or brown, irritable disposition (*Nux vom.*) with a tendency to membranous inflammations. It affects serous membranes and fibrous tissue. It gives evening aggravation, thirst for large quantities of water, and great aggravation from motion. For aggravation from rest, compare *Rhus tox.* and *Rhodod.*

Nux vomica is appropriate for people of choleric, sanguine, malicious, irritable temperament, and those who make great mental

exertions; persons with dark hair; drugged subjects; tendency to melancholy and venous constitution, with tendency to hemorrhoids (*Sulphur*). It gives morning aggravations.

Pulsatilla, on the other hand, is suitable for the phlegmatic, mild, yielding or good-natured disposition, and patients that are easily excited to tears—especially very affectionate blue-eyed women. It gives evening aggravation and relief in open air and in a cold place (*Cyclam.*). A prominent indication of either *Nux vom.* or *Pulsat.*, is a bad taste in the mouth in the morning.

Lachesis. Affections of meager, weak, melancholy persons, or of those who are chlorotic with sickly complexion. Women at the climacteric period with frequent metrorrhagia and hot flushes, burning vertex, headaches, pain in back, or hot flushes by day and cold flushes by night, insomnia, aggravation in the afternoon and evening, distressing aggravation after sleep. Throat diseases commence on the left side—rheumatism on the right.

Lycopodium. *Lithic acid* diathesis. Much red sediment in the urine, the urine itself being transparent. (When the urine is of a deep color, with copious red sediment *Lob. infl.*) Sallow people with cold extremities, haughty disposition when sick, mistrustful, slow of comprehension, weak memory. The least quantity of food or drink causes repletion from excessive flatulence. Hot flushes, aggravation from four to eight p. m. Throat diseases begin on right side.

Sulphur. Lean persons that walk stooped. Lymphatic temperaments, venous constitutions disposed to hemorrhoids with constipation (*Nux vom.*), or morning diarrhœa, scrofulous diseases which seem to get almost well when they return again, diseases caused especially by suppressed eruptions, peevishness, sudden and frequent flushes of heat all over the body, followed by perspiration, hot palms, soles and vertex; at ten a. m., faintness in epigastrium.

Comparisons. In the Journal of the Hahnemann College, in Philadelphia, the J. of H. M. M., vols. 7 and 8, we have, in the form of an appendix, a series of comparisons, by E. A. Farrington, Prof. of Mat. Med. in the Hahnemann College. These comparisons are a supplement to Gross' Comp. Mat. Med.

But Dr. Farrington has adopted a much better plan than that of Gross, who mostly depended on what Bönninghausen gave in his Repertory. His comparisons are much more pregnant, and in every respect more instructive.

The most important of our new drugs, for instance, *Ailanthus*

and *Arum triph.*, *Actea rac.* and *Caulophyl.*, *Iris* and *Leptandria*, are in this way better characterized. The *Baptisia*, one of the greatest acquisitions, is placed in the right light by pointing to the differences with *Arnica*, *Mur. ac.* and *Rhus tox.*; *Lilium tigr.* is diagnosed from *Sepia* and *Pulsat.*, *Podophyl.*, the great polychrest, from *Chelid.*, *Merc.*, *Nux vom.*, and *Sulphur*. Those drugs naturally nearly related, like *Badiag.* and *Spong.*, *Bromium* and *Iodium*, the Halogens in croup *Chelid.* and *Sanguin.*, the salts of *Mercury*, *Iodium*, and *Kali hydr.*, *Calc. carb.* and *Calc. phosph.* *Hepar* and *Sulphur* are also compared. Complementary drugs like *Aloes* and *Sulphur*, *Bryon.* and *Ant. crud.*, *Apis* and *Nat. mur.*, and inimical drugs, like *Ap's* and *Rhus tox.*, *Caustic* and *Phosphor.*, *Mercur.* and *Silic.*, receive careful attention. We find *Coffea*, *Coca*, and *Tea*, with their differences from other similarly acting drugs.

The most important step and the first attempted towards a real science, is the comparison of the *Potassa* salts, exactly as has been done in Chemistry; what all have in common are found as generic symptoms of the whole family.

Altogether there are over 150 pages containing more than 45 instructive comparisons

TOXICOLOGICAL REMARKS.

Turpentine as antidote to *Phosphor.* (Gery, Gazette hebdom. de med. el de chin., 1874, No. 2, p. 15. A. H. Z., v. 89, p. 200.)

Nux vom. as an antidote to Opium.

A child, æt. 2, had swallowed, about an hour before, nearly an ounce of laudanum. Was found cold, insensible and in strong convulsions; had vomited once, soon after taking the drug. Mustard and salt failed to produce an emesis. Convulsions followed each other in quick succession with comatose intervals. *Nux vom.* was given in one drop doses every five minutes. In two hours the convulsions ceased and the *Nux vom.* was stopped. Sensibility and warmth gradually returned. It was kept awake for nine hours when it fell into a quiet slumber and awoke well. (C. P. Hart, A. H. O., Jan., 1873, p. 31.)

Naja tripudians. According to Francis in the Indian Med. Gaz., Halford in B. M. J., and M. V. Grandmarins in Gazette des Hospitaux.

A diagnosis is given of the two kinds, the *Keute* and *Gokhura*,

differing very much even in the microscopical character of their poisons. Experiments on animals. (Calcut. J. M., v. 1, p. 121.)

Francis on Snake Poison draws especial attention to two facts which have recently brought to light, viz: that the poison can act inimically, through the uterine circulation, the fœtus in the womb being killed by it, and also, through the milk of the animal bitten by it. Milk may carry with it the germs of leprosy or syphilis or such constitutional poison may lurk in the apparently healthy pustules on the arm of an infant. (Calcut. J. M., v. 1, p. 285.)

Snake bite in Bengal, reported by Major C. L. Brown. The man was, (11:30 A. M.), sitting on the ground, a tight ligature tied below his knee, two other men were holding live charcoal close to two specks on the skin made by the teeth of the snake. This treatment lasted seven minutes, was applied a few minutes after he had been bitten by a Cobra. Patient seemed very happy, laughed and talked. In less than five minutes, however, the words came out of his mouth with less volubility, and he rapidly sank in a torpor. The two men seized and walked him about, and all the remedies in homœopathic books were tried at intervals but he got worse and worse; suddenly, cramps came on just like those of spasmodic cholera, and he was treated with *Cuprum*, just as a choleraic patient would have been treated. It was of no use walking him about, for he refused to use his legs and the skin was taken off his insteps by being dragged along. In half an hour after the first dose the man was quite well, wide awake and very hungry. (Calcut. J. M., v. 1, p. 298.)

NOTE.—If the radiate heat cannot reach the poison it cannot destroy the fermenting quality. Alcohol might have been better in strong doses. (C. Hg.)

Naja tripudians, by L. Salzer.

Ammon. to be inhaled but not to the hæmatic effects, *Hydr. ac.* the most reliable *Arsenic* is homœopathic to the gangrene and the typhoid state. Hence it is urgently recommended as a local application.

Bellad., when it can be given immediately after the accident, before there is a difficulty in breathing.

Gelsem. ought to be preferred for paralytic symptoms.

Cactus gr. is said by Hughes, to resemble the influence of *Naja* on the heart.

Cuprum when convulsions are severe and threatening. (Calcut. J. M., 1869, vol. 2, pp. 140–43.)

GENERAL REMARKS.

Hindoo Medicine. By W. B. A. Scott. (B. J. H., 1874, p. 577.)

Proving constitutes the soul of therapeutics. To be able successfully to grapple with disease, we must find their prototypes in the drug world. (Calcut. J. M., v. 1., p. 25.)

Rules for Proving Medicines. (H. Kl., 1874, p. 87.)

Suggestions for the study of Materia Medica. By D. J. Kimball. (Trans. N. Y. S., 1873-4, p. 179.)

The Pathogenesis of the Chronic Diseases of Hahnemann. By R. Hughes. (B. J. 1874, p. 631.)

Illustrated Repertory of Chest symptoms. A novel way of making a useful repertory has been introduced by R. R. Gregg. The subject sought is accomplished by plates (wood cuts) representing the outlines of various portions of the body and delineating thereon the symptoms of the remedies in the position in which they occur; by simple and ingenious markings the direction, extent and kind of the various pains are also depicted. Two plates relating to the chest are given as specimens, their mode of construction and use explained. (M. I., v. 2, pp. 333 and 393.)

Verified Symptoms. By Wallace McGeorge. We give above some of them. See *Arnica*, *Agar*, *Cicut*, *Nux vom*. (Trans. A. I., 1873, p. 400.)

Resume of Schuesslers Twelve Remedies. (J. C. M., A. J. H. M. M., v. 8, p. 22.)

Dietetic Curiosities. Withdrawal of lime or phosphoric acid from the food of adult animals led to fatal results, yet it did not affect the bones. The same effect was produced on young animals. (Quoted by R. W. James, H. M., Dec. 1874, p. 216.)

Letter concerning quotations from the Allopathic Materia Medica. (C. Hering, H. M., March, 1874, p. 376.)

Special Report of a plan for the more thorough and proper proving of Remedies, etc. By J. P. Dake. We have space only to call the attention of the profession to the discussion opened by this report; it proposes the establishment of a "College of Provers." (Trans. A. I., p. 233.)

This report met with a reply from W. F. Payne. Setting forth the difficulties of obtaining the desired result by a plan like the above. (Trans. A. I., p. 244.)

PRACTICE.

MIND.

Aphasia. In a case related by Dr. Hayden in *Dubl. Journal*, March, 1873, 309, there were found emboli of solid fibrine in the *Art. cereb. anter. and med. sinistra.* Two cases in which there were found emboli in the *right Art. cerebr. med.* showed no symptoms of Aphasia. (E. Lewi, *H. Kl.*, 1874, p. 161.)

Hallucinations were cured by *Valer. off.* as a tea. (H. Goulton, Jr., *H. Kl.*, 1874, p. 59.)

Hallucinations of all kinds of figures and grimaces, especially in the evening when going to bed and shutting the eyes; in an old man of 60 years; at one time he saw these appearances also through the day and heard them talk. He complains of headache; flimmering before the eyes; whizzing and drumming in the ears; chronic, bronchial catarrh. In walking on the street frequently vertigo. Memory weak; brain-functions in general decreased; must frequently think long before he finds the right expression. Temperature low; hands always cold; in winter the hands become bluish-black. All symptoms which appear to have their origin in a decreased change of waste and repair, whereby the blood becomes overloaded with carbonic acid—a carbo-nitrogenized constitution of Grauvogle. *Cuprum ac.*, 2d dil., night and morning, three drops in water, improved greatly. (Mossa, *A. H. Z.*, v. 89, p. 52.)

Calcarea. One dose 107th, cured visions of faces, persons, when eyes are closed. (E. W. Berridge, *H. M.*, September, 1874, p. 77.)

Somnambulism. (C. C. Bronson, *M. A.*, v. 1, p. 630.)

During climacteric change. Lady, *æt.* 49, after severe mental suffering (lost three children in the last eight years), suffers with palpitation of the heart; menses irregular. Some three months ago at the time for return of menstruation was suddenly taken with a feeling of partial faintness, loss of memory, face very red, eyes congested, violent pain all over and through the head, constant disposition to talk, which made her cough, feeling as

though stomach was full, even up to pit of throat, belching of wind. Sensation of the heart beating hard and furiously, yet its motion could hardly be discovered and in a few moments a violent tonic spasm lasting nearly an hour; every muscle in the body rigid, but no loss of consciousness. When passing off roaring in the ears; great dyspnœa, and excessive soreness of muscles of whole body. This same condition had recurred twenty-eight days apart, twice since that time. *Physostigma venosa*³⁰ (Calabar bean), three doses a day until next period. No recurrence. (L. M. Kenyon, Trans. H. M. S., 1873-4, p. 293.)

Puerperal insanity. Raving mania; great prostration; pulse feeble, 140; spasmodic cough, with fits of suffocation; left lung partially hepatized. On account of the stimulants and narcotics which she had taken, she received *Nux vom.*^{15m}, followed by *Bellad.*^{10m}. She was furious, requiring force to keep her in bed, no sleep for forty-eight hours, the secondary effects of stimulants and narcotics. Saw her husband in the evening, and was again awake all night, jealous, weeping, furious. *Lachesis.*^{100m}. During next month sometimes improving, then falling back again and is cross and jealous. The remedies were *Bellud.*, *Laches.*, *Lycop.*, *Canthar.*, *Tarant.*, *Lilium*, *Sulphur*, under the use of which she entirely recovered. The case was a hard one; bad parentage, inequality of the parents age; hot-house forcing of the intellect from 12 to 19, high living and fashionable follies, tight lacing and high heels. (Foote, N. A. J. H., v. 23, p. 182.)

Stephen C., æt. 29. A passenger on the steamship Atlantic which was wrecked, sustained a severe shock to the nervous system, complained of feeling very low-spirited; nervous, with a disinclination to work, or as he expressed it "he couldn't set himself to any thing." Also had neuralgic pains in head and face. *Ignat.*² every four hours for about three weeks. Pains in head and face gradually left him, also was in better spirits. Gave *Phosphor. ac.*¹ with prompt relief. (F. C. Stanley Wilde, N. W. v. 9, 39.)

Dementia from excessive use of opium and alcohol. Symptoms: nervous irritability and great restlessness; foolishness and at times stupor; tongue dry and red; great thirst and constant desire for stimulants; nausea and tenderness at the pit of the stomach and left ovarian region; loss of appetite, going several days without eating; constipation; hæmorrhoids; irregular menses; enlarged ovaries; feet and limbs badly swollen, with rhagades and running sores. *Laches.*^{2m}, three doses twelve hours apart, and after an in-

terval of a month *Nux vom.*^{15m} administered in the same way. Finally a dose of *Sulphur*. Nine months passed and she remains well. (Foote, N. A. J. H., v. 22, p. 544.)

An Engineer, æt. 35, since he had cholera in Egypt, suffered from attacks of *dread of cholera*. Before falling asleep, feels overcome by a shiver going right through him from head to feet. The idea cholera might come over him, with all the agonies, tortures him; it is useless to try to gather the whole amount of moral courage, he feels like paralyzed, as if he dared not move, and therefore could not do so; body feels benumbed; senses become muddled; breathing laborious; cold sweat freezing him through and through. After ten or fifteen minutes exhausted, but recovered next morning. Attacks about every two weeks. *Veratr.* did not help nor *Laches*. Months later, after iced beer, in an overheated state, he got an attack of cholera. Recovered rapidly with *Arsen.*³, in water; a remaining diarrhœa, with borborygmus, "as if a boiler was working within his bowels," similar to what he formerly had experienced in India, was subdued with *Nitr. ac.* Since then the attacks of dread of cholera have no more appeared. Was it the real occurrence or the *Arsen.* which extinguished the dread? L. Salzer. (Or the *Nitr. ac.*? C. Hg.) (Calcut. J. M., v. 2, p. 217.)

Religious insanity. Mr. D., æt. 23, nervo-sanguine temperament. During religious excitement nine years ago, he abandoned all business affairs, took little food, and was for two weeks without sleep: *B. Bellad.*²⁰ and *Coffea*²⁰. Cured. (L. B. Wells, H. M., Aug., 1874, p. 11.)

Mental depression, after child-birth, in consequence of the patient being told that there had been a slight rupture of the perineum. She grows quiet; thinks she must die; can't sleep; has no appetite; shuns people; does not answer; seems not to understand a question; can't count; is in constant anguish; wants to jump out of the window; does not care for children or relatives; stares before herself; is of a leuko-phlegmatic habitus, or, according to v. Grauvogl, of hydrogenoid constitution. *Stramon.* did nothing. *Thuya*³⁰, two doses, cured her entirely within a month. (J. Schweikert, A. H. Z., v. 89, p. 99.)

Mental disorder after abuse of hashish; treated by old school until the patient was so feeble that he could not even drink a drop of water, and his life was despaired of. Under homœopathic treatment gradually reviving, his madness, as he grew stronger, returned with full force. He was furious; had no sleep, and was very cos-

tive. This yielded gradually to *Nux vom.*, *Bellad.*, and *Stramon.*; but the state of his mind took a different turn. He was *listless and indifferent*; would go out in the night and not return till searched out and brought back. He was *disposed to walk, to laugh and sing songs.* *Nux mosch.*, at first ʒd, lastly, 6th, restored him in fifteen days. M. L. Sircar. (Calcut. J. M., v. 3, p. 113.)

Mental alienation, in consequence of suppressed monthly period. Congestion of blood to the head; the girl will not eat anything except bread and water, at other times she eats ravenously. She appears imbecile; at other times she acts like a maniac, is wicked, talks constantly; dances and makes all kinds of gesticulations. *Coccul.*⁹⁰, night and morning. She soon becomes quiet. The period reappeared, at first scanty, gradually normally, and the girl got well. (Stens, Sr., A. H. Z., v. 89, p. 117.)

Insanity. Melancholy, inclined to wander away and hide herself; returning, unable to say where she had been; confusion; restless, sleepless. *Chlor. hydr.*, half ʒ, in solution, cures, after causing eruption. (J. H. Sherman, N. E. M. G., Sept., 1874, p. 412.)

Agraphobia. It is a symptom of paresis from exhaustion, and attacks mostly males of middle age; in all cases exhausting influences preceded the place-anguish. It causes a paralyzing influence on the motory apparatus, the exhausted state of which reacts irritatingly on the mind. Curable by hydrotherapy, electricity and encouraging words. (N. A. J. H., v. 22, p. 406.)

Emotional or Moral Insanity. By Samuel Worcester. (Trans. N. Y. S., 1873-4, p. 319.)

Influence of Mind over Disease. A German periodical contains an incident that occurred in the hospital of Hildburgshausen.

A zouave was admitted who had received a wound in a foot, of so serious a nature as to necessitate amputation. He bore the operation well, only asking permission to write a letter to a young woman to whom he was engaged to be married, who lived in Paris. Cicatrization of the wound was progressing favorably, and he was almost able to walk about, when he received a reply to his letter, in which his lady love begged to be excused from marrying a man with one leg, and refused point blank to keep the engagement. The zouave did not say a word, but let the letter drop from his hand. From that moment the wound began to get worse, and in a few days he died. (El Criterio Med., April, 1874.)

Lunar influences upon the Insane. In my "Home for the Insane," with only a few patients, monthly exacerbations present

themselves so regularly, that to prevent damage and personal injury, we invariably prepare the house especially for these periodical attacks.

As the moon begins to fill, this class of patients show signs of uneasiness, become easily excited, dislike restraint, move about with haste, talk fast and loud, shout and sing, with wakefulness and with a general exaltation of all the mental activities. These aggravations are not dependent apparently upon the increased amount of moonlight, as they appear just the same, if the patient's rooms are darkened, or if their cells are in such position as to exclude the moonlight at all times.

Persons in apparent health, but with irritable temperaments, or regular scolds, have their periods of demonstration more fully at the new of the moon.

Some of these phenomena appear at the new moon, but the great majority at the full moon. (Geo. F. Foote, M. I., v. 2, p. 421.)

Insanity may be functional and self-limited; the patient may be only the victim of disturbed sensibilities, and fortunate prescriptions receive too much praise for leading a mind back to health; but what can we do more than others when the disease strikes its roots in past generations, and when its forces accumulate with the subtle tenure of a malignant cachexia. The literature of homœopathy does not appear to abound in favorable reports on insanity that we should hasten to place ourselves in an untried position, with petitions in our hands for private subscription or legislative practice. We shall not suffer in frank avowal of our insufficiencies, but that insanity is functional in a large number of cases renders it amenable to treatment, under favorable conditions. The actual disease is not usually commensurate with the gravity of the mental symptoms. (J. Heber Smith, N. E. M. G., June, 1874, p. 262.)

BRAIN.

Anacardium. One dose of 2^o cured in 3 days, vertigo on stooping and rising from stooping, as if he were turning round to the left; dim sight with vertigo; for four or five weeks drawing pain in cardiac region of stomach on walking fast. (E. W. Berridge, H. M., Sept., 1874, p. 79.)

Vertigo, with feeling as if pushed from right to left, and some-

what forward, was cured by *Borax*^{em}. (E. W. Berridge, H. M., March, 1874, p. 348.)

Vertigo. A boy, æt. 11, has attacks of vertigo, nausea and vomiting. After eating, with heat in the head, red face, darkness before the eyes; sometimes one cheek hot and the other cold. He must lie down as soon as the attack comes on, otherwise he is thrown down. Before he falls he has stitching pain in the forehead, root of nose and in the eyes. These attacks come oftener, lately several times a day. *Kali carb.*, a few doses cured. (J. Schelling, A. H. Z., v. 88, p. 204.)

Phosphorus. Miss —, æt. 22. For two weeks weight and throbbing in forehead on waking, better by cold washing, worse on stooping, sometimes lasting all day. Vertigo, as if she would fall, as if revolving on turning round. One dose *cm* cured in four days. (E. W. Berridge, H. M., Sept., 1874, p. 79.)

Vertigo. In aged persons; is worse in getting up from lying, from turning, stooping, etc. *Rhus tox.* (H. Goullon, Jr., A. H. Z., v. 88, p. 132.)

Conium. One dose of 3^m cured feeling as of foreign body under scull in vertex, in a young man, after over study; worse *after* reading, on going to sleep, from excitement, or thinking of the pain; better by touch. (E. W. Berridge, H. M., Sept., 1874, p. 79.)

Phosphor.^{em}. For an hour, roaring in head and right ear; worse by lying on left side, better by lying on right side; with headache. One dose relieved noise in five minutes, removed in ten minutes, and relieved, but did not cure, the headache. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

R., three months ago, received a blow across the forehead which exposed the skull. A small piece of bone exfoliated. Wound healed well. Now wakes each morning with headache, which lasts until 10 A. M., when the scalp begins to sweat and the headache passes away. When he lies down at night the head begins to ache; hears a ringing noise till he falls asleep; starts from sleep frightened, having dreamed of robbers, fire, murder, etc. One dose of *Nat. mur.*²⁰⁰ cured. (H. M. Lewis, A. H. O., May, 1874, p. 269.)

Meningitis, following blow on forehead. Girl æt. five years, light, highly nervous, quick intellect. January 5th, struck forehead, leaving a discolored spot; January 30th, became chilled; afterwards pressed head against frosty window pane in hot cars; February 13th, eyes turned inward, so much so that iris was partly obscured, the left one more; bones of head protrude; shooting

and bursting pains, causing her to press head with both hands; worse afternoon and evening; delirium at night; tremor of hands during pain; intellect clear forenoons; constipation for some time; prostration had followed intense excitement; had appeared silly and childish; had had double vision. The pain had commenced in nape of neck, extending upward; headache had been agonizing while defecating; had taken *Bellad.* low. (Feb. 4th.) *Bellad.* 14° F. Improved strabismus; pains and heat. March 10th, the diplopia continuing without other signs of disease, gave *Apis*²⁰⁰ which relieved diplopia in forty-eight hours. (Mercy B. Jackson, N. E. M. G., Sept., 1874, p. 408.)

Cerebral Meningitis. On the night of August 16th, '74, I was called to see C. F., a child, æt. 6, who, as her parents expressed it, was suffering *from an attack from worms*, to which she was subject. She was stout, lymphatic, and of full development. About four hours previously she began vomiting ingesta every few moments, followed by nausea and continual spells of vomiting, throwing up all the medicine she had taken. The tongue was coated thick, yellowish white, tip scarlet; heat of body and pulse normal. The substances expelled by vomiting were bilious, mucous, and mixed with a great quantity of thick, ropy saliva. R. *Ipec.*²⁰ 5 globs. in half a tumbler of *aq.*, to give a tablespoonful every two hours; prohibition of food or drink.

17th, at 8 A. M., vomiting ceased after third dose of the remedy, but she had been restless, unable to sleep and had much thirst; there was intense fever, p. 140; burning heat in the skin; great unrest; face very red; look unnaturally startled. For *Ipec.* substituted *Acon.*²⁰ 6 globs. in half a tumbler of *aq.*, a tablespoonful every three hours; sweetened water allowed for a beverage. At 9 P. M. there was less heat in the skin, p. 132; face not so flushed, and less thirst, but the restlessness continued without change, and there were incoherent mutterings at times. R. rem. every four hours.

18th. Has passed the night with great restlessness, sleeplessness, and low deliria; p. 140, skin very hot, face flushed; sclerotica slightly injected, pupils much contracted, tongue dry and rough in the centre, she moves it with difficulty, great thirst, she rolls about in the bed, mumbling incoherencies, and does not answer clearly any question. R. *Bellad.*, 2c., 6 globules, *aq. ut sup.*, every three hours. At 8 P. M. there was less redness of the sclerotica, p. 132, less restlessness and less thirst. Rem. *ut sup.*

19th. At 11 P. M., last night, a violent delirium supervened, with convulsive movements of the arms and legs, attempts to throw herself off the bed, making it necessary to hold her by force; at this hour there were convulsive movements of upper and lower extremities, she keeps continually striking her feet against the foot of the bed or the wall, frequent torsion of the trunk and putting the hands up to the head, which she strikes now and then, convergent strabismus in the right eye and divergent ditto in the left, pupils contracted, conjunctiva highly injected, burning skin, and perspiration of head and forehead, pulse 160, frequent attempts to throw herself out of bed or let herself hang over the sides, she bites those who hold her, frequent loud screams, dysphagia, urinary discharge suppressed, furious deliria with short intervals of prostration, in these latter she would let herself hang over the edge of the bed.

I informed the parents of the extreme danger of her condition, and gave them my diagnosis of cerebral meningitis; the danger was imminent, but the powerful resources of Homœopathic therapeutics enabled me to hope to combat this terrible disease with success. *R.* *Stram.*, 2c., 4 globules, in half a tumbler of aq., a teaspoonful every three hours. At 7 P. M. there was diminution of the injection of the conjunctiva, less strabismus, and pupils less contracted, but the screams were frequent and deafening; a small number of reddish, miliary granules had appeared on the neck and breast, indicating the approach of a crisis in the disease.

20th, 8 A. M. The intervals between spells of deliria are longer; strabismus gone, conjunctiva normal; pupils not so much contracted; convulsive movements hardly noticeable, but torsion of the trunk continues; feet are quiet and she no longer tries to hang the head over the edge of the bed; urinary discharge re-established, but she has trismus, with great difficulty to swallow even liquids; dysphagia has all gone and eruption on neck and chest increases in abundance. *R.* *Stram.*, 2c., 4 globules, a tablespoonful every four hours. At 9 P. M. convulsive movements and trismus have ceased, and great prostration with inability to move the body have supervened; she pronounces incoherent words now and then, but from time to time asks for water and drinks with avidity; breast and neck are covered with a confluent eruption; has slept some during the day. *R.* rem. every six hours.

21st, 7 A. M. She has recovered the use of her intellectual faculties; complains of pains in whole body; the light offends her eyes;

is thirsty, tired, and asks for food ; discharges abundantly a thick urine, like milk in color and consistency, of a disagreeable odor, which leaves a curd-like sediment in the chamber ; this discharge is frequent. The miliary eruption is more confluent, with a pricking sensation. Ordered a suspension of remedies, and some broth every five hours.

22d. Urinary discharges continued as before till early this A. M., when they became clear, dark, and free from sediment ; miliary eruption drying up in places, but buccal cavity and lips are covered with aphthas, and those on the latter are surrounded by vesicles which burn, and these cause difficult deglutition.

23d. The aphthas, etc., are augmented. R. *Merc. corr.*, 2c., 6 globules, ut sup., every four hours. In forty-eight hours there only remained a slight paraplegia and paralysis of some of the fingers, which all disappeared on the 29th, she having left her bed on the 26th.

A few days since I saw her stouter and more rosy cheeked than ever before.

Such a cure is a brilliant one, and this case calls our attention particularly in the fact of a marked establishment of three distinct crises, viz.: first in the miliary eruption, then in the urine, and lastly in the aphthas, with which the disease beat its retreat. (Dr. Paz Alvarez, *El. Crit. Med.*, September, 1874.)

***Cicuta virosa*²⁰ in meningitis basilaris.** Cures reported by Stens, after other remedies failed. (*N. A. J. H.*, v. 22, p. 445.)

Inflammati meningis basilaris, resp. *Hydrops meningis acutus*. In the worst cases, head heavy ; boring of occiput into the cushion ; jerking of limbs ; eyes closed ; on lifting the lids the eyes stare upwards. *Cicuta*²⁰⁰, in water, a teaspoonful every two hours. Cured many cases. (Stens, Sr., *A. H. Z.*, v. 89, p. 155.)

Two cases of congenital hydrocephalus cured by Bellad.⁹⁰⁰. Head enlarged, fontanelles open, eyes turned inward, the pupils dilated, and the child had an idiotic look. In second case frontal, sagittal and coronal sutures open, eyes turned inward towards the nose, pupils enormously dilated. M. B. Jackson cured both cases with Bellad.⁹⁰. (*N. A. J. H.*, v. 22, p. 361.)

Hydrocephalus and Hydrocephaloid. First. The *pupils* in the second stage of hydrocephalus, greatly enlarged, immoveable, distorted, insensible to light ; in hydrocephaloid less enlarged, not distorted, still somewhat sensible to light.

Second. The *abdomen*. In hydrocephalus, obstinate constipa-

tion; the abdomen fallen in, not painful; in hydrocephaloid, diarrhoea; the abdomen is sore to the touch, not much sunken in, often bloated.

Third. The *pulse* is in hydrocephalus, 60—70 per minute, intermittent; in hydrocephaloid, small and very frequent, up to 160 per minute.

Fourth. The *head* is in hydrocephalus, hot; in hydrocephaloid, cool, face and hands likewise.

Fifth. The *palms of the hands* are in hydrocephalus, frequently covered with the so-called Formey's exanthema, they look red as if they had been painted with raspberry juice; in hydrocephaloid, this symptom is never found. (J. Schweikert, A. H. Z., v. 89, p. 85.)

Cerebro-Spinal Meningitis. In February, 1873, F. H., æt. 9, had been sick forty-eight hours. When called to him had been semi-unconscious for twelve hours. He was lying on right side, head thrown back at an angle of 45°; pulse 90; pupils dilated; mouth wide open; carpalgia. Gave *Hyosc. tinct.* ten drops in four ounces of water, teaspoonful every fifteen minutes, and directed spray of Sul. ether to be constantly applied to back of the head and neck. After twelve hours began to return slowly to consciousness; continued the same medicine every two hours, also the spray of ether. In three days he had improved so much that he was anxious to sit up in bed. Five minutes of trying to hold his head erect satisfied him, and was followed by a relapse. Six hours after this, when I saw him, the only sign of consciousness was, that on touching him anywhere, he would cringe as if it hurt him. Gave *Arnica* 6th dil. In six hours he asked for food, and improvement continued for two weeks before he was allowed to raise his head from the pillow. In four weeks he was well and has remained so since. Gave *Arnica* for three days, then 30th until well. Sul. ether spray was used night and day for two days, then at intervals for eight days. (A. P. Macomber, M. A., v. 2, p. 313.)

Thermic Fever and Sunstroke. According to Jacobasch, sunstroke arises from the direct action of the rays of the sun, is nearly always fatal and characterized by the rigidity of the cardiac muscles which causes all the other symptoms; thermic fever is mostly seen in temperate climates from the joint actions of several factors, as forced marches; the temperature may not be higher than 75 to 80° F., but the admission of heat is increased by augmented mus-

cular activity and the expenditure of heat decreased by moist, sultry air, warm clothing and exhausting sweats. The patient expires from paralysis of the heart with secondary hyperaemia of the brain and lungs. (N. A. J. H., v. 23, p. 264.)

EYES.

IN GENERAL.

Report on the Progress of Ophthalmology and Otology during the past two years. By Geo. J. Norton. (Trans. N. Y. S., 1873-4, v. 1, p. 419.)

LIDS.

Blepharitis. Commence treatment with *Sulphur*; and if the patient shows any scrofulous affections of the bones I give at first *Calc. carb.*, or *SNic*. Either is followed by *Graph.*, if the lids show indurated places like styes, with swelling of the lids and exudation of slime and pus, by which the lids and ciliae stick together in the morning. *Merc. subl. corr.*, if the margins of the lids appear red and raw with crusts and ulcers upon the lids, and if there is a tendency towards the formation of ec or entropium. All in the third centesimal trituration, night and morning one dose for two or three weeks.

Bellad., if the lids are painful and swollen, like erysipelas.

Rhus. tox., if the lids are oedematously swollen and there is a copious, acrid and serous discharge, which corrodes the adjacent parts of the cheeks.

Hepar. sulph. calc., if there are large pimples, like small furuncles in the neighborhood of the eyes, or upon the scalp, or in complication with *Tinea*.

Pulsat., if the tearglands and the lachrymal canal are affected with pus formation.

Staphis., if the lid margins are dry, with hard lumps and destruction of the ciliary roots.

Apis., if the lids are dark red, everted and swollen with inflamed conjunctiva. (Cl. Müller, I. Pr., 1875, p. 286.)

Cystic tumors of Eyelids. Graphites 23^m., rapid cure. (A. H. O., Oct., 1874, p. 45.)

Cystic tumor on the lower eyelid, existing one year, was cured by *SNic*³⁰, one dose every night, in fourteen days. It gathered, broke and healed. (Stens, Sr., A. H. Z., v. 89, p. 156.)

Sulphuric Acid^{em}. Cured, feeling as of a lump in right outer canthus; on closing eye it seems to move to right inner canthus, on opening eye it returns. (E. W. Berridge, H. M., Oct., 1874, p. 111.)

Altered Lid Tension, causing a milky opacity of the central and outer half of the right cornea, and diminished vision. Cured by canthoplast. (T. P. Wilson, Trans. N. Y. S. 1873-4, p. 428.)

Intermitting Blepharospasmus. (Dr. Payr, I. Pr., 1875, p. 119.)

Mrs. —, æt. 32, spinal irritation and nervous debility; spasm of orbicularis, frequent and severe, in street as well as house, on any attempt to use eyes; myopia $\frac{1}{8}$ right eye, hypermetropia $\frac{1}{10}$ left eye. Gave her glasses to neutralize these defects. *Gelsem.*, int. and ext. *Nux vom.*, afterward *Marrotin*, *Stilling.*, without effect. *Nux vom.*, *Gelsem.*, *Bellad.* finally cured. (H. C. Angell, N. E. M. G., Nov., 1874, p. 498.)

Lachrymal duct closed by an exudative swelling; constant lachrymation; has existed for a long time. *Staphis.* did nothing. *Hepar*³, one dose every night for some months, cured. (Stens, Sr., A. H. Z., v. 89, p. 156.)

CONJUNCTIVA.

Ilex aquifolium for Ophthalmia rheumatica. The patient suffered also from staphyloma, with pannous granulations. In most of these cases the rheumatic periostitis is more or less developed in the os frontis above the eyebrows. Migrating rheumatism contraindicates *Ilex*. (N. A. J. H., v. 22, p. 446.)

Conjunctivitis. For the photophobia I have found *Bellad.* and *Acon.* in low dilutions better than *Conium* and *Jacea*.

For the inflammation, ulceration and opacity, I consider *Merc. sol.* the best remedy, with a dose of *Sulphur* occasionally between, when improvement seems to linger; 3d or 30th attenuation. (Cl. Müller, I. Pr., 1875, p. 288.)

Ophthalmia scrofulosa. Girl æt. $7\frac{1}{2}$, had been "treated" allopathically for eighteen months. It is the right eye; great photophobia; occasional swelling of mouth and nose, from cold weather; coryza, dry and running, constantly alternating; around the mouth occasionally pimples which festered; at the beginning there existed a scrofulous bloatedness of the face. *Merc. præc. ruber*³, and afterwards *Sulph.*¹ brought about some improvement. *Hepar sulph. calc*³, one dose every morning for eight days, nearly cured, and it was

followed by *Aurum*^s, which relieved it all. (H. Goullon, Jr., ff. Kl., 1874, p. 90.)

Conjunctivitis. We consider it more favorable where the inflammation remains limited to the sclerotal conjunctiva without spreading to the cornea. As long as the disease is recent, *Euphras.* will remove the phlyctanæ; where the pain is considerable, *Bellad.* must be given; where relapses frequently occur, *Aurum* must be given for weeks. Where the cornea is also affected, *Bellad.* and *Mercur.* are our chief remedies, and warm bathing of the eyes relieves. (Cl. Müller, N. A. J. H., v. 23, p. 226.)

Ophthalmia. A number of cases relieved and cured by *Chloral.* One grain of the pure salts dissolved in water, three times a day, for adults, and fraction of a grain for children. (D. Dyce Brown, B. J. H., 1874, p. 509.)

Pustular Inflammation of the Cornea and Conjunctiva.
By Geo. S. Norton.

This form of disease is more common, especially in hospital practice, than any other form of superficial inflammation of the eye balls, and therefore claims the attention of the general practitioner as well as the specialist. My object in preparing this paper is to give the homœopathic treatment of this affection, and shall therefore pass over, in a hurried manner, the symptoms, causes, results, etc., referring the reader to the able works already published, which give the above in details, and more fully than space will allow me to do here. Under this head I shall include all those pustular diseases which are described under the name of phlyctenular ophthalmia, exanthematous ophthalmia, scrofulous ophthalmia, phlyctenular keratitis, etc.

They all commence in a similar manner and are generally ushered in by a feeling of heat and itching in the lids and a watery irritable condition of the eye. This increases in severity until we have conjunctival and sub-conjunctival injection, photophobia, lachrymation and pain in and around the eye, all of which are much more severe, as a rule, when the cornea is invaded. The injection varies greatly according to the intensity of the disease, and is sometimes only partial, that is, confined to a small part of the ocular conjunctiva; we then notice a triangular fan-shaped arrangement of the conjunctival vessels, the apex of the triangle being toward the cornea and its base toward the palpebræ. The characteristic herpetic vesicles or pustules now make their appearance at the apex of this triangle and are of a semi-transparent yellowish color,

about the size of a millet seed, and vary in number from a solitary pustule to a complete row around the edge of the cornea, looking like a string of beads. The epithelium which covers the phlyctenule soon bursts, leaving an excoriation or ulcer behind, which generally rapidly heals, though it may go on to an extensive ulceration. The vascularity and irritable condition of the eye now quickly subside and the patient soon recovers.

This is the most common course, though it is subject to many variations both in its course and termination. As the redness of the eye varies in different cases, so also does the photophobia, lachrymation and pain, which, as above stated, are generally more severe when the cornea is affected, still I have seen cases where the trouble is confined chiefly to the conjunctiva, and yet the pain is intense, lachrymation profuse, and dread of light almost unbearable (this is very rarely the case though, and only occurs in scrofulous children,) while upon the other hand severe cases of pustular keratitis occur with almost total absence of the above symptoms.

The prognosis of this disease is generally very favorable under proper treatment and runs its course in from one to two weeks, while mild cases may be cured in less time. But there is a great tendency to relapses, often as soon as you have cured it, apparently, a fresh crop of pustules will make their appearance and so recur again and again, until at last you succeed in subduing it or it becomes complicated with episcleritis or some other more formidable disease.

This form of inflammation occurs most frequently in children of a feeble or scrofulous habit and therefore is especially found in the dirty, ill-nourished, half-cared for children met in hospital practice. It is also frequently associated with eczema, impetigo, sores about the nose and lips, swelling of the cervical glands, and in fact, with all kindred complaints found in strumous children; and as a sequela of measles, scarlet fever, small-pox, etc., is often found. Local irritants, acting upon the ciliary nerves, will also cause it.

Treatment. The first points to be attended to are cleanliness and regulation of the diet. The eyes should be bathed often in luke-warm water, and any little scabs which have formed on the lids immediately removed, as they only prove a source of irritation. If there is considerable photophobia and the child is rubbing the eye much of the time, a compress bandage will prevent this, and at the same time, by keeping the lids closed, will relieve the irrita-

tion to the eye-ball occasioned by their constantly opening and closing; it also excludes the light, relieving the photophobia, and besides soaks up the tears and so prevents their running over the cheek making it sore and excoriated. The bandage, if used, should be removed every four or five hours, and the eyes cleaned. External applications should not, as a rule, be employed, as I believe we can cure better and quicker with internal remedies alone if we are careful in the selection of our drugs, although sometimes they may be useful and necessary; thus occasionally I have found a case which has proved very obstinate to treatment, ciliary injection great, photophobia intense, and pupil a little sluggish, where a weak solution of *Atrop.* dropped into the eye once or twice a day has been of great benefit.

We now come to the application of our homœopathic remedies to pustular diseases of the eye; and in preparing these remedies, I have selected some two hundred or more cases, which are known to have been relieved, from which to draw my indications for each drug. And here I must render thanks to Dr. T. F. Allen for the verifications of some of our remedies. Have arranged these thirty remedies which we shall now consider in alphabetical order, and marked thus* all cases which are known to have been cured. But before going further will divide these drugs into three classes according to their relative importance in the treatment of this disease, as follows: No. 1 includes those remedies which we might call our sheet anchors, and which are most frequently used; No. 2 embraces a class of drugs less in importance than No. 1, but still often indicated; while in No. 3 are placed those remedies, which are only occasionally employed.

No. 1, *Arsen.*, *Calcar.*, *Euph.*, *Graphit.*, *Hepar*, *Merc. nitr.*, *Merc. sol.*, *Pulsat.*, *Sulphur.* No. 2, *Apis*, *Crot. tig.*, *Kali bich.*, *Kali hyd.*, *Merc. prot.*, *Merc. corr.*, *Merc dulcis*, *Natr. mur.*, *Nux vom.*, *Psorin*, *Rhus tox.*, *Scipia*. No. 3, *Arg. nitr.*, *Chamom.*, *Cinnab.*, *Clemat.*, *Cupr. al.*, *Kreosot.*, *Mezer*, *Petrol.*, *Tellur.*, *Apis mël.*

~~*Arg. nitr.*~~—*Pustular keratitis with dark chemosed conjunctiva and swollen lid. *Chemosis of the conjunctiva with slight discharge. We are not often called upon to prescribe this drug, as the symptoms of the disease do not often correspond to it, but we should be guided to its selection by the *puffy, chemosed*, congested condition of the conjunctiva, its bright red appearance, the *œdematous swelling of the lids*, the profuse lachrymation with burning in the eyes and

Apis

photophobia, and the *burning, stinging, shooting pains* in the eyes. The eye symptoms are usually worse in the evening. The concomitant symptoms of drowsiness, absence of thirst, etc., are also generally present.

Argentum nit. might be used in some cases where the conjunctiva is much injected, swollen and infiltrated, with profuse muco-purulent discharge especially in the morning; lids thick and red, and pains of various kinds generally worse in the morning. The inflammation is better in the cool open air, but intolerable in a warm room, and is often accompanied with pain at the root of the nose. The *Nitrate of silver* is more often the remedy for blennorrhœa of the conjunctiva or ulceration of the cornea than for the disease under consideration

Arsenicum.—*Keratitis pustulosa, opens the eyes well in the open air and has no pain, but much photophobia and pain in the nose. *Keratitis pustulosa with great photophobia so that he cannot open the eyes, corrosive coryza, etc. *Ulcers resulting from pustules on the cornea which are very vascular; discharge of hot burning matter. *Keratitis pust. after the measles, conjunctiva very red, photophobia, lachrymation and thin excoriating discharge, lids red, inflamed and hard, especially the upper, nose red and exoriated, much thirst. *Keratitis pustulosa occurring in a restless child, especially restless at night, cornea some opaque around the pustules, much photophobia, and lachrymation. From these cases we draw the conclusion that *Arsen.* should be used especially when the cornea is affected. Thus we have *intense photophobia* and *profuse lachrymation*; the latter is *burning and excoriating* as are all the discharges from the eye. The conjunctival redness is variable, but may be very great even to chemosis. The *pains* are usually of a *burning character*, and may be very severe; the eye often feels very hot. The lids are *œdematously swollen* and spasmodically closed, or else red, inflamed, and exoriated from the acrid discharges; burning pains are present in them. Is especially indicated in low cachectic conditions of the health, and in the ill-nourished scrofulous children found among the lower classes. The great restlessness and thirst for small quantities are also usually present.

Calcarca carb.—*Keratitis pust. with great photophobia, worse on any change of weather, appetite poor, raves in the sleep. *Large pustule on the cornea which has a tendency to spread and ulcerate, white centre and red margin; intense photophobia, pale earthy look

of patient. *Pustule of the cornea which has formed an ulcer, photophobia in the evening, agglutination mornings, pain in the eyeball aggravated in the evening and by gas light, enlarged glands, cold sweat of the head. *Large pustule just above the centre of the cornea with bloodvessels running to it from above, much lachrymation and photophobia, child restless and cross during the day. *Pustules of the cornea which have terminated in ulceration, slight redness, photophobia in the morning, sudden pain in the right eye worse in the forenoon. *Sticking pains through the eyeballs at the external canthus. *Keratitis pust., lachrymation profuse, photophobia excessive, sticking pains; lids closed, red and swollen, with painful itching in them; agglutination mornings, head scurfy, cervical glands swollen, also the upper lips; acrid discharge from the nose, eruptions that burn and itch, abdomen distended and hard, skin pale and flabby. The last case contains a good description of this important remedy, and it is seen that the photophobia and lachrymation are usually excessive though we sometimes find cases where they are nearly absent and yet *Calcarea* is the remedy. The pains are more commonly sticking in character, but may vary greatly, in fact the eye symptoms are not prominent, and we draw our indications principally from other portions of the body. Is particularly the remedy in the fat, unhealthy, strumous children we so often meet, where the pustular inflammation involves the cornea chiefly. The *Iodide of Calcarea* is preferred in cases where we have considerable swelling of the tonsils and cervical glands, thus. *Keratitis pust., corners of lids quite sore, cervical glands much enlarged. *Scrofulous eye disease in a fat, pale child, photophobia, acrid lachrymation, spasm of the lids, ulcers on the cornea, enlarged tonsils.

Camomilla.—*Pustules on the cornea in a teething child with considerable vascularity, profuse lachrymation and not much photophobia, child thirsty and peevish. *Keratitis pust., with considerable photophobia, moist eruption on the face and head, child very cross. *Ulcer of cornea in a peevish, teething child. This drug seems to be often adapted to cases of pustular inflammation occurring during dentition. Its symptoms are apparently severe and though it may not always cure the disease, still will often check its progress or relieve some of its symptoms.

Cinnabaris.—*Pustules of the cornea with some ulceration, much photophobia and profuse lachrymation, cornea and conjunctiva considerably injected and some pain. *Pustules and ulcers on the

cornea, iris sluggish, ciliary injection considerable, photophobia intense, lachrymation profuse and an occasional sharp pain in the eye. *Pain extending over the eye from the inner canthus or around the eye.

Clematis.—*Conjunctivitis pust. with tinea capitis over the greater part of the head, agglutination in the morning.

Conium mac.—*Pustule in the centre of the cornea which has changed to an ulcer, excessive photophobia, worse in the morning. *Pustules on the cornea with some discharge and intense photophobia; eye feels worse at night. The indications here are very characteristic, such as the *intense photophobia and profuse lachrymation*, which are out of all proportion to the amount of trouble; thus the lids are only opened with great difficulty, and when done a flood of hot tears spurt out. The pains are various but are generally worse at night. With all this intense photophobia, etc., there is *very slight or no redness of the conjunctiva*, not sufficient to account for the severity of the symptoms. It is therefore probably chiefly to be used when the nerves are in a state of hyperæsthesia, or when only the terminal filaments are exposed by superficial abrasion of the epithelial layer.

Croton tig.—*Keratitis pust. with much eruption on the lids and face. *Keratitis pust. with excessive photophobia. *Conjunctivitis pust. eye feels hot and burning, especially at night; face red and burning, seems feverish. *Some pustules around the cornea on the conjunctiva of a colored washerwoman, who ascribes the trouble to a cold; ciliary injection around the cornea like iritis, pains at night worse over the eyebrows and down the cheek, pustules on the face. The above cases speak for themselves, and I know of no eye symptoms under this remedy that are particularly characteristic. We find mentioned in our proving ulceration of the conjunctiva, profuse lachrymation and dimness of the cornea, œdematous swelling of the lids with stinging pains in them, etc.

Cuprum alum.—*Conjunctivitis pust. accompanied with inflammation of the lids. No characteristic symptoms of this remedy are known, but is especially used when pustules occur in the course of granular lids, upon which it acts finely when applied locally.

Euphrasia.—*Keratitis pust. with intense photophobia and profuse purulent discharge. *Pustule on the margin of the cornea with much lachrymation but no photophobia. *Pustules on the cornea, which are very vascular, eyes feel heavy and sleepy. *Conjunctivitis pust., lids much swollen, eruption on the head and pro-

fuse fluent coryza. *Keratitis pust., border of the cornea surrounded by small superficial ulcers. *Recurrent pustular inflammation of the cornea, moderate photophobia, lids covered with matter. *Keratitis pust. with hot scalding lachrymation. This is a valuable remedy in eye troubles, but should not be given indiscriminately, as is the practice of some physicians, for its sphere of action is well marked and its indications clear. Thus it is characterized by *profuse lachrymation which is acrid and burning or a profuse acrid muco-purulent discharge which excoriates the lids making them red, inflamed and sore*; the discharge also makes the cheek look as if varnished. Photophobia is generally present, though may be absent, and the conjunctiva may be red even to chemosis. The pains are not marked though are usually of a smarting, burning character from the nature of the discharges. *Blurring of the eyes relieved by winking*, is a simple symptom that is almost invariably relieved by this drug. Fluent coryza often accompanies the above symptoms.

Graphites.—*Keratitis pust. in a child who cries whenever the light comes to the eye, so must be kept in a dark room, corners of eyes cracked and bleed easily, eruption on the face, etc. *A severe case of chronic pustular inflammation of the cornea, great photophobia so that he cannot open the eyes to see his way, profuse lachrymation, burning and aching in the eyes, sneezing upon opening the eyes, external canthi crack and bleed easily, both cornea panned and a thin acrid discharge from the eyes, nose sore and surrounded by thick, moist scabs. *Conjunctivitis pust. and ciliary blepharitis with cracks behind the ears. *Keratitis pust., corners of the lids crack and bleed easily, great photophobia and lachrymation with some yellowish discharge. *Superficial keratitis with pustules of the right eye and pustules on the lower border of the corner of the left eye, outer canthi cracked, also cracks behind the ears and eruption on the face. *One small pustule on the conjunctiva of a child, no pain, photophobia, etc., nose sore and excoriated, prickly heat. *Pustular conjunctivitis with old ciliary blepharitis after measles, thick, heavy scabs on the lashes. *Old recurrent pustular keratitis with no pain or photophobia. *Recurrent pustular keratitis, no photophobia or pain, eye some red and agglutinated in the morning, lids red and margin covered with scurfs. *Small pustules on the edge of the cornea, photophobia and redness, and the characteristic eruption behind the ears and on the face. *Pustule on the cornea of a reddish appearance and with a white halo around

it, canthi cracked, great photophobia and lachrymation. *Keratitis pust. with vascular cornea and pannus. *Pustule on the conjunctiva, nose excoriated. *Pustules on the conjunctiva with ciliary blepharitis after measles, thick heavy scabs on the lashes. *Pustules on the cornea and conjunctiva, much lachrymation, slight photophobia, and the child acts as if it had pain, which is worse about noon and in the afternoon. In *Graphites* we possess a remedy of the first importance in pustular inflammations, especially when occurring in scrofulous subjects, covered with eczematous eruptions, chiefly on the head and *behind the ears*, which eruptions are *moist, fissured* and bleed easily. We usually have *intense photophobia* and lachrymation, although, as seen above, it may be nearly or entirely absent in some cases. *The external canthi are cracked and bleed easily* upon opening the eye; this is the most characteristic symptom under the drug. The pains are not important and vary; thus we have pain as if the eyes had been used too much, stitch-like pains in the temples, burning, aching, darting pains in the eyes, etc. Agglutination of the eyes early in the morning; daylight is more disagreeable than gaslight. The condition of the lids is important, for, besides the cracking of the external canthi, we have burning and *dryness* of the edges of the lids with *dry scurfs on the ciliae*. It is particularly valuable in those cases that have a tendency to recur so often, no sooner are they through with one attack than a fresh one appears, and so on year after year. The concomitant symptoms, especially those relating to the condition of the skin, should be taken into consideration.

Hepar sulph.—*Keratitis pust., great redness, running to the pustules, much photophobia and lachrymation. *Keratitis pust., considerable redness, moderate photophobia, some lachrymation and white discharge with pain at night after going to bed, ameliorated by warmth, patient very restless. Pustule of the cornea, which has terminated in an ulcer, photophobia and sharp, sticking pains in the eye about 5 p. m., ameliorated by warmth. *Keratitis pust., not much photophobia, pain in the morning on arising, and wants to rub the eye all the time; feels better when covered, appetite poor, and is very sleepy. *Ulcer red, vascular, elevated like red flesh at the margin of the cornea, no photophobia. *Abscess of the cornea in an outrageously cross child subject to boils, some discharge and lachrymation. *Hepar* is a valuable remedy in pustular inflammation, as well as in ulceration of the cornea, to which

it is particularly adapted. It is most useful in the severer forms of pustular inflammation, such as are characterized by *intense photophobia*, *profuse lachrymation*, and *great redness of the eye*, even to chemosis. The pains are severe, generally of a *throbbing*, stinging character, *ameliorated by warmth*, so that he wishes to keep the eye covered, and is *aggravated by cold* or *uncovering the eye*, and also usually worse at night or in the evening. The lids are often swollen, spasmodically closed, and very *sensitive to touch*, also may be red, swollen and bleed easily upon opening. For the *absorption of pus in the anterior chamber* (hypopyon) *Hepar* has no equal, although this condition never occurs in this disease unless it has extended into deep ulceration of the cornea, or iritis, which very rarely happens.

Kali bichrom.—*Pustule, almost like a small abscess of the cornea, no photophobia, and little redness. *Conjunctivitis, congestion of the lids and globe, no photophobia, and soreness in the eyes aggravated by reading or using the eyes, with smarting lachrymation upon using. Of the different forms of potash, the bichromate is most often employed, and is indicated in those cases where there is *no photophobia and no redness*, or very little of each, not as much as would be expected from the character of the disease, for we usually have considerable photophobia in this trouble. The eye is often quite sensitive to touch, and any of its secretions are of a *stringy character*. Pains and lachrymation are generally absent, or nearly so. Thus, it is seen to be adapted to those indolent chronic cases where the inflammatory process is of a low grade.

Kali hydriod.—*Phlyctenules on the edge of the cornea, like blisters, some redness, no photophobia, and no pain, edges of the lid a little red. *Pustules around the cornea, no photophobia, and some redness. This substance has produced pustules on the cornea and conjunctiva when given in long continued and massive doses, but in what respect it differs from the bichromate we do not know.

Kreosote.—*Blennorrhœa with smarting in the eyes and discharge moderately profuse. There is usually present considerable heat and burning as from fire in the eye, also a smarting sensation. Lachrymation is acrid, smarting as from salt water, especially after rubbing the eyes.

Mercurius nitr.—This remedy seems to be especially adapted to this form of inflammation, and has been used by Dr. C. Th. Liebold with remarkable success, in a large number of cases, without regard to symptoms. Severe cases as well as mild, chronic cases

as well as acute, and superficial as well as deep, have yielded to its influence; also, in some cases there has been much photophobia, in others, none at all; in some severe pain, while in others it has been absent, and thus we might go through a variety of other symptoms, differing as much as the above, where this drug has proved curative. It is used both externally and internally at the same time and in the lower potencies, say about the first potency, ten grains to two drams of water (or even stronger) as an external application, to be used in the eye, two, three or more times a day, and the second or third potency to be taken internally. *Atropine* is sometimes used with it, especially when there is considerable photophobia present.

Mercurius prot.—*Small pustule on the left eye, some pain in the evening and at night, no photophobia or lachrymation, tongue coated yellow at the base. *Large pustules on the conjunctiva, no pain during the day, and only a little at night, gums swollen and bleed easily, tongue coated yellow, bad taste in the mouth. We are not as often called upon to prescribe this as the other forms of *mercury*; when we do, there is usually *much photophobia* and redness, though may sometimes be absent. The pains are of a throbbing, aching character, and *wors^d at night*. We generally have accompanying these symptoms swelling of the glands in various parts of the body, and a *thick yellow coating on the base of the tongue*. It is more useful in ulcerations of the cornea than in pustules.

Mercurius sol.—*Pustule on the cornea with photophobia and lachrymation, when the eyes are well has noises in the ears, and when the eyes are sore the top of the head is so sore she cannot comb her hair; profuse watery coryza excoriating the nose. *Keratitis pust., pain in the eye day and night, conjunctiva much congested, burning lachrymation, excessive photophobia, worse at night; bad breath in the morning; wants to sleep by day and cannot at night; pains in the bones at night. *Vesicles on the margin of the cornea, eyes feel worse at night, watery eruption on the face, hair falls out, nose swollen internally, cracked and unhealthy. *Keratitis pust. with sharp sticking pains, worse at night after gaslight. *Conjunctivitis pust. after measles in a scrofulous child, with enlarged cervical glands. *Conjunctiva very red and pustular, slight photophobia, much lachrymation and discharge of pus, pain in the eyes at night so cannot sleep before one or two A. M. *Keratitis pust., some photophobia and pains in the eyes at night, aggravated by gaslight, and after going to bed.

*Keratitis pust. with eruptions around the eye. This form of *Mercury* has been used more frequently than any other form, and it cannot be commended too highly, for its symptoms are such as too often direct us to its use, particularly when this form of inflammation occurs in *syphilitic subjects*. Thus, we usually have under this remedy *great dread of light*, especially *artificial light, as the gaslight, glare of the fire, etc.* The lachrymation is profuse, *burning and excoriating*, and muco-purulent discharges, *thin and acrid*. The *pains are generally severe*, vary in character, and are often not confined to the eye but extend upward into the forehead and temples, seeming *to lie deep in the bones*, but are *always aggravated at night*, especially before midnight, by heat, extreme cold, and in damp weather, and are temporarily relieved by cold water. The *lids* are often spasmodically closed, *thick, red, swollen and excoriated from the acrid lachrymation*, and very sensitive to heat or cold, and also to contact. At the same time the concomitant symptoms of the tongue, night sweats, pains at night, etc., would guide us in the selection of this medicine.

The *Mercurius corrosivus* and *Mercurius dulcis* are sometimes used and with excellent success, especially in strumous subjects. The *corrosivus* is more useful in severe cases than *solubilis*, as the pains are more severe, lachrymation more profuse and excoriating and a general increase in the variety of the symptoms. The *dulcis* often proves beneficial in inflammations occurring in pale, flabby, scrofulous subjects. *Calomel* dusted into the eye is one of the main reliances of the old school.

Mezereum.—Conjunctivitis pust. with pustules on the face and lids. Is chiefly used when the disease is accompanied by that characteristic eruption of *thick, hard scabs from under which pus exudes upon pressure*.

Natrum muriaticum.—*Keratitis pust. with granular lids. *Large pustules on the lower margin of the cornea, redness and photophobia slight, but worse in the morning and evening, external canthi sore, restless at night. *Ophthalmia caused from the use of caustics, especially the *nitrate of silver*. *Sharp, piercing pain above the right eye on looking down, with throbbing headache worse in the evening. The eye symptoms are not particularly characteristic, thus we have a feeling of sand in the eye, worse in the morning, also a sensation of itching and burning in the eyes. The pains are various when they occur, though not severe; the *sharp pain over the eye on looking down* I have verified in four or

five cases. The lachrymation is *acid* and *excoriating* making the lids red and sore, and the discharges from the eye are also *thin, watery and acid*. We often find the skin of the face around the eye *glossy and shining*. It is most useful in chronic cases, especially after the extensive use of caustics (*nitrate of silver*), and its choice is chiefly decided by the concomitant symptoms.

Nux vom.—*Keratitis pust. with great photophobia in the morning, but ameliorated toward night, constipation. *Keratitis pust. in a scrofulous child, excessive photophobia in the morning so that the child wants to sleep till noon. The chief indications for this remedy are found in the *excessive photophobia and the morning aggravation*. The other eye symptoms peculiar to this disease are variable and not marked. Those cases which have been previously dosed with medicine, are often greatly benefited by its use; but often the stomach symptoms are our chief guide.

Petroleum.—*Conjunctivitis pust. with acute inflammation of the lids. This is a remedy not often employed but indicated where the lids are red, inflamed and covered with scabs or scurfs, surrounding skin rough, blennorrhœa of the lachrymal sac, and *pain in the occiput*. *Cosmoline* applied externally is excellent when the lids are involved.

Psorinum.—*Old case of recurrent pustular inflammation of the cornea, scurfs on the lids, etc. *Conjunctivitis pust. recurrens, no photophobia and a little sticking pain in the morning. We have no characteristic eye symptoms under this medicine, but it is especially adapted to those old, chronic cases which have a tendency to recur again and again.

Pulsatilla.—*Keratitis pust., pustule just forming on the lower border of the cornea, stye on the lower lid, and is subject to eye troubles with every cold. *Conjunctivitis pust. in a child fifteen months old; teething, but not cross, a stye preceded the attack. *Two pustules on the conjunctiva near the border of the cornea of the right eye, lids are inflamed and subject to styes, eruption on the hands. *Pustule on the cornea which feels worse in the evening, lachrymation. *Pustule on the centre of the cornea and another on its lower margin, excessive photophobia and constant pain in the eyes and ears, wants to be in the open air and is restless at night. *Pustule with a constant feeling of sand in the eye. *Pustule on the edge of the cornea, much lachrymation, edges of the lids red, herpes circinatus on either cheek. *Pustule on the conjunctiva with profuse lachrymation. *Conjunctivitis

pust. after the whooping cough, agglutination in the mornings, and feels best in the open air and by cold applications; no thirst. *Pustules on the conjunctiva with sharp stinging pains, great lachrymation and redness. *Pustules on the edge of the cornea with profuse whitish yellow discharge, and lids somewhat swollen and inflamed. *Pustules and ulcers on the cornea of a colored boy, pain in the inner angle of the eye, which is worse in the morning and relieved in the open air. *Conjunctivitis pust. with profuse whitish discharge. *Several cases of pustules on the cornea and conjunctiva, not much photophobia, some redness and a profuse bland-white or yellow discharge. *Keratitis pust. with much lachrymation and photophobia, itching in the eyes. This is another of our sheet anchors and seems to be especially adapted to pustules on the conjunctiva. It is frequently found indicated in persons, generally females, of a mild temperament and fair complexion, but it also seems particularly suitable to ailments occurring in the negro race. The dread of light is usually absent or very moderate in degree, and the redness varies greatly. The lachrymation is generally present, not acrid and more abundant in the open air; the other *discharges from the eye are profuse, thick, white or yellow and bland.* The pains are not important but are more often of a *pressing* stinging character. The lids are some swollen, itch and burn, but are not excoriated, and are *very subject to styes*, for which *Pulsat.* is one of our chief remedies. The eyes feel worse on getting warm from exercise or *in a warm room*, and generally in the evening, but are ameliorated *in the open air* and by cold applications. The concomitant symptoms of stomach derangement, amenorrhœa, etc., must be taken into consideration.

Rhus tox.—*Keratitis pust., small pustules on the edge of the cornea, great photophobia and profuse lachrymation. *Pustule on the cornea, some photophobia and redness, but much lachrymation. *Lies constantly on the face with a Rhus eruption. This drug is very useful in pustular inflammations after they have gone on to superficial ulceration of the cornea, for then we have present that *intense photophobia* and *profuse lachrymation*, so characteristic of this medicine. The conjunctiva may be very red even to *chemosis*, and the lids *œdematously swollen particularly the upper, and spasmodically closed so that they have to be forcibly opened, when a profuse gush of tears takes place.* The skin of the face around the eye is often covered with a Rhus eruption; and the remedy is of course especi-

ally suitable to persons of a rheumatic diathesis. The symptoms are usually worse *at night, after midnight and in damp weather*, therefore the patients are restless at night and disturbed by bad dreams.

Sepia.—*Soreness at the internal canthi with entropium, eyes worse at night and at any time during the day on closing them, as the lids feel as if they *were too tight and did not cover the eye*, scratching in the eyes. *Keratitis pust. in a child, lashes of the left eye gone and the edges of the lids raw and sore, considerable purulent discharge from the eyes, and the whole face is covered with an eruption, child cries on washing. *Very large pustules around the cornea with much redness, no pain or photophobia, feels worse in the evening, corners of the mouth cracked. *Drawing sensation in the external canthi, smarting in the eyes relieved by bathing in cold water and aggravated night and morning. Is chiefly indicated in females, suffering from uterine troubles, who have pustular inflammation with dull aching pains in the eye, which are aggravated by rubbing, pressing lids together or pressing on the eye. The light of day dazzles and causes the head to ache. Conjunctiva swollen, with agglutination morning and evening, and headache of the same side. Considerable lachrymation in the open air and in the morning and evening. All the symptoms are *worse in the morning and evening, and better in the middle of the day*.

Sulphur.—*Keratitis pust. with sharp pain in the eye at 2 P.M., and also is awakened early in the morning by pain. *Keratitis pust. of seven years duration, cornea hazy, and very fine vessels on the edge together with pustules, conjunctiva injected, sharp pain in the left eye like knives, moderate photophobia and lachrymation. *Keratitis pust. in a large fat unhealthy child, much photophobia, discharge from the ears and nose, eruptions on the head and face, head dry and hot, so that it dries rapidly after washing, restless at night, etc. *Keratitis pust., photophobia worse morning and evening, face rough and nose sore. *Conjunctivitis pust. in a child that is very restless at night. *Phlyctenular conjunctivitis with sharp sticking pain, made worse by moving the eyes, and are at first relieved by bathing, but afterward made worse. *Pustules on the cornea, pain sharp and worse in the morning, photophobia. *Conjunctivitis pust. with a little stinging pain, ameliorated by washing in warm water. *Blister-like pustule on the conjunctiva with darting sticking pains, and no photophobia. *Pustule on the conjunctiva with great redness and sharp sticking pains. *Phlyctenular keratitis with sticking pains in the

eyes, as from a splinter, otorrhœa. *Keratitis pust. accompanied by much photophobia, lachrymation and cracking of the external canthi, is restless the fore part of the night. *Conjunctivitis pust., slight redness, no photophobia and little lachrymation. *Keratitis pust. chron. caused, probably from the suppression of an eruption behind the ears, much photophobia and profuse lachrymation, pain as if something was sticking in the eye, worse in a bright light, cannot bear to be washed. *Pustules on the cornea, eye not very red, slight photophobia and lachrymation, no pain, dislikes having the eye washed, appetite poor, and is restless at night. *Keratitis pust. with sharp sticking pains and pustular eruptions around the eye. *Keratitis pust. from a cold, with much sharp darting pains in the eye, worse in the morning, and darting pain through the temples. *Conjunctivitis pust., in a colored girl, slight redness, no photophobia, pain or other symptoms. *Fine pustules on the edge of the cornea, some redness and little photophobia with an occasional sharp pain and slight ciliary blepharitis. *Keratitis pust. in a colored girl, some photophobia, and eye very red with a feeling as if there was something in it, lids thick and red, headache. *Recurrent form of pustular keratitis, which are very fine and on the edge of the cornea, a few vessels come down on the cornea from above, pain at night and lachrymation. *Small pustules on the edge of the cornea, with sharp pain in the eye, and cannot bear to be washed. *Large pustules on the conjunctiva with sticking pains in the eye, worse in the evening. †One small pustule on the outer border of the conjunctiva in each eye, no photophobia, and little redness, dislikes having the eye washed. *Conjunctivitis pust. with sore pain in the left eye, ameliorated by cold applications, burning in the palms of the hands. *Conjunctivitis pust. with dryness of the lids. The above, our great anti-psoric, is the remedy, par excellence, for pustular inflammation of the eye, and is employed more frequently than any other drug. Its sphere of action is very wide, and is, therefore, adapted to a great variety of cases, especially those occurring in scrofulous children covered with eruptions (and the majority of cases occur in this class), and also to those cases which have been caused by suppressing an eruption with external applications; therefore, is evidently well suited to chronic cases. As seen from the above cases the symptoms may vary, thus the pains are usually of a *sharp sticking character, as if a needle or splinter was sticking in the eye* (which is a characteristic symptom of *Sulphur*, and very

often found in pustular diseases), or we may have a *sharp shooting pain going through the eye back into the head from one to three A.M.*, which awakens them from sleep, although, besides these we have a variety of other sensations, such as smarting, itching and *burning* in the eye, feeling of pressure as from a foreign body, burning as from lime, sensation as if there were a number of little burning sparks on the lids, which cause them to spasmodically close, painful dryness, as if the lids rubbed the eyeball, bruised pain, etc., etc. The *photophobia is generally very marked, and the lachrymation profuse*, though in some cases may be almost or entirely absent. The redness varies greatly, but is usually considerable, and the secretions also vary, both in quantity and quality. Agglutination in the morning is commonly present. The lids burn and smart as if bathed in some acrid fluid, or there is an itching sensation compelling the patient to rub them most of the time, and are frequently *covered with an eruption*, as well as the surrounding integument of the head and face. All the symptoms are as a rule *aggravated by bathing the eyes*, so that the child cannot bear to have water touch them; also usually worse in the open air.

Tellurium.—Conjunctivitis pust. with eczema impetiginoides on the lids and much purulent discharge from the eyes, also an offensive discharge from the ear, to which the child was formerly subject. The symptoms of *offensive otorrhœa smelling like fish-brine* would lead us to the selection of this drug. (Geo. S. Norton, Trans. N. Y. S., 1873-4, p. 432.)

NOTE. It will be noticed in this article that we have treated almost entirely of pustules of the cornea and conjunctiva; now in reality a great percentage of the cases are phlyctenule or herpes and not pustules, but I have retained the term pustules for the reason that such is the diagnosis found in our hospital case books, where no distinction is made between the two.

Corneitis and Conjunctivitis. Mrs. Sch., æt. 24; about the middle of July, 1839, when chopping wood, a splinter flew into one of her eyes, causing a great deal of pain. After having been "doctored" allopathically for over four weeks, she received the consoling intelligence that her eye was past help. Status quo. The eye is closed, cannot be opened without pain, and then a watery, purulent fluid oozes out of it. Eyelids swollen; conjunctiva dark-red, swollen, chemotic; cornea opaque, on its corner a staphyломatous exerescence; pupil distorted lengthwise; sight nearly entirely gone; still great photophobia; color of face cachectic, earthy, pale; strength gone; digestion poor; acrid leucorrhœa, which cor-

rodes the genitals. Aug. 24th, *Sulphur*³⁰. Sept. 30th, pain much relieved; lids less swollen; conjunctiva less inflamed; opacity of the cornea diminished. Staphylomatous excrescence the same. *Calc. carb.*³⁰. Oct. 14th. Leucorrhœa improves; feels generally better; no medicine. Oct. 18th. Still improving in every respect. Staphylomatous protrusion decreases. No medicine. Nov. 2d. Improvement seems at a standstill. *Acid nitr.*³⁰. Opacity, spots and staphyloma grow less and less in the course of further four weeks. In Dec., one dose of *Pulsat.*, later, *Euphras.*, and the last, *Seneg.* In March, 1840, the eye had regained its perfect sight; the staphyloma is gone, and on the place where it bulged out remains an insignificant opacity; the distortion of the iris scarcely noticeable. The woman enjoys perfect health. (Stapf, Arch. 18, v. 2., p. 45; A. H. Z., v. 89, p. 87.)

Interstitial Keratitis. Boy, æt. 9, of syphilitic dyscrasia, glandular enlargements of the right submaxillary; bone pains at night, etc.; the right cornea densely infiltrated and opaque; the left mottled all over. *Merc. jod.*, *Aurum met.* improved slightly, but *Baryt. jod.* cured eyes and glandular enlargements. (W. H. Woodyatt, Trans. N. Y. S., 1873-4, p. 430.)

Ulcerated Cornea. E. G., æt. 62, German, laborer; pustular keratitis; large ulcer, about in the middle of the cornea; conjunctiva inflamed; excessive acrid lachrymation. R. *Merc. corr.*³⁰, every three hours. Had in four days *Hepar s. c.*²⁰, a dose daily. Cured in ten days. (J. H. McClelland, H. M., July, 1874, p. 540.)

Cicatricial Corneal Staphyloma. Mary M., æt. 40. Operation by DeWecker. After etherization, the conjunctiva was divided close to the cornea, all around its margin, and loosened up freely from the sclerotic back to the equator. Four sutures were then introduced, two on the nasal and two on the temporal side of the cornea, passing from the one flap to the other. The staphyloma was then transfixed with Græfes' knife, and the incision made downward and outward. This flap was then seized with the forceps, and a semilunar incision made in the upper part with the scissors; after which the sutures were tied and the conjunctival flaps brought together. The sutures were removed in three days, and speedy recovery ensued. (Eye and Ear Clinic Hahn. Med. Col. and Hosp., W. H. Woodyatt, U. S. M. and S. J., v. 9, p. 359.)

Kerato-iritis Syphilitica. M. F.; æt. 30, has had syphilis, and now has since several months trouble with the right eye. Acute trachoma with pannus were found. Intense pains in the eyeball,

orbit, superciliary region and head; worse when lying down; nocturnal pains in the joints; vision gone; left eye affected in a less degree. *B. Merc. cyan.*³, a dose every eight hours. After a few doses the pain diminished, and he got some sleep. On the fourth day the redness had much abated, and the cornea began to clear. He now took cold, and relapsed. *Bellad.*³ for three days brought great relief, when the first prescription was again given, in alternation with *Bellad.*³, for fifteen days. All pain had now gone, and he could see large objects. *Crotal.*³, one dose each day, for five days, followed by *Sulphur*^{1c}, completed the cure.

D. P. C., æt. 42, after syphilis, developed also granular conjunctivitis with keratitis ulcerosa of the left eye. *Merc. cyan.*³, as above, diminished the inflammation and nocturnal pains, but *Hepar*³ was given for five days for the ulceration. Then the *Merc. cyan.* was again given. The redness and opacity sensibly diminished, and now *Crotal.* again acted beautifully, restoring the sight. In secondary syphilis the anti-psoric^s must be alternated with the anti-syphilitics. Hence *Hepar*, as well as *Merc. cyan.* (Nunez, A. H. O., June, 1874, p. 308.)

Laceration of Cornea. Laceration of the cornea with prolapse of the iris, occurring in a man, æt. 25, who was struck by a chip while chopping, tearing cornea from below upwards. *Acon.*³⁰, six doses per day, for two days, followed by *Staphis.*^{2c}, four doses per day. The eye was closed and lid secured by adhesive plaster. In ten days well; iris replaced, and not the slightest cut noticeable. (J. G. Gilchrist, M. I., v. 2, p. 659.)

Wound of the cornea, with hemorrhage, into the eye, and prolapse of the iris. Pain was relieved by *Bellad.*³ internally, and *Euphras.*⁰ lotion; ulceration (onyx) setting in, *Acon.*¹⁰, *Sulphur*³⁰; later, *Sulphur*¹, followed by *Sulphur*³⁰, healed and restored fair sight. (Ussher, H. W., v. 9, p. 271.)

Opacity of Cornea. Patient, æt. 45. Totally blind. The cornea is filled between its lamellæ with a thick whitish exudation; the iris is distorted. Eye doctors have made iridectomy; no sight. The cause of blindness must, therefore, have had a deeper seat. Patient has in former years been subject to erysipelas of the face. Cold water applications had suppressed the eruption. Since then he began to complain of weak sight, which gradually grew to total blindness. *Rhus. tox.*¹, night and morning restored him to sight. (Stens, Sr., A. H. Z., v. 89, p. 156.)

LENS.

Diseases of the Lens. Robinsky shows, that they ought not to be considered as mere local disturbances, but that they are frequently caused by a general blood-crisis, and therapeutics must refer to such different states which caused them. (N. A. J. H., v. 23, p. 135.)

Cataracta dura Incipiens. A lady, æt. 67, was suddenly attacked after taking cold, with pressing pain around the eyes, which is worse in the open air; before the eyes she sees constantly dark figures, like spider-web or lace, of the size of a hand. She has been subject to sick headaches all her life. *Sepia*³, one dose, night and morning, for fourteen days. In four weeks the large dark figures were reduced to mere specks, and her general feeling greatly improved. (H. Goullon, Jr., I. Pr., 1875, p. 691.)

CHORIOIDEA..

Chorioideitis serosa, exudativa, suppurativa and sarcomatosa. After a detailed description of these forms, comes the therapeutic part.

Acute forms. *Acon.* for men of lively character and sanguinic or bilious-nervous constitution.

Bellad. for persons inclined to cerebral congestion and inflammation, with predominant nerve-erethismus, for women and children.

Apis has been used by the author only in some forms of syndesmitis and blepharitis.

Euphras. acts only upon the conjunctivitis.

Mercur. is the most important of all. In intensive inflammation of the iris, *Merc. præc. ruber* is preferable to *Merc. sol.*

Coloc. and *Spigel.* are not sufficient.

Pulsat. in sub acute cases, in persons subject to arthritis vaga, venous hyperæmia of the capillaries, pressing, tearing and throbbing pain in the head, with heaviness and vertigo, dull sight, photophobia; fiery circles before the eyes. Female individuals with mild and yielding disposition, scanty and delayed menstruation.

In the *chronic form* *Lycop.* and *Sulphur* are most important remedies.

Of *Lycop.* the author is not prepared to give its characteristic indications.

Sulphur is much more frequently indicated, especially where the trouble is based upon abdominal venosity, stagnation in the portal

circulation, habitual constipation and cerebral congestion conditioned thereby; also in metastases of chronic or suppressed skin diseases. No remedy, however, is capable of replacing *iridectomy*. (Payr, I. Pr., 1875, p. 613, ff.)

Glaucoma. Mr. J, æt. 24, lawyer, while reading, was suddenly affected with partial loss of sight. Seeking medical advice, he was told to be suffering from congestion of retina, and put under the use of mercury. After a few weeks of treatment, after being twice salivated, he lost his eyesight completely.

Jan. 14th, 1873. Received *Acon.*¹², first three times, then twice per day. Jan. 30th. Could distinguish light from darkness; improved slowly to March 26th. Complaining of fulness over the eyes and floating specks in vision, he received *Ap's*²⁰, and one dose of *Merc. viv.*^{36m}.

March 31st, his state was as follows: Feeling of severe pressure from within outward and from above downward, in both eyeballs, accompanied by dull, heavy aching, deep in both globes. On pressure, the eyeballs tense and firmer than usual. He saw yellow, crescent-shaped bodies floating obliquely upward in the field of vision; sees a little better from looking intently and steadily at an object, though he sees no trace of the upper half of an object. In the upper dark section of the field of vision, occasional showers of bright, star-like bodies, the lower half looks lighter, and he can distinguish color, light or dark. By gaslight a number of bright floating streaks and dots are seen; eyes better by moonlight and after active muscular exercise; pupils irregularly dilated; cornea dull, with loss of its usual lustre; anterior chamber contracted; color of the optic nerve-entrances of a greenish hue, except around the periphery, which was yellowish-white, with a slight trace of pigmentary deposit on lower outer edge of optic disc in left eye; the retinal vessels bent abruptly on their exit from the disc, and closely hugging the floor of the excavation, bent sharply upon the periphery of the papilla; central portion of retinal vessels strongly pulsating; large letters cannot be distinguished, he seeing only something black upon a white ground. *Aurum* was given in the 20th. After three weeks patient was much improved, could get about the streets alone, being able to follow the cracks in a board sidewalk; the dark, half-vision, had disappeared, seeing as well the upper as the lower half of an object. Five weeks from commencing with *Aurum*, everything looked blue, and objects generally much lighter. May 5th he received *Aurum*^m, but was

shortly after lost sight of by removing to the West. (E. M. Pease, M. I., v. 2, p. 173.)

NERVES AND MUSCLES.

Lac caninum^{cm} cured an old lady, æt. 90, of a sensation of film before the eyes, with vertigo; while suffering she seemed to see a small, dark object, like a mouse or bird, coming up to her left. (S. Swan, H. M., Dec., 1874, p. 213.)

Total *blindness*, two cases, produced suddenly by taking cold, were cured with *Acon.*³, in water, every half hour one teaspoonful. (Hirsch, I. Pr., 1875, p. 553.)

Blindness of Left Eye. Young man, æt. 20, had had the itch one year and a half ago, of which he got rid by internal and external use of medicines. Later he had an attack of intermittent fever, which he cured with pepper and whiskey. A short time since he discovered that he could not see with his left eye. The eye has a dead look; pupil is enlarged and immovable; in the middle of the lens there is an opacity, as if it had been punctured by a needle; the lids and conjunctiva are somewhat reddened; on holding the hand quite near to the eye, he can dimly discern the fingers. Aug. 2d. *Sulphur*⁶. Aug. 9th. Several pimples on the face and arms. Sight better. *Sulphur*⁶, which was repeated on the 19th, 26th, 29th of Aug., and on the 3d and 23d of Sept. There are a number of furuncles on the arms; the eye looks natural again, and he sees as well as ever before. (Fr. Emmerich, Arch. 14, 3, p. 105; A. H. Z., v. 89, p. 118.)

Blindness. A lady had for two years paralysis of optic nerve of right eye, with total blindness. When it first came on she could see just half of an object perpendicularly. *Bovist*^{2c}. cured in four weeks. (Baker, H. M., Aug., 1874, p. 15.)

Robert L., strong man, consumes about four ounces tobacco weekly, has *loss of sight*. Gave *Sulphur*³⁰ every morning. Tobacco reduced to one half. Next visit, dimness of sight, photophobia; was unable to read by candle light. *Phosphor.*⁶ cured in five weeks. (Ussher, H. W., v. 9, p. 62.)

Diplopia has been cured by *Cyclam.*, *Hyosc.* and *Stramon.* A differential diagnosis of the three cannot as yet be given, as the cases cured have not been accurately enough stated. *Bellad.* has thus far done the least in this affection. (Rafael Malin, I. Pr., 1875, p. 395.)

Myopia. The latest researches of Hosch and Dobrowolsky seem

to show that acquired myopia is the consequence of a spasm of the accommodation-muscle, which in many cases has been cured by atropinizing the pupil. (Payr, I. Pr., 1875, p. 231.)

Paralysis of the Accommodation. Mrs. N—, æt. 43. Could only read No. 14 Snellen, and that at 24°; with convex glasses could read No. 1 quite readily, but the range of accommodation almost nil. Gave *Argent. nit.*^s, four times daily. During first ten days no change was observed, but in the next twenty-five days the power of the muscle so completely returned that *without glasses* No. 2 Snellen could be read at 20°, and with convex 24 the range of accommodation extended between 8° to 25°. (Eye and Ear Clinic, Hahn. Med. Coll. and Hospital, W. H. Woodyatt. U. S. M. and S. J., v. 9, p. 329.)

Asthenopia. Patient overstrained his eyes, working with various colored inks, writing often for twelve or fifteen hours. General health good. Must close eyes firmly. Light touch unbearable, but hard pressure relieves. Feels something pricking in the eye. Eyes feel like chilblains: must wipe them often and pull at the lashes. Eyes hyperæmic. He is emmetropic, but reads with difficulty J. 15 at fifteen feet, from blurring of the letters; not improved by glasses. A candle held at twelve inches seems double, and the left image is seen with the right eye, hence he has asthenopia from paresis of the internal recti muscles. *Natrum. mur*²⁰⁰ cured. (T. F. Allen, A. H. O., May, 1874, p. 270.)

Neuralgia in left eye. Lady, 54 years of age. Every morning at six o'clock excruciating pain in left eye, as if it would be pressed out of the socket; the pain spreads to the frontal sinus and head. Towards noon the pain decreases. Night is quiet. *Spigel.*,³⁰, one dose. Next morning the attack commences after 7 o'clock, and is milder and shorter; on the third morning pain quite insignificant. Cured without a further dose. (Stapf, A. H. Z., Bd. 89, p. 94.)

EARS.

Ascaris from the ear. Baboo, B. M., Chatterjee, Burdwan reports he had to see a healthy, well nourished boy, æt. 9, who had otorrhœa from his birth; a month ago, intermittent fever, now laboring since eight hours under epileptiform convulsions which had seized him suddenly. The fits were severe, frequent, and of

long duration; matter was still running out through the right ear. On examination a bit of white substance resembling cerumen, was found in the external meatus; taking hold of it by a forceps, it slipped several times before getting hold of it, when on gentle traction an ascaris lumbricoides, three inches long, was drawn out to the bystanders' greatest astonishment. The convulsions ceased a couple of minutes after. Examining the boy's ear the tympanum was found to be uninjured. (Calcut. M. J., v. 3, p. 122.)

Otitis parasitica. A paper on. (C. H. von Tagen in Proc. II. M. S., Ohio, 1874, p. 148.)

Otitis parasitica. Mr. B., æt. 40. In two years the ear feels as though "plugged up;" general health good; hears watch ticking only upon contact; the auditory canal is nearly filled with a lardaceous mass, dotted here and there by minute dark particles. This collection clung with great tenacity to the walls of the meatus and could be removed only by soaking over night, strong syringing on the following day, and detaching the mass by means of a Bowman probe and the angular forceps. The membrana tympani was intact, but slightly depressed. The Eustachian tube was impervious by the Valsalvian method, but made patent by Politzer's air bag. The hearing power for ordinary conversation was nearly restored upon removing the collection, but that for the watch was only increased to $\frac{1}{6}$ %, although during the subsequent treatment by Politzer's method, the hearing for watch has been brought up to $\frac{5}{6}$ %. At the second visit I was surprised to find that the canal was rapidly filling again, and concluded from this that I had a case of otitis parasitica to deal with. A microscopic examination of the morbid product showed that it was a specimen of *aspergillus nigricans*. A few days' persistent treatment with warm water douching and carbolic acid lotion cured the case.

Seven years ago Schwartze gave a description of the vegetable fungi which germinate in the auditory canal. From the reported cases it would appear that the disease is seldom *primary* but is apt to follow after eczema of the meatus and aural catarrh. It is really a kind of mould, such as forms on damp walls. As symptoms of the disorder we have, *subjectively*, pain, tinnitus aurium and vertigo, the same as are found in many other diseased conditions of the ear. *Objectively* we observe a collection of whitish or blackish flakes adhering to the walls of the canal and the external face of the membrana tympani, resembling somewhat inspissated cerumen. When removed, the growth will reproduce itself in a few

hours. The microscope will make the diagnosis certain. Roosa gives four varieties of vegetable parasites found in the ear, viz.:

- I. *Aspergillus*—flavus, glaucus, nigricans.
- II. *Penicillum glaucum*.
- III. *Graphium penicilloides*.
- IV. *Tricothecium roseum*.

Dr. Draper, of New York, has found the *aspergillus* fungus on the inner side of the thigh, but it is rarely found excepting in the auditory canal.

The management of cases of vegetable fungus growths in the ear is not difficult, but may be tedious from the tendency of the growth to reproduce itself. Remove the collection every day with syringe and forceps. Among the parasiticides are alcohol, iodine tinct., carbolic acid. (U. H. Brown, II. M., Aug., 1874, p. 9.)

Spasm of the Tensor Tympani. On the 3d of October, 1873, Henry C. Townsend, æt. 28, presented himself at my clinic for diseases of the eye and ear, complaining that for two years he had been the victim of excessive tinnitus aurium. Both ears are affected. Hearing distance, right, four inches, left, two inches (normal distance of my watch three feet). Politzer's air douche was used, and raised the hearing dimensions to right, eight inches, left, six inches. He has dry catarrh, with much sneezing.

Was in the army throughout the war, and while there he had three attacks of hemeralopia. At one time it lasted six months. The other attacks covered only a few days.

He insists that an objective noise exists in his ears. This was doubted, but proved to be true. It consists of a regular and quite distinct sound, like the snapping of the finger nails, and was perceived by several medical gentlemen at a distance of about one foot from the ears of the patient.

Malingering was suspected, and various tests were adopted, such as causing the patient to talk, holding his mouth open, etc., but still the noises continued like the regular ticking of a clock, though interrupted by brief intervals. They are most regular and distinct upon the right side. He is not aware of any cause for this difficulty. He complains also of vertigo, with a tendency to fall forward. I prescribed first for dry catarrh. Prescribed *Sanguin*.³, alternate with *Conium*.³.

Oct. 27th. Catarrh and sneezing have disappeared, but the noises are the same in character and severity. The air douche affords relief for a short time, but the sounds recur. They trouble

him very much at night, so that it is with difficulty that he can sleep. Is always sleepy in the morning when it is time to rise. Has frequent desire for stool without satisfactory movement. Prescribed *Pulsat.*³⁰ three times a day.

Dec. 21st. He is better, but still the noises occur. Vertigo has disappeared, and the bowels are more regular. Prescribed same.

Dec. 29th. Still better; noise less, but aggravated when moving the jaws. Complains of a sensation like a lump in the upper part of the esophagus, with a frequent desire to swallow. Prescribed *Laches.*³⁰ three times a day.

Jan. 12th. Sensation of lump gone. Noise decidedly less at times. Has a numb feeling in the head about the ears. Feels tired in the head, as if he wanted to sleep. Echo of words and noises in the ears. Prescribed *Phosph. ac.*³⁰ three times a day.

Jan. 26th. Better in all respects. Prescribed the same.

Feb. 4th. Less of tinnitus; very little of it at night. Sleeps and looks much better; still sleepy in the morning, though he goes early to bed. Prescribed *Pulsat.*³⁰ three times a day.

Case still under treatment. (W. T. Searle, Trans. N. Y. S., 1873, v. 41, p. 457.)

A girl, æt. 20, Jan. 8th, 1873. Ears bad for two or three days. Watery discharge and hemorrhage from both ears, *first left, then right*. Sides of neck red, swelled, tender. Noises like bells ringing, whistling or running of trains, in ears, *first left then right*. Shooting from left ear through head to right, and from left ear to left temple. Shooting is relieved by cold, worse by warmth. Discharge worse by warmth. Noises and shooting worse by lying on left side. Deaf. The shooting makes her hold head and shudder. Pulse 150, feeble. Pricking in ears before the discharge comes. Aching in ears, *first left then right*. 5.45 P.M. *Merc. viv.*^{10m} (Fincke) *one dose*.

Jan. 14th. Cured. (E. W. Berridge, H. M., Nov., 1874, p. 157.)

Otorrhœa. Repertory to. (O. M. Drake, N. E. M. G., Dec., 1874, p. 561.)

Aural Diseases in Children. By Henry C. Houghton, M.D.

Long experience, or peculiar opportunities, should be the basis of qualification for a place on the bureau of pædology. In my case the former is lacking when compared with our older members, but connection with the New York Ophthalmic Hospital during the past seven years has certainly afforded opportunities for observ-

ing one class of children's diseases, and has deepened an interest which was created at the clinics of Prof. Roosa.

Inflammatory action in or about the ears is one of the most common afflictions of childhood, varying its manifestations from a transient earache to grave suppurative forms, complicated with necrosis, acute or otherwise. The constant effect of this action on mind and mental development may claim our notice quite as properly as its occasional fatal result when it reaches meninges or brain substance.

The reasons for this frequent inflammation of the ear in children will be found when we consider two things; anatomical relations, and liability to infectious diseases. The temporal bone is developed from four centres, squamous, auditory, (annular tympanicus,) petrous and mastoid and styloid. At birth only three of these are present, squamous, which includes the zygoma, petrous (mastoid,) and auditory. During the first year the mastoid joins the squamous, and during the second or third year the styloid is added. Later the auditory process which corresponds to the membranous portion of the meatus in the fœtus extends outward and forms the osseous meatus. In the new-born this inner membranous portion constitutes one-half of the whole canal, and shortens as ossification proceeds. The membrana tympani is attached to the annulus tympanicus, which at this time of life lies nearly horizontal. To the edges of this ring osseous deposits are made, and thus the osseous canal is formed below, while the superior portion is made by a change in the configuration of the temporal bone. As the skull develops, the angle formed by the membrana tympani with the floor of the meatus becomes more and more obtuse until it reaches that of adult life.

Now if we note that these changes in the relations of the meatus, tympanum, and the structure of the mastoid process, take place just when the child is exposed to infectious diseases which make great and often lasting changes in the pharyngeal mucous membrane, we shall understand that we cannot dismiss these cases with trifling advice.

The two diseases which cause these changes most extensively, and lay broad basis for aural disease are scarlet fever and measles, also in this connection is to be noted the serious results of sub-acute, acute and chronic, catarrh. The symptoms and course of all these are well understood; we will pass to anatomical appearances. These vary with the severity of the affection, from congestion of

catarrh in acute form, to the exudation, infiltration and sloughing destruction of phlegmon. On the one extreme the changes are slow; by repeated attacks the mucous membrane becomes varicose, irregular, granular; glands rupture discharging cheesy fetid contents or hard concretions (lung stones). The other extreme is marked by rapid changes, high inflammatory action, early exudation, involving parenchyma of tonsils, connective tissue of the mucous membrane, often ending in extensive suppuration with loss of tissue extending to the posterior nares, rhinoscopic spaces or openings of Eustachian tubes; sometimes the cavity of the tympanum is involved at once; in others by a gradual, but no less certain extension. Another disease which is a serious exciting cause, is epidemic cerebro-spinal meningitis, attacking the serous membranes of the internal ear.

The nomenclature of aural diseases follows the anatomical divisions, otitis externa, medica, interna. It is interesting to notice the analogy in disease as well as structure, that exists in the eye and ear. The external layer of the membrana tympani has its phlyctenular or granular inflammation, the dense middle layer must yield like the cornea in keratitis before perforation and synechia occur; the ossicula like the iris and lens are moved by delicate muscles and adhesions produce like results in each, the serous fluids of the labyrinth transmit the sound wave as does the vitreous the light wave; while the terminal fibres of Corti's organ and the otoliths of the semi-circular canals, correspond to the rods and cones of the retina, and are subject to similar lesions.

Regarding otitis externa there is nothing peculiar to note in contrast with the same in adults, the furuncle (circumscribed inflammation) yields promptly to *Mercur.*, as also the acute diffuse form; the chronic diffuse otitis is often intractable. *Arsen.*, *Carb. veg.*, *Fluor. ac.*, *Graphit.*, *Iodide of Arsenic* and *Iodide of Sulphur*, *Mezer.* and *Sulphur* are standard remedies. Phlyctenulæ are often seen during spring and fall months; careful cleansing with cotton on probe I have found better than syringing. *Pulsat.* and *Tellur.* usually check the tendency to ulceration. Ulceration is usually indolent and is often cured by *Silic.*; the granular form by *Calcar. iod.*; when the ulceration causes perforation the suppurative process is more extensive and tedious.

Otitis media is a much more serious matter in the child than in the adult; the tissues which form the middle ear are also limits of various vital organs, arteries, veins, nerve trunks, etc., and throm-

bosis, embolism, and paralysis may result, on account of the peculiarity of anatomical reaction of the tympanum in youth. The treatment of this division, in the various forms, acute, sub-acute, or chronic, either suppurative or non-suppurative, would carry us beyond the scope of this paper, still it may be briefly stated that on account of dentition, neglect of hygienic measures, as regards clothing, baths, food, etc., the tendency, in the child particularly, is to congestion of the cavity of the middle ear, and approximation of its walls. The indications are two-fold; to reduce the congestion, and to separate the opposite surfaces. The first is secured by the use of such remedies as act upon the pharyngeal mucous membrane and its extensions; the second by simple dilatation of the cavity, using Valsalva's method, *i. e.* forcing air through the Eustachian tubes by causing the child to blow the nose while the anterior nares and mouth are kept closed; or by Politzer's method, which in young children can be accomplished without requiring the patient to swallow, as is usually directed. If this apparatus were in every physician's hands, and intelligently used, many catarrhal cases would remain such, instead of passing on to suppuration.

Otitis interna is the only form of disease of the ear that can be properly termed "nervous deafness," although there are many cases in which the disease is so classed. The acute form has been considered rare, many cases although primary and acute having been incorrectly diagnosed as secondary to cerebro-spinal meningitis. In primary otitis interna, the patient is suddenly attacked with febrile symptoms, dizziness, vomiting; these soon followed by delirium, and often coma, but freedom from all convulsive action; in a few days the attack abates, and the patient recovers in every respect save the hearing, and vertigo of a short duration. In that secondary to cerebro-spinal meningitis, there exists more or less extensive paralysis showing that centres of motion or sensation have been the seat of lesion. The same is true of traumatic cases. The prognosis in these cases is not favorable. Dr. W. S. Searle, of Brooklyn, merits the thanks of the profession for calling attention to the value of *SMic.* in this form of disease, and it has been confirmed under my observation since then in a number of cases. Electricity would seem to warrant expectations of relief, but my own observation has not given data sufficient for an opinion. Prof. H. Knapp states that it has not relieved such cases at his clinics.

The relation existing between the diseases of the ear in the child, and failure of function in the adult, is so intimate that it affords me great gratification to notice the increasing interest in these fields of investigation both in our own country, as well as abroad. Certainly few fields offer fairer promise of richer harvest. (Trans. N. Y. S., 1873-4, p. 451.)

Proliferous Inflammation of the Middle Ear. By William N. Guernsey, M.D.

Sclerosis, or dry catarrh of the middle ear, is a not unfrequent disease, and within the last few years has been separated from the gradually diminishing class of ailments which were supposed to be of nervous origin.

In all of the later works on otology this disease receives separate mention, and Gruber makes extensive remarks upon it, giving an exhaustive description of its pathology, as also of its etiology. He considers that from some cause or other, there is first a great hyperæmia, with distension of the membrane, and, in part, a new formation of blood-vessels and increase of the intercellular fluid. The connective tissue corpuscles are increased. The tissue of the inflamed mucous membrane is less moist than in the catarrhal form. The new formations, or new elementary formations, go on to a higher development. The most various adhesions may occur, or a soft connective substance appears, which is evenly spread over the whole portion that was originally inflamed, and thus leads to hypertrophy of the mucous membrane, or it may go on to granular formation. Many of these new formations may also undergo regressive metamorphosis; they may undergo molecular disintegration, become fatty and be absorbed.

As a result of this pathological process, connective tissue formations take place, the mucous membrane lining the tube is often covered with dense fibrous tissue, and the cavity of the tympanum partially obliterated by fibrous growths and adhesions of the drum-head to the labyrinth wall. False membrane is often found upon the tensor tympani muscle, and exostoses and ankylosis of the bones are frequently present.

The symptoms of this disease are not so prominent as in the simple chronic catarrhal form of inflammation.

The subjective are but few, and the most prominent one is the tinnitus aurium, which often attains a very severe degree.

The objective are the same as those in chronic catarrhal inflamma-

tion, with the exception that there is an absence of naso-pharyngeal inflammation.

All authors agree that this disease is exceedingly insidious, and that it is difficult to trace its origin, or link it with any chain of causes, and also, that it is very intractable to treatment.

Such, in brief, is the history of proliferous catarrh.

Catarrh is very properly the appellative generally given to inflammations of the mucous membrane; but it has seemed questionable to me whether it can be rightly applied to a variety of inflammation which is accompanied by none of the ordinary symptoms of catarrh. Is it not reasonable to doubt whether sclerosis, as customarily taught, is primarily or solely a catarrhal inflammation? From a careful consideration of its history, may it not be rightly inferred that it may be dependent upon some diathesis or derangement of the system, and that the pathological appearances of the mucous membrane lining the middle ear may be the result of some secondary inflammation?

It is doubtless well known that not all cases of aural catarrh are not only not benefited by the use of Politzer's method in the treatment, but that many times the symptoms are aggravated by its application. This occurs frequently when the diagnostic tube reveals that the Eustachian tube is easily permeable, and not occluded by a secretion of mucus. The deterioration of the hearing power cannot, in such cases, be dependent upon a forcing of mucus into the tympanic cavity or against the membrana tympani.

It has also, undoubtedly, been frequently observed that inflation of the middle ear with air through the Eustachian catheter, likewise often aggravates the affection; or that if air is blown into the ear with great force, all of the symptoms are increased in intensity; but if forced in gently there is a slight amelioration of the symptoms.

Every aurist cannot but have noticed that the use of the Eustachian catheter often relieves, when the Politzer's method does not, and that frequently stimulating applications to the throat and orifices of the Eustachian tubes, even when there is no appreciable catarrh of the naso-pharyngeal space, produces greater relief than inflation of the middle ear by either of the above methods.

Further, it is generally found, upon examination of the Eustachian tube with the bougie in these cases, that the calibre of the tube is but very slightly or not at all diminished, and upon the withdrawal of the instrument that it is not covered with mucus.

These facts would lead us to seek for other causes than simple

catarrh for their explanation, as there is evidently an obstacle to the free transit of air through the tube, aside from swelling of the mucous membrane or exudation.

Dr. Weber-Liel, of Berlin, endeavors to explain these conditions by considering this affection dependent upon imperfect action of the muscles of the throat and Eustachian tube.

Disturbances of their function play an active part in the origin and development of this disease, as also of the most frequent forms of progressive deafness.

He has observed that this disease occurs most frequently in those who are suffering from anæmia, whether produced by exhaustive diseases, as typhoid fever, variola, or by depressing circumstances, unbridled play of the passions, tuberculous dyscrasiæ, etc. It also occurs more frequently in women than men, and appears to be hereditary. In brief, it is generally coincident with those conditions of the system which are accompanied either by partial or general muscular weakness.

From his point of view, all the pathological appearances and all the symptoms are brought into harmony. Numerous investigations were made upon the cadaver, and diseased conditions of the muscles pertaining to the ear and throat were found in every case.

From experiments which have been made under compressed air, he concluded that the Eustachian tube is normally sufficiently open to allow slight ingress and egress of air during respiration, and that it is necessary for the maintenance of a healthy condition of this organ that it should be so.

Now, if the action of the muscles of the throat is impaired, either consequent to catarrhal inflammation, diphtheria, or nervous derangements, the normal patency of the tube is interfered with. If the tensor veli becomes slightly impaired in its action, there ensues a collapse of the tube, and its walls fall together, and there results a disturbance of the ventilation of the cavity of the tympanum. Where these conditions obtain, if the act of deglutition is not frequently performed and air forced into the tube thereby, the membrana tympani becomes retracted, and the chain of bones are pressed inward.

If the paralysis of tensor veli attains a higher degree, the elasticity of the cartilage of the tube overpowers the muscles, and its walls are brought into closer apposition. Owing to the collapsed condition of the tube, the tensor-tympani muscle is drawn upon and its contraction results. Contraction of the tensor tympani

entails greater tension of the membrana tympani, rotation of the hammer upon its axis, a greater strain upon the chain of bones, and the pressure of the stapes into the foramen ovale. In this manner there arises a permanent increase of the intra-labyrinthal pressure, which explains the most constant as well as annoying symptoms of this disease—the tinnitus aurium.

The pathological formations which occur may be considered as secondary to the impairment of muscular action, and arise principally from vaso-motor disturbances. If the ventilation of the tympanic cavity has been interrupted for a considerable length of time by disturbances of equilibrium of the muscles, and the membrana tympani and the chain of bones have been under extreme tension from contraction of the tensor tympani and the intra-labyrinthal pressure increased, there must ensue a derangement of the circulation of the tympanum, the blood will be obstructed in its course, and the capillaries undergo so great a pressure that endosmosis and exosmosis of their contents will arise, and infiltrations result. From the stasis which is produced, an abnormal amount of mucus is secreted, and a proliferation of the cellular elements occurs, which gives rise to a chronic catarrhal condition of the cavity of the tympanum and the sclerosis of its mucous membrane, which Gruber describes as that of plastic inflammation.

The stasis will, of course, depend somewhat upon whether there co-exist local or general circulatory disturbances in the track of the superior vena cava. Consequently the most perfect forms of this secondary catarrhal inflammation are found in those suffering either with diseases of the lungs, heart, or liver.

Owing to this hyperæmic condition of the cavity of the tympanum, it becomes a *locus minoris resistentiæ*, and is liable to frequent attacks of inflammation. Then, if the exudative products are not speedily removed, they act as irritating foreign bodies; and finally, by constant irritation, the mucous membrane becomes thickened and sclerotic, and from the imperfect action of the muscles there arise points of extreme and constant hyperæmia, whereby exostoses and anchyloses result. The prognosis of this affection is yet less favorable than nearly all other forms of affections of the ear. Anti-catarrhal treatment produces but little effect, and statistics have generally shown this disease, excepting in its earliest stages, to be utterly intractable. But if the treatment be instituted with reference to the paralysis of the muscles of the ear, good results are frequently obtained.

The origin of the muscular impairment should be ascertained, and, if possible, removed, and the muscles be restored to a healthy condition. Tonic treatment is generally indicated, and the application of electricity to the Eustachian tube, and injections of stimulating applications through the Eustachian catheter are necessary. Electricity will often entirely relieve the tinnitus aurium, and the injections not only act beneficially upon the diseased mucous membrane, but also, by irritation of the peripheral nerves, upon the muscles also.

In connection with these measures, air should be gently forced into the tympanic cavity through the Eustachian catheter at frequent intervals. In protracted and obstinate cases, the operation of the division of the tensor tympani often procures some relief.

Remote Results of Aural Diseases in Children. By Henry C. Houghton, M. D.

At the semi-annual meeting of the Hahnemannian Medical Society of New York, it was my privilege to present a paper calling attention to the diseases of the ear in childhood; especially to the immediate results of inflammation. It has seemed to me proper at this time to consider the remote results of inflammation of the parts involved, in order that we may be more prompt to guard our patients in early life, and more hopeful of curative action in adult years.

The chronic diseases which link themselves immediately with the ear-aches of childhood may be divided into suppurative and non-suppurative. We will separate the first class, suppurative, into two portions, the one to include all those cases that may be, by treatment, cured as such, and classed thereafter with non-suppurative; the other those that do not warrant such expectation. All cases in which the pus-secreting surface is limited to the walls of the external auditory canal and external layer of the membrana tympani, and some in which longitudinal rupture of the membrana tympani exists, present ample promise of complete cicatrization, with measurable restoration of the function, and constitute the first portion. The second portion includes all cases in which the pus-secreting surface extends to the tympanic cavity and mastoid cells, and, often complicated by necrosis or caries, offers little basis for hope of recovery; still our remedies change the character of the secretion, and check the rapid progress of disease.

The non-suppurative diseases of adult life are often the remote results of sub-acute catarrh of the child, or of a suppurative inflam-

mation, which, after causing decided lesion, has abated, leaving basis for serious chronic disease. Others again are marked by atrophic degeneration (sclerosis). (Von Tröltsch.) Cases of this class give rise to the varied subjective symptoms of tinnitus, illusions of hearing, etc., and pass, with almost certain progress, from slight to complete inability to hear the human voice, leading to the very frequent mistake in diagnosis, "nervous deafness," and to the presumption that the case is hopeless. Let us look at the anatomical relations, and notice the changes which take place when inflammatory action exists. The cavity tympanum being only a half inch in its anterior posterior diameter, one-fourth to one-half an inch in its vertical diameter, the transverse, from the membrana tympani to the wall of labyrinth one-thirteenth to one-sixth of an inch, containing a chain of ossicula with true articulating surfaces, capsular, and supporting ligaments, and covered throughout its entire extent by mucous membrane, the tendency is to obliterate the cavity when inflammation arises. The air is forced out or absorbed, the surfaces come in contact, and serious tissue changes occur. If acute inflammation does not pass to suppurative, it does to a chronic stage of plastic type, trabeculæ forming between the surfaces that were in contact, binding the membrana tympani to the opposite wall, or to the incus, or the ossicula to each other, thus producing tension or pressure upon the stapes, and by changing the normal condition of the serous fluids of the internal ear, cause the annoying subjective symptoms referred to the head and ears, as also the loss of hearing. These changes in tissue are at first slight, and easily broken up; but as months or years pass, they become established, and the function fails just as the subjective symptoms increase, until it is very difficult, if not impossible, to restore power.

This paper has been prepared with the hope of breaking, to a slight extent at least, the apathy that exists concerning the treatment of aural diseases. While it is true that we do reach far better results than our opponents, yet we need to emulate their attention to the pathology of these diseases. I am often grieved at the violation of our code of ethics in one particular, as patient after patient comes suffering from the remote results which we are considering, having been advised by their physician "not to meddle with the ear." Lest my own language should seem too strong, let me quote from Prof. Roosa's late work (pages 369-371):

"The fact that a running sore is detrimental to the continuance

of good general health, would scarcely need assertion, were it not that the author, in common with many others, has observed a very deeply-rooted idea among the laity, an idea that was first inculcated, and which is even now encouraged, by the profession, that there is no harm resulting from a chronic ulcerative process in the ear, when it is well out of sight. It is even at times gravely asserted that such a drain to the system is salutary, as if our Creator would not have made the human race with such a one if it were necessary. I have seen persons who allow their ears to become an offence to the nostrils of those about them, because they have been advised by their physician that it was not best to 'meddle with the ear.' If my reader feels that I have said too much on this subject in the different parts of this volume, I beg that he will ask himself how many cases of death he has known as the result of a suppurative process in the ear, to consult his fellow-practitioners on the same point, and finally to investigate the statistical tables of deaf and dumb asylums.

"In the answer to these interrogatories will be found a complete justification of my earnestness on this point. The anatomy of the middle ear, showing, as it does, the relation of this small portion of the organism to the most important parts of the system, to the great arterial and nervous vessels, to the nervous system, to the organs of respiration, is also, of itself, sufficient proof of the necessary importance of a long-continued suppuration in this part.

"There still exists, however, even in the minds of some physicians, a prejudice against the stoppage of a purulent discharge from the ear.

"In the laity, this prejudice is widely spread, and is chiefly dependent upon the erroneous teachings of the older French writers, Du Verney and Itard. As Wilde shows, in his classic article upon this disease in his text-book, 'because it was observed that on the supervention of cerebral diseases, discharges from the auditory canal have lessened, practitioners, mistaking the effect for the cause, have been led to believe that the sudden "drying up" produced a metastasis to the brain, a notion as crude as it is unsupported.' There is, I believe, no pathological experience on record which can sustain the quite common assertion that it is dangerous to stop a discharge from the ear. There are only cases on record—of which there are, alas, many more than were ever recorded—where disease of the brain has occurred from the extension of a neglected suppuration to the cerebral membranes and substance, and the discharge from

the ear has nearly ceased; but these certainly form no argument against the arrest of an ulcerative process before any parts beyond the cavity of the tympanum are involved.

“He who believes that we can easily cause a discharge of pus to cease, after caries of the temporal bone has occurred will find many cases which will cause him to doubt the efficiency of his therapeutics. As well might we refuse to heal an ulcerated hip-joint, as to neglect to check a discharge from the diseased membrana tympani or lining membrane of the tympanic cavity.

“It is doubtless true; judging from the histories of cases and the inspection of the membrana tympani, in which cicatrices occur, that many cases of chronic suppuration are cured with very slight treatment, or none at all. The fact remains, however, that the most of the neglected cases do not so recover, and after a purulent discharge from the ear has once set in, ‘*we can never tell,*’ to quote again the words of Wilde, which should be impressed upon the attention of every practitioner of medicine, ‘*how, when or where it will end, or what it may lead to.*”

If those who discard specific treatment advise the treatment of suppurative cases, we, who can and do often cure without local or instrumental interference, need not fear to employ the latest and best methods, for we have remedies to change the secretions of the cavity tympanum from pus to health mucus (article on “*Capsicum,*” *N. Y. Med. Jour.*). If space allowed, it might be well to consider the question of cleansing and local applications *vs.* internal remedies without cleansing; but I must hasten to another important matter; still my belief is that the “golden mean” is the safe ground. Many cases could be cited to support local means of cleansing, dilatation, etc.

It is to the remote results of those cases which do not end in suppuration, and hence are neglected, to a great extent, till the mischief is very grave, that I desire to call your attention. Earache, as well as catarrhal obstruction of the ear, always means mischief, even if very slight; it is nature’s warning, and if we neglect the beacon, we must not be surprised at the breakers. The mediate results of non-suppurative inflammation, *i.e.*, the tendency to adhesion, closure of the eustachian tube, etc., may always be overcome by the indicated remedies *and dilatation*, by the Eustachian catheter or Politzer’s method; the emphasis is placed upon dilatation, because cases pass on under the prescription of our best men direct to adhesion. The power of our preparations of *Arsen.*, *Baryt.*, *Calcar.*,

Kali, Merc., Sulphur, etc., is too fully known to require remark here ; but the question arises, can we overcome the remote results of these acute diseases, when neglected or improperly treated ?

Until within the last year my answer has been but little more encouraging than that given for years past concerning these cases ; but during the year my mind was led, by a series of circumstances, to the study and application of the galvanic current in contrast to the faradic, which I had used more or less for some two years. The articles which aided me most were Dr. Campbell's monographic report of cases, and *Contributions to the Archives of Ophthalmology and Otology*, vols. 1 and 2. Believing that we could get better results by the current supplemented by specific prescription, I have applied it in my office practice, and also at the clinic of the New York Ophthalmic Hospital. Of thirty cases up to Feb. 9th, 1874, two have been cured, twenty-six improved, and in only two cases has there been no gain. The remedies mainly used have been *Kali hydr., Iodum, Merc. viv.* and *Sulphur*. The method has usually been to give the remedy daily for one week, then to apply the current daily for one week, watching lest acute suppurative inflammation set in, which is almost certain to occur, unless great caution is used. Politzer's method of inflation, or the Eustachian catheter, should follow the application of the current. The changes that take place are so decided that they can be due to nothing less than the absorption of the plastic bands within the tympanum.

The following cases, treated and dismissed with cautionary advice will show the results gained :

CASE I. Miss M. M. L., æt 35, teacher, had catarrh for years ; for last two years or more subjective noise in the head, roaring. Membrana tympani clear, but depressed right and left. Hears watch ; right, $\frac{1}{10}$, left, $\frac{1}{12}$.

Nov. 22d, 1873. Treated daily one week ; then once each week.

Jan. 30th. Heard $\frac{2}{6}$, with abatement of roar to a very slight occasional attack. Reports progress.

CASE II. Willie O., patient of Dr. Wm. J. Baner, of New York city. Seven years ago had scarlet fever, now right and left membrana tympani depressed and adhesions firm, the throat tissues thick, tonsils hypertrophied with excessive catarrh, tympanum, dilatable. Hears right, $\frac{1}{8}$; left, $\frac{1}{4}$. *Kali hydr.*

Oct. 21st. and Nov. 18th, 1873. Hears $\frac{2}{6}$ right and left ; the membrana tympani released to a good degree.

Jan. 8th, 1874. Relapsed to $\frac{1}{4}$, right, and $\frac{1}{8}$ left, but Jan. 27th.

regained, by weekly treatment, to $\frac{2}{10}$. The result in this case was very gratifying, as the sequelæ of scarlet fever are very intractable.

CASE III. Mrs. S., æt. 30, affected for years. Had earache when a child; discharge followed; loss of power, with tinnitus; unable to understand conversation unless directed to her; right membrana tympani depressed, scarred, and held by adhesions; hearing $\frac{1}{12}$. Left membrana tympani same, but less involved; hearing $\frac{5}{24}$. Eustachian tube dilatable. The pharyngeal walls were weak and varicose.

Dec. 31st., 1873. Treatment, current and *Kali hydr.*

Jan. 6th, 1874. Acute inflammation set in, the hearing having been that day, right, $\frac{1}{6}$, left, $\frac{3}{8}$; slight decrease followed, but *Mercur. vivus*, thirtieth trituration, checked the inflammation.

Jan. 8th. Relapse, with severe pain; the *Kali hydr.*, omitted and *Mercur.* given. *Kali hydr.*, was given till Jan. 14th.

Jan. 15th. She received *Graphites*³⁰, one dose, as the hearing was much improved evenings.

Jan. 27. Pain again; immediate relief by *Mercur. viv.*, the hearing being at that date $\frac{1}{4}$ right, $\frac{7}{10}$ left, and no decrease followed. On the 31st. the lady was obliged to return to Iowa, the hearing being on that day, right and left, $\frac{4}{10}$, for watch; conversation heard readily, even with the back toward the parties; public speaking heard with ease in one of our largest halls. Being the wife of a physician, he will follow suggestions for future care.

CASE IV. Mr. C. W., æt. 20, wood engraver. For eleven years, gradual loss after earache, tinnitus. Hears watch, right, $\frac{1}{8}$, left, $\frac{1}{24}$, and conversation only near and directed to him. Right and left membrana tympani depressed and adherent, the right scarred, as if repair of perforation.

Oct. 2d. Received *Kali hydr.*, daily till the 14th; hearing then, right and left, $\frac{1}{2}$, normal distance. *Placebo* given till Nov. 21st., current three times a week. Hearing the same.

Nov. 10th. Hears, right and left, $\frac{3}{8}$. Not seen till Jan. 5th., 1874. Hearing, $\frac{3}{10}$. I believe the normal standard for the watch could have been reached, but the patient considered himself cured, and has not returned to this date.

The question will arise in the minds of some, will the gain be permanent? Undoubtedly, for the changes which take place continue after the treatment ends, as is seen in the last case, the absorption of adhesion is the same here as elsewhere, and the motion

being restored, there is no reason why the function should not be restored also.

A word as to suppurative cases. While more interested in cases like the above, I have used the current in suppurative cases with great satisfaction. Thirteen cases during the same period give two cured, nine improved, two unimproved. The discharge is promptly lessened or changed in character, granulations being rapidly reduced. (Trans. N. Y. S. 1873-4, p. 465.)

Electricity in chronic aural catarrh. Master W., æt. 13, has had chronic suppurative inflammation of left, middle ear for eight years, a sequel of scarlatina. Had been treated with washes, astringents, etc. Inspection of tympanum showed a small perforation in anterior lower quadrant, the membrane covered with a layer of purulent secretion. Hearing power, L. E. $\frac{1}{66}$. Used remedies without success; hearing power improved to $\frac{3}{80}$ by Politzer's method of inflating the middle ear. Filled auditory canal with warm water, passed into it through a rubber speculum, an electrode with a narrow extremity, connecting the electrode with the negative pole of the battery, placing the positive pole at the back of the neck. Passed weak currents every second day for two weeks, when the discharge had stopped, hearing improved to $\frac{5}{80}$; membrane healthy, perforation smaller, no return of trouble. (W. H. Brown, H. M., May, 1874, p. 450.)

Otalgia. A lady has had otalgia several months; since hearing of a serious accident to a friend's ear has had sore and bruised pain in cartilage of ear with occasional stitches in ear. R. *Arnica* ³⁰, for a week. Cured. (A. P. Bowie, H. M., May, 1874, p. 466.)

Natr. carb. ²⁰ cured loss of hearing of *right* ear for seven or eight months. Sounds seem to come from the left side when they really come from the right. At times, singing in right ear, or a noise like a bubble bursting in the ear, or fullness in the right ear when eating, or on swallowing feeling as if something moved in right ear. (E. W. Berridge, H. M., Oct., 1874, p. 108.)

NOSE.

Itching of tip of the nose. Man, æt. 48, ten years ago was much shocked on suddenly seeing the tip of a friend's nose destroyed by cancer; since then his own has intolerably itched, worse when thinking of it, and often keeping him awake at night. R.

~~Silic.~~, 6th trit., once a day. Cured within a week. (E. M. Hale, H. M., Jan., 1874, p. 265.)

Symptoms of Nares. Collection of green discharge.—*Kali bichr.*, *Mercur.*, *Natr. carb.*, *Phosphor.*, *Pulsat.*, *Rhus tox.*, *Sepia*, *Thuja*.

Yellow discharge.—*Alum.*, *Cinnab.*, *Graphit.*, *Mur. ac.*, *Natr. carb.*, *Nitr. ac.*, *Phosphor.*, *Lycop.*

Thick, whitish discharge.—*Kali bichr.*, *Lycop.*, *Mercur.*, *Nux vom.*

Fetid discharge.—*Aurum*, *Asaf.*, *Graphit.*, *Mercur.*, *Nitr. ac.*, *Petrol.*, *Rhus tox.*

Discharge of pus.—*Asaf.*, *Aurum*, *Conium*, *Lycop.*, *Petrol.*, *Pulsat.*, *Rhus tox.*

Fluent coryza.—*Anac.*, *Arsen.*, *Arum triph.*, *Bovist.*, *Bromium*, *Calc. ostr.*, *Cepa*, *China*, *Euphras.*, *Fluor ac.*, *Gelsem.*, *Hepar*, *Ipecac.*, *Kali bichr.*, *Nitr. ac.*, *Laches.*, *Mercur.*, *Nux vom.*, *Thuja*.

Dryness of nose.—*Calc. carb.*, *Caustic.*, *Ant. crud.*, *Carb. an.*, *Dulcam.*, *Graphit.*, *Lycop.*, *Silic.*, *Spigel.*, *Sulphur*.

Ulceration.—*Alum.*, *Aurum*, *Calc. carb.*, *Graphit.*, *Kali carb.*, *Lycop.*, *Pulsat.*, *Sepia*, *Silic.*, *Staphis.*, *Sulphur*, *Zincum*.

Dropping of mucus from posterior nares.—*Corall.*, *Hydrast.*, *Kali bichr.*, *Nitr. ac.*, *Plumbum*, *Sepia*, *Spigel.*, *Sulphur*, *Thuja*.

Scurfs in nose.—*Alum.*, *Aurum*, *Borax*, *Calc. carb.*, *Cicut.*, *Kali bichr.*, *Laches.*, *Natr. mur.*, *Nitr. ac.*, *Nux vom.*, *Phosphor.*, *Silic.*, *Staphis.*, *Sulphur*, *Thuja*.

Syphilitic ozæna.—*Aurum*, *Conium*, *Hepar*, *Laches.*, *Lycop.*, *Mercur.*, *Nitr. ac.*, *Sulphur*.

Scrofulous ozæna.—*Mercur.*, *Nitr. ac.*, *Phosphor.*, *Silic.*, *Sulphur*.

Scrofulous individuals with or without crusts in nose.—*Aurum*, *Hepar*, *Kali bichr.*, *Rhus tox.*, *Silic.*, *Sulphur*. (L. Morse, M. I., 11, 98.)

Aralia racemosa cured a coryza of five months duration; with frequent sneezing and aggravation from the *slightest* depression of temperature. (F. G. Oehme, H. M., Feb., 1874, p. 318.)

Lachesis. Severe coryza, with abundant discharge of a watery slime; nostrils and lips very sore and swollen; coryza preceded one or two days by a feeling of soreness, rawness, and scraping in the throat. This condition passes off *entirely* as the coryza develops. (F. G. Oehme, H. M., Feb., 1874, p. 318.)

Hay-fever; or, Hay-asthma. Mr. Charles H. Blackley, M. R. C. S., Eng., made a very extensive series of experiments, with the view of determining the exciting cause of catarrhus æstivus (Hay-fever, or Hay-asthma). From experiments made with the

pollen of thirty-seven natural orders of plants, he has been able to show that pollen possesses the power of producing hay-fever, both in its asthmatic and catarrhal form, and that with some rare exceptions, this power is common in some degree to the pollen of all the plants experimented with, while it is especially well marked in those belonging to the *graminaceæ*. He has further inferred from his observations, that the disturbance caused by pollen is due partly to its mechanical and partly to its physiological action, and in discussing the old doctrine, that the disease may be caused by the odors given off by some animals, as cats, guinea pigs and mice, Mr. Blackley thinks it far more likely that the fur of these animals may be simply the carrier of the granular matter and pollen of hay, and he concludes that it has never been satisfactorily demonstrated that the disease is traceable to either light or heat alone. (M. H. R., Jan., 1874.)

Epistaxis. Persistent; bleedings very frequent, blood thin, occurring in convalescents from fever, excited by emotion (grief or affliction), jarring; breath short and hot; numbness; pulse not found at wrist; tenderness in region of liver; marked jaundice; itching around nostrils; face, limbs and body emaciated. *Carb. veg.*⁴ curative in several cases, in which all, or most of the above symptoms are indicated. (D. Thayer, N. E. M. G., April, 1874, p. 147.)

Nosebleed, in a man æt. 70, without apparent causes, in spells, which induced fainting and bloodlessness. His face is yellowish, and during the fainting fits there appears cold sweat upon the forehead. All kinds of mechanical and medical means had proved a failure. *Crocus* relieved at once. (J. Stein, H. Kl., 1874, p. 53.)

Nasal polypi cured by the internal administration of *Phosphor.*, *Sulphur* and *Calc.*, all in the 30th potency and at long intervals. (S. M. Alvarez, N. A. J. H., v. 22, p. 350.)

MOUTH.

Dryness of the lips, with constant burning; they crack. *Arsen.* and *Nitr. ac.*, high and low, did nothing. *Graphit.*,²⁴ one dose every other day cured in a few weeks. (Hirsch, I. Pr., 1875, p. 559.)

Cancer. Madame X. de Cerveirac, æt. 61, enjoying usually very good health, having never been seriously sick, but sorrowful,

serious and uncommunicative, of a pale and cadaverous complexion, consulted me for a trouble on her lower lip, fifteen millimetres from the right commiss. Six months before she had pricked her lip with a sharp point. Following this pricking the lip became slightly swollen and painful, presenting an induration the size of the stone of an apricot. At first the patient took little notice of her complaint, but seeing that it did not disappear spontaneously, but on the contrary seemed to grow worse, and commence to ulcerate, she consulted three very distinguished physicians, who all counselled an operation. Before deciding, she wished my opinion. I undertook, before using the bistoury, to try homœopathic treatment, which, in curing the local malady, would also destroy the vice which had produced it, and thus more certainly protect her from a relapse. On the first of December she presented the following symptoms: pale and cadaverous countenance; the external third of the lower lip on the right side swollen and congested, with an induration of the size of an apricot stone in the centre of the swelling. The induration presented on the red border of the lip a superficial ulceration, with grayish base, of the size of a piece of fifty centimes. She suffered excruciating pain. The sub maxillary glands were not swollen.

Jan. 10th. I prescribed *Silic.*,³⁰ 6 globules, in 90 grammes of water, a tablespoonful night and morning.

Jan. 25th. Marked amelioration.

Jan. 26th. In the night, without apparent cause, there happened a tenesmus of the bladder and of the anus, colic, reddish and bloody stools (symptoms which are found in the pathogenesis of *Silic.*). Thinking these symptoms arose from the medicine, I let it continue to act until the 1st of February, when the same symptoms continuing, I gave a dose of *Nux vom.*, which relieved her in 24 hours.

Feb. 8th. A new prescription of *Silic.*

Feb. 18th. The lip is infinitely better, it is less swollen, more supple.

Feb. 25th. The wound has completely cicatrized, there only remains a little depth, a cicatrix yet tender, and a slight depression on the border of the lip, in the place where the induration was, and which was detached by the suppuration.

March 8th. The patient is very well. The face is less cadaverous, she has more liveliness, the appetite is excellent and the health perfect. It is now three years since Madame X. was cured,

and there has been no reason to fear a relapse. (C. Pancin, (de Corveirac) Bib. Hom., p. 150, etc.)

Noma. *Cancer acuaticus.* On May 19th 1873, Francisco Blanco, æt. 5, was brought to the clinic of Dr. Duvos. He was of light complexion, delicate, weakly, cachectic and scrofulous, with a pale, soft œdema of the left side of the face and eyelids; which his mother said had been preceded by a lead-colored ulceration in the middle and anterior portion of the cheek, but as the child ate, drank and slept well, she had not examined it till the fetid breath, increase of œdema, and downcast appearance of the child, and particularly noticing a mass of fetid, sanguinolent saliva on the pillow every morning, had alarmed and decided her to bring him to the clinic. The half of the left side of the buccal cavity was covered by a dark colored ulcer of irregular periphery, emitting an insupportable stench; the ulcerated condition involved the entire thickness of the cheek, from which hung down various filaments covered with sanious saliva, that kept drooling from the mouth; nevertheless the little patient had some appetite, but was very pale and weak, pulse quick, hardly perceptible, was thirsty and had a slight diarrhœa. R. *Arsen.*¹² globules, in aq., checked the progress of the cancer, so that in five days its periphery was marked by a narrow, red, clear line; the fetidity was diminished, and by degrees ceased entirely, and the size of the ulcerated part diminished notably. *Lach.*¹² globules, ut sup., and later, *Merc. dulcis*:¹² in globules, were so efficacious that after twenty-five days of treatment every trace of the disease had disappeared.

The Homœopathic treatment in such cases as this stands out in bold relief against the barbarous cautery and terrible caustics of the old school, under which almost every case proves ultimately fatal. (El Crit. Med., July, 1874.)

Aphthæ or Stomatitis. During September and October, in a house with sixty to sixty-five inmates, ten to twelve cases; two were lying-in women, the others, children from two to six years; mucous membrane of mouth swollen; ulcerated; profuse salivation, fœtor from mouth, as if mercurial; gums tender, could not chew solid food. *Nitr. ac.*⁶ two to three times a day, in one case, in a mild lotion, five grains to an ounce; and in one case, *Sulphur.* (Calcut. M. J., v. 2, p. 376.)

A child æt. 2 years, aphthæ, especially on tongue, (following ulcers in mouth), emaciation, diarrhœa, with fever at night, and crying which ceased after belching; stools as if spinach were on

diaper. Cured by *Arg. nitr.*sm. (A. Lippe, N. E. M. G., Dec. 1874, p. 560.)

Swelling of tongue from cold, on protrusion seemed much enlarged on right side, tongue curved to left and upwards, surface coated, no redness, heat or pain: *Acon.*^s in alternation with *Merc. sol.*^s Cured in few hours. (G. Strong, H. W., v. 9, p. 145.)

Toothache. Mrs. —, æt 32, since one-and-a-half years has suffered with an undefined pain in the upper and lower teeth of left side, which extends to the lower jaw-bone and cheek-bone; left lower jaw, gums and cheek are swollen; pain shoots into ear and head; is worse in the air and at night, especially after waking, *Nux vom.*^s, *Calc. carb.*¹⁵, *Sulph. tinc.*¹, *Merc. sol.*^s, were of no avail; *Calc. carb.*^s, night and morning, cured in four days. (Haustein, A. H. Z., v. 89, p. 76.)

Cinnab.^{1m}. Cured. Toothache for fourteen days, now every day, at first less often. All the right molars and bicuspids (*some* decayed) feel soft, heavy and *too large*. This comes on about 8 P.M. (after sunset) and at 2 or 3 A.M. It comes and goes gradually. *On biting teeth together*, the second right upper molar (which is decayed) feels *as if it would fly to pieces*. (E. W. Berridge, H. M., Oct. 1874, p. 107.)

Electricity a cure for Toothache. Apply positive pole of constant current (10 elements) to the cheek, and negative pole to anterior lateral region of the neck. (N. A. J. H., v. 22, p. 557.)

Toothache. Two men had severe toothache, which seemed to proceed from unsound teeth; in one case they were decayed, in the other filled with gold, but neither patient could trace the pain to one particular tooth. The pain was at times remittent, at others intermittent, and would frequently extend over the whole side of the face. *Hot food and drink, cold food, drink or air, even with the mouth shut when walking in the cold, always produced or increased the pain.* This last symptom lead to *Sabad.*² which removed the pain in both cases at once. (F. G. Oehme, H. M., Eeb., 1874, p. 319.)

Toothache always disappearing during eating: *Spigel.* (Stens, Sr., A. H. Z., v. 89, p. 118.)

Lycop.^{1m} cured a swelling between the upper gums and the malar bone, with some swelling of the cheek. The next A.M. the patient awoke with a violent headache, with throbbing on the top of the head, which *Lycop.*^{10m} relieved in an hour. (S. Swan, H. M., Sept., 1874, p. 80.)

*Kali bich.*sm, cured pain for two days in left malar bone, worse

on coughing, with soreness of the bone to touch, shooting inward in left malar bone, with pressure, and for three days also, the same across the bridge of the nose. Hot and cold alternately. Cough worse in morning; sputa greenish-yellow, bitter. Pain makes her feel inclined to cry. Shooting, sometimes, in bone over left eye. Cough hurts the painful part of cheek. (E. W. Berridge, H. M., Oct., 1874, p. 109.)

*Silic.*³⁰. Cured pricking and lancinating pains in region of right inferior maxillary, with cancerous diathesis. (Biblioth. Hom., May, 1874, quoted by R. J. McClatchey, H. M., Nov., 1874, p. 180.)

FAUCES.

Tonsillitis. A boy, æt. 15. For eighteen months has had swelling of right tonsil. Mucus in throat, removed with difficulty; it is *quite cold* when it comes into the mouth; this it has been for a year. The mucus is white, nearly transparent, in lumps. Allopathic treatment did no good. They wanted to operate, but he refused to submit. *Phosphor.*sm (Fincke), *one dose*. Cured in three months. (E. W. Berridge, H. M., November, 1874, p. 158.)

Sore throat, passing from right to left; whitish ulcer right tonsil, sharp pain from swallowing, especially warm drinks; frontal headache, pains in limbs as if bruised; tongue brown; pulse 120; yesterday shivering. *Lycop.*,^{100m} F. in water, every three hours. Four days after pains better, tonsils no ulcer, pulse 114, tongue light brown, neck externally swelled; for two days swelling and redness of tip of nose, with pustules on left side of tip and septum. I experienced this symptom from a high potency proving of *Lycop.* in health. (E. W. Berridge, N. E. M. G., July, 1874, p. 295.)

Sloughing ulcer in the fauces. Left side from an abscess in the tonsil. After *Silic.* for a few days without any abatement. *Laches.* improved from the first day, and he was all right in about ten days. (M. L. Sircar, Calcut. M. J., v. 3, 117.)

Mercur. Mucous patches in throat, swollen glands, right side, fever. (J. H. McClelland, H. M., March, 1874, p. 359.)

Angina. D. H., July 21st. Fauces and back of throat deep red and congested. Both tonsils, especially left, much enlarged, dysphagia, skin hot; pulse 120, tongue thickly coated white. *Nitr. ac.*,³, 2 dis. horis and gargle. *Ac. acet.*, dil. cum melle every three hours, cured in two days. (A. Hewan, H. W., v. 9, p. 273.)

Croupous diphtheria. Girl, æt. 5, scrofulous; sickly from birth, asthmatic, croupy symptoms prominent, hoarse cough, diphtheritic deposit covering mouth from fauces to outer edge of lips, and also covering external auditory canal; short, difficult respiration; pulse weak, slow; great prostration, bad odor from patient. *R. Ars. jod.*, 1st trit., cured. (F. Bigelow, H. M., Feb., 1874, p. 297.)

Arum triph. Constitutional symptoms of diphtheria, with congested throat; it will often cut short the disease. (W. R. Childs, H. M., March, 1874, p. 358.)

Cantharides. Diphtheria with great burning in throat, accompanied by a scraping sensation, so that when expectorating blood was brought up. (Allen, H. M., Dec., 1874, p. 213.)

Diphtheritis. His treatment consists principally in the use of *Carbolic acid*. In light cases he uses the third centes. dil. in water as a gargle; and in malignant cases the dec. dil. internally and externally; the pure carbolic acid as inhalation. (Davidson, A. H. Z., v. 89, pp. 121 and 202.)

Dr. Baehr used, for the last two years, only *carbolic acid in diphtheria*. In all cases the false membrane was imbedded in the tissues, with the characteristic foul odor. He uses the 2d and 3d dil. in water and paints the affected parts with diluted alcohol. Most simple diet. Cold but no ice water. *The carbolic acid must be steadily used*, for several days may pass before amelioration shows itself: *Cuprum* suits well for the paralysis following the disease. (N. A. J. H., v. 22, p. 453.)

On the use of *Chloride of Lime* in diphtheria. (C. Neidhard, A. J. H. M. M., v. 7, p. 452.)

Kali bich. in true diphtheria is very useful. Use in 2d and 3d trit. Use strong diet. (M. Côté, H. M., March, 1874, p. 360.)

Permanganate of potash. Useful in diphtheria with ulceration, and gangrenous suppuration with fetid odor. Dose, 1 gr. to oz. of water; two teaspoonful doses. (W. R. Childs, H. M., March, 1874, p. 357.)

Diphtheria. *Merc. cyan.* in the 2d dec. trit. is a poison which cannot act favorably in this morbid process. I have never given it below the 6th centes. or the 12th dec. trit. in water. I have used it with the best results up to the 30th potency. (Von Villers, A. H. Z., v. 88, p. 91.)

Diphtheritis. In several cases, where the diphtheritic exudation had spread into the larynx: *Bromium* and *Tart. em.* had been

of no avail, *Merc. cyan.*³ brought the desired effect. (Paul Rognin, *L'Art Medicale*, A. H. Z., v. 88, p. 70.)

Phytol. cured a sore throat with tonsils swollen and covered with grayish patches; dizziness; backache. (W. F. Edmundson, H. M., March, 1874, p. 358.)

ŒSOPHAGUS AND NECK.

Laches.^{cm}, One dose, cured feeling of obstruction in throat on swallowing, *every other day*, first on right side, then all over. Also, for three or four weeks, heat and smarting in *left* throat, with hoarse voice; symptoms come on *every day* about 11 P.M., worse on waking in morning, and go off about 11 A.M. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

A girl æt. 15, while dining, felt a *constriction in her throat*, could not eat, she wept, lost all power of speech and informed others by writing she felt something in her throat preventing her uttering her thoughts and feelings. Very great oppression and tightness of chest; crampy pain in stomach; *disturbed* sleep at night; head rather heavy; since the first menstruation courses irregular, rather scanty, not of natural color. *Pulsat.*⁶ by inhalation removed the constriction immediately, in a few minutes; the tightness and oppression relieved, but she could only utter simple sounds. *Pulsat.* on the tongue, and in an hour all was right. (*Calcut. J. M.*, v. 2, p. 261.)

Child, æt. 3½, *acute inflammation of the right parotid gland*; erysipelatous blush in the adjacent skin, extending over eyelid and nose; slight fever. *Bellad.*³⁰ on the 7th. Less inflammation and tenseness of skin on the 8th. On the 11th no sleep, swelling increased: *Bellad.*³⁰. On the 14th no better: *Sulphur*³⁰. On the 17th suppuration threatened; a few pimples appeared on face. *Hepar s. c.*, six and a half drops twice daily. On the 19th better, medicine discontinued. On the 26th no vertigo remaining. No doubt *Hepar s. c.* effected the discussion. (M. L. Sircar, *Calcut. M. J.*, v. 1, p. 332.)

Glandular Swellings on the Left Side of the Neck. *Graphit.*³⁰, one dose, and *Graphit. salve* externally, removed them all within one month. (J. Hirsch, I. Pr., 1875, p. 634.)

Basedow's Disease. Dr. Smith cured two cases by *Bellad.*

tincture, in five to fifteen drop doses. It caused violent headache with nosebleed and angina faucium. (Homœopathia involuntaria.) (Lancet, No. 26, 1874. Related by H. Goullon, Jr., H. Kl., 1874, p. 174.)

Lycopus Virginicus in Morbus Basedowii. In two weeks the eyes lost their protrusion, the cyanosis decreased considerably and the whole features looked more natural. It showed no effect on the glandular enlargement and the dyspnœa, which yielded to *Iodine*³. (N. A. J. H., v. 22, p. 443.)

Goitre. A man who had been afflicted many years with a goitre, and had taken *Gastein water* for five years, and also *Iodine* without success, had been advised by a neighbor to take the shell of an egg, cleanse it well of the skin within, and pulverize it. Then take of this powder every morning, as much as there lies upon the point of a knife during the decreasing moon, for fourteen days. This he had done and the goitre was gone. (G. Pröll, A. H. Z., v. 89, p. 176.)

Dr. Schepens reports a case of *goitre* cured by *Iodine*⁶. *Spongia*³⁰ had been also prescribed with no effect. The patient was a man æt. 58, who could not remember when the tumor first came. The color was rose red, the weight considerable and the consistency soft; no pain; but for two years his voice had become slightly hoarse and he had difficulty of breathing, especially when lying on his back. His general health was satisfactory and he had never been obliged to employ a physician. (Revue Homœopathique, p. 143, etc.)

LARYNX.

Sub-acute Aphonia. Girl, æt. 20, took cold and lost her voice; can produce scarcely audible sounds when trying to speak. *Caustic*³ cured, after *Hepar* had failed. (H. Goullon, Jr., A. H. Z., v. 88, p. 77.)

Paralysis glottidis. Girl, æt. 11, has been exposed to a very keen and icy wind. She loses her voice and coughs day and night, hollow without resonant sound. At the same time there is also partial paralysis of the right side of face. *Spongia*, *Acon.*, *Hepar sulph.*, *Rhus tox.*, *Magn. mur.*, made no impression during

eleven days treatment. *Caustic.*, 6th dec. dil., eight drops in half a tumblerful of water, two teaspoonfuls every hour or two hours. Cured the case in the course of fifteen days. (J. Kafka, A. H. Z., v. 88, p. 185.)

A boy, æt. 10, having been exposed to a sharp, cold wind, lost his voice completely. Even attempt to talk causes a peculiar kind of hoarse, soundless cough, with pain in the larynx; there is also pain in the fleshy parts of the arms and shoulders. *Acon.*³, in water, every hour, relieved the pain in arms and shoulders, but did not alter the cough and aphonia. *Carb. veg.*, *Phosphor.*, *Spongia*, *Hepar*, were likewise of no avail. Now a peculiar twitching of the right hand set in as soon as he coughed; this gradually spread to the pectoralis major and finally the right side of the chest became constricted, causing difficulty of breathing. When after thirty to forty seconds the spasm subsided, there was an audible gurgling noise down along the œsophagus. These reflex spasms in the dominion of the nervus vagus, suggested *Cina*³, in water, every hour one dose. In a short time the spasmodic action in hand and chest ceased; gradually the cough began to yield, and in the course of fourteen days the aphonia was perfectly cured. (J. Kafka, A. H. Z., v. 88, p. 202.)

Aphonia nervosa. A lady, æt. 32 years, suffers with loss of voice since six years. She talks in a whisper, and if long continuing it, it causes a dry, straining cough, with a feeling of compression of the chest; constant dryness in the throat and burning in the last cervical vertebra, which is sore to the touch. The mucous membrane of the fauces is dry and red. Menstruation scanty, sleep disturbed by frightful dreams, with crying and moaning. She is of a tearful disposition, and easily irritated to anger. Otherwise apparently a picture of health. Had been treated allopathically without result. *Bellad.*², in water every two hours, two teaspoonfuls, relieved her nervousness. *Pulsat.*², morning and evening, two drops on sugar of milk, brought her voice back within fourteen days. Although she lost her voice again from mental emotions, it was always quickly restored by the same remedy. (J. Kafka, A. H. Z., v. 89, p. 19.)

Hysteric closure of the glottis. A lady, æt. 25, apparently dying, was stripped as a corpse, artificial respiration relieving temporarily, tracheotomy was performed 10 A. M. 2 P. M. some consciousness returned. 3 P. M. respiratory power was gradually res-

tored and she completely recovered. (B. G. Chundey Ro, Calcut. M. J., v. 2, p. 377.)

(NOTE.—Before the instruments arrived *Chlor.* or *Gelsem.* might have done it without the operation. See Raue's Pathology, page 131, C. Hg.)

Mrs. — had severe cough, from which she had suffered more or less for eight years. Cough very distressing, especially at night, compelling her to spring up in bed, from a feeling of choking or suffocation. Bronchial tubes not implicated in the disease, expectoration scanty. The malady was evidently laryngeal. Gave *Sulph.*, cough became "looser," and the expectoration increased in quantity, but as the cough persisted gave *Hepar sulph.*,² then in alternation gave *Hepar*,³ and ³⁰. October 1st reported quite well. (J. H. Nankivell, H. W., 9, 14.)

On the differential diagnosis of chronic diseases of the larynx. By E. J. Whitney. Since the advent of the laryngoscope, the means of observation thus afforded have greatly facilitated the diagnosis, prognosis and treatment of laryngeal diseases, both acute and chronic.

The advantages of exactness in diagnosis by no means accrue to the patient alone, but to the physician as well; and while the ability to remove growths, or perform other operations within the larynx, must necessarily remain within the scope of a few, the prospects of many depend upon the fact, as to whether a chronic inflammation of the larynx be simple or complex; if thickening be due to œdematous infiltration or catarrhal inflammation, or whether ulceration be syphilitic, cancerous, or tuberculous.

The reputation of a physician so often depends upon a correct prognosis, that on this ground (if no other) he should make himself familiar with the laryngoscope. The subjective symptoms of chronic laryngeal diseases, taken alone, form a very uncertain basis for diagnosis, and are still less to be depended upon in prognosis; but with the intelligent use of the laryngoscope, any well-educated physician, who can give a few weeks to the study and observation of morbid laryngeal conditions, may acquire a requisite knowledge and dexterity to form a correct diagnosis.

Then, as Mackenzie observes, with the aid of the laryngeal mirror alone, and often when other guides are wanting, the practitioner may be able to promise his patient a steady and complete recovery; or he may be obliged to inform him that a loss of vocal function will necessarily result from the disease; or he may even be forced to acknowledge that medical art cannot arrest the fatal malady.

The chronic inflammations which are most likely to be confounded with each other, and their differential diagnosis, which shall be considered in this paper, are four in number, viz.:

First. Simple chronic laryngitis.

Second. Laryngeal phthisis.

Third. Syphilitic laryngitis.

Fourth. Cancer of the larynx.

Chronic Laryngitis. It is not an uncommon affection in our northern sea-board cities, and is more prevalent during cold wintry weather. The parts most subject to attack are the vocal cords and ventricular bands, then the epiglottis, and lastly and more rarely, the arytenoid cartilages. This condition, depending upon more or less capillary engorgement, is distinctly hyperæmic in its nature; the vocal cords, ventricular bands, and adjacent mucous tissues, are consequently bright red in color, varying in intensity according to the activity of the disease. There is usually but a slight degree of thickening or tumefaction, the supervening ulcerations are shallow, and when this process is extended to the vocal cords, numerous bright, glistening points are to be seen, caused by destruction of the inverting membranes, and exposure of the fibrous structure beneath.

Aphonia, more or less marked, and fatigue in talking, are ordinarily present, but usually no pain in swallowing, and seldom cough. When it exists, however, it is irritative in character. There is sometimes embarrassment in respiration, varying in accordance with the thickening of the parts, and usually but little constitutional disturbance. The pharynx is generally congested, uvula and soft parts relaxed, yet, notwithstanding this hyperæmic condition, the fauces lack the exquisite sensitiveness of laryngeal phthisis, and a view of the larynx can, in most cases, be readily obtained.

Laryngeal Phthisis. While this disease is commonly secondary to a tuberculous pulmonary condition, more or less extensive, it is not generally known that this affection of the larynx, *primarily*, is sometimes the only indication of the commencement of tuberculosis, so marked and prominent in its nature that the cough and wasting appear to spring from *it*, rather than from the chest, to which point the attention had not been directed; and while nothing is more rare than the existence of this disease, independent of pulmonary phthisis, it is equally true that it may *precede* this condition.

The importance of this fact cannot be overestimated, for the

physician may not only be warned of the approach of tuberculosis by its (occasional) forerunner, laryngeal phthisis; but this knowledge may, through proper hygienic and precautionary measures, prolong the life of his patient for many years. As illustrative of this fact, I take from my case-book two cases, where an early recognition of this morbid process might have prolonged the life of a young wife and mother; and in the other, spared to a widowed mother an only daughter.

The first case was that of a young married lady, who had just arisen from a long and tedious confinement, preceded by some months of deprivation of out-door exercise, rendered necessary by a tendency to miscarriage. Her physician, a gentleman of high repute in the allopathic school, treated her complaints of pain in swallowing with inattention, and even ridicule, but when pressed for an opinion, called it "nervous sore throat." Finally the difficulty in swallowing became so great that, thoroughly alarmed, he consulted a laryngoscopist from New York, and the true character of her malady was then discovered. Shortly after this, and about six weeks after she first noticed pain in deglutition, she came under my care.

A laryngoscopic examination disclosed a most distressing and hopeless condition. The epiglottis was enormously tumefied and broken down from a number of ulcerations, which were covered with the characteristic tenacious exudation; the cartilages of Wrisberg were swollen and pyriform in shape, while an examination of the chest revealed disease in the apices of both lungs. In spite of treatment, both local and constitutional, she rapidly sank, and died in about three months' time from the first attack.

The second case was under the care of a homœopathic practitioner in this city. His history of the case is as follows: The patient had been attacked about two months previous to coming under my care, by what she supposed to be an ordinary "cold." She consulted her physician, who was in frequent attendance upon other members of the family, and received remedies. Shortly all the dread symptoms began to make their appearance—excessive pain in swallowing, aphonia, constant hawking, and stridulous cough—yet her physician expressed no alarm, or even concern, about her case, and had only cursorily examined the fauces, as a means of determining the seat and extent of the trouble. After an examination, I at once informed the mother of her daughter's critical condition, and gave an unfavorable prognosis. She con-

tinued to grow worse, and died in less than a fortnight after I saw her.

It will be noticed that in both these cases the laryngeal disease made its appearance at an early stage, and *before* either physician had suspected any pulmonary complication.

Who shall say that these lives might not have been prolonged, if not saved, by a timely recognition of the morbid condition, and a prompt application of the remedy?

The parts most favorable to the invasion of this malady are the ary-epiglottic folds, and epiglottis, although in the progress of the disease the ventricular bands and vocal cords are frequently involved. The earliest subjective symptom is pain in swallowing. A laryngoscopic examination reveals swelling of the cartilages of Wrisberg, and the capituli santorini, which, as the tumefaction increases, assumes a pyriform shape, and projecting over the cartilages, obscures the interior of the larynx. This inflammation is diffused; its outline fading into the adjacent parts, without any especial line of demarcation.

The characteristic color of the parts just mentioned is pale and anæmic, but when the vocal cords are involved, they appear rough, thickened, and of a dark red or purplish color. There is noticeable in the earlier stages more or less hoarseness, terminating in aphonia, as the vocal cords and ventricular bands become involved. The parts present a puffy, œdematous appearance, and, as the epiglottis becomes more and more infiltrated, until it assumes a "turban-like shape," dysphagia is a marked and distressing symptom. Cough, although sometimes wanting, is generally present, and is distinctive and peculiar, having a stridulous, metallic sound, quite characteristic of the condition just described.

Another, and equally marked peculiarity is the slowness of these tumefied parts to ulcerate, and although the inflammation and swelling be very great, and the parts distorted almost beyond recognition, there is an indisposition to ulceration, which is in marked contrast with another laryngeal affection, yet to be mentioned. When, however, this process is established, the ulcerations are small and superficial, partaking more of the character of an erosion. The fauces present, generally, a pale, colorless appearance, accompanied at times with such a degree of irritability and intolerance of contact with the mirror as to render an examination a matter of considerable difficulty. Having thus briefly described the symptoms and pathological changes of laryngeal phthisis, it

will be well to enumerate its distinctive points of diagnosis, before considering the other diseases already mentioned:

First. Location and character of the swelling.

Second. Its color, and that of the surrounding tissues.

Third. Slowness in ulceration.

Syphilitic Laryngitis. In *syphilitic laryngitis*, the epiglottis is most commonly first affected; following in frequency of attack are the vocal cords and laryngeal cavity, but seldom the arytenoid cartilages. Ulceration, which is developed in the *earliest* stages of this disease—unlike that process pertaining to the two conditions just mentioned—is *rapid* and *destructive* in its course. The ulceration, deep and irregular in form, with borders raised from infiltration, are covered with a dirty, yellowish, or grayish secretion, revealing, upon removal, a hyperæmic base, prone to bleed. The activity of this process causes considerable surrounding tumefaction, which, however, is a *sequel* to the ulcerative process, and *rarely precedes* it.

Chondritis, or peri-chondritis, may accompany or succeed ulceration, and a sequestrum of cartilage becoming engaged in the air passages may produce asphyxia from its presence as a foreign body. The course of this dread disease still progressing, and invading the deeper structures, blood-vessels may be opened, and fatal hemorrhage follow. Cicatrization, which follows the subsiding ulceration, affords distinctive characteristics no less marked and important than those of the ulcerative stage itself.

There exists a marked tendency in this form of inflammation to deposition of fibrine, which, sooner or later, becomes organized tissue. Permanent adhesions and contractions of the walls of the larynx are thus established, its calibre being thereby lessened to such a degree that more or less dyspnoea is constantly observed. The cicatrix consists of radiating fibrous bands, firm and tense in their organization, giving to the part a "puckered," contracted appearance, which is unmistakable.

These cicatrices, according to Tobold, Semeleder, and other writers, are often covered with abundant papillary growth, which may be either sessile or projecting. These neoplasms, which are small, have a grayish or white color, and are most readily found upon the posterior portion of the vocal cords and ventricular bands. The co-existence of condylomata with the process of active ulceration is never seen, for it is only after diseased action has spent itself at any given point, and cicatrization becomes established, that these

growths are to be found upon the newly restored surface. Still, syphilitic neoplasms may make their appearance within the laryngeal cavity, without any preceding ulceration; and their appearance and character are readily observed by the laryngoscope. Some writers affirm the absence of any characteristic features in this form of ulceration. It is true, that so far as symptoms alone are concerned, no positive diagnosis can be arrived at, but the laryngoscope affords ready means, in the great majority of cases, for a correct appreciation of the disease.

The previous history of the patient, together with the traces of diseased action in the fauces, might be considered conclusive evidences of tertiary diseases; but in many the faucial signs are wanting, or the previous history obscure, while in other cases the taint may be hereditary.

Cancer of the Larynx. This disease, although extremely rare as compared with the simple or constitutional diseases already described, is, nevertheless, from a similarity of subjective symptoms, particularly in its earlier stages, likely to be regarded as a simple, non-malignant inflammation.

This disease, whether it appears in the form of an epithelial neoplasm, or as a rodent ulcer, commences on the pharyngeal aspect of the arytenoid, or cricoid cartilages, and is of comparative rarity in the interior of the larynx. The ulcers are small and sharply outlined with elevated edges, showing little disposition to spread, but no tendency to heal. The edges have a red, angry appearance; the secretion is ashy gray or greenish in color, except when the cartilaginous structure is involved, when the base of the ulcer is almost black, from caries of the parts. *Early displacement* of the cartilaginous frame-work of the larynx is very commonly observed in this disease. From the fact that cancer usually attacks the frame-work, and is, therefore, extra-laryngeal, the vocal function is seldom impaired, except in the latter stages; nor for the same reason is dyspnoea usually observed. Pain in swallowing is an early and constant symptom, and, taken with the fact of unimpaired phonation, forms an important diagnostic point.

Having thus described the four chronic diseases of the larynx, which are most likely to be confounded with each other, the following table is added as a recapitulation, giving the morbid laryngeal appearances and subjective symptoms, as well as showing the relative value of each in arriving at a diagnosis:

LARYNGOSCOPIC APPEARANCES.

Chronic Laryngitis.

Vocal cords and ventricular bands most subject to disease.

Color of part, *bright red*.

Ulceration shallow, and of slow progress.

Laryngeal Phthisis.

Seat of disease, ary-epiglottic folds.

Parts from the first tumid and swollen, with *little* tendency to ulceration.

Ulcerations *very shallow*; discharge *thin* and *tenacious*; color of membrane *pale* and *anæmic*; swelling *always precedes* ulceration.

Excessive hyperæsthesia of the parts.

Syphilitic Laryngitis.

Epiglottis, generally the part first attacked.

Ulceration developed *early*: *rapid*, destructive and *deep*; ulcers *irregular* and *ragged* in shape; *proneness* to bleed when touched.

Swelling *follows* ulceration.

Color of parts deep red or purple.

Secretion *thick* and *yellowish* or *gray* in color.

Condylomata distributed over cicatrices. Parts not especially sensitive to touch.

Cancer of the Larynx.

Seat of diseased action, posterior surfaces of the arytenoid and cricoid cartilages. Ulcers *small*, *sharply outlined*, and *deep*.

Discharge *ashy gray*, and color at times *black*, from caries of the parts attacked.

Ulcerations *red* and *angry looking*.

Displacement *common* and *early*.

From a summary of the foregoing, it will be noticed that morbid changes, as reflected in the laryngeal mirror, afford *positive* means of diagnosis, while subjective symptoms are not wholly to be relied upon. In laryngeal phthisis the ary-epiglottic folds are most commonly the seat of attack; and the pyriform swelling of the cartilages, the peculiarly tumefied epiglottis, as well as paleness of

SUBJECTIVE SYMPTOMS.

Chronic Laryngitis.

No pain in swallowing.

Little or no cough.

Aphonia, or huskiness of the voice.

No difficulty in respiration.

Laryngeal Phthisis.

Pain in deglutition.

Voice aphonic or dysphonic.

Cough almost constantly observed.

Dyspnoea frequent and distressing.

Syphilitic Laryngitis.

Painful swallowing.

Solids swallowed more easily than *liquids*.

Hoarseness or loss of voice, but usually no cough.

Respiration sometimes embarrassed.

Cancer of the Larynx.

The vocal function is seldom impaired. Seldom cough, or embarrassment of respiration.

Painful and difficult deglutition an early and constant symptom.

color and indisposition to ulceration, are each and all characteristic appearances of this disease. It will also have been observed that while more or less swelling is usually present in each of the diseases herein described, it may be laid down as a rule, from which there is no deviation, that swelling in laryngeal phthisis *precedes* ulceration.

The cough, stridulous and metallic, is also of value as a diagnostic symptom; while pain in swallowing, inasmuch as it accompanies, in a greater or less degree, *all* inflammatory conditions of the epiglottis and inter-arytenoid fold, is not wholly reliable.

In chronic laryngitis, there is little or no constitutional disturbance; the interior of the larynx—the vocal cords and ventricular bands—are markedly affected, and, together with absence of cough and embarrassment of respiration, form important and distinctive differentia.

Syphilitic laryngitis differs from either of the preceding diseases, through the early development of destructive ulceration, not *preceded* by any considerable tumefaction in connection with its preference for the epiglottis, as its point of location.

The depth and irregularity of these ulcerations, the rapidity of their course, together with the peculiarity of cicatrization, may be regarded as typical.

In cancer, the framework of the larynx is most commonly the part selected, and the posterior portion more especially. While there is but little tumefaction, the slow and intractable ulceration, its characteristic angry color, the tendency to displacement, great pain in swallowing, unaccompanied by difficulty in respiration, or altered phonation, are plainly indicative of this disease. (Trans. N. Y. S., 1873-74, p. 472.)

Chronic Laryngitis. Therapeutics of. *Caustic.* acts favorably in allaying a chronic inflammation of the larynx, when there is a racking cough and chronic hoarseness.

Bellad. has afforded great relief in sudden attacks of hoarseness, feeble, low voice, hollow, dry cough, and sometimes with paroxysms of suffocation or croupy cough.

Carb. veg. should follow *Bellad.* if there is an irritative fever, with all the appearance of laryngeal phthisis.

Carb. an. is an excellent remedy when there is a cough with greenish expectoration and pneumonia of the right lung, degenerating into suppuration, while at the same time the larynx seems to be chronically inflamed.

Hepar s. c. will generally remove, or mitigate, a racking or painful cough. In laryngeal consumption, when the cough is rough, and the expectoration of muco-purulent matter is considerable, *Hepar sulph.* gives great palliative relief.

Iodium, in scrofulous subjects, and where there is more or less hectic fever, especially serviceable in chronic laryngitis, when the trachea is also implicated.

Kali bichr. where there is pain and titillation in the larynx, with dry cough day and night, or cough with expectoration of tenacious phlegm.

Droser. when there is considerable hoarseness and spasmodic cough, after measles.

Merc. viv. and sol., stiffness of the neck, dry, racking cough, and occasional expectoration of blood.

Natr. mur. as a sequel of intermittent fever, when there is cough caused by tickling in the throat, that sometimes induces retching and vomiting.

Phosphor., chronic hoarseness with aphonia.

Sepia, *Sulphur* and *Spongia*, are also valuable remedies. (A. E. Small, U. S. M. and S. J., v. 9, p. 212.)

Diphtheritic croup. Child, *æt.* 5, scrofulous, very weak and sickly from birth, affected with asthma. The diphtheritic deposit covered fauces, mouth and lips, also the external ear. *Ars. jod.* proved curative. (F. Bigelow, M. I., v. 11, p. 152.)

Diphtheritic laryngitis. A little girl, *æt.* 2, of a good constitution, although of a lymphatic temperament, was taken sick the 27th of June.

An allopathic physician attended it until the evening of the first of July, when I was called to see it, and found the following symptoms:

The child was lying on its mother's lap, its head thrown back; respiration quick and rattling; the muscles of the neck, sides and diaphragm strongly contracted; the face bloated, lips blue; eyes haggard and seeming to protrude from their sockets; the conjunctiva strongly injected, and the corners of the eyes filled with mucus; the jugulars were swollen, the skin of the body was covered with a viscous perspiration; the feet and hands were bluish and comparatively cold to the rest of the body. The child, although in a state of asphyxiated somnolence, often raised its hands towards its throat, as if to get rid of something which suffocated it.

The laryngo-tracheal wheezing could be heard at a distance; on

applying the stethoscope to the larynx, moist ronchus and a rattling noise were heard; on applying it to the chest and back, it revealed a prolonged expiration, and large mucous râles. An examination of the mouth showed quite a number of small, white, diphtheritic patches, which extended to the tonsils and the posterior walls of the pharynx. There was an herpetic eruption around the mouth. The parts of the mucous membrane of the mouth and pharynx which were not covered with false membranes were red and swollen.

There was complete aphonia, the cough was inaudible, the urine muddy, and on being tested with nitric acid showed existence of a certain quantity of albumen, an evident sign of a congestive state of the kidneys, due to the fault of sanguification, and to the general intoxication caused by the buffy exudation. The sensibility of the skin was almost entirely destroyed. Pulse small, and of an alarming frequency, 140 pulsations a minute. Stools involuntary and liquid.

This is the exact description of the state of my little patient, and I believe I mistake not the import of the symptoms in diagnosing a diphtheritic laryngitis, arrived at its third stage, and reaching even the bronchial ramifications.

July 1st. The first medicine to which I had recourse for three hours, was the 3d dilution of *Bryon.*, two drops in 100 grs. of water, a teaspoonful every half hour. I must say it had little effect. The condition of the patient remained stationary. That was something.

At 4 o'clock in the afternoon I saw the patient again. *Phosphor.* was the medicine which seemed to be indicated in every respect. I prescribed then *Phosphor.*⁶, 2 drops in 120 grs. of water, and told the parents to administer every half hour one teaspoonful for the next three hours. After that only every hour, and if they noticed improvement, every two hours only, with sweetened water for a drink, and a spoonful of veal broth every two hours.

Notwithstanding the confidence I had in my medicine, I despaired saving the life of the unfortunate little patient, so I told the parents, and begged them to inform me the next morning of the result obtained.

What was my surprise in learning the next morning at seven o'clock that the child was better, and that they expected me in the forenoon.

July 2d. The child had vomited twice; the parents had taken

the precaution to preserve the matter vomited. I found in it several pieces of false membrane. For the rest, the face was a little less bloated, the lips less bluish. The eyes were closed, the tension of the jugulars had disappeared, the skin was warm and covered with a good perspiration. The feet and hands had recovered their natural warmth, yet the laryngo-tracheal wheezing, the moist ronchus and the rattling noise still continued in the larynx. Respiration was stertorous and abdominal. The mucous râles could still be heard in the chest, as on the previous evening. However, the diphtheritic patches in the mouth had disappeared, the urine was less albuminous, the pulse had fallen to 126 pulsations, the skin had recovered its natural sensibility.

In case of so unexpected an improvement, I thought best to keep on with the same medicine, and *Phosphor.* was continued, one table-spoonful every two hours.

I saw the patient towards six o'clock in the evening, and noticed with pleasure that improvement continued.

July 3d. The swelling of the face had disappeared, the lips, as well as the hands and face, had gradually resumed their natural color; the child was thirsty, the skin was warm and still covered with perspiration, respiration easier, the laryngo-tracheal wheezing had disappeared, the moist râles only remained.

The pseudo-membranous patches of the mouth were few. The urine showed no trace of albumen. The child had had soft stool mixed with mucous matter. The pulse had fallen to 120. I ordered the soup every two hours, and continued *Phosphor.*, this time one drop of the 12th in 120 grs. of water, one spoonful every three hours.

Saturday, July 4th. The child had improved but little since the day before; the face showed suffering, the eyes were surrounded with black and blue spots. Respiration was still laborious, and the mucous râles had spread all over the chest. Percussion indicated no unlooked-for change in the resonance of the thorax.

The eruption that the child had around the lips when I saw it for the first time, and which at this time could be considered as herpetic, had changed in character, and was actually composed of real pustules of *impetigo figurata*. There was still fever, and the pulse was 110. Urine red and dark-colored. The disease had taken a new phase, and must be attacked with new weapons.

This was the time for *Hepar sulph.* This medicine, in the pathogenesis of which is found all the symptoms shown by our little pa-

tient, was administered in the 6th dil., one drop in 120 grs. of water, one spoonful every two hours. It is the medicine which corresponds in action to the mucous râles of the chest, the fever, the oppression, the crusty and vesiculous eruptions on the body, etc.

From the second day of administering *Hepar*. (July 6th) the child breathed more easily, and expectorated mucus; the fever disappeared, the appetite returned, the pustules began to dry up.

I allowed her to have milk porridge and tapioca broth, and one spoonful of the medicine every three hours.

On the 8th of July I saw the patient again. I found her sitting on her mother's lap. The expression of the face was natural, the tongue clean, the impetigenous eruption was entirely dried up, and slightly reddish spots had taken the place of the scabs, which had fallen off since the night before. She had a good appetite, and asked for something to eat; the heat of the skin was normal; the pulse feeble and 105. I attributed the frequency of the beats to the extreme weakness of the patient. A little oppression remained, due to the considerable accumulation of mucus; auscultation revealed also fine râles, hissing, and large mucous râles.

There occurred a slight diarrhœa for two days, which could be attributed, I think, to the continued action of *Hepar*.

Notwithstanding the use of the soup, milk and bread, as well as the juice of meat, the child remained excessively weak, and had profuse sweats during sleep. I prescribed *China*¹², one drop in 100 grs. of water, one spoonful every three hours.

When I called on July 10th, the little girl was playing in her room. Appetite was excellent, disposition charming; the sweats, as well as the diarrhœa, had ceased at the end of twenty-four hours. However, the phlegmy cough kept up, and the child felt relieved after the expectoration of much mucus and ropy saliva.

Tart. em. was called upon to complete the cure; 5 centigrammes of the 3d trit. were prescribed in 120 grs. of water, and I gave one dessertspoonful every three hours.

I saw her again for the last time July 12th, and I had the pleasure to find that *Tart. em.* had fulfilled my expectations. Respiration had become free, pulse 21 to the quarter of a minute; she coughed only at long intervals; stools regular, urine normal. Everything, in a word, was restored to its physiological state; the child had even already regained a little strength.

I took leave of the patient, advising substantial and strengthening nourishment. (Van Peene, Rev. Hom., p. 263.)

Œdema of the Glottis. Mrs. C., æt. 59, had, at first, inflammation of the cervical glands, with extension of the same into the cellular tissue. *Bellad.*⁶ and *Mercur. binjod*⁸ failed to relieve. On the evening of the second day dyspnœa set in. Patient was sitting up in bed: tonsils and pharynx swollen; sawing or rasping respiration; cough dry and harsh, relieved by sitting, and aggravated by eating or lying down; difficult expectoration of tough, glairy mucus; voice whispering and almost extinct; pulse feeble and fluttering; lips pale; expiration more easy than inspiration; the finger met with a soft, elastic surface, quite distinct from the ordinary hard feel of the parts. *Ry. Sanguin.*¹ trit. at 6 A.M., a dose every half hour. At 1 P.M., decided relief to all the symptoms. At 7 P.M., all the symptoms, except those of the cervical glands and the cellular tissues, had disappeared. (Thos. Nichol, A. H. O., June, 1874, p. 302.)

THORAX.

BRONCHI.

New Remedies for the Respiratory Organs. *Acalypha Ind.* Hæmoptysis, intractable; emaciation; slow fever, pulse small and depressed; *expectoration bloody*, produced by violent cough.

Aranea diad. Expectoration, bloody. Hæmoptysis. Among subjects weak and anæmic through privation of all kinds, and dyspeptics.

Balsam Peru. Expectoration puriform and very copious.

Bounafa. Expectoration yellow and thick, raised in very great quantity. The results of bronchial irritation. Inveterate catarrh.

Bufo. Cough in consequence of cold feet. Cough dry, with sharp pain or burning in the chest. The cough is nocturnal, provoked towards three or four o'clock in the morning by a tickling in the larynx, which he feels only at this hour. Cough, violent with vomiting. Cough, with mucous or sanguinolent expectoration, or even with pure blood. Laryngitis, hæmoptysis, phthisis pulmonalis. Expectoration mucous or sanguinolent or formed of pure blood, raised principally in the morning and evening, with sensation of cold in the chest, a sensation which is often succeeded by heat and congestion.

Carduus Mar. Expectoration; spitting up pure blood; mucus mixed with blood; the results of a disease of the liver.

Cod in. Expectoration, very abundant, mucous, and sometimes purulent; caused by a persistent cough which is worse at night.

Comocladia dent. Cough, with pain in the left breast which traverses the chest so as to make itself felt under the scapula of the same side.

Cubebs. Cough principally in the morning and evening, from movement and warmth; barking croupal cough, with sensation of a foreign substance in the larynx; dryness and burning in the throat, with constant need of swallowing saliva to moisten the throat. Severe cough, with burning and tearing pain in the chest; spitting of blood principally in the evening. Expectoration always difficult and painful, but copious, yellow, greenish, rusty or streaked with blood. Pulmonary catarrh; hæmoptysis; phthisis pulmonalis.

The old school uses it in catarrhal affections, viz: of the mucous membranes of the larynx, conjunctiva, urethra, vagina, nose.

Hæmoptysis and phthisis pulmonalis, *with burning and tearing pains in the chest and spitting of blood, principally in the evening.*

Curare. Cough. Cough dry, spasmodic, which shakes the whole body, provokes vomiting, and is often followed by fainting. Sensation of roughness and dryness in the whole course of the respiratory passages. Cough which is made worse by breathing cold air, by laughing, moving and eating. Burning and shooting in the larynx; hoarseness which occasions almost complete loss of voice. Expectoration yellow, gray, greenish, bordering upon the black. Burning heat in the chest, with sensation of distension. Respiration difficult, stitching pains in the right side. Precordial anguish, with palpitation and stinging pains in the heart.

M. Claude Bernard states that Curare paralyses the vaso-motor as well as the musculo-motor nerves. This fact is to be borne in mind, as capable of being made useful in the future; but we owe to the pathogenesis of this medicine already made by our school, that we can be sure of its perfect appropriateness in certain forms of spasmodic cough, of laryngitis, of aphonia, and of pulmonary catarrh.

Expectoration yellow, gray, inclining to green and black, with frequent hoarseness; suffocating attack, with sensation as if the larynx were stopped up. Expectoration of red blood, often without cough.

Cynoglossum off. Cough, dry, nervous. Violent and obstinate cough, during sleep. Continued fever. Much sleeplessness. Expectoration purulent and sanguinolent.

Expectoration purulent and sanguinolent, with violent and obstinate, cough, *without sleep*. Continued fever. Great sleeplessness.

Elaps cor. Hæmoptysis, expectoration of black blood, with sensation of laceration in the region of the heart. Before the cough taste of blood in the mouth. Cough characterized by expectoration of masses of black blood, and often with sensation of laceration in the region of the heart. Very violent attacks of dry cough which terminate with expectoration of black blood, with severe tearing pains throughout the whole chest and principally at the apex of the right lung. Oppression after having eaten. Laryngeal phthisis; pulmonary phthisis.

Erysimum. (Hedge mustard.) Aphonia. More or less total loss of voice, resulting from forced exercise of the respiratory organs. Symptoms of catarrh of the bronchia, and chronic irritation of the mucous membranes of the mouth, pharynx, and tonsils. —*Hæc in tussi inveterata, asthmate, item, raucedine et nimia vocis contentione, incidens et expectorans efficax celebratur.* (Murray.) “Its infusion, taken internally powerfully cuts* (incise) the mucus stagnating in the lungs and other passages, provided, nevertheless, that it should not be given when the diseases of the chest are accompanied with fever.” (Boerhaave, Hist. Plants, p. 428.) A syrup is made which is more in use than the infusion of the plant; it is prescribed in cough, and hoarseness. It should *not be continued too long, nor begin with too big a dose.*” (Dict. rais. de Mat. Med., VII., p. 348.)

We read in Buchotz in his article on *Erysimum*: “the infusion should always be preferred to the decoction, because fire destroys the volatile particles of plants, and, therefore, their efficacy.”

Erythroxyton coca. Phthisis pulmonalis. Cough, dry, at evening in bed; cough thick in the morning, with whitish-yellow expectoration, dense and viscous, accompanied with dryness of the mouth and throat, with thirst.

Fetid breath; painful oppression of the chest and continued need of deep respiration. Pains under the clavicles, more severe under the left clavicle. Transient shooting pains in the left lung, between the third and sixth ribs, worse during a deep inspiration. During the whole day, feeling of excoriation in the upper portion of both

* The English word *cut*, as well as the corresponding French *incise* and Latin *incidens*,—seems to be used in the popular sense to dissolve; as alcohol is said to cut or dissolve all.

lungs. Heaviness in the chest and respiration restricted, which obliges him to walk slowly. Palpitation of the heart, with general weakness.

In the evening in bed, more severe oppression, with great anxiety and prostration. At night, heat and sleeplessness, with throbbing of all the arteries. Flashes of heat on the back and of burning in the belly. Nocturnal perspirations. The fever of the Coca is distinguished by the extreme weakness which accompanies it. Ringing in the ears. Beating, cracking, *en avalant*. Suborbital headaches. Flashing before the eyes; emaciation.

Sadness; irritability. He delights only in solitude and obscurity. Frequently he gives proof of obstinacy.

Aggravation of the midnight symptoms at four and ten o'clock, A.M., and at two o'clock, P.M. Loss of appetite, especially for solid food. Foul spots at the commissures of the lips. Lips and gums pale. Dryness of the lips and of the mouth, especially on awaking. Thirst. At night and in the morning, a sensation in the mouth and palate as if he had eaten pepper. Nausea, with vertigo; weakness of digestion. Frequent eructations. Borborygmus. Constipation from inactivity of the *rectum*. Urine copious, with a dark-red sediment adhering to the vessel; the urine becomes turbid after standing and is covered with a light pellicle.

Eugenia iambos. Cough of the throat. In coughing, pain principally in the throat pit. The cough is more frequent in the evening and at night. There is no shadow of an expectoration.

Gecoma hederacea. (Ground ivy.) Chronic bronchitis. From the observations of Dr. Schuler, this medicine, since 1833, has taken its place in our *Materia Medica*, and well deserves to retain it. Its sphere of action is not restricted to the respiratory organs; it exercises such an influence upon the skin as brings cutaneous affections also within its domain. On account of this elective action upon the skin, tradition placed this medicine among the vulneraries. But, since Dr. Schuler, there can be no doubt of its efficacy in those dyscrasias of psoric origin with which the organs of respiration are intimately associated.

Cough, chronic, obstinate, with or after repeated hæmoptysis. Cough with abundant and purulent expectoration; bronchial obstruction. The expectoration becomes less abundant, and more difficult. The expectoration is either mucous or purulent. In these two cases this medicine is capable of rendering great service.

Indigo. Cough dry, always accompanied with expectoration.

Inula helenium. Chronic Bronchitis. The elecampane, which I have studied for a long time, and of which I purpose by and by to publish a complete pathogenesis, exercises a very pronounced elective action upon the mucous membrane of the bronchia and vagina and upon the skin. It constitutes a perfectly homœopathic remedy, and acts with surprising effect in the following conditions:—Cough thick, heavy (grasse), with abundant expectoration; leucorrhœa very abundant, accompanied with weakness on the part of the digestive tract, general languor and debility. Suitable for those whose skin has been or is still the seat of psoric manifestations. In default of cutaneous disorders, engorged glands are sufficient to authorize the employment of elecampane.

Kali permanganati. Expectoration very fetid.

Kaolin. Croup; voice rough, metallic tone; sound of a rasp, in respiration; suffocating cough.

Kaolin, porcelain earth, is useful in some desperate cases of croup. Landesmann, after publishing his very remarkable observations, adds: "From these experiences I think *Kaolin* may be counted among the most efficacious remedies against croup, and its employment recommended in the worst cases, when all other remedies have been administered in vain."

Lichen Islandicus. Iceland Moss. Cough. A great analogy exists between this Lichen and the *Lichen Pulmon.* (*Sticta pulmon.*), and perhaps this latter should be preferred, since we may gather it in our own country; but it is none the less true that the Iceland Moss has for so long a time established its place in therapeutics by the cures that it has wrought and its effects should be studied.

Murray says, "It mitigates the cough, renders more free the respiration, diminishes the fever, corrects the expectoration, increases the desire for food, improves the digestive powers and restores the strength of the whole body. It restrains perspiration and colliquative diarrrhœa, and so replenishes the body by its nutritious particles that, instead of emaciation it shall assume its former fullness." I believe myself authorized to erect the following landmarks: First, deprived of its bitter part, the Moss has no other (medicinal) property. Second, the febrile state is too generally regarded as counter-indicating the use of the Moss; this is a mistake. That *lenit febrem* "it renders the fever more mild," is true, on the contrary. We need not fear to employ it when the pulse is accelerated, if elsewhere there is prostration of strength, exhaustion and consumption (atrophy). Third, the chronic cough, pre-

sumptive of tubercles before auscultation proves them present, complicated by hæmoptysis, diarrhœa and night-sweat, is certainly modified advantageously by this medicine.

The chronic cough which establishes itself after measles, and which in most instances continues only because it is supported by a morbid condition developed in the chest, in consequence of some constitutional affection, will find in the Lichen a precious specific. This also Murray has proved, either by his own experience or through that of other physicians for whom he speaks; for example: "It allays cough after measles; this cough succeeding after measles, with purulent excretions and the remaining train of phthisical symptoms, it cures in many child. The most usual indications: cough harder and more frequent before the eruption, whether good or bad, is often removed by this Lichen, although inveterate. Likewise the chronic catarrh which often passes into phthisis is discussed by it." (Page 512, tome V. *Lichen Islandicus*.)

Limax. Helix, Slug or Water-Screw. Cough. The slug is one of my *desiderata*, which I will supply, perhaps, some day. All the pharmaceutical preparation based upon the Helix, with which the prospectuses inundate us, neither help the sick nor conduct the physician to any exact knowledge of the actions of the slug upon the human body. It is only when *swallowed whole, in its perfect integrity*, that it acts efficaciously. Christien, of Montpellier, causes his patients to *swallow them alive*; it is when taken in this way that I have seen the slug produce excellent effects in tuberculous phthisis pulmonalis with cavities and hectic fever.

In accounting for the healing virtues of the living slug, I have already said that it contains sulphur. In boiling the sulphur is dissipated, and there remains nothing more than a boiled mucilaginous mass as disgusting to the sight and taste as it is useless in its effects. It is by the presence of sulphur then that I explain the curative action of the living slug. It has not been proved that I am mistaken.

It is certain that heat exercises destructive influence as well upon animals as upon plants, and that it is wise to abstain from having recourse to its action. Still less should we use the slug calcined and reduced to ashes, as some have boldly recommended.

To which slug, the black or the red, shall we give the preference in therapeutics? Shall we choose the black or the red slug? And why not the Shagreen (slug) of Montpellier, *Helicine aspersa*, the one employed probably by Christien and consequently the one

which has the greatest title to our confidence as having been longest experimented with and having also produced good results.

For my own part, in making the homœopathic preparation—the 3d trit.—of the slug, I have only had at my command the red slug, *Limax ruber*, and my clinical experience shows that this preparation is capable, in the severest cases of phthisis pulmonalis, of advantageously modifying the cough and expectoration, and of improving the digestion. It should be studied.

The alimentary use of slugs has been noted as injurious to consumptives (Lanzoni, Seunert, Sabizius, Welsh). This is an additional reason for believing in the curative virtues of the slug; there is no medicinal property where there is no power to change the human body in some way, and the pathogenetic effects set forth the curative indications.

Lysimachia nummularia.—*Money-wort*. Phthisis Pulmonalis. The old school, considers it as vulnerary and astringent. We have taken no account of it under such vague designations, but independent of official teaching, there are practitioners *a la tradition* who deserve no small respect; and when they employ this remedy for a disorder so grave as phthisis pulmonalis, we ought not to neglect to obtain a knowledge of its medicinal virtues. Let us then present the clinical tradition of the *Lysimach. num.*

Tragus advises it in decoction for phthisis. Boerhaave held it in high esteem, and prescribed it in ulcerations of the lungs and hæmoptysis. (Merat et de Lenz, *Supplement*, p. 144.) The Monks, according to Gottenhoff, gave it to sheep, in order to preserve them from phthisis pulmonalis. (Cazin. *Traité prat. et rais. des Plantes médic. indig.*, p. 694.) “Its juice is specific against phthisis.” (Waldschm, p. 276, t. v.; du *Dict. de Mat. Medic.* publiè chez Didot, à Paris, en 1773.)

Let us add that we are authorized by recent facts to consider *Lysimach. num.* as modifying with advantage the expectoration of consumptives, when it is of a circular, nummular form. We are not authorized as yet to class the *Lysimach. num.* in our homœopathic *Materia Medica*; a pathogenesis which only time and study can give us is essential to this end, the object of our legitimate ambition. But I think that, with due regard to the claims of science, we ought not to neglect the consumptives; and that we are already perfectly authorized by clinical experience to have recourse to this remedy.

It is found useful when the expectoration, more or less yellow or

greenish, assumes that rounded form which appears only in advanced cases of phthisis, and belongs to tuberculous softening.

Expectoration.—Expectoration yellowish, greenish, assuming a rounded form.

Mercurius cyan.—*Chronic Laryngitis.* Ulcerations of the middle of the palatine arch, with inverted edges, uneven and callous. The whole palate, the columns of the vellum, and the tonsils are swollen, and of a palish color. Breath of a repulsive odor.

Myrtus com. *Hæmoptysis* in tuberculous subjects, who complain at the same time, of acute pains in the superior portions of the left chest. These pains radiate backward to the point of the scapula of the sound side.

Phthisis Pulmonalis. Stitch in the left breast, which pierces its upper portion and passes directly backwards to the left shoulder-blade; worse when drawing a long breath, yawning and coughing. Burning pain in the left side of the chest, with beating and tickling. Hepatization of the left lung.

Narcissus. Daffodil. Bell-flower. Lent-rose. *Whooping-cough.* The *Narcisse des pres*, according to Orfila, is a poison acting specially on the nervous system and on the interior membrane of the stomach, in which it determines inflammation; at the same time it acts upon wounds or upon the cellular tissue of a limb, and has been employed *with success* in whooping-cough; this is incontestible. The fact is proclaimed by a great number of observers worthy of belief. It is desirable to work out a pathogenesis which will permit us to individualize the cases in which this medicine ought to prove useful. In default of suitable record of the treasures of experience, all that we can say of this medicine resolves itself into little more than what Plutarch knew of it: "it puts the nerves to sleep." It is then in the convulsive period that it is exclusively applicable.

Laennec says, "*Narcisse des pres cures whooping-cough with a surprising rapidity, in five or six days.*" I have often heard it announced to the world, by physicians who assume to be followers of Laennec by the affected pains they take to auscultate the sick, that homœopathy was absurd in pretending to arrest diseases; those diseases have their term like pregnancy, and that in every case it is only necessary to know how to wait.

When these physicians acquire a better understanding of the whole teaching of their favorite master, they will know from him that whooping-cough may be cured in five or six days; that is to

say, that when a malady is attacked by its specific remedy, it ceases immediately without being held to the development and increase that it would have experienced if left to its natural course.

Niccolum. Cough. Nocturnal cough so violent that the patient is obliged, in spite of himself, to sit up and hold his head pressed between his two hands. Cough dry, concussive, often continuing for hours. Hoarseness. Cough with great dyspnœa, but little or no expectoration. Nervous state; predominance of cold; sensation of emptiness in the stomach; constipation.

Pulmo vulpum. Asthma. The humid asthma of old people, when all other remedies have failed.

Silphium laciniatum. Resin-weed. Asthma. Strongly recommended by many physicians of America and the West, *in all forms of asthma.*

In the *Prodromus de Candollei*, v. 5, p. 512, we find two plants mentioned under the name of *Silphium*.

First. *Silph. laciniatum.* Stalks two and a half inches to three or more. Tubercles brown, leaves of a very elegant form, large, pennate, leaflets lanceolate, pumatified; capitules in clusters, yellow, borne upon an enormous scape. I do not doubt that this is the *Silphium* proved by my colleagues.

Second. *Silph. compositum.* Laciniatum of Walter.

Third. In the *Dict. uni. de Matière Médi.*, de Merat et de Lens, tom. 6, p. 344, mention is made of a *Silphium terebinthinaceum*, a plant having its leaves covered with a viscous coating; nearly all that can be said of it is, that it is named *Rhubarb of Louisiana*, because its roots may be substituted for those of the true rhubarb.

All varieties of the *Silphium* are exotic (in France). The first is believed to be found "ad ripas flum. am. bor. præsertim ad Mississipi" (Pursh); "in Georgiâ occid. et ad montes Allegheny" (Ell); the second, "in Sylvis Glareosis maritimis a Virginiâ ad Carolinam" (Pursh); "in pinctis siccis Carolinæ merid.," (Fras! Bosc!). The third is introduced by Merat and Lens, as a grand plant of North America. Neither of these varieties then can be confounded with the *Silphion* of the ancients.

The *Silphion* of the Greeks and Romans is a plant of Asia minor (New Cyrene). This name is applied to a plant that exudes a resinous gum called *Laser*. What is this plant? M. Littré in his translation of Pliny, gives it the name of *Thapsia Silphium* L.—Others hope to find a solution of the doubt in the genus *Laserpitium*. But there are many varieties of *Laserpitium*: L. gummi-

rerum ; *L. latifolium* ; *L. Siler*. To which shall we give the preference ?

A friend worthy of credit has awakened in me the hope that all these mysteries may shortly be dissipated. He states that the Silphion of the Ancients is positively restored to our possession, thanks to the persevering efforts of young savants who have themselves gone to seek for it in New Cyrene (Cyrenaique), and who have made their report. The true plant, the famous Silphion is in their hands. My friend Dr. Potin is already experimenting with it, and he has confided to me the fact, that this precious agent in so short a time has enabled him to arrest the commencement of phthisis, which announced itself by a continued cough, profuse perspiration, and nummular expectoration, with progressive emaciation.

Silphion (cyrenaique). Phthisis Pulmonalis. The Silphion of the Ancients, which decidedly appears to be the juice of the root of the *Thespia Silphium L.* of which Pliny speaks in these words: *Quod græci Silphion vocant, in Cyrenaicâ provinciâ repertum, cujus succum vocant laser. Magnificum in medicamentis et ad pondus argentei denarii pensum ;* rapidly takes its course in the homœopathic therapeutics, sowing everywhere in its passage apparently incontestable proofs of its immense value. The *Magnificum* among medicines ought not to seem an exaggeration, and the *ad pondus argentei denarii pensum* (worth its weight in silver), will soon, I trust, be deemed below the truth. Such devices could not be bought with money.

Already in distinguishing the *Silphium laciniatum*, advised for asthmatic affections, and with which it is necessary to guard carefully against confounding it, I have spoken of the hopes that the "*Silphion found in the Cyrenean Province*" and which we have the good fortune to possess in France to-day, has made us entertain in the treatment of phthisis pulmonalis. I have begun to employ it, and ere long I will relate what may have been the results of my experience. Silphion has proved wonderfully curative in cases of phthisis of the third degree, where everything indicated that the end was near; extensive cavities, incessant cough day and night, profuse perspiration, loss of appetite, etc.

At present it is necessary to study the characteristics of Silphion. Medicines are *only the modifiers of organs or functions, never the antagonists of morbid entities*. (*Commentaires Thérapeutiques du Codex medicamentarius*, par A. Gubler:—Préface, page XI.) There will never be specifics against a morbid entity; there are specifics against

totalities of symptoms; in order, then, to assign to Silphion the place which it ought to occupy in our therapeutics, one thing alone is to be done; to determine with precision and certainty the totality (*ensemble*) of symptoms this *ensemble* will be the exact measure of the disorder which it can effectually combat.

Tabacum. Whooping-cough. Violent hiccough after the fit of coughing.

Cough, which produces in the pit of the stomach the sensation of a wound by some sharp instrument. Attack of cough followed by a violent hiccough; we have pointed out this characteristic under whooping-cough. Spasmodic, convulsive cough.

We owe to observation the two following facts: First, the rasps and cutters of tobacco are very subject to diseases of the chest, to hæmoptysis, to pneumonia; second, the fumes of tobacco reaching the lungs among workmen engaged in its manufacture, exercise a healing influence in phthisis. "Six years of observation," says W, Buef, of Strasburg, (*Annales d'Hygiene*, 1842) "have confirmed me in the opinion that phthisis makes a less rapid progress among those already sick, who curry the seeds of tobacco in the workshop. Inquiries made in the tobacco manufactories of Bordeaux, Lille and Havre, give the same results." The pathogenetic and the curative action are alike verified. Already we know that among the diseases of chewers figure in the first rank hæmoptysis, laryngitis, chronic bronchitis with general emaciation, anæmia, palpitations, oppression and pains in the shoulders at night. Violent pain in the chest, as if it were clasped with a vice; anguish in the region of the heart, with constriction across the upper part of the chest.

Tussilago farfara. Coltsfoot. Cough. Chronic cough in paroxysms, day and night, with or without expectoration; a continued tickling increased by talking, excites the cough. Hoarseness, night sweats, emaciation. Phthisis pulmonalis. Catarrhal cough which continues a long time, with quickened pulse, peevishness and melancholy. In the time of Dioscorides, the sick inhaled the vapor from a decoction of the leaves through a funnel applied to the mouth. This method, which remained in use till the end of the seventeenth century, and was much praised, might be employed for those who suffer with dry cough and difficulty of breathing. Hippocrates used the root of *Tussilago*, prepared with milk and honey, for ulcerations of the lung. In Sweden they smoke the leaves like tobacco, for cough. Hiller, according to Ray, cured many consumptive children, by giving them the leaves cooked with their

food. Haller, Cazin reports, claims to have cured many phthisical patients solely by the use of this plant. An accurate pathogenesis of *Tussilago farfara* alone can enlighten us; we record the preceding statements only out of respect to tradition.

Viscum album.—Mistletoe. Cough. Convulsive cough (*Bulletin de Thér t.* XXI., p. 207.) Convulsive asthma, (Køelderer). Whooping-cough.—Dr. Dumont, de Gand. Its operation is so speedy that it may be ascertained in twenty-four hours. Dr. Dubois, de Tournais;—Whooping-cough for three months, considerable relief in two days; in five days reduced one half; disappearance of the malady in seven days. The same symptoms with more vomiting; such prompt improvement that the fits of coughing ceased almost entirely at the end of two days. These facts deserve serious attention, and call for a pathogenesis which will place us on the road to the characteristics of this remedy.

Zingiber.—*Asthma*. Respiration very painful; oppression; scratching (sensation) in the throat, which excites the cough. Burning and smarting in the throat; cough dry, with pains in the chest and copious expectoration only in the morning. At night the difficulty of breathing is greater; the patient is obliged to remain sitting up in bed. Aggravation for two hours in the morning. The condition most favorable for the success of *Zingiber* is when the patient preserves his mind free from anxiety in the midst of physical sufferings from threatened suffocation. (Translated by R. J. McClatchey, from Chargè, H. M., Dec., 1874, p. 223.)

Opicar.^{107m}. A boy æt. 9, had coughed for a month after variola. Cough dry before midnight, loose after midnight; cough hurts chest. Pain in internal ears, yesterday in *right* to-day in *left*; worse from extreme heat or cold, blowing nose or coughing. Internal ears tender. Sudden pain in bowels (after eating.) Cough worse on walking. Weak. Sputa and nasal discharge yellow, thick. Cured. (E. W. Berridge, H. M., Oct., 1874, p. 107.)

Capsic.^{1m} cured cough for three days, preventing sleep, worse when lying, better by drinking cold water. For two days *with* cough, feeling of pulling upwards from stomach up chest to throat-pit. (E. W. Berridge, H. M., Oct., 1874, p. 111.)

Erythro. cocd.^{om} Mrs. —, for several weeks, cough worse from cold air or walking fast. Sputa very scanty, but relieves cough. To-day occiput painful and tender to touch, the pain worse on coughing; for a week or more there has been pain in the occiput on coughing. For two or three months at times urine after standing,

deposits a yellow-white gelatinous sediment which adheres to vessel, and there is an oily film sometimes iridescent on surface of urine. Cured. (E. W. Berridge, H. M., Oct., 1874, p. 110.)

Jan. 20th. Mrs. —, æt. 70. About two months ago caught cold on a damp day; ever since cough. Cough better by expectoration; sputa very scanty. Cough is suffocating, she can hardly get her breath from it. Weight and tightness at stomach after food. Cough exhausts and chokes her, and causes retching and pain in forehead. Cough worse in warm room. During the day chilly, cold chill runs up back; at night when in bed subjective dry heat, especially of head (for two months). For fourteen days bitter taste of solid food, not of drinks. For a long time burning pain below right hip from back to front. Has taken allopathic medicine, with only temporary relief. *Iodine*^{5m} (Jenichen) one dose.

29th. Chills and heats went in two or three days. Bitter taste went in three or four days. Cough rather worse till 26th; now not much cough, very little sputa; less dyspnoea; no headache or retching; less exhaustion; still weight and tightness after food.

February 5th, Cough has ceased for three days. Dyspnoea much better. Stomach better. Feels stronger. Burning gone for three days.

12th. Only a little cough at night. Breathing much better. Stomach better. Much stronger. No more chills, but the heat at night returned for a week, but less severely. Cured. (E. W. Berridge, H. M., Oct., 1874, p. 112.)

Kali carb.^{4m} cured sensation of a lump rolling over and over on coughing, rising from right abdomen up to throat and then back again. (E. W. Berridge, H. M., Nov., 1874, p. 159.)

Mangan. Cough about 5 p.m., continues almost incessant until lying down, which relieves. The irritation is about middle of sternum. Difficult expectoration of lumps of tough mucus. In the morning, easy expectoration of yellowish-greenish lumps, even without coughing. (G. M. Ockford, H. W., v. 9, p. 181.)

Mercur.^{10m} cured drawing upwards in small of back on coughing. (E. W. Berridge, H. M., Nov., 1874, p. 159.)

Nitr. ac. Indicated in cough when a state of general physical depression is present, with considerable loss of flesh, unrefreshing sleep at night; feeling of feverishness, with hot skin and thirst, and often night sweats. The cough mostly comes on during the day, though it may also cause some trouble on first lying down in bed. The cough is dry, what expectoration there is being mucous

and rather difficult to bring up; the cough may be a short cough, or it may be paroxysmal with retching. There is frequently more or less uneasiness in the chest, soreness at the bottom of the sternum, or localized pains in either side, of a sharp or dull character. Another common variety of cough occurs almost entirely in the morning, on first waking, or on getting up out of bed. There is then a good deal of coughing, with a considerable quantity of mucous expectoration, and but little cough during the day till bed time, when for a time an increase of cough occurs. In these cases there is little or no chest pain, and less disturbance of the general health than in the former cases. Still another class of cases in which *Nitr. ac.* is frequently of service is in emphysema, with a considerable amount of mucous or muco-purulent expectoration. "I have no hesitation in placing it in the foremost rank in our medicines for constipation," and though this constipation usually co-exists with the typical *Nitr. ac.* cachexia, it may be present independently of any other state. The dose is two or three drops of the 1st dec. dil., three times a day. (D. Dyce Brown, M. H. R., July, 1874.)

Cough. A very deep cough with expectoration of a dense dark colored sputum, ushered in by a chill, followed by profuse sweats, and subsequent tenderness in the hepatic region, occurring in paroxysms every hour or two, and which had lasted six weeks, was relieved after other remedies had failed, by *Nitro. mur. ac.*²⁰, in drop doses, four times per day. (A. W. Woodward, U. S. M. and S. J., v. 9, p. 387.)

Bronchitis and Pneumonia. In my experience, the most frequently indicated remedies were: in dry cough, *Chamom.*, *Hyosc.*, *Nux vom.* and *Phosphor.*; in moist coughs, *Calc. carb.*, *Pulsat.* and *Sulphur*. The specific indications were as follows, the italicised symptoms suggesting the remedy:

Chamom. Dry cough worse at night and during sleep. Child wants to be carried. *Irascibility.* It is sometimes required for adults.

Hyosc. Dry, hacking cough with tickling in trachea, worse when speaking or at night preventing sleep, and worse especially when lying down. *Relief on rising up in bed.*

Nux vom. Cough worse in the morning. Tickling in the throat. Constipation. Irritability.

Phosphor. Hoarseness. Tightness across chest. Cough occasions sensation of soreness in chest or trachea. (See *Eupat.*) The inflammation of the mucous membrane develops a high degree of sensitive-

ness of those branches of the pneumogastric nerve by which it is supplied. This affection is to be distinguished from pleurisy and pleurodynia, which require different treatment.

Calc. carb. Cough loose. Leuco-phlegmatic constitution. *Profuse head-sweat, especially during sleep.*

Pulsat. Cough loose. *Worse towards evening. Relief in the open air.*

Sulphur. *Cutaneous papular eruptions. Hot palms and soles, and perhaps hot vertex. Also when apparently indicated remedies fail.* (H. V. Miller, H. M., Nov., 1874, p. 160.)

Chronic Bronchial Catarrh. Mary Thistle, æt. 9. Cough of considerable severity, especially morning and evening, copious, pale, yellow expectoration, wheezing throughout both lungs; face pale and waxy looking; tongue white and moist; appetite, indifferent and variable. Has passed many thread-worms. One pilule *Cina*², every three hours. Cured. (George Lade, H. W., v. 9, p. 36.)

Myosotis in Chronic Bronchitis. W. K., æt. 26, was in a nearly dying condition from this disease. Was perfectly relieved in two days by *Myos*.¹⁰⁰

W. D., æt. 15, after typhus, had progressive emaciation with a severe cough, sometimes dry, and again with scanty expectoration; profuse sweats day and night; eyes and cheeks sunken; nose pointed and whitish. *Carb. veg.* proved useless. *Myos.*, five drops every two hours, made a most marvelous change in a few hours. Within five days the profuse sweats ceased, and in one week recovery was perfect. (M. Funk, A. H. O., Aug., 1874, p. 436.)

Chronic bronchitis. Clinical notes. (A. E. Small. U. S. M. and S. J., v. 9, p. 204.)

Whooping-cough. Therapeutics of. In the catarrhal stage, if there is fever, *Acon.* will prove useful; if capillary congestion, *Bellad.* *Pulsat.* is useful in this stage to remove the inflammation from the mucous membrane lining the nasal ducts.

In the second stage (the nervous, spasmodic, or convulsive), when the paroxysms come on more frequently at night, *Hyosc.*³ will often produce a perceptible amelioration; and in those cases where the victims are forewarned of the approaching paroxysm, by a soreness and distress that causes them to cry out, *Arnica*.³ affords relief.

When the cough is accompanied by vomiting, and the victim feels better during motion, *Droser.* is indicated.

When they turn blue in the face as if suffocating, or when the paroxysms are preceded by weeping, *Cuprum* is the remedy.

Veratr. alb. is indicated in cases of great exhaustion, when children fail to recover strength after a paroxysm of coughing, and are inclined to lean their heads against something for support, and when they have fever with cold perspiration, especially on the forehead, intense thirst, small, quick pulse, and emission of urine when coughing; and also when the cough ceases on lying down, and recurs when rising from the bed.

Cocc. cac. has good effect when ropy mucus is coughed up at each paroxysm.

Hyosc. when the cough is dry and occurs most frequently at night.

Conium for scrofulous children, when the attacks are violent, and the face flushed, and the expectoration is bloody.

For the third stage. *Sulphur* and *Hepar s. c.* are about the only remedies that have availed anything in promoting convalescence. (A. E. Small, U. S. M. and S. J., v. 9, p. 306.)

The presence of sublingual ulcers in whooping-cough may lead to the selection of one of the following remedies, all of which have ulceration of the frænulum: *Agar.*, *Bovist.*, *Carb. veg.*, *Caustic.*, *Graphit.*, *Kali carb.*, *Lycop.*, *Natr. carb.*, *Nitr. ac.*, *Nux mosch.*, *Phosphor.*, *Kali bichr.* and *Iodium.* (E. T. Blake, B. J. H., 1874, p. 282.)

A poor child growing up under the most wretched external conditions. There was the characteristic ulcer on the frenulum linguæ; there is complication with bronchitis and later lobular pneumonia. *Sepia*⁹, improvement commenced at once, and a perfect cure followed speedily. (H. Goullon, Jr., 1875, p. 695.)

Fungous lung-growths in Whooping-cough. (Quoted by B. W. James, H. M., June, 1874, p. 524.)

Arsen.^{40m} cured a cough attended with pain extending through the upper lobe of right lung to scapula. (Hawley, H. M., Aug., 1874, p. 15.)

Lady, æt. 24, of strumous diathesis, had some pulmonary complaint about three years previous to consulting me. After that illness was not able to be exposed to cold or damp atmosphere, without cough or expectoration supervening. A grain of *Santon.*² was ordered three times per day. Three months later could go out in all kinds of weather with impunity. (George Lade, H. W., v. 9, p. 36.)

October, 1867, visited an infant, æt. 8 weeks, from birth had been very cross, of late had a severe cough, at first short, quick breathings, but now for a few days very irregular, quick, short, hurried breathings, alternate with slow, gent'le, and, at times, almost imperceptible ones. *Bellad.* relieved. (J. H. Nankivell, H. W., v. 9, p. 15.)

Asthma. Mrs. H., æt. 42, sanguine, bilious temperament, suffering from spasmodic asthma, characterized by the following symptoms: sharp pain through lungs with great dyspnœa; pain and dyspnœa worse by sitting erect or by lying down; better from bending body forward and throwing the head back; feeling of intense constriction in all parts of the chest, as if the lungs were pressed up into the throat; feeling of constriction in the throat, as though a cord was tied around it, necessitating the loosening of the covering of the neck and epigastrium; at times sensation as if the heart turned over and ceased beating for a while, after which the pulsations increased in force. A few doses of *Laches.*^{5m}, cured promptly. (C. L. Hart, M. I., v. 2, p. 225.)

Mrs. R., æt. 40, had hay asthma, appearing about the first of May, for several years. Had helped her with high potencies when she was very ill. R. *Arsen.*³⁰, which warded off the attack till the end of the first week in June. When the trouble came on I was absent; on returning found her suffering with profound nervous debility; she could neither lie down nor sit up with comfort, from the great distress of breathing incident to her complaint, but was most *relieved by walking out in the open air*, although scarcely able to stand when supported on either side. From protracted suffering, loss of sleep and inability to take food, she was completely worn out. R. One dose of *Nux vom.*, of the *millionth potency* (a blank powder dissolved in water,) another powder to take at bed-time. Well the next day; in a week she walked four miles without trouble. (J. H. P. Frost, H. M., Nov., 1874, p. 145.)

Irritation of superior aperture of larynx, as a means of exciting inspiration in Asphyxia. (H. B. Clarke, N. E. M. G., July, 1874, p. 289.)

PULMONARY PARENCHYMA.

Bryon.^{cm} cured in two days, pain in sternal region, relieved by lying down, a pressure which has lasted fourteen days. Mistakes

in speaking in morning from difficult articulation. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

Carb. an.^{3m} cured feeling of coldness through from chest to back, lasting for eight days. (E. W. Berridge, H. M., Oct., 1874, p. 111.)

Effects of a Fall. Infant, æt. 6 months, lies in nurses arm as if in semi-collapsed condition; screams when moved; face wan; eyes sunken, blue circle around them; tongue white; skin moist; slight cough and rough bronchial respiration. *Bellad.* did no good. *Arnica.*, every two hours. Cured. (J. H. Nankivell, H. W., v. 9, p. 217.)

Temperature in Pneumonia. There are three types of pneumonia in adults, excluding catarrhal pneumonia and bronchi-pneumonia. First. One in which the temperature rises with suddenness and falls equally suddenly. In this embolic or oedematous form no treatment was needed. Second. One in which a sudden rise is followed by a high average temperature for five or seven days, and then a sudden fall. This, he believed, can be cut short by treatment. Third. One in which a gradual rise, extending over three days, is followed by three or four days of high temperature and an equally gradual fall. In this treatment is also useful.—Med. and Surg. Reporter. (Quoted by B. W. James, H. M., Sept., 1874, p. 88.)

Therapeutics of Pneumonia. The writer expresses his belief of the greater prevalence of pneumonia in Northern Ohio, than in latitudes west of the Mississippi. Less of it he has found in Colorado, Idaho, Wyoming and Montana.

He names the following remedies with the indications annexed, as having proven most efficacious in his hands:

*Acon.*³⁰. Especially if left lung be involved. Pains sharp and stitching on breathing or coughing, the latter would be hard were it not for the severe pain. Fever. Raising is difficult, the expectoration being *tenacious falling in a round lump and of a dark cherry red color.*

Bryon. When cough and fever are similar to those of *Acon.*, the inflammatory condition being less acute, pain is less, patient can cough with less pain, raising but little by expectoration, which is tough, falling in round jelly-like lumps, *lighter in color, almost a yellow or soft brick shade.*

Lycop. When right side is affected most, *sounding as if entire parenchyma were softened.* Patient raises a whole mouth full of mucus

at a time, of a light rusty color, stringy and easily separated. Fan-like motion of the alæ nasi.

Phosphor. Cough is not so loose or rattling as under last remedy, nor yet so tight as under *Acon.*, color resembles somewhat that of *Lycop.*, but of a more dirty appearance, resembling pus but thinner, and *when falling on paper will break and fly like thin batter.*

Sulphur. In badly treated cases, either by drugs or low attenuations, until hepatization or even abscess has followed, skin pale and damp, emaciation, hectic fever, swelling of extremities, purulent expectoration, and quick, weak pulse.

Bellad. In young persons of full habit, fever and temperature run high, face flushed, eyes congested, great nervousness, delirium or threatened convulsions, with tickling dry cough, especially at night. (By C. Pearson, O. M. and S. R., v. 8, Nos. 1 and 2, p. 33.)

Pneumonia. Mr. A., æt. 21. Has much difficulty of breathing, cannot walk fast. Right lung hepatized, pulse 106, small and hard; cannot lie on right (affected) side, feels best by lying on left side.

One dose *Kali.*^m relieved him. A cough which appeared three days after, was not interfered with, he fully recovered without further remedies. (Ad. Lippe, M. I., v. 2, p. 440.)

Mr. A., æt. 30. Farmer, sanguine, took cold and had typhoid pneumonia. *Acon.*³⁰, *Bryon.*³⁰, *Bryon.*²⁰, *Hyosc.*³⁰, relieved main symptoms. A critical discharge per anum of thin, black, bloody, offensive stools. On the eleventh day was checked by *Arsen.*³⁰, he improved for a week and then reached a stand still. There was no pain, little or no cough, expectoration easy and scanty, consisting mostly of mucous sputa with small flocks of semi-albuminous matter, respiration 20 and regular, pulse 90, full and soft, stools regular and normal, urine normal, no appetite—had an excellent and almost a canine desire for food since the crisis—no strength and no feeling of desire or hope of getting well. *Carb. veg.*, and *China* both failed. Resorted to an elixir of *Ferrum* and *Calisaya* with no good result. This tonic caused stomachic irritation, restless nights, irregular stools, urine scanty and high colored, dry, hacking, fatiguing cough, pain and soreness in the chest, quickened wiry pulse; stopped elixir. R. *Psorin.*²⁰ two doses which cured. (J. T. Greenleaf, H. M., Nov., 1874, p. 154.)

Croupoid Pneumonia. Sallie S., æt. 3. When convalescing from measles had croupous symptoms, medicines used did no good. Disease developed into croupoid pneumonia, with bloody expectora-

tion on the fourth day. As a last resort, wrapped the child in a sheet wet with cold water, allowing it to remain for an hour, when the sheet becoming warm, a fresh one was substituted. Removed this in half an hour, rolling the child up warmly in blankets. The child slept, and its body and face perspired for several hours. Used in six hours a cold sponge bath and friction with blanket-wrapping, giving milk and water to drink and abundance of air. Cured. (A. C. Rembaugh, H. M., June 1874, p. 511.)

Pneumonia with Miscarriage. (J. H. P. Frost, H. M., Jan., 1874; also H. M. S., Penna., 1873.)

Hydropathic Packs in Pneumonia. Drs. Sana and Weber report severe cases cured by packs of four to six hours; it reduced the temperature and the pulse, and the fever passed off by copious perspiration. (N. J. H., v. 22, p. 449.)

Human Tuberculosis, or Pulmonary Consumption. Waldenberg's experiments on animals applied to. (B. J. H., 1874, p. 32.)

Treatment of Phthisis Pulmonalis. (A letter from R. R. Gregg, H. M., April, 1874, p. 428.)

The Cause and Treatment of Phthisis Pulmonalis. (R. R. Gregg, H. M., March, 1874, p. 365.)

Phthisis. A young man, sick three years with terrible hoarse, racking cough day and night and profuse purulent expectoration; hectic fever; rapid pulse; night sweats; gradual emaciation; dullness of whole chest on percussion; rattling respiration; great soreness in larynx. Patient has tried almost everything with but little relief. R. *Arsen. jod.*, which has much relieved. (H. V. Miller, H. M., Feb., 1874, p. 297.)

Tuberculosis Pulmonum. Rindfleisch, after giving the different opinions, considers tuberculosis and scrofulosis synonyms and constitutional disease, and divides it into primary tuberculosis, a local affection of the most diverse organs of the body, consisting of scrofula, inflammatory and tuberculous elements; secondary tuberculosis, where the lymphatic glands become affected; tertiary tuberculosis, the disseminated disease of all organs not primarily diseased, especially liver, spleen, lungs, kidneys, serous membranes, etc. Large cellular, germinal tissues may be designated as the specific product of scrofulous tuberculosis, and it may be defined as a circumscribed focus of scrofulous inflammation. Absolute bloodlessness of this neoplasm is the most characteristic phenomenon of the tubercle. The essence of scrofulosis is still unknown. The same might be said of carcinoma. Prof. Andrews calls attention

to the fact, that cancer prevails in precisely the same regions with tuberculosis. In both diseases we find a tendency to destructive degeneration. (N. A. J. H., v. 23, p. 188.)

Emphysema Traumaticum. It may be general or circumscript; it arises by injuries of organs containing air, especially of the lungs; very huge ones are caused by fractures of the ribs or contusion of the thorax, severe compression of the lungs with simultaneous prevention of egress of air through a stenosed or closed trachea, produces, in the same manner, traumatic emphysema. Where the thorax is simply opened by a wound without injury to the lungs, a pneumo-thorax follows.

It may arise from aspiration of the external air in wounds, especially cutaneous ones, or by decomposition of the tissues. (Fischer, N. A. J. H., v. 23, p. 257.)

Haemoptysis. A paper on, with report of cases. (I. S. Mitchell, U. S. M. and S. J., v.9, p. 458.)

PLEURA.

Hydrothorax. When other remedies failed in a case with *a wish to take a full inspiration but could not because the lungs felt as if they would not expand*, Bryon.⁹⁰ cured. (H. V. Miller, H. M., Nov., 1874, p. 162.)

HEART AND BLOOD-VESSELS.

The Heart's Action. The heart is sometimes regarded as a force-pump; sometimes as a reservoir, and again as a receptacle for the separation of the venous and arterial blood. As the central organ of the circulation, it is frequently regarded as the sole cause of that phenomenon. Involved as it is, either directly or indirectly, in many pathological lesions, if not in all, it becomes a matter of importance to ascertain what are its precise relations to circulation.

In this relation two facts are worthy of consideration, viz: first, that circulation not only takes place entirely independently of the heart's action, as in capillary and lymphatic systems, but continues for a considerable time after the heart has ceased to act, or has even been removed from the body; and second, that the heart's action may continue after circulation has ceased, though the organ be removed from the body, or may be excited even after it has been quartered.

The phenomena of the circulation, then, involve the action of the heart, the action of the circulatory vessels, and the circulating fluid. The mechanism of the heart, or its valvular structure and action, we shall not here consider, but rather its impulse and rhythm. That the impulse of this organ is referable to the sympathetic ganglia lodged within its substance, and to which attention, I believe, was first called by Prof. Foster, of Edinburgh, may be easily demonstrated by section, when that part most liberally supplied with these little magazines of force will be found to respond most strongly, and for a greater length of time to the applied stimulus.

As "magazines of force," these ganglia sustain the heart's action, while the strength and frequency of its pulsations are under control of the pneumogastric nerves. As the invariable effect of dividing these nerves is to increase the frequency and diminish the force of the heart's action, M. Marey's experiments show that "the heart always performs an amount of work sensibly uniform (the innervation remaining constant) its beats being rare when each of them has to overcome considerable resistance; and frequent, on the contrary, when the resistance diminishes. The resistance is the pressure of blood in the arteries." The force of the pulsation is always in an inverse ratio to its velocity. With regard to the propulsion of the blood through the vessels, there is a division and an adjustment of labor between the heart and arteries. The heart originally appears as a dilation of the circulatory vessels; both heart and arteries being composed of muscular and serous tissue, and supplied with nerve filaments.

The direct force of the heart upon the column of blood has been estimated at about 13 lbs., which suffices to fill the arteries and distend their coats, while the contraction of the arteries drives the blood to the extremities and produces the phenomena of the pulse. When from a pathological condition, as for example, arterial congestion, the resistance to the heart's impulse is increased, we find a corresponding increase in the force and decrease in the frequency of its pulsations. When, on the other hand, the resistance to the heart's impulse is decreased, as from anæmia, the force of the heart's action is decreased, while its pulsations are increased.

This relation of arterial resistance to the heart's action is not only seen from many pathological conditions, but has been demonstrated after the removal of the heart from the body.

"In order to study the effect of varying arterial pressure, in a

heart detached from all exterior nervous influence, he (M. Marey*) removed the heart of a tortoise and fitted to it an artificial circulatory apparatus, formed of caoutchouc tubes in which circulated fresh calf's blood. From a raised reservoir, the blood was brought by a siphon into the veins and the auricles; passing from the ventricles to the arteries it was forced into the elastic tubes which conveyed it back to the reservoir. These last tubes represented arteries and small vessels; and various apparatuses could be applied in order to study the physical phenomena of this circulation.

Notwithstanding a high temperature, the circulation continued over five hours, and the following experiment was frequently repeated: Whenever the pressure of blood in the arteries was increased, either by contracting the orifice of outflow, or by raising it, the heart's movements were retarded; whenever the pressure was diminished, the beats were accelerated."

There is, then, upon mechanical principles, a definite relation between the action of the heart and the resistance offered by the blood in the arteries. With regard to this resistance, aside from local congestions and the like, innervation has very much to do. There are cases of frequent occurrence in which the heart's action is very much disturbed, and which are diagnosed and treated as cardiac diseases, in which the heart is not involved primarily at all, but in which the resistance to the heart's impulse offered by the arteries is so altered from the normal standard as to deceive the physician, and especially him who regards symptomatology as the sole basis of treatment.

One case will illustrate the point. A dispensary clinic applied last winter for treatment, who had been for two years an inmate of the penitentiary, and during that time deprived of nourishing food and proper exercise; sleeping in a poorly ventilated cell; he had also been a masturbator. The pulse was habitually 100; the heart's action being rapid and feeble, its tumultuous action the principal complaint of the patient. The true indication for treatment was here the physiological condition. Increased nutrition, stopping of masturbation, and the supply of the phosphites in which the system was deficient, was regarded as the proper mode of treatment, rather than the administration of remedies to reduce the heart's action. As nutrition and the general tone of the system improved and greater resistance was offered to the heart's action, its pulsations decreased. Stopping the loss of seminal fluid

* Half-yearly *Compend.* vol. xiii., p. 16.

and improved nutrition acted here like ballast to a vessel, which, when light freighted, rolls and tumbles with every passing wave.

Many cases are treated as organic disease of the heart, diagnosed as atrophy or hypertrophy, when that organ is entirely healthy, and when the disturbance present is referable solely to other and remote causes, and general rather than local lesion. Many cases of hysteria are so regarded, and an irritable, congested or ulcerated uterus will be found responsible for the disturbance of the heart's action.

A symptomatology which regards only the local manifestation, and which leaves out of account those general and predisposing causes, which an accurate knowledge of physiology alone can comprehend, is not a safe basis for medical practice. There is however a wide difference between the practice based on either symptomatology or physiology alone. A symptom is but the sign of distress, pointing to the localized lesion, yet so often of a reflex or sympathetic character as to mislead diagnosis, and often hinder recovery. To attempt the removal of this without further consideration is like shooting down the flag of distress which a ship hangs out at sea, and then sailing by under the delusion that the necessary relief has been afforded. While, to disregard the symptom signal and attempt relief on general principals, would be like coasting around in the dark in search of a sinking ship which is quite as likely to be run down and sunk as piloted to safety.

Physiology and hygiene—the natural functions of the body and the maintenance of health by observance of its laws, must go hand in hand with therapeutics. The administration of drugs in either large or small doses will not take the place of such observances. Nor can physiology offer one suggestion as to the administration of drugs, and here comes in the symptom as an indication, aided by actual experiment. Physiology and therapeutics, then, are by no means conflicting or antagonistic, but supplementary. Were the patient compelled to choose whether he would be treated by a physician who knew nothing of medicine save symptomatology, or by one who knew everything else and disregarded the relation of drug to symptom, he should not long hesitate in choosing the former. But he is not compelled so to choose, and there is no excuse for the physician who ignores either the therapeutic law, or the collateral departments of medicine. (J. D. Buck, C. M. A., v. 2, p. 76.)

Diagnosis in Heart Affections. “On placing the hand over

the cardiac area in many people with thin chest walls, we can distinctly perceive the alternate movements of auricular and ventricular systole, with each corresponding diastole and can appreciate any pathological change in their movements. Great increase in their force indicates hypertrophy; but a diminution of that force is by no means to be regarded as a certain indication of atrophy, dilatation without hypertrophy, or even of cardiac debility from any cause—though it may be a sign of one or the other of these phenomena, as well as of great pericardiac effusion, pulmonary emphysema, or even simple thickening of the thoracic walls. In many of these cases, especially in pericardiac effusion, but more or less in all, the cardiac shock may be rendered perceptible to the hand by causing the patient to sit up and lean well forward.

“In this case the readiness with which it can be appreciated and the position in which it is felt must be carefully noted. Forcible pulsation above the fourth rib and within the cardiac area may possibly be aneurismal, but most commonly depends upon dilatation and hypertrophy of the appendix of the left auricle. Forcible pulsation chiefly to the left of the cardiac area below the fourth rib, with depression of the apex-beat, indicates dilatation and hypertrophy of the left ventricle; while pulsation beneath the lower part of the sternum, with disappearance of the apex-beat, reveals dilatation with or without hypertrophy of the right ventricle, the extent of dilatation being to some extent measurable by the amount of epigastric pulsation, the degree of hypertrophy being denoted by the force of the pulsation; when the whole heart is hypertrophied and dilated, a more or less violent shock may be felt over the whole of the cardiac area, and where the hypertrophy is great, the shock may be double—the first forcible and systolic, the second less forcible and diastolic—the result of the rebound of the enlarged heart from the posterior thoracic wall.” (B. M. and S. J., Sept. 3, 1874. Quoted by B. W. James, H. M., Dec., 1874, p. 215.)

Obscure Symptoms of Heart Disease. Many chronic chest affections result from slight obstruction of the left auriculo-ventricular orifice; this, combined with catarrh or bronchitis aggravates them. There is often absence of murmur in *very slight* or *very great* obstructions of the auriculo-ventricular orifice. In a bad case of contracted mitral valve there was no murmur. (M. and S. R., No. 913 Quoted by B. W. James, H. M., Dec., 1874, p. 215.)

Dropsy in consequence of valvular insufficiency. *Sepia* relieved so much that the patient, an old lady of more than sixty years of

age, attends again to her domestic duties. (H. Goullon, Jr., I. Pr., 1875, p. 695.)

Fatty degeneration of the muscular fibres of the heart is the probable cause of sudden death after confinement, which comes unexpected and is painless. In all cases the cavities of the heart were free from coagulations, either empty or containing a little fluid blood. (N. A. J. H., v. 22, p. 553.)

In Heart Diseases. *Spigel.* 6th to 12th dil., in pericarditis and endocarditis, complicated with rheumatism, stitch pain, pressing in the region of the heart, wave-like motion of the heart, suffocative spells from the least motion; hypertrophy of the heart with insufficiency of the bi-cuspid valves.

Cact. grand. 1st to 12th dil.; fatty hypertrophy of the heart, violent palpitation with suffocative spells when lying; compression of the chest; feeling as if the heart was grasped by an iron hand. *Angina pectoris.*

Digit. 3d to 12th dil.; slow pulse; excessive weakness and faintness; frequent nocturnal urination; nocturnal flow of saliva; palpitation; oppression of breathing; vertigo.

Lycop. 30th to 200th dil.; if there are typhoid symptoms present; neck drawn towards the right side; trembling palpitation; pulsating tearing in the region of the heart. Stitches in the left side of chest.

Natr. mur. 30th dil.; frequent palpitation on moving; flickering before the eyes; tingling in the whole body commencing at the feet, feeling as if asleep; violent pressure below the heart in the evening in bed; feeling of weakness, heaviness.

Kali carb. 6th to 30th dil.; dyspnoea with violent and irregular beating of the heart; pulsation all over the body, especially with hysteric women.

Veratr. 4th dil.; strong palpitation of the heart with chorea. (Schädler.)

Kalm. lat. Palpitation of the heart; dyspnoea; pain in the limbs; stitch pain in the lower part of the chest; hypertrophy of the heart with thickening of the valves; prosopalgia on right side. (Siegrist, I. Pr., 1875, p. 562.)

Therapeutics of angina pectoris. (N. A. J. H., v. 23, p. 103.)

Stenokardia, angina pectoris. By the latest researches of pathological anatomy, it has been found that this affection almost always is the consequence of a fatty degeneration of the substance

of the heart, and a consecutive relaxed state of the walls of the heart.

One form is characterized by a kind of *hyperæmia* from stagnation of the blood, commencing during walking in the street and talking at the same time, with a pressure under the sternum and palpitation of the heart, increasing in intensity with every step, as though the chest should burst; eyes and ears become red and the carotids throb. This form is mostly found in persons from thirty to fifty years of age; in women during climacteric age; in fat persons with chronic emphysema.

A second form simulates *gastralgia*; there is pressure under the sternum and in the epigastrium with dyspnoea; feeling of a lump in the pit of the stomach with short breath and anxiety; drawing from the epigastrium and painful lame feeling in the left arm and up to the neck; a concomitant bronchial and cervical neuralgia. This form is especially found in irritable, especially hysteric or hypochondriac persons, also such of debilitated constitution and who have been addicted to spirituous liquor and venus vulviva.

A third form is the *spinal* or *synkoptic*; with the pressure under the sternum there is, at the same time, a counter-pressure from the spine towards the sternum, which causes such a violent compression of the chest that the patient trembles with pain, grows pale and collapsed, and is covered with cold perspiration. This form is found in marasmus, whether early or late in life, induced from violent emotions, grief, anxiety, or excessive sexual indulgence.

Aur. mur.,³ For the first form, where there is hyperæmia in consequence of stagnation of blood in the heart.

Glonoin.,³ I use occasionally as an intermediate remedy, to prevent the organism from getting accustomed to the influence of *Aur. mur.*

Agar. mus. I have found the best remedy in the *gastralgic* or *spasmodic form*, which I use in the 3d decimal solution, two doses every day.

Kali carb.,⁶ I use to interpose occasionally when *Agar. mus.* seems to lose its favorable influence. In some cases, however, instead of *Kali carb.*, other remedies are better indicated, such as *Carbo veg.*, or *Lac. vir.*, or *Lycop.*, etc. The principal remedy, however, is *Agar. mus.*

*Sambuc.*¹ Two doses every day correspond to the third form, where the pressure proceeds also from the spine; in individuals formerly fat and robust, and now emaciated in consequence of

mental emotions, or excesses in sexual indulgence. As interposing remedies I have found indicated:

*Phosphor.*³. If the pressing pain is worse under the sternum.

*Petrol.*³. If the pressing pain is worse between the shoulder-blades. This alternation in the remedies is best resorted to after 8 to 12 days, when improvement again becomes more perceptible.

Kali carb. is likewise indicated in this form, either alone or in alternation with the above.

Chin. sulph., one, two or three doses a day is especially indicated where marasmus is a prominent symptom. So may also *Phosphor.*, or *Cupr.*, or *Ipecac.*, or *Veratr.* be indicated.

*Arsen.*³, *Laches.*³, *Chin. ars.*¹, are indicated when dropsical symptoms, with venous hyperæmia and cyanosis make their appearance.

*Nux vom.*³ *Carbo veg.*³ are important when there is loss of appetite and accumulation of gas in the bowels. (J. Kafka, A. H. Z., v. 88, p. 1; N. A. J. H., 23, 103.)

Angina pectoris, since more than ten years occasional attacks of palpitation after unusual physical or mental exertion; after a misstep in crossing the street, a jar of the cars on crossing the rails at right angles, sitting down low in an unguarded manner, stretching the arms above the head, lifting books, etc.; still the attack might come in sleep, connected with fright or anxiety in dreams. Uncomfortable sensation at the pit of the stomach, as if falling; *suffocating constriction at throat*, with full, throbbing carotids. A desire to lie perfectly quiet on the back. During and after the attack great anxiety, fearing some organic lesion of the heart, which will cause sudden death. *Acon.*, *Bellad.*, *Laches.* relieved somewhat. *Cact. grand.*,³,³⁰, or ²⁰⁰, give like prompt results, relieving in 5 to 15 minutes. (A. R. Wright, Trans. N. Y. S., 1873-4, p. 292.)

Apis mel. Farmer, æt. 76. Since sixteen years, three attacks of angina pectoris. Past two years frequent, violent palpitation, worse walking up stairs; dyspnoea lying down; starts on falling asleep; relieved sitting bent forward; death-like faintness; no acute pain; cough without expectoration; appetite good; agitated, apprehensive, impatient; cannot bear to be alone; systolic sound ill-defined; diastolic sound of pulmonary artery increased; each contraction shook whole body; pulse intermittent every third or fourth beat; radial pulse not synchronous with heart's systole; heart's impulse extended abnormally to right; skin dry, general anæmia. After *Arsen.*³⁰, *Apis mel.*³, in alternation; *Cact. grand.*³, in alternation with *Apis mel.* and *Merc. dulc.* Worse, with dropsy of limbs;

urine thick, scanty, from catheter. *Apis tinc.* cured. (J. O. Moore, N. E. M. G., Nov., 1874, p. 506.)

Cardiac Neurosis. Josefa Fluchà, æt. 36, married, born in Catalonia, (the bone and sinew of Spain) presented herself at my consultations on March 11th., 1874, with an affection of the chest which she referred to the heart as she had difficult breathing on ascending stairs, however slowly, when she hastened in ascending she tired at once and had violent palpitations of the heart which obliged her to halt to recover her breath; a deep *inspiration*, or raising the left arm suddenly caused a stabbing pain, acute, momentary in the middle, anterior portion of the fourth intercostal space on the same side. A close examination revealed heart beats slightly accelerated, isochronous with the pulse, without any perceptibly unnatural sounds; all of which seemed to indicate a purely nervous affection. The symptoms seemed to point to *Bellad.*, which she got in the twelfth in water, a tablespoonful one and a half hours before each meal.

March 14. No relief whatever. Several questions brought out the fact that some time previous she was wet for several hours in the river and exposed at the same time to the sun; after which her troubles began. For this she got *Rhus tox.*¹² aqua, a tablespoonful before each meal.

March 21st. She returned to say she was entirely relieved.

It is an undoubted fact that an investigation of the cause of disease is of the utmost importance in every morbid condition, and a neglect of this fact causes an infinite *number of failures to cure.* (Dr. Pellicer, Jr., *El Crit. Med.*, June, 1874.)

Chorea of the Heart. Severe attacks of palpitation of the heart set in during perfect quiet of the patient, especially during the first sleep at night, so that he is forced to jump out of bed and run for fresh air.

After the attack the patient feels weak, but if no other organic disease is present, can follow his usual occupation. It is especially an affection of youth, frequently connected with chlorosis or general chorea.

The disease shows most similarity with angina pectoris, but the latter is more frequently a disease of advanced aged (forty-five and over.) It could be mistaken for an affection of the pulmonary valves, but in the latter the murmurs are always alike, and the dyspnoea and the disturbances of the heart's action appear immediately when the patient ascends or walks far. In chorea the pal-

pitiation and the dyspnœa usually appear at night during perfect rest, and during the intervals the patient, if otherwise healthy, can run, walk great distances and lie on either side. Chorea of the upper extremities affects the heart more frequently than of the lower extremities. In young men, sedentary occupation, sexual excesses and intemperate smoking, and in women menstrual irregularities give a disposition. Dr. Reeves never observed rheumatism as a cause of cardiac chorea. Cold sponging of the chest and back and plenty of fresh air are of great benefit. Schmidt's Jahrb., Nov. 2, 1874. (Quoted by B. W. James, H. M., Dec. 1874, p. 214. N. A. J. H., v. 23, p. 1136.)

*Cactus*²⁰. Cured contractive pain in region of heart, going down to left abdomen; it catches the breath, cold feeling in chest at seat of the pain, low spirited, weeping. (E. W. Berridge, H. M., Nov. 1874, p. 159.)

*Cact. grand.*²⁰. Cured great pressure at heart, going round under axilla to left back "like a belt of pain," at midnight became very bad, *like a hand grasping heart*, with soreness aching and soreness to touch in all the affected region; sore aching in left arm down to elbow. Pain at heart paroxysmal, worse on speaking or *lying on left side*. It caused dyspnœa; death-like feeling at heart and round to left back. Pulse 105. Sometimes breath stopped for half a minute without unconsciousness, skin gets colder; afterwards, gasping, when the breath stopped, violent palpitation, something seemed to be whirling up from chest to brain and all the arteries seemed throbbing. Sensation as if dying without fear of death. Previously had had rheumatism in feet. (E. W. Berridge, H. M., Oct., 1874, p. 107.)

Kali carb. March 16th, 1872. Mr. —, caught cold by changing his dress. For five days, frequent desire to swallow saliva, but often cannot do it, and it then causes a choking in throat. Can swallow food and drink. When this comes on, heart beats quicker, and he feels weak. At first this came on only at night, but to-day by day also. When lying on right side, *heart feels suspended to left ribs*, and seems dragging them to right side. This morning pain as if lower lobe of right lung were adhering to ribs. *With the choking is difficulty of breathing*. For three nights has only been able to sleep sitting up, because otherwise the saliva would run down throat. Heart's action irregular and tumultuous. Systolic murmur heard loudest at apex. *Kali carb.*^{4m} (Jenichen,) one dose at 10 P.M.

17th, 5 P.M. Throat nearly well. Slept well, and could lie down. Heart quiet all night, and ever since. No pain at chest. Auscultation shows heart to be regular and quiet, and *systolic murmur less*. Stronger.

Some time afterwards, he consulted an eminent West-end allopathic physician for a diagnosis. He told him the heart was sound. There was undoubtedly a systolic murmur when I examined him, and he had been refused by a life insurance company, though his health had otherwise been good. Therefore *Kali carb.* must have the honor of curing a systolic murmur. Cured. (E. W. Berridge, H. M., Sept., 1874, p. 76.)

Cardiac hyperæsthesia from joy and anxiety, in a young lady. Has uncertain, weak, weary feeling in chest; alternate feelings of depression and exhilaration; sinking and emptiness in pit of stomach; heart's impulse, feeble; pulse-beats are small, soft, averaging 100 to 110. Had been strong and healthy, but during the war her affianced was in the army during severe campaigns, and rumors of his death reached her; once not hearing from him for several months, she supposed him to be in Andersonville. At last, when she had given him up as dead, he appeared suddenly, wan, thin and pale. Her heart, already weakened and irritated by grief and anxiety, succumbed to the excessive stimulation of joy, and cerebral congestion, throbbing temples, loud hysterical laughter, followed by spasmodic weeping and a sensation "as though the heart was trying to beat painfully in a cage." Ended in a nervous erethism which has never left her. R. *Ignat.* high cured. (E. M. Hale, H. M., July, 1874, p. 535.)

Cardiac hyperæsthesia from the combined effects of excessive anxiety followed by sudden joyous surprise. Symptoms: uncertain weak, weary sensation in the chest; sinking sensation and emptiness in pit of stomach; heart's impulse feeble, and pulse small, soft and 100 to 110 per minute. *Ignat.* low, cured. (G. M. Hale, H. W., v. 9, p. 193.)

Cardiac hyperæsthesia. Extreme nervousness with strong, quick palpitation of heart; sleeplessness and cerebral erethism, caused by unexpected news of great good fortune. *Coffea.* low, cured. (G. M. Hale, H. W., v. 9, p. 194.)

Cardiac weakness. After great fright from fire; face wore look of settled fright mingled with terror. Skin cold and clammy, any reference to the fire caused cold sweat to break out on forehead and

hands. Pulse small, weak and quick ; hearts action feeble, quick and incomplete. *Acon.* cured. (G. M. Hale, H. W., v. 9, p. 194.)

Cardiac weakness. Phos. ac. A young woman met with severe disappointment in her affections. No outward demonstrations of grief but her color faded, plumpness disappeared, extremities became cold, dry, hacking cough set in, breathing became shallow, dyspnoea from slightest exercise, mind obtuse—brooding over her sorrow ; heart beats feebly and quick ; pulse almost imperceptible. *Phos. ac.*³ in water three times a day afforded much relief. G. M. Hale, H. W., v. 9, p. 194.)

Wilkie Burman reports that *heart diseases* are very frequent in persons suffering form mental affections. He found valvular troubles, hypertrophy, fatty degeneration. In paralytic mental affections and in chronic cerebral disorganizations, the weight of the heart was considerably increased. Chronic and far advanced mental disease shows an essential asthenic type also in the circulation with cold, livid extremities and a small, weak pulse. (N. A. J. H., v. 22, p. 549.)

Emotional Influences causing Heart Disease. All sensations act primarily on the nerve-centres, through the nerves reaching from the periphery of the body to those centres. The viscera and members are affected secondarily.

The heart is the most sensitive of the organs. Any modification in the central nerve substance is transmitted to the heart, disturbing in various ways its action. Emotional influences affect the heart in diverse ways ; grief depresses, joy excites its action.

Not only does the heart betray by the disturbances of its normal rythm, the nature of the initial brain excitation, but it produces throughout the whole organism disordered actions, the sum of which constitutes the physical image, the palpatal externals of passion. But it produces this disordered action only by reacting on the brain—the organ of all demonstrations and nerve-movements, (and muscular.)

Emotional influences can cause long lasting functional heart trouble, and change in its structure. Heart disease is common in insanity. The heart's weight is increased in mental diseases. Heart disease is most frequent in connection with hypochondria. Mental diseases cause heart disease, mental depression leads to certain structural heart changes. Mental emotions and psychical disorders may cause cardiac irritability, angina pectoris, cardiac myalgia, palpitation, weakened heart ; hypertrophy with dilatation

and with enlargement, valvular disease, rupture, aneurism. The heart has a number of self-acting nerve ganglia, independent of the brain, from which spring, under the influence of the blood, a certain number of motor impulsions. These ganglia govern the usual normal cardiac action; the rythm and force of the beatings are every instant modified by cerebral excitations.

The brain sends out to the heart-ganglia two sets of nerves, the retardator (pneumogastric) and accelerator nerves. Excitation of the former diminishes the frequency and augments the force of the heart's movements. Excitation of the latter produces the opposite results, increasing the number and lessening the force of the heart's contractions.

The emotions affect these two sets of nerves separately or together. The emotions that excite the retardator nerves are joy, rapture, ecstasy, hope (with faith), pride, courage, love, adoration, wonder, astonishment, anger, rage, fear. Those exciting the accelerator nerves are grief, sadness, discontent, disappointment, melancholy, despair, remorse, fear, fright, horror, anxiety, wonder. *Treatment*: the medicine chosen must be capable of producing a similar condition in the healthy; the origin and direction of the medicinal force must be similar to the origin and direction of the original morbid force. When the primary symptoms of the case resemble the primary symptoms of the medicine selected, give it in high potencies; when the secondary symptoms of medicine and disorder are coincident, use lower attenuations of medicines: *Ammon.*, *Agar.*, *Bellad.*, *Cann. ind.*, *Cinchon.*, *Coffea*, *Crocus*, *Cactus*, *Camphor.*, *Digit.*, *Hydroc. ac.*, *Ignat.*, *Lycop.*, *Lauroc.*, *Nux vom.*, stimulate the pneumogastric or retardator nerve, augmenting the force of the heart's contractions. *Bellad.*, *Cinchon.*, *Camphor.*, *Digit.*, *Hydroc. ac.*, *Ignat.*, *Nux vom.*, in massive doses, over-stimulate and cause sudden death by cardiac spasms. *Acon.*, *Arsen.*, *Calab.*, *Chloral*, *Cimic.*, *Crotal.*, *Gelsem.*, *Iber.*, *Laches.*, *Phosph. ac.*, *Platin.*, *Veratr. alb.*, *Veratr. vir.*, irritate the accelerator nerve and weaken the heart. *Acon.*, *Calab.*, *Chloral.*, *Crotal.*, *Laches.*, may cause sudden death from cardiac paralysis.

Asaf., *Ambra.*, *Castor.*, *Coca*, *Cypriss.*, *Evaran.*, *Scutel.*, *Valer.*, *Zincum*, soothe and calm both sets of nerves.

The emotions abnormally affect the heart because it is not strong in most people. To render it strong the person must have plenty of fresh air, regular, active exercise, at least eight hours of good sleep, avoidance of alcoholic stimulants, impure tea or coffee, tobacco,

narcotics, abuse of the passions, etc. The foundation of cardiac debility is laid early in life by improper physical education. (E. M. Hale, H. M., July, 1874, p. 529.)

Aneurisma embolicum arises when calcareous fragments, thrown into the circulation by the valves, remain lodged in an artery and perforate the walls gradually by mechanical irritation, down to the adventitia or even consume the latter, whereas the arteries themselves show no degeneration. (N. A. J. H., v. 22, p. 408.)

Thrombus. A case of. (G. H. Jones, Proc. H. M. S., O., 1874, p. 135.)

Phlebitis ; Phlegmasia alba dolens. Several cases cured by *Bellad.*³⁰, *Bellad.*^{2c}. (D. Thayer, N. E. M. G., April, 1874, p. 146.)

STOMACH.

Washing out the Stomach. Take a piece of ordinary India rubber tubing, such as is used for gas lamps, about six feet long, one end is rounded with the scissors, and if necessary two holes are cut at a short distance from the end. This tube possesses quite sufficient rigidity to be passed without difficulty into the stomach. To the outer end a funnel is fitted, into which can be poured either water or a solution of soda, etc., according to circumstances. If the contents of the stomach are to be removed, the outer end of the tube must be sunk to the level of the pubes, or even lower; then the patient must make a short but forcible contraction of the abdominal walls. By this means the tube is filled to its highest point with the fluid contents of the stomach, and becomes a siphon; the liquid continuing to flow until there is no more or till the tube is stopped up. This last seldom occurs if the tube be of a moderate calibre. Should it, however, happen, or should the abdominal pressure be insufficient to fill the tube in the first instance, or the patient be insensible, or any similar difficulty arise, it can in general be readily overcome by fitting a common clyster-syringe to the end of the tube, one stroke of the piston of which is generally sufficient to remove the difficulty. (Quoted by B. W. James, H. M., Dec., 1874, p. 217.)

Teplitz^{2c}, one dose, removed aversion to meat in a boy. (E. W. Berridge, H. M., Sept., 1874, p. 79.)

Baryta acet. Feeling as if food passed over a sore place in the stomach. Cured by olfaction of 200th. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

Pyrosis. For sourness of stomach, heart burn, pyrosis, *Robinia* has no equal. (Robt. C. Smedley, M. I., v. 11, p. 36.)

Baehr recommends *Digit.* in gastric catarrhs and uterus, with the sensation of extreme lassitude. (N. A. J. H., v. 22, p. 447.)

Gastric disorder after drinking cold water. Vertigo, nausea and pressure in the stomach; headache; noise in the ears; rumbling in the abdomen; bellyache; eructations; emptiness in the stomach; bad taste, white tongue; feels as if the stomach was filled with cold water. *Kali carb.* cured in a few day. (J. Schelling, A. H. Z., v. 88, p. 204.)

Sickness of the stomach and vomiting. In cases where these symptoms constitute the disease, the tongue is clean, the bowels are regular, there are no headaches, the patient has a desire more or less for food, and has no pain after eating, but a feeling of nausea at intervals. Also in cases of marked dyspepsia. In other cases still, when the vomiting is sympathetic, as in the case of a neuralgic headache, or a gall-stone, or a cerebral affection, or a uterine complaint, *Apomorphia* 3d cent. dil. in repeated doses is equally useful. (D. Dyce Brown, B. J. H., 1874, p. 500.)

Arsenite of copper in vomiting. Mrs. W., married, æt. 30. Dull aching pain over epigastric and right hypochondriac regions, with nausea and paroxysmal vomiting. R. *Ipec.*²⁰. Next day worse; vomiting frequently a glairy froth. Continued *Ipec.*, lower potency, without relief. R. *Nux vom.*, *Veratr.*, *Arsen.*, *Cuprum*. No relief. R. Arsenite of copper, 2d dec. trit. Cured. (E. W. South, H. M., April, 1874, p. 393.)

Severe vomiting after drinking the smallest quantity of water, with remittent fever, jaundice, some tenderness over hepatic region; abdomen full and tympanitic, always considerable griping, worse after stool with tenesmus; fetid winds with relief; skin hot, pulse 120; burning thirst but horror of water, could take fluid medicine, milk or anything except water.

Eupat. perf. helped forthwith; *Nux vom.* completed the cure. In a case of cholera after subsidence of urgent symptoms, the same had the same effect. (M. L. Sircar, Calc. M. J., v. 2, p. 72.)

Vomiting from Hæmorrhoids. A case of persistent vomiting lasting for several days and not yielding to the remedies given, but at once relieved by the operation for removal of an extensive hæm-

orrhoidal tumor is reported by C. S. Eldridge. (M. L., v. 2, p. 197.)

Hæmatemesis. Mrs. M., æt. 74. Vomiting of large quantities of bright red blood. After *Ipec.*³, the vomiting gradually ceased, and she began to pass blood by the bowels, in considerable quantities at first, but afterwards in small quantities, though very often and with great tenesmus and pain in the bowel. The blood passed per anum was at first bright red, but afterwards, when in connection with the tenesmus, became very dark-colored and putrid. *Nux vom.*, *Mercur.*, *Ipec.*, *Coloc. Hamam.*, with an occasional dose of *Sulphur*, did not improve the case, it continued to grow steadily worse for two weeks, until sixty-five of the putrid dark colored blood and mucus passages occurred in twenty-four hours, and the following symptoms presented: extreme weakness, cannot move her head from pillow without help; great thirst; *aversion to food* on looking at it, and *particularly when smelling it*. The smell of broth cooking two rooms away nauseates even to faintness (when doors are open between). Irresistible sleepiness, drowsiness (when not too much pain). The pains increase towards evening and do not diminish before daybreak. It was autumnal cold and damp weather. *R. Colchic.*²⁰, in solution, a dose once in two hours. During the following twenty-four hours she had but two passages, the pain had vanished, there was no nausea. The patient made a perfect recovery in a few days. (E. V. Nash, H. M., Nov., 1874, p. 165.)

Dyspepsia. It includes those forms of gastric derangement attended with the ordinary symptoms of indigestion except those which in the acute form are accompanied with signs of acute inflammation and grave complications, and those in the chronic form dependent on structural disease. Nervous disorder may induce it. In chronic dyspepsia evidences of actual gastric disease are always present. The condition of the stomach which we find in chronic dyspepsia is by some of our best writers termed "Chronic Gastritis." This designation is calculated to mislead the student, since the condition to which it refers bears no sort of adequate relation to acute gastritis, either in respect to its causes, its intensity, its extent or its tendency. Acute gastritis is comparatively rare, except when resulting from the action of a poison or some other powerful irritant. It involves the deeper tissues of the organ, penetrating to the muscular layers and the peritoneum, and implicating the surrounding organs. So intense is the inflammatory action that all secretion ceases, the mucous membrane becomes dry, and all the violent symptoms of a high inflammatory fever supervene.

In chronic dyspepsia the causes are different, it rarely results from the acute form. The inflammation is of a lower grade being catarrhal and limited to the mucous membrane of the stomach.

It is not certain that the gastric follicles are involved, for all the symptoms of an ordinary case of chronic dyspepsia may be explained without resort to such a hypothesis. We have an increase of mucous secretion, changed, it may be, both in its physical and chemical character. It may be more tenacious than usual, coating the surface of the membrane and preventing or delaying the admixture of the gastric juice with the food, or, it may be abundant and dilute, serving to attenuate the gastric fluid,—in either case delaying the digestive process and giving opportunity for the fermentation of the aliment. This fermentation gives rise to the production of acids, varying in their chemical constitution according to the nature of the food, changes in the gastric liquids, and the duration of the fermentative process. The muriatic acid of the gastric juice may be abnormal in quantity, and it is said that acid may be exhaled directly from the blood-vessels of the mucous membrane. Lactic, acetic, oxalic, butyric, carbonic acids result in the stomach, from normal or pathological processes.

An excess of acid causes irritability and sensitiveness of the mucous membrane and a sensation of heat at the periphery of the cardiac and œsophageal nerves (heartburn,) and excites contraction at the cardiac orifice, with regurgitation of the fluids above (pyrosis). The contact of solid or even liquid food with the sensitive membrane no doubt induces the sensation of pain and of weight in the epigastrium after eating, the gases evolved during fermentation or exhaled from the blood-vessels produce the sour, bitter or putrid taste, the distention, borborygmus and eructation, the palpitation, oppression of breathing, and sometimes, perhaps, nightmare, and adds to the pain and soreness of the whole gastric region. The imperfectly digested food passes with its acids and gases, into the intestines producing distension and weakness of their muscular coats, affecting the portal circulation, and the biliary excretion, giving rise to obstinate constipation.

Remedies. *Nux vom.* Pain in a small space in the epigastrium after a meal. Sensation as of a hard body or of a weight in the stomach after a meal. Nausea with or without vomiting after a meal. Constipation. Frontal or coronal headache. Indigestion from improper food, errors of diet, even with fever.

Merc. corr., 2d and 3d dec. trit. in powder. An important remedy

in chronic dyspepsia. Catarrhal affections of the mucous membranes of the alimentary canal. Chronic gastric catarrh.

Its chief indications are: *Distension and soreness* of the epigastrium; the patient cannot bear the clothing tight or even close around the waist, because it causes both oppression of breathing and pain. Constipation. Pain and distension in the colon, especially the transverse portion. The distension in the epigastrium is partly but not entirely relieved by passing flatus from the bowels. The soreness of the epigastrium is less intense than that of *Bryon.* or *Arsen.*, but is much more frequently present. The distension and discomfort in the colon is quite a prominent symptom.

Bryon. Vomiting of bile or of gastric juice. *Great sensitiveness* of the epigastrium to touch. The pressure of the clothing produces pain, but not always oppression of breathing. Everything tastes bitter. Distension in the intestines rather than in the stomach. Obstinate constipation.

Hepar sulph. Desire for acid food and drinks. Flatulency in the stomach, but without much soreness. Metallic taste. Pain in left hypochondrium, caused by flatulent distention of the descending colon. Burning sensation in the scrobiculus cordis.

Lycop. Great distension of the stomach during and after a meal. A very small quantity of food produces a sensation of great fullness. Everything tastes sour; sour eructations. Eructation of immense quantities of gas. Rumbling or sensation of a churning movement in the stomach, (*not* in the intestines. When it occurs in the intestines, *Bryon.* acts better.) Distension and pain in the descending colon.

Silic. Bitter taste. Burning in the scrobiculus cordis. Flatulence in the intestines with costiveness. *Acon.* and *Arsen.* are more useful in acute gastritis than in gastric catarrh; *Acon.* in a high degree of inflammation; *Arsen.* in a dry condition of mucous membrane.

He who prescribes *Arsen.* for a burning pain in the stomach and thirst for small and frequent drafts of water, without regard to other symptoms, will, at least in this disease, be almost certainly disappointed. (P. Dudley, H. M., Aug., 1874, p. 1.)

Indications of the principal remedies in *dyspepsia*. (Martiny, Revue Homœopathique, Belge, p. 12, etc.)

Dyspepsia and Indigestion. *Hydrastis*, dull aching pain and goneness in stomach; acidity and constipation. *Nux vom.* is often used when *Hydras.* is indicated.

Nitr. ac. Sensation of heavy weight in stomach after eating ; strong-smelling urine ; easy sweat.

Nux vom. and *Pulsat.* are often suggested in this class of diseases when there is a *putrid taste in the mouth in the morning*, especially if the patient is compelled to *rinse out the mouth immediately on rising*. It then remains to compare these two remedies with the case, so as to ascertain which is specifically indicated. This is an easy task, because the matter is decided by the time of aggravation and the temperament or disposition of the patient. *Nux vom.* having a *morning aggravation* and a *hypochondriac and irritable temper*, while *Pulsat.* has an *evening aggravation* and a *mild and yielding disposition easily excited to tears*.

Sulphur. When, by a cursory examination, *Nux vom.* and *Pulsat.* are suggested, but the time of aggravation corresponds to neither, *Sulphur* is to be thought of, for it also has a *putrid taste in the mouth in the morning*, and it is analogous to those remedies.

Anac. “*The symptoms disappear while eating and return again in two hours.*” (Dyspeptic symptoms temporarily relieved by eating: *Chelid.*, *Lith. carb.* and *Petrol.*) The seat of the disease may be located in the duodenum or small intestines. According to Watson, “patients that suffer from flatulence when the stomach is empty, have the oxalic diathesis, which usually belongs to dyspeptics.” Gout, indigestion and some other diseases, are caused by the lithic diathesis, denoted by an excess in the urine of uric acid and urate of soda.

*Stannum*⁶ once did me good service in a case of chronic gastralgia characterized by a *gradual increase of pain until the highest point was reached, and then as gradual a decline*. For *profuse and debilitating leucorrhœa*, I find it an invaluable remedy. (H. V. Miller, H. M., Nov., 1874, p. 161.)

Anac. cured a case of dyspepsia in an old man ; with craving for food ; eating relieved distress for two hours, when the craving would return, to be again relieved by eating. (H. N. Martin, H. M., Aug., 1874, p. 44.)

Dyspepsia. Diet is important. Regulate quality and quantity of the food, and time required in masticating. The best remedies are *Nux vom.*, *Nux mosch.*, *Kali bichr.*, *Hydras.*, *Hepar s. c.*

Nux mosch. In disorders peculiar to women ; derangement of the menstrual function ; dyspepsia in women with menstrual derangements, with sleepiness, fainting, or laughing hysteria. The food lies in the stomach like small hard lumps, each one seeming

to have hard surfaces and angles, which make the stomach feel sore by coming into contact with its surfaces. *Kali bichr.* when the gastro-esophageal tract seems violently irritated, as though affected by an acrid fluid passing over it, with burning, nausea and vomiting, and gulping up of acrid fluid—not the sour fluid of sulphuric acid.

Hydrast. Obstinate constipation and its attendant dull headache in the forehead; weak feeling in the epigastric region; sour eructations, and “dyspeptic cough,” with copious expectoration of thick mucus. Most useful in the tincture. (R. J. McClatchey, H. M., Aug., 1874, p. 47.)

Dyspepsia. N. A., æt. 30. Want of appetite; fulness at the chest; much flatulence; taste of rotten eggs coming into mouth, with constant nausea; great dislike to fat meat; tongue reddish and rough; sharp shooting, stabbing pains all over the head; pains worse afternoon and evening; bowels constipated; heat of whole body when walking about; eyes weak; pain in eyeballs; drowsiness and languor in daytime, sleeplessness at night; sharp shooting, aching pains in sides and back, frequently. *Kali bichr.*³, four times daily. Cured. (A. E. Hawkes, H. W., v. 9, p. 299.)

*Ruta grav.*²⁰ cured dyspepsia where a man could not eat lean meat, but could eat fat meat and drink milk. Lean meat caused troublesome itching on body. He had strained himself across the stomach carrying a heavy load. (E. A. Farrington, H. M., Aug., 1874, p. 45.)

Sulph. ac., dyspepsia with great debility, constriction of the throat, raising of mucus so sour that it sets the teeth on edge. (M. S. Williamson, H. M., Aug., 1874, p. 46.)

Chronic dyspepsia. Mrs. H., had distension in right hypochondrium, with dull, heavy, aching pain in same region, coming on two or three hours after eating, and partly relieved as digestion was completed. Great languor and weakness; emaciation; unhealthy, sallow skin; constipation; bitter, putrid taste; canine hunger; headache worse during digestion; drowsiness in day and sleeplessness at night, dyspnœa on exertion; cold hands and feet; frequent shiverings; palpitation and great dejection. *Natr. mur.*³⁰ cured rapidly. (C. P. Hart, A. H. O., April, 1874, p. 204.)

Gastrodynia. Mrs. —, pregnant; on lifting, felt something give way in abdomen. Sensation of coldness in abdomen, worse at night in bed. For six weeks, vomiting; constant for four weeks, at intervals, twenty minutes to an hour, from smell of food, eating,

Ant. crud., *Rhus tox.*, *Bismuth*, *Laches.*, *Helleb.*, *Sulphur*, *Ox. of Cer.*, and without external cause. Substance resembles coffee grounds, also bloody. Sense of smell very acute. Pain in head, back, and region of womb. No stool for thirty-five days. Nourishment by injection. *Bellad.*, *Pulsat.*, *Arsen.*, *Nux vom.*, *Iris*, *Bryon.*, *Ipecac.*, in several potencies, chiefly low. Ice cold applications at back and other measures useless. *Ant. crud.* cured in a few days. Aborted in fifth month. (J. K. Warren, N. E. M. G., March, 1874, p. 101.)

Cramps in the Stomach. Commencing during a meal, with great anxiety, pressure in the chest, and frequent yawning. *The spasm, at first confined to the stomach, gradually becomes general*, with trembling of the whole body, spasmodic motions, and desire to keep constantly moving when sitting on the chair. *Aranea diadema*²⁰⁰, a few doses, cured. (Nuñez, L'Hahnemannisme, IV., I. A. H. Z., Bd. 88, p. 207.)

Pain in stomach, and under lower part of sternum, without entire intermission. At intervals the severity increases; at times cannot swallow any liquid; water is immediately ejected. Constant desire to drink without ability. No relief from *morphia*. Fourteen years ago patient was injured by a fall. *Arnica*¹¹, one dose a week, for four weeks, cured. (T. D. Pritchard, Trans. N. Y. S., 1873-4, p. 314.)

Cramp in Stomach. Mrs. —, æt. 23, since three years, occasionally she is attacked with a bursting pain in the stomach, retching and vomiting of ingesta, bile and slime always before midnight. Tongue white; taste bitter; appetite wanting; stomach and bowels sore to the touch and pressure of clothing. She has frequently chills followed by heat and sweat, and has vertigo on stooping. Her disposition irritable, sad; menstruation too profuse, protracted and blood dark: *Nux vom.*³ and *Tinct. sulph.* changed the symptoms. Has now stitchpain in the right side of abdomen, worse from any motion; pain in the liver; emptiness in stomach: *Kali carb.*², night and morning for five days, cured her entirely. (Hau-stein, A. H. Z., v. 89, p. 76.)

Graphites in Gastralgia. The woman had formerly chlorosis scanty catamenia preceded by menstrual colic; the gastralgia sets in a few hours after dinner; is aggravated by cold drinks and boiled meats, and ameliorated by warm milk; furry taste; the pain is *to the left of the stomach* and of great severity, with absence of the usual gastric symptoms, as acidity, water-brash, nausea, vomiting. In another scrofulous woman, the constant yawning was

characteristic with bloatedness of the gastric region. A widow æt. 50 had *periodical* gastralgia with vomiting of the food immediately after eating. The pains are burning and radiate into the abdomen. (Goullon, Jr., N. A. J. H., v. 22, p. 500.)

Gastralgia resulting from a fall. Nov. 26., 1873. Basilia Echeverria, æt. 22, unmarried, dressmaker, and born in one of the Gascon Provinces; temperament, nervo-lymphatic; weakly and slight built. When a child she got a severe fall, from the effects of which the upper part of her body was paralyzed down to the waist; some of her ribs were fractured, and, subsequently, the spinal column became curved forward, leaving her hunch-backed. From this date she wore an orthopedic corset, which fitted her form closely, as an aid to assist her to hold herself erect; the compression caused by this corset appears to have originated a gastralgia which dated from this epoch. She began to experience considerable pain in the stomach, aggravated after every meal, and which she was able to relieve to a slight degree, for a short time, by salt food. This pain kept augmenting in intensity till the date of her consultation with me, when it was unusually violent, compressive, as though the stomach was being crushed by a stone, and continuous by night or by day but aggravated in the A.M. After her meals she had a flow of a mouthful of clear, saltish liquid rise into the mouth. Ordinarily she had a repugnant taste in the mouth, mostly bitter when the pain was aggravated. Pulse slow and weak. She got *Nux vom.*¹², to be dissolved in two table-spoonsful of aq., a dose every night before retiring for three nights. Diet, plain food of easy digestion.

Dec. 3d. Pain, morning aggravation and bitter taste gone; now has acidity after meals. R. *Pulsat.*¹², in aq., to take a tablespoonful an hour-and-a-half before each meal. Dec. 10th. Acidity gone but return of pyrosis and the pain in stomach. Thinking that psora might be the obstacle to the desired action of the medicaments, she got *Sulphur.*^{2m}, dose in aq., to take the following morning on an empty stomach. Dec. 17th. Much relieved, pain much less; no pyrosis; placebos. Dec. 24th. Pain all gone but return of pyrosis after meals; placebos. Dec. 31st. Pain in stomach again and pyrosis: *Pulsat.*¹², dose one day, and *Sulphur.*¹², dose on the day following.

Jan. 7th, 1874. General cephalalgia with sensation of weight in the forehead since the cessation of pain in stomach and pyrosis. R. *Acon.* a single dose.

Jan. 21st. Cephal. relieved till to-day; pyrosis again. *Puls.*¹² dose in aqua at night and *Sulph.*^{2m}, dose for the day following. Pyrosis continued diminishing till Feb. 11th, after which it disappeared and she was discharged cured. Three months later she had had no relapse of any kind. (Dr. Pellicer, Jr., *El Crit. Med.*, Juno, 1874.)

Carcinoma ventriculi. A case well diagnosed by Prof. N. Friedreich in Heidelberg, improved remarkably under the administration of the tincture of *Condur.*, a tablespoonful every day. (H. Kl., 1874, p. 41.)

INTESTINAL CANAL.

Defective Assimilation and Derangement of the Sympatheticus. This condition is usually characterized by clear indications for *Sulphur.*; a noble remedy for nervous prostration. The symptoms may be aggravated by excitement or by any cause of debility.

Sulphur. *Frequent hot facial flushes followed by perspiration and a faint feeling, vertex-heat and cold feet alternating with hot soles* (Cham.); 10 A.M., *hunger or a faint empty feeling in the epigastrium; constipation or sudden and urgent early A.M. diarrhœa; great debility which cannot be accounted for by the amount of gastric and bilious derangement*, though the stomach and liver may be seriously implicated. The patient may complain that although the appetite is pretty good, little nourishment is obtained from the food. The function of nutrition is partially suspended and the blood is impoverished. Hence the sympatheticus suffers serious derangement. Such cases are often diagnosed as general debility caused by liver complaint, for which bilious physic and alcoholic stimulants are perseveringly prescribed.

Laches., *Lycop.*, *Sepia.*, *Phosphor.*, are also useful. Hot flushes are caused by irregular action of the vaso-motor nerves, producing a congestion of blood to the face, with heat, followed by faintness and perspiration. Circulatory excitement produces increased local heat. Determination of blood to the surface increases the insensible perspiration. Division of the sympatheticus causes increased heat at the nerve-extremity. Division of the pneumo-gastric does not destroy the sensation of hunger in the stomach. The other nerves supplying the stomach are branches of the sympathetic. Hence morbid hunger results from derangement of this system. (H. V. Miller, *M. M.*, Nov., 1874, p. 164.)

Intestinal Catarrh. Mrs. J., æt. 45, has enjoyed good health. Since three months in consequence of taking cold, she has pain in the bowels, borborygmus and diarrhœic stools. The colicky pain sets in every morning at four o'clock with diarrhœa, *with a feeling as if the arms and legs were asleep*. *Aranea diadema*, three doses cured her. (Nuñez, L'Hahnemannisme, v. 4, p. 1. A. H. Z., v. 88, p. 207.)

Child had much thirst; frequent excoriating stools, green as if spinach were sprinkled on the diaper, if at first yellow they soon become green; quieter after belching wind; urine copious, no appetite. Cured by *Arg. nitr.* (A. Lippe, N. E. M. G., Dec., 1874, p. 557.)

Mr. S., æt. 20, caught cold by lying down on the ice after violent exercise while skating. He was next day taken suddenly with vomiting, first of food, then of fluid, and finally of considerable quantities of stercoraceous matter. Great pain, tenderness and swelling in the right ileo-cœcal and ilio-inguinal region. At first there were a few discharges from the bowels of a slimy, watery substance, which, however, afforded no relief, followed by obstinate constipation; belching and great meteoristic distension of the stomach and upper part of abdomen, *aversion to food on looking at it, when smelling it*. *Ry. Bellad., Mercur., Plumbum, Laches.*, without effect. *Ry. Colchic.*³ followed by aggravation of pain with rumbling in intestines, the patient tossing about in agony. In six hours, a small discharge of impacted fecal matter, in hard lumps, with relief. Cured. (E. V. Nash, H. M., Nov., 1874, p. 165.)

M. E., æt. 28. Oct. 12th. Diarrhœa 5 A.M., forcing him out of bed; also severe colic in lower part of abdomen; came on in spasms each lasting about half a minute; between the paroxysms no pain, worse when lying on either side and after eating, better when lying on back and bending double. *Coloc.*⁶ Oct. 15th. Colic gone, but watery painless diarrhœa remains, usually continues up to 11 A.M., occasionally comes in evening. *Sulphur*⁶. Cured. (A. E. Hawkes, H. W., v. 9, p. 15.)

*Crot. tigl.*sm cured diarrhœa, coming on suddenly four or five times daily. Pain in abdomen, faint feeling before, during and after stool. Sweats on face after stool. (E. W. Berridge, H. M., Nov., 1874, p. 159.)

Diarrhœa in consequence of taking cold. Sleepless; slight pain in the bowels; after midnight profuse watery discharge; a few hours later, again and again, weakening the patient greatly. The

discharges are profuse, watery, without smell. After *Jatropha*.¹⁸, one dose, violent vomiting, followed by great improvement of the general feeling and speedy convalescence. (Hencke, A. H. Z., v. 89, p. 63.)

Child, æt. 3, ten to fifteen stools every twenty-four hours; clay-colored, thin, with lumps, blood streaks, straining; little appetite, no thirst, no fever. Insular large patches on tongue. When five months old, child had suffered from constipation with some insular large patches, when *Kali bich.* removed both symptoms. *Kali bich.*^{em}, removed diarrhœa and patches. (A. Lippe, N. E. M. G., Dec., 1874, p. 559.)

Diarrhœa. Patient, a lady. Diarrhœa immediately after rising in the morning; great desire for ice or ice cold water; griping in abdomen, relieved by kneading abdomen; stitching pains running up from abdomen to left side of chest; incarceration of flatulence; difficult emission of soft stool; during damp, cloudy weather, great dyspnœa, oppression of chest, desire to take a deep breath; better in open air, walking or riding. *Natr. sulph.*³, cured speedily. (W. D. Stillman, M. I., v. 2, p. 102.)

A child of four months had for three days from eight to twelve loose discharges a day, which were very changeable in appearance, viz.: gray, yellow, brown, green, bloody, watery, slimy, paste-like, at times more frequent than at others, but without regular periodicity. Little or no colic, slight tenesmus. Appetite good. The child did not act sick. For the last three or four weeks eczema on the right ear and back of the left one; a few small superficial boils on the neck; small blotches on various parts of the body. *Merc. sol.*³ (decimal) 1 gr. in half a tumblerful of water, one spoonful every two hours. Three days later no change. *Podoph.*², a few pills every two hours, cured the diarrhœa in one day. Skin diseases remained unchanged. (F. G. Oehme, H. M., Feb., 1874, p. 319.)

Psorin. Diarrhœa terribly offensive, brown, watery discharge. (G. M. Ockford, H. W., v. 9, p. 198.)

Secale cor. cured sinking spells from diarrhœa; at 3 A. M. (Crow, H. M., Nov., 1874, p. 167.)

Sulphur^{em} cured diarrhœa, frequent, scanty, brown, watery, requiring an effort to evacuate, coming on after taking cold. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

Chronic Diarrhœa. (W. R. Childs, H. M., March, 1874, p. 348., Proc. H. M. S., Penna., 1873.)

Chronic Diarrhœa. Soon after eating irresistible desire to evacuate the bowels, which continued as long as there was anything to pass. After these passages great pain in the lower bowels, which lasted an hour. Emaciation, prostration. The passages consisted principally of yellow mucous and undigested food. *Gamb.*, 1st cent. trit., in water, every three hours for two days. Soon perfectly well. (C. W. Boyce, Trans. N. Y. S., 1873-4, p. 286.)

In Dysentery, too strict a diet and keeping the patient too hot cannot be recommended. Poor people, exposed to cold air and scanty food, fare often very well without treatment. (N. A. J. H., v. 22, p. 453.)

Dysentery in a boy of eight years of age. Exceedingly painful discharges, of a serous-croupous nature, with great straining. Had commenced with chilliness and pain in the left upper part of the abdomen, gradually extending over the entire abdomen. Loss of appetite; tongue somewhat coated. *Nitr. ac.*³, in water, 2 teaspoonfuls after each discharge. A few doses were entirely sufficient to cure. (Hirsch, H. Kl., 1874, p. 178.)

Cholera. A sketch, chiefly based upon his own experience in Calcutta, by M. L. Sircar. It is singular that the most appalling and grave disease, pregnant with the most frightful mortality, the most universal and most destructive plague of our days, should be the apostle of the most glorious and most beneficial reform in medicine.

I. Stage of premonitory symptoms.—*Acon.* Nausea, with sweat, preceding or following diarrhœa; white stools and red urine; hypogastrium painful and sensitive to the touch; weakness of bowels resulting from abuse of purgatives; sensation as if a warm liquid comes out of anus; acute congestion of the mucous membrane; after eating fruits.

Arsen. Stomach as much disturbed as the lower bowels; burning of stomach.

Cinchon. Indigested food with the stools.

Pulsat. After fatty or greasy food; after an attack of measles; chiefly nocturnal diarrhœa; stools like stirred eggs; — first green then chiefly mucous; adapted for females; effeminate men; reserved disposition.

Nux vom. Intemperate drinking, with or without rich food; much acidity of stomach; diarrhœa has followed constipation; — occurs early in the morning and after dinner; stools fœtid, and

bilious; ineffectual urging; persons of irritable disposition; supervening a chronic, especially painless diarrhœa.

Phosphor. A good deal of heat in abdomen, or coldness and a sense of coldness therein; old people with fatty degeneration of liver or other organs.

Phosph. ac. Much sexual intemperance preceding the attack.

Carb. veg. After exposure to great heat of the sun or the fire, very useful for cooks, blacksmiths, masons, etc.; ■■ ushered in by hæmorrhage from the bowels; || associated with flatulence.

Chamom. After fits of anger or chagrin.

Coloc. If anger and chagrin had been combined.

Ipec. Tongue coated white; continual nausea, with or without vomiting; stomach loaded with heavy indigestible food; diarrhœa with pain, griping, tenesmus; stools grass-green or lemon-colored, or as if being fermented or fœtid, or covered with bloody mucus.

Ipec. and *Chamom.* ■ in choleric of children; the latter when teething.

II. *Full Development.*—■■ *Veratr.* Diarrhœic variety; downward evacuations extremely frequent and profuse; the prostration in proportion to the evacuation; discharges are copious and free; violent, unquenchable, burning thirst for cold drinks, taking large draughts of water without inconvenience; more suitable in sporadic cases, in milder cases of the epidemic.

■■ *Arsen.* Gastric variety; gastroenteric variety.

Cuprum. Spasmodic variety.

Secale. Spasmodic.

Camphor. Dry and acute variety.

Acon. Inflammatory variety.

■■ *Arsen.* In gastric and gastroenteric variety, prostration more profound; innermost recesses of life destroyed; discharges more scanty, with distressing urging and retching; violent, burning, unquenchable thirst for cold drinks, can swallow but little at a time and that little aggravates all symptoms, especially vomiting and purging; miasmatic origin.

Cuprum. Spasmodic variety, first in lower limbs, then in the upper, then in muscles of abdomen and chest; threatening suffocative syncope, invading diaphragm and muscles of heart; drink descends with a gurgling noise; desire for warm food and drink, rather than cold; horrid colic with the nausea and vomiting; drinking cold water prevents vomiting; vomiting water after slight

nausea, with tears in eyes; tingling in rectum, like worms; spasm in throat hinders speech; suffocative arrest of breathing.

Secal., if with the spasms extensors and abductors are more affected than flexors and adductors, toes and fingers are spread asunder and bent backwards, facial muscles specially influenced, distortion of features, mouth distorted or closed; bites his tongue, considerable dryness of mouth and nose, not relieved by water, vomiting of mucus, lumbrici, ascarides; vomiting relieves; vomiting without much effort.

Aconit. Inclined to vomit with violent diarrhœa; vomiting and watery diarrhœa; ■ hippocratic countenance; bluish face with black lips, terror and imbecility in the face; cold limbs, with blue nails; cold limbs, with collapse of pulse.

Jatroph., easy vomit of large quantities of watery substance like white of egg; diarrhœa, contents of rectum gush out like a torrent; anxiety with burning at the stomach; anguish, with coldness of body; viscid sweat, violent cramp-pains in lower limbs, calves look like flat splints.

Tabac., nausea and vomiting, if persistent after purging yielded, recurring in constant paroxysms, with cold sweat, oppressed stomach, anguish and restlessness, cramp and tearing in limbs, occasional drawing in the calves, nausea worse from slightest movement; vomiting sometimes in a stream.

Ant. tart., gastroenteric variety; vomiting and purging in alternating spells.

Elat. Enormous flow of watery serum from each mucous membrane that absorbed it.

Crot. tigl., after violent nausea violent vomiting of ingesta; sudden attacks of vomiting yellowish-white, frothy fluid, with the most violent efforts of stomach; anguish, oppression and pressure in stomach; nausea and much water in the mouth; burning in stomach; many liquid stools with tenesmus; no colic or nausea and colic; yellow-colored water coming out like a shot; violent purging, with a disagreeable sensation through the whole body, and a nauseous taste; sweat during stool; weakness, fainting spells.

Merc. corr. Stools mixed with blood; attacks after dysentery; || suppression of urine.

Iris vers. Acute vomiting and purging, predominant; bilious, mostly autumnal.

III. *Algide stage*—*Carb. veg.* After *Veratr.*, *Arsen.*, etc., admira-

ble as a general stimulant; tympanitic distension of abdomen; stools fœtid.

Hydr. ac. Pulselessness, cold, clammy sweat, involuntary stools, staring, fixed look with dilated pupils; breathing slow, deep, gasping, difficult and spasmodic at long intervals, apparently dead; in the intermediate time, "acts like a charm."

*Naja tr.*⁶. Threat of imminent dissolution from asphyxia from nervous exhaustion or embolism of pulmonary vessels. Great dyspnœa, distressing struggle for breath. After *Arsen.*, acts almost as rapidly and as charmingly as *Hydr. ac.*

Laches. May be equally useful as *Naja tr.*, the latter more with despondency and fear, the *Laches.* with excitation.

I. *Cholera sequelæ.* Food ought to be agreeably salted. The introduction of table salt had a charming effect, but there is a limit, it is necessary to closely watch this.

Canthar. In suppression and retention of urine, even when uræmic coma, delirium and convulsions have taken place.

Terebinth. If *Canthar.* has failed.

Spir. nitr. dulc. Five drops every ten or fifteen minutes, if the cerebral symptoms do not improve.

Bellad. Determination of blood to the head; blood-shot eyes, fullness, throbbing of temporal arteries, flushed face, etc.

Hyosc. Cerebral derangements depend upon simple irritation of nerve tissue without any hyperæmia of the parts.

Stramon. Delirium maniacal, furor, biting.

Opium. Great depression of cerebral centres, more coma than delirium, insensibility to the action of medicine.

Capnab. ind. Comatose condition, mild delirium, involuntarily scratching of body, especially of genitals, which characterizes our hemp-smokers catalepsy.

Cicut vir. Sopor, convulsions, staring or up-turned eyes; ||| spasmodic variety in pectoral muscles; seriously interfere with respiration; spasms if worms are the cause of nervous symptoms.

Bellad. repeated attacks of violent hiccough; *hiccough*, starts up from bed, makes deaf till next paroxym; nightly hiccough with sweat; hiccough followed by convulsions of head and limbs, which again by nausea and lassitude.

Cicut. Loud sounding, dangerous hiccough.

Hyosc. With spasms and rumbling in abdomen; hiccough with involuntarily micturition and foaming at the mouth.

Carb. veg. Hiccough during every motion.

Agn. cast. ■ Hiccough with ill-humor.

Pulsat. Hiccough with suffocating paroxysms, during sleep, after drinking, when smoking.

Staphis. Hiccough frequent with nausea a stupefaction.

Phosphor. Hiccough after eating, makes pit of stomach feel sore and aching.

Ignat. Hiccough after eating or drinking.

Sulphur. Hiccough with pain behind the palate.

NOTE. Hiccough, also *Acon.*, *Arsen.*, *Bryon.*, *Cuprum*, *Laches.*, *Nux vom.*, *Veratr.*, *Zincum*; *Nux mosch.*, very important.—C. Hg.

II. *Nausea and vomiting.* Acid and bilious.

Ipec. When nausea simply prevails.

Nux vom. When vomiting is along with it.

Podoph. If *Ipec.* or *Nux vom* fail.

Eupat. ■ Vomiting after each draught of cold water.

Phosphor. When the water drunk is thrown up after it has become warm.

Hydr. ac. In very bad cases.

Diarrhœa after restoring the renal secretion. *Phosph. ac.*, *Cinch. Ferrum.*

Diarrhœas.—*Podoph.* Excessive secretion of bile, great irritability of the liver.

Tympanitis—*Nux vom.* Distension from torpor of the bowels, chiefly in stomach; torpor of gall bladder, and biliary ducts, biliary congestion.

Mercur. Distention due to defective secretion from the liver; fœtor of the mouth.

Sulphur. Defective secretion of the whole alimentary tube, depending upon venous congestion of mucous membrane, after *Mercur.* failed or much mercury has been given.

Carb. veg. Distending stomach more than intestines; more diarrhœa than constipation; foul secretions.

Lycop. Foul secretions; distention in intestines and constipation. Enemas should never be used in cases of extreme prostration, because then they are retained and add to the mischief existing. Cold wet sheet over the abdomen greatly assists in tympanitis. In tympanitic conditions sugar is best avoided.

III. *Fever.* Most obstinate low form of fever, very little differing from typhus or typhoid. If the brain is affected, *Bellad.*; if the lungs, *Bryon.* and *Phosphor.*; the stomach, *Arsen.*, *Nux vom.*, *Bryon.*; the small intestines, *Mercur.*, *Bryon.*; the liver, *Mercur.*,

Bryon., *Nux vom.*; the colon, *Merc. corr.*, *Nux vom.*, *Ipec. Carb. veg.*; kidneys, *Canthar.*; uncomplicated fever, *Rhus. tox.* and *Phosph. ac.* both also for cerebral and pulmonary complication.

IV. *Asthenia*—*Cinchon.* the best we know; if it fails, *Phosph. ac.*, *Carb. veg.*, *Rhus. tox.*; in case of great fear of death, *Arsen.* or *Moschus.*; when suppuration takes place, *Hepar s. c.* and *Silic.*, the latter more after the abscesses have burst or have been opened; inflammation of the parotid glands, *Laches.*, *Bellad.*, *Rhus. tox.*, at the commencement of the swelling. When after *Laches.* the discharge continues, *Silic.* When bed-sores become gangrenous, *Laches.*, *Arsen.* and *Carb. veg.*; with much fetor, *Carbol. ac.*, with water or glycerine. Charcoal poultices are of use; ulceration of the mouth: *Nitr. ac.*; much bleeding from the gums: *Carb. veg.*; eyes congested, cornea ulcerated: *Pulsat.* (Calcut. M. J., 1869, v. 2, p. 91.)

Cholera. Hospital practice. First. *Cold baths.* The number of baths depends on the reaction of the patient and the stage of the disease. I have had cases where two or three baths sufficed, and others which required five or six baths.

Second. Even the most tender patient, if he has been once in the bath, desires its repetition. While in the bath the patient has such a pleasant sensation that he does not want to get out of it.

Third. If the cold bath is used at the beginning of the disease, I have never observed an aggravation of the disease.

Fourth. Should cholera typhus develop itself, the bathing is dispensed with and medicinal treatment is resorted to.

Fifth. The secretion of urine is restored by the use of *Canthar.*⁶ in from twenty-four to forty-eight hours.

Sixth. In the last stages of cholera I have never seen any effect from the inner application of remedies. (Stephan v. Vezekengi, A. H. Z., v. 88, p. 58.)

Dr. Haynel, during the last cholera epidemic in Baltimore, Md., has given in all cases *Bryon. alb.*³⁰ for vomiting alone, or after vomiting and purging each time a few globules. It cured even the worst cases with want of consciousness, inability to speak, skin icy cold, and flesh wrinkled, pulseless.

Asiatic Cholera. A treatise on. By Davidson. (J. Pr. 1875, p. 258 and following.)

The latest cholera epidemic in Hungary; by T. v. Balogh, in Pesth. (J. Pr., 1875, p. 71.)

Dr. Slaganky found in twelve women, dying from *asiatic cholera*,

acute hæmorrhagic inflammation of the mucous membrane, causing sometimes a partial destruction of the mucosa; in other cases its entire exfoliation. The so-called pseudo-menstruation in cholera patients is well known, as also the labor-like pains, the accelerated movements of the fœtus, its death, and the frequency of abortus and miscarriages. (N. A. J. H., v. 22. p. 403.)

Cholera, its Causes. Dr. Horn, of Munich, after many years' research, concludes that cholera originates from two factors.

First. From a reduction of the *magnetism of the earth*, which pervades every individual.

Second. From the action of a *positive* electric current of the earth, of *volcanic* origin, and rendering the atmosphere *negative electric*.

From the effects of the latter electricity an increased quantity of certain *carbo-nitrogenous* compounds arise in the blood, whereby the lower forms of cholera are produced; while the malignant forms of cholera originate by a poisoning of hydrocyanic acid compounds, which, under certain conditions, are developed out of the carbo-nitrogenous bodies. (J. B. Brown, M. I., v. 11, p. 214.)

Studies on Cholera. By Prof. J. Buchner. Believing in the contagiousness of the disease he pleads for the isolation of the patients and the removal of the healthy from infected habitations. He considers Asiatic cholera an epidemic catarrh, producing transudations from the mucous membrane of the stomach and bowels; at the same time the secretion of urine, bile, carbon is stopped, the absorption of oxygen diminished. The receptivity for cholera is general, because the blood is defibrinated by the continued action of the poison and prepared to become anhydrous. Differential *diagnostic* symptoms are: the epidemical character, the transmissibility of the disease, the rice-water discharges, the albuminous nephriti, the acholia, the paralysis of the sympathetic ganglia the large mortality and the severe secondary diseases. The *prognosis* depends on the regularity of its course; on the localization and extent of the disease; on the grade of the disease, on the intensity of the epidemic; on the organized changes, in tissues supplied by branches of the sympatheticus, on the mode of reaction and on the secondary diseases, on preceding diseases and natural debilitating processes; on age; on the quickness and judiciousness of the aid rendered; on the absence of the cold stage. *Disinfectants* may be divided into such as destroy the odor, into such as stop fermentation and putrefaction and into oxidizing ones; that disinfectant, possessing most of these qualities must be therefore the best one.

Therapy.—*Cholerine: Phosph. ac., Ipec., Veratr. Cholera: Amm. sulph., Camphor., Cuprum, Cupr. ac., Ipec., Veratr. Cholera paralytica: Nicot. Typhoid ex diphtheritide: Nitr. ac. Typhoid ex Morbo Brightii: Arsen., Cupr. ac., Phosphor.* Other remedies which may be indicated are: *Carb. veg., Cicut., Oxal., Jatroph., Ol. crot., Opium, Plumbum, Secal., Stib., Tabac., Tart.* (N. A. J. H., v. 22, p. 289.)

Cholera Infantum, Treatment of. A food prepared from the following formula: "Take two tablespoonfuls of unbolted wheat flour, and wet it with cold water, and make it about the thickness of cream, and then add this to two quarts of boiling water and boil thirty minutes." Agrees with children reared upon the bottle when cow's milk does not.

In older children during the second summer who have become greatly emaciated by reason of improper nourishment, and display a great proneness to suffer from cholera infantum, milk boiled with pieces of dried salt codfish has been given with good effect in toning up the bowels. In all cases where children have frequent acid stools, boiled milk with one-fourth its bulk of lime-water, gave satisfactory results. In some cases of great irritability, and frequent and bloody discharges, milk boiled with pieces of fat mutton and seasoned with a little salt, has proved a valuable source of nutrition.

Much benefit may be derived from bathing children in tepid water saturated with salt.

A pint of malt put in the bath for bathing feeble and debilitated children will often prove a means of restoring strength.

In the commencement of the diarrhœa, if there is a feverish heat about the head and an inclination to vomit, which is followed by thin, colorless stools, *Acon.* is a timely remedy.

When there is great prostration and thirst, and the child constantly cries for cold water, and has frequent watery stools of a fetid odor, and there is considerable coldness upon the surface of the lower extremities, *Arsen.* is indicated.

In children slow in cutting teeth, and when the stools are of some consistence but acid, *Calc. carb.* will prove generally curative.

In those cases which commence with nausea and vomiting, and greenish or yellowish diarrhœa, sometimes slimy and bloody, *Ipec.* is the efficient remedy.

Chamom. is valuable when the stools are hot and smell like decayed eggs, and there is greater or less excoriation of the anus, or when the stools are greenish, watery or slimy, and also when the

child is fretful and has redness of one cheek and paleness of the other.

Crot. tig., when there is colic, attended with diarrhœa immediately after nursing, and the stools escape suddenly and seemingly by an expulsive force.

When cholera infantum has been brought on by exposing the child to dampness, or from a cool change in the weather, and is made worse by every change of the kind, *Dulcam.* is the remedy.

Mercur. is called into requisition when the stools are frothy, stringy or bloody, with much straining, and the child's legs are cold and clammy at night.

In those cases which terminate in marasmus, and when every kind of liquid food taken by the child is vomited, the *Ferr. lact.* has often proved itself a valuable remedy.

The yolk of a hard-boiled egg, when it can be broken up and powdered, has been found by experience to be a very sustaining and strengthening food in marasmus. In teething children when the teeth are tardy in making their appearance, and when the discharges from the bowels have an acid odor. *Calc. carb.* is the remedy. And if the child suffers much from colic, and the discharges are thin or watery, *Coloc.* will do well to follow the *Calc. carb.*

For dysenteric cholera infantum, when the child strains and passes but little at a time, of a pale bloody character, *Merc. dulc.* has been observed to have a happy effect; and in other cases when the stools were mostly mucous and blood or jelly-like in their character: *Merc. viv.*

When there is nausea, and particularly when there is much blood in the stools: *Ipec.* (A. E. Small, U. S. M. and S. J., v. 9, p. 406.)

Cholera Infantum. *Ox. ac.* and *Kreosot.*, when *Veratr.*, *Ipec.* and *Arsen.*, have been of no avail. Discharges watery, frequently of greenish slime, either of sour smell or of no smell; the children cry with each discharge, and draw up their limbs towards the abdomen. Both remedies in the 6th dil., alternately every fifteen minutes to half an hour. For the weakness following I give Tokayer-wine, two to three teaspoonfuls daily, and *Arsen.* and *China.*

If the pappy discharges still retain a greenish color, and smell very badly, *Mercur.*³, *Calc. carb.*³ or 30th, *Bar. mur.*², sometimes *Iris vers.*¹.

If it comes to *hydrocephaloid*, I give *Phosphor.*², and *Zinc. met. or ac.*², the first every half hour, one drop on sugar, and the latter, one grain every two hours. If in consequence of this treatment an orgasm of the brain takes place, *Phosphor.* has to be given in larger intervals.

If afterwards diarrhœa still continues, *Calc. carb.* relieves. (J. Schweikert, A. H. Z., v. 89, p. 84.)

— N., July 26th, 1873. My son, aged about three months, had had diarrhœa and sickness four days, relieved by *Sulphur*^{em}, and afterwards *Podoph.*²⁰. At 6.45 P.M. I found him much worse; diarrhœa watery, greenish-yellow, offensive, forcible, frequent. Sleeps with eyes half open. Sunken face and eyes. Vomits food forcibly even through nose, frothy, sour, curdled. Half unconscious. Right thumb clenched in the hand. R. A dose of *Æth. cyn.*^{1m} (Jenichen,) and requested Dr. David Wilson to see him.

11.10 P.M. Dr. Wilson saw him. There had been no more diarrhœa. Vomited three times, second and third time severely; after the second vomiting (at 9.50 P.M.) had another dose of *Æth. cyn. Anterior fontanelle much depressed. Rotatory movement of right arm,* and a little with left. Ears and hands cold. Face bluish and sunken; eyes sunken. Half unconscious. Staring. Thumb still inclined to be clenched. The illness apparently arose from intensely hot weather a few days ago. Dr. Wilson prescribed R. *Camphor.*^{1m} (Jenichen,) in water, every twenty minutes.

12.40 A.M. Has had five doses and is quiet. Two stools, green watery. 4 A.M. Diarrhœa green, but not so watery. Has been sick twice as before. 10.15 A.M. Eyes a little open during sleep. Takes food well. Slight sickness. Ears and left hand warm, right hand cold. No stool. Takes more notice. Cries if moved. Fontanelle natural. Face natural. 3 P.M. Weak, but otherwise well.

Croton.^{em} cured the diarrhœa on its return, *Calcar.*^{107m}, the sickness. (E. W. Berridge, H. M., March, 1874, p. 346.)

Marasmus after Cholera Infantum. Was called the 1st of October, to see a child, æt. 8 months, that had been attacked with cholera infantum the middle of August. An Allopathic physician treated the case at the time, and had charge of it up to the time I was called. The disease after the first violent attack had assumed a chronic form. Found the child much emaciated, eyes sunken, lips blue and dry, great thirst, pulse almost imperceptible. She took her food, which was a preparation of cream and water, greedily, but ejected it from the stomach as often as taken, or it

passed through the bowels in an undigested state. She had from her birth been nourished from the bottle. The remedies the attending physician was giving were a preparation of bismuth and opium, in alternation, with half grain doses of quinine. The stools were dark, mixed with mucus, having a putrid smell. There were from eight to ten copious stools in twenty-four hours; each stool followed by extreme exhaustion. Gave *Arsen.*³⁰, every two hours. The next thing, and undoubtedly the most important, was the diet. The beaten white of an egg in a half glass of water with a very small quantity of salt and sugar added, two teaspoonfuls every two hours. This was retained; no symptoms of nausea appearing. She was kept on the egg diet thirty-six hours when she refused it. I then resorted to pure milk warm from the cow, two teaspoonfuls every two hours. This was taken with avidity and digested. Improvement went on without interruption. (Anna Warren, M. A., p. 646.)

Intestinal Obstruction, Simulating Intussusception and Strangulated Hernia. CASE I. N. G., æt. 65, resident of this city, had been eating freely of vegetables, fruit, etc., and among other things corn and beans in the form of succotash.

Was seen August 6th, 1872, at 3 o'clock, P.M.; was suffering from severe pain in the bowels at a point on the right of and below the umbilicus. At first, the pain was slight and gradually increasing until about 12 o'clock, M., when stercoraceous vomiting and large eructations of intestinal gases set in. There was great distension and tympanitis of the abdomen, which was exceedingly tender all over its surface. A lump or tumor was plainly discernable at the point indicated, and extending downward toward the pubes. The countenance presented a painful, pinched appearance. The pains in the abdomen were rending, stitching, burning in character, and sometimes felt as if the bowels were elongated, then pinched or contracted, and seemed to come on at intervals of fifteen or twenty minutes. They were increased at every effort to vomit. He could sit up only a few minutes, and must always lie on his back with his limbs flexed.

I found that for several days Mr. G. had been indulging in corn and beans quite freely, and that the day before the attack had been working in the garden and had become overheated, and in this condition ate a hearty dinner drinking buttermilk, declining to eat anything for tea.

The diagnosis arrived at was impaction of the intestine at a point

near the lower end of the ilium. Large dry cups were applied over the cæcum, umbilical and hypogastric regions, and were allowed to remain about twenty minutes, when they were changed to the region of the ascending and transverse colon. This was followed by copious injections of warm water with no satisfactory result. *Nux. vom.* and *Bellad.* 3d were administered in alternation. Upon a re-examination it was thought that the tumor had become somewhat softer. The dry cups were applied a second time, followed by the injection of more than two quarts of warm water without relief. The belching of intestinal gas and vomiting continued without abatement. *Coloc.* was now substituted for *Bellad.*; hot fomentations followed the cups, which had to be discontinued on account of the tenderness of the abdomen. The swelling and tympanitis had not improved. After six hours of incessant labor, in this way, a very large cup, covering the space between the umbilicus and ilium, was applied; in fifteen minutes he expressed a sense of relief. A rumbling was heard and felt along the ascending colon, and in about twenty minutes more we had a copious discharge of undigested corn and beans, followed by two others, and our patient was relieved. (W. Owens, M. A., p. 248.)

CASE II. May 22d, 1873, I was called to see W. W., architect, found him lying upon his back with his limbs flexed, complaining of a severe cutting, darting pain in the abdomen in the umbilical region, the pain extending upward toward the liver, and downward toward right inguinal region, with great tenderness over the entire abdomen, but greater below and to the right of the umbilicus. The abdomen was tympanitic and greatly distended; had passed nothing from the bowels for forty-eight hours, but had not suffered pain or inconvenience until the day before my first visit; on that day he was upon a building giving directions to the workmen.

When passing from one part of the building to another, he placed his hand upon a piece of scantling to steady himself when it gave way, and in endeavoring to rectify himself he felt something slip and a slight pain about the umbilicus attended. The sensation was that of discomfort rather than pain. Toward the middle of the afternoon it became worse, and it became necessary for him to leave his business and go home and to bed, where he underwent a thorough course of fomentations and mustard plasters until the next day at two o'clock, P.M., when I saw him for the first time in the condition above described. It was thought that possibly the exertion made catching himself might have caused a rupture; but

a careful examination revealed no evidence of such an accident. A great degree of fullness was found in the right lumbar region, which was exceedingly tender to the touch. A tumor extended from the crest of the ilium to the hepatic flexure of the colon. Knotty masses of hardened fæces could be distinctly felt along the courses of the transverse colon as far as the splenic flexure.

He had been complaining for some hours of intense nausea, belching up offensive gases every few minutes, and finally vomited freely; at first, the remains of food taken at his breakfast, then bilious and fæcal matters. Intussusception and impaction both were suggested by the symptoms, as no indication of hernia could be discerned. The countenance became pinched. Hiccough and great prostration followed as night advanced. As this condition had now existed for about forty hours, it seemed as if death must ensue. He had taken *Nux vom.* and *Bellad.* from two o'clock P.M. until ten, when *Coloc.* was substituted for *Bellad.* Large dry cups and hot fomentations had been used alternately, and large injections of tepid water with molasses. Soap or beef's gall in solution had been administered every two hours, without at any time giving decided relief, until two o'clock in the morning; when, for the first time, a considerable quantity of hardened stool appeared in the injection. The injections were continued, when larger hardened masses appeared. The vomitings became less frequent, belching of intestinal gas ceased, and in six hours the whole train of symptoms had disappeared, except some soreness of the abdomen. The history of this case would point to hernia or intussusception, the other one to impaction. (Wm. Owens, M. A., v. 2, p. 249.)

Relaxation of the Sphincter Ani, an Indication of Intussusception. Dr. J. Schultz, of Prague, has observed in three separate instances, that intussusception of the intestine is accompanied by complete relaxation of the external and internal sphincter ani.

In this condition two fingers can be introduced into the rectum, without the exercise of force and without inflicting any unpleasant sensation upon the patient. (Quoted by B. W. James, H. M., Feb., 1874, p. 336.)

Thuya in Pleus. (Trans. Bönninghausen's Aphorisms, N. E. M. G., Jan., 1874, p. 26.)

Incarcerated Hernia. *Coffea.* (Prof. Nagel, Allg. Wiener, Ztg., J. Pr., 1875, p. 123.)

Constipation. Extracts from Allopathic authorities, proving

that it is not hurtful to allow feces to remain for some time in the bowels. (Quoted by B. W. James, H. M., May, 1874, p. 477.)

Bryon. Constipation with hard, dry, burnt-looking stool, faintness or nausea on rising from a recumbent position. (H. V. Miller, H. M., Nov., 1874, p. 162.)

Constipation. Child with *Calcar.* constitution, suffering six months with obstinate constipation, was attacked with profuse fluent coryza, slight lachrymation, and bright red rash on the cheeks; worse in P.M. and after crying; constipation still remaining; stools of large, hard, dry balls, passed with great difficulty, almost fissuring the anus: *Euphras.*²⁰, four doses, about thirty-six hours apart, relieved whole train of symptoms. (L. Hoopes, A. J. H. M. M., v. 7., p. 168.)

Graphites for Habitual Constipation. It acts here in the quality as coal, for we know that charcoal is also an excellent remedy for gaseous accumulations. It also caused reappearance of suppressed hæmorrhoidal discharges. (Goullon, N. A. J. H., v. 22, p. 503.)

Constipation. Mrs. P., a lady who in consequence of "spinal weakness" and general debility had for a long time suffered from constipation and difficult evacuation of scybalous stools at long intervals, took at bed time a few pellets of *Nux vom.* The next morning her husband informed me that, very much to her surprise, she had had a stool more prompt, natural and easy than she had known for years before. After two or three days she took another dose of the same medicine, which was with equal promptness followed the next morning by a similar discharge. A third dose of *Nux vom.*^{mm}, taken of her own accord and too soon after the second, brought her into the following condition: *Awoke at four A.M., with much suffering, and was attacked with a watery diarrhœa with severe tenesmus not relieved after stool, and much burning at the anus.* By inhaling camphor she got better. A dose of *Nux vom.*^{mm}, twice a week, kept her bowels natural. (J. H. P. Frost, H. M., Nov., 1874, p. 145.)

Neuralgia of the Bowels (Chronic Enteritis?). G. B., æt. —, after "camp dysentery," had frequent attacks of pain in the abdomen, which were generally excited by exposure to heat or cold. Sensation of extreme uneasiness; pain of a pressive or drawing character, or as of something "crawling in the bowels." Again, throbbing in epigastric and umbilical regions. These sensations were often accompanied by vomiting, purging, and great prostration. Pulse at first quickened, but soon became slow and weak,

almost imperceptible. Case was cured by *Baptis*.³ and one or two doses of *Laches*.³⁰ (C. P. Hart, A. H. O., March, 1874, p. 166.)

Colic, simulating painter's colic. Young man, ill two days. The abdomen hard as a stone, not very tympanitic; recti muscles drawn up into knots nearly as large as a fist; no alvine evacuation for two days, and no urine for eighteen hours. Countenance expressive of greatest anxiety; face and forehead bedewed with cold, clammy perspiration; pulse feeble, not very quick. During spasms (every three minutes) vomiting of a blackish, grumous fluid, deadly faintness; body bending backwards as to form a semicircle, and so sudden as almost to throw him from bed. Pressure with flat hand gave some relief. *Acon.*, *Bellad.*, *Nux vom.*, *Coccul.*, *Coloc.*, *Merc. cor.* and *Opium* had been of no avail. Injections brought no relief, and the introduction of the catheter found no urine. *Plumb. ac.* 3d dec. in water, a teaspoonful every ten minutes relieved in a short time. (E. C. Holland, B. J. H., 1874, p. 79.)

Bilious colic seems to be an acute poisoning of the blood by an excess of acids, altering the nerve-functions in those centres which regulate the action of the intestinal canal, causing an antiperistaltic motion, and thus forcing the bile up into the stomach. Hence nausea, retching, vomiting, or when irritating the lower sections of the intestines, causing diarrhœa or cramps and contractions of the muscular fibres, colic. There may exist a hereditary disposition to it, or an acquired one by sedentary habits and rich living. It may be caused by mental emotions, anger, etc., and by faulty diet. The symptoms are known. The urine shows elements of bile. The stool is either diarrhœic or normal in light cases, or obstructed, which in a few days ends with light, or ashy-gray discharges.

Chamom. Four drops of the tincture in water, when there is great colic, insupportable pain; vomiting of bile; and if caused by vexation.

Pulsat. 3d dil., when brought on by eating fat and greasy things.

Ipec. 1st dil., after taking sour things; sour, unripe fruit, beer, etc.

If attended with fever and caused by taking cold, *Acon.* and *Bryon.*

Mentha piperita (peppermint) as tea, when there is great accumulation of wind.

Radical cure by the use of different spring waters. (H. Goullon, Jr., A. H. Z., v. 89, p. 49 and following.)

Bilious Colic. Mrs. F., æt. 30. Has an anxious look; vomits

almost constantly, nothing will remain on stomach, vomited matter is greenish-yellow in color, and very bitter; great tenderness in the region of liver, but no alteration in size of that organ; urgent desire for stool; bowels torpid. *Cuprum*⁵. None of the remedies (*Mercur.*, *Bryon.*, *Arsen.*) did any good until *Iris* was prescribed.

Oct. 31st. Still vomiting; pulse 130, temperature 103.2; great pain in abdomen, worse on pressure; cold compress affords no relief; tongue dry, coated on each side, red streak in the centre; patient is dull and stupid. *Iris*¹ every three hours. Cured. (Alfred E. Hawkes, H. W., v. 9, p. 15.)

Symptoms of gall-stone, colic, etc., relieved by *China*³. (D. Thayer, N. E. M. G., April, 1874, p. 148.)

Gall-stone colic and periodical colic. Cured by *China*. (N. E. M. G., Oct., 1874, p. 453.)

Hemorrhoids. H. P., æt. 38. Suffered from piles, which defied all kinds of treatment for fifteen years. Was cured in two weeks, by forcibly dilating the sphincter, after etherization and turning out the internal hemorrhoids, seizing the uppermost with a rat-toothed forceps, pulling them down and crushing the tumors one by one with *Nott's pile clamp*. (Surg. Clinic Hahn. Med. Coll. and Hospital. W. Danforth, U. S. M. and S. J., v. 9, p. 217.)

Sulphur^{om}. One dose cured itching at anus after stool, sharp pain at anus during, and aching after stool. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

Anal Abscess. Miss A., æt. 21. Nov. 19th. Tumor as large as a plum outside the left buttock, hot, red, painful and throbbing; also leucorrhœal discharge and much vaginal heat and tenderness. Aggravation when sitting, *Hepar*⁵ every three hours. *Bellad.* 0 gtt. at bed time. Next morning swelling and throbbing better, gave *Silic.*⁶ every three hours. Nov. 26th, bowels had been moved twice without pain, *Sulphur*² night and morning, then *Calcar.*³ for a week. Cured. (Ussher, H. W., v. 9, p. 12.)

Anal and rectal fissure. By William Eggert. Giving the history and diagnostic features of each case, the author mentions as principal remedies, *Nitr. ac.* and *Pæon.* *Nitr. ac.*, would often cure hæmorrhoids associated with fissure. *Pæon.*³ cured the following case: A man æt. 52. Had hemorrhoids and ulceration of the rectum for eighteen years; subject to several operations; constipated, nervous and emaciated; disagreeable smell from the body. Anus and surroundings purple and covered with thick crust, removed by tepid bath, carbolic acid and glycerine; rest was strictly en-

joined. As soon as the subsidence of pain permitted, examination revealed at verge and entrance of rectum several ulcers, with elevated and indurated edges, exquisitely painful. Fissures issued from these ulcers; the whole mucous membrane at the verge and higher up was studded with ulcers, cracks and rhagades; coating of rectum purple and congested. *Psorin.* and *Natr. mur.*, in 200th and 100th each, were ineffectual each; but *Pæon.* 3 dec., three or four drops in a little water, every morning, noon and night; and also applied externally, was followed, by a perfect cure in two months. (Trans. A. I., 1873, p. 468.)

Cancer of Rectum. Mrs. G., æt. 31. Irregular ragged mass, half as large as a hen's egg, three or four inches above anus. Sensitive to touch, profuse hemorrhage, with shreds of flesh-colored material. Shreds showed cancer cells and fibrils. Pain, nausea, constipation. Thirst, salivation (after mercury), great exhaustion and emaciation. Salivation disappeared after *Lobelia.* *Ars. alb.*, *Nux vom.*, *China*, with injection of *Hamam.*, *Carb. veg.*³, *Graphit.*⁶ *Laches.*¹², *Sulphur*²⁰, *Ars. jod.*³, *Sulphur*²⁰, *Phosph. ac.*³, were given in succession. Cured in two months, a slight induration remaining. (J. H. Gallinger, N. E. M. G., Feb., 1874, p. 49.)

Ferr. mur. in Ascarides. Dry cough ending in retching, itching of the nose and anus, enuresis, headache, neuralgia, nervousness; ascarides pass. Got *Ferr. mur.* 1st dec. dil., two drops three times a day. This remedy was also found efficient in a case of ascarides, coincident with bleeding piles. (Dixon, M. H. R., Sept., 1874.)

Ascites. Mr. B., æt. 81. Has had ascites six months. Accumulation of serum in abdominal cavity; great œdema of extremities, chiefly the lower which are very large, with profuse and constant watery exudation from the skin below the knees. Epidermis exfoliated. *Exudation glutinous.* R. *Graphit.*³⁰. Cured in three months. (H. V. Miller, H. M., Nov., 1874, p. 163.)

Capillary Punction in Ascites. Leudet draws attention to the disadvantages of paracentesis abdominalis with the usual trocar on account of the consequent adynamia and the rapid return of the fluid after the operation. Capillary punction allows a slow withdrawal of the fluid and thus causes less adynamia; acute peritonitis also follows less frequently. (N. A. J. H. v. 23, p. 134.)

SPLEEN.

Spleen Affections. *Carb. veg.* Pressing, pinching pain in the region of the spleen; bloatedness; denseness of the abdomen; fullness, rumbling and rolling in the abdomen; quick, sudden stitches like lightning.

Conium 3d to 12th dil. Pressing, tensive pain in the hypochondrium; painful tension around the hypochondrium, as if constricted. Stitch pain in the region of the liver; colicky pain of the most violent kind; dry, spasmodic, tickling cough in the night, with pressure upon the chest; glandular swellings. (Rapp, I. Pr., 1875, p. 563.)

Splenic Abscess, a very rare disease. A boy, *æt.* 15 months, had fever for nine or ten days; on the fourth day a distinct swelling was observed in the region of the spleen, increasing in size; very painful to the touch. It was a circumscribed abscess, conical at its middle, but flat, hard and painful at the base. On percussion the splenic dullness was found considerably increased in area; on shifting the position most intense on the depending part. Skin hot, tongue dry, considerable thirst and excessive pain in region of spleen. Poultices were applied and mixtures given, an exploring needle was introduced about nine inches deep, about an inch below the margin of ribs in a direct line with the nipple, it went backwards inclined to the left. Withdrawing it some pus was on the tip and along the groove. A fine canula and trocar were introduced along the track made by the needle, and an enormous quantity of healthy pus was evacuated and the tumor disappeared. The next morning twelve ounces were withdrawn. In this way the sac was filled and evacuated for a week, till the discharge ceased and the sac was obliterated. The fever the child had, gradually subsided under *Ferr. mur.* in tincture and quassia as infusion. In two months the child was well and remained so. In his twelfth year he was examined when a fine lad, the mark of the incision and the puncture was seen. (B. S. C. Sarbadhicary, Calcut. M. J., v. 3, p. 126.)

Sloughing of Spleen. A girl, *æt.* 11, after malarious fever and enlargement of spleen for two years, was very weak and emaciated, lying on her back with a dejected countenance. On left hypochondria sloughing ulcer as large as the palm of a hand, of a putrid, offensive smell, with rounded, defined, angry looking edges. The sloughing extended into the parenchyma of the spleen, destroyed

the anterior portion of the capsule, the spleen at the bottom of the ulcer as a soft pultaceous mass kept in situ by the remaining portion of the capsule and its attachments, an actual cautery had been applied eight months ago. The sloughing continued two months before she died. She was taking rice, soup, milk and bread, and had normal stools every day.

A man treated for consumption had cavities in both lungs, liver and coats of intestines studded with tubercular deposits, spleen much reduced in size, black, soft and yielding like jelly. Could not be detected during life, no palpable symptom was present to account for it. See the notes of Dr. Raue to the pamphlet, Events of '76. (Bh. M. Sircar, Calcut. M. J., v. 2, p. 221.)

KIDNEYS.

Lady, æt. 64, had been relieved of chronic diarrhœa by *Sulphur* in a high potency.

Debility from *excessive micturition*; the latter came in a gush; after sitting long clots would fall to the floor; severe pain in right groin on rising from seat, relieved after motion. Cured by *Lycop.*^{10m}.

In Hahnemann's chronic diseases we find symptom 860: "Drawing in the groins, as if the menstruation would appear, *in an aged person*;"—it would be proper to add to this symptom: nine days after a dose of *Lycop.*^{10m}, menstruation appeared in an aged person (64 years), and disappeared without further remedy. "Fluor albus in gushes" has been marked under *Calc. c.*, *Lycop.*, *Sabina* and *Silic.* Very profuse micturition would call chiefly for *Lycop.* and *Silic.*, but the pain in groin when rising from seat is only characteristic of *Lycop.* (A. Lippe, N. E. M. G., Dec., 1874, p. 555.)

Albuminuria is never an independent disease, but only a symptom of a complex of phenomena. We have therefore no remedy for it, and *Arsen.*, *Phosphor.*, or any other remedy can only help, when strictly indicated. Buchner's adjectivum. (N. A. J. H., v. 22, p. 451.)

Diabetes insipidus of neuropathic origin. Mosler records three cases; (1,) after meningitis cerebro-spinalis; (2,) from a fall on the head; (3,) of syphilitic origin, with spasms and hemiplegia. (N. A. J. H., v. 22, p. 408.)

Diabetes mellitus, in a man of 31 years of age, who had been

accustomed to drink a great deal of wine, showed enlargement of the liver, icteric color of face; great weakness and emaciation; bloatedness of face; urine contained large quantities of sugar.

Chelid. maj. Ten drops of mother tincture. Intercurring symptoms required several times different remedies, but notwithstanding this, recourse was always taken to the tincture of *Chelid. maj.*, under the continuation of which gradually the swelling of the liver and the sugar in the urine disappeared. (Bulletin de la Soc. M. H. de France, 1 Jan., 1873; A. H. Z., v. 88, p. 47.)

Diabetes mellitus. Lady, æt. 65. Lips stick together; thirst; restlessness; emaciation; urine profuse, clear; the linen which comes in contact with the urine, becomes stiff. Heller's test with a solution of *Kali* and a test with *Bismuth.* revealed large quantities of sugar in the urine. *Helon.* 1st dec. dil., three drops every two hours, with the usual diabetic diet, cured within four or five months. Some intercurring symptoms required a few doses of a few other remedies. (J. Schweikert, A. H. Z., v. 89, p. 92.)

Diabetes mellitus. A lad, æt. 16, presenting the following symptoms: Voracious appetite; great thirst; frequent and profuse saccharine urine; skin harsh and dry, no perspiration; bowels very costive, stool once a week; fæces hard, black; tongue dry, parched, sticky; feeling of emptiness and sinking at stomach; debility; chilliness, especially the extremities; weariness in extremities; aversion to exercise; uneasiness in stomach after food and drink; duration of disease about six months. *Lact. ac.* 1st dec. dil., five drops morning and evening, relieved promptly and permanently. (J. E. Wittemore, M. I., v. 11, p. 599.)

Renal Colic. Mr. H. D. —, æt. 22, a carpenter by occupation, had been suffering for four years (since an attack of measles, on which he took cold) with various dyspeptic symptoms; prominent among them were: an accumulation of wind in the stomach, causing much distress; pain, on pressure, over the pit of the stomach; sour belching after eating; constipation; difficulty of comprehension when reading; also, pain in the small of the back, and a copious deposit of *red sediment* in the urine. (His mother is of a decidedly hysteric temperament, to whom I have administered *Ignat.* with great benefit.)

About six months ago I was called in great haste to see him and found him suffering from an attack of renal colic, with all the characteristic symptoms well marked; I immediately prescribed *Berb. vulg.*¹, in water, a teaspoonful every ten minutes until re-

lieved. The effect was marvellous; the excruciating pain seemed to abate almost instantly, and after several ineffectual efforts to pass water, in about half an hour he had a free and copious discharge with an entire relief from all pain. He has not had another attack since. I continued the remedy, one powder every morning before breakfast, until not only the red deposit in the urine, but all the dyspeptic troubles were entirely cured, and he now declares himself to be as well in every respect as before the attack of measles.

Renal colic is very common in this community, the allopathic remedy being hyperdermic injections of *Morphia*, which generally gives immediate relief, but no permanent benefit. I have found *Berb. vulg.* to act like a charm in all cases of *red sediment* in urine, with pain in back. etc., where I have tried it. I have never used a higher potency than the first, having been satisfied with that. (S. E. Newton, A. J. H. M. M., v. 8, p. 131.)

Renal Colic. Mr. D., intense pain above crest of right ilium. A few years since, after similar pain on left side, passed a stone. Instant relief from *Canthar.*^{4m}. F. treated several other cases with *Canthar.* high, where large calculi have passed from the kidneys without pain. In one case a lady passed a small stone having a rough surface, without pain. The urethra might have been dilated by previous treatment. In some of these cases *Canthar.* was given low without relief. (S. Swan, N. E. M. G., Feb., 1874, p. 52.)

BLADDER.

Enuresis nocturna. We must here strictly differentiate between spasm and atony of the vesical muscles, as, according to Dr. Leonardi, the former yields to *Chloral* (0, 4, to 0, 8, in 40 to 80 water, freshly made every evening), the latter to iron and quinine. (We prefer our *Bellad.*, *P.antag.*, *Arg. met.*, for the spasm, and *Kreosot.*, *Petrol.*, *Caustic.*, and our antipsorica for the latter. (N. A. J. H., v. 22, p. 408.)

Incontinentia urinæ nocturna. Girl, æt 7. Blepharitis ciliaris of herpetic nature. Every morning lids and conjunctivæ palpabrales reddened and pasted together by a plastic mucus, which dries and glues the ciliæ in bundles together. *Caustic.*³⁰, morning and evening, for five days. The wetting the bed soon ceased alto-

gether, and the blepharitis began greatly to improve. (H. Goullon, Jr., A. H. Z., v. 88, p. 77.)

Enuresis nocturna. Oehme cites two curious cases of accidental provings of *Chloral*, which gives indications for its use in enuresis nocturna. A stout man, in a fit of desperation, took, at four A.M., five grains of *Chloral* for a violent odontalgia; at seven A.M., he awoke, having urinated copiously in the bed without knowing it, although he had urinated upon taking the dose.

A boy, æt. 10, suffered nightly incontinence; the family physician prescribed *Chloral*, two grains; this increased the trouble notably, which afterwards disappeared, and after a week came on again; one-third of a grain on the second occasion cured the case radically. (El. Crit. Med. Aug. 1874.)

Retention of Urine cured by *Sulphur*⁵⁰, which has the symptoms: painful desire to urinate with discharge of drops of bloody urine, requiring great efforts; uneasiness previous to micturition; frequent and sudden desire to urinate, etc. (N. A. J. H., v. 22, p. 448.)

Complicated Disease of the Urinary Organs. A boy, æt. 10, had suffered six years ago with an acute catarrh of the bladder brought on by taking cold. It had been accompanied with an eruption, blisters, which burst. Ever since then the boy has been subject to painful retention of urine, brought on by the slightest exposure to cold. *Pulsat.* did nothing. The boy complains that all his joints feel as if they were too short, hindering free motion; there also had appeared a blister on the prepuce. Urination was attended with burning pain; besides the boy was always more or less hoarse. *Caustic*³, night and morning, cured within two weeks. (H. Goullon, Jr., A. H. Z., v. 89, p. 203.)

Painful Urination—ice introduced into the rectum is a valuable palliative. (A. H. O., July, 1874, p. 391.)

Painless Dilatation of the Urethra may be accomplished by hydrostatic pressure of a column of water in a rubber tube attached to the catheter. (A. H. O., July, 1874, p. 391.)

MALE GENITALS.

Urethritis in a child, æt. 6. Penis swollen, thick purulent discharge from urethra, difficulty in making water, not from burning, but from stoppage at intervals as if from spasm. *Vannab*⁶, next day well. (M. L. Sircar, Calcut. M. J., v 3, p. 116.)

*Nitr. ac.*²⁶, one dose, cured itching on inner surface of prepuce and at frænum, worse on left side. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

Sloughing of Scrotum. Attacks of malarious fever were followed by inflammation and sloughing of the scrotum. *Opium* in grain doses at first, three times a day, getting better only once a day. Cured it in several cases. (L. M. S., Calcut. M. J., v. 3, p. 122.)

Graphites in Hydrocele. Cl. Müller gave *Graphit.*³⁰, every fourth day a dose, cured in two weeks. It also cured œdema pedum from amenorrhœa. (N. A. J. H., v. 22, p. 505.)

Swelling of the Right Testicle without any special cause. Violent itching and redness of the scrotum; sore to the touch. *Apis*³, every four hours, cured in two days. (Muhr, A. H. Z., v. 89, p. 190.)

Mr. C., for nine months, has had swelling of spermatic cords; when swollen they ache and are painful to touch. This appears when sexually excited. *R. Sarsap.*^{om}. Cured. (E. W. Berridge, H. M., Sept., 1874, p. 75.)

A Mohammedan suffered with *nocturnal emissions*, being obliged by his religion to take, after each such pollution, a bath; he had sometimes to take a bath every morning. After each bath he felt such a lowness of depression that its extent can hardly be imagined; it lasted all day, with a dry tongue, burning skin, languor, distaste for water, but a good appetite, eyes felt as if they would every moment push back into the orbit, head so light and empty as if it were off the shoulders. After suffering six or seven years and trying many remedies in vain, the homœopathically chosen *Pulsat.*³⁰ was given and cured him soon, completely and "imperceptibly," as he called it. (M. L. Sircar, Calcut. M. J., v. 2, p. 456.)

Erythrox. coca.^{100m}, cured symptoms following a gonorrhœa, which had been treated by pitch pills and aperients. Pain in perineum at end of urination, stream of urine twisted, dribbling after urination. An orange colored flocculent sediment collects in one spot, "like a sponge;" ammoniacal odor; piles, painful on walking or sitting; constant desire for stool; produced aching pain behind eyes, making eyes feel as if they were squinting inwards, (in two cases). Epistaxis passed from right to left. (E. W. Berridge, N. E. M. G., July, 1874, p. 296.)

Latent Gonorrhœa in the Female Sex. By Dr. Mossa. (H. Kl., 1874, p. 101.)

Syphilis in Hospital Practice. *Blennorrhag'a urethralis and vaginalis.* *Merc. sol.*^s, night and morning, one grain; if accompanied with inflammation of the testicles, *Bellad.*^s.

Primary Chancre. *Merc. sol.*^s, night and morning.

Indurated Chancre. *Merc. subl. corr.*, one grain in eight ounces of water, morning and evening, one teaspoonfull.

Phagedenic Chancre. *Merc. subl. corr.*; if not sufficient, *Arsen.*

Secondary Syphilis. *Merc. viv.* and *Nitr. ac.*

Tertiary Syphilis. *Kali. hyd.* and *Aur. mur.* (Stefan v. Vezeckenji, A. H. Z., v. 88, p. 42.)

Hereditary Syphilis. Miss T., æt. 13, had been afflicted from infancy with a skin eruption, appearing upon the bend of the elbow, and spreading over a large portion of the arms and body.

Thinking the case one of interest to medical students, I prevailed upon her to go before the class.

Prof. S. R. Beckwith, holding clinic at this hour, carefully examined the patient and diagnosed the eruption "syphilitic" and "inherited" by the patient.

*Sulphu.*²⁰ was prescribed once a week for two months. After the second dose the eruption came out over her entire body, remained for ten or twelve days, and gradually passed away, leaving at the end of ten weeks no trace of the disease. The treatment was concluded by a dose of *Sulphur*^{55m}. (M. A., v. 2, p. 227.)

Syphilis, Psora, etc. A man æt. 18, eighteen months ago, psoriasis following five months prurigo. Treated at skin hospital with ointments. Had taken sulphur baths, mercury, etc. Two months ago had chancre, followed by gonorrhœa and buboes. Discharge from urethra continues; is creamy; urine scalds toward end of urination; on chest, pimples with black heads; pustules on forehead, scaly eruption on legs. The pustular eruption followed chancre and were increased by vaccination. When he had prurigo, he had also *pediculi capitis*, cervical glands swollen. Has had rheumatic fevers. A fortnight ago was crushed in a crowd, after which, violent pain both sides of chest, now aching pain in left chest when lying on left side or twisting body to right. Difficult breathing on lying on back; blood has come up without cough; nose feels stopped, left chest dull on percussion; pain in left chest after stooping; *Phosphor.*^{100m} (F.) in ten days relieved dyspnœa and pain in chest. Eruptions unchanged. Six weeks after, felt stronger, left chest dull, slight pain in right lower chest; nose

bleeds on blowing; cervical gland well; discharge increased after seminal emission, with dreams; scaly eruptions increase, especially down nose, and verge of hair, on forehead; upper lids feel heavy. About a week ago got feet wet. *Sulphur*^{100m} (F.). Three weeks after, no pain in chest; less nose bleed; rash on chest and legs better; vertigo, on moving head; some urethral discharge; two chancres have appeared on prepuce with white discharge; *Merc. viv.*²⁰. A week later (red spots on glans, swelling on groins if he exercises, spots on glans discharge a little liquid, are not painful but look as if skin were abraded). *Nitr. ac.*²⁰. A month after *Thuya*^{1m}. Seemed to be well six weeks after. Auscultation perfectly natural, no pain, no eruption on body; red spots on penis had returned. (E. W. Berridge, N. E. M. G., July, 1874, p. 291.)

Syphilis. Mr. —, æt. 18. Oct. 4th, 1872. Had chancre four months ago, which healed up under allopathic treatment in three weeks; but in three or four weeks more had piles and swelling in groin and perineum (showing that he was not *cured*). The swelling in perineum broke and discharged, then those in groins. Piles unchanged. Now has pile on left side, as thick as the tip of little finger and one and a half inch in length; it bleeds occasionally. It itches and shoots when he is hot; shooting in it during stool; *cold water relieves* the itching and diminishes the swelling. For three weeks, shooting from right elbow in front down front of arm to wrist, which makes him drop what he has in his hand. The pile is moist; it is easier after stool. Has heat in pile. Costive. Has been three weeks under allopathic treatment for the piles and arm, but without relief.

Aloes^{em} (Fincke), *one dose*.

14th. Pain in arm went in two days. No costiveness. Feels better generally. Pile has bled twice. Less shooting, itching and heat for last four days. No shooting during stool for four or five days. Pile same size. Two days after he saw me the itching and shooting in pile were worse for two days, then got permanently better.

Dec. 3d. Well. In this case the pain disappeared before the swelling was reduced. If the pain of any swelling decreases under homœopathic treatment *before* the swelling discharges it is a *cure*; if *after*, a recovery. (E. W. Berridge, H. M., Nov., 1874, p. 159.)

A Syphilitic Sinus. A man, æt. 20, had had syphilis, takes mercury, and as the result of a buboe, a sinus in the left groin, after *Sulphur* he got fever and did not show himself; stayed away

for three months. Then he was emaciated, bed-ridden, had hectic fever, and the discharge was ichorous. *Arsen.* did little good. *Silic.* irritate the walls of the sinus. A swelling formed, from pouparts ligament to nearly three inches above. After *Hepar.*⁶ a rapid suppuration, pus getting exit through the old sinus, remaining the same. *Sulphur* was given, followed by diarrhœa and an evening fever. *Pulsat.* did some good, but the discharge from the sinus was unaffected. After *Iris.*³ a rapid and steady improvement, after a fortnight quite well. (M. L. Sircar, Calc. M. J., v. 3, p. 118.)

The importance of physical examination for the selection of the remedy, is illustrated by the following two cases:

First. A coachman, suffers with great dyspnœa and complete aphonia. Says he has had pleurisy two months ago, which was followed by hoarsness and later by dyspnœa. No other symptoms. Since 1848 has not had syphilis; there were no syphilitic symptoms present. By means of the laryngoscope, however, I detected two large, broad *condylomata* in the larynx, which nearly closed the glottis. *Merc. sublim.* and *Nitr. ac.* cured in a short time. Without this physical examination, I would scarcely have thought of these remedies.

Second. A girl has stated that she had felt from the sight of a cat such a disgust that she vomited blood, and that she had ever since a sore throat. An examination of the throat revealed broad *condylomata* and syphilitic ulcers. She was cured in a few weeks by *Merc. sublim. corr.* Would the disgust and the vomiting of blood have led to this remedy? (Hermann Welsch, Jr., A. H. Z., v. 88, p. 117.)

Corona veneris. Partly on the anterior boundaries of the hair, and partly on the temples, were numerous, intensively red pimples in different stages of development; a few of them showed that ominous brownish color. The owner of this corona was a young man, æt. 25, who about two years ago had been "cured" of syphilitic chancre by the rules of medical art. *Nitr. ac.*³, one drop, night and morning, for two weeks, produced a great improvement. *Sulphur*¹⁵, one dose every two days, did not cause great aggravation, and *Nitr. ac.*³ again, internally and externally, effected a complete cure within a few weeks more. (Hirsch, H. Kl., 1874, p. 178.)

Headache in Syphilis. Cured with *Sulphur*²⁰ and *Aurum*²⁰. (D. Thayer, N. E. M. G., April, 1874, p. 146.)

Rhus tox. Sweat in second sleep for a month; aching in glans penis; after urination a few drops escape (in secondary syphilis).

Cured by one dose of 200th, and a few doses of 3d, which patient took on his own account. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

OVARIES.

Etiology of pelvic affections, and the therapeutic lessons derivable therefrom. By Geo. H. Taylor. (Trans. N. Y. S., 1873-4, p. 380.)

Ovarian Tumors. In the soft, encysted tumor of the ovaries, *Apis mel.* in the higher attenuations, has proved useful. In the hard encysted tumor, I have used *Carb. an.* with satisfactory results. (A. E. Small, M. I., v. 11, p. 527.)

UTERUS.

Leucorrhœa. Bloody, dark, fetid, before, and some days after catamenia, which was profuse and dark. *Thlaspi bursa pastoris*, 10 drops of the tincture in 200 grammes of water, by teaspoonful every hour. Relieved and cured. (Rafinesque, Bulletin de la Soc. M. H., de France ; B. J. H., 1874, p. 370.)

Leucorrhœa. Profuse, perfectly white, especially on rising in the morning ; weakness of the back when walking or sitting, with distension of the abdomen, and painful pressure towards the pudenda. The discharges occur in gushes day and night ; turbid urine ; frequent micturition, especially at night ; difficult stool ; great lassitude. *Graphit.* (N. A. J. H., v. 22, p. 384.)

On July 13, 1873, Ramona Alvarez, æt. 48, presented herself at Dr. Duvos's clinic ; a widow, temperament lymphatic ; three years previously catamenia ceased ; had noticed before the entire suspension of the flow that there had been a slight vaginal discharge, which spotted the linen yellow, but otherwise did not annoy ; after suspension of menses there appeared an eruption on the inside of the right thigh, which disappeared after the use of a pomade, but the leucorrhœic discharge increased ; the eruption always came out in the spring and disappeared in the winter, previously to this, and was always accompanied with much burning and an unbearable pruritus. This discharge, so slight at first, became, ere long, copious, in spite of innumerable doses of pills and purgatives, and of

often repeated injections. At this date she was pale, despondent, with a downcast look, had a pain in her back, hips, and about the sacrum; digestion laborious, difficult, and she complained of anxiety, oppression in the epigastrium, frequent acid eructations, costiveness, dull pains in the thighs, and weakness in the knees. The discharge was aggravated by exertion, or any quick motion of the body, was continuous, most abundant in the morning, of a yellowish-white serous nature, fetid, corrosive (notwithstanding the most scrupulous cleanliness of the parts) and accompanied with heat, pain, and pruritus vulvæ. *Calc.*, *Mercur.*, *Sepia*, and several other remedies were administered up to September 11th, with little or no permanent benefit; the repercussed herpes appeared to me to have caused the flow, and this led to the administration of *Madar* $\frac{1}{10}$ globules, in 6 spoonsful of aq., to take thrice daily. In a few days the flow diminished and finally ceased, and with it disappeared all the concomitant symptoms. On Dec. 18th she was perfectly cured. (Francisco Firmat, *El Crit. Med.*, May, 1874.)

Uterine displacements. The womb is a very mobile body, kept in place by the integrity of the adjacent organs, varying frequently in volume. Uterine displacements occur from pressure from above, increased organic size, loss of vaginal tone, perineal laceration, too constant sitting on luxurious cushions, etc. Their diagnosis, determined by vaginal examination, is simple.

Pessaries are injurious, when used each should be adapted to its particular womb, as a dentist fits plates to the mouth. Uterine displacements are an effect, not a disease; we must cure by removing their cause, using therapeutic and hygienic means. For present support use a sponge, or ball of cotton saturated with glycerine. They are amenable to drug action. (L. B. Hawley, *H. M.*, March, 1874, p. 337.)

Uterine retroversion and lateral flexion. Pain extending from ovary around to the back, above the hip, kept patient in a prone position, supporting womb with a diaper towel around waist, kept down by perineal straps. *R.* *Aesc. hipp.*, which cured. In prolapsus, *Sepia*, *Acon.*, and *Cannab. ind.* are useful. (J. C. Morgan, *H. M.*, April, 1874, p. 411.)

Prolapsus Uteri occurs oftenest in the unmarried, between the ages of twenty and thirty, and may be prevented and cured by child-bearing, provided the bandage be not used. (C. Preston, *H. M.*, April, 1874, p. 409.)

For four years has used a pessary; at a menstrual period had a

hemorrhage. R. *Ipec.* relieving flow and helping prolapsus. (L. B. Hawley, H. M., April, 1874, p. 410.)

Nine-tenths of the simple cases of, *Aloes*, *Podoph.* and *Sepia*, will cure. (H. N. Martin, H. M., April, 1874, p. 411.)

Don't use pessaries. Give *Rhus tox.*, *Nux vom.* or *Lil. tig.* Strengthen pelvic organs by gymnastic exercises, drawing up the body by the arms; holding arms above head when reclining. (R. C. Smedley, H. M., April, 1874, p. 411.)

In a very interesting case of "*inflammatory suppuration of the womb*" there was copious discharge of purulent matter from the womb, some dislocation forward, extreme tenderness on pressure. The gums spongy and swollen; empty eructations, urine high colored, but no burning during micturition. *Canthar.*⁶ had the most remarkable effect, the patient describing it as that of fire being quenched by water. In the course of a month she was perfectly restored, only a few doses were given in the beginning, later for her satisfaction, unmedicated spirit. (M. L. Sircar, Calcut. M. J., v. 3, p. 114.)

Cauliflower Excrescences; Cancer Uteri. Severe lancinating, stitching pains through the uterus down to the lower extremities; heaviness of the abdomen with increased pain when standing. *Graphit.* (N. A. J. H., v. 22, p. 384.)

Fibroid Tumors of the Uterus. A treatise by Clarence M. Conant. (Trans. N. Y. S., 1873-4, p. 365.)

MENSTRUAL ANOMALIES.

Menses ceasing on lying down, *Cact. grand.*, *Caustic.*

Menses ceasing to flow at night, *Caustic.*

Menses ceasing to flow in the afternoon, *Magn. carb.*

Menses flow only when pain is absent or during sleep, *Magn. carb.*

Menses only at night, *Bovist.*

Menses only in morning, *Sepia.*

Menses only in morning and evening, *Phelland.*

Menses more profuse early in morning, *Bovist.*

Menses more abundant at night, *Amm. mur.*, *Magn. carb.*, *Zincum.*

Bovist., although seldom used, is a remedy deserving more study and consideration. Remember it in cases of sweat in the axillæ, smelling like garlic or onions. (W. McGeorge, H. M., Nov. 1874, p. 169.)

Sighing Respiration was a prominent symptom connected with other symptoms and disordered menstruation.

Physo. ven. 3d trit., a dose night and morning. Cured. (Fiske Trans. N. Y. S., 1873-4, p. 294.)

Metrorrhagia. "A married lady had always menstruated profusely. After bearing children her catamenia became a fearful menorrhagia, completely exhausting her. There was nothing particularly characteristic further than a wonderful flow of blood, and an amelioration during the daytime when on her feet and an aggravation at night when lying down. This condition continued for months. All remedial agencies brought no relief through allopathic therapeutics, further than terrible spasms of the uterus, apparently brought on by indiscriminate use of ergot. After exhibiting remedies as they occurred to me, and then only palliatives, as they would not control the hemorrhagic flow, I administered *Bovist.* and she got well. During the prevalence of this trouble, her attendant advised her to become pregnant, which seemed impossible although during thirteen months, to use her own words "we never tried to prevent." Three months after taking *Bovist.* she became pregnant when *they* did try to "prevent." She was delivered at full term of a fine, healthy boy, and has continued well, it now being nearly two years since I first saw her." (Isaac Cooper, H. M., Nov., 1874, p. 168.)

Profuse Menstruation. Worse in lying, better from getting up and walking about. *Kreosot.* (v. Villers, A. H. Z., v. 88, p. 156.)

Mrs. A., æt. 30. In poor health for two years, from living in a damp house in an ague neighborhood, having had chills several times. Menses profuse, with large, coagulated, conical clots. *R. Sabin.* Cured. The characteristic Sabina group would here be profuse menses, an actual and dangerous uterine hemorrhage, and the formation of numerous large clots. (J. H. P. Frost, H. M. Nov., 1874, p. 145.)

Menorrhagia. Found patient suffering with a low grade of asthenic fever, which had followed a violent menorrhagia six weeks previous. She had been under the treatment of an old school physician, who had at this time decided that she could live but a short time. Under indicated remedies she slowly rallied, and at the end of three weeks she was able to sit propped up in bed. At this time, as was feared, the menorrhagia set in with increased violence, threatening immediate death to one already so debilitated. The

discharge was of *red clotted, partly fluid blood*, accompanied by a *pain running from the back through to the pubis*. *The noise of the piano down stairs seemed to set her distracted*. I at once prescribed *Sabin.*¹⁻¹⁰ in five-drop doses. In a few hours the discharge partially ceased, and continued the course of a natural menstruation for three days, when it disappeared altogether. From this time on the patient continued to improve. With the use of *Sabin.*³ at this period, for a few times, the discharge was controlled and the periods regulated. Gave *China*³, more or less regularly between the periods. In four months the patient was able to walk down town, about half a mile. In six months she readily walked back and forth between her father's residence and town, a distance of two miles. I last heard from her about a year since, at which time she was assisting in the household work, for the first time in her life, and was emphatically a well woman, though, of course, not very robust. (A. C. Cowperthwait, A. J. H. M. M., v. 8, p. 11.)

Mrs. B. æt. 40. Had always been subject to profuse menstruation; always childless; was a large, fleshy, flabby, bloated-looking woman, with a very sallow complexion, inclined to be (and formerly had been) dropsical from excessive loss of blood. Profuse menstruation, which seems to her to be principally "water and clots;" she says there is no outward flow when she lies still, but the clots pass out of the uterus when she gets up, and also water; she feels so full in the uterus that she must rise to get rid of the clots. She received *Sabin.*, which did not arrest the flooding. At my second visit in the P.M., after giving the *Sabin.* in the A.M., she seemed better, and I believed that *Sabin.* was the right remedy, But she *flowed fearfully during the night*; when I saw her in the morning she was no longer able to rise to get rid of the clots; the flow still continued; she was very low, scarcely able to speak aloud, and in a most critical condition. R. *Ustil. maid.*, in the mother tincture, mixed with water; this remedy saved her. From the moment of commencing with the *Ustil.* she improved; but she had been so reduced by the enormous loss of blood, that it was two or three weeks before she was able to sit up a little. For prudential reasons I kept her in bed till after the time of her next monthly period, and a week or two longer; but the menses returned no more. And now, after the lapse of six months, it may suffice to say that she has continued to improve in health, and is thankful to believe that her old difficulty has left her for good. Turning to *Ustil.* in Hale's "Characteristics of New Remedies," you will find

among numerous other symptoms of this patient: "*Menorrhagia at the climacteric period; active and constant flowing, with frequent clots.*" (J. H. P. Frost, H. M., Nov., 1874, p. 145.)

Amenorrhœa. A girl, æt. 20, pale, and complexion not clear, complains of lassitude and heaviness in the lower extremities, and chronic hoarseness, a forerunner of tuberculosis. No menses for three months. One dose *Graphit.* brought them on. Menostasis in a robust country girl, after measles, cured by *Graphit.* Mrs. S. is chlorotic with irregular catamenia; became pregnant, had an easy labor, but a slow getting up. *Œdema of the eyelids, of the vulva and of the abdominal walls* remained for a long time. She did not nurse, menses kept postponing, with scanty, pale discharge. She has a chlorotic appearance, heart normal, *decided aversion to coiti-n.* *Graphit.* for two months made the woman robust and hearty, and her menses are normal in quantity and quality. A lady took *Graphit.* on account of scanty menses, with congestion to the brain; the menses became more copious, but soon afterwards severe gastralgia, from which she suffered years ago, reappeared. (Goullon remarks, that *Graphit.* has the power during its therapeutic action, to awaken chronic ailments lying dormant in the body. N. A. J. H., v. 22, p. 384.)

Menstruation only twice a year in a Miss W., æt. 34 years. Instead of the regular period she has leucorrhœa, and suffers with constipation. With all this she has grown very fat. She has had as a child a tettery eruption on both fore-arms, of which, however, no trace is left. *Graphit.*³, night and morning, for fourteen days. Eight days after the monthly period came on, and was normal. Two weeks after *Graphit.* was repeated, and from that time the menstrual period has been regular, and her weight has come down from 170 to 158 pounds. (Stens, Jr., A. H. Z., v. 89, p. 110.)

Pulsat. A girl æt. 15. *Catamenia ceased*, since then a want of proper appetite, especially in the night; tympanitis, with rumbling of abdomen, commencing in the evening, increasing at night, thin stools, three or four a night, sometimes containing ingesta; weakness, anæmia. *Pulsat.*⁶, 3 globules, three times a day, made no change in a week²; same as tincture caused slight improvement; same³ was followed by decided improvement first of digestive functions, then catamenia regular. (Sircar, Calcut. M. J., v. 1, p. 415.)

Amenorrhœa. Miss —, æt. 19; four months ago took cold by getting her feet wet; no menses since; no appetite; the sight of food almost nauseates, the smallest amount distresses; cannot sleep;

bowels constipated, bloated ; urine scant and high-colored ; nervous ; discouraged, don't care whether she live or die ; limbs below knees bloated ; shortness of breath ; cheeks colorless. *Xanthoxylum*.³ dec. two drops night and morning were given. Reported herself well in three weeks, and has continued so since, three months now.

Sister of above ; has dry cough night and day, till from sheer exhaustion she could scarcely turn herself in bed ; face pale, bloated ; dark rings about the eyes ; head feels full and heavy ; lips colorless ; tongue pale and flabby ; shortness of breath ; no appetite ; bowels constipated ; urine light-colored, alkaline, sp. gr. 1025 ; fluttering in stomach, pain in left side ; limbs weak and bloated ; *Xanth.*²⁰ every morning and evening ; after the first night the cough ceased, and she continued to improve till cured. (J. W. Davis, M. I., v. 11, p. 584.)

Dysmenorrhœa. Short report of a discussion on, at Chester, Delaware and Montgomery Counties' Society meeting, Sept., 1874. (R. J. McClatchey, H. M., Oct., 1874, p. 106.)

Dysmenorrhœa. By W. Neftel. Where other medication failed, the galvanic current succeeded in removing it. The treatment begins a few days before the expected menstruation. A stable current of twenty Siemen's elements was used, applying the anode to the dorsal and lumbar regions, and the cathode to the hypogastric region, over the ovaries and uterus. On the following three days the anode of a current of twelve to seventeen Siemen's elements was applied to the nape of the neck and to the lumbar region, the cathode as before. The effect of the treatment was very favorable, as the menstruation appeared painless ; by repeating the treatment at intervals, the chronic metritis was entirely removed and health reestablished. The phenomena of dysmenorrhœa must be essentially the same, however different may be the primary cause ; it depends upon some nervous, probably spasmodic, affection of the uterus. An irritation originating in the uterus (or perhaps elsewhere) is propagated to a nervous centre, where it is transmitted to motor nerves, which produce the spasmodic contraction of the muscular fibres of the uterus. Usually the irritation is caused on the mucous membrane of the uterus by the pressure of the accumulated menstrual blood, the free escape of which is impeded. The plexus uterinus is the motor nerve of the uterus ; the sacral nerves are considered as the sensitive nerves of the uterus. The galvanic current also influences the uterus and the nerves indirectly

through the splanchnic nerves, by modifying the circulation in the pelvic organs. (N. A. J. H., v. 22, p. 353.)

Dysmenorrhœa. Mrs. C., æt. 22, was thrown from a carriage eight months previous. There was paresis of the right leg; muscles sore and contracted; cannot walk; great emaciation; pulse 110, irregular and weak; face flushed and eyes sparkling; bowels obstinately costive; occasional nausea and vomiting; skin hot and dry; weakness and pain in the back; cephalalgia and *constant throbbing behind the pubes*. Examination showed retroversion, tenderness, heat and swelling of cervix. The patient was directed to lie on face and left side constantly, to use cold vaginal injections three times daily, and to take *Æscul.*⁶, every two hours till the throbbing ceased, afterward twice daily. Cured in two months.

Throbbing in abdomen and pelvis is the key-note of this remedy in piles or other forms of congestion. (C. M. Hart, A. H. O., April, 1874, p. 208.)

A slight, wiry woman, living by will-power and never giving up until obliged, has terrible dysmenorrhœa; the spasms are clonic and involve even the flexors of fingers and toes, attended with chilliness and faintish feelings but not syncope; slight nausea. *Cuprum*⁸⁰⁰ relieved in short order. Says she could bear the pain if she were not always left so weak for eight or ten days after. Finding nothing to tack a subscription to I gave iron by hydrogen, with no perceptible effect. Next month the usual programme with addition of opisthotonos; *Cic. vir.*²⁰⁰ relieved as readily as *Cuprum* did before, but debility obtained as it did last month. Indicated by a characteristic of Burt's, "menses too soon, last too long, but not profuse; feels greatly exhausted during its continuance, is hardly able to speak." R. *Corb. an.*²⁰⁰ and had the pleasure of seeing the debility gone in twenty-four hours. (J. T. Greenleaf, H. M., Nov., 1874, p. 154.)

Dysmenorrhœa. A girl æt. 20. After mental trouble, suffered for the last five years from dysmenorrhœa, terrible pains in the small of the back and abdomen without constant discharge of coagula, inapetency; ailments increase after food; stools painful and rare, urination spasmodic. *Graphit.*³⁰ aggravated at first, but cured afterwards. Irregular catamenia and only for a few days, discharge tarries. Pressing headache; cutting, bearing down pains in the hypochondria and hips; sacral pains with sensation of crawling and stitching in extremities, paresis, cold hands and feet; small

round, red, itching, herpetic patches on forearms, neck and throat. Relieved by *Graphit.* (N. A. J. H., v. 22, p. 384.)

Membranous Dysmenorrhœa. *Guaiac.* one drop of the tincture. (Dr. Gray, Trans. N. Y. S., 1873-4, p. 393.)

Membranous Dysmenorrhœa. By L. B. Waldo, (Trans. N. Y. S., 1873-4, p. 391.)

Dysmenorrhœa. Miss —, æt. 18. For one or two years during menses has had intense abdominal pain, like something pressing on a sore place; this continues the first part of the period and sometimes returns, wants to die. R. *Murex purp.*³⁰, three doses cured. (E. W. Berridge, H. M., March, 1874, p. 348.)

Mrs. A. For two last catamenia the blood has been dark, of putrid smell, in clots. Hot all over *during* period; swimming in head; head inclined to fall forward; forgets what she is about to do; objects seem white; disagreeable dreams of people running after her. *After* period, feels very weak. R. *Sulphur*^{em} two doses cured. (E. W. Berridge, H. M., Sept., 1874, p. 77.)

Viburn. opul. A New Remedy for Dysmenorrhœa.

Second Menstruation. Lady æt. 105. Has for some months regularly menstruated. (Quoted by B. W. James, H. M., April, 1874, p. 415.)

VAGINA.

A case of *Nymphomania* cured by *Veratr. alb.* Violent and destructive, loquacious; cause, disappointed love. (N. A. J. H., v. 22, p. 546.)

MAMMÆ.

Fistula in Left Mammary Gland. Many different things had been injected. *Phytol. dec.*³⁰ four times a day, injections of the tincture cured in four weeks. (C. H. Carpenter, Trans. N. Y. S., 1873-4, p. 405.)

Mammæ. In all cases, where there are many old scars remaining after old suppurations, so that the milk cannot flow out. After *Graphit* (high), the milk flows easily and the threatening suppuration is prevented. Cancer of the mammæ from old cicatrices which remained after repeated abscesses. *Graphit.* (N. A. J. H., v. 22, p. 384.)

Scirrhus. *Ars. jod.* Mrs. B. æt. 49. Sanguine temperament.

At cessation of catamenia, had uterine and vaginal leucorrhœa, yellow, sanguinolent, with intense irritation of the parts, and a hard swelling of the labia, which had existed for several months. *Lycop.*, *Sepia.*, *Calad.*, were given without any benefit. One year after she had a swelling of a gland in the left axilla, size of a hen's egg, hard, and exuding a fluid which formed a hard, brown crust. Tumor very sensitive and painful to touch. The breast of the same side enlarged, indurated and very sore. Gave *Iodide of ars.*⁵ a dose morning and evening for one week, then every second day, both swellings disappeared entirely, as did also the swelling of the labia. (L. B. Wells, M. I., v. 2, p. 155.)

OBSTETRICS.

Action of Belladonna in vomiting in Pregnancy. (C. C. Olmsted, in Proc. H. M. S. of Ohio, 1874, p. 134.)

Vomiting of Pregnancy. In one case there were present nausea to faintness, aggravated by fasting and by drinking at night, by assuming the erect posture; with cold extremities, flow of water from the mouth, vertigo, vomiting of sour and bilious matter. *Phosphor.*³ relieved such a group permanently. In a second case, *Tabac.* relieved a group of symptoms of a very grave nature, where the patient dreaded the least movement; had endured such bitter experiences in her previous pregnancies, that two eminent physicians had expressed their intention to procure abortion in order to protect her life should pregnancy recur at any future time. In a third case there existed constipation, violent abdominal pains; faintness; *sudden* nausea; yellow-coated tongue; inward coldness and heat of face, which yielded in four days to *Kali bichr.* (Thomas Simpson, M. H. R., April, 1874.)

Zinc.^{5m} (Jenichen) first aggravated, then cured. Cutting upwards in left iliac region, in paroxysms; in a pregnant woman. (E. W. Berridge, H. M., Nov., 1874, p. 157.)

Threatened Abortion from Gonorrhœa. A robust lady, æt. 15, in her first pregnancy, in the eighth month, discharged blood from vagina, until apprehensions of premature confinement was excited; after *Sabin.*, passed clots of blood; neither *Secal.* nor *Pulsat.* improving. She finally confessed to suffer a burning in making water, while with it a purulent matter passed off. *Can. ind.*⁶ restored her within a week. It was discovered that her hus-

band had the gonorrhœa before his wife got ill. (M. L. Sircar, Calcut., M. J., v. 3, p. 116.)

Caulophyllum²⁰ in threatened miscarriage. All movement of the child had ceased; there was a sense of heavy weight, and profuse hemorrhagic discharge. In another case, about four months advanced, the danger was over by the third day. When consulted, there were paroxysms of labor pain so severe, that the patient was obliged to hold to firm objects for support. (Morrison, London, M. H. R., Nov., 1874.)

Last year, Mrs. R. T., a young married woman, had at the third month a miscarriage of her first conception. She was away from home at the time, and I did not see her. This year, May 13th, her husband called me to prescribe for her, threatened with a similar misfortune at about the fifth month. R. *Arnica*, which cured.

June 30th. Has been flowing for several days; severe bearing-down pains preventing sleep; great pain in small of back; had taken a walk in the wet grass, getting her feet wet. Thought she had strained herself by working too hard, and that there might be a commencing prolapsus uteri, since walking about excited the pains. R. *Helon.*, which stopped the miscarriage and cured the mother. (J. H. P. Frost, H. M., Nov., 1874, p. 145.)

Miscarriage. About four months advanced. Had lost during the last four weeks a great deal of blood. On the day previous to my being called, had suffered with severe labor pains, and had flowed quite freely. All at once something had passed out of the vagina, since which time all pain and flowing had ceased. Found about six inches of the umbilical cord hanging out of the vagina; the os was tightly closed; the cord was doubled, both ends in the uterus, and cold. On account of the patient having lost so much blood, and that the pulse was feeble, I gave one dose of *China*³⁰. Twenty minutes after the pains commenced and the fœtus was expelled some hours after. (Thos. Fr. Smith, Trans. N. Y. S., 1873-4, p. 360.)

Case of abortion. Mrs. W., æt. 38, October 5th. Is 4½ months pregnant; some days before had a discharge of water from vagina; pain in back and loins; no flow nor genital discharge now; had similar discharge at eighth month once without other symptoms. The flow occurred suddenly, profusely, *without pain*. Seeming like uterine dropsy; she had ridden fifty miles, and been about the house since, though told to keep still. R. *Kali carb.*; ordered rest.

October 6. Pains in each ovarian region, sharp, stinging, periodic; back better. R. *Apis*²⁰.

October 7. No pain; fear of inflammation. R. *Sacc. lac.* Was called at midnight in haste, found in vulva six inches of prolapsed cord, flabby and pulseless. Took a common gutta percha syringe, with female tube, and forced a stream of warm water upon the cervix uteri, to induce labor; continued this for half an hour; it quieted patient, and in an hour regular pains set in, followed by speedy expulsion of fœtus. Good recovery. (E. W. South, H. M., May, 1874, p. 461.)

Mechanism of labor. At the first action of the womb, in labor, the os uteri is closed, but soft and yielding. This softening may be aided by treatment a few days before labor. When labor sets in, the softened os yields before the presenting part, on account of the uterine contractions and the wedge-power of protruding membranes. When the os uteri is dilated enough for the head to commence its passage, the membranes (if not already) should be artificially ruptured. The os may be dilated mechanically, or without any pressure upon it.

When the membranes have been ruptured naturally or artificially, and their contents at least partially discharged, the head, strongly flexed, with the chin resting upon the thorax, enters the upper strait or brim of the pelvis, in a transverse position, more or less deviating toward the oblique. Thus the occipito-bregmatic or occipito-frontal diameter of the head, the one or the other, according as flexion is more or less complete, corresponds with the transverse or oblique diameter of the superior strait. Generally the child's occiput is turned to mother's left side, directed forward toward left acetabulum. The forehead points to right sacro-iliac synchondrosis. After the waters are discharged, the womb contracts on the child.

The occiput, as the head descends, through the propelling force of the womb, *moving in the direction of least resistance*, rotates from left to right upon the axis or long diameter of the fœtus, till at the close of labor it is usually found under the symphysis pubis. One of its longer diameters corresponds with the long diameter of the pelvic part it now occupies. If the head be much compressed and elongated, the vertex will be driven *beyond* the os pubis, the head, still being flexed, resting upon that bone by the sub-occipital space. If the head in its passage downward has retained nearly its normal shape, the occiput having turned under

the symphysis pubis or nearly so, becomes fixed there before it emerges. This point becoming for the time stationary, the action of the womb still continuing even with increasing vigor, its force is now reflected upon the forepart of the head, which may be considered as the longer arm of a lever, while the occipital end, now arrested, represents the shorter. The forepart of the head is driven down upon the perineum, forcibly distending its tissues, which yield more readily forward in the region of the posterior commissure than backward toward the anus where they are thicker and more muscular. The forehead, therefore, moving in the direction of least resistance, traverses the more unyielding structure of the perineum toward the more relaxed, that is toward the outlet. While the occiput remains stationary near or underneath the pubic arch, it will be seen that the forehead is the only part capable of motion, and moving around a point, as it necessarily must, viz., its articulation with the atlas, its only possible motion is the movement of *extension*. The chin departs from the thorax, the forehead traverses the inner surface of the perineum, and afterwards the face and chin follow in the least resistant direction, till the chin passes the posterior commissure. The chin then falls backward unlocking the occiput which passes under the pubis, and the head is born, assuming its natural position in relation to the shoulders, (*restitution*).

After the forehead presses upon the perineum, its contractile posterior muscles quicken the extension movement; when the forehead presses on the perineum, the middle portion lying on either side of the raphé, distending easier than the sides, may turn the forehead more directly backward, throwing the occiput more directly forward under the pubic arch. When the head is very small, compared to its outlet with a vigorous womb, it may be born without passing through the detailed stages; or it may be born without rotation.

When the head has been "wire drawn" in descending through the cavity of the pelvis and the vertex protruded beyond the pubic bone of the mother, extension takes place; but as the face sweeps over the perineum, the occiput also turns up in front of the os pubis, giving more room for the completion of extension. This is a beautiful modification of the close of the process of labor where the head is so much elongated; as in such cases extension would be very difficult if necessarily executed by the movement of the fore-

head or long arm of the cranial lever alone and entirely within the limits of the pelvis. (J. H. Marsden, H. M., June, 1874, p. 481.)

The Forceps. Extract from a compendium of midwifery, in MSS. (J. H. Marsden, H. M., October, 1874, p. 116.)

Tedious Labor dependent on rigid or undilatable os uteri. Prophylactics, Regimen, Therapeutics and Obstetrical Expedients of. (J. C. Sanders, Proc. H. M. S., Ohio, 1874, p. 114.)

Labor-pains, when too weak or even wanting, may be brought on by pressing both hands upon the fundus uteri, first gently, and gradually increasing the pressure from above downwards, for about one minute, and repeating every three to five minutes. (G. Oehme, A. H. Z., v. 88, p. 158.)

Dystocia. Lady, æt. 40, began her labor at 10 P.M., by the discharge of the waters, without any pain, but felt better than she had for a long time, so that she remarked on going to bed, "that she thought she was going to get asleep one night before twelve."

Pains at intervals followed the "waters." About noon next day they came every few minutes. At 1 P.M. I saw her. Made examination; found os uteri dilated to size of a silver quarter probably, and still dilatable; head in usual position. Pains came hard and frequent, but, as it seemed to her, without anything gained.

At 3 P.M. again examined. Felt head presenting (woman on left side) and crowding into left ilio-pubic region. What bothered me was that I could not pass my finger around the head or find the os uteri. Had her take position on right side, when the head crowded into that side. The pains were *very hard and expulsive*, driving against the ilio-pubic line or arch.

The woman was becoming exhausted and discouraged. At this time I first discovered the os, within extended reach, high up along the sacrum. The walls of the uterus were thin, and the os (about the same size as when first examined) fully on the stretch. I manipulated for awhile to bring it down or raise the head, but without success. The pains kept on hard and frequent, and nothing was gained.

At 3.40 P.M. I dissolved some pellets of *Gelsem.*³ in half a glass of water, and ordered a teaspoonful every ten minutes. She took three doses, and at 4.20 P.M. the child was crying in my hands. (T. M. Strong, H. M., Feb., 1874, p. 302.)

Transverse presentation. Upon examination found the os fully dilated and dilatable, the membranes bulging out very little, and at first could discover no presenting part. On carrying the hand

well up behind the symphysis, could feel the neck and the cord around it pulsating. The head lay in the right iliac fossa, the trunk extending diagonally upward to the left. After some efforts at external manipulation, which were defeated by the hyperæsthetic state of the patient, I hit upon the following expedient. I took an empty champagne bottle, and wrapping it in towels, thrust its larger end into the right iliac region, bidding the patient lie upon the right side. Thus, using the bottle as a fulcrum, and the weight of the body as both lever and power, the head was quickly lifted out of its malposition; a few pains of ordinary severity brought the occiput to the superior strait, after which the labor progressed regularly, to a perfectly successful termination. (W. S. Searle, Trans. N. Y. S., 1873-4, p. 350.)

Obstetric cases. A report of difficult cases by P. G. Comstock. (U. S. M. and S. J., v. 9, p. 257.)

Placenta prævia. In an uncommon case when the time arrived for puncturing the membranes through the placenta, I found the latter too high up to be reached by the catheter or the finger. The hemorrhage had become so exhausting as to render it unsafe to wait any longer. My only alternative was to introduce my hand into the cavity of the pelvis, when I easily passed my index finger directly through the placenta and membranes. The liquor Amnii was slowly evacuated by my keeping my hand in position till the water stopped flowing. The hemorrhage ceased, and the pains came on vigorously, but not effectually as is usual in ordinary cases. The placenta was so large that it completely blocked up the superior strait, and the child could not engage therein. The strength of my patient was likely to fail, so I reintroduced my hand, passed it through the placenta, took hold of a foot, turned and delivered the child very easily, but it was still-born. Had I turned and delivered on first introducing my hand, I think the child might have been saved. At all events, should a similar case occur I would certainly proceed to deliver on the first introduction of the hand, provided the os was sufficiently dilated. The forceps would do better in all respects, but their application in this case was not possible. The mother made a rapid and perfect recovery. (H. N. Guernsey, H. M., Nov., 1874, p. 151.)

Placenta prævia. (M. Friese, H. M., Jan., 1874, p. 251; also Proc. H. M. S., Penna., 1873.)

Placenta prævia. May 18th, Mrs. A., young, far advanced in third pregnancy, has been flooding for several days; had not ex-

pected confinement before July. Sent a remedy, enjoining rest; the next day better. July 4th. She wants medicine for weakness. R. *China*. A week later was called to attend her. Found her flooding at intervals (as she had done for two or three days) but without labor pains; much prostration; *os uteri undilated and rigid*. Introduced high up into the vagina Braun's colpeurynter, inflating it with air. The hemorrhage stopped, but soon labor pains commenced. R. *Ergot* in small doses, which increased action of uterus. Inflated the colpeurynter more and more as the relaxing tissue loosened its hold. Towards evening, the os being but little dilated, again introduced and inflated the colpeurynter. In less than an hour, a pain forced it out with a gush of blood. Could now pass hand beyond the dilated os; placenta protruding; detached placenta on one side, passed hand up and ruptured membranes above the os. Turned, and delivered a living child. Saw on the woman's face marks of alarming prostration; there was irregular, sobbing respiration. No hemorrhage; the womb, at once contracted to a solid sphere. Tried in vain to excite the feeble action of the heart, but she died in an hour after the birth of the child. Was the right method pursued? Should the child have been left to natural uterine contractions for delivery? (J. H. Marsden, H. M., April, 1874, p. 397.)

Placenta prævia. From my previous remarks, it is evident that the method of piercing the placenta and ovulary sac, recently recommended by some accoucheurs, was entirely impracticable in this case. For this reason I concluded to follow the old plan, and carefully moving my right hand through the vagina, glided (arrived at the os uteri) with thumb, index and middle finger, through the opening occasioned by the placental detachment; but finding the space too small to introduce the whole hand, I attempted, by pressing the index and middle fingers firmly against the inner uterine wall, and moving the thumb in semi-circular tours around the right inner surface of the os internum, to stretch the resisting muscular fibres sufficiently to admit the remaining fingers. This being accomplished by the means described, the hand in its onward movement, detached enough of the adhering placenta to allow it to enter the uterine cavity. These manipulations were accompanied by several fearful gushes of blood, and caused the woman to lose her consciousness, which was quickly restored, however, by giving her a drink of whiskey, to which from eight to ten drops of *Sulphuric*

ether had been added, and which was held in readiness for such an occurrence.

Rapidly moving my hand upward now along the funis which was very tightly stretched and hard, I was surprised at the large empty space that I had to wander through before reaching the foetus. The latter was found to be firmly held in a transverse position in the upper part of the womb, the foetal head pressing face downward against the left inner uterine wall, while the breech touched the opposite side. But even here there was no sac to be felt, the ovulary membranes lying in close approximation to the foetus, so as to render it somewhat difficult to raise them up in a fold and rupture them. This being done, the feet were grasped at once, and speedily brought down into the small pelvis, and it was not until then that the amniotic fluid rushed over and past my hand. Assisted by strong pains, the main body of the child soon descended, serving at the same time as a plug to the bleeding surface that had previously been compressed by my arm. The evolution of the shoulders and head met with some difficulty at the lower pelvic aperture, which was soon overcome, however, by patience and some manipulation. Shortly afterwards, a full grown large, but dead boy was born, weighing by estimate from nine to ten pounds, whose navel-string was wound twice round his abdomen in the direction from the left to the right side. This fact sufficiently accounted for the tightly stretched and hard condition of the funis; the close approximation anteriorly of the ovulary membranes to the foetus; the bagging of the waters at the fundus uteri, the empty space on the lower portion of the womb, as well as the vain attempt of the latter by powerful expulsive efforts, to place the one or the other part of the foetus upon the upper pelvic aperture, and finally, the increase of hemorrhage at this stage of labor.

The placenta was found lying loose in the vagina and removed, and by a liberal allowance of a nutritive diet, the woman so speedily recovered her strength, that, on the ninth day after her confinement, I found her engaged in the usual duties of her household. (Emil Tietze, *A. J. H. M. M.*, v. 7, p. 214.)

Uterine Hemorrhage after Abortion. Embryo expelled about 11 A.M. From that time till I reached the house in the evening, she had been flowing profusely. During early part of afternoon she had lain on a lounge and the blood had flowed so freely that it had soaked through the lounge and formed a pool on the floor underneath, she had been removed after this to a bed

in the second story, the hemorrhage still continuing, and by the time I reached there, it had soaked through the mattress and again formed a pool on the floor. Found the woman very weak, raising her head the least, would produce syncope; the uterus was soft and flabby. Remedies which seemed indicated failed to produce any effect. I then determined to try G. H. Mann's (of Rock Island, R. I.) plan; ordered a basin of hot water to be brought and injected about a pint, not particularly into the uterus, though probably some of the water found its way partially within. The flooding ceased, but after some time recommenced, though only at times; hot water was again, and for the last time injected, though at this time about a quart; this immediately produced uterine contractions and the flowing ceased.

The next morning found the patient doing well, no return of the hemorrhage; recovery was rapid. If called upon in future to any severe uterine hemorrhage, I would not hesitate to use the hot water, nay, not in any stage of labor. But in using hot water as a styptic, I would agree with Mann that the two following rules be carefully adhered to, viz:

First. Never stop with any less than one full quart thrown in as a continuous stream as Davidson's syringe will admit of.

Second. Use it as hot as can be borne by the patient without scalding, though not quite so hot as can be borne by the hand. (E. E. Harpel, A. J. H. M. M., v. 7, p. 330.)

Hot Water in Uterine Hemorrhage. Mrs. O. Having taken chloroform in her previous confinement, when labor came on, I yielded to her entreaties, and kept her partially under its effects until the birth of the child, some six or seven hours. The first child (as there were twins), was of good size, but the head had evidently been much compressed, the two parietal bones being close together, well developed, but not touching at the sutures, the brain soft, almost fluid. The child had been dead long enough for the skin to slip from the slightest touch; the second full size; bones of skull well developed and sutures firm; the head of both presented; the placenta were attached to each other, but torn asunder at the birth of the first, the cord being very short. The womb contracted promptly, and being very much fatigued, I retired early, but was hastily called in about five hours. I found her lying in a pool of blood, there being no oil cloth on the bed, pulseless and fainting at every attempt to move. There being hot water convenient, I injected about one quart into and against the mouth of the womb,

and had the satisfaction of feeling the womb contract under my hand, with a cessation of the flow. One other injection in fifteen or twenty minutes, caused the relaxing muscular fibre to again contract, and relieved of further trouble, and she recovered rapidly. (G.W. Boynton, A. J. H. M. M., v. 7, p. 372.)

Anomalous Obstetric Cases. First. Mrs. S., in her seventh confinement, was delivered of an apparently lifeless child. By proper means life was restored. It was found that the babe's left humerus was dislocated at the axilla, the humerus of the same arm broken through the upper third and united by a long callus at an angle of about thirty degrees; in other respects the child was perfect.

Second. Mrs. F. was delivered of twins, weighing, respectively, eight and eight and a half pounds—both strong and healthy children. The mother during the labor experienced not even a sign of pain. (E. N. Harpell, M. I., v. 2, p. 170.)

Puerperal Convulsions. Mrs. C., æt. 23, weighing over two hundred pounds, primipara, has been subject to convulsions from infancy; menstruation commenced with convulsions but after she developed she was regular, having no convulsions nor dysmenorrhœa. After marriage had typhoid fever with slow recovery. Became pregnant soon after enjoying good health all the time. Feb. 27th, P.M., pains commenced. 6 P.M., made an examination, could not determine position. At 9 P.M., pains the same; os high behind pubes; head felt through uterus in second occipital position; patient walking about; frequent micturition. At 10 P.M., she slept quietly for half an hour, and on being awakened said she felt easy but tired. Half an hour later called for water, and on lying down complained of headache, and in a moment was in a fearful convulsion; face livid, clonic spasms of body. R. *Glonoïn*. The os uteri still unchanged and rigid. R. *Gelsem.* for half an hour, the convulsions returning frequently. Consulted Dr. Burdich, who found the os rigid and recommended patience. R. *Viburn.* without success. Used chloroform which lengthened the intervals between paroxysms. During this time, from midnight till morning, there was no contraction of the uterine longitudinal fibres; they appeared as if paralyzed, and the ring fibres kept the os rigid, and as the finger entered the cervix, which felt funnel-shaped, and reached the os internum, a spasmodic contraction around the finger prevented dilatation. Tried Barnes' dilators and a strong electric battery to no purpose. At 9 A.M., there was relaxation of internal

os, but the woman died before delivery of the dead fetus. She was unconscious from first convulsion. What caused this inertia of the uterus? (S. Lilienthal, H. M., April, 1874, p. 395.)

Puerperal Convulsions. A review of Dr. Lilienthal's case in *Hahnemannian Monthly* for April, 1874. *Bryon.*, *Cauloph.*, *Cimic.*, in advance of labor will dilate the os. In rigidity use hot fomentations on perineum and vulva; if headache occurs apply heat to nape of neck. (H. M., May, 1874, p. 463.)

Convulsions. About 8 P.M. I was summoned in great haste, the messenger saying Mrs. W. was in convulsions. It was impossible for me to see her immediately, and I could learn nothing of the particulars. Sent *Gelsem.* to be taken in water, after each paroxysm. Saw her in an hour. She had no convulsion after taking the first dose, and was sleeping quietly at 1 A.M. when I left her. My inquiries on arriving at the bedside, elicited the following in relation to her symptoms. A convulsion every fifteen minutes, lasting from one to ten minutes. During the intervals rational, knew every one but her child. Did not know she had been confined, and when questioned, insisted angrily to the contrary; would have every one in the house with her; rather disposed to expose herself; very anxious to know what was the matter with her; burning heat in the head with flushed face; palms of the hands very hot, bathing them in cold water somewhat modified a convulsion; would cry if not talked to constantly; could not endure the gas-light. (H. J. Ostrow, A. J. H. M. M., v. 7, p. 434.)

Puerperal Eclampsia. *Forceps within the cervix.* On the 2d of August, 1874, I was sent for in consultation with Dr. G—— to see Mrs. M——, a primipara, about twenty-six years of age, who fell in labor on the 1st, and was taken with puerperal convulsions at 3.30 P.M. on the 2d. She had had several convulsions before I saw her, without regaining consciousness in the intervals. A digital examination detected a vertex presentation in the first position—the sagittal suture running from left to right, and from before backward—the os hard and unyielding, not unlike a *martingale ring*. For this condition of the os, *Bellad.*² was given, and acted promptly as I have often seen it do before under similar conditions.

In the course of half an hour the rigidity had subsided and the os became soft and dilatable, though no amount of dilatation had yet taken place. The pains were irregular and made but little if any impression on the descent of the head. The convulsions increas-

ed in frequency and severity, and it became evident that the condition of the patient was such as to demand prompt measures for her speedy relief. The convulsions were occurring about once in twenty minutes, sometimes at the commencement of a pain and sometimes at its termination. The fœtal heart was beating, and the os dilated to two, perhaps, to two and a half inches, and the vertex felt entirely within the cervix.

The choice of operative measures obviously lay between perforation and the forceps, and little hope was felt that the forceps could be applied, owing to the high position of the head and the imperfectly dilated os. It was agreed, however, that an effort should be made to apply the forceps, and, if possible, save the life of the child. Accordingly, on the cessation of a spasm, I essayed the task, and after some little manipulation, succeeded in passing a pair of Comstock forceps entirely within the partially dilated cervix, and locked them upon the fœtal head, and then completely dilated the cervix by drawing the head steadily and firmly down upon it with the forceps, and delivered a fine living female child. No convulsions followed the delivery, and the mother made a good recovery. (H. Minton, *A. J. H. M. M.*, v. 8, p. 48.)

Dystocia followed by Puerperal Mania. By Wallace McGeorge. A woman, æt. 24, very fleshy and compact, was delivered of her first child by the forceps under great difficulties. The child died, and the mother had puerperal mania characterized first by great happiness and exaltation of a religious nature, finally changing into hallucinations, in which she thought she had twenty children; dressed in her bridal dress; bit her arm and tore her clothes to shreds. *Stramon.*, *Sulphur*, and *Laches.*²⁰⁰ having proven useless, *H₂Osc.*²⁰⁰ was given, followed by better rest that night, and slow but uninterrupted improvement. (Trans. A. I., 1873, p. 494.)

Agalactea. Secretion returned after *Ricin. com.*, 1st dil. (A. P. Hemenway, *N. E. M. G.*, 1874, p. 209.)

Faradization as a Galactagogue. Mary —, æt. 36, employed as a wet-nurse for nine months, noticed a sudden failure of the milk, as a consequence of mental excitement and nervous exhaustion brought on by a family misunderstanding. After the third day the Faradaic current was applied, placing the positive pole between the shoulders, and after a short interval to the side of the neck and at the base of the lower cervical triangle, so as to reach the sympathetic nerves, and keeping the negative pole all the time at and about the breasts. Afterwards the two poles were

placed on opposite sides of the mammæ *seriatim*, and the current passed through and through them. A second and similar application was made at five o'clock on the same day, at which time she reported that while at dinner some three hours after the first seance, she distinctly felt what all nurses call "the draught," and which she herself described as a "*sudden flowing in of the milk.*" From that time her milk was more abundant, and by the next morning she had as much as usual. (R. H. Tooker, U. S. M. and S. J., Jan., v. 9., p. 380.)

SPINE.

Curious Clinical Study. Mrs. B., æt. 47. As a child was delicate, but enjoyed good health. A good student. After the birth of a child she caught cold when unwell, and headaches, which had troubled her in childhood, returned. She was now twenty years old. She took "golden pills," which produced diarrhœa at night. Has never recovered. Previous to this no food hurt her, but now she cannot eat eggs, sweets, or fruit. Dr. Laurie relieved her gastric troubles with *Nux vom.* Has menstruated but a few times in seventeen years, having instead, headaches. Before the cessation she often had headaches accompanied or preceded by a strange coldness on the top of the head—as if the wind were blowing on it—while the head to the touch was hot. The chronic headache, which she had for the last seventeen years, was not only at the back of the head, but everywhere and all over. Heavy dull-shooting; like a cap of iron all over. The back has become worse in the last few years; the burning in the back only about a year. She sometimes complains also of flickering of sight. In 1871 she came under treatment of Dr. E. H., and by applying electricity her menses returned scantily, and since then have been more or less irregular. In September, 1872, she was in church, and during the service got severely frightened by the fall of a ladder. From that time to this she steadily lost strength, she can hardly walk a block, she cannot sit up and feels most comfortable in a lying position. The least motion produces shaking of the head, which is especially drawn to the left side, and her head feels a great deal too large (she says the sensation is as if there is too much brain for the skull to hold). She also complains of constant dryness of the lips and mouth. This began last spring with her lips becoming fastened together at night,

so that, on suddenly opening her mouth, the skin was taken off her lips. This was better in the summer, but it returned at the attack of congestion in September last, and was so severe that her tongue would become fastened to the roof of her mouth, and the throat be so dry that she feared she would choke. She still suffers from it, though in a less degree.

She has always a throbbing in the left side of her head on lying down. The left side has always been affected more than the right. She never feels the electricity go through the left side of her brain, while it quivers through the right side. When she has an attack of rush of blood to the head (this is *her* expression), it is followed by paralytic debility of most distressing nature. Three weeks before the menses return, she constantly feels an uneasiness in the sexual organs, although it does not amount to pain, but when the courses come on, there is an *instantaneous modification of every symptom*. The sensation is, as if every organ were pressing on the uterus.

Sleeplessness also distresses her more or less; a regular long sleep has been an exception for years. In the *summer* she sleeps better, but her sleeplessness returns with the relapse.

Her urine is usually like water, sometimes thick and dark colored, never high colored or offensive.

For the last few years she has been obliged to give up walking, as it produced throbbing in the head and there would be alternately light and darkness before her eyes.

She complains now of a paralytic distress in her left leg, the left knee begins to contract just like the muscles of the left side of the neck, the sterno cleido mastoideus feeling like a cord. By supporting the head at the nucha she can keep it from being drawn to the left side or from shaking, and though now somewhat relieved, it is ready to return at the slightest pretext, often with the sensation as if the brain at the back of the head was in motion.

Electricity palliates; so does *Gelsem.*, when given for her headache. She has taken *Zincum*, *Ranun.*, *Arnica*, *Alum.*, but all only with palliative results. What is the diagnosis? (S. Lilienthal, H. M., Feb., 1874, p. 315.)

Myelitis acuta. By Dr. Davidson. (A. H. Z., v. 88, p. 121, etc.) etc.

Chronic Myelitis, Sklerosis of the spinal column. By Dr. Davidson. (A. H. Z., v. 89, p. 1, etc.)

Tabes Dorsalis. By Dr. Davidson. (A. H. Z., v. 89, p. 17.)

Gressus gallinaceus, and loss of appetite in a horse, was cured by *Magn. phos.*,¹² one dose every three hours, cured in fourteen days. (A. Plate, A. H. Z., v. 88, p. 47.)

Rachitis. *Calc. carb.* Indications well known.

Calc. ac., profuse diarrhœa, watery, slimy, with bits of coagulated milk, of sour smell, painless; the children are very fretful and stubborn.

Calc. phos., swelling of the epiphyses; difficult teething; slow closing of the fontanelles.

Arsen., great atrophy; profuse diarrhœa of penetrating smell; violent thirst; at times vomiting.

Dietetic means: cod liver oil; baths of pine-needles or walnut-leaves; pure, fresh air; clean linen, and simple, nourishing diet. (Dr. Lorbacher, J. Pr., 1875, p. 148.)

Identity of rachitis and osteomalacia. Heitzman experimented for the last two years on animals, feeding them on lactic acid, inasmuch as the urine of persons suffering from rachitis and osteomalacia contains lactic acid. He found that the same process produces in young animals rachitis and older ones malacia, clearly proving the identity of both morbid processes. (N. A. J. H., v. 23, p. 125.)

MOTORY APPARATUS.

Rheumatism. It is a blood disease, produced by an excess of fibrin, of urates and of uric acid in the blood. Its causes are sudden changes of temperature, rheumatic diathesis, etc. At each visit to a young rheumatic patient examine the heart as it is affected in nearly all cases of acute fibrous rheumatism in childhood. Gout affects the small joints, one at a time, occurs in the middle aged and in high livers, its pains are more excruciating than those of rheumatism. It produces gravel, etc.

Therapeutic Indications. Local applications and especially stimulating lotions in rheumatism are liable to produce a metastasis to the heart or lungs. Use the specific remedy, internally.

The following indications are selected from a valuable paper by Dr. P. P. Wells and from other authorities:

1. MENTAL STATES.

Acon., as distinguished from *Bryon.*, has loud outcries, with weeping, tears and despairing anxiety during the pains; timidity

and intolerance of noise,—even musical sounds offend. It has also incessant thirst, while *Bryon.* has thirst for occasional large draughts of cold water and the patient is more easily excited to anger.

Arnica. has irritability of the mind.

Nux vom., of the senses.

Pulsat. has a mild, yielding disposition, with despairing hopelessness.

Pulsat. and *Rhus tox.* in general disposition are similar. So are also *Bellad.*, *Bryon.*, and *Nux vom.*

Veratr. pains produce delirium.

2. TIME OF AGGRAVATION.

Evening: *Pulsat.*, *Bellad.*, *Rhus tox.*, *Colchic.*, *Coloc.*

Evening and before midnight: *Bryon.*

Evening and night: *Acon.*, *Arnica.*, *Dulcam.*, and *Pulsat.*

Evening and before midnight: *Bellad.*

After midnight: *Thuja*, *Mercur.*, *Arsen.*, *Sulphur.*

Towards 2 or 3 A.M.: *Arsen.*, *Thuja.*

After midnight and in the morning: *Nux vom.*, *Rhus tox.*

Mercur., rheumatic pains especially in the limbs and joints, worse at night, with profuse perspiration which gives no relief.

3. CONDITIONS OF AGGRAVATION AND AMELIORATION.

Improved by warmth: *Arsen.*, *Rhus tox.*, *Caustic.*, *Coloc.*, *Lycop.*, *Mercur.*, *Sulphur.*

Improved by dry warm external applications: *Rhus tox.*

Improved by the external application of heat: *Arsen.*

Improved by the external application of cold: *Pulsat.*, *Thuja.*

Improved by pressing on the part: *Bellad.*, *Pulsat.*, *Rhus tox.*

Aggravated by warm: *Bryon.*, *Phosphor.*, *Pulsat.*, *Thuja.*

Intolerance of bed-covering: *Ledum.*

Calc. iod., stiff knees, severe pains, worse in bed, scrofulous diathesis.

Bryon., general aggravation from motion; *Rhus tox.* and *Rhus rad.* from rest and on first moving.

4. LOCATION.

If the large muscles of the trunk, chest and back are principally affected, above all *Nux vom.*; also *Arnica.*, *Mercur.*, *Rhus tox.*, *Arsen.*

Nat. sulph., soreness up and down spine and neck.

Act. spic., small joints involved, aggravation by contact and motion.

Arnica, *Ran. bulb.*, soreness of intercostals.

Arnica, *Ran. scel.*, stitches in intercostals.

Phytol., pain in arms, especially at insertion of deltoid muscles.

Ferrum, deltoid muscles.

Pulsat., all the joints.

Calc. phos., every cold causes rheumatic pains in the joints and various parts of the body.

Cauloph., wrists and finger-joints, with considerable swelling.

Lycop., all the finger-joints.

Phytol., finger-joints swollen, painful, hard and shining.

Mezer. and *Stilling.*, periosteum of long bones.

Bryon., *Rhus tox.*, *Ruta*, pain as if dislocated in wrist and ankle.

Elaps., rheumatic pain in left leg, commencing on left side.

Laches., commencing on right side.

5. THE WEATHER, TEMPERATURE, ETC.

Cold, dry air usually calls for *Acon.* or *Bryon.*

Cold, damp air: *Dulcam.*, *Rhus tox.*, *Veratr. alb.*, *Colechic.*

Dulcam., "from taking cold, the neck stiff, the back painful, the loins lame."

Exposure to chill and rain: *Rhus tox.*

Aggravation during a thunder-storm: *Rhodod.*

Exposure to protracted wet weather: *Pulsat.*

Calc. phosph., rheumatism pertaining to cold weather, getting well in the spring and returning in the autumn.

6. ERRATIC PAINS.

Sudden transition of swelling and pain from joint to joint: *Arnica* or *Pulsat.*, according to the character of the swelling and the disposition of the patient.

Rheumatism with erratic pains, without heat, redness or swelling (chronic:) *Sulphur*; if the pains are increased at night and by the heat of the bed: *Nux mosch.*; if it has been the result of protracted cold, wet weather; *Asaf.* if the seat of the pain be in the periosteum.

7. CONCOMITANTS.

Benz. ac., articular rheumatism with strong-smelling urine.

Eup. perf., rheumatic affections accompanied by perspiration and soreness of the bones.—C. Hg.

Lycop., chalky deposits.

Mephit., migratory rheumatic pains with much urging to urinate and with shocks.

RHEUMATIC CARDITIS.

Laches., is important in cases of fibrinous deposit. Characteristics:—shortness of breath after every motion; inability to lie down on account of a suffocating sense of fulness in the chest, with the necessity of removing all pressure from the neck; gasping for breath, etc.

Phosphor., facial flushes of heat; hot palms and spine; subject tall and slender.

Spongia, violent palpitation of the heart awakening one after midnight, with sense of suffocation, bellows-murmur, loud cough, great alarm, agitation, anxiety and dyspnoea.

Cactus, sensation as if an iron hand grasped the heart, (constriction of circular fibres;) acute pains, etc. (H. V. Miller, H. M., Feb., 1874, p. 307.)

Rheumatism. Acute articular rheumatism is an inflammatory disturbance of nutrition of the synovial capsule of a greater or less number of joints, of greater or less severity and pain, according to location, and accompanied with an exudation of a fluid not very copious, fibrinous, containing a few pus cells. Tumefaction of the joints obtains. It rarely is fatal except by metastasis to heart or brain. The remedy will shorten the attack usually.

Chronic articular rheumatism is a chronic, idiopathic inflammation of the joints, resulting from a series of light attacks of acute rheumatism or from one badly treated and severe attack. There is thickening of the synovial membrane and cloudiness of the synovial fluid. There are also deforming articular and muscular rheumatism. In the use of these remedies in rheumatism, the higher potencies are recommended when the prescription is a close one; but if the remedy is to be used as a last resort when some obstinate case has resisted all the long-tried remedies, and the image of the drug is either not very clear from the meagre proving, or does not correspond well with the case, then it will be better to use the lower potencies, and in some cases the mother tinctures.

REPERTORY OF "NEW REMEDIES," IN RHEUMATISM.

Acute. *Ascl. syr.*, *Ascl. tub.*, *Cauloph.*, *Cimic.*, *Veratr. vir.*

Chronic. *Chimaph.*, *Phytol.*, *Stilling.*

Articular. *Apoc.* and *Ascl. tub.*, *Hamam.*, *Veratr. vir.*

Muscular. *Apoc. can.*, *Cauloph.*, *Cimic.*, *Phytol.*

RHEUMATIC AFFECTIONS OF

- Head. *Cimic.*, *Gelsem.*, *Sanguin.*, *Veratr. vir.*
 Neck. *Æsc. glab.*, *Æsc. hip.*, *Badiag.*, *Carb. sulph.*, *Formica*,
Phytol., *Polyg.*, *Ptel.*, *Rhus ven.*
 Shoulders. *Anath.*, *Ascl. tub.*, *Badiag.*, *Hydras.*, *Iber.*, *Iris*, *Rhus*
ven., *Sanguin.*
 Chest. *Cactus*, *Carb. sulph.*, *Myrtus.*
 Heart. *Cactus*, *Lilium*, *Lithium*, *Phytol.*
 Back. *Æsc. hip.*, *Ailanth.*, *Badiag.*, *Carb. sulph.*, *Cimic.*, *Cotyl.*,
Droser., *Eup. perf.*, *Eup. purp.*, *Iris*, *Phytol.*, *Sticta*, *Veratr. vir.*
 Hips. *Badiag.*, *Carb. ac.*, *Carb. sulph.*, *Diosc.*, *Phytol.*, *Sanguin.*
 Legs. *Æsc. hip.*, *Anath.*, *Ptel.*
 Thighs. *Brom. amm.*, *Sanguin.*
 Knees. *Æsc. hip.*, *Brom. amm.*, *Carb. sulph.*, *Comoc.*, *Diosc.*,
Eup. perf., *Formica*, *Gnap. pol.*, *Gymnocl.*, *Lobel.*, *Mitchel.*, *Phytol.*,
Plant. maj., *Sanguin.*, *Sticta*, *Sumbul.*
 Ankles. *Ailanth.*, *Cauloph.*, *Erig.*, *Gelsem.*, *Gnap. pol.*, *Silphium*,
Sticta.
 Feet. *Apoc. and.*, *Brom. amm.*, *Gelsem.*, *Myr. cerif.*
 Toes. *Cann. ind.*, *Cauloph.*, *Diosc.*, *Laches.*, *Lilium*, *Phytol.*
 Arms. *Cimic.*, *Diosc.*, *Gymnoc.*, *Hydroph.*, *Phytol.*, *Urtic.*, *Xanthox.*
 Hands. *Anath.*, *Apoc. and.*, *Hamam.*, *Phytol.*, *Sanguin.*
 Wrists. *Hamam.*, *Iris*, *Phytol.*, *Rhus ven.*, *Rumex*, *Urtica.*
 Fingers. *Cotyl.*, *Dyosc.*, *Hamam.*, *Iris*, *Lilium*, *Plant. maj.*, *Ptel.*,
Rhus ven. *Sticta.*
 (Sciatica. *Cimic.*, *Gnap. pol.*, *Phytol.*, *Sticta.*)
 Small joints. *Apoc. and.*, *Sticta.*
 Large joints. *Ascl. syr.*, *Polyp.*, *Sticta.* (Greenleaf, H. M., 1874,
 p. 304.)

Asarum Europæum. Rheumatism worse in cold dry weather.
 (G. M. Ockford, H. W., v. 9, p. 198.)

Acute Rheumatism. Basanta Kumari, æt. 6½, first seen Sept. 5, 1868, with ardent inflammatory fever, burning heat of skin; pulse full bounding 120; swelling and pain of all the limb joints from the shoulder and hip to the last joints of the fingers and toes, the smaller joints being less affected than the larger; tenderness of abdomen on pressure, like the joints; salivary and inguinal glands swollen and painful; tongue white, thickly coated; urine high colored; no stool three days; child had eaten, Sept. 1, acid fruits, got sick next day. *Merc. sol.*⁵⁰, ¼ drop, every four hours. Sept. 6. Next day tenderness less, joints as bad as before; palpitation of

heart, *Bryon.*⁶; joints wrapped in cotton wool. Sept. 7, right upper limb more painful, left lower less; occasional sweat; evening less fever; pain in upper limbs worse. Sept. 8, free from fever, pains much less; no stool; no medicine. Sept. 9, free from fever, tongue still bad; swelling less. Sept. 10, no fever, no stool; pains almost gone. Sept. 17, one free stool, 10 A.M., could walk, slept soundly. One of the most severe cases I have seen. (M. L. Sircar, Calcut. M. J., v. 1, p. 371.)

Rheumatism. B. M. Chakravarti, æt. 18, suffered twelve days. *Kal. hyd.*, up to sixty grains daily, now inflamed swelling of knee, ankle, elbow and wrist joints and some of the smaller joints of feet and hands, great pain, inability to move, fever, sleeplessness, constipation; after *Bryon.* no change; *Laches.* produced a stool, less swelling, fever and pain first in the left leg, later on right side. (M. L. Sircar, Calcut. M. J., v. 2, p. 373.)

W. M. German, æt. 37, pain would come on in paroxysms, commencing in the right shoulder and arm, extending down the right side of the trunk to the hip, when it would shoot across to the left hip, and down the left leg; worse on motion (walking); no pain while at rest; weather had no effect on the symptoms; hands and feet generally cold. *Lycop.*²⁰⁰, two doses a week; improvement commenced at once, and in two months he was well, and has remained so ever since. (H. H. Baxter, Proc. H. M. S., Ohio, 1874, p. 112.)

Inflammatory Rheumatism. M. K., German, æt. 66, attacked, in 1837, from exposure and cold, accompanied by paralysis of the right side, from which he slowly recovered. No symptoms of rheumatism until twelve years ago; since then, pains almost constantly in the right side; decidedly rheumatic character with marked periodicity, coming on at 10 P.M. and lasting till 6 A.M.; worse in winter and before a storm—during a storm, pains over whole body; intense pain on moving after a rest, but continued motion relieved. *Rhus tox.*²⁰⁰, one dose a week; in six weeks well and no rheumatism since. (H. H. Baxter, Proc. H. M. S., Ohio, 1874, p. 110.)

Paralytic Rheumatism. A soldier, exposed to drenching rains, had drawing pains in back and legs; could walk only with great exertion; feet felt lifeless; sensation in spinal cord as if quicksilver moved up and downward; paralytic heaviness in arms, preventing work; vertigo seldom and transient; movements of coordination normal; some lumbar vertebræ sensitive to touch;

transient weakness of sight, cause undiscovered. Anæmia, emaciation. R̄. *Phosphor.*¹², cured. (Lorbacher, trans. by S. Lilienthal, H. M., May, 1874, p. 460.)

Chronic Osteo-Athritis. Successfully treated with *Rhus*, *Sulphur* and *Silic.* (F. E. Harpel, A. J. H. M. M., v. 8, p. 245.)

Rhus tox., in chronic inflammation of the articular structures, especially when resulting from blows, sprains, etc., very efficacious in many cases. In one instance, a boy, æt. 15, had pain and swelling in left elbow-joint, from a violent sprain of two months ago. The arm could neither be stretched nor bent in spite of blisters, liniments and fomentations. After the *Rhus*, 6 globs. in one week the arm got full motion: in the second week the pain vanished. (M. L. Sircar, Calcut. M. J., v. 2, p. 220.)

Sore Finger from the Bite of a Drunken Man. It is the left ring finger. After cauterization with the red hot iron the wound does not heal. The finger is much swollen, looks bluish, has several fistulous openings, from which several bony splinters have been discharged. Since three months in this state, during which time the patient, a woman, æt. 46, suffered twice with difficulty of swallowing. *Arnica*, *Bellad.*, *Arsen.*, *Silic.* did nothing. *Laches.*⁶, night and morning, cured the case in six weeks. (Stens, Jr., A. H. Z., v. 89, p. 109.)

Panaritium. A young woman of delicate health and pale, earthy complexion, suffered for a month with a felon on the third phalanx of the right index finger. Her physician opened it, but neither the operation nor emollients, narcotics and unguents, were of use. R̄. *Silic.*³⁰. Cured. (Bibliothèque Hom., May, 1874; Quoted by R. J. McClatchey, H. M., Nov., 1874, p. 179.)

Psoas Abscess of the Right Side. Mr. W., æt. 68, was attacked Sept., 1867, and treated with quinine, morphine, iodide of potash and carbolic acid. June 15th, 1868. Several abscesses had broken and discharged large quantities of pus. He had hectic fever, chills and night sweats. Found the opening of the last abscess at the crest of the ileum about two inches from the spine, and believed the bones of the pelvis to be diseased. *Pulsat.*^{5m}, in water, to antidote the bad effects of quinine; *Asaf.*²⁰, discontinuing morphine. In three weeks the opening was completely healed; fever, heat, sweat and pain soon disappeared. *Asaf.* continued for two months, then nothing. For several months he was obliged to use crutches, the right leg being so weak. He now goes without a cane or crutch but experiences some difficulty on

raising the foot when stepping up a step. (T. D. Pritchard, Trans. N. Y. S., 1873-4, p. 314.)

Osteomyelitis in the hip-joint is often of difficult diagnosis. The patient complains usually of a deep seated pain in the joint, worse from slightest motion; he tries instinctively to rest the hip-joint and yields during a passive motion of the leg with the whole pelvis. This is easily found out by pressing against the lumbar region, which bends during the rotation of the leg, because the patient fixes the pelvis in order to prevent the painful motion in the joint. The acute osteo-myelitis is besides associated with a high temperature, which differs little in the morning and evening. The first thing to be done is to bandage with sticking plaster so as to prevent permanent destruction. Application of ice is also necessary. Internally *Acon.* and *Apis* are the most important remedies. The higher the temperature the better suit large quantities of alcoholic drinks. If the tongue be dry, with great excitation, much complaining and lamenting, great fear, sleeplessness, etc., *Phosph. ac.*, pure, two to five drops in water every two or four hours, is to be recommended. (Mayländer, A. H. Z., v. 89, p. 107.)

Coxalgia in right hip-joint down along the ischiatic nerve to ankle. Since four weeks treated allopathically. Better from warmth, worse from cold. First motion very painful, gradually getting better from continued motion. *Rhus tox.*⁶ The patient, for the sake of an experiment is allowed only to *smell* it. Immediate relief; it felt to him as if new life were streaming into the leg. Some hours afterwards the pain grew worse, and the smelling relieved again instantaneously. In the course of eight days, after repeated smelling, whenever he was reminded of the pain recurring, he was entirely cured. (Weber, A. H. Z., v. 89, p. 123.)

Swelling of the Knee. Mrs. H., æt. 41. Since three years every summer she is troubled with an eruption on one hand, terribly itching and burning after scratching, worse at night, and spreads up the arm to the shoulder. Since eight days her right knee has commenced swelling without redness, heat or pain. The knee-pan feels elastic, as if some fluid were in the joint. July 16th, 1837, *Sulphur*³ one and a half grain. July 27th. Swelling of knee is painful; burning pain during rest. *Sulphur*² half grain. Aug. 13th. Swelling diminished; eruption decreasing. No medicine. Aug. 20th. Knee well; eruption gone. Sept. 1838. Has been well ever since. (Die Redaction des Archives 18, p. 185. A. H. Z., v. 89, p. 87.)

Swelling of Patella. About two and a quarter inches in diameter and perfectly round, elevated about three quarters of an inch from the bone, with almost perpendicular edges and filled with fluid, cured by Mercy B. Jackson, with *Arsen.*²⁰, three pellets in a powder, one to be taken every second night. (N. A. J. H., v. 22, p. 363.)

Rhus. Cured a painful swelling in the popliteal space of one limb, occasioned by a cold, preventing the extension of the leg. He complained of *pain* in the tumor particularly after *walking and exercising the leg.*

Bryon. gives pain during motion.

Rhus tox. during rest and on commencing to move after rest. In the treatment of rheumatic affections, these three characteristics are worthy of note. (H. V. Miller, H. M., Nov., 1874, p. 163.)

Periostitis. E. B., æt. 6. Nov. 20th, 1873. Swelling in the outer side of the left leg, below the knee, very painful when touched, or any attempt at movement. *Acon.*¹ and *Mezer.*¹³ in frequent alternation. Hot fomentations constantly applied. Nov. 28th, pain less, no fluctuation, but from appearance of part suppuration seems inevitable. *Hepar* every three hours. Dec. 5th. Symptoms have disappeared, leg rather weak. Dec. 16th. Well. (Alfred E. Hawkes, H. W., v. 9, p. 15.)

Exostosis tibiæ. Girl, æt. 12, has been subject to spells of diarrhœa, which lasted sometimes even half a year; were usually relieved when itching of the skin, without eruption, set in. The last spell had lasted three months, and ceased when an itching on the left shinbone took place. This itching was soon joined by a drawing and stitching pain, and finally a swelling of the tibia. Eighteen months had elapsed under allopathic treatment, amongst which figured also the external application of a mercurial ointment. Still the morbid process went on unabated; the skin over the diseased bone is hard and thick; the pain is dull, drawing, rooting, and worse in rest. The face is pale; the flesh is withered; appetite poor; sleep disturbed by the pain; the child is irritable, dejected in spirits. June 13, on account of the weakened condition and the previous abuse of mercury, *China*¹⁸. July 1, decided improvement, no medicines. July 4. Improvement has come to a standstill. *Asaf.*⁹. July 30. Swelling has lessened; the harsh skin is more pliable. No medicine. Aug. 10. Again stands still. *Mezer.*⁶. Sept. 1. Better sleep, less pain, better appetite; better spirits; swelling not diminished. *Silic.*²¹. Oct. 16. Child better in general health, but the swelling of the bone not decreased.

Spir. sulph. gtt. i. Nov. 18. Swelling less; itching and drawing gone. *Asaf.*⁹. Dec. 21. *Nic.*²¹. The swelling disappears; some thickness of skin still remains, therefore Feb. 10, *Sulphur*⁶ one dose. Child well. (Fr. Hartman, *Archiv.* 8, 2, p. 42; *A. H. Z.*, v. 89, p. 77.)

Œdema of Leg. Mrs. S., æt. 44. For seven weeks, œdema of right leg and foot. Burning in right foot and front of lower leg. Throbbing in right sole. The affected parts are sometimes red. Warm water relieves the pains. Shooting pain from outer malleolus, along sole to toes and up tibial region. Foot more painful and swollen in wet weather. Subject to rheumatism in back and right hand in wet weather. Left leg is œdematous, but no pain. The pain and heat are worst in outer malleolus, where it feels as if pieces of bone were forcing through the skin. *Arsen.*^{103m} (Fincke) in water, three times a day.

31st. Pains worse up to 29th, better afterwards. Shooting less often; burning and swelling less. *To stop medicine.*

Nov. 4th. No burning for three days. Throbbing much better till to-day, when it increased somewhat. Shooting and swelling much less. No redness for two or three days. Can walk much better.

7th. No more burning. Throbbing gone since 4th. Less shooting and swelling. Walks much better. Has been able to wear a tight boot.

11th. A little throbbing this morning; none else. No shooting or burning. Much less swelling. Foot feels as if it would not bend.

14th. No pain of any kind, except in tibial region. Ankle stronger. Swelling nearly gone, pits slightly on pressure. Foot still feels as if it would not bend. Only a little pain in evening. Foot bends better. Cured. (E. W. Berridge, *H. M.*, March, 1874, p. 347.)

Chronic Periodical Abscess. Mme. P., æt. 26, of delicate health, had been afflicted for three years with a malady which annually began at the commencement of winter and caused intense suffering for two or three months, during which time she was obliged to remain in bed. There appeared on the dorsum of the foot pains, redness and swelling; this became an abscess and suppurated for two or three months, with much violent pains; the discharge was ichorous and sometimes brought away fragments of bone. At the end of the winter all the symptoms subsided, the

fistula healed up, and the patient suffered no more until winter returned again. Under the influence of *Silic.*³⁰, in Nov., '61, this affection was diminished in violence and duration about one-half. In Nov., '62, *Silic.* was given for three weeks. It has not since appeared. (Bibliothèque Hom., May, 1874. Quoted by R. J. McClatchey, H. M., Nov. 1874, p. 180.)

Sulphur^{em} cured swelling of right upper tarsal edge with hardened discharge; sleeps with eyes open (nights). (E. W. Berridge, H. M., Oct., 1874, p. 109.)

Staphys. On putting feet to ground, pricking in balls of feet, as if it would draw toes down. Cured by one dose of 2c. (E. W. Berridge, H. M., Sept., 1874, p. 77-78.)

Aching of the Heels. A man subject to rheumatism, had such an *aching of the heels*, of a dull, wearing character, that it made life intolerable. The only relief obtained was by elevating the feet higher than the body. After several weeks trial of other remedies, *Phytol.* 2d dec., cured him in two days. (E. M. Hale, A. J. H. M. M., v. 7, p. 272.)

Traumatic Inflammation Cured by Silicia. Woman, æt. 80, sprained the toes of right foot by slipping July 24th. Pain and swelling next day not relieved by *Rhus tox.*; the whole foot inflamed. Signs of abscess here and there; opening one of them, blood and fluid oozed out; blisters formed; gangrene threatened. After *Hepar s. c.*, abscess formed and opened, did not heal; *Ferr. mur.* of no use; *Silic.*³⁰ did some good; 12th affected a cure in about a month. (Calcut. M. J., v. 1, p. 416.)

Abscess of the Toe. Mr. B., æt. 14. For some hours has had a superficial abscess just above root of nail of right little toe, with pain as if a hot iron went into it on raising foot from ground in the act of walking. Walks with very great difficulty from it. For a week, watery stools, three or four a day, but there would be a dozen if he yielded to it; none in night, but comes on directly after rising from bed, so that he has scarcely time to dress; standing increases diarrhoea; sitting down stops it. With the stool, pain in bowels, which causes dyspnoea, sweat, and faintness. Objects seem to move up and down. To-day, when reading, could once only see the left half of the line of writing. Poultice to be applied to toe; perfect rest; a dose of *Coccul.*^{em} (Fincke) at once and after every diarrhœic stool, cured in twenty-four hours. (E. W. Berridge, H. M., March, 1874, p. 346.)

Hypertrophy of the nail of the left big toe. It was formed

almost like a horn, and so hard, that only by repeated and long-continued operations with a file, it could be diminished in its abnormal thickness. *Graphit.*, first in dilutions and later in trituration for four weeks had no effect. A salve, however, of *Graphit.* (0, 06) and fat (30, 0), applied every evening to the root of the nail, loosened already within eight days the morbid growth, which in due time was replaced by a perfectly healthy nail. (J. Hirsch, J. Pr., 1875, p. 627.)

Gangræna senilis. A woman, æt. 84. Two months ago the big toe and the two adjoining of the left foot were black; how long they had been in this state she knew not. On June 6th, 1867, found the gangrene spread over one half of the foot. The tendons are black, and underneath them there are deep ulcers. The foot emits a terrible stench and the ulcers are full of maggots. She complains of great burning; has good appetite; doses a great deal; talks often at random and voids fæces and urine involuntarily. An application of a solution of alcohol destroyed the maggots. Two days afterwards *Kreosot.* 0, 3, gtt 200; ten drops evening and morning, in water, to wash and moisten the mortified places.

June 13th. Clear demarcation and beginning granulation underneath the tendons in front.

June 27th. Dorsal surface of foot clear of mortification, healthy granulation; on the sole of the foot single gangrenous spots, but otherwise healthy granulation. The third toe is fallen off; on the second there remains the last phalangeal bone surrounded by granulation, in front it is black-gray; the big toe is still covered with lack skin and loosens itself on the second joint.

The bottle is filled with alcohol and used in the same way.

Oct. 20th. The patient died of old age. The foot had healed, except a small spot on the dorsum, which was not covered yet with skin; all the other parts were covered with healthy skin.

Marshall Hall relates a case cured by cauterizing with *Arg. nitr.* The patient lived still three years afterwards.

Another case is related by D. G. Mayer, as cured by the external application of *Sal am.* (Käsemann, A. H. Z., v. 88, p. 6.)

NERVES.

Cina.^{lm.} Cured tensive pain in right temple as if drawn tight vertically, and on coughing feels as if it would burst. (E. W. Ber-ridge, H. M., Nov., 1874, p. 159.)

Euphorb.^{2c}. Cured bruised pain in head especially in occiput and forehead, worse in morning, better by cold applications. (E. W. Berridge, H. M., Nov., 1874, p. 159.)

Natr. carb.^{3m}. Cured shooting pain in left frontal eminence to left lower occiput. (E. W. Berridge, Nov., 1874, p. 159.)

Cephalalgia with Characteristic Classification.

I. ORIGIN AND DIRECTION OF PAIN.

1. EYEBALLS EXTENDING BACKWARD.

Crot. tig. Neuralgic pain from pupil of left eye to occiput.

Comoc. Violent pain extending from the posterior portion of the right eye through the head to the occipital protuberance.

Lil. tig. Intense pain in both eyes extending backward into the head, with dimness of sight, shooting pains in right temple passing over to the left, etc.

Paris quad. Sensation as if the cerebral membranes were on the stretch, with pressure on the temples and severe pain as though a cord were stretched tightly from the rear of the eyeballs to the centre of the brain. Aggravation by thinking (*Nux*). Eyeballs feel too large for the orbits.

Laches. Pressure in the orbits, with sensation of drawing from the eyes to the occiput.

Phosphor. Headache worse in the left side through the eye into the occiput, with nausea. Sensation of faintness in the stomach. Always hungry during headaches. Attacks once a week; worse at noon.

2. EYES TO VERTEX.

Phytol. Headache. Shooting pain from left eye to vertex.

3. FOREHEAD ABOVE THE EYES TO THE NOSE.

Calc. carb. Tearing headache above the eyes down the nose, with nausea and gaping.

4. FOREHEAD TO VERTEX.

Sepia. Shooting from forehead to vertex and both sides of the face.

5. FOREHEAD EXTENDING BACKWARD.

Arnica. Periodical attacks of headache commencing in the morning, slightly in the forehead, with flickering before the eyes. Aggravation by reading or writing. Gradually extending through the temples into the occiput, and reaching its acme in the after-

noon. A warm room is unbearable (*Pulsat.*). No relief in the open air.

Bryon. Sticking, jerking, throbbing from the forehead, teeth and malar bones to occiput, with dread of motion.

Carb. ac. Dull pain running from forehead to occiput.

Conium. Obstinate, stupefying headache from front to occiput.

Cuprum. A stitch through the whole head from the forehead near the hair backward.

Eup. perf. Pain extending from forehead to occiput, worse on left side.

Kali bichr. In the morning, on waking, pain in the forehead and vertex, later extending to occiput.

Formica. Typic headache from left forehead and temple back to occiput every day earlier, with a sore pain over the eye, gradually increasing and with a cutting extending into the ear.

Lil. tigr. Intense blinding frontal headache commencing between five and six o'clock, P.M., continuing two hours, then changing to the occiput and extending down the neck, leaving a strange muddled feeling about the head with general weakness and desire to lie down.

Phytol. Headache commencing in frontal region and extending backward.

Spongia. Dull, pressing headache from front to back, in the forehead above the eyes, extending into occiput and neck for ten hours until he fell asleep.

Therid. Violent frontal headache with throbbing extending into occiput.

6. NAPE OF NECK EXTENDING UPWARD AND FORWARD.

Mc. carb. Headache arising from the nape of the neck (compare *Bellad.*).

Caustic. Paroxysmal tearing pains from nape of neck rising to frontal region.

Cimic. Intense pain in the head, as though a bolt were driven from the neck to vertex with every heart throb.

Fluor. ac. Headache arising from the nape of the neck and extending through the centre of the brain.

Gelsem. Headache arising from cervical spine and extending all over the head.

Lachnanth. Stiffness and pain in the neck extending over the

whole head down to the nose and sensation as if the nostrils were pinched together.

Silic. Pressing, bursting headache ascending from the neck to the vertex and thence to the supra-orbital region. Amelioration by warmth (do. *Phosphor.*, *Spigel.* amelioration from washing the head with cold water). Also, pains from occiput to eyeballs, especially the right eyeball, sharp, darting pain, and a steady ache; the eyeball being sore and painful when revolved. Aggravation by noise, motion, jar.

7. OCCIPUT AND CEREBELLUM EXTENDING FORWARD.

China. Headache from occiput spreading over the whole head, lasting from morning till afternoon. Aggravation by lying. Can neither lie nor sit; has to stand or walk. It is intolerable, driving to madness.

Sanguin. Headache commences in occiput, rises and spreads over the head and locates especially above the right eye, with nausea, vomiting and chilliness. Is obliged to seek a dark room and lie perfectly still. Pain ascends posterior auricular region.

Sarsap. Violent pains, chiefly in right side of head extending from occiput upward and forward over the ear, around temples, across forehead, etc.

Spigel. Headache begins in cerebellum in the morning and spreads over left side of head, causing violent pulsating pain in left temple and over left eye with stitches in left eye. Relief from bathing head in cold water. Or pain begins in cerebellum and extends over the head down into the cheeks.

8. VERTEX TO OCCIPUT.

Ol. anim. Pressure in vertex shifting to occiput.

9. OCCIPUT TO VERTEX.

Calc. carb. Megrims some days either before or after catamenia, commencing in occiput and extending upward to vertex, where it centres with such violence that the patient thinks the brain is dissolving and that she is becoming insane. After slimy emesis the pain gradually declines. It is always attended with redness of the face and icy coldness of the feet and legs. Nausea and vertex heat. Habitual constipation.

Lact. ac. Headache at base of brain or occiput, extending up and over the vertex.

10. TEMPLES TO OCCIPUT.

Stramon. Headache in both temples shooting to occiput, with thirst.

11. OCCIPUT TO TEMPLES.

Coca. Drawing from occiput to temples.

12. OCCIPUT TO EARS.

Chelid. Headache, shooting pains in occiput extending through the ears; shooting through temples from side to side (*Alum., China, Phosph., Sanguin.*); commencing on waking in the morning and lasting all day; felt on waking at night; constipation; irritable temper.

13. LEFT SHOULDER TO OCCIPUT.

Eup. purp. Pain from left shoulder to occiput.

14. BASE OF CRANIUM UPWARD.

Formica. Dull headache commencing at base of cranium and extending upward mostly in temporal regions.

15. HEAD TO JAWS.

Osmium. Headache extending to the jaws or to the lower jaw. Headache increased by throwing back the head (contrast *Clemat.* and *Bellad.*).

16. HEAD AND OCCIPUT DOWN THE SPINE.

Cimic. Pains in every portion of the head, but more in the vertex and occiput, often extending to the shoulders and down the spine, of a pressing and throbbing nature, accompanied with delirium. Also, sensation as if the vertex would fly off, with a sensation as if the cerebrum were too large for the skull; pressing outward and upward. Also, headache of drunkards and students.

Lil. tigr. (See forehead extending backward.)

Natr. mur. Headache as if bursting; beating or stitches through to the neck and chest with heat in the head, etc.

Podoph. Vision indistinct, then fleeting pains, at first mostly in occiput and then in frontal protuberances, gradually increasing. Pains extend down into neck and shoulders, with numbness of the fingers, disgust of life, etc.

Natr. mur. Stitches through the head extending to neck and chest.

17. BODY TO HEAD.

Formica. Pain shooting from the trunk up into the head like lightning. Also headache until he falls asleep.

18. STOMACH TO VERTEX.

Formica. Pain shifting from stomach to vertex.

19. HEART TO HEAD.

Lith. carb. Pain in heart extends to head.

II. LOCATION.

1. ORBITAL REGION.

Headache over left eye: *Acon.*, *Arsen.*, *Bromium*, *Ipec.*, *Lil. tigr.*, *Merc.*, *jod. rub.*, *Nux mosch.*, *Nux jugl.*, *Phosphor.*, *Selen.*, *Sepia*, *Spigel.*, *Tellur.*, *Therid.*

Headache over right eye: *Carbol. ac.*, *Crot. tig.*, *Ignat.*, *Sanguin.*
Arsen. Headache very severe over left eye, ameliorated by warmth.

Cundurango. Headache; cutting pain in left temple and eyeball.

Nux jugl. Headache over the eyes, especially the left, worse on motion.

Bellad. Headache only over the eyes with photophobia.

Kali bichr. Headache in forehead over one eye only.

Iris vers. Violent pain over the eye, in supra-orbital ridge, on either side, but on one side only at a time. Aggravation afternoon and evening.

Ignat. Intense pain over right eye and apparently through the supra-orbital foramen. Pains as if a needle were pushed through into the brain. Pressure from within outward.

Mephit. Headache with pain in the eyes and weakness of sight.

Therid. Headache behind the eyes (*Apoc. can.*).

Zincum. Stitching pain in right eye. Chronic cases.

Bellad. Throbbing, cutting pains in right temporal region, in eye and face. Aggravation from noon or 6 P.M. to midnight. Sight of right eye obscure as if looking through a fog.

Carbol. ac. Neuralgia of right eye and temple.

Chelid. Neuralgic pain in right eye.

Coca. Violent headache immediately over the eyes with loud ringing in the ears.

Cimic. Headache occipital and right temporal, intermittent. The eyeball aches and feels as if there were a shot in it. Darting in right eye at intervals during the day, but in both eyes and much more severe at night. She says she will become insane. Involun-

tary twitching of the eyelid. Worse from light, especially gaslight (*Natr. carb.*). Worse from the least noise.

Eup. perf. Soreness of the eyeballs.

Form. sub. Shooting pain in left eyeball from half-past eleven to twelve P.M.

Laches. Unilateral headache, creeping gradually towards the left side until it makes a complete journey around the head. Strong deep pain in orbit and over the eyes, which are very red and injected.

Lil. tigr. Dull and sharp pains particularly over the eyes. Right side of the head most affected. Fullness in head, especially over the eyes. Dull pain over the eyes. The eyes feel sore.

Psorin. Pain begins over left eye and goes to the right. Aggravation by change of weather. Inordinate appetite. Dizziness obliging to lie down.

Therid. Suddenly in the morning pressing pain over left eye, aggravated by the slightest motion, talking; simultaneously nausea with retching; better from drinking warm water. Throbbing over left eye and across forehead; also slightly in right eye, with nausea on rising from a recumbent position, like seasickness.

2. TEMPORAL REGION.

Agar. Stitches in left temple.

Aloe. Stitches in the temples at every step.

Arg. nitr. Pain in one of the temples, or frontal protuberances or one sided.

Arnica. Boring, bruise-like pain in left temple, with throbbing of the temporal vessels; desire to press firmly against something (see *Sanguin.*, *Stramon.*), and to remain quietly reclining, with the head low.

Bellad. (See Sensations.)

Cactus. Pain in right temple paroxysmally, often caused by a glass of wine, late dinner, etc.

Carb. sulph. Stitches in left temporal region drawing into occiput: violent pulsating pains in the temples on awakening in the morning; could not find rest anywhere, lasting until breakfast; flying pains in right temporal region; drawing pains in temples; tearing frontal headache, goes toward temporal bones; pressing pain in forehead, going from frontal eminence toward left temple, with single tearing pains in this direction.

Chelid. Ticking like a watch in right temple; dull pain in head, with pulsation in temples.

China. Stitches from one temple through to the other (*Alum.*, *Chelid.*, *Phosphor.*, *Sanguin.*).

Coca. Dull pain over left temple; pressing pains in right temple, as if a nail were driven in; headache in the morning in right temple; sharp pain on first rising, and all day whenever looking up; the pain darts from the temple in a straight line to vertex (*Natr. sulph.*), and leaves a sore feeling behind; it hurts through the same place when coughing.

Cuprum. Stitches in temples, with redness of the eyes; sharp, burning stitches in left temple and vertex.

Cyclam. Stitches in left temple and forehead, with dizziness.

Eup. perf. Darting pains through the temples, with sensation of the blood rushing across the head through left temporal region.

Eup. purp. Dizzy, with deep, dull aching pain.

Gelsem. Shooting, pressive pains through temples and frontal sinuses, with fever, brilliancy of eyes and loquacity.

Jacar. Dull pain between forehead and right temple, shifting to the other side and then disappearing.

Kali bichr. Stinging pain in one temple.

Laches. Unilateral temporal pain, with palpitation; stomach bloated.

Lil. tigr. Pain in temple, increased by pressure; shootings in temples, alternating from right to left; bursting fullness in temporal region.

Lycop. Pain in temples as if being screwed toward each other (*Bellad.*); headache, as though the head were screwed together from side to side. (See *Spongia*, frontal region.)

Naja trip. Temporo-frontal headache, with great depression of spirits, spinal pain and palpitatio cordis.

Natr. sulph. Headache, tearing pain in right temple, extending to vertex (*Coca*), 4 P.M. until A.M., etc.

Nux mosch. Stinging pains in temples outwardly; headaches in temples, with very dry mouth and no thirst (*Mercur.*); very moist tongue, with great thirst.

Phosphor. Severe pain in left temple, like sticking the parts with a knife; pains shoot through from one temple to the other (*China*, *Sanguin.*), and at times fly through to the occiput; paroxysms, preceded by dimness of sight, and accompanied by nausea.

Sanguin. Shooting pains from one temple through to the other

(*China, Phosphor.*); headache better by pressing occiput against something hard; pains in the head in spots, with soreness, especially in the temples.

Sabin. Headache, especially in temporal eminences, right side, suddenly appearing and slowly disappearing.

Sarsap. In temples, pressing from the ear.

Spigel. Pressing headache, chiefly in right temple.

Spongia. Violent, tearing headache in left temple, close to the orbit, causing also a pressing sensation in the outer half of the eye; stitches in temples; sharp stitches in left temple externally, extending into forehead.

Staphis. Aching pain in left temple (*Tarax., Therid.*).

Stramon. Sticking and stabbing pain in right temple 8 P.M., until he fell asleep.

Tarax. Aching pain in right temple (*Staphis.*).

Therid. Stinging in left temple.

3. FRONTAL REGION.

Acon. Frontal cephalic pains predominate.

Aloes. A peculiar dull, pressing pain in the forehead; cannot think nor exercise.

Aum. Throbbing frontal headache, aggravated by stepping and by going up stairs.

Amm. carb. Scanty menses, always attended with frontal headache.

Bellad. Frontal headache, with sense of pressure, fullness, vertigo, drowsiness, nausea; eyes red and glistening (see *Gelsem.* in temporal region); head feels large; aggravation by stooping, noise, heat, motion, looking at shining and glistening objects; amelioration by pressure, lying down (?), leaning the head against something, quietude.

Bryon. Fullness and heaviness in forehead, as if the brain were pressed out; better from closing the eyes and from external pressure; worse from motion, opening and moving the eyes, stooping, and in the evening.

Carb. ac. Dull pain over root of nose. (*Mosch.*)

Chin. sulph. Frontal headache where the frontal bone verges, toward vertex; a shaking pain; she feels every step; it rises up in the head toward noon, when the chill begins.

Crocus. Sudden acute pains below the left frontal eminence.

Eup. perf. Frontal headache.

Eup. purp. Dull, heavy headache, severest in forehead.

Hepar sulph. Aching in forehead like a boil.

Jugl. reg. Sharp frontal headache, relieved by going into the open air, and returning on entering the warm room.

Pulsat. Frontal headache with yawning and great sleepiness. Pulsation in both temples.

Lil. tigr. Burning headache through sinciput, continuing into the night. Pressing frontal pain and heat. Soreness in forehead and eyes. Dull frontal headache.

Lact. ac. Pain in forehead over eyes, first dull and heavy, then sharp and severe, extending into left eye.

Magn. mur. Violent bursting pain in forehead and eyes, worse from motion and fresh air; must lie down; better from strong pressure.

Menyanth. Pressing pain in forehead and temples; a pressing from above downwards in the head, temporarily relieved by a firm pressure with the hand. Pressing headache much worse on going up and down stairs, when it seems as though a heavy weight lay upon the brain, which presses outward at the forehead. Pressure in forehead from without, inward or in the temples a lateral inward pressure with pressure in eyeballs. Relief by pressure.

Mercur. Aching in forehead relieved by cold and pressure. Shooting in left forehead and temple, extending obliquely downwards; vertigo on stooping; vomits food as soon as eaten.

Myr. cerif. Heavy frontal headache in the morning on rising. The pain is in the forehead and temples and is attended with pain in the nape of the neck and small of the back. Also hunger with sensation of great fullness in stomach and bowels. Better in open air.

Naja. trip. Tempero-frontal headache with great melancholy, spinal pain and palpitatio cordis.

Natr. sulph. Pressure in forehead particularly after meals. Pressing pain in right side of forehead, returning periodically. A pressure in frontal region as of a hard substance. Boring frontal pain for an hour so violent that he thought it would burst.

Nux vom. Headache in the forehead as if the eyes would be pressed out, or occipital pain.

Psorin. Headache as from a heavy blow on the forehead, waking him at night.

Sarsap. Pressing in left side of forehead. Also in forehead and occiput. Also in right frontal protuberance. Tearing in the whole frontal region.

Spongia. Pressure in left frontal region. In the head sensation as if everything were pressing out at the forehead. Violent pressing in forehead and occiput simultaneously as if both parts were being pressed against each other, at noon. Dull, pressing pain in right frontal protuberance from within outward, worse while sitting, on entering the warm room after walking in the open air, and from looking at anything sharply; better when lying in a horizontal position, especially when lying on the back. Pressing in forehead. Stitches as from a needle passing transversely across side of forehead.

Staphis. Sensation of a round ball in forehead firmly seated, even when shaking the head. (Compare *Conium* and *Veratr.*)

Tart. em. Heavy pain in forehead alternately increasing and decreasing; great restlessness, especially of upper extremities; frequent yawning, such as usually precedes syncope, with feeling as if about to faint; cold, clammy sweat, chiefly on forehead and face.

Veratr. alb. Frontal headache with nausea, vomiting and fever.

4. NOSE.

Acon. Cramp or sensation of pressure at root of nose (*glabella*), a source of much distress.

Angust., Arsen., Hepar sulph., Sepia, etc. Pain at root of nose.

Baptis. Severe frontal headache with pressure at root of nose.

Crot. tig., Colchic., Natr. carb., Nitrum. Pain extends to nose.

Nitrum. Constrictive headache, concentrates at tip of nose. Periodically.

Platin. Crampy pain at root of nose; catamenia too early and too profuse; haughty or tearful disposition.

Sarsap. Shooting pains from above left ear to root of nose.

5. VERTEX.

Agar. Beating in vertex driving almost to despair.

Baptis., Cimic., Cobalt. Sensation as if the vertex would fly off.

Alum., Cactus, Cannab., Cuprum, Kali bichr., Lith. carb., Laches.,

Ol. anim. Sensation of pressure as of a weight on the vertex.

Ol. anim. Sensation of a weight at vertex shifting to occiput.

Cannab. Continued headache at vertex as if a stone were pressing upon it. (Compare *Kali nitr.*)

Phytol. Heaviness at vertex.

Carb. an. Pain in vertex as if the skull were open.

Calc. carb. Throbbing vertex headache, aggravated by stepping and by going up stairs.

Alum. Throbbing frontal headache, aggravated by stepping and by going up stairs.

Calc. carb. Burning in vertex with menstrual troubles.

Baptis., Carb. ar., Glonoin., Natr. mur., Sulphur. Headache with burning in vertex.

Cimic. Constant dull feeling in vertex; pain in forehead and eyeballs. Also aching, shooting pain in vertex and occiput and in left temple, eye and ear; worse from lying down. Sensation as if the vertex would fly off and as if the cerebrum were too large, pressing outward and upward.

Chelid. Stitches in vertex, particularly when walking fast.

Cupr. met. Crawling sensation at vertex as of worms.

Eup. perf. Vertex-heat with vertex-pain relieved by pressure. Vertex-heat with buzzing in the ears.

Evon. Pain as if a nail were pressed into vertex. (Compare *Coffea, Ignat., Nux vom., Thuya.*)

Formic ether. Severe pain like a stitch with a dull instrument, as from a pressing nail, a little to the left of the vertex; continuing until he falls asleep.

Glonoin. Intense congestion of blood to the head, with a feeling as if the temples and vertex would burst open.

Lachnanth. Sensation as if the vertex were enlarged and driven upward.

Merc. iod. Headache always on vertex or right side.

Phosph. ac. Dreadful pain at vertex, as if the brain were crushed after long-continued grief.

Sarsap. Pressing pain in vertex, slowly increasing and slowly diminishing.

Spongia. Pressing headache in vertex, at occiput or temples. Jerks to vertex from temples. Drawing pain in vertex.

Stramon. Rheumatic pain in vertex several years. Dullness of head, with vertex-heat. Beating headache, particularly in vertex, with fainting fits. Stupid feeling in head.

Sulphur. Pain in forehead and vertex; head hot and feet cold; facial flushes of heat. Vertex-pain in a small space near median line, a little to the left, commencing at 5 or 6 P.M., and continuing until 2 A.M. Worse in winter and cold weather. Pressing, dull pain in vertex and sinciput, commencing while asleep, rousing him at 4 A.M., and ceasing before noon.

Therid. Vertex feels as if it did not belong to her—as if separated from the rest of the head, etc.

Veratr. alb. Sensation as if a lump were on top of head.

6. PARIETAL BONE.

Coffea. Headache, as if a nail were driven into the parietal bone. (Compare *Ignat.*, *Evon.*)

Sarsap. Stinging, tearing on parietal bone in left vertex.

7. OCCIPUT.

Dulcam. Stupefying pain in occiput, ascending from nape of neck. (*Helleb.*)

Eup. perf. Soreness and pulsation in occiput (see *Asar.*) Also, occipital pain after lying, with sensation of great weight in the part requiring the assistance of the hands to help it.

Formica. A.M., headache in posterior upper and inner part of head, increased by drinking coffee, and aggravated each time during and after washing with cold water.

Gelsem. Headache, principally occipital, ameliorated by reclining with head and shoulders on a high pillow (*Spigel.*).

Helleb. Uninterrupted aching pain in occiput toward nape of neck.

Ignat. Occipital pain worse from cold, from smoking, snuffing, or smelling tobacco. Better from external heat. Relief for a short time after eating. Throbbing, occipital pain, worse from pressing at stool, smoking tobacco, etc.

Lac. ac. Occasional slight darting pains from centre of brain directly to centre of occipital protuberance.

Mercur. Numbness in occiput and vertex.

Merc. jod. rub. Dull pressure in cerebellum, below occipital protuberance, a while after pressure over the eyes.

Natr. sulph. Boring pain in occiput.

Petrol. Occipital headache, with general spasms and screaming, constipation and anorexia. Aggravation from slightest touch.

Sepia. Painful cracking in occiput.

Sulphur. Bruised pain in occiput forenoon, lasting about an hour.

8. CEREBELLUM.

Camphor. Throbbing pain like a hammer in the cerebellum, synchronous with the beats of the heart.

Elaps. Pain in right side of cerebellum.

Iris vers. Stitches in lower part, right side of cerebellum.

9. NAPE OF NECK.

Mercur. Aching in nape of neck.

10. HEMICRANIA.

Anac. Digging and throbbing pain in right side of head above temple and along the border of the orbit, entirely relieved by eating, while lying in bed at night, and when about falling asleep; worse during motion and work.

Caustic. Neuralgia facialis, left side, worse after midnight, relief from bathing in cold water (*Ant. crud.*) caused by bathing.

Cochlearia. Headache now in one side of the head, then the other; worse when opening the eyes widely.

Cuprum. Aching first in the right side, then in the left side of the head. Stinging as with a needle in the right side of the head ever since morning.

Elaps cor. Lacerating headache first in the left side extending to right.

Thuya. Neuralgia goes to right side of head.

Eup. perf. Shooting pains from the left to the right side of the head.

Natr. mur. Headache ceases on one side and continues more violent on the other.

Merc. jod. rub. Headache, left side.

Natr. sulph. A pressure inward in right side of head after lying down in the evening, continuing all night. Tearing pain in right temple upward to top of head, four o'clock P.M., continued all night, accompanied by chill running up the back with chattering of teeth and shaking without external coldness; not lessened by the warmth of the stove. Violent tearing pain in right temple toward the facial bones. Tearing pain in right side of occiput when keeping quiet. Boring pain in occiput.

Pulsat. Hemicrania, with bad taste in the mouth, forenoon without thirst, with nightly diarrhoea and scanty urination.

Sanguin. Shooting, stinging, beating pain throughout the head, but more in forehead and worse on right side of head.

Bellad. Right side, great sensitiveness to light, etc. (Compare *Spigel.*)

Sarsap. Cramp-like, one sided headache, beginning with flickering and blackness before the eyes; at the same time he seems to be unconscious; must lie down; cannot speak because every word

reverberates in his head. Pressure-like tearing in the whole left side of the head. Stinging-tearing in parietal bone in left vertex.

Sepia. Hemicrania, right side; drawing, tearing pains, sometimes stitches as of needles. Face dirty yellow.

Spigel. Hemicrania; the pain is increased by motion, noise and especially by stooping; one or both eyes generally involved in the disorder. Left side with unsupportable beating in the temple. (Compare *Sanguin.* and *Bellad.*)

Spongia. Dull headache in right half of brain, on entering a warm room from the fresh air.

Thuya. Left side. Has to bend head backward (*Bellad.*). Cold damp weather or a thunder-storm excites it (*Nux vom.*, stormy weather). Emptiness in vertex. Headache on the left side as if a convex button were pressed on the part.

11. WHOLE BRAIN.

Cactus. Cephalic pains chiefly in vertex, temples and occiput.

Coloc. Violent tearing pain, digging through the whole brain, increased particularly when moving the upper eyelid.

III. SENSATIONS.

1. PULSATIONS.

Bellad. Throbbing of temporal and carotid arteries; red face and eyes or very pale face; unilateral, especially right-sided headache.

Bovist. Beating in the head as if there were an abscess (*Castor.* and *Kreosot.*, as if there were an ulcer).

Calc. carb. Throbbing headache in the middle of the brain every morning, continuing all day. Pulsations in occiput.

China. Intense throbbing headache from excessive hemorrhage.

Chin. sulph. Pulsation in vertex.

Eup. perf. Soreness and beating in occiput. Beating pain in nape and occiput, better after rising. Thumping inside of the head above the right ear. Throbbing headache.

Eup. purp. Hard throbbing pain on left occipital bone.

Ferrum. (See congestive headaches.)

Glonoïn. (See congestive headaches.)

Gratiol. Throbbing in temples.

Helleb. Pulsative throbbing in left temple. *Hepar.*, in right temple.

Ignat. (See *Occiput.*)

Natr. sulph. Beating pain in both temples when walking, with an indescribable pain on top of head almost like suppuration, as if the top of the head would split; the same when touched, continuing all day; is not improved by pressure, etc. Violent pulsating headache, continuing all day, only somewhat lessened during the afternoon.

Nux. mosch. Painless pulsation in head with fear to go to sleep.

Phosphor. Pulsation in left temple.

Sarsap. Throbbing in right frontal region on walking out doors. Throbbing in head until toward noon; do. in vertex; do. in right side of head.

Stilling. sylv. Sharp, darting headache; also dull and constant dizziness, with pulsation in head.

Sulphur. Throbbing, nocturnal headache.

Therid. Across forehead, throbbing.

2. SNAPPING, CRACKING:

Coffea. Pulsative snapping in the brain in the region of the ear, as of electric sparks. (Compare *Digit.*, *Pulsat.*)

Sepia. Painful cracking in occiput.

3. ELECTRIC SHOCK.

Helleb. Shocks like electricity pass through the brain.

Natr. sulph. Sensation like an electric shock in left side of head. Also to right of vertex.

Sarsap. Pains like lightning about the head.

4. HAMMERING.

Acon., *Ignat.*, *Chamom.*, *Sepia.* *Calc. carb.*, *Sulphur.*

Camphor. (See *Cerebellum.*)

Cupr. ac. Hammering pains in the whole head.

Droser. Beating and hammering in the forehead from within outward.

Iris vers. Headaches, pains acute, boring, hammering, shooting or stitching.

Laches., *Natr. mur.* Hammering on moving.

Lycop. Hammering in centre of forehead.

Natr. mur. Headache as though a thousand little hammers were knocking upon the brain; this pain may also be felt in the forehead; headache on waking in the morning, whether early or late, lasting two or three hours.

Nitr. ac. Intolerably painful hammering in the head.

Sarsap. Hammering headache evenings; worse at night with much nausea and sour vomiting.

Spongia. Hammering in left temple.

5. EXPLOSION.

Digit. Sudden crashing noise in the head during the siesta, with frightful start.

Psorin. Pistol-like report in the head.

6. TEARING, LACERATING.

Arsen., Coffea. Tearing in the brain as if being torn to pieces. (Compare *Opium, Mur. ac.,* and *Ferrum ac.*)

Amm. mur. Lacerating headache.

7. DASHED TO PIECES.

Alum., Æthusa, Coffea, Magn. pol. arc. Headache as if the brain were dashed to pieces.

8. CLEFT.

Nux vom. Headache as if the brain were cleft.

9. SORENESS.

Eup. perf. Headache with sensation of soreness internally; better in the house; worse when going into the open air; relieved by conversation. Painful soreness in right parietal protuberance.

Euphorb. Sensation of soreness as if beaten in occiput, worse, forenoon, when lying; from heat; relieved by motion and by cooling the head.

Ipec. Bruised sensation in the brain, extending through all the bones of the head and down into the roots of the tongue.

Phytol. Sensation of internal soreness in the head.

10. STUPID FEELING.

Coccul., Stramon. Stupid feeling in the head. *Coccul.,* cold sweat on forehead and hands.

Plumbum. Long-lasting stupid feeling in the head.

11. HOLLOWNESS.

Coccul., Cuprum. Headache as if the head were hollow.

Thuya. Emptiness in vertex. Sensation of emptiness in head.

Arg. met. Painful sensation of emptiness in the head.

12. LUMP.

Conium. Sensation of a hard, heavy lump in the brain. (See *Staphis.*)

Veratr. Sensation as if a lump were on top of the head.

13. BALL.

Staphis. Sensation in forehead of a round ball firmly seated when shaking the head.

14. ANIMATED OBJECTS.

Petrol. Pain in head. Sensation as if the head were full of living things. (Compare *Angust.*, *Silic.*)

Silic. Chronic and hereditary headache. When severest the scalp becomes covered with papulæ and is so sensitive she cannot comb her hair. Cannot bear cold or heat. During headache, roaring in the ears as if *something alive were in the ears*. Chronic foot-sweat and constipation.

15. COLDNESS.

Calc. carb. Icy coldness in and about the head. (Compare *Electricity*, *Tarant.*)

16. WILD FEELING.

Lil. tigr. Wild feeling in head as though she would go crazy.

17. WEAKNESS IN THE HEAD.

Graphit., *Sepia.* Can scarcely think.

18. LOOSENESS.

Baryt. carb. Brain feels loose (see *Cicut.*, *Carb. an.*, *Crocus*, *Hyosc.*, *Kali nitr.*, *Lactuc.*, *Natrum*, *Sulphur*, *Stannum*, *Sulph. ac.*); seems to move to and fro on motion of the body; feels stupefied, benumbed. Right side of head feels burning hot, but objectively cold to the touch.

Nux mosch. Sensation in head on shaking it as if the brain beat against the skull (*Digit.*, *Lauroc.*).

19. CONSTRICTION.

Bellad. Headache, with sensation as if the cranium were too small (*Cimic.*).

Carbol. ac. Sensation as if a band were drawn around the forehead (*Gelsem.*, *Iodium*, *Sulphur*).

Kali brom. Constrictive sensation in the brain as if the meninges were too tight, with anæsthesia of the scalp (*Pulsat.*).

Lycop. Pain in the temples as if they were being screwed together.

Sarsap. Headache as if screwed together in both sides of the head.

20. EXPANSION.

Feeling as if the head were enlarged: *Apoc. can.*, *Arg. nitr.*, *Bovist.*, *Coral.*, *Dulcam.*, *Indigo*, *Lachnant.*, *Mangan.*, *Merc. peren.*, *Natrum*, *Ran. scel.*, *Therid.*, *Platin.*, *Sulphur.*

Apoc. can. Head feels very large and heavy; as large as a half bushel.

Coral. Head seems three times as large as it is.

Dulcam. Sensation of enlargement of cerebellum.

Nux vom. Head feels much larger than the body; feels as large as a church.

Hyper. Head feels elongated.

Lachnanth. Sensation as if the head were enlarged and split open by a wedge, from without inward.

Paris quad. Spinal irritation, with sensation of expansion of the brain; head feels big as a bushel measure; fullness in temples, ears, roots of nose, throat and eyes. Eyeballs feel expanded, as though the lids would not cover them. Tongue and fauces dry on waking, and no thirst.

21. WABBLING AS OF WATER IN MOTION.

Arsen., *Bellad.*, *Hepar.*, *Hyosc.*, *Nux mosch.*, *Platin*, *Spigel.* Sensation of wabbling or swashing in the brain (hydrocephaloid).

22. BUBBLE BURSTING.

Formica. Sensation as of a bubble bursting in forehead, running around the left side of the head.

IV. CONGESTIVE HEADACHES.

Acon. *Bellad.*, etc.

China. Long-lasting congestive headaches, affecting the whole brain, with deafness and noises of a nervous origin.

Chin. sulph. Congestion to head, with dark redness of the face, dyspnoea, accelerated pulse and general excitation. Urticaria followed the appearance of these symptoms.

Ferrum. Congestion of brain; throbbing; crimson face, which at other times is pale. The pain drives out of bed.

Fluor. ac. Alopecia, with congestion of blood to the head.

Glonoïn. Pulsating pain from below upward, with fullness and feeling of enlargement of the head.

Graphit. Congestion of the head, with roaring in the ears in young people.

Iodium. (See Age and Sex.)

Kali hydr. Congestion of the brain from suppression of a habitual catarrhal discharge from the nose.

Merc. jod. rub. Headache at night, continues in the morning, later only on right side; congestion as with a cold; in the afternoon sixth day changing sides; next day, still more congestion; during the evening only on the right side, etc.

Stramon. Congestive headache, forenoon, on rising, increasing until noon, and then gradually decreasing until evening. Subject runs and presses the head against a wall (see *Sanguin.*), with fear of going mad.

V. SICK HEADACHE.

Alum. Acute shooting from one temple to the other, *China*, *Phosphor.*, *Sanguin.*; at another time heaviness and pressing like a weight on top of head, (see vertex) with nausea, chilliness, as if cold water were poured down the back, etc. (See *Tarant.*)

Eup. perf. Headache and nausea every other morning when first awaking, continuing all day, with anorexia during headache, but good appetite on the intervening day. *Nux vom.* has the same every day. Headache arising from a disordered stomach. (*Nux vom.* by a sour stomach.)

Iris vers. Headache in forehead and eyes. More on right side, with distressing vomiting of sweetish mucus, or bilious matter, aggravated by rest.

Nux vom. Headache, as if it would split open, with sour vomiting, caused by a sour stomach. Sick headache, caused by wine (see *Cactus*, *Selen.*), coffee (*Ignat.*), close mental application, sedentary habits; commencing in the morning, increasing through the day, growing milder in the evening, with dimness of vision, sour, bitter vomiting, constipation, worse from noise, light, in the open air, or after eating.

Sanguin. (See occiput extending forward.)

Tabac. Sick headache, that comes on early in the morning, and by noon is intolerable, with deathly nausea and violent vomiting, greatly aggravated by noise and light (*Bellad.*, *Nux vom.*).

Therid. Headache of the worst kind, with nausea and vomiting, like seasickness, and with shaking chills.

Zincum. Chronic sick headache; great weakness of sight; sticking in the right ear.

VI. TIME OF ATTACK AND AGGRAVATION.

Arg nitr., *Bryon.*, *Calc. carb.*, *Eup. perf.*, *Kali bichr.*, *Natr. mur.*, *Nux vom.* Headache on waking in the morning.

Laches. Headache on waking; worse after sleep.

Gelsem. Waking from headache or colic. (Compare *Arsen.*)

Natr. mur. Headache on rising till 10 A.M.; then the head sweats; dreams of robbers, fire, murder; awakens every morning with a violent, bursting headache.

Stramon. Headache on waking in the morning.

Selen., *Nux vom.* Headache every afternoon, especially after drinking wine (*Cactus*, *Nux vom.*), tea (*Thuya*), or lemonade.

Lycop. Headache, worse at 4 P.M.

Kali brom. Violent aching, particularly in occiput, at about 11 P.M.

Pulsat. Headache; worse in the evening; tendency to diarrhœa (*Sanguin.*).

Phosphor. Headache every other day.

Sacch. alb., *Sanguin. Silic.*, *Sulphur.* Headache every seventh day.

Niccol. Headache once in two weeks.

VII. AGE AND SEX.

Calc. phosph. Almost continual headache of school-boys before or during second dentition; headache of school-girls with diarrhœa.

Natr. mur. Headache of school-girls that study too much.

Iodium. Chronic congestive headaches and vertigo, especially of old people.

VIII. DEGREE OF VIOLENCE.

Acon. Headache so violent that she loses consciousness, and lies as if in a fainting fit.

Nux vom. Headache, with loss of consciousness.

Ailanth. Severe headache, with dizziness, and hot red face.

Amm. mur. Rheumatic pains in head, so severe as to cause nausea, burning of the ears and dysecoia.

Argent. Headache, not severe, but dull and constant; vertigo and much confusion of the head.

Coffea. Headache, as if the brain were torn or dashed to pieces

(*Aethus. cyn.*); pains drive to despair, and patient runs wildly about the room.

Cuprum. Violent, continuous headache, increased periodically.

Eup. perf. Violent headache.

Ambra. Frontal headache, with apprehension of losing his reason.

China. Intolerable headache, driving to madness.

Iodium. Headache, so violent that it makes him almost crazy.

Silic. Violent headache, with loss of reason.

Tarant. Severe headache, with fear of losing the reason (*Ambra.*).

Kali carb. Horrid headache through the eyes.

Kali hydr. Violent headache; cranium swells up in hard lumps.

Laches. Cutting headache, as if a part of the right side of the head were cut off.

Sol. nig. Horrid headache.

Cinnab. Horrid headache, relieved by external pressure.

Zincum. Exceedingly violent and obstinate, intermittent pain in the brain, sometimes accompanying uterine ulceration, the uterus itself being destitute of feeling.

IX. CONDITIONS OF ATTACK, OF AGGRAVATION AND OF AMELIORATION.

Acon. Headache, as if the brain were moved by boiling water.

Agn. cast. Headache, with sexual derangement.

Pulsat. Headache from suppressed sexual excitement.

Sepia. Headache, with desire for an embrace.

All. cep. Headache, which ceases during the menses and returns after they disappear.

Alum. Headache, relieved by drinking cold water.

Aloes. Painful hemorrhoidal headache alternating with pains in the small of the back.

Amm. carb. Violent headache after walking in the open air.

Ant. crud. Headache from bathing. *Lac. ac.* Headache relieved after bathing.

Arg. nitr Headache relieved by tying handkerchief tightly around the head.

Asaf. Pains in head cease or change from contact.

Bellad. Pains may suddenly commence, gradually increase in severity till the height is reached and then suddenly disappear.

Platin., Stannum, Strontian. Neuralgia of the head begins

lightly and increases gradually until it reaches its acme, and then it as gradually diminishes.

Sabin. Headache, especially in temporal eminences (right side), suddenly appearing and slowly disappearing.

Kalm. lat. Headache; sharp pain through head, laterally above ears and extending to occiput and down the spine without any tenderness of spine. Face very apt to be affected. Pains paroxysmal.

Valer. Headache, appearing suddenly or by fits.

Su'ph. ac. Gradually increasing and suddenly ceasing headache.

Bellad., (and various other remedies). Headache worse when lying down.

Glonoin., Helleb., Ignat., etc. Headache better when lying down.

Bellad. Headache relieved by bending the head backward.

Clemat., Osmium. Headache aggravated by bending the head backward.

Arsen., Bellad., Sulphur, Thuya. Amelioration of the headache by covering the head.

Phosphor. Cephalic neuralgia when the head must be kept warmly wrapped up night and day (*Arsen., Silic.*).

Glonoin., Ledum Aggravation by covering the head.

Bryon., Chiniod., etc. Headache on opening and moving the eyes.

Calc. carb. Headache better on closing the eyes.

Cochlearia. Headache changing from side to side, worse when opening the eyes widely.

Camphor. Headache ameliorated by thinking of it.

Ox. ac. Headache aggravated by thinking of it.

Glonoin. Headache from recent exposure to the sun. Long-lasting occipital pain ameliorated by heat.

Natr. carb. Headache whenever exposed to the sun (*Nux, Valer.*). Also when working under gas-light (see *Cimic.*).

Pulsat. Headache aggravated by stove-heat in a room.

Berber. Headache aggravated by movement; ameliorated in the open air.

Borax. Headache worse after epistaxis.

Calc. phosph. Almost constant headache of boys before or during second dentition; now and then increasing to violent attacks, particularly after mental exertion, studies in school. Severest pain on or near the sutures.

- Coloc.* Headache intermittent.
- China.* Headache improved by moving the head up and down.
- Cicut.* Headache relieved by sitting erect or by emission of flatus.
- Coccul.* Head symptoms are all aggravated by talking, laughing, crying, walking, smoking or drinking coffee. Headache as if the eyes would be torn out. Headache worse after riding in a carriage (*Mephitis*).
- Coca.* On coughing and straining at stool, violent pain deep in left frontal region, like a pressing asunder.
- Carb. sulph.* Headache after stool. *Ox. ac.*, relieved after stool.
- Conium.* Headache caused by too small but frequent stools with tenesmus.
- Cyclam.* With sick headache one always sees countless stars.
- Eup. perf.* Headache relieved by conversation.
- Ferrum.* Headache precedes sweat.
- Gelsem.* Frequent micturition relieving headache (sensation of heaviness).
- Lil. tigr.* Peculiar pressive headache with tremulousness and increased flow of urine.
- Veratr.* Headache with stiffness of the neck and profuse micturition (*Eugen.*, *Silen.*).
- Kobalt.* Headache when rising from a seat.
- Laches.* Headache with yellowishness of the face. Blue vision preceding headache.
- Natr. mur.* Headache beginning with a blinding of the eyes.
- Psorin.* Headache preceded by dimness of sight, flickering before the eyes or by the appearance of spots before the eyes (*Gelsem.*, blindness.). Vertigo with the headache. At night, 1 A.M., sensation as if one received a heavy blow on the forehead, awakening him (*Conium*, *Digit.*).
- Stramon.* Headache after dim-sightedness. Also with deafness. Alternate headache and tumefaction of the abdomen.
- Nux mosch.* Drowsiness with the headache.
- Nux vom.* Headache increasing through the day; better at eve; constipation; aggravated by light, noise and mental exertion (*Calc. phosph.*;) excited or aggravated by stormy weather (*Thuya*, thunder-storm;) headache from piles.
- Oleand.* Headache improved by looking cross-eyed.
- Podoph.* Headache alternating with diarrhoea. Morning headache with vertex-heat.

Rhus rad. Headache followed by griping pains in the bowels.

Formica. Pain, shifting from the stomach to the vertex.

Sanguin. Cannot endure the pain except by kneeling down and holding the head tight to the floor. (See *Stramon.*)

Spigil. When moving facial muscle, sensation as if the skull would split.

Spongia. Headache when gazing steadily; headache from dry, cold weather; headache after intoxication.

Thea sin. Excessively disagreeable headache, with throbbing of the carotids.

Tarant. Headache, as if a large quantity of cold water was poured on the head; relieved by pressure.

Ver. alb. Violent headache, with copious discharge of clear urine (see *Asclep.*;) maddening headache; bruised pain in brain; nausea, vomiting, etc.

Viol. od. Headache, with spasm of the eyes, and a fiery semi-circle before the eyes.

Lycop. Headache; better after breakfast.

Nitrum. Headache after eating veal.

Bryon. Headache and red face after every meal. (See *Natr. sulph.*)

Nux mosch. Headache; better after eating.

Nux vom. Stunning headache in the morning, after eating.

Nux mosch. Painless pulsation in head, with fear to go to sleep.

Chamom. Headache felt during sleep. ?

Coçcul. Headache; worse after sleeping. ? (Compare *Arg. nitr.*, *Cinnab.*, *Kreosot.*, *Eup. perf.*, *Glonoin.*, *Graphit.*, *Kali bichr.*, *Kalmia*, *Merc. jod.*, *Murex*, *Scilla*, *Sulphur*.)

Pallad. Headache; better after sleeping.

Sepia. Headache; always better after sufficient sleep. (By H. V. Miller, *Trans. N. Y. S.*, 1873-4, p. 206.)

Nervous or Sick Headache; its Varieties and Treatment.

By S. Lilienthal. Dr. P. H. Latham thinks that the manifestations of migraine arise from an irritation and consequent paralysis of the sympathetic in the cervical region. The prodromata, or disturbances in vision, etc., are caused by the contraction of the cerebral blood-vessels as a consequence of the irritation of the sympathetic; whereas the headache is produced by the abnormal dilatation of the cerebral blood-vessels, being a natural consequence of the paralysis of the cervical sympathetic. (*Lancet*, October, 1873.)

NOTE.—Dr. John C. Peters (*Headache*, p. 17) remarks: The most superficial knowledge of the anatomy of the great sympathetic nerve suffices to explain the readiness with which irritation of the stomach, bowels, liver, urinary or genital organs may be propagated to the brain. Thus, first, the *pars cephalica nervi sympathetici* consists of two filaments, which proceed from the upper part of the superior cervical ganglion, the larger and more anterior being called the carotid nerve, the smaller and posterior the jugular nerve.

The carotid nerve follows the course of the internal carotid artery, passes through the carotid canal into the skull, and divides into an anterior and posterior branch, which, with their twigs, form the internal carotid plexus. From this plexus arise the inferior and superior carotico-tympanic nerves which go to the internal ear, and explain the noises in the ear, the sensitiveness to noises, which attend many headaches. The internal carotid plexus of the sympatheticus gives off: 1st, the deep and superficial vidian nerves going to the sphenopalatine plexus; 2d, three branches going to the ganglion casseri, situated in the orbit of the eye, and giving off a twig to the ophthalmic branch of the fifth pair of cerebral nerves; 3d, two twigs to the oculo motorius and abducens nerves of the eye, 4th, a twig which connects with the ciliary ganglion of the eye; 5th, it sends off branches, which accompany the cerebral carotid artery, one of them sinking into the pituitary gland, and another reaching the interior of the eye and retina, by following the course of the central artery of the retina. Thus, the intolerance of light, pain in the eye, dimness of vision, motes, colors, and other phenomena of the eyes, attending sick headache, find an easy explanation. The cervical ganglions of the sympathetic nerve, giving off branches to the heart, throat, windpipe, maxillary and facial nerves, to the scalp, the vagus and recurrent nerves, etc., sufficiently explain the different nervous symptoms, which so often complicate and aggravate nervous headache.

Dr. E. Liewig considers sick headache a pathological nerve-storm, and says, that simple sick headache, blind headache, and those severer forms appearing with symptoms of aphasia and paralysis are all members of one group, which again stand in close relation to those neuroses, whose type we find in epilepsy. Such nerve-storms are characterized by the paroxysmal, sometimes explosive appearance of the attacks; second, by the intermittent and periodical nature of the attacks, arising from the irregular accumulation and explosion of nerve-power; third, by the immunity after the attack to certain influences, which at other times might have produced the attack. An attack of sick headache arises, therefore, by the slow accumulating disturbance in the equipoise of the nerve-forces; circumstances hastening the disturbances and finally producing a total loss of this balance, bring forth a paroxysm. (*On Sick Headache*; Churchill, London, 1873.)

Du Bois Reymond considers migraine a tetanic state of the cervical sympatheticus; Arstie considers it a neuralgia of the trigeminus; Wilks acknowledges that hundreds of different circum-

stances may become the cause of sick headache, and Dr. Clifford Abbott considers this affection a state wherein cerebral and abdominal disturbances go hand in hand.

Schoenlein considers it a hysteria cephalica. Sauvage gives us ten different forms of hemicrania, and Peleton speaks of a "migraine stomacale, iricane, uterine, plethorique." Valleix and others divide it into "Migraine idiopathique and sympathique." Romberg and Leabuscher call it neuralgia cerebialis.

Du Bois Reymond gives the following symptoms: During the attack the temporal artery of the affected side (mostly the left) feels like a hard cord, whereas the one of the other side presents the normal resistance to touch. The face is pale and sunken, the eye small and injected, and the pain aggravated by every thing which increases the blood pressure to the head (stooping, coughing, etc.). All these symptoms show that the muscular coats of the blood vessels of the affected side are in a state of lasting contraction. As soon as the cause ceases a state of relaxation follows, whereby the walls of the vessels yield to the lateral pressure. From this secondary relaxation we can explain the redness of the conjunctiva, the redness and increased temperature of the ear. The vomituration accompanying migraine as well as the frequent flim-mering before the eyes may be deduced from the vacillations of the intracephalic pressure, corresponding to the alternately increasing or decreasing contractions of the muscular coat of the blood vessels. Such a tonic spasm can only arise in the sympatheticus of the affected side, or in the medullary centre of the corresponding fibres of the sympatheticus, *i. e.*, the cilio-spinal region of the medulla spinalis. He also always found, during the attack, a dilatation of the pupil of the affected side. The processus spinosi corresponding to the regio cilio-spinalis are also painful to pressure during and after the attack. Toward the end of the attack a contraction of the pupil has been observed by several physicians. Bruner also observed in his own person, as well as that of his mother, a decided painfulness to pressure in the region of the superior and middle cervical ganglia, which only passed off the next day.

Eulenberg (*Die Pathologie des Sympathicus*) explains the pains of migraine thus: In the oscillation of the conveyance of arterial blood, especially in the temporary anæmia of the affected side of the head, we find an impetus acting as an irritans to the sensitive nerves of the head, be it in the skin, pericranium, cerebral membranes, sensitive parts of the brain itself, or in each and all of these

parts, and thus causing the hemicranial paroxysms of pain. We see the same in the different neuralgiæ, that sensitive nerves become irritated by changes in the *laminæ* of their accompanying blood vessels; especially where these changes take place suddenly, and react against them by pain, and anomalies of circulation in general, especially anæmia, are now considered as one of the most frequent causes of neuralgic affections in most diseased nerves. Thus we can also easily explain the increase of the hemicranial pain from stooping, coughing, etc., and also the peculiar influence of the compression of the carotid, as in some cases the pain ceases for a time in the affected side by compression of the carotid but is increased by compression of the carotid on the sound side. We consider the local anomalies of circulation as the most essential cause of hemicrania, whereas the tetanus of the muscular coat of the vessels exercises only a more indirect and limited influence, being an important source of local anæmia and (after cessation of the spasm) of local hyperæmia.

Mœllendorf observed at the beginning of and during the hemicranial paroxysm a considerable retardation of the beat of the heart, the normal frequency of the pulse of seventy-two to seventy-six to the minute, came down to fifty-six to forty-eight, the radial arteries were small and contracted, whereas a soft, broad wave could be felt at the carotis and temporalis. Landris observed this retardation of the pulse, also in venous hyperæmia of the brain and medulla oblongata, artificially produced by compression of the descending vena cava, or by extirpation of both the cervical sympathetic nerves, but not after preceding destruction of the medulla oblongata or division of both vagi, and this retardation of the pulse is due therefore to a direct, not reflected, irritation of the medulla oblongata and of the vagi; division of the latter in the stage of hyperæmic retardation of the pulse immediately causes an increase of the pulse. As the medulla oblongata also contains the centre of most vasomotory nerves of the body, the irritation of this important cerebral part easily explains during the hemicrania the smallness and contraction of the radial arteries as well as the icy coldness of the hands and feet, the chilly sensation of the whole trunk, and the entire suspension of perspiration (sometimes with the exception of the affected part of the head). A stage of relaxation and of dilatation is sure to follow, hence toward the close of the hemicranial attack, increased salivary and urinary secretion, swelling of the liver and hypersecretion of bile, abdominal ple-

thora, tendency to broncho-tracheal catarrh and pulmonary emphysema.

Kafka (*Homœopathische Therapie, II, 207*) truly remarks, that every carefully selected homœopathic remedy, covering the sum of all the symptoms may not only assuage the severity of the pains, but by continued application will produce amelioration and even a cure. Radical cures are reported by the use of *Arsen.*, *Veratr.*, *Coloc.*, *Mezer.*, *Calc. carb.*, *Nux vom.*, *Spigel.*, *Sepia*, *Sanguin.*, *Verbasc.*, *Bellad.*, *Pulsat.*, *Platin.*, *Natr. mur.*, *Phosphor.*, etc. The interval, the nervous apyrexia as it were, must be employed for the selection of the remedy.

I cannot understand how Hughes (*Therapeutics, 134*) asserts that migraine is rarely met in the Anglo Saxon race. This may be the case in old England, but it is certainly frequently observed not only in New England, but all over the United States, and certainly in our American journals, cases of hemicrania are often enough mentioned. Habitual coffee drinking may be a cause, but it is certainly not the cause, and we agree with Wilks that hundreds of different circumstances may become the cause of sick headache.

For nervous headaches, in general (a hyperæsthesia of the brain itself or of some of its issuing nerves) this author recommends *Bellad.* and *Nux vom.*, and the same remedies are recommended in hemicrania, the former during the paroxysm, the latter most frequently effecting a radical cure.

Clotar Müller (*British Journal, XXI, Hom. Vierteljahrsschrift, v. 3, p. 364*) considers hemicrania cerebral neuralgia arising from deficient nourishment of that organ and of the nervous system in general; above all things in consequence of anæmia or deterioration of the blood, and with a sluggish circulation; again from continued immoderate mental exertion and from excessive excitement of the sensory and sensitive nerves. Hence it happens, that women and learned persons and recluses suffer from migraine. Errors in diet are also sufficient to bring on attacks of migraine in persons predisposed to it, but the usual vomiting toward the end of the fit is always of a secondary nature, a reflex action of the brain upon the stomach. He also considers *Bellad.* most frequently suitable in the treatment of migraine, but the remedy for the attack is not always that of the constitutional tendency, and as the sensitiveness and reaction to specific remedies is extraordinarily exalted, higher attenuations are more in their place in migraine than strong ones. *Nux vom.* corresponds to the general irritability and hyperæsthesia

which prevails in migraine; it seldom is of service during the fit, but it ameliorates or even removes the tendency and disposition lying at the root of the migraine. *Ignat.* although a cerebro-spinal remedy, is only recommended for *narrowly circumscribed* seats of pain in the true *clavus hystericus*. *Coffea* is not even a good palliative. *Arnica* gives the over-sensitiveness of the brain, its susceptibility to every shock, movement and exertion, and to reading and reflection, also the unilateral commencement of the pains; the easy and rapid transfer of cerebral irritation to the stomach. *Calcar.* is one of the most important remedies for the disposition to migraine, but we must not expect very speedy results from it (sour taste of all food, general chilliness, sensitiveness to light and noise, etc.). *Sepia* also enjoys a good reputation in hemicrania, and the *sudor hystericus* furnishes a perfect indication for it, also intolerance of warmth, the well-known pale yellowish complexion, the *maculæ hepaticæ* (*chloasma*), the heaviness and prominence of the abdomen, especially in the region of the liver (portal congestion). *Coloc.* attacks commence in the afternoon or evening, perspiration smells of urine, urine scanty and fœtid, but during the pains very abundant and clear. Grief, anger or a rheumatism are the cause of the fits. The *Pulsat.* migraine is also aggravated in the evening, by hot air in a warm room, when the patient is sitting still, but alleviated by pressure or binding a cloth about the head. *Ferrum* is efficacious in chlorosis and tuberculosis. Objective symptoms are the *bruit du diable* and some paleness of the mucous membrane of the mouth and eyes; subjective ones the hammering, pulsating headache, humming in the ears, congestion of the head with pale face; intolerance of all spirituous liquors; dread of movement with loss of muscular tone and debility. *Spigel.* gives us periodical rheumatic or gouty headaches, but works more specifically in pure neuralgia. The same holds good of *Verbasc.* Hering praises *Sanguin.* as the best medicine for migraine. Of palliative and auxiliary measures, *Paullin.* takes the front rank, but it requires tolerably strong doses to bring on relief and it gradually loses its effect by frequent use.

Trink's (*British Journal*, v. XXI, p. 276) has seen migraine in both sexes, at both ages, in all zones, and met with it in individuals of nations most widely apart. He also considers it a cerebral neuralgia, often hereditary, sometimes confined to a limited portion of the brain during each attack, at other times flying from one portion to another. Most of the so-called causes are only exciting causes.

which call forth this already existing complaint into action and bring on a paroxysm of it. In many persons the approach of the attack announces itself by depression of mind, sleepless nights and deep, dreamy slumber toward the morning, out of which they are awakened by the most violent headache, by want of appetite, and disorder of the stomach. The excruciating headache may at first involve the whole brain, and it is ready to burst the skull, and then it contracts within certain particular portions, or it may commence at once in limited spots, in which it remains fixed till it disappears. *Apis* and *Arg. nitr.* deserve great attention. He considers *Arsen.* of great importance in migraine. *Bellad.* abridges the duration of the fit, and diminishes the intensity of the pains. *Calc. carb.* must be administered perseveringly during the free intervals in order to gain favorable results. *Ignat.* acts well in migraine, where the patients complain of pain like a nail driven into the brain, combined with nausea, vomiting, and other spasmodic affections, and great depression of spirits. *Merc. corr.* often diminishes the intensity and duration of the attacks. *Sepia* brought about several radical cures. It diminishes at first the intensity and duration of the attack, makes the intervals longer and longer, till at last they disappear. But it must be given perseveringly for a very long time.

Hale (*New Remedies*, 2d and 3d edition) recommends for hemicrania, *Apoc.* and *Atrop.*; *Cypriped.*, *Eup. perf.*, *Gelsem.*, *Iris vers.*, *Sulphur*, *Puls. nut.*, *Triost.*, *Valer.*, *Zincum*.

We add from our repertory the following indications which might be of some use to our friends.

Asaf. Hysterical hemicrania, with flushed face, heat in the head, dryness of the eyes, and consensual gastric derangements, such as rancid taste of the mouth; distension of the bowels; rumbling, diarrhœa, or constipation.

Apis mel. Hemicrania over and in the left eye, and over the whole left side of the head, with redness and puffiness of the left cheek, with nausea and vomiting; headache on the right side into the eye; must keep it closed. The excruciating pain begins about 10 or 11 A.M., and continues till night. The sharp, stitching pains render the head heavy with sleepiness, especially when rising up from a sitting or lying position; aggravation in a warm room; amelioration by pressing the head with the hands.

Atrop. and *Bellad.* We believe with Kafka, that when *Bellad.* is indicated and fails to give relief, we ought to have recourse to

Atrop. before making a new selection. In both the right side is most frequently affected.

Bol. lar. Hemisrania of a malarious origin; frequent cutting pains in the temples; excessive, dull frontal headache, aggravated by reading or walking, with dizziness when moving the head; smarting of the eyes, with congestion of the conjunctiva.

Coloc. Intermittent headaches on a gouty or nervous basis; violent, tearing, digging pain through the whole brain, increased particularly when moving the upper eyelid, especially when the sweat has a urinous odor; little urine or very foul smelling urine is passed during the interval, but copious and clear during the pain; aggravation afternoon or evening, with great restlessness and anguish.

Codein. Morning headaches from fatigue and excessive mental excitement, worse on the left side, and lasting several hours.

Curore. Nervous headache; lancinating, piercing pains all over the head, forcing him to lie down and to stretch himself; pulsative, vibrating pains with loss of consciousness; the head is drawn backward, with stiffness of the neck; painful oscillation of the brain, as if it were full of fluid; neuralgic pains, starting in front and radiating to the neck as well as to the face; violent blows in the region of the cerebellum. (It may be of use where the neuralgic element prevails.)

Eup. purp. Sick headache; a dull hammering, beating, stitching or boring pain in the left side, or pressing from the right side to the left, with vomiting, coming on in paroxysms, which repeat themselves in the course of the day, or appear periodically in intervals of several days. It begins in the morning and gets worse in the afternoon or toward evening; aggravation by severe motion, cold air and coughing; amelioration by easy motion in fresh air.

Gelsem. and Glonoin. Are only palliatives during the fit.

Helon. Pressing pain in one or both temples in a small spot; burning sensation in top and front of the head, entirely removed by motion or mental exertion, but returning when either is desisted from; great activity of the salivary glands.

Indigo. Sick headache, originating in a state of debility.

Iris vers. Sick headache of a gastric or hepatic origin; a tired, aching form of headache, accompanied with or produced by mental exhaustion, with violent pains over the eyes, in the supra-orbital ridge, occurring on either side, but on one side only at a time; or acute boring pains on one side, with nausea coming on in re-

peated attacks during the day, or appearing at intervals of many days; most severe in the afternoon and toward evening; aggravated by violent motion, cold air, coughing, etc., but relieved by moderate exercise in the open air; violent, stupid and stunning headache with facial neuralgia.

Ignat. Periodical headache, weekly, fortnightly and monthly; gradual increase with sudden abatement; unilateral headache, which affects chiefly the eye, eyebrow or side of the head with general chilliness; crisis with secretion of copious limpid urine; momentary disappearance of the pain by a change of position.

Mosch. Hysterical headache with fainting spasms, and sense of constriction of the chest, chilliness all over, inclination to involuntary stools and copious flow of colorless urine; great restlessness of the lower extremities, pressive headache, as if from a heavy weight in the head; sensation in right temple as if a cord were frequently drawn and tightened as if to cut the head in two; pains as if a nail were pressed in the occiput, of which the point pierces the brain; worse in the room, better in fresh air.

Nux mosch. Headache after breakfast with sleepiness; region of temples very sensitive to pressure, the whole brain feels loose; amelioration from heat, aggravation from damp cold; loud talking unawares; drowsiness with bewildered sensation from waking up.

Paris quad. Constricting pressure in the forehead and temples; toward evening the pain involves the whole sinciput; it feels as if the skin of the forehead were contracted and the bone scraped sore; tense feeling in the region of the eye, as though the skin were thick and could not be drawn into wrinkles; the eyes feel as if they projected, with a sensation as if a thread were tightly drawn through the eyeballs and backward into the middle of the brain; aggravation by motion, excitement, and especially by using the eyes; sense of weight and weariness in the nape of the neck and across the shoulders.

Platin. Neuralgic headaches in sensitive, fidgety, hysterical women, with difficult or profuse menstruation; cramp-like, pressing pain from without inward, with heat and redness of the face, violent pressing in the forehead, roaring in the head, headaches gradually increasing and then gradually decreasing (*Strontian.*, *Stramon.*, *Stannum*;) sensation as of a plug in the parietal bones of the head; numb feeling in the head; sensation as if the scalp became contracted over the vertex; sensation of water in the forehead, of coldness in the ears, eyes and face; scintillations before the

eyes, everything appears smaller (*mania de grandeur*;) aggravation when resting, in the room, from stooping; amelioration in the fresh air and from motion.

Silic. Headache from nervous exhaustion; severe pressing or shattering headaches; the pain is felt in the nape of the neck, whence it ascends to the vertex and then to the supra-orbital region; also from the occiput to the eyeball, especially the right one; sharp, darting pains and a steady ache, the eyeballs being sore and painful when revolved; aggravation by noise, motion, even the jarring of a room by a footstep, and also by light; relief by heat, but not by pressure. Pain when most violent and accompanied by nausea and vomiting, and passes away during sleep.

Anac. Digging and throbbing pain in right side of the head above temples and along the borders of the eyelids; *pains relieved entirely while eating*, when falling asleep or when retiring to bed; worse during motion and work.

Anath. Burning, lancinating, pulsating headache, principally on the right side, on the forehead and temples, with nausea, vomiting and great heaviness of the eyes. Neuralgic pains in the temples, with sensation as if pointed irons were thrust in, producing fits of craziness; aggravation in the afternoon and night, from noise, light and motion.

Aranea. The headache comes on *at regular hours*; flimflaming before the eyes; dizziness in the head which obliges the patient to lie down; on rising a feeling as if the head and hands were bloated and swollen. Hydrogenoid constitution.

Arg. nitr. Migraine in consequence of hepatic disorders, gastric difficulties or uterine disorders, caused by emotions or changes of temperature, with trembling of the whole body, nausea with faintness, unusual lassitude, sleeplessness, and retention of all secretions; sensation as if the bones of the skull separated with increase of temperature; sensation as if the body, especially the face and head expanded.

Calc. phosph. Almost continual headache of boys and young students, now and then increased to violent attacks; particularly after mental exertions, studies in school, sometimes the severest near the sutures.

Cauloph. Headache with sensation of pressure over left eye, aggravated from stooping, from light and noise, worse from noon till night; by spells a very severe pain in the temples, as if both

temples would be crushed together ; complete sleeplessness ; hysterical spasms.

Cimic. Headache of students ; all the pains in the head are from within outward ; pain over the eyes and in the eyes, extending along the base of the brain to the occiput ; sensation as if the temples were compressed ; excruciating pain in the forehead, with coldness of forehead and pain in the eyeballs ; remittent headache, worse in the early morn and forenoon.

Kali bichr. Periodic paroxysms of hemicrania on a small spot ; perfect dimness of sight, followed by headache so severe that he has to lie down, with aversion to light and noise ; in proportion as the headache increases the sight gradually returns.

Sanguin. North American sick headache (?) ; a band-like constriction across the forehead just above the eyebrows ; aggravated by exercise with violent throbbing of temporal arteries ; shooting pains from one temple to the other, worse in the night ; aggravation from light and *relief from sleep.*

Sepia. Semi-lateral drawing and tearing in the head ; the pain comes in *terrific shocks*, as though there was a powerful jerk in the head ; photophobia and impossibility to open the eyes on account of the weight of the upper eyelid ; stitching, boring, hammering headaches over the right eye or in one temple, so severe as to make her scream ; nausea and vomiting ; pressure over the eyes when looking at broad daylight ; aggravation from motion, amelioration from sleep or from remaining in the dark.

Tarant. Headache similar to migraine, with impossibility to open the eyes and tendency of the head to incline backward ; frontal headache, pain in the vertex and parietal bones ; a sensation *as if cold water was poured upon the head and body*, with great noise internally, relieved by pressure and fresh air ; compressive headache with lachrymation and heaviness of the upper eyelids ; intense headache with restlessness, compelling to move from one place to another ; the pain flies to the forehead and occiput, with photophobia ; a strong light compels to complain and to scream. (Compare *Lachnanth.*) Neuralgia in the temples ; when waking up in the morning, headache as if it was knocked, increasing up to 9 A.M., affecting the *throat and neck*, with stiffness of the neck.

Zincum. Chlorotic headaches, especially in patients whose blood has been saturated with iron ; pressure on top of the head, in forehead, gradually increasing after dinner ; dizziness, nausea with vomiting of bile ; anorexia ; amenorrhœa ; constipation, or small,

hard and dry stool. *Cerebral and nervous exhaustion*; chronic sick headache with great weakness of sight.

Dubois Reymond remarks, that in migraine our therapeutic process must be directed to the regio cilio-spinalis, and we agree with Clotar Müller, that for that very reason the remedy selected for the paroxysm will frequently disappoint us. The apyrexia, if I might call it thus, must be taken into account and a remedy covering the symptoms of the interval will be far more likely to shorten the fit, to lengthen the interval, and finally to break up the evil nervous habit.

Some physicians of the old school praise *Coffeine*, as it shows a direct influence in increasing the activity of the heart and the arterial blood-pressure. (Bernatzik, Koschlakoff, Aubert, etc.) Dubois Raymond praises *Chinin.*, looking to the stage of relaxation which follows the tetanic spasms of the vessels, to the increased turgor of the cerebral blood-vessels, and considering the effect of *Coffeine* and *Chinin.* as a stimulant to the vaso-motory nerves, and cause an increase of the arterial tone. It suits, therefore, the angioparalytic or neuroparalytic form of migraine, where even during the paroxysm the symptom of relaxation of the blood-vessels, and hence arterial hyperæmia of the affected side prevail. Woakes (*Brit. Med. Journal*, II, 1868,) and Vogt (*B. K. W.*, No. 10, 1872) praise the aqueous extract of *Sec. corn.*, on account of its contracting power over the blood-vessels through the vaso-motory nerve centre in the medulla oblongata.

Amylnitrite is the latest palliative recommended by Richardson (*Med. Times and Gazette*, II, 1870) and Lauder Brunton (*Arbiter des Physiol. Instit.*, zu Leipzig, 1869). It acts on the contractile elements of the blood-vessels, reducing the arterial pressure by relaxation and by diminishing the obstacles to a free circulation; when inhaled it causes intense redness of the face with great heat in the face and head, injection of the conjunctiva, acceleration of the pulse by twenty to thirty beats, with diminished tension of the radialis, cough; where inhalation is continued, syncope will follow. Holst found that in migraine inhalations of three to five drops produce a sensation of rush of blood to the head, but at the same moment the headache also ceases, but returns again in its former intensity after a few moments, if moving about. Absolute rest is therefore necessary, if we expect any benefit from this remedy.

Eulenberg and Guttman (l. c. 20) are in favor of the *constant galvanic current* as the remedy for the different forms of migraine. The

different electrode (in the form of a lever) is applied to the cervical part of the sympathetic at the internal border of the M. sternocleidomastoideus covering a large surface and the circuit closed by holding the indifferent electrode in the hand. In the hemicrania sympathetico-tonica the anode is applied to the sympathetic, the circuit (with ten to fifteen elements) suddenly closed, and after two or three minutes gradually withdrawn. In the hemicrania neuro-paralytic the kathode is applied to the sympathetic and the circuit not only suddenly closed, but, by repeated opening and closing, and eventually by changing the current, a stronger stimulation produced. (Vide Holst *Dorpater Med.*, Vol. II, 1871.) (S. Lilienthal, *Trans. N. Y. S.*, 1873-4, p. 230.)

Migraine left side. A lady, æt. 47. The headache comes suddenly; the forehead gets cold, feeling as if the cranium were lifted up; stitches in the left temple; chest feels contracted; respiration is accelerated; in the heart spasmodic jerks, with a feeling as if it ceased beating; often violent palpitations. Beside these symptoms, pain in the calf of *left* leg, as if the muscles were separated from the bones; worse when walking (must limp); but also in rest and at night; pain in *left* shin-bone, as if it would break. On both legs bluish spots. She must lie high with her head. Appetite poor; tongue whitish; urine dark and scant. Sedentary habits. After losing her only boy she has become melancholy, and frequently sobs spasmodically. *Arg. nitr.* 2d dil., three drops every three hours. Grew much worse for two days. On the third day better. 3d potency, two doses a day cured her. (Mossa, *A. H. Z.*, v. 89, p. 75.)

Ant. crud. in Sick Headache. The pain is limited to a small spot above the eyebrow. The attack begins in the morning. When awaking the patient feels a general dulness of the head, especially of the forehead, which reaches its acme of pain about noon, when sometimes vomiting sets in, which does not relieve, and passes entirely off towards evening. The remedy must be taken on an empty stomach. (*N. A. J. H.*, v. 22, p. 442.)

Lac deplor. It cured the following cases of sick headache: nausea, with occasional vomiting, which gives relief; headache bursting, frontal and blinding, relieved from tightly tying up with a handkerchief, and worse from light and noise; bowels habitually costive, stools large; feet and hands generally cold. The remedy given in the m potency. (A. M. Piersons, *N. A. J. H.*, v. 22, p. 343.)

Lac deflor.^{1m}. Mary Safford Blake treated a lady suffering from severe migraine. The attacks occurred at any time, but especially at the monthly period. After failure of other remedies she was entirely relieved by the skim-milk; still it will fail in some cases (strict individualization necessary). (N. A. J. H., v. 22, p. 541.)

Intermittent Cephalalgia. Mrs. H., had a right-sided headache for three months, coming on daily at 10 A.M., with dizziness and dull, heavy pain; glimmering before the eyes; fainting and sinking at epigastrium; slight fever and thirst an hour or two after the commencement of headache; better in open air; don't feel headache *while perspiring*; sore nostrils. R. *Natr. mur.*^{2o} Cured. (T. D. Stow, H. M., Aug., 1874, p. 7.)

Periodical Sick Headache. Mrs. E., æt. 35, of nervous, bilious temperament; suffering for the last five years (since the close of a run of fever) from sick headache at every catamenial period.

Menses regular, rather free in quantity. The headache begins one or two days before the menses, and continues throughout the whole period. Approach generally felt at early morning, when rising from bed, with feeling of relaxation, prostration and despondency; desire to be alone; does not want to see any one, nor wishes to be spoken to; the severest pain is felt across the forehead, low down across the eyebrows, extending outward to each temple, and backward through the whole frontal portion of the head; feeling of compression and confusion over the whole brain; desire to lie down, to keep quiet and to close the eyes; at times pains would be piercing; some shocks through the head; vomiting would occur occasionally, but without relief of headache; some general coldness prevailed and sensitiveness to any changes. One dose of *Natr. mur.*^{10m}, given at the beginning of an attack, cut the same short in a few hours. She felt much improved in general wellfeeling, and has had no return of the trouble for two years. (W. Gallupe, M. L., v. 11, p. 437.)

Sanguin.^{2o}. cured in a lady sick headaches occurring as often as once in every two weeks. When she over-exerted herself so as to become very tired, she would have a great appetite, and satisfying it would be followed by a sick headache. She was in the habit of eating late in the evening. She would have during the headaches hot flashes and a sensation like that of an electrical current shooting very rapidly from one part of the head to the other. (Clara C. Plimpton, H. M., Dec., 1874, p. 212.)

Pain in the head, commencing in right occiput, and extending

to right temporal bone, described as a *tight drawing pain, gradually increasing in intensity, like drawing a rope on a windlass as tight as you can get it, until it was almost beyond endurance, when it would as gradually subside.* Gave *Sanguin.*²⁻¹⁰, about ten drops in one-half tumbler of water, a dessert-spoonful every half hour. Every dose aggravated to such an extent that he had to discontinue the medicine. Amelioration then set in, he took no medicine for about twelve or fifteen hours, during which time there was no return of intense pain. I would not then have repeated the medicine, but for the sake of experiment, to test this symptom of *Sanguin.* I then put six drops of the same preparation in a half tumbler of water and ordered a spoonful every hour. Every dose renewed the intensity of the pain, of the character above italicized, until after taking it four or five times, he said he could not take any longer and didn't want me to ever give him that kind of medicine again. He got no more medicine for two days, during which time he was free from pain. Gave the *Sanguin.*²⁰, in water every three hours, but with no perceptible effect. (R. C. Smedley, A. J. H. M. M., v. 8., p. 50.)

Facial Neuralgia, behind the right ear, in the cheekbone and upper jaw, worse in the morning; none at night, in a lady æt. 32. Mental emotions increase the pain. There is pain in the upper and lower extremities, tingling in the fingers, jerks and drawing in the limbs. The pain in the face is better from chewing and external pressure; there is a feeling of coldness in the head; the pain is somewhat relieved by wrapping the parts up warmly; when there is no pain, she cannot bear warm things around the head. The brain is void and absent, mental activity much impaired; is inclined to gape and to cry. Appetite poor; sleeps well on lying upon sick side. She has had a year ago an intermittent fever which was treated with quinine; after this chlorosis set in, for which she took iron. It appears that this complex of symptoms is the consequence of a disturbed process in the oxidation of the blood and a consequent insufficient nutrition and function of the brain and spinal marrow; in short a process growing upon a carbo-nitrogenized constitution. *Cupr. ac.*, 3 dil., three drops three times a day, cured in eight days. (Mossa, A. H. Z., v. 89, p. 68.)

Prosopalgia since several weeks. Warm cotton relieves; getting cold aggravates. *Magn. phosph.* 12th trit., every three hours one dose. Cured in three days. (A. Plate, A. H. Z., v. 88, p. 46.)

Neuralgia of Face, commencing over the right eye and extend-

ing in a few minutes over the whole right side of the face. She must get out of bed. Towards ten o'clock the pain ceases. *Magn. phosph.*⁶, relieved in three days. An attack some weeks after was promptly relieved by the same remedy; did not recur. (A. Plate, A. H. Z., v. 88, p. 47.)

Neuralgia on Right Side of Face and toothache, changing location frequently, and returning every two to three hours since several weeks. *Magn. phosph.*¹², one dose every three hours. Cured in two days. (A. Plate, A. H. Z., v. 88, p. 46.)

Facial Neuralgia. Man, æt. 30, dark, of yielding disposition. For three years almost daily attack of sharp, twisting, boring pains in both supraorbital regions, shooting through whole forehead, occasionally into temples, extorting groans. No external applications relieved. Severest spells forenoon or afternoon; sometimes attack only semilateral; extremely restless with pain. Worse in wet weather; motion and open air ameliorate. Thinks the condition came from mental application, Uses cathartics. Pro-lapsus ani with each stool. Cured with *Nux*²⁰ and 1^m. (The relief from fresh air led me to believe that another remedy besides *Nux* would be needed to finish the cure, as aggravation from fresh air is a marked indication for this remedy.) (W. P. Wesselhöft, N. E. M. G., March, 1874, p. 99.)

Intercostal Neuralgia set in after a protracted malarial fever, contracted while travelling in the Southern States. It is a lancinating pain in the right side, apparently located in the intercostal muscles, without cough, dyspnoea or soreness. The attacks recur regularly every night at one o'clock, and continue until nearly daylight. *Arsen.* in the highest potencies had been given, with but slight benefit. *Arsen.*, 3d dec. trit., two grains every half hour during the paroxysms, and at longer intervals when relieved. There was but one attack after commencing the medicine. An attack later owing to imprudent exposure, was again controlled by a few doses of the same potency. (J. H. Stebbins, Trans. N. Y. S., 1873-4, p. 296.)

Neuralgic pain. Mrs. P., æt. 69; neuralgic pains sometimes in the upper arms, again in the lower limbs, the whole length, but more severe from hip to knee, more frequently on right side. Pain dull, grinding, crushing increasing until it became intolerable; gradual loss of motion of limbs; long standing obstinate constipation. If the pain began at any hour, it always continued until twelve o'clock following, either noon or midnight, and then fre-

quently would entirely cease within ten minutes. Has used different physicians and medicines. *Phys. ven.*, mother tincture, one drop doses four times a day. After one week the 30th dil., one dose a day. Since then she has had hardly any pain, and is recovering the use of her limbs very considerably. (L. M. Kenyon, *Trans. N. Y. S.*, 1873-4, p. 293.)

Neuralgia. Playing on the harmonium, the right bellow gave away and the player received a sudden jerk, darting from the right foot to the right side of head. It aggravated on resuming the playing. The pains came in paroxysms, inflicting the most distressing sufferings. A variety of remedies was tried for about a month without avail, finally became insufferable. The patient had become exceedingly sensitive to all impressions, irritable in temper, blaspheming God while convinced of the sin. Same time suffers from incarcerated flatulence. This, and being semilateral, on right side, led to *Canthar.*⁶, a dose or two removed the pain as by magic, and the cure was permanent. (M. L. Sircar, *Calcut. M. J.*, v. 3, p. 117.)

Sciatica. Mrs. E., æt. 34, duration of disease one year; pain in left lower limb; worse inside the thigh and in the calf of the leg; pain like the toothache; a neuralgic pain making her feel faint; no swelling or change in look of limb. Limb painful at night, cannot bear her weight upon it; cannot sit; has to lie on sofa, being brought down in A.M. and carried back at night; leg tender to touch; worse from hanging leg down, and from slightest motion. Stiffness, but less pain when quiet. This limb-affection began two or three months previous to a pregnancy. She had a miscarriage as follows: six weeks previous she began to flow abundantly, continuing from *placenta prævia*, till the child was removed through a placental opening. Her leg troubled her very little while thus flowing before the miscarriage, and none at all during the subsequent hemorrhage. But as she recovered from this the pain returned in her limb, and grew worse for several weeks, till she was reduced to the helpless condition just described, at which time she first came under my care. The most remarkable symptom of her disease was the excessive sensibility to increased pain from motion. And so plain were the indications for the medicine, that I preferred not to visit her, the old-school physician having just been dismissed. I sent her, therefore, some powders of *Bryon.*³⁰. In a week her husband said: "*My wife complains of feeling better.*" In three weeks she was able to walk down stairs; in two more she

walked down town without injury; and she is now in better health than for years before. This lady received nothing but the thirtieth of *Bryon.*, of which she took two or three powders daily; and the cure, which attracted great attention, was thought the more remarkable from my merely sending the medicine without deeming it necessary to go even once where an eminent allopath had so signally failed. (J. H. P. Frost, H. M., Nov., 1874, p. 145.)

Sciatica. J. S., æt. 49; light complexion, was cured of chronic pharyngitis by *Laches.*²⁰, 2^m and 41^m. Had sciatica for five days with intolerable shooting pains, extending from left hip down to foot, followed by sensation of intense heat as from a hot iron in parts affected, and afterwards by perspiration and general prostration. The pains extorted cries, and were invariably worse after sleeping. A physician prescribed *Arsen.*, which did no good. In a state of desperation, the patient called for the remaining powder of *Laches.*^{41m}, which he took, and the relief was almost like magic. But one paroxysm followed. A speedy and complete cure was the result, except that numbness in the foot continued about a year. (Quoted by H. V. Miller, H. M., Feb., 1874, p. 300.)

Cramps in Feet and Legs. Can be cured with *Ferr. carb.*³. (F. G. Oehme, H. M., Feb., 1874, p. 318.)

Tetanus scriptorum. May not only arise from over exertion of certain muscles, but Runge shows that it may also be caused by merely local affections, as by an ingrowing nail of the right thumb, by chronic periostitis of the condylus externus humeri, etc. (N. A. J. H., v. 23, p. 126.)

Spasms, with contraction of the fingers, and staring, open eyes, lasting from a quarter to half an hour, in a girl of thirteen years, since six years, every two or three days. During the intervals she is troubled with a spasmodic cough. *Magn. phosph.*, 9th trit., night and morning one dose, relieved spasms and cough. (A. Plate, A. H. Z., v. 88, p. 46.)

Spasms. Baby, æt. 18 months, subject to spasms since five months old; afraid of strangers, cries at their approach; holds breath and goes into a spasm, which lasts two or three minutes, (*Stramon.*). As soon as the spasm begins to abate the child goes to sleep. Whenever the child cries it passes into spasms. I attributed the cause to a fright the mother had during gestation, when some six months advanced. *Opium*^{1m}, once a week for two months, when the child was restored and remained so. It is now two years since. (T. D. Pritchard, trans. N. Y. S., 1873-4, p. 314.)

Convulsions. After sitting in spiritual circles July and August, 1867, B. C. L. P., got shocks in upper and lower limbs; gradually they became more and more threatening, and two months later he received nervous shocks in hands and legs during prayer and sleep at night, sometimes at other hours; felt great heat in head; peace of mind forsook him; heard voices speaking from within him in abusive and filthy language; felt depression of spirits. It seemed that small balls coursing along hands and legs caused the shocks. *Nux vom.* did some good, lessened heat of head, but mesmerizing made him worse, as if nerves were violently torn; as if fire was coursing through the body, running from left foot to the head, burning forehead, eyebrows, ears and eyes. He changed totally; forgot his prayers and hymns, which had been his delight. He came under the common treatment: *Valer.*, *Moschus*, *Opium*, *Kali brom.* After some relief a terrible aggravation followed; constant desire to put an end to his life; always restless; suffering worse in morning; remission in the evening; sleep disturbed; peace of mind gone; prejudices and superstitious beliefs began to trouble him; shocks continued after different medical treatment, convulsed him frightfully. Vicious and abominable thoughts, chiefly lustful, trouble him. Sometimes the workings of limbs were ludicrous sometimes of a grave nature; he had to laugh or cry against his will; sensation of creeping, warm, throbbing, shifting, running, encircling, in all parts of his body; visions of living and dead troubled him. Aug. 30th, 1868, it was resolved to give homœopathy a fair trial.

He did not speak to us, suffering continually his shocks; sometimes falling down as if paralyzed; walks with heavy steps, or he runs as if in fright; utters in agony the loudest lamentations and cries; would not eat unless forced to. Pale and emaciated, he had a suffering distracted countenance. He got *Zincum*, 8 A.M., and fell asleep at nine, and improved steadily. After a week an inflammatory blush was visible on the skin a little below the middle of the right clavicle, it pained on pressure, and in two or three days became swollen, some fever was subdued by *Acon.*, for the swelling *Hepar sulph.*⁶ which brought it to a head, it was opened and healed in about a week, the nervous throbs greatly subsided and disappeared. He soon was able to write long letters, steadily improved and is now all right. Occasionally suffering abnormal sensation; he takes a dose of *Zincum*, for his old bilious sensations *Nux vom.* We had to go higher and

higher until we reached the 200th. (M. L. Sircar, Calcut., M. J., v. 2, p. 452.)

NOTE. The choice of *Zincum* was a masterly one, but *Acon.* ought not to have interfered with a fever which was doing good. *Hepar* was right again, especially after *Zincum*; its abscess hastening influence was discovered after *Zincum*. In all mental diseases it is the most sure sign of recovery if abscesses appear. The opening by the knife was another blunder and prevented a radical, permanent cure.—C. Hg.

Contraction of the Leg. Last winter, Mrs. —, brought her child, æt. 2, to dispensary with its left leg semi-flexed, both upon itself and upon the abdomen. The child could not bring any part of the foot to the floor without bending the other knee. No other observable symptoms of disease. Having had prompt results in paraplegia which appeared as the consequence of intestinal irritation, I prescribed *Cina* every three hours, and was gratified by a speedy cure after the second prescription of the remedy. (O. W. Lounsbury, M. A., v. 2, p. 227.)

Tetanus. By N. B. Covert. (Trans. N. Y. S., 1873, v. 4, 331.)

Tetanus and Trismus. After injuring a foot by treading upon a bone which had entered quite deeply, there came fever and tetanic symptoms. After removing the splinter and cleansing the wound thoroughly. *Nux vom.* The patient, who had been a whiskey drinker, grew worse. *Bellad.*¹ every two hours five drops. Brought on delirium although the spasms had much decreased. *Arsen.*⁷ and later 4th dil. gradually cured. (W. Sorge, H. Kl., 1874, p. 186.)

Traumatic Tetanus. Robust boy cut right forehead with stone; ten days after, jaw rigidly closed, general spasm from half an hour to an hour apart, extended limbs, hands and feet drawn inward, head and trunk bent backward, chest rigid, breath held until the face became purple, spasmodic cough. Aggravated from touch, motion, swallowing fluids. Intellect clear. Obstinate. The wound filled with black slough. *Bellad.* useless. Cured with *Nux vom.*³⁰. (Da Costa says "the symptoms of strychnia poisoning are almost identical with those of tetanus.") T. Conant, N. E. M. G., Jan., 1874, p. 29.)

Tetanus. Young lady, in consequence of a slight hurt of the palm of her hand by a small fragment of glass. No sleep. The spasms of the muscles of the jaws were so violent that a breath of air caused by a person passing by would induce them. *Phys. ven.*, ten drops of the tincture in half a glass of water, every two or three hours. In a short time the symptoms subsided, and final recovery

followed, but, as usual, in a very tedious manner. (Helmuth, Trans. N. Y. S., 1873-4, p. 295.)

Chorea. Boy, æt. 9; after repeated and severe epistaxis, and great soreness and bruised feeling of the joints of the limbs. *Agar.* for four months cured. (S. M. Griffin, Trans. N. Y. S., 1873-4, p. 282.)

One of the first persons who presented herself at my clinic was Miss L. B——, æt. 19, unmarried, temperament nervo-lymphatic; suffered as results of a fright involuntary movements, most manifest and continuous in the right side of the body, which prevented her from walking at times. Every afternoon there was frontal cephalalgia; also complete anorexia; pallor of the features, cachexia; impossibility to fix the mind on any subject, or the body at any task for a length of time; lack of memory and profound dejection completed the outlines of a chorea that had lasted eight months, and had been treated without any apparent relief, by several allopathic physicians, with different drugs, and latterly with chloral, which had caused a very notable aggravation of all her sufferings. *R. Bellad.*¹², six globules, in half a tumbler of water, to take thrice daily a tablespoonful.

Four days after the last dose from the glass, the cephalalgia had disappeared, she was lively, had an animated expression of countenance, had some appetite, and had been able to write a letter; but the involuntary nervous jerkings were unchanged. She received *Tarant.*³⁰ three doses of three globules each, to be taken daily before eating. Ten days after the last dose there was a notable diminution of the jerkings and muscular contractions. *Tarant.*²⁰, three doses, ut sup., caused a radical cure. (J. de la C. Chacon y C., El Crit. Med., Aug., 1874.)

Visc. alb. in Chorea from Fright. (Wild, A. H. Z. Quoted by R. J. McClatchey, H. M., Dec., 1874.)

Epilepsy and Hystero-epilepsy. The prodromal stage differs. It is longer in hysteria, emanates as an aura from the ovarian region, and rises upwards through the abdomen and chest to the head; in epilepsy the aura begins only a few seconds before the fit, and emanates from other regions. The hysterical scream is long-drawn, the epileptic scream short. In hysterical convulsions we miss the consequent snoring and the apoplectiform state, we may rather have a kind of noisy delirium with hallucinations of sight and hearing. (Chareot, N. A. J. H., v. 23, p. 255.)

Epilepsy cured by Hydropathy in combination with Homœopathy. Patient got steadily worse under old school treatment; loss of memory; broken sleep, and awakens frightened; inappetency; constant headache; he has a dejected look, and very deeply marked bluish rings around the eyes. The fit was preceded by increased headache, when, with a sudden scream, he falls backward in opisthotonus; stiffness in all the limbs and rigidity of all the joints ensued, mouth foaming, body icy-cold. The attack terminated by violent vomiting of bilious matter. Treatment: After half an hour's exercise on horseback to provoke perspiration, and a few moments of rest, he took a full cold bath of 25° R. for a few minutes, according to the reaction, the body quickly dried, and another half hour's horseback-ride taken. After ten days the douche was substituted for the bath. After five weeks hydropathic treatment, a miliary eruption appeared, with great itching, standing out for three days and then disappearing. Internally he took, according to indications, *Bellud.*, *Ipec.*, *Nux vom.* 15th to 30th cent. (R. M. Chaoez Bogota, N. A. J. H., v. 22, p. 347.)

Epilepsy arising from ovarian irritation. Miss J. E., æt. 24, unmarried. Five years before was attacked by severe headache just previous to menses. It began in the occiput, passed over the right side of the head, and located in and over the eyes. This would increase until an attack of epilepsy would set in. She would be unconscious for eight or ten hours, and awake to a renewal of the same routine. The attacks mostly preceded menses, but sometimes would coincide with a suppression of the same. Sad, morose, loves solitude; throat dark-red; during menses, pain in left ovary, which was swollen and tender; menses light in color and scanty.

Cured at once by *Atrop. sulph.*³ every six hours for four days before the menses.

Mrs. L., æt. 40. Mother of seven children, and now pregnant. In each other pregnancy, beginning at about the third month, she suffered severe cutting or drawing pains in left ovary, which extorted screams, and caused her to bend to that side. After a time the head would be attacked and genuine epileptic convulsions result. Attacks grew more severe and frequent, until a day or two before labor, when they were almost continuous. Case cured entirely by *Atrop. sulph.*⁴.

In ovarian, supra-orbital and orbital neuralgia, I use it in preference to any other remedy. It may be necessary to get its physio-

logical effects at times before a cure will become permanent. (W. H. Blakely, A. H. O., May, 1874, p. 258.)

The symptoms: "The right hand clutches at the throat," has been marked in several cases of epilepsy where *Bellad.* proved the curative. (J. M. Kershaw, M. I., v. 2, p. 151.)

Menstrual Epilepsy. Mrs. W., æt. 40, had seven years ago what seemed to be an attack of sunstroke, and soon after a fall down stairs, since which time she has had much pressure in the back part of the head and down the neck. Her headache is accompanied with a flushed face and vomiting. She sometimes becomes blind, especially in the left eye, and when the pain is very severe, there is a spasmodic jerking of the eyelids. At other times she has shooting pains in the eyeballs, which run from before backwards.

About once in three weeks after suffering extremely with these headaches, she falls into a fit and becomes quite unconscious for a time, frothing at the mouth and biting her tongue. On coming out of the paroxysm, she is wild, pulls her hair, and recovers very much exhausted. Then the menses appear, but the flow is scanty and intermittent. The abdomen becomes bloated, and she has a great deal of pain in the left ovarian region. She also has occasional colicky pains in the bowels, and a drawing pain in the left knee. Before the fits began, she was regularly "unwell" every four weeks. R. *Bellad.*^s, every three hours.

One week later doing well; continued same medicine.

Third week. The menses appeared, but she has had only one fit, and that less severe than usual, the flow being more free. Wakens every morning at two o'clock, and cannot sleep any more. R. *Nux* and *Bellad.*, each one dose daily.

Sixth week. No more fits; the courses came on slightly for one day and then stopped, but returned the third day. R. *Bellad.* and *Hyosc.* alternately.

Eighth week. Is not so well; has had three fits. Examination with the speculum shows a large raspberry ulcer on the cervix uteri. R. *Rhus tox.*^s every three hours, and *Glycerine* and *Hydrast.* locally.

Ninth week. Has been quite well until yesterday, when she had headache. R. *Bellad.* morning and noon, and *Sulphur* at night. (Clinic Hahn. Med. Coll. and Hosp. R. Ludlam U. S. Med. and Surg. Jour., v. 9, p. 465.)

Epilepsy. Girl, æt. 12. At first every month an attack for one year. The following two years often twelve to fifteen attacks

in twenty-four hours. With a shriek she falls always *backwards*; then her body turns towards the left and arms and legs are twisted; eyes turned upward; then beating with hands and feet; face turns bluish; facial muscles convulsed; finally the head is turned towards the left and back so that the occiput is in front; breathing quick and noisy; thyroid gland swollen like a goitre; violent throbbing of carotid arteries. When the spasm ceases she again commences to shriek; imagines being chased by wild animals, clinging tight to her mother until she becomes conscious. Cheeks and tongue are lacerated and bleed; the body is bruised. During the intervals it grows dark before her eyes; pupils enlarged. Abdomen large but soft; stool hard. Has got through the children-diseases. Has not had the itch. Dec. 27th, 1834, *Bellad.*³⁰. Jan. 17th, 1835. Less attacks; she does not fall any more backwards but always upon the forehead. *Bellad.*³⁰. After one week the attacks cease and there appears an itching eruption. *No medicine.* March 4th, 1835. *Sulphur*³⁰. cures the eruption. The child is well. (Schellhammer, Arch. 16, v. 2, p. 82. A. H. Z., v. 89, p. 118.)

Harry Turner, æt. 9. Had epileptic fits for three years. First saw him in March, 1849. Learned that the paroxysms came on suddenly. Would fall down or out of his chair, become convulsed all over, frothing at the mouth, the convulsive movements ending with a rigid condition of the body; the convulsion lasting generally two to four minutes, other rigid condition continues half an hour. Only one fit at a time.

Used during six weeks *Bellad.*, *Calc. carb.*, *Cina*, *Ignat.*, *Hyosc.*, *Sulphur*, but with no results. One day was told that *before* these attacks he was of such a furious disposition, excitable, easily angered, since then he had become *mild and even timid*, and that now if he went a few days beyond the usual time without a recurrence, he would show his old disposition again. Gave him that day, May 3d *Indigo*³ centesimal in two grain doses four times a day. Continued it for nearly a month, each week dropping off a dose a day, and he never had another attack.

Oct., 1856. John Henry, æt. 17. Fits every day; could learn little of their character. After trying, on suspicion of masturbation as the cause, *Phosph. ac.* and *Nux vom.*, and afterwards *Staphis.*²⁰ and *Sulphur*²⁰, gave him on account of his *exceeding melancholy* *Indigo*, 3d trit., three doses a day; he reported twice, the first time that he had gone more than twice as long without any fits, and the second time that he had had none for a month.

In July, 1858, a lad, æt. 12, applied to me, saying that he had had fits ever since he could remember. Lasted sometimes five minutes, clonic and very violent. Occurred every nine or ten days. This boy was *very melancholy, exceedingly timid*, and said he didn't want to live. Under *Indigo*, 3d trit., three doses daily, he improved rapidly. Was under treatment three months, and the last time I saw him he had had no fit for six weeks.

Aug., 1873. Mary F., æt. 33, unmarried, has convulsions regularly once a week. Is very *gloomy* in consequence, but has endeavored not to have the family know anything of it by her looks or actions; *has spent many nights alone crying*. *Indigo*, 2d cent., three doses daily. Gradual improvement, and on November 18th and 25th, and December 2d, reports no sign of any trouble. (L. M. Kenyon, A. J. H. M. M., v. 7, p. 210.)

J. W., æt. 18, good health until eighth year, when he was suddenly seized with epileptic fits; sometimes had three or four paroxysms a day, seldom passed twenty-four hours without one; produced by sudden noise, touch or excitement. Contracted itch at school when about eight years old, which had been repelled by external treatment. Eruption disappeared almost immediately after application of the ointment, and within *three weeks* thereafter had his first fit. Gave one dose *Sulphur*^{2m}. About seven days after taking the *Sulphur*, an eruption resembling small boils appeared, sometimes painful, and when touched would throw him into a spasm. This was accompanied by febrile symptoms which increased and finally assumed a typhoid form; was treated with the appropriate homœopathic remedies and convalesced, the spasms appearing at longer intervals and less in force. Had no convulsions at all from the 18th of November until the 22d of February, when some mental excitement brought on another spasm. Since then he has had a few spasms, but each one at a longer interval than the preceding. His general health has greatly improved, and his mental improvement has kept even pace with the physical. (H. H. Baxter, Proc. H. M. S., Ohio, 1874, p. 108.)

Facial Paralysis, caused by large abscesses behind the angle of the jaw, right side. There existed torticollis with paralysis of muscles of right cheek. Abscess lanced, then *Arnica* was given without relief; *Caustic* relieved within a few days, and the cure completed by iodide of potassium. (J. H. Nankivell, H. W., v. 9, p. 217.)

Wm. J., a colored man, æt. 50, had been a night watchman in

mill for some years, and, like many others thus engaged, had gotten into the habit of taking very little sleep by day. He was also a great consumer of tobacco, both in chewing and in smoking. Having lost his situation by the closure of the mill, in the effort to support his family after a long season of involuntary idleness he undertook to chop wood at some place two miles from home. He was much exposed to severe March weather, and worked till midnight, at home, every night. He had *hemiplegia of the left side*; could not raise left arm; could scarcely hobble across the room. Stopped his coffee and tobacco, ordered quiet. R. *Nux vom.*, in water. He recovered but had a relapse, when *Nux vom.* again cured him.

Here the bad effects of the excessive use of tobacco and of the loss of sleep unite with the *left side* paralysis to make up a group strongly characteristic of *Nux vom.*, which wrought a most gratifying cure. In a similar partial *left side* paralysis, to which another patient of mine, an over-worked mother and sewing woman, is subject, aggravated always by mental distress or excitement, I have found the same remedy very efficacious. (J. H. P. Frost, H. M., Nov., 1874, p. 145.)

Paraplegia. The child was 20 months old; had craving appetite, yet good digestion with regular and normal stools; slept well, and aside from *the sudden loss*, for three weeks, *of the use of her lower limbs* and the unnatural hunger, there were no apparent symptoms of disease.

Thinking the paralysis might be reflex symptoms from intestinal irritation by worms, I prescribed *Cina*, four pellets every three hours, which completely cured the patient within one week. No recurrence. (O. W. Lounsbury, M. A., v. 2, p. 226.)

Lead Paralysis. All cases of lead paralysis have their extensors paralysed and the right hand is most affected.

All such cases are incurable without the aid of electricity. (E. A. Murphy, M. I., v. 11, p. 23.)

Nervous Debility, with sleeplessness of nervo-bilious temperaments: *Cypriped.*, third dec. trit. (C. T. Mitchell, trans. N. Y. S., 1873-4, p. 283.)

Hypochondria. Mr. H., some fifty years of age, yellowish color of face and much emaciated, passes among his acquaintances as a fine specimen of hypochondria. He constantly complains of pain in the limbs, in the back, and small of the back. His physicians don't want to have anything to do with him any more. He

now suffers with a cutting pain around both hypochondriac regions to the spinal vertebræ, which increases in spells. Hard pressure ameliorates, motion aggravates, he must lie down. There is a feeling of constriction of the thorax which makes respiration short with moaning. Light bronchial catarrh; appetite tolerable; stool retarded; pulse irritated; ill humor, despairs of getting well. *Arg. nitr.*, 3d dil., three drops every three hours, cured him in a short time. (Mossa, A. H. Z., v. 89, p. 75.)

BLOOD.

Hypertrophy of lymphatic glands—scrofulous sarcoma, œdema of Trousseau—fatal termination—autopsy. Mr. B., æt. 57, a farmer, called Nov., 1873. Up to two years before had enjoyed good health. Commenced then to be troubled with numerous boils, and was unable to work any. When boils discontinued to appear, he commenced bleeding from the nose, and when the anterior and posterior nares were plugged, patient would bleed from tongue and lips. A slight wound with a razor would bleed freely for several days. A year thus spent was followed with hemorrhage from the bowels, and six months later hæmaturia set in; these hemorrhages continued more or less until within two months of his death. The presence of tumors was observed on the side of the neck, and these set in and continued about a year before his death. These grew rapidly, others followed in the groins and axillæ, and so increased as to interfere with locomotion. There was sense of oppression in the chest and slight dyspnœa at times; appetite good, digestion normal, and all the other bodily functions were performed apparently well. His muscular strength was much impaired, scarcely being able to walk; much difficulty of breathing, which prevented him from lying down for several weeks. Upper and lower limbs œdematous, and his person notably deformed by the growths referred to. The entire cervical region was one nodulated mass, and the swellings on the groins and axillæ as large as a man's fist. Two months or so after the patient called he died in a paroxysm of suffocation, which, it appears, was caused by enlarged bronchial and tracheal glands.

Autopsy. Entire abdominal and thoracic viscera were forced upwards, compressing the lungs and contracting the chest space. Small portion of left lung ulcerated, otherwise healthy. Heart

normal, except wall of left ventricle, which was thickened. A small blood clot found in left ventricle, and a large one in mouth of aorta, extending to several of its ramifications, (evidently post-mortem). Liver, pancreas, mesentery, kidneys, spleen and bowels, healthy. In right and left iliac fossa and completely surrounding iliac arteries and veins, were two tumors, size each of a foetal head. Also in lumbar region several such. All along track of abdominal and inguinal glands more or less of same enlargements existed of varying size. The bronchial, tracheal and cervical glands were also implicated. Each tumor was found encapsulated in firm connective tissue over which a few blood-vessels were traceable. Incision through the growths proved that all distinction between the medullary and cortical portions of the gland had been effaced, the cortical structure only being present, which resembled strongly medullary cancer. The microscopic examination of the juice scraped from the cut surface, was a mass of round granular lymph cells, usually larger than the normal, having marked nuclei and nucleoli.

The cause of this strange malady is involved in much obscurity, etc. As yet no treatment, either therapeutical or surgical, has been of any avail. (H. F. Biggar, Ohio Med. and Surg. Reporter, v. 8, Nos. 1 and 2, p. 253.)

Anasarca. The best remedies are *Arsen.*, *Apis.*, *Helleb.*, *Sulphur.*
Apis. *Very scanty urine with thirstlessness.*

Arsen. Thirst, drinking little at a time, but often; great restlessness, especially after midnight; sense of suffocation when recumbent.

Helleb. Urine scanty, depositing a dark sediment like coffee-grounds.

Sulphur often needed to complete cure. (H. V. Miller, H. M., Nov., 1874, p. 163.)

Necrosis and Gangrene. Necrosis is caused by a withdrawal of nutritive material from an organ or tissue. Gangrene is the action of a putrefying process. There is, First, Necrosis caused by diminution or suppression of the circulation; which attacks the extremities or internal organs. Its first stage is *anæmia*, followed by hyperæmia; afterwards, destruction of the blood-globules and fatty metamorphosis of the tissues. The third stage produces partial or total resorption of the necrotic focus, or its expulsion. Resorption only occurs in smaller foci. Weakness of the heart's action favors necrosis.

Second. Necrosis is caused by chemical agents which coagulate the

blood in its vessels. This necrosis is more rapidly developed; it is caused by chemical or physical agents (as concentrated acids, or caustic alkalis, or cold, heat, electricity, etc.), each agent having its specific action. It is not progressive, except where a putrefactive process is developed.

Gangrene results from peculiar states of fermentation and putrefaction, differing in degree with temperature, moisture, etc., and occurs where septic substances come in contact with the body, and the air has access to the affected parts.

Gangrene has two developing periods. 1. Irritation and fluxion; 1. Mortification and decomposition. In the first stage appear swelling, redness, serous infiltration, petechiæ, fetid odor. Later, the gangrene forms blackish, greenish, dirty-yellow masses, imbued with a sanious fluid, containing fatty drops, salts, loose albuminous combinations, turning pink on adding nitric acid. The gangrenous tissues are full of pigment-granules, hæmatoidin crystal, volatile adipic acids, triple phosphates; they exhale gases, odorous, and which render the tissues emphysematous; these gases are ammonia, hydrogen sulphides, ammonium sulphides, hydrogen phosphides.

Living organisms, absent in necrosis, are always present in gangrene, acting as ferments. Gangrene extends itself in continuo or by metastasis, and causes severe general disturbances.

Diminished nutrition, moisture of the tissues favor gangrene, its conditions are similar to those of putrefaction, it only arises where air has access. Do all gangrenous processes originate by the same factors? Gangrene requires antiseptic—necrosis, expectant treatment. (H. Lancereaux, translated by S. Lilienthal, H. M., Jan., 1874, p. 259.)

Scorbutus. E. J., æt. 20, housemaid, has an eruption of purplish color in small spots or patches all over the body, but worse on extremities. Has been living in a house where the kitchen is very dark and close. Ate little or no vegetable food. Has dyspnoea in going up stairs; menses every three weeks, and profuse and protracted. Pulse 96; hands and feet chilly. Sleeps heavy; not refreshed after waking; sight weak. Bruit at cervical veins when standing. Bowels constipated. Is ordered to take the juice of half a lemon a day, and *Tinct. sulph.*, a drop three times a day. Well in two weeks. (Mackechnie, Br. J., 1874, p. 320.)

Graphites in Scrofulosis. In relation to the eyes we find: heat in the eyes, sensation of biting as if from something acrid; swelling of the eyelids; redness and painful inflammation; burning,

biting and itching in the corners of the eyes; accumulation of pus; redness, inflammation and boils of the eyes; morning agglutination; dry smegma on the eyelids; great photophobia. *Graphit.* suits especially crusty and moist eruptions, especially on the face, nose, lips, etc.; painfulness and moisture under the crusts; crusty ulcers, the scrofulous habitus with lymphatic œdema, blonde hair, pale face, low spirits, etc. In fact *Graphit.* is indicated in a whole series of dyscratic states, especially when caused by a suppression of habitual secretions and excretions. (Goullon, Jr., N. A. J. H., v. 23, p. 223.)

Hydrophobia. Mrs. Mary M., æt. 32, of full habit, a remarkably beautiful, healthy and robust woman, was bitten on the 9th day of June, 1869, by a small Scotch terrier dog. She noticed certain strange actions on the part of the dog—running about the house from room to room. Meanwhile he kept up a whining, meaningless look. She attempted to caress him, which he resented by giving her hand a sharp snap, wounding it in two places, between the thumb and wrist. The dog was immediately killed, under the impression that he was mad. During the day she called upon Professor Pulte and related the circumstance, but did not seem to think much of it. She was advised to have the wound cauterized and poulticed, which was accordingly done; the cauterization to be repeated day after day until a free discharge was secured, and afterward often enough to keep it up. Medicines were administered, with the hope to prevent rabies if the dog were really mad.

On the eighth day after the bite, while the lady was making her toilet, she was taken very suddenly with sharp, darting pains in the bitten hand, extending up the arm to the shoulder and base of the brain. This was followed by cramps and drawings in the back and the limbs of the side (the right). Prof. P. was immediately sent for, and in less than ten minutes was in the lady's chamber administering the appropriate remedies for a supposed case of hydrophobia and to allay apprehension as to the cause of the trouble. The following day Prof. P. called upon me to obtain my views of the disease, which were frankly given. He seemed to be fully impressed with the idea that he had a genuine case of hydrophobia to deal with and promised that, if he could obtain consent, I should see it.

Accordingly, about nine o'clock P.M., I was notified that I could see the lady, and that Prof. P. was waiting, and to come as soon

as possible. When I entered the room, she had been quiet a few minutes, and so remained for about half an hour. It had become known that a case of hydrophobia was under treatment on Seventh street near Walnut. The reporters for the daily press were on the lookout for an item. One of them found the place and forced himself into the presence of the patient without ceremony. Instantly she was thrown into a most violent convulsion; her hands were raised, eyeballs protruding, her head and shoulders thrown back as if in the most horrid affright. She threw herself toward the wall, it required the strength of two very stout men to retain her on the bed. She struck, snapped and bit at everything and every person. She had now been unable to swallow anything liquid for a period of thirty hours. In her conscious moments she would beg for water or some liquid to drink, which, as soon as offered her, was rejected, and generally followed by seizures more or less violent, which, if once witnessed, could never be forgotten.

A plan of treatment was agreed upon and the patient left in my charge to carry it out during the night. Before morning the patient had taken a pint of Bourbon whisky and a cup of warm tea. The paroxysms continued during a greater portion of the day following. She breakfasted at ten o'clock on coffee and toast. The treatment was carried out for five or six succeeding days, when the patient was left in the hands of her own physician, Prof. Pulte. She made a good recovery and was well when last heard from, two years afterward.

A physician, æt. 37, living in a neighboring city, was bitten on the thumb by a bitch kept about his stables and, as it was not thought that she was rabid, no particular attention was paid to it, and it was allowed to heal. On the evening of the ninth day, having felt as well as usual, when about to retire he was suddenly attacked with a severe pain in the bitten thumb, which instantly passed up the spine, and thence into the brain, producing a violent nervous convulsion for a few moments, with a disposition to snap and bite. After about two or three minutes it passed off and he felt perfectly well again, but could not account for this sudden strange feeling. In about five minutes the same pain returned, but it was noticed that this time it commenced in the cicatrix of the bitten thumb and came with more force than before, producing slight spasm and still greater disposition to snap and bite and to grind the teeth, which were entirely beyond his control, causing him to fall to the floor. This attack lasted about the same length

of time as the others. When recovered from this, he remembered that this was the ninth day since he was bitten. While in the conscious state, he requested his wife to remove all water and everything of a liquid character from the room and to get him certain remedies, fearing that this was hydrophobia and that the dog was mad. In a few minutes another and a more severe attack came on, greatly prostrating him; yet, in the intervals of consciousness, he states that he knew everything that was done or said and was able to prescribe for himself and direct everything all through his various attacks. The attacks returned every few minutes for about five hours, under the use of *Bellad.*, *Laches.* and *Hydroph.*, they were arrested, the pain passing down the spine to the loins and hips, and from thence to the knees. In about three days these conditions all passed off and he was able to attend to his business again.

From the first, each attack became more severe, the pains originating in the hand and passing to the brain, and then the paroxysms would become so violent that it would require three or four strong men to hold him on the bed. Each series of attacks would last from five to six hours, with short intervals between each paroxysm, during which time he would be perfectly conscious, telling those around him what he wanted them to do, fearing that he might injure some one. In every instance, when the pain left the base of the brain, it passed down the spine and finally to the knees; when, in about twenty-four hours, it was over.

These recurrences took place about every nine to eleven days from about the middle of May to December 10th, 1870, when they ceased, and he seemed to be restored to his usual good health. The remedies which he thinks were of most service to him were *Bellad.*, *Laches.*, *Hydroph.* and *Arsen.*—all high potencies. (Wm. Owens, M. A., v. 1, p. 637.)

Rabies Mephitica. The common skunk (*mephitis mephitica*, Shaw; *M. Chinga*, Tiedemann) is as dangerous as he is disagreeable. In a wild state he is by no means the weak, timid, harmless creature commonly described by naturalists, although it is said that if disarmed of his weapon of defence while young he may be safely domesticated.

A peculiar poison is sometimes contained in the saliva of animals belonging to the canine and feline families, the production of which, it has been generally supposed, is limited to them. Other animals of the same or of different species may be inoculated with

this virus, the result being a mysterious malady which men have observed from the days of Homer and Aristotle, but which has never been either cured or understood. This frightful disease has been called, from its origin, *Rabies canina*, and from one of its symptoms, *hydrophobia*. Probably it is not communicable by any species but those with which it originates. A few instances have been recorded to the contrary; but they were so imperfectly observed as merely to stimulate us to further investigation. It is stated by the best medical writers (*e. g.* Watson, Gross, and Aitken) as an undeniable fact that no instance is known of hydrophobia having been communicated from one human being to another, although many patients, in their spasms, have bitten their attendants. An interesting case, but inconclusive, being the only one of its kind, is reported by M. Guillory, in which an aged man experienced spontaneous hydrophobia (*Bullétin of Belgium Academy*, Nov. 8th, 1871).

In such exceptional instances there may have been previous inoculation, unnoticed or forgotten; for the least particle of this deadly poison will be efficient, and yet it is always tardy in its period of incubation.

The facts now collated will show, it is thought, one of two things—either that the hydrophobic virus is both generated and communicated by some of the *Mustelidæ*, as well as the *Felidæ* and *Canidæ*, or else that a new disease has been discovered, which generally resembles *Rabies canina*, while differing from it specifically. My judgment favors the latter opinion decidedly, for reason to be adduced; and accordingly I may name this new malady, from the animal in whose saliva it is generated

RABIES MEPHITICA.

The varieties of mephitis are notorious for the singular battery with which they are provided by nature. It consists of two anal glands, from which, by the contraction of sub-caudal muscles, an offensive fluid can be discharged in thread-like streams with such accuracy of aim as to strike any object within fifteen feet. This secretion is either colorless or of a pale yellow hue. It is phosphorescent; viewed from a safe distance, its discharge looks like a puff of steam or white smoke. Its odor is far more persistent than that of musk. If too freely inhaled it causes intense nausea, followed by distressing gastric cramp. In minute doses it is said to be a valuable antispasmodic. If so, why not experiment with it as a cure for hydro-

phobic convulsions? It is not known what the effect would be of injecting this fluid beneath the skin. Interesting results might be attained by any one who was willing in behalf of science to investigate further in this inviting path. There certainly seems to be some connection between it and the disease under consideration; for in every instance the rabid skunk has either exhausted his mephitic battery, or else has lost the projectile force by which it is discharged. Perhaps the secretion is only checked by the feverish state of the system. Possibly there may be a causative connection between this inactivity of the anal glands and the generation of malignant virus in the glands of the mouth.

An adventure, while on a summer tour amid the Rocky Mountains, first called my attention to the novel class of facts about to be presented. Our camp was invaded by a nocturnal prowler, which proved to be a large coal-black skunk. Anxious to secure his fine silky fur uninjured, I attempted to kill him with small shot and failed. He made characteristic retaliation, and then, rushing at me with ferocity, he seized the muzzle of my gun between his teeth. Of course the penalty was instant death. An experienced hunter then startled us by saying that the bite of this animal is invariably fatal, and that when in apparent perfect health it is always rabid. He resented our incredulity and confirmed his statement by several instances of dogs and men dying in convulsions shortly after having been thus bitten.

On mentioning this adventure to H. R. Payne, M.D., who had been camping with miners near Canon City, Colorado, he said that at night skunks would come into their tent, making a peculiar crying noise, and threatening to attack them. His companions, from Texas and elsewhere, had accounts to give of fatal results following the bite of this animal.

Since returning to Kansas City, I have had extensive correspondence with hunters, taxidermists, surgeons, and others, by which means the particulars have been obtained of forty-one cases of *Rabies mephitica* occurring in Virginia, Michigan, Illinois, Kansas, Missouri, Colorado, and Texas. All were fatal except one, that was the case of a farmer named Fletcher, living near Gainsville, Texas, who was twice bitten by *M. macroura*, yet recovered and is living still. On further inquiry it was found that he was aware of his danger, and used prompt preventive treatment. Another case was alleged to be an exception—that of a dog which was severely bitten in a long fight with a skunk, but whose wounds healed

readily and without subsequent disease. It seems, however, that this dog afterwards died with mysterious symptoms like those of hydrophobia in some of its less aggravated forms.

Instead of burdening this article with a mass of circumstantial details, a few cases only will be given, best fitted to show the peculiarities of the malady, and those are preferred that are located on the almost uninhabited plains of Western Kansas, because there the mephitic weasels would be least liable to be inoculated with canine virus.

A veteran hunter, Nathaniel Douglas, was hunting buffalo, in June, 1873, fourteen miles north of Park's Fort. While asleep he was bitten on the thumb by a skunk. Fourteen days afterwards singular sensations caused him to seek medical advice; but it was too late, and after convulsions lasting ten hours he died. This case is reported by an eye-witness, Mr. E. S. Love, of Wyandotte, Kansas, who also gives several similar accounts.

One of the men employed by H. P. Wilson, Esq., of Hayes City, Kansas, was bitten by a skunk at night while herding cattle in the plains. About ten days afterwards he was seized with delirium and fearful convulsions, which followed each other until death brought relief. Mr. Wilson also reports other cases one of which is very recent. In the summer of 1873 a Swedish girl was bitten by a skunk while going to a neighbor's house. As the wound was slight and readily cured the affair was hardly thought worthy of remembrance. But on January 24th, 1874, the virus, which had been latent for five months, asserted its power. She was seized with terrible paroxysms; large doses of morphine were administered, which ended both her agony and her life.

In October, 1871, a hunter on Walnut Creek, Kansas, was awakened by having his left ear bitten by some animal; seizing it with his hand, he found it to be a skunk, which after a struggle he killed, but not until after his hand was painfully punctured and lacerated. He presented himself for treatment to Dr. J. H. Janeway, army surgeon at Fort Hayes, from whom I have the facts. The wounds in the hands were cauterized, much to the man's disgust, who thought simple dressing sufficient. He refused to have the wound in the ear touched, and went to Fort Harker to consult Dr. R. C. Brewer. Ten days after the latter reported that his patient had died with hydrophobic symptoms. Another hunter in the fall of 1872 applied to Dr. Janeway to be treated for a bite through one of the alæ of the nose. He had been attacked by a

skunk while in camp on the Smoky River, two nights previous. He had been imbibing stimulants freely and was highly excited and nervous. A stick of nitrate of silver was passed through the wound several times. He was kept under treatment for two days, when he left to have a "madstone" applied. He afterwards went home to his ranch and died in convulsions twenty-one days from the time he was inoculated.

I give but one more of the cases reported to me by Dr. Janeway. In October, 1871, he was called to see a young man living in a "dug-out" a few miles from the fort. He had been bitten by a skunk, seventeen days previous, in the little finger of the left hand. His face was flushed and he complained that his throat seemed to be turning into bone. On hearing the sound of water poured from a pail into a tin cup, he went into convulsions that followed each other with rapidity and violence for sixteen hours, terminating in death. This man's dog had also been bitten, and it was suggested that he had better be shut up. He chanced at the time to be in the hog pen, and he was confined in that enclosure. Ere long he began to gnaw furiously at the nails and posts of the pen, and to bite the hogs, until the by-standers, convinced that he was mad, ended the scene by shooting all the animals in the pen.

It is evidently the opinion of Dr. Janeway that the malady produced by mephitic virus is simply hydrophobia. Should he be correct, then all that is established by these facts would be this, viz., that henceforth the varieties of *Mephitis* must be classed with those animals that spontaneously generate poison in the glands of the mouth and communicate it by salivary inoculation. From this, as a starting-point, we might go further and see a solution of the whole mystery of hydrophobia in the theory that this dread malady primarily originates with the allied genera of *Mephitis putorius* and *Mustela*, widely scattered over the earth, being from them transferred to *Felidæ* and *Canidæ*, and other families of animals.

And then if it could be proved, experimentally, that the characteristic mephitic secretions contained an antidote for the virus of the saliva we should have the whole subject arranged very beautifully. I am favored by Dr. M. M. Shearer, Surgeon in the 6th U. S. Cavalry, with notes from his case-book, of four cases in which persons have died from the bite of the skunk; and he also mentions additional instances reported to him by other observers. He thinks there is a marked difference between the symptoms of this malady

and those of hydrophobia. I shall refer to this testimony again, but pause for a moment to notice his final conclusions, from which, original and interesting as they are, I must dissent. He says—"I regard this virus as being as peculiar to the skunk as the venom of the rattlesnake is to that creature, and not an occasional outbreak of disease as the *æstus veneris* of the wolf or the *rabies canina*." Singular as this theory may seem, it is not wholly without support. It is remarkable that of all the cases thus far reported to me, there is but *one instance of recovery*. It is stated in *Watson's Physic* (vol. i, p. 615) that of one hundred and fourteen bitten by rabid wolves only sixty-seven died; and of those bitten by rabid dogs the proportion is still less. But mephitic inoculation is a sure death. Then, again, it is to be observed that the only peculiarity noticeable in these biting skunks is the arrest of their effluvium. They approach stealthily, while their victims are asleep, and inflict the deadly wound upon some minor member—the thumb, the little finger, the lobe of the ear, one of the alæ of the nose. How different from the fierce assault of a mad dog! how subtle and snake-like! It may be remarked also that dogs are generally as cautious and adroit in attacking these odious animals as they are in seizing venomous snakes. But we must remember, on the other hand, that thousands of skunks are killed annually, partly as pests and partly for the fur trade; and it is incredible that an animal, whose ordinary bite is as venomous as that of a rattlesnake, should so seldom resort to that mode of defence if it be his. The resulting disease resembles hydrophobia more than it does the effect of ophidian venom. But here, as observed at the outset, the likeness is only generic, while specifically there are marked differences. These have purposely been kept in the background until now, and in giving a differential diagnosis I shall avoid repetitious details, and combine facts gathered from many sources with the close and accurate observation which Dr. Shearer has put at my disposal.

First. The period of incubation is alike in *Rabies canina* and *Rabies mephitica*: that is, it is indefinite, ranging from ten days to twelve months, with no opportunity meanwhile for subsequent inoculation. But during the incubative period of *Rabies mephitica* no perceptible changes take place in the constitution as in hydrophobia. In only one instance was there unusual nervousness, and that might have been due to alcohol. In every case where there was time for it the wounds healed over smoothly and permanently, and in several instances not even a scar was visible. In no case was

there the recrudescence of the wound always seen in hydrophobia ; indeed, there were even so few premonitions of any kind, that in most instances the attendant physicians themselves supposed the ailment to be simple and trivial, until the sudden and fearful convulsions came on to baffle all their skill.

Second. Characteristic pustules form, in hydrophobia, beneath the tongue and near the orifices of the submaxillary glands (see Aitken, *Science and Practice of Medicine*, v. 1, p. 653). These were not reported in a single case of *Rabies mephitica*. Dr. Shearer looked for them carefully in all his cases, but did not find them.

Third. The specific action of hydrophobic virus affects the eighth pair of *cranial nerves* and their branches, especially the œsophageal branch, the result being great difficulty in swallowing ; and the motor nerve of the larynx, causing sighing, catching of the breath, and difficulty in expelling the frothy mucus accumulated in the throat. These invariable accompaniments of *Rabies canina* are usually wanting in *Rabies mephitica*, the exceptions being in the case of the Swedish girl, who complained of pain in her chest ; and the young man, Dr. Janeway's patient, whose constriction of the throat was decided, as well as his sensitiveness to water. Dr. Shearer's patients had no such trouble. A taxidermist, who had seen four dogs die from *Rabies mephitica*, in Michigan, says they did not seem to have any fear of water, or other signs, which he had supposed were characteristic of *Rabies canina*. Ordinary hydrophobia, again, is marked by constant hyperæsthesia of the skin, so that the slightest breath of air will precipitate convulsions. But in *Rabies mephitica* fanning the face affords relief, and even cloths dipped into water and laid on the forehead, were soothing.

Fourth. In hydrophobia the perceptions are intensified, so that the deaf are said to have their hearing restored ; the pupils are strongly dilated, imparting to the eyes a wild, glaring expression ; the spasms are tonic, *i. e.*, steady and continuous ; the pulse is feeble, and delirium is occasionally relieved by lucid intervals. But the symptoms are wholly different in *Rabies mephitica* ; there is oscillation of the pupil, the spasms are clonic, *i. e.*, marked by rapid alternate contraction and relaxation of the muscles ; small, but wiry radial pulse and rapid carotids ; positive loss of perception and volition throughout, until delirium ends in persistent unconsciousness, simultaneously with cold perspiration and relaxation of the sphincters.

Fifth. The mode of death is by asthenia in both forms of rabies ;

but in *Rabies canina* the frightful struggles of nature to eliminate the poison are more prolonged than in *Rabies mephitica*, and in the latter they may, on occasion, be still further abridged by the use of *Morphine*, which has no narcotic effect upon the former even in the largest doses and injected into the veins.

I have thus endeavored to describe, and also to explain, these strange and painful phenomena. I must leave the reader to form his own decision, only hoping that some one may be induced to follow this pioneer work in a new path by further and more able investigations of his own. (Horace Hovey, Am. Journ. of Science and Arts, May, 1874; B. J. H., 1874, p. 442.)

FEVER.

Intermittent Fever. (J. Jeanes, H. M., June, 1874, p. 505.)

Intermittent Fever. A review of Bœnninghausen by C. S. Fahnestock, (U. S. M. and S. J., v. 9, p. 191).

Intermittent Fever. During the summer and fall of 1873 I treated in all fifty-three cases, curing all but one, who was led away by the prejudice of his friends. The remedies used were *Eup. perf.*, *Ipec.*, *Corn. flor.*, *Apis*, *Gelsem.*, *Ignat.*, *Laches.*, and *Cinchon.* The proportion cured by each, was:

<i>Eup. perf.</i> ,	23	cases	cured	by	1st	dil.
<i>Ipec.</i>	18	"	"	"	"	"
<i>Corn. flor.</i> ,	4	"	"	"	"	"
<i>Apis</i> ,	3	"	"	"	"	"
<i>Gelsem.</i> ,	2	"	"	"	"	"
<i>Ignat.</i> ,	1	"	"	30th	dil.,	every 3 hours.
<i>Laches.</i> ,	1	"	"	3d	trit.,	" 3 "
<i>Cinchon.</i> ,	1	"	"	1st	"	" 2 "

The number of chills following the administration of the remedies, was:

1 case 14; had chills constantly for *two years* previously, cured by *Ignat.*³⁰.

3 cases 4 chills.

8 " 3 "

4 " 2 "

37 " 1 chill.

All the cases in which but one chill followed were under *Eup. perf.*, *Ipec.*, and *Corn. flor.*

30 cases were of the tertian, 4 cases of the quotidian type; 28 cases had had chills before. The time of exacerbation is of little consequence. Give the remedy covering most of the symptoms. If it fail to cure in the prescribed dose, *double* the quantity. To one ounce of alcohol add two drachms of the drug-tincture; succuss. To four ounces water add one drachm of the remedy, giving a teaspoonful every hour, except during the chill. When the chills cease, give medicine every three hours for forty-eight hours after.

Eup. perf. Long chill, short fever, or fever through the day, but very light; little or no sweat; thirst generally very great throughout the whole day; much shivering, even during the fever, a swallow of water will make him shiver; pains in back, head, chest, etc. In fact, the more general and severe the *pains* the better the remedy is indicated. Chills come on in morning generally, but it cures other cases if indicated. Nausea no guide whatever. Cures *all* types.

Ipec. Short chill, long fever, sweat either profuse or scanty; *internal nausea*; vomiting; cold hands and feet; great oppression of the chest, can hardly breathe; always after previous drugging with quinine. If no other remedy is plainly indicated, *Ipec.* will cure.

Corn. flor. First moderate heat, then light perspiration, ending with a *crawling* sort of chill, beginning in back and going upwards. When all the stages seem aborted, and patient says his chills don't amount to anything. Weak, languid, loss of appetite. When quinine seems indicated and you don't want to give it.

Apis. Chill *always* begins at 3 P.M. and neither ante- nor postpones.

Gelsem. Chills begin in feet or hands and run upwards. Long but not hard chill. Great nervousness. Begins in the evening generally. *Angry.*

Ignat. Chill relieved by wrapping up warm; chill begins as soon as the back is the least uncovered; strong symptoms of spasms in nervous women. Period of exacerbation very changeable, it either postpones or antepones.

Laches. Has ague regularly every spring; gets delirious, excited, and very talkative.

Cinch. Great enlargement of the veins on arms, legs, etc. Hot in one part and cold in another; enlargement of liver and spleen; great debility; whole body as yellow as saffron. (A. A. Roth, H. M., Aug., 1874, p. 22.)

On Characteristic Symptoms. They may be prominent or

obscure symptoms. Oftentimes those symptoms which are really characteristic in the sick, from having no apparently direct relation to the pathology of the case are passed over as of little consequence, although recognized as peculiar. In other instances they are neglected because their counterparts are not readily discoverable in the *Materia Medica*. But the more singular and unusual these particular symptoms are in the sick, so much the more fundamental and important may be their relation to the whole case. While the rarer and more obscure these particular symptoms are in the sick, so much the more difficult it will be to find their analogues in the *Materia Medica*; and this from the very obvious reason, that the dynamic influences which cause natural diseases are necessarily *similar in their operation* to those which cause artificial or pathogenetic diseases. Thus it happens that the obscure, apparently unimportant and sometimes seemingly trifling symptoms which are really characteristic of the sick in any given case, are quite sure to be equally obscure and apparently unimportant, or even trifling in the pathogenesis of the corresponding remedy. On the other hand, it may be that symptoms well known and prominent in the pathogenesis of a medicine shall escape observation in the sick, either from want of careful attention or from not thinking of the particular remedy in such connection.

In hemorrhage after abortion at three months resisting every remedy, the tampon was used; at 3 P.M. the flow was worse and having been worse at the same hour before I prescribed *Nux vom.*, which cured. Characteristics do not appear always when expected. In many cases of ague cured by *Eup. perf.*^{em} the chill preceded by great thirst was not noticed. (*Raging thirst before chill, thirst several hours before the chill, Eup. perf.*) A boy, æt. 8, had a daily chill, on every other day at 2 P.M.; cold for an hour and a half, shakes part of that time; *thirsty before the chill*; vomiting as the chill passes off, of food; appetite good; wants to be warmly covered when in the chill. Pain in *pit of stomach*, at back of neck, between shoulders. Thirst more with chill than with fever, stretches and yawns. Fever for three hours followed by perspiration. Sweats till midnight. *Cold perspiration at night. Eup. perf.*^{em} cured.

Nearly all these old subjects of ague are *coffee-drinkers*, and I tell them they never can be cured till they give up coffee. The old school physicians do not seem to have observed this, and I have been surprised to find some homœopaths even who overlook the fact that the constant use of this beverage in ague-districts in a

remarkable manner tends to predispose people to this disorder when they are free from it, and to keep it up in spite of all medication when they have it. The majority of these cases of ague have already been plentifully and vainly drugged with quinine, and some of our homœopathic remedies acted more favorably when thus following quinine, just as *Kali iod.* will cure cases of syphilis that have been mercurialized, and no others.

Characteristic symptoms, when once well established, may serve to enlarge the sphere of usefulness of the remedies to which they belong, either by encouraging their employment in some cases, where the accompanying symptoms were unknown or not known to correspond; or in others, where they have not hitherto been recognized as applicable to those particular forms of disease.

Miss Alice B., æt. 11, black hair and eyes, had long been subject to attacks of ague, for which quinine had been successfully given, without, however, preventing the recurrence of the paroxysm with every new provocation. Chill every other day, at about 11 A.M., she shivers awhile, then shakes for twenty minutes. Headache. Hands first cold. Nausea as the chill goes off; *nausea all the time*. No thirst with the chill. Chill followed by fever. Thirst with the heat. Perspiration when the fever passes off. Found her covered up on the sofa, shaking with the chill, when I visited her July 26th. R. blank powders to take during the P.M., and one powder of *Ipec.*^{1m} (Fincke), to take at bed-time. Was sent for before breakfast in the morning; found her still in bed; she had passed a comfortable night, but had just been vomiting. Satisfied that this was the effect of the *Ipec.*^{1m}, I gave her only a blank powder in water, to take a teaspoonful every hour, and promised to call in the evening. After tea I found her out at play. Nearly a year has now elapsed and she has had no chill since; but once in a while when her sister (*in loco parentis*) finds her complaining of headache, etc., as formerly before the chill, she sends for a few powders and the danger is avoided.

Comparing this patient's case with the "General Fever Symptoms" of the New Edition of Bönninghausen already referred to, it would seem that the well known *nausea* characteristic of *Ipec.* had determined the remedy.

In the second edition of Bönninghausen's Homœopathic Therapeia of Intermittent Fevers, the great characteristic of *Ipec.*—of *predominance of nausea and vomiting* with the disease, is omitted.

Opposite symptoms are not always counter-indicative. Drug-action is sometimes alternate.

An important and characteristic symptom may lead to the use of a remedy when the other symptoms are not all known to correspond or when some may appear exactly opposite. (J. H. P. Frost, H. M., Oct., 1874, p. 97.)

Intermittent Fever. D. C., seaman and captain; short stature; dark and sallow. Had had quotidian chills and fever for six years. Had irregular attacks; would have the quotidian type for three months. Has been treated allopathically. Now has quotidian at 10 A.M., or at 3 or 6 P.M. First, burning and sickness of the stomach, then vomiting of mucus, food or bile. Next, coldness commencing in the back and running all over the body, with shaking at times. Thirst for warm drinks such as hot tea or ginger tea. Chill lasted some two or four hours. Gaping, stretching, blue lips and nails, and constant licking of the lips, with much thirst, were present. Fever comes on after chills and vomiting, and lasts from two to four hours. Marked prostration, with restlessness and desire to shift from place to place; thirst, dryness of lips and mouth; soreness of hypochondria and epigastric tenderness. During chill and fever, aching of the bones and bruised feeling; short asthmatic breathing, with cough and expectoration of white phlegm both during the attacks and when comparatively well. Better from warmth and while sitting bent forward. Sweats are strong-smelling, profuse and easy. Urine high colored and herby, acid reaction.

He is discouraged, melancholy and inclined to anger, or to be irritable. *Arsen.*^o, three prescriptions cured him. No return of paroxysms since first prescription. (T. D. Stowe, H. M., Aug., 1874, p. 6.)

Intermittent. Girl, \ae t. 10 . The yellow color of the skin of hands and face, and of the sclerotica of both eyes, indicated a case of icterus.

The child's mother stated that for sometime previous she had been downcast and sober, and nothing seemed to enliven her, although she made no complaint of feeling unwell.

The greater part of the previous day she had had alternations of cold and heat, thirst and cephalalgia, the whole surface of the skin had become yellow, urine was scanty, thick and very dark colored. A close examination revealed in addition to the above, the following symptoms, viz.: Intense fever, pulse strong, quick (120,) respiration accelerated, frontal cephalalgia, burning thirst, tongue white,

bitter taste, general debility, and yellow color of the skin and sclerotica, which left no doubt that the affection was an acute attack of icterus. R. *Acon.*⁶, twelve globules in six tablespoonsful of water, to take a teaspoonful every three hours, total abstinence from food.

On the 14th, at P.M., and after a profuse perspiration, the greater part of the symptoms disappeared, and she continued in the same state till the 15th, P.M., when about five o'clock she had a severe chill, preceded by gaping and yawning, which lasted an hour, and was followed by nausea, vomiting, fever, cephalalgia, violent pains in the abdomen and in all the muscles of the body, and liquid stools. This condition continued early A.M. of the 16th, when it disappeared after a profuse perspiration. In the P.M. of same day, repetition of the scene of the 15th.

On the 17th, at 2 P.M., I saw her for the second time during the apyrexia, which was so distinctly marked as to leave no doubt as to the intermittent, quotidian type of the complaint. Tongue was white, taste bitter, skin of body and sclerotica, of a deeper yellow, much pruritus in whole body, urine dark colored, stools accompanied by violent pains in the abdomen, still frequent and watery, and the perspiration had stained her linen yellow. R. *Elat.*⁶, eighteen globules in nine tablespoonsful aq., to take a teaspoonful every two hours. There was no return of the fever after the 19th, and with it all the other symptoms disappeared. No traces of icterus remained on the 24th. In the number of September 25th, 1872, were published the brilliant results obtained with this remedy, by Drs. Matthews and Jones, of Philadelphia, in various diseases, particularly in many cases of an intermittent type which had not yielded to quinine. We desire to aggregate to them the preceding case, and to notice as marked indications for this remedy: biliousness, nausea or vomiting; watery stools and cutting pains in the intestines, particular the last symptom. (Franc. Firmat, *El. Crit. Med.*, May 10th, 1874.)

Electricity in Intermittents. A report on. (J. H. Lewis, U. S. M. and S. J., v. 9, p. 485.)

Intermittent Fever. *Ipec.* will cure a large proportion of cases. The conditions of its use are: excessive bilious vomiting before and during chill and heat. When there is no vomiting and but little nausea, great thirst, relief from sweat: *Natr. mur.*²⁰ is the remedy. In severe bone-pains, and vomiting between chill and

heat, give *Eup. perf.*²⁰. In congestive chills use *Gelsem.* (Baker, H. M., Aug., 1874, p. 8.)

Intermittent Fever. Mr. B., æt. 40, a short, thick-set man, dark, sanguine, bilious temp., a seaman, contracted malarious fever in Java, six years ago. Has since had quarterly attacks. Has been obliged to quit the sea. Quotidian, with chill and thirst, with intense headache in the forehead, and nausea, and at times vomiting. Chill was shaking, lasting about an hour. Precursors were, blue lips and nails, general shrinking of the surface, and gaping. The fever in this case lasted some four hours, and was characterized by great heat, with temperature at 101, thirst, restlessness and intense frontal headache. Lastly, copious perspiration, with very remarkable amelioration of symptoms. Two prescriptions of *Natr. mur.*^o cured him, with no return to date. (T. D. Stowe, H. M., Aug., 1874, p. 5.)

Intermittent Fever. Mr. D., æt. 36, tall, fair and thin. For ten years has had a queer intermittent; paroxysms severe, easily excited; chill after eating or at four P.M.; chill in back spreading over the body; internal coldness with external heat; shaking chill, with great thirst and frontal headache, gaping and stretching; eyeballs sore, and sensation as of bruises, with aching of the bones; desires to be covered up, but with no relief; great malaise and restlessness during the chill; long chill, at times lasting two hours; nausea, but rarely any vomiting between the chill and fever; hot skin during the chill.

Fever, with thirst for large quantities of cold water, and constant sleepiness. Pulse 88, quite hard. Tongue is thinly coated, mouth dry; is touchy and cross during the paroxysm. As a rule he passes considerable quantities of pale but burning urine before the paroxysms. R. *Arsen.*^o, with little benefit; then *Natr. mur.*^o with relief. (T. D. Stowe, H. M., Aug., 1874, p. 6.)

Intermittent Fevers, which show from the first a tumescence of the spleen, find mostly their remedy in *Arsen.*, not higher than the 6th cent. dil., in repeated doses and continued for some time. After the paroxysms are relieved and the spleen remains still swollen, either *Iodium* or *Kali hydr.* will remove it. After abuse of quinine, and consequent œdema of the feet, *Hep. sulph.*, *Calcar.* has been the remedy. (Stefan v. Vezekenji, A. H. Z., v. 88, p. 41.)

Intermittent Fever, characterized by a pain in the occiput during the chill. It commences with the chill and is attended with pain in the spleen. In some cases the pain in the back of the head

extends to the front of the head. In one case it was attended by transient blindness. *Petrol.*², in water, every two hours, one teaspoonful. (Stens, Sr., A. H. Z., v. 89, p. 156.)

Bhabani Tharana, æt. 4½, was attacked with intermittent; indulged in fried sweetmeats; within a few days abdomen swelled, and anasarca all over followed; face, especially eyelids, swollen as to cover the eyes; hands, belly, scrotum, lower limbs, were so swollen as to pit deeply on pressure; no pain, no fever, bowels costive, urine scanty. *Pulsat.*³⁰ and dry regimen cured in ten days. Remedies may be selected according to indications presented by the existing causes. A case of epilepsy after childbirth, evidently brought on by a fall immediately before delivery, was cured by *Rhus tox.* Cases of fever, diarrhœa, congestion of brain, or any other internal organ, have been cured by *Dulcam.* whenever we have been able to trace their origin to wetting. (M. L. Sircar, Calcut., M. J., v. 1, p. 457.)

Silic.^{om} cured in a child, æt. 21 months, the following symptoms: Every day on awaking after morning sleep, about 12 or 1 P.M., fever lasting till 4 or 5 P.M., followed by sweat on hands and feet. With the fever short, quick breathing, cold feet, no appetite; lies still; arms cold, and has *cutis anserina*. (E. W. Berridge, H. M., Oct., 1874, p. 110.)

A masterly essay on the *epidemic fever of Bengal* may be of great use in the United States. Dr. M. L. Sircar shows and proves that embankments of railroads, roads and other obstructions of the drainage, may be the cause of murderous malarial epidemics. "Artificial obstructions to natural drainage are often followed by outbreaks of fever." N.B.—It was also very absurd when some wise-acres ordered to burn or destroy jungle and valley vegetation in swamps, because they harbor mosquitoes. It is a rule, the more mosquitoes the less malaria. Every mosquito before it is fully developed, has purified from five to ten gallons of putrid, filthy water. It is easy to make the deciding experiment. (Calcut., M. J., v. 2, p. 1.)

Spirillæ of Relapsing Fever. (Quoted by B. W. James, H. M., May, 1874, p. 479.)

New Orleans Yellow Fever Mortality. From July 6th to Nov. 2d, 1873, the total mortality of New Orleans was 2608, 200 of which were from yellow fever. There were 368 cases. (Quoted by B. W. James, H. M., Jan., 1874, p. 287.)

Yellow Fever Epidemic at Memphis, Tenn. In Aug., 1873,

a case of yellow fever was imported from Shreveport; he was received into one of a cluster of rude cabins above the landing, and died the day following. From thence the disease spread rapidly. In the second week of November the deaths averaged ten or twelve per day; perhaps half the population fled the city. At the end of September the disease had invaded about half the city, and the number of daily deaths was as high as seventy or eighty. During October the fever raged most malignantly, and extended to two-thirds of the area of the city. At the end of October two or three severe frosts killed the epidemic.

Memphis is considered as above the yellow fever belt, and has had but two previous epidemics, one in 1855, the other in 1867.

Two forms of the disease were observed, the inflammatory and the congestive. The latter the most dangerous. (L. Morse, M. I., v. 11, p. 40.)

The Yellow Fever in Memphis. By Dr. L. Morse. It seemed to propagate itself by personal contact. In all epidemics importation could be proved. Yellow fever has an incubation varying from three to four days to as many weeks. Anorexia, languor, dull, watery eyes; headache, pain through the loins; acidity of the stomach, easy perspiration, a certain confusion of the mind, often increased sexual desire.

The attack is ushered in by a fit of chilliness, alternating with flushes of heat; there is often a zig-zag play of cold sensations up and down the spine. This chilliness is usually followed by confirmed fever, lasting from twenty-four to seventy-two hours. In some cases the fever is slight, the pulse soft and feeble, and the patient passing quickly into the stage of depression. After the fever was fully established, the pulse became rapid and tense from 90 to 130; the eyes injected and watery; the skin hot and pungent, either dry and harsh, or bathed in profuse perspiration, boring twinges in the joints, more or less pain in the head, back, loins and shoulders; features dark, gloomy, or anxious and distressed; great fear of death or perfect apathy; delirium; tongue red on edges and tip, covered with a thin, white, cottony fur; nausea, pain on pressure in pit of stomach, sometimes vomiting, and nearly always pain on pressure; costiveness; urine high-colored and scanty or perfect suppression; thirst for cold water. Temperature above 106 indicated a fatal result.

In many cases improvement now set in, or an apparent amelioration preceded the third stage with intractable gastric irritation,

intense acidity, precordial anguish, torturing thirst, quickened pulse, vomiting most distressing, skin more or less yellow, coma and black vomit were the forerunner of death, frequently bloody stools; bloody saliva and epistaxis.

Therapeutics: For the delirium: *Bellad.*, *Hyosc.*, *Stramon.*, *Veratr.* Prostration: *Arsen.*, *Arnic.*, *Carb. veg.*, *Laches.*, *Rhus tox.* Chilly stage: *Camphor*, *Veratr.* Vomiting after drinking: *Phosphor.*, *Arsen.*, *Arnic.* Patient thinks he is well: *Arsen.*, *Arnic.* Indifference. *Sepia*, *Phosph. ac.* Hemorrhage: *Bellad.*, *Ipec.*, *Phosphor.*, *Hamam.*, *Ferr. mur.*, *Carb. veg.* Diarrhœa: *Arsen.*, *Mercur.*, *Nux vom.*, *Rhus tox.*, *Crotal.* Gastric irritation: *Pulsat.*, *Nux vom.*, *Chamom.*

The lower attenuations, from the third to the sixth decimal, were uniformly applied during the epidemic.

Gelsem., *Bryon.*, *Bellad.*, with a good sweat, seemed to act as prophylactics, and warded off many an impending attack. *Charcoal* came also much in favor as a prophylactic. Out of more than fifty persons, who took it and were constantly exposed to the fever, not one was attacked. The usual dose was half a teaspoonful of the crude powder two or three times a day. (N. A. J. H., v. 22, p. 425.)

NOTE.—Just as *Sulphur* is the best preventive to Cholera, when applied in substance to the skin, so yellow fever is covered by *Carb. veg.*—C. He.

Severe Complications in Typhus Abdominalis. First. Neglect, wrong treatment, starvation. Second. Pregnancy, puerperium. Third. Alcohol dyscrasia. Fourth. Hemorrhagic tendencies. Fifth. Decubitus, abscesses, pyæmia. Sixth. Erysipelas. Seventh. Affections of the bones of the organs of hearing. Eighth. Perforating peritonitis, abscesses on the spleen. Ninth. Laryngitis and perichondritis. Tenth. Mental affections. (N. A. J. H., v. 23, p. 261.)

Typhus Abdominalis Levissimus. Characteristics are: the sudden beginning, no steep curves, the fever steadily decreases in from one to three days; swelling of the spleen; albuminuria; bronchial catarrh is rare. The infection was trifling, with sufficient power of resistance in the patient. Convalescence greatly protracted, relapses frequent. It ought to be a rule, that a patient suffering from ever so light a typhus, ought not leave his bed under two weeks, nor ought he to take solid nourishment before that time (Juergensen). (N. A. J. H., v. 23, p. 258.)

Typhus and Mental Diseases. Dr. Mendel remarks, that for

a differential diagnosis, the thermometer is of the utmost value. The characteristic curves, as shown in typhus, are not observed in mental affections, especially not these high evening exacerbations, except when complications are present. Typhus is sometimes the cause of mental diseases, we either see before us the acute delirium *ex inanitione* which passes off as the patient gains strength, or the slowly and gradually developing morbid state of most different complex, and offering all shades of mental diseases, with more or less marked symptoms of peripheric paralysis. An intercurrent typhus may act temporarily beneficially on mental diseases, but generally typhus is considered an unwelcome intruder in lunatic asylums. (N. A. J. H., v. 22, p. 407.)

Application of Remedies in Typhoid Fever according to Characteristic Indications. *Baptis.* Chilliness with soreness of whole body. Senses blunted, expression besotted; while answering will drop to sleep, can't comprehend; stupid delirium.

Tongue white or yellow, thickly coated (first stage;) later still coated but brown and dry, particularly through the middle. Sordes on the teeth, with very offensive breath; aphthæ, putrid, dark, ulcerated; stools loose, yellow or dark and horribly offensive; also offensive sweat and urine, weakness and sliding down in bed.

There are few cases that have in their beginning this class of symptoms in their totality. Later when these symptoms occur (excepting the ulcerating aphthæ,) *Baptis.* is useful. Most useful in second or third week.

For the stage of invasion, *Gelsem.* Symptoms: Sense of extreme prostration. Dull pain or strange sensation in the head, with jactitation of the muscles. *Trembling from weakness*; legs tremble when trying to walk or move them; arms and hands tremble when trying to use or even lift them. Muscles refuse to obey the will. There is a sticky, clammy, feverish taste, but little or no coating on the tongue. Drowsiness or sort of semi-stupor; wants to lie or sit still, he feels so weak; eyelids seem heavy and drop even when awake. Pulse weak and slow when quiet, but accelerated by motion, and generally a sense of slight chilliness and coldness all over.

Beginning of fever, *Bryon.* Headache in occiput to forehead, made worse by motion. Delirium, generally about business affairs. Constipation; dry, chapped lips; tongue coated white, yellow, or later brown; thirst for large quantities of water. I generally find

it useful in the first and second week, but use it in any stage if these symptoms are present.

It is of no use when there is diarrhœa. *Rhus tox.* generally steps in where *Bryon.* leaves off. The aggravation on motion is gone, and a desire for *constant* and *frequent movement*, which seems to give temporary relief, is present. More restlessness the latter part of the night; constant tossing about. The active delirium is changed to a stupid, muttering delirium. Constipation is gone and diarrhœa obtains. Tongue red, dry, smooth, or *red at the tip in shape of a triangle*, second or third week, but sometimes in first week if diarrhœa then occurs.

Arnic. is oftener indicated than used. It is very similar to *Rhus tox.* They both have prostration with *bruised* sensation and desire to move or to be moved. The *Arnic.* patient wishes to be moved because everything upon which he lies seems too hard, and he will give that reason even in delirium; while under *Rhus tox.*, the patient moves because it relieves the pain, the *bed* makes no difference, and does not feel hard. Both have dry, brown tongue, but *Arnic.* has a dry brown streak through the middle (*Baptis.*). The prostration is generally greater under *Arnic.*, and stools and urine oftener involuntary and unnoticed. But it is often difficult to choose between them; and if *Rhus tox.* fails, think of *Arnic.*

Arsen. Jahr says: "A powerful remedy in many cases of abdominal typhus, if *Rhus tox.* remains ineffectual. On the other hand, *Arsen.* sometimes has no effect whatever, if given before *Rhus tox.*, being seldom indicated there. In the inflammatory stage, with constipation, it is of no real benefit; its real sphere of action commences where the putrid, foul, cadaverously smelling stools, and brown, dry, leather-like tongue indicate such an advanced degree of decomposition of the fluids that *Rhus tox.* is no longer able to arrest it." *Extreme prostration; great restlessness and anxiety*, manifesting itself in constant moving of head and limbs, while the trunk lies still on account of too great weakness; burning pains; aggravation of all symptoms at *midnight*.

Laches. One of our most useful remedies in this disease. I believe that those who habitually use low potencies do not generally appreciate this remedy.

Muttering stupor; sleeps much with mouth open; dry, red, or black tongue, cracked at tip; trembles when protruded (*Gelsen.*) or catches under lower teeth.

The mouth and throat get so dry that the act of trying to moisten

them after sleeping will make the patient scowl and cause tears to start.

This last symptom is very characteristic, and I have verified it in some desperate cases, not only in typhoid fever but in typhoid pneumonia. All symptoms worse after sleep. Mostly useful in second and third week.

Stramon. This remedy I have found most frequently useful in high grades of delirium.

I have never derived much benefit from *Bellad.* or *Hyosc.* in these cases; but when there is loquacious delirium, with all sorts of odd fancies and imaginations, red face, sleeplessness, (and in one case where the head was jerked spasmodically from the pillow) *Stramon.* is invaluable.

Mur. ac. Settles down in the bed; involuntary stools; tongue paralyzed; hemorrhage of dark liquid blood; mouth full of dark bluish ulcers. Have cured several cases with these symptoms present.

Nux mosch. A very excellent remedy. Characteristics: 1717, profound coma; lying silent, immovable; insensible; 79, difficult comprehension; 78, slowness of ideas, dwells long on her answer or does not answer at all, very deaf; 1010, putrid colliquative diarrhoea; 885, rolling, rumbling and gurgling in bowels; 1690, a dreamy state, with drowsiness and falling of eyelids; 525, *dryness of the mouth*, tongue and throat, with fullness of stomach and loss of appetite; in the evening the dryness is so great that the tongue sticks to the roof of the mouth, yet there is no thirst.

I have numbered these symptoms as I found them in Hering's arrangement of *Nux mosch.*, because it was from this arrangement that I was enabled to prescribe this remedy in a very desperate case which had baffled my best efforts for a long time. I had used *Phos. ac.* in different potencies, high and low, but to no effect, when I was led to examine the *Nux mosch.* from the intense, persistent dryness of the mouth, yet without thirst, and upon examination I found the whole case was covered by that remedy, and cured with the 30th and 2^o potencies. This remedy ought often to be used in place of *Phosph. ac.*

Arum tryph. Very wakeful, restless, screaming; delirium part of the time; wants catsup all the time, great hurry for it; diarrhoea dark yellow, fluid stools; pulse quick; breath fetid; *nostrils raw and bloody, also tongue, lips and whole mouth, red, raw and bloody;*

will keep picking and boring the nose and mouth, notwithstanding it bleeds and hurts her in so doing. (Nash, H. M., Oct., 1874, p. 129.)

Characteristic Symptoms. In finding them look for the most prominent of patient and remedy. Either the physiological school must yield or Hahnemann's teachings are false. Hippocrates clearly pointed out the most characteristic symptoms in acute disease, and he speaks of them as did Hahnemann.

The most characteristic symptoms of the sick and of the remedies are "the mental symptoms;" and if both Hippocrates—the father of medicine—and Hahnemann—the father of Homœopathy—show their admission of this proposition, they could not consistently do so were they not also of one and the same opinion as to the "origin" of diseases. The "dynamic origin of diseases" is taught by both. The admittance of the dynamic origin of diseases is a necessary condition of the admission of the great characteristic character of mental symptoms in general when the disease is to be diagnosed, and in particular if such changed and apparent mental symptoms are to be classified as characteristic symptoms of the sick.

What the mock scientific men profess to find, what morbid anatomy erroneously professes to reveal, are not the causes but the results, the products of disease. Hahnemann estimated the symptoms, *symptoms not necessarily belonging to the disease* but characteristic of the sick person, as prominent indications for the homœopathic remedy.

To illustrate: was called in consultation in a case of abdominal typhus, which had not improved, although it had been under skillful homœopathic treatment for over a fortnight. The case had begun, as all such cases then did, with symptoms of an ordinary gastric fever. The condition of the young man (fourteen years old) was this: On looking at him he stared at me, then appeared on his forehead and in his emaciated face deep wrinkles. At times he would cry out loud till he became hoarse. Mouth and lips were ulcerated to such a degree that he declined to drink on account of the severe pain caused by any fluid (or solid) coming in contact with his mouth. The lips were peeling off, and bled when he picked them; abdomen fallen in, tender to contact; he vomited occasionally, mucus, with specks and streaks of blood; frequent, watery, offensive stools; no sleep; no appetite; urine scanty; pulse very frequent and not regular; great emaciation. The remedies administered had been very carefully selected. *Nux vom.*, *Bryon.*,

Phosphor., *Mercur.*, *Nitr. ac.*, *Arum. trif.*, had been given according to the most prominent symptoms, *but* the mental symptoms, as expressed in the countenance, had remained unaltered, while the pathological condition was worse, the attending physician knew that we had before us "*ulcerated Pyer's bolies.*" This knowledge did not help us in finding the curative remedy. As homœopaths, having accepted the fundamental principles on which Hahnemann based his system of medicine, and professing to practice it, we jointly resolved to again apply ourselves to the task of conforming strictly to the principles and the application of them. *Stramon.* covered all the symptoms but that of the sore mouth, but in Hering's proving was the symptom: "*It feels as if the inner mouth was raw and sore.*" *R. Stramon.*^{50m}, which cured. (A. Lippe, H. M., Dec., 1874, p. 193.)

Typhoid Fever. Mrs. H., nursing an eight months child, has been sick a week. Found her lying on a lounge, in a stupid sleep, from which she was aroused with difficulty; dark flush on both cheeks; opens mouth but partially and protrudes only the tip of the tongue; cheeks and tongue sore; foul, cadaverous, fecal smell from mouth; bowels loose; *Arsen.* was given; next day worse; with great effort could be roused; mouth, cheeks and tongue covered with ulcers, deep red, covered with white coat; tongue has dirty, buff, loose coating; breath fecal; *Baptis.*³⁰ every two hours. In a week she was convalescing, and in two weeks she seemed only weak. (T. C. Duncan, M. I., v. 11, p. 582.)

Protosulphide of Mercury in Typhoid Fever. The patient's state was as follows: Pulse feeble, about 130; pungent heat of skin; muttering delirium, day and night; considerable meteorism; tenderness on pressure on the right iliac fossa; the bowels have not acted for several days. The remedy was given in the 12th dil., and the delirium and abdominal tenderness diminished steadily and the bowels became rather relaxed, acting about four times in twenty-four hours, for a few days. The observer assigns this remedy a place in typhoid fever between *Baptis.* and *Arsen.* (J. W. von Tunzelmann, M. H. R., Feb., 1874.)

Sulph. ac. for Petechiæ, with cough and hemoptoe after severe typhus, the spleen greatly enlarged and very painful, ulcerations in different parts of the lungs; inappetency, diarrhœa, insomnia excessive night sweats. (N. A. J. H., v. 22, p. 445.)

EXANTHEMATA.

Differential Diagnosis of Scarlatina, Variola, Varioloid, Varicella, Rubeola. C. A. Colton. (Quoted by B. W. James, H. M., April, 1874, p. 418.)

Scarlatina. Record of six cases. (J. F. Cooper, H. M., June, 1874, p. 490.)

Scarlet Fever. A girl, *æt.* 16, with a high fever (pulse 120), nausea, vomiting; troublesome feeling, even painful in the throat, and difficulty in swallowing. In the evening of the same day, aggravation of all the symptoms and little irregular spots of a light-red color appearing on the surface of the skin of the neck and chest, with spaces between them where the skin preserved its natural color. The redness was more marked at the throat; these parts were swollen, hot and painful, deglutition difficult. It was, in fact, purple *scarlet fever* with inflammatory angina. *Acon.* and *Bellad.* in alternation. Next day, night, was bad; spasms and delirium; the eruption formed large scarlet-red patches, extending over the whole body. All the interior portions of the mouth were of a bright red; the tonsils swollen, deglutition very difficult and painful; the anterior pillars of the arch of the palate clearly presented, on the right side especially, yellowish and grayish spots of an unfavorable appearance.

Acon. and *Bellad.* were continued. In the evening pulse very frequent, temperature very high; stupor; heaviness, alternating with extreme agitation, anguish and delirium. Same prescription. The third day, 7 o'clock in the morning. A very bad night; high fever, convulsions, cries and groans. In the morning the patient was calmer, but complained excessively of the throat, where several places were covered over with a whitish fluid, thick and viscous. *Mercur.*^{4c}, dry. At 11 o'clock, high fever, burning heat of the body, fixed look, eyes wide open and slightly convulsed, with involuntary twitching carried to a great extent. *Acon.* and *Bellad.* At 5 o'clock in the evening, same condition; delirium. Same prescription. The fourth day, at 6 o'clock in the morning, improvement of all the general symptoms; the throat only continued in the same condition. *Sulphur*^{3c}, dry. At 11 o'clock, slight improvement, all medicine is suspended. At 10 o'clock in the evening, condition less satisfactory. *Acon.* and *Bellad.* The fifth day, 6 o'clock in the morning. Night quieter, the throat only was painful; the pharynx and all parts of the mouth were of a bright

red ; in some places as if they had been covered with wine dregs ; in others, three large whitish patches, formed by lumps of matter, which by their sticking together formed a kind of soft scab, which seemed inclined to invade the whole of the back portion of the throat. *Apis*³⁰, two drops in 125 grs. of water, one teaspoonful every two hours. After the second spoonful, great improvement ; expectoration easy and frequent, of whitish subsistent matter, which looked like false membrane. The throat was stripped of all matter which clogged it in the morning. *Apis* was continued at longer intervals. The sixth day, feeling general comfort, *Apis*^{32c}, three times a day. The seventh day, desquamation, and convalescence was established the eighth. (Arnulphy, *Bibliothique Hom.*, p. 357.)

Arum tryph. Scarlatinal diphtheria ; child's mouth red and watery ; acrid nasal discharge ; picking lips and mouth ; urinary trouble ; after *Arum* the child passed much urine, and the chronic spasms of arms and hands, the thumbs being drawn in, gradually ceased. (J. H. McClelland, *H. M.*, March, 1874, p. 359.)

Scarlatina Maligna, complicated with Diphtheria. Miss N. P., æt. 13, of hemorrhagic diathesis, and predisposed to ulcerated sore throat, was attacked with malignant scarlet fever, Nov. 11th, 1873. The eruption came out feebly at first, but the tonsils inflamed, swelled and ulcerated fearfully. Her breathing was alarmingly obstructed, and deglutition very much impeded. Diphtheria set in as a complication on the third day with such violence as to threaten immediate dissolution. Four times the diphtheritic membranes became detached and were drawn from the nose by the patient ; followed each time by severe hemorrhage. The tongue was heavily loaded, breath extremely fetid, face puffed and quite livid, the glands about the face and neck greatly enlarged, and the patient wore the aspect of extreme suffering.

Treatment : For the early symptoms we administered *Bellad.*³ to 30th, and *Bin. hg.*².

After diphtheria set in with the symptoms above enumerated, we resorted to *Phosphor.*³⁰ to meet the hæmorrhagic tendency ; *Kali bichr.*¹ for ulceration, enlargement of glands, great restlessness and rapidly shooting pains from one part to another ; intense itching and great dyspnœa accompanied with general heat and perspiration. In addition we gave alcohol in water, (one drachm of the former to one ounce of the latter) a teaspoonful every hour to prevent further diphtheritic deposition. No hemorrhage followed the

first dose of *Phosphor.*³⁰, and a speedy convalescence ensued. (A. W. Lounsbury, M. A., p. 644.)

Scarlatina. Water and fresh air in the cure of. A paper on. (J. S. Douglass, U. S. M. and S. J., v. 9, p. 377.)

Post-scarlatinal Dropsy. Patient a girl æt. 10, after a severe attack of scarlatina, controlled by *Bellad.* and *Arsen.*, dropsy developed itself; *Apis* failed to relieve; the symptoms were as follows: terribly offensive discharge from the right ear; urine scanty, dark brown, intolerably bad smelling, breath exceedingly fetid, great debility; there seemed to be a putrid condition of all parts of the body, and a tendency to decomposition. Two doses of *Nitr. ac.*, followed by *Sacc. lac.*, were followed by rapid recovery. (Mann and Bragdon, M. I., v. 11, p. 37.)

Lachn. tinc. Stiff neck after scarlet fever. (G. M. Ockford, H. W., v. 9, p. 198.)

Revaccination. By W. H. Blackley. (B. J. H., 1874, p. 90.)

A child, æt. 14 months, had received three punctures of vaccine matter on the right arm, the smallest of which was deep and bled a great deal. It became the centre of an inflammation of the lymphatics, with swelling redness and violent fever.

At the beginning of the upper third of the shoulder, as far as the middle portion of the arm, it was uniformly swollen and sensitive to the touch. Several very red spots around the circumference of the swelling, and their painful track extended to the axillary glands, presenting the size of a hazel nut. The redness commenced three days after the puncture at the time when the scabs had formed; for three days the child became restless, fretful, sleepless, having a dry heat of the skin and insatiable thirst. Pulse 160, tongue red, constipation. However the child nursed willingly during the day, and refused only at night. *Apis*¹²⁰, one drop in one hundred and fifty grains of water, one teaspoonful every three hours. Five days after the inflammation seemed to be less; the red streaks of the circumference had grown pale; the child cried less during the night, and had had a few hours sleep. *Apis*. The seventh day the puncture in the centre of the erysipelas burst, in discharging a great deal of pus. *Apis*²⁴, one drop in one hundred and fifty grains of water, one teaspoonful every four hours.

The ninth day the opening of the vaccinal scab was enlarged and showed pieces of mortified cellular tissue, but still adhering to the living portions; the skin was thin and detached around the

orifice, although the inflammation was limited. The child slept well, nursed eagerly, and seemed to suffer none, so long as it was lively. *Apis*³⁰, one drop. The tenth day a few pieces of cellular tissue as large as a two franc piece, were extracted from the opening. The redness was now reduced to the part of the skin which corresponded to the mortified cellular tissue; the extraction of it was completed at each daily dressing. On the fourteenth day the child was taken away by its nurse, and came back eight days after, having on its arm only an ulcer of a healthy appearance, and promising an early cicatrization. It was entirely well in eight days. (Turrell, *Bibliothèque Hom.*)

*Silic.*²⁰. A child, æt. 2, was vaccinated three weeks ago; was quite healthy before. About ninth or tenth day, arm was inflamed and swollen; in a few days an ulcer as large as a half-penny, excavated, laying bare the muscles, occurred at the spot where the operation had been performed. Cured. (E. W. Berridge, *H. M.*, Oct., 1874, p. 108.)

Variola. A woman far advanced in pregnancy, was cured of small-pox with *Sarrac.*³, 6th and 9th, her accouchement being happily accomplished during her convalescence, the babe bearing upon its body numerous red blotches, indicating that it had been similarly affected at the same time with the mother.

An infant a few months old was attacked with a grave form of small-pox, with variolous angina so severe that it was with difficulty it could take the breast. The mother took *Sarrac.*³, 6th and 9th, continued to nurse the infant, which promptly recovered from the disease, and the mother did not take the disorder notwithstanding the immediate and constant contact with the child. (Martiny. Quoted from *Rev. Hom. Belge*, June, 1874, by R. J. McClatchey, Nov., 1874, p. 178.)

Small-pox. *Sarrac.* has been found very useful both as a prophylactic and a remedy, in all forms of this disease. In an epidemic occurring in the environs of Wavre, it was given to more than two thousand persons living in the very middle of the disease, and coming into constant intercourse with it, but all who took it escaped the disease. During the same time, more than two hundred cases were treated by the same remedy, without a loss of a single patient. As a prophylactic, during an epidemic of small-pox, eight globules of the 3d dil., should be taken at bed time, for the period of ten days, and while taking it, the use of tea, coffee, wine, etc., should be avoided. In the disease, a dozen globules of

the 3d dilution should be dissolved in 8 teaspoonfuls of water, and a teaspoonful given every one or two hours ; while at the same time a liberal diet of soups, and water with a little wine may be allowed. (Dr. Mowremans, Rev. Hom., v. 1, p. 61, etc.)

Variola. February 17th. A boy, æt. 13 months. *Unvaccinated.*

Variola confluent on face. This is the third day of eruption, which extends all over body and limbs. Restless at night ; feverish ; yesterday sickness.

Thuya^{1m} (Jenichen), one dose.

18th. Rest fuller. Right upper lid swollen.

19th. *Begins to scab on face.* Swelling under eyes. Two various pustules on tip of tongue. Several pustules on face, have black centres.

20th. Eruption on face dying. Less swelling under eyes. Lids partly closed by swelling.

21st. Sleeps better ; less fever. Eyes open more ; swelling less ; still scabbing.

22d. Face still scabbing. Has scratched face and made it bleed. Pustules on legs have black centres. Diarrhœa to-day and yesterday. Face less swollen. Two pustules still on tip of tongue.

23d. Scabbing on arm. Diarrhœa slimy and green. Restless.

24th. Legs scabbing. Diarrhœa still.

25th. Diarrhœa nearly gone. Sleeps better. Scabs begin to fall off face.

March 1st. Scabs all off face ; *no pits.*

6th. Well. (E. W. Berridge, H. M., Nov., 1874, p. 156.)

SKIN.

Erysipelas erratica. Passed from left side of nose to right ear, right eye, whole face, scalp and nose. Redness, swelling, pain. Intense pain in lumbar region ; chills down back, followed by fever ; pulse 120 ; extremely restless ; disturbed by noise ; delirium ; urine suppressed twenty-four hours. *Acon.*, *Bellad.*, *Rhus*, *Pulsat.*, *Apis* useless. Relieved by *Hydrast.0*, internally and externally, wherever eruption appeared. Cured in six days.

Erysipelas ; left cheek swollen ; left eye closed ; pain and burning, chills, flushes ; pulse 100. *Hydrast.0*, internally and externally, wherever eruption appeared. Cured in four days.

Erysipelas of lower extremities. Mrs. — had taken other

remedies. *Hydrast.* dil., internally and externally. Cured in one week. (D. G. Woodvine, N. E. M. G., Jan., 1874, p. 28.)

Jan. 20th. Mr. B., for three days red, erysipelatous spot on left cheek; it looks like a collection of pimples, skin there is thick and hard; it burns when indoors, after being in the cold air; cold water makes it burn; it itches at times. Had erysipelas eight or nine years ago. For two days shooting in various parts of head, behind ears, across forehead. Shooting behind ears comes outwards.

R. *Teplitz*²⁰. Jan. 27th. Pains in head did not return; has shooting from behind ears to temples; acute pain in forehead, extending as a dull pain to vertex (not since 24th). Face got better at once, has been well since the 23d. Easily perspires on walking (*under the arms*). This A.M., pain in right scapula; eyes water in open air; bowels irregular; face hot all over after food; food tastes ill. Since the face got bad, at times feels as if skin over bridge of nose was drawn stiff and tight. R. *Petrol.*²⁰. Cured. (E. W. Berridge, H. M., Sept., 1874, p. 75.)

Rhus rad. cured erysipelas and lumbago, with pains worse *after*, but not during motion. (Brewster, H. M., Aug., 1874, p. 14.)

Capt. S., six years ago, kissed a child who had scarlatina, and felt it burn his lips. In a few weeks had boils on his back; after this was costive; once fainted, bruising his forehead; during faint had an involuntary stool; soon erysipelas appeared on bruised forehead, spreading over the face, appearing on scrotum and penis, which suppurated; has had several attacks since, impairing his sight for near objects, which had been good. Jan. 12th. About noon felt a shock in left external orbital integuments; red erysipelatous swelling began there, extending over whole face, neck, and scrotum. Never had it on neck and chin before. Vesicles form, exuding a fluid which stains linen yellow. The affected parts burn and itch; *when lying*, at each beat of heart there is throbbing *centrifugally* in the inflamed integuments of face and forehead. Any moisture to the skin brings out the erysipelas there, as it always has in these attacks. Must scratch the parts, which causes an "agonizing pleasure." The scratching of scrotum causes sexual pleasure, and an escape of semen, which weakens him. Photophobia. Very restless all last night, no sleep; walking about, stamping, shaking arms, and striking about. Jan. 14th. Swelling increased; large yellow crusts from discharge on chin. Scrotum worse; eyelids closed from swelling; itching and burning worse;

throbbing still; hands and feet cold. Pulse 50, intermitting in volume and rhythm. Burning and itching are worse from warmth. No treatment has helped him. R. *Rhus tox.*^{2m}, which, with *Rhus rad.*^{2o}, given afterwards, cured him. (E. W. Berridge, H. M., March, 1874, p. 344.)

Ant. crud.^{2o} cured *nettlerash*, which had affected a child for fifteen months; rash all over body, white lumps, with red areola which itch; worse after meal; makes him irritable, very hot and thirsty. His mother had it when pregnant with him. (E. W. Berridge, H. M., Oct., 1874, p. 109.)

Urticaria and Pruritus. Several cases related and cured by *Chloral*, one grain ter die. (D. Dyce Brown, B. J. H., 1874, p. 512.)

Urticaria. Boy, æt. 12, was suddenly attacked with a violent chill, headache and general bad feelings. Next day he shows: red face and urticaria over the whole body; dry, hot skin; greatly excited during the night; great thirst; delirium; violent headache; drowsiness; can't talk well; scanty urine, which is dark red with brick-dust sediment. *Copaiva*⁶, in water, every two hours one tablespoonful. Well in two days. (Turrell, *Bibliothique Hom.*, A. H. Z., v. 88, p. 111.)

Acne Pustularis. *Calc. carb.*, 3d trit., night and morning one dose, shows better results than *Natr. mur.*, *Conium*, or any other medicine. (Hirsch, I. Pr., 1875, p. 505.)

Acne Tubercles in the face in dispersed groups. In the beard here and there hard pustules with blackish centre. *Caustic.*², three drops night and morning. (H. Goullou, Jr., A. H. Z., v. 88, p. 60.)

Eczema. (Wm. R. Childs, H. M., March, 1874, p. 349. Trans. H. M. S., Penna., 1873.)

Differential Diagnosis of Parasitical and Non-parasitical Skin Diseases, especially of the Hair, without the Microscope. A few drops of *Chlorof.* poured over the affected places, leave, after evaporation, the skin white, as if powdered, and the hair turns white or pale yellow, if parasites are the cause of the affection. (H. Bartholomew Hosp., Reports, v. 9, p. 118. H. Kl., 1874, p. 183.)

Eczema. Master —, æt. 7. For four or five weeks eczema on hairy scalp; scabs thick, bleeding when picked; itching a little. Have been increasing for a month. Two glandular swellings at back of neck. R. *Calc.*^{107m}. Cured. (E. W. Berridge, H. M., Sept., 1874, p. 79.)

Eczema, with thick crusts on the nostrils; soreness in the nose;

swelling of the nose; nose stopped up. Is cured by *Caustic*. (H. Goullon, Jr., A. H. Z., v. 88, p. 68.)

Eczema behind the right ear; itching and burning; profuse watery secretion. *Staphis.*⁶, *Hepar*³, *Graphit.*³, were of no avail. *Graphit.*³⁰, one dose cured. (Hirsch, I. Pr., 1875, p. 557.)

Eczema squamosum of the Face, since longer than fifteen years, in a lady *æt.* 56. All had been applied in the form of salves that the old school could think of, without avail; and when by such external applications the external eruptions receded, the patient had to suffer the more with headache, vertigo, and a general feeling of debility and loss of appetite. *Graphit.*¹⁵, one powder every other evening had the effect that in the course of two weeks there was great improvement, then again for several weeks came a standstill. *Graphit.*³⁰, one dose, and waiting for fourteen days, showed no improvement. *Graphit.*, 3d trit., one dose night and morning, and slight touchings with the *Graphit.*-salve upon the worst places, had such a remarkable effect that soon all traces of this long-standing eruption had disappeared. To prevent any recurrence, I finished the cure with a few doses of *Sulphur*. The patient has kept well ever since. (J. Hirsch, I. Pr., 1875, p. 629.)

*Graphit.*³⁰ cured a case of *zona* on left side with pain in thoracic muscles on motion, *itching vesicles and restlessness at night*. (H. V. Miller, H. M., Nov., 1874, p. 161.)

Impetigo. June 25th, 1872. A little girl, *æt.* 3½, fleshy, leuco-phlegmatic, for three years has had impetigo, consisting of a thick, putrid-smelling, pustular eruption, covering the scalp like a skull cap, surrounding the eyes, on face, on genitals, papular eruption all over body, with pustules here and there, much itching, scalp bleeds after scratching, agglutinated hair. Excretion albuminous. *Urine putrid* when first voided. R. *Sepia*³⁰. July 29. Better. Aug. 19th. Profuse scalp sweat during sleep. R. *Calc. carb.*sm. Aug. 30th, better of sweat and impetigo. R. *Calc. carb.*sm. Cured. (H. V. Miller, H. M., Nov., 1874, p. 162.)

Silic. Mr. —, has had for six days a *boil* on outside of left tibia, with swelling of lower leg which is very tender. Boil has a red areola, no discharge. Has had four boils before which healed in a week, but this does not. *Silic.*sm (Fincke) one dose. Next day boil discharged, all was well in a few days. (E. W. Berridge, H. M., Oct., 1874, p. 108.)

Carbuncle. A gentleman had a carbuncle on the right gluteal region. It was highly inflamed, and rather larger than the top of

a tea-cup. From three openings a thin, sanious matter was exuding. For six days and nights he had been unable to sit or lie, except upon the face and left side. There was frequent thirst for small amounts of water. A general chilliness with flashes of heat and dry skin. *Bryon.*³⁰, one dose, repeated on the second, fifth, and tenth hours. Application of cool water, covered with flannel, repeated when dry. Relief after second dose: after third, sleep and sweat. In the morning free from pain, and able to sit or walk. (W. Gallupe, A. H. O., Nov., 1874, p. 587.)

Tetter in the neighborhood of inner canthus of the eye, of reddish color, dry, of the size of a nickel cent. No pain. It had remained stationary since over a year. Scrofulous dyscrasia in the family. *Arsen.*⁶, in water, night and morning, a teaspoonful cured in a few days. (H. Goullon, Jr., A. H. Z., v. 89, p. 205.)

Suppurating Tetter on the Right Cheek. Lady, æt. 66, has had a dry tetter on the right cheek since several years. *Calc. carb.* usually relieved its exacerbations. Since a few weeks, however, there forms a moist and suppurating place in the centre of it. This gradually enlarges and covers with a thick crust. The inside of the cheek is hard, and there is itching and burning in the tetter. *Caustic.*³ cured in a short time. (H. Goullon, Jr., A. H. Z., v. 88, p. 67.)

Natr. mur.^{1m}, one dose, cured a round, slightly scabby, itching patch with red areola, on each side of upper forehead below hair, in a boy. (E. W. Berridge, H. M., Sept., 1874, p. 79.)

Psoriasis. Miss P., eruption on face and under chin, in circular spots appearing in rapid succession; bright red, later covered with white scurf, returning to original slightly raised, with little sensation. Shortly after eruption, pains shifting throughout body, worse when quiet, relieved by change of position or motion; languor, loss of appetite. Had taken tonics, *Potas. brom.*, tar water ext. *Nux vom.*³, six doses. After *Rhus*²⁰ one dose, *Rhus*^{2m} one dose partial relief. Cured by *Sepia*²⁰ and ^{3m}. (J. S. Hall, N. E. Med. Gaz., Feb., 1874, p. 53.)

*Hepar*³, a dose every evening for months, very effective for the absorption of old glandular swellings. (N. A. J. H., v. 22, p. 445.)

Chronic Varicose Ulcer. Samuel D, æt. 57; Irish laborer, Oct. 16th. Large ulcer of left leg for two years; veins very large with hardened coats; skin reddish, brown, around ulcer; severe burning pains, worse at night. R. *Arsen.*^{40m} three doses daily. Nov. 5th.

Ulcer healed with nine doses of *Arsen.*^{40m}. (J. H. McClelland, H. M., July, 1874, p. 542.)

Madar. On March 14th, 1873. Manuela Campos, female, æt. 60. Presented herself at my consultations; she was robust and well formed, and stated that three years previous, and without knowing what was the cause, several very red patches had appeared on her left leg, the nature of which she had thought to be erysipelatous; these were soon covered with vesicles, which were accompanied with pain, burning, and an excessive pruritus, obliging her to scratch them. These formed excoriated spots, and later ulcers which increased in size and were covered with scabs. She had taken a host of remedies, sulphurous mineral waters; had applied many ointments and fomentations of different kinds, but all had been of no avail; she kept getting worse and worse from week to week, until finally it became almost impossible for her to use her leg. She could remember having had scabies when young, which only lasted a short time after using an embrocation prepared by the direction of an allopath. The leg was excessively œdematized, indurated, of a dark purple color, and she said it felt as heavy to her, as if it had been lead. From the instep to a short distance below the knee, it was covered with thick scabs, some yellow, others dark-colored and covered with rhagades, constantly discharging a corrosive liquid, intolerably fetid. During three months she received *Sulphur*, *Dulcam.*, *Rhus.*, *Sarsap.*, *Arsen.*, *Petrol.*, *Staphis.*, without any more apparent effect than that of loosening scabs in places which soon were covered anew with fresh ones of the same appearance as before. Distrustful of being able to affect anything with the ordinary remedies, on Aug. 24th, I prescribed *Madar*¹², eighteen globules, to dissolve in nine tablespoonfuls of aq., to take one morning, noon and night.

In a few days the flow of the liquid diminished notably, then ceased entirely, and soon the scabs began to separate themselves; in two months the leg was free from them entirely, although somewhat tumefied and the skin of a dark, reddish purple-color, covered with dry bran-like scales. *Madar* was continued, a dose every third day for a month, when the œdema was all gone, skin clean, but of a darker color than the other. *Four months later there had been no relapse.* (El Crit. Med., May, 1874.)

On May 12th, 1873. Julia Rueda, æt. 63, presented herself at the consultations of Dr. Duvos, she was robust but inclined to hemorrhoidal complaints and hepatic troubles. More than four

years previously she was attacked with a sudden chill, nausea and bilious vomiting, followed by fever, headache and œdema of the left leg which became very much indurated. Two days afterwards there appeared an eruption of small red grains (like grains of rice) painful, and accompanied with burning, and unbearable pruritus. The next day fever and accompanying symptoms had all disappeared except those of the leg, which grew worse, the grains became vesicles that burst and formed excoriations exuding an ichorous humor, reproducing the vesicles wherever it touched the skin; these soon formed scabs which dried up and fell off, leaving the limb hard, of a purple color and covered with a scaly eruption. From time to time when she believed herself better, the fever and attendant train of symptoms presented themselves, followed by a new eruption of vesicles, then excoriations, etc., still worse than before.

Tired of so much suffering and so many nauseating doses without any relief, she resolved to try homœopathy.

At this date the leg was excessively tumefied, indurated, of a dark purple color, and covered from the instep to the knee with thick, dark, yellowish-brown scabs, full of cracks, from which there was a discharge of a sero-purulent liquid. These scabs could be detached easily, leaving ulcerated spots upon which new ones soon formed.

Sensation of heaviness in the limb; of heat; burning, and a pruritus, almost unbearable at night so that she was almost unable to sleep.

For three months she took *Madar.*^s in globules, thrice daily. A month after commencing this treatment, and when apparently she was much better, a fresh attack of the disease reproduced all the symptoms with greater intensity than ever before; but they soon subsided, and on the 12th of August she was perfectly well. In the following December the leg showed no traces whatever of the disease. (El Crit. Med., May, 1874.)

M. L. Sircar cured a case of spreading, *sloughing ulceration of the skin of the leg* by *Petrol.*

A man, æt. 75, suffered from a few very painful small pimples in the skin about the middle of the right leg; was pale, anæmic and of a flabby fibre. After *Ferr. mur.* and quinine they became a sloughing sore; the middle healing, the margin spreading. Nothing arrested the progress: *Arg. nitr.*, *Nitr. ac.*, quinine and opium, *Amm. acet.* Nothing relieved the intolerable burning; the ulcer frightfully

large, extending from near the ankle to near the knee. Homœopathy was now tried; no benefit was derived from *Arnica*, *Rhus*, *Laches.*, *Sulphur*, *Arsen.* The characteristic of it producing unhealthy skin so that the slightest wounds ulcerate and spread, lead to *Petrol.* The burning was relieved the first day; the following day no extension of sloughing, gradually diminishing; the whole surface assumed a healthy, red, granulating appearance. The lead ointment as a dressing produced anæmia of the surface. *Calend.* was used. The cicatrized parts contracting too much, they were dressed with glycerine. (Calcut. M. J., v. 1, p. 287.)

Ulcer. Mr. S., æt. 55, from wearing tight boots got a blister of the size of a silver quarter on dorsum of right foot, which peeled, leaving an ulcer which did not heal, increasing in depth in spite of everything. On the twentieth day, when bed-fast, and becoming anxious about his condition, he received *Silic.*³⁰, and in less than eight days was completely cured. (Bibliotheque Hom., May, 1874, quoted by R. J. McClatchey, H. M., Nov., 1874, p. 180.)

Prickly Heat of new-comers in the tropics. *Ledum.* After ten drops tincture in four ounces of water, used as a wash, he could sleep, but only two or three hours; then awoke with the usual prickling, also, a quite extraordinary dryness of the mouth, a clogging sensation in throat, more or less heavy breathing: *Ledum.*⁶, half of a drop every four hours gave him total relief.

A lady menstruated every eighteen days, with rheumatic diathesis; after the *Ledum* given for this, even her prickly heat entirely ceased to vex her. (L. Salzer, Calcut. M. J., v. 2, p. 292.)

Prurigo. *Sulphur.* If, in children, it is associated with sore, raw places of the skin, *Graphit.*; if on the anus, *Lycop.*; on the genitals, *Mercur.* and *Ant. crud.* (Cl. Müller, I. Pr., 1874, p. 10.)

Psoriasis. *Arsen.* Skin dry, like parchment, cold, livid; dirty, earthy; spotted here and there; yellow spots upon the chest; discolored spots; peeling of skin; maculæ and crusty eruptions; miliary eruption peeling off in scales; dyspepsia; losing flesh; weakness; inclination to diarrhœa.

Mercur. Skin dirty yellow, rough and dry; scaly, dry tetter; eruptions of little red, not inflamed elevations, the points of which peel off, on the left arm; red, round, scaly spots, one inch in diameter, on the forearm and wrist; rough, partly reddish, partly whitish, tettery spot on the left cheek bone; dry, elevated, burning-itching tetter on the whole body, especially on the legs, arms, wrists and hands, even between the fingers; tetter on the right

forearm, which peels and causes a voluptuous itching; places which have remained free from impetigo mercurialis turn rough, dry; crack and peel off constantly in white, branlike scales, especially on the scalp, whiskers and eyebrows, without attacking the face; deep rhagades, like cuts on the hands and fingers, especially on their inside, their basis looks raw and bloody and they are very painful. (*Psoriasis palmaris*?) Where there is syphilis in the organism.

Sepia. The epidermis peels off in smaller or larger roundish spots, without pain, especially on hands and fingers; around the neck yellow-brownish spots of the size of a square inch, peeling off when being rubbed; brown spots on the elbows of lentil-size, around tettery skin; acrid, itching humor on both elbows; peeling off on the palms of the hands; peeling off in the shape of rings. (Cl. Müller, J. Pr., 1874, p. 13.)

Scabies. Cured with *Sulphur* in 200th and lower potencies. (D. Thayer, N. E. M. G., April, 1874, p. 146.)

Suppressed Itch. Dr. Baker, at the age of 14, suppressed scabies with application of white *Helleb.* It speedily caused the disappearance of the eruption, and this was followed almost immediately afterwards by severe hæmoptysis which continued three years and was attended with troublesome cough, bluish expectoration and great dyspnœa. Finally, upon right leg where blisters had been applied, a cutaneous eruption had appeared, consisting of an itching rash and large yellow pustules, with immediate relief of the hæmoptysis. Afterwards, when he suffered from any attack of acute disease, this eruption would immediately disappear, and then the pulmonary difficulties would return, cough with bluish expectoration, great dyspnœa and occasional hæmoptysis. He had at least two hundred blisters drawn upon the chest and inner surface of the right leg above the ankle. These blisters always gave relief from all the complaints. One year, when dysentery prevailed, he had an attack of this disease, characterized by evacuations looking like beef brine. A blister applied to the leg stopped the dysentery. Then followed a throat-affection with difficult deglutition from partial paralysis, for which nearly every homœopathic physician whom Dr. B. consulted prescribed *Laches.*, generally in a low dilution, but it did no good. Whenever an ulcer on the leg healed, a blue scar remained, indicative of *Laches.* And there was also a marked aggravation of symptoms after sleep. Dr. Kirby, of New York, prescribed *Laches.*^{2a}, but this failed to produce any apparent effect. After a few years Dr. B. visited several

physicians in Philadelphia. His leg was then covered with the itching eruption. Says Dr. Lippe, "you want *Laches*.^{41m}," which he administered on the tongue. For three days subsequently there was an improvement in deglutition, but on the fourth day there was an apparent aggravation of the difficulty. Dr. Lippe advised no further medication. In less than four weeks a perfect cure of the throat-difficulty was accomplished by the single dose. The bluish expectoration was slightly improved, the large ulcers on the leg were entirely healed and the blueness of the cicatrices was entirely removed.

Two years ago he took cold and had hepatization of the left lung. A blister was then applied on the leg; followed by relief of the pulmonary symptoms. Afterwards an itching, branny, tettery eruption, bleeding after scratching, spread all around the cicatrix caused by the blister. There was scarcely any pustular eruption. In six months the eruption extended all over the leg. When let alone there was intolerable itching, especially in the evening. When he scratched it, he invariably experienced a voluptuous sensation, as if he were going to have a seminal emission. Then would follow a smarting, burning sensation in the eruption as from a coal of fire, and lastly a terrible pain in the right testicle. After scratching, about a teaspoonful of branny scales fell upon the floor. Vertigo also followed scratching, so that he could not see clearly. He did not bend the head forward when scratching. The itching was increased by heat. As to his general health, he always felt better when the eruption was developed. When subsequently visited at different times, Dr. Lippe always recommended an occasional dose of *Laches*.^{41m}, but it gave no further relief.

Speaking of the attack of dysentery with beef brine evacuations, Dr. Miller remarked that *Rhus tox.* should have been taken for the dysentery. Dr. B. observed that there were two characteristic indications of *Rhus rad.*: the fact that the itching always kept in advance of the part scratched, and the itching could always be produced by touching the diseased part. But he had taken *Rhus rad.*⁴⁰ without benefit. Dr. Miller then suggested *Rhus rad.*²⁰, three powders of which he gave. These taken occasionally accomplished a perfect cure. Dr. B. then exhibited the leg covered with white cicatrices where the ulcers and eruption had healed. All the symptoms disappeared after taking this remedy. During the past forty-four years he never felt well until now, except when the eruption was out. Now there was no eruption, and he felt well.

Kali bichr. always to some extent controlled the cough and blue expectoration. He has used tobacco thirty-eight years. (Baker, H. M., Aug., 1874, p. 11.)

Treatment of Skin Diseases at Polyclinic Dispensary, Leipzig. Except in scabies, relieved on internal medicine entirely. In scabies used *Sulphur* and *Mercur.*, low, with inunctions of *Sapo vir.* or *Styrax*. When it took the character of prurigo, used higher dilutions of *Sulphur*, *Sepia*, *Graphit.* In eczema, used *Merc. sol.*, *Rhus tox.*, low. In psoriasis, *Arsen.*, *Sepia*, *Lycop.* One case with eruption only on uncovered parts, cured with *Thuya*. In sixteen cases made three cures and three ameliorations. Of forty-three cases of prurigo, nine were cured; six improved; most of patients, children and young persons; used *Sulphur*⁶ and 30, *Mercur.*⁶ and 30. *Sulphur*³⁰ sometimes stopped the itching. In acne, used *Pulsat.*, *Arnica*, *Ant. crud.*; *Pulsat.* where patient were in the years of puberty; *Nitr. ac.*³, *Merc. sol.*¹², when patients had taken no mercurials in syphilitic acne; touched spots with flores sulphures suspended in fresh water, washing off next A.M. with soap and water. In chronic diseases where a radical cure is intended, the higher dilutions are to be preferred to lower potencies. This was especially true in varicose ulcers of legs, fistulæ, polypi, cutaneous eruptions, parietic states. Give remedy at long intervals. In varicose ulcer, *Arsen.*, *Arnica*, *Pulsat.*, helped; the constitutional relations should be considered in prescribing. *Condurango* is indicated in varicose ulcers with granulating hypertrophy, as in a syphilitic dyscrasia; in hypertrophied lupus. In fistulæ, used *Silic.*³⁰. Cured with *Silic.*, two parotid fistulæ; a fistula of pars petrosa of left temporal bone emanating from ear.

In polypi, used *Merc. sol.*, *Calc. carb.*, *Sepia*, *Aurum*, in 30th dil. In paralytic rheumatism, gave *Rhus tox.*, *Sepia*, *Alum.* (Lorbacher. Translated by S. Lilienthal, H. M., May, 1874, p. 458.)

Lupus, in both forms the ulcerative and the non-ulcerative. *Caustic.* (H. Goullon, Jr., A. H. Z., v. 88, p. 61.)

Lupus, chronic form, with burning itching. *Kali bich.*, 3d to 5th dec. dil. (Edw. T. Blake, B. J. H., 1874, p. 643.)

Lupus. "Undoubtedly the most strongly indicated remedy, theoretically, and the most successful in practice, is the *Bichromate* of potash. (Edw. T. Blake, M. H. R., August, 1874.)

Lupus. Mme. C., æt. 63, leaden-hued, earthy complexion. For twenty years had an eating or corroding herpes of the face; subsequently appeared on her hands and arms, on the trunk and around

her waist, an eczematous eruption, which has been chronic for many years. This kind of lupus began on the lobe of the right ear, in the form of an ulcer, which healed on one side as it corroded the tissues of the other, advancing downward and a little forward from behind. Upon the cheek appeared an irregular cicatrix, depressed and blanched, like that of a burn. At the inferior extremity of this cicatrix was an ulcer in which might be placed the end of the index finger; the border of the ulcer was serrated, and its surface was of a grayish color and was bathed in a purulent sanies. This formation involved the whole thickness of the skin, and seemed to threaten to perforate the cheek part by part. The allopaths advised the knife as the only resource, since their local applications had either remained inefficacious or aggravated the mischief. After trying homœopathic treatment in vain for four years and subsequently resorting to a curer with ointments, finally, suffering with erysipelas of the face, she applied to the writer. *Bellad.* cured the erysipelas in a few days, but not the lupus, which slowly continued its work of destruction, having already invaded the greater part of the cheek, and leaving behind it, as proof of its passage, the indelible and characteristic cicatrix described above. In the course of five months she took three doses of *Silic.*³⁰, and at the end of the sixth month the ulcer of the cheek was completely healed and the disease arrested in its devouring march. For six months now the cure has persisted, although there remains upon the cheek, in the site of the last ulceration, a little slender cut, which covers the cicatrix. Thus had *Silic.* in six months triumphed over a malady of twenty years' duration. (Bibliothèque Hom., May, 1874. Quoted by R. J. McClatchey, H. M., Nov., 1874, p. 180.)

Scirrhus. In the early stage the most specific remedy we possess is undoubtedly *Conium*. Over the second stage, or stage of degenerative softening, *Hydrast.* probably exercises the greatest amount of influence. In the third, or ulcerative stage, I have seen the external use of *Galium apar.* followed by remarkable results. (E. J. Blake, M. H. R., Aug., 1874.)

Epithelioma. I have so many times witnessed the rapid disappearance of epithelial lip-cancer under the combined external and internal use of this remedy (*Hydrast.*), that I must claim it as an undoubted exception to my assertion that we have not discovered the specific to any classic form of cancer. (E. J. Blake, M. H. R., Aug., 1874.)

Melanotic Cancer. Mrs. B. had upon her right loin a small, nodular mass, about the size of a pea, springing from the somewhat inflamed skin. It was nearly round, with smooth surface, firm or caseous in texture, and quite black. It had been noticed for two weeks only, and was growing rapidly.

Her general health, digestion, etc., were impaired, and there seemed no doubt that the tubercle was one of melanotic cancer. During three weeks she received *Carbol. ac.*, and occasionally a dose of *Sanguin.* for gastric derangement. At the end of this time she seemed much better in all respects, and the tubercle was reduced to the size of a pin-head. Has remained free from any trouble since (ten months). (A. G. Beebe, M. I., v. 11, p. 549.)

Fungus Hæmatodes cured by Lachesis; but during the treatment Dr. Jackson verified the following symptoms: miliary eruption, that which subsequently resembles nettle rash, scarlatina or morbilli; peculiar shuddering chills with heat between; painful sensibility of the larynx and neck when touched, and to the slightest pressure, with sense of suffocation on feeling the gullet; rheumatic stiffness of the nape of the neck.

The effect of the *Laches.* on the fungus was wonderful. From the time of taking the first dose (interval of nineteen days) it became less protuberant, and passed off by ulceration, until it became a flat ulcer, with raised, hard edges, not everted, and great hope was raised of curing it, but she took a severe cold, and succumbed to it. *Laches.* also removed all the fœtor. (N. A. J. H., v. 22, p. 363.)

Scleroma neonatorum. Induration of the skin and of the subcutaneous, fatty, cellular tissue; low sinking of the temperature, icy coldness; imperfect respiration, weak and tardy circulation, feeble beat of the heart, a peculiar cry; serous effusion in the subcutaneous cellular tissue. Lobular pneumonia, jaundice and intestinal irritation are frequent complications. (N. A. J. H., v. 22, p. 554.)

Silicia in Elephantiasis Arabum. Rest in bed was ordered, and *Silic.*³⁰ a dose every ten days; in three months the cure was complete. In another case steady compression with a flannel bandage, and *Silic.* internally removed the disease. (N. A. J. A., v. 22, p. 444.)

Corns. For four months or more I had had two corns on the ball of first and second left toes, sensitive to touch or pressure, smart and burn, and occasionally shock very painful on letting leg

hang down, when they also throb, and especially painful by flexing toes (downwards); better by extending toes (upwards) on foot; better by wearing a *thick-soled* boot. At times numbness in corns. Knocking toe against anything so as to cause the boot to grate against corns causes great pain and burning. They make me limp and hinder walking; running is out of the question. Cutting them and wearing plasters only relieve temporarily. *Ant. crud.* did nothing; *Pulsat.* and *Baryt.* relieved for a time, but this morning they were worse than ever; I could hardly walk, the pain was at times so violent as almost to make me call out, and the burning was like fire. Took one dose of *Ran. scel.*²⁰⁰ (Leipzig). In evening so much better that I took a long walk without much inconvenience. Cured. (E. W. Berridge, H. M., Oct., 1874, p. 111.)

Burn of the Arm. Mr. Q., æt. 34, laborer. June 13th, fell two days ago, plunging his left arm into a bucket of hot tar, burning it to the elbow. The tar in cooling formed a coating over the radial side of the arm, but on the rest of the arm and back of the hand and fingers, blisters were formed; the hand much swollen. Evacuated the serous contents of the blisters, wrapped parts in lint, saturated with *carbolyzed sweet oil*. Improved constantly, discharged cured, July 6th. Cotton wadding saturated with oil was less painful than patent lint or old linen. (L. H. Willard, H. M., April, 1874, p. 407.)

Burns, Sequæ of. Boy, æt. 6., light complexion, symptoms of scarlet fever, slight eruption on wrist, vomiting, chilly, face flushed, sore throat, dreads to swallow, thirst with frequent drinking, sleepy but cannot sleep soundly on account of sudden twitchings. Pulse 130 full. Has taken *Ipec.*, *Bellad.*²⁰. Third day, throat extremely sore, dark red, water drank regurgitates through nose, much saliva with frequent spitting, cold feet, restless with fever, eruption less. Pulse 140. *Amm. carb.*²⁰ Fourth day worse. I found a scar on the left left leg, and smaller scar on the right, from a scald a year ago. At that time the child was very sick; has been feeble since. To-day especially complains of cold when the surface is warm. Flushed face, becomes suddenly pale. Hot and cold at night with delirium. Rapid recovery from *Canthar.*²⁰ Urine which had been clear, immediately became thick, as if mixed with indian meal, and offensive. The appetite fully returned after forty-eight hours. Desquamation a week after and general health appeared better than before his burn. (W. P. Wesselhöft, N. E. M. G., March, 1874, p. 97.)

SURGERY.

Cataract. Mr. B. and Mrs. P., present with well-marked cases of senile nuclear cataract. Operation by Liebreich's method. Both cases being etherized, puncture and counter puncture were made in the sclerotic 1^{mm} beyond the cornea. The incision was passed downwards, the knife forming an angle of about 45° with the horizontal meridian. A small iridectomy was then made, the capsule carefully lacerated, and the lens started by slight pressure on the lower lip of the wound with a tortoise-shell scoop. The anterior chamber was then cleaned out, and the eyes treated with the pressure bandage. (W. H. Woodyatt, U. S. M. and S. J., v. 9, p. 327.)

Successful removal of cataract in both eyes. Mrs. Catharine Simon, æt. 45, living at 1353 Hancock St., Philadelphia, had an attack of facial erysipelas nearly three years since, which speedily induced an opaque condition of the lens, at first affecting the right eye, which became incapable of distinct vision in less than two weeks, and from that time grew worse by degrees until nothing more than light could be discerned. The same was true of the left eye, the disease however being rather slower in its development. For over a year previous to the operation she had been blind, unable to distinguish objects, feeling her way or being led about. Her general health was fair; both irides freely responded to the stimulus of light, and examination revealed the stellate appearances of ordinary senile cataract in both eyes. I performed Wecker's modification of the linear method of extraction, the puncture and counter puncture made just within the sclerotica on a transverse line a little more than half way between the horizontal meridian and corneo-scleral junction above. There was no upper conjunctival flap, the section at that part being entirely in the cornea, differing essentially from the ordinary or Graefe's method. The incision measured fully five lines, instead of four and a half as in the general method, thus affording a greater outlet for the

passage of the lens. Iridectomy was freely made, forceps being used instead of the hook, and the lens after laceration of the capsule came way on slight pressure. Dressings were removed in four days and union found to be good, with but slight inflammation and excellent vision. This operation was performed on the 11th of April last before students of the summer course, and on June 1st I operated on the left eye in a similar manner, with like results. In the early part of September she was shown to the class, and subsequently being furnished with a pair of four and a half convexes, vision measured with the proper type was found to be in the left eye equal to two-thirds and in the right eye about three-fifths. She reads clearly and well the fine number one type and enjoys distinct vision at a good distance.

This case is certainly remarkable in that such a happy result should have taken place in both eyes, and is not so much due to the skill of the operator as to the general good health of the patient and the absence of drug treatment to combat the usual attending inflammation, as has been pointed out in previous articles. (M. Macfarlan, H. M., Dec., 1874, p. 210.)

Canthoplasty. A clinical case. (C. H. Von Tagen, Proc. H. M. S., Ohio, 1874, p. 145.)

Symptoms of Fracture of Base of Skull. Escape of clear fluid from the ear; sub-conjunctival ecchymoses, if the fracture be in the orbital plate of the frontal bone; greater or less disturbance of the mental functions, generally on the side of diminution rather than excess of function; pressure symptoms, such as paralysis, bleeding from the ear, deafness.

Of these only the first is unfailing. If there is no mistake about it, the diagnosis is certain, but care should be taken that a serous fluid is not cerebro-spinal. (Quoted by B. W. James, Sept., 1874, p. 89.)

Hydromeningocele treated by Pneumatic aspiration. (J. H. McClelland, H. M., Dec. 1874, p. 205; also, Proc. H. M. S., Penna., 1874.)

Fracture of Vertebrae. John S., æt. 26, Pole, laborer. Aug. 23d, while digging a cellar the earth caved in upon him throwing him across a pile of bricks. Extremities, rectum, and bladder are paralysed; there is fracture of first, second and third lumber vertebrae with prominence of their spinous processes.

Could not reduce fractures, applied compress with broad bandage. R. *Arnica*.³⁰, three hours. Treated case by gradual pressure on pro-

truding vertebræ, passive motion of extremities, and change of position, to avoid bed sores. There was tendency to ulceration of urethra and penis, and the catheter was used daily. *R. Phosphor*, from 30 to 35^m. Oct. 31st. General improvement. (J. H. McClelland, July, 1874, p. 541.)

Ranula. A lady æt. 33, who had been suffering from sublingual cyst, about the size of a hen's egg, for eighteen months, was relieved by seizing the uppermost part of the tumor with a pair of bull dog forceps, lifting it forcibly upward, and removing, with curved scissors, about one-third of the growth. (W. Danforth, S. C. H. M. C. and H., U. S. M. and S. J., v. 9, p. 214.)

Mammary Abscess. In left breast of a lady; pulse 130 to 140; night-sweats. This continued four weeks, afterwards thirst, purulent expectoration. Lanced into pleural sac, evacuating large quantities of pus. *R. Hepar s. c.* Patient improving. (Sumner, H. M., Feb., 1874, p. 299.)

Penetrating abdominal wound, situated in such a manner that the secreta of the wound cannot be discharged according to the law of gravity, soon become fatal. The danger is not in the size of the wound, but in the possibility of allowing a free discharge to the secreta of the wound. (N. A. J. H., v. 23, p. 124.)

Treatment for the Cure of Fistula-in-ano by means other than the Knife and Ligature. J. H., æt. 42. Married, saddler by occupation. Had been sick in bed six weeks; had been cut twice and ligated once for fistula-in-ano, and had at the time three fistulous openings through the integument, and at least two of these entered the rectum. The pus and secretions had burrowed in the areolar tissue of the nates and left thigh, dissecting it from the muscle of the thigh on its posterior aspect to about the middle, where a large tumor had formed. The tumor was emptied of about one pint of pus. His pulse at this time was 124 per minute. He had hectic flush of both cheeks; a constant dry, hacking cough; bowels constipated; tongue dry and fiery red, with burning pains in the pit of the stomach, which was exceedingly tender to the touch. It was agreed to give *Kali hydr.*, two drachms to eight ounces water, two teaspoonfuls every four hours, and continue until catarrhal symptoms were developed, and then the same dose once a day or once in two days until further directed. In addition the hypophosphites of lime and soda were given every four hours. In two weeks indications of improvement were quite evident. The fever had in a great measure subsided; the bowels became more

soluble. During this time the fistulas had been injected twice a day with dilute aromatic wine. The thigh had been enveloped in a firm bandage from the knee to the hips. By the end of October (first seen in July) the abscess on the thigh had completely disappeared. The openings from the nates to the rectum were apparently diminished in size, but were still discharging. Now an eruption of a stinging, painful character and bright red color made its appearance upon the forehead, face and back, announcing the constitutional effects of the *Kali*, this remedy was, therefore, suspended and *Phosphor.*⁶ and *Silic.*¹² given, each day a dose, and an application of the Vienna paste made every two weeks, using the dilute aromatic wine as an injection into the fistulas as before. This course was continued with some modifications until the latter part of February, when it was found that one of the fistulas was nearly healed and the other, though much reduced in size and length, was still discharging. After this he took from Dr. Pulte, during my absence, *Mezer.*, *Nitr. ac.* and *Caustic.* I saw the man again the next year, when one of the fistulas had entirely healed, and a trace only of the other remained. Saw him again two years afterwards, when he was as well as any man, and weighed 180 pounds. (W. Owens, Proc. H. M. S., Ohio, 1874, p. 44.)

Stricture of Urethra. Galvanism. Mr. B., æt. 24, has been suffering for years with stricture. Dilatation by Holt's dilator was useless. A bougie surrounded, with the exception of the tip, with gum elastic, was passed up to the stricture, and connected with the negative pole of a twelve-cell battery, while the positive was applied to the thigh. No pain resulted, the stricture yielding in three or four minutes. (E. A. Murphy, M. I., v. 11, p. 24.)

Pasteboard Splints in Fractures. A record of thirteen cases successfully treated with them. (R. C. Allen, H. M., Aug., 1874, p. 19.)

A Complete Exsection of elbow joint for caries. Recovery. Mrs. S., æt. 30, married and mother of two children. Result, a false joint and good motion.

Another case. Similar character. Recovery and good result.

A Case of Fracture of the clavicle. Subsequent necrosis. Removal of the shaft. (By H. F. Biggar, O. M. and S. R., v. 8, No. 3, p. 94.)

Excision of the Second Phalanx of the Thumb. A strumous girl, æt. 14, presented herself at the London Homœopathic Hospital, suffering from caries of the thumb. Dr. J. Vaughan Hughes

placed the patient under *Chlorof.*, and then made an incision along the whole length of the upper surface of the thumb, and dissected out the diseased phalanx en masse. The ends of the first and third phalanges were brought together by means of two metallic pins as in harelip operation, the whole being covered with lint dipt in carbolic oil, bandaged and placed in a hand splint, and left undisturbed for three days. It must be noted that the vessels and nerves, being on the under surface of the thumb, were left intact, and at the end of a month the patient was discharged, having a very fair amount of movement in the false joint. (J. Vaughan Hughes, M. H. R., May, 1874.)

Gunshot Wound. Man, æt. 20, discharged a gun while his hand covered the muzzle. The charge of shot carried away a portion of the phalanges of the little and ring fingers. Washed wound with *Carbol. ac.* and water, and applied a charcoal poultice. (Jones, H. M., Feb., 1874, p. 299.)

Compound Fracture of Tibia and Fibula. (J. H. McClelland, H. M., March, 1874, p. 350. Trans. H. M. S., Penna, 1873.)

Fracture of Humerus and Femur, with Dislocation of Ulna. Mr. D., æt. 65. May 24th, was thrown from a wagon; the wheels passing over the left thigh, fracturing it four inches above the knee, breaking the left arm two inches above elbow, dislocating the left ulna backwards. Reduced fractures, applied splints, then reduced dislocation. Bathed skin of thigh in *Arnica* solution. May 25th. Comfortable; elbow sore; delirious towards evening; was drunk at time of accident. May 26th. Restless last night; delirious all day, towards evening violent, requiring three to restrain him; loud cries. May 27th. He had the dressings loose; applied Bavarian splint to leg without success.

May 28th. Applied starched bandage to thigh. R. *Macrot.*³; much delirium. May 29th. Has not slept since admission; delirium. R. *Hyosc.*⁶. Very violent, refusing medicine; is getting weak. R. *Morphine*, subcutaneously in the evening, which produced a twenty-four hours' sleep. June 1st. Rational, but weak; dressings readjusted. June 6th. Bed-sore in sacral region. Bathed it in *Arnica*, applied compress of glycerine and alcohol. June 26th. Has a good arm and leg. Cured. (L. H. Willard, H. M., April, 1874, p. 407.)

Double Fracture of Pelvis. Barney McC., æt. 50, Irish, laborer. July 14th, injured by the fall of a wall. Has bruises on different parts of the body, but the main injury is a double pelvic

fracture, the pubic bones sustaining fractures an inch and a half from the symphysis on each side. Bathed him in a weak solution of *Arnica*, compressed fractures, applied broad bandage. *R. Arnica*.³⁰, two hours.

July 15th. Had restless night, urine had to be drawn with catheter, and contained blood; abdomen, scrotum, thighs much discolored with sanguinated blood. *R. Arnica*.³⁰, three hours. July 17th. Pain and soreness all over, especially when moved. *Bryonia*.³⁰, three hours. July 26th. Slow improvement; bowels confined; hard racking cough. *R. Nux vom.*³⁰, three hours. July 27th. Bowels moved; cough worse; wheezing respiration. *R. Tart. emet.*³⁰, three hours. July 29th. Cough and breathing easier. Aug. 21st. Gradual improvement. Has *Calc. phosph.*^{2c}, a dose daily. Aug. 26th. Union is complete. Discharged. (J. H. McClelland, H. M., July, 1874, p. 540.)

Conservative Treatment of Toe-nail Ulcer. My plan is, to trim the edge of the nail completely to sound tissue, so as fully to lay bare the ulcer. If the edge be covered by granulations, wedge them away, from day to day, by scraped linen lint, soaked in glycerine, until this edge is uncovered, then trim thoroughly, and thus uncover the deeper part of the ulcer. Now, re-apply fully, the lint and glycerine; renew daily or oftener. Dilute the glycerine if it burns her.

Now, for preventives! Stockings a size larger than the foot, broad-toed shoes.

Also, trim the *sound* corner of the nail frequently, in order that the pressure on it may no longer force the whole nail over, and into the flesh of the sore side. Use embroidery scissors.

Lastly, wear a plug of lint or cotton between the sore toe and its neighbor, close to their commissure, guarding against involving that portion of the toe containing the nail, *i. e.*, its anterior half.

If the toe inflame, apply a warm, spongy bread and milk poultice, until better, then resume.

Under ether, you can dissect away half the nail, and that portion of the matrix may then be sliced off and the wound healed, with absence of that half of the nail. If the bone of the phalanx be *carious*, it may be scraped clear at the time of cutting. (J. C. Morgan, A. J. H. M. M., v. 8, p. 130.)

Compound Comminuted Fracture of Tibia and Fibula. (C. A. Stevens, H. M., March, 1874, p. 352; also, Trans. H. M. S., Penna., 1873.)

Maltreated Fracture of Femur. Philip H., æt. 17, German, butcher. July 1st. Seven weeks ago, while riding on a car-platform, with his legs hanging between the bumpers, one femur was fractured about at its middle. The fracture was set improperly. The limb is now crooked and four inches shortened; thigh is bowed out, the fragments having ridden past each other in a disorderly manner; foot everted; union is firm.

July 2d. Gave chloroform and refractured the bone. Reset the ends and applied extension till the plaster of paris bandage used had set. This bandage is made by rubbing dry plaster into meshes of the cloth, and rolling it, as usual. It is soaked in water before applying and more plaster rubbed in while putting it on the limb. *R. Calc. phosph.^{2o}*, one dose daily for ten days. In three weeks he moved on crutches.

Aug. 18th. Discharged with half an inch shortening. (J. H. McClelland, H. M., July, 1874, p. 539.)

Tibial Necrosis. John C., æt. 14, glass-helper. July 24th. Six weeks ago an abscess formed over tibial spine, upper third. It is still discharging large quantities of pus. Probing reveals denuded bone. *R. Silic.^{2o}*, one dose daily.

Aug. 1st. Made an exploratory incision, allowing more free discharge of pus; found bone deprived of periosteum; involucral tissue was forming, but the sequestrum had not separated. *R. Silic.* and warm flaxseed-meal poultices. Aug. 25. There is now sufficient involucral substance to support the leg. Made an incision over upper tibial spine, enlarging the cloacæ with the chisel; disengaged the sequestrum with forceps, with entire diaphysis of the bone. Scraped diseased bone from epiphiseal surfaces; found cavity lined with velvety granulations. Filled it with oakum, drew integument together. The leg is recovering. (J. H. McClelland, H. M., July, 1874, p. 542.)

Amputation and Re-amputation. Mr. M., æt. 28, May 20th. Slipped on a coal barge, catching his leg in a coil of rope that was being paid out. The foot was torn off at the ankle-joint, the muscles of the leg torn from their attachments, hanging like strings to the foot. Was brought to the hospital etherized, and the leg found to be crushed up to its middle, the soft parts badly lacerated. 9 p.m. Amputated at juncture of upper and middle thirds, with antero-posterior flaps. Found fibula splintered farther up, removed its loose fragments, leaving it shorter than tibia; united flaps by silk

sutures. Much pain during the first night, some oozing of venous blood; next day better.

May 25th. Has burning in stump, which is erysipelatous. The rope had passed around leg spirally above the knee, and in this track the erysipelas appeared. Pouliticed; better next day, openings discharging pus appeared in popliteal space and side of the stump. Ichorous discharge from stump, with gangrenous odor.

May 27. Part of anterior flap gangrenous, sloughed off, leaving tibia exposed.

May 28. Re-amputated. Re-open flaps, finding their muscular portion degenerated; periosteum for some distance separated from the bone. Sawed tibia one and a half inches higher up, taking off the sharp angle; removed diseased muscular tissue. Readjusted flaps, dressing with carbolized sweet oil. Syringed sinuses daily with carbolic acid and glycerine (1 to 10). June 28. Grafted three pieces of skin into the granulating surfaces. Cured. (L. H. Willard, H. M., April, 1874, p. 405.)

A case of Aneurism. Amputation and recovery. (N. W. Kneass, A. J. H. M. M., v. 7.)

Vascular Ulcer, following fracture of the leg, was cured in six weeks, by the wearing of an elastic stocking, dry earth dressing to the ulcers, and the taking of *Kali hyd.* twice a day, for two weeks, followed by *Conium*. (Chas. Adams, U. S. M. and S. J., v. 9, p. 455.)

Cure for Corns. In warm soap suds soak the corn about an hour. Then with a knife, or even with the finger-nails, remove the softened integument. In twenty-four hours soak again in the same manner, when the entire corn may easily be eradicated and a perfect cure effected. (H. V. Miller, H. M., Feb., 1874, p. 301.)

Vesical Calculus. Lithotomy. Report of a case with operation. Patient discharged from the hospital in thirty days, perfectly well. (Chas. Adams, U. S. M. and S. J., v. 9, p. 455.)

Hydrocele and Hernia. Mr. Edward S. P., æt. 28, presented himself May 2d, 1873, with the right scrotum much larger than an infant's head, due to scrotal hernia and hydrocele combined. Hydrocele alone was present on the left side, making a tumor as large as a man's fist. He stated that the fluid was first noticed on the right side, six, and on the left, two years ago, since which he had been tapped every few months. That a year ago after a violent effort at lifting, inguinal hernia made its appearance and soon after descended into the scrotum, for which he has since been constantly

obliged to wear a truss; hernia reducible. The intervals between the tappings were getting much shorter, the water collecting faster, and the scrotum when empty thickened and elongated, being in itself a positive discomfort and deformity.

I did not expect to do more in this man's case than my predecessors, that is, tap him; as the various methods of surgeons to effect a radical cure had been tried without avail, as excising a portion of the tunic, injecting Iodine into the sac, etc.

Removing the truss and retaining the hernia with my fingers, I made a short straight vertical incision over the front of the scrotum below each testicle, by which the sacs were thoroughly emptied and exposed to the air. In addition to this, setons were passed through the openings to favor drainage and excite inflammation in the tunic. He went home, applied water dressings, but neglected to remove the setons in twenty-four hours, as I told him, and they were kept in five days, until pus had formed within the sac and erysipelatous inflammation supervened. When the discharges had ceased; adhesion was complete throughout, and the result was a radical cure of both his hernia and double hydrocele. His scrotum at this date, September 24th, has contracted to the normal size and he has not worn a truss since the operation. The homœopathic remedy here, putting a greater inflammation to cure a milder one of the tunica vaginalis which caused the effusion, although given in too strong a dose, was very effectual. If he had withdrawn the seton on the second day, the result would probably have been the same. As he was a man of means, he came to be relieved and did not care about the pain and inconvenience of a radical cure, although the result was gratifying to us both.

Cystic Tumor of the Orbit. Assisted by Dr. E. B. Stevens, August 13th, 1873, I removed a tumor of this character from the left orbit of Mr. W. Howard Baker, of this city, æt. 20. The growth was first noticed shortly after an attack of scarlet fever when six years of age, and had been gradually increasing ever since. The case was an enigma to the various physicians who from time to time examined him, and being a person of wealth he had the opinion of prominent men in this and other cities.

Off and on for the past five years he has been taking homœopathic medicine from a physician of this city with a view to dissipate it. At the time of operation the eyeball was greatly protruded, the loose tissue between it and the supra-orbital ridge near the inner canthus was pushed out, having a rounded or half ovoid

appearance, elastic and tender to touch, made him pale and sick at the stomach to press upon it, eye limited in movement and partly amblyopic by tension of the optic nerve and pressure on the globe. Double vision was so annoying as to virtually prevent his reading without closing the affected eye. For many years he has had little pain, but as the exophthalmus increased his sufferings have been intense. Being chloroformed, and satisfying myself of the nature of the tumor by an exploring needle, I raised the lid and cut the fold of conjunctiva half way around between the lid and globe, making a necessary upward slit in the lid. By dissection was brought to view a cyst wall; this was separated from side to side as far as possible, transfixed and freely opened. At first a quantity of cheesy semi-solid matter was tilted out by the handle of the scalpel, then by pressure on the ball and drawing on the sac a clear gummy substance was pressed out. The sac was removed and the space filled with a little loose charpie, to induce suppurative inflammation. The collected substance was preserved and shown to the family was in volume as large as a walnut. The result was entirely successful; the eye has receded, now looks natural, is free from pain and double vision, with no orbital deformity.

Strangulated Oblique Inguinal Hernia in a Female. Out of my record of herniotomy, this is the only one of inguinal hernia I have met with occurring in the female, demanding operation. I have been frequently summoned to cases, but easily reduced the bowel under ether.

April 17th, 1873, I was called by Dr. Edward J. Pusey, to see Mrs. Ann Pfeifer, æt. 58, living at No. 3927 Elm Street, West Philadelphia. The woman had never worn a truss, and from her history, I inferred that the hernia had existed a long time before she was aware of its real nature, hitherto being reducible. Strangulation with stercoraceous vomiting had existed for about eighteen hours. The right labium was greatly distended, the continuity of the tumor with the abdomen above Poupart's ligament, and impulse on coughing, left no doubt of the case. After etherization a careful and prolonged attempt at reduction was made without avail, when assisted by Dr. Pusey an operation for relief was performed. On opening the sac, a quantity of brownish serum escaped, and surrounded by folds of darkened omentum, was a knuckle of small intestine, mahogany colored. The structure at the neck of the sac when divided, allowed the parts to slip readily into the abdomen. To prevent the descent of the bowel, I passed a ligature several

times through the neck of the sac, gathering it together and allowing one end of the ligature to remain without the wound, to draw upon when adhesion had taken place. The incision was closed in the usual manner. The woman was out of bed in two weeks, and does not now require a truss, with no descent of the hernia. (M. Macfarlan, H. M., Jan., 1874, p. 256.)

Case of strangulated ventral hernia. Removal of sixteen inches of transverse and splenic flexion of colon. Formation of artificial anus. Recovery.

Margaret Wallich, German, æt. 63, a resident of Berea, Ohio. Some ten years prior a rupture occurred in the umbilical region, caused by a severe strain. Patient suffered very little inconvenience during this period. Late in December, 1871, the extruded parts became strangulated and the following symptoms were present. Stercoraceous vomiting, cold extremities, body covered with cold clammy sweat; pulse feeble, countenance pale and anxious, breathing labored. An examination revealed the presence of a fluctuating tumor in the umbilical region, which was carefully opened, there followed the escape of several ounces of pus and bloody serum. The ulcerated gangrenous intestine could now be seen in the opening, and the hernial sac was now incised and the stricture relieved. Sixteen inches of the transverse and flexed portion of the colon had to be removed before sufficient healthy tissue could be found for the construction of an artificial anus. The cut edges were now stitched to the tegumentary margin of the opening, and the discharge of fecal matter was controlled by means of a proper instrument. The age and condition of the patient was not such as to warrant any further operative procedure for the relief of the preternatural anus, and the case was dismissed. (H. F. Biggar, O. M. and S. R., v. 8, No. 5, p. 292.)

Inguinal Hernia. Operation for radical cure employed with perfect success in three cases, the following operation, which in some of the main features seems new. The hair about the part is carefully shaved, the loose skin about the scrotum pushed up into the inguinal canal as far as it will reach. With a long and strong needle fixed in a handle, with an eye near the point, several stitches of stout silk are taken through everything, muscles and skin, and tied moderately tight over a roll of soft muslin. In these cases I took four stitches, the first one the highest up along the corner of the canal. A compress is then put over the canal and secured there by a tight spinal bandage or a strong truss. The patient

need not be confined to bed, as moderate motion favors the adhesive process. (J. G. Gilchrist, M. I., v. 11, p. 660.)

Forty-one Operations for Hernia. (By M. Macfarlan, H. M., May, 1874, p. 45.)

Death from Cauterization of Rectal Hemorrhoidal Stricture. Richard C., æt. 48, burning and itching of rectum for several years with bleeding; found hemorrhoidal stricture one and a half inches above anus, with one internal hemorrhoid which was taken off. Dilatation with the finger relieved for several weeks. He then went to an allopathic specialist who tried to remove the stricture with an escharotic. In six weeks from the first application he died. (R. C. Allen, H. M., July, 1874, p. 554.)

Electricity in Primitive Amenorrhœa. I have in repeated instances, where medicines failed to benefit, obtained complete success by thorough electrical treatment with the Faradaic current, generally treating from feet or extremity of spine over the entire body with negative. In some obstinate cases same application of galvanism produced the desired result. (A. L. Adams, Proc. H. M. S., Ohio, 1874, p. 129.)

Electricity in the Treatment of Leucorrhœa. Inflammation of uterus and vagina with catarrhal discharges, growing worse in color, quantity and odor. The treatment consisted of daily use of galvanic vaginal douche, connected with a current of eighteen cups with carbolic acid or bromo-chloralum, continuing the application fifteen minutes. Once a week full electric bath; twice a week general treatment with Faradaic current. Cured in three months. No medicine given. (A. L. Adams, Proc. H. M. S., Ohio, 1874, p. 131.)

Ovarian Tumor Cured by Galvanism. Married woman, æt. 45, mother of three children; tumor over left ovary size of child's head, slowly enlarging for four years. A galvanic current of twenty cups was given, using one day the vaginal instrument connected with positive, negative over tumor; next treating opposite sides of tumor with small electrodes through and through. Also several general applications of Faradaic current were made. Better in all respects in two weeks, and the tumor much reduced in size. Dispensed with the needles. Continued the treatment nearly as above described daily, for two months longer when she pronounced herself well. (A. L. Adams, Proc. H. M. S., Ohio, 1874, p. 132.)

Ligation of External Iliac Artery. Full report of a case of

successful ligation of the external iliac for aneurism. (E. A. Murphy, M. I., v. 11, p. 163.)

Ovariectomy by Enucliation. Cyst and contents weighed, thirty pounds. Recovery. (R. Ludlam, U. S. M. and S. J., v. 9, p. 225.)

Ovariectomy. Fibro-cystic tumor. Extensive adhesions to the abdominal walls and pelvic fascia. Pedicle ligated with cat-gut ligature. Recovery. (Surg. Clinic, Hahn. Med. Col. and Hosp.; W. Danforth, U. S. M. and S. J., v. 9, p. 320.)

Ovariectomy. Removal of a multilocular cyst. Pedicle ligated with carbolized cat-gut. Recovery. (R. Ludlam, U. S. M. and S. J., v. 9, p. 335.)

Ovariectomy. Removal of unilocular cyst. Pedicle short and broad, ligated with carbolized cat-gut ligature. Recovery. (R. Ludlam, U. S. M. and S. J., v. 9, p. 338.)

Ovariectomy. Mrs. J., æt. 41, resident of Western New York. Patient suffered for seven or eight years with dysmenorrhœa, for which she was treated by Dr. A. C. Hoxie, of Buffalo, New York. On the return of her usual health, a tumor, which had long before been detected and diagnosed by Dr. H., continued to grow, and attained the weight of thirty pounds, as was proven after the operation by weighing.

The patient being etherized, an incision six inches in length was made in the linea-alba, at a point to left and above umbilicus, and extending to an inch or two above the symphysis pubis. Adhesions were not extensive. A peculiar cyst however was found connecting to the omentum by means of a long cord-like attachment, some twelve inches in length. The tumor, after being tapped, was removed to the outside. The pedicle was found to be about six inches in length and was ligated as follows: Three cat-gut ligatures were used and inserted so as to make two lateral and one central ligature, being considered preferable to ligating the entire pedicle by one ligature.

The drainage tube was inserted between the rectum and uterus, the outer end protruding through outer opening of vagina; abdominal cavity was carefully washed out with carbolated water; the pedicle returned within the cavity of the abdomen. Four suture pins were used and two interrupted silver sutures to close the wound; compress of calendula and glycerine, a few straps and bandage completed the dressings.

Patient rallied promptly from the shock of the operation.

The day following, hot water bags were applied to both sides of the spine and continued for several days. The abdominal cavity was washed out two or three times daily with carbolated water. The drainage tube was kept in position for some twelve days, when it was removed. A No. 12 gum elastic catheter was now substituted and used at intervals until the aperture closed, which occurred about the twentieth day after the operation.

The patient passed only slowly, but satisfactorily, to recovery. The character of the cyst was dermoid and contained within several membranous walls or partitions, in other words, a multilocular cyst. In the centre of the tumor was a mass, covered with a short, dark, hairy growth, four inches in length, and auburn in color—same color as patient's hair. (H. F. Biggar, Ohio Med. and Surg. Reporter, v. 8, No. 6, p. 350.)

Laceration of the Perineum. (J. H. Marsden, H. M., Dec., 1874, p. 198; also, Trans. H. M. S., Penna., 1874.)

Atresia Vaginæ. Operation and dilatation. (J. H. Woodbury, N. E. M. G., March, 1874, p. 108.)

Three Reasons why Ovariectomy Should be Preceded by Tapping. (H. M. Jernegan, N. E. M. G., May, 1884, p. 210.)

Vesico-Vaginal Fistula. Mrs. M—, æt. 34, has been married eighteen years. Fistula the result of craniotomy performed during first labor, eighteen months after marriage. The opening extended from the internal orifice of the urethra through the anterior cul de sac, and was one and three-fourths inches in length. *Operation.* Patient anæsthetized. The margin of the fistula was then freshened with curved scissors, as far as the margin formed by the uterine neck. The anterior surface of the cervix was then pared, and the edges of the wound brought together and maintained in apposition by seven interrupted metallic sutures. On ninth day two sutures were removed, and on the eleventh the rest were taken out. A self-sustaining catheter, with a flexible tube attached, was kept in the urethra fourteen days. For a fortnight injections of calendula water, and afterwards of a solution of *Tinct. Hydrast.* were thrown into the vagina twice daily. Complete recovery. (R. Ludlam, U. S. M. and S. J., v. 9, p. 330.)

Uterine Polypus removed by Electricity. A lady, æt. 35, had suffered several years with enlargement of the uterus, constant pain in that region, extremely offensive leucorrhœa, irregular menses, with occasional profuse hemorrhages. We diagnosed the case uterine polypus. Daily applications of electricity connected

with vaginal instrument, produced regular contractions, which expelled the mass from the uterus. In a short time, under general treatment, her health was quite restored, and at last advices had remained so. (A. L. Adams, in Proc. H. M. S., Ohio, 1874. p. 132.)

Congenital Malformation, Occlusion of Vagina—Vicarious Menstruation through the Bladder—Cure. Miss M., American, aged 29. Nervous temperament, well educated, sensitive. Enjoyed good health until her fourteenth year. Ovulation then set in. Each recurring monthly period had nausea and vomiting, severe back-ache and much general distress, lasting for three or four days, more or less severe. Had been seen and treated by no less than fifteen physicians of different schools, with no relief. Change of air was tried, and no good result ensued.

In a wasted and worn condition she applied for treatment for the apparent dysmenorrhœal trouble. The kidneys appeared likewise involved. Uterine displacement was suspected, and examination revealed no menstrual flow except during urination, which was suggestive of vicarious menstruation. Complete occlusion of vagina was found to exist, which it appears was never before suspected by either patient, her mother, nor any of her previous medical advisers. Examination was conducted and these facts elicited by Mrs. Dr. M. Merrick, of Cleveland. An operation was decided on. Patient was chloroformed, an elliptical incision was made, corresponding with natural outlet of vagina, and tissues carefully dissected to extent of three-quarters of an inch, when it appeared evident that the incision was behind the posterior wall of vagina, this, upon being cut into, the remaining portions of vagina was found in a normal condition, and the uterus was found seemingly perfect. The aperture thus made was tented from day to day, to prevent adhesion of the cut surfaces, and so kept until the parts healed. The next menstrual period brought with it the usual train of symptoms, only modified. A second period approached with as intense suffering as ever before. A specular examination made by Dr. Merrick, revealed a dense, glistening membrane, stretched over the cervix and completely enveloping it, through which an opening was made, followed by happy result. The next or third period after the first operation came and went naturally, and without any painful results. (H. F. Biggar, O. M. and S. R., v. 8, Nos. 1 and 2, p. 51.)

Cases in Obstetric and Gynæcological Surgery. First.

Mammary cancer. Mrs. A., æt. 54. *Scirrhus of the right breast*, in a state of ulceration. The growth has been noticed for over a year. Axillary glands not affected. Excision, August, 12th, 1864. No return of the disease so far as I know.

Second. *Mammary Cancer.* Mrs. B., Norristown, Pa. Cancer of the right breast; has been noticed for a year and a half. In a state of ulceration. Axillary glands affected. Excision, January 11th, 1869. Died in six months after the operation.

Third. *Mammary cancer.* Mrs. —, of Wilmington, Del., a patient of Dr. Tantum. Hard cancer of the right breast. Excision, January 17th, 1870. Patient died on the evening of the day of operation, from secondary hemorrhage.

Fourth. *Mammary cancer.* Miss V., Hatboro, Pa., æt. 60. Open hard cancer of the left breast. Excision, July 4th, 1870. No return of the disease as yet; have heard from her quite recently.

Fifth. *Mammary cancer.* Mrs. W. Hard cancer of the right breast. First operation, August 12th, 1871. Glands were affected. Operated three times. Patient died within a year.

Sixth. *Mammary cancer.* Mrs. S. J. M., æt. 35. Hard cancer of the left breast, the glands being involved. Patient was so far gone with the disease that she was in a state of insensibility when I was called. Excision, Dec. 25th, 1871. Patient lived for five months afterward.

Seventh. *Mammary cancer.* Mrs. Margaret A. M., æt. 50. Open bleeding cancer of the left breast. Operation, October 20th, 1871. Favorable recovery. Was doing well when heard from recently.

Eighth. *Mammary cancer.* Mrs. S., æt. 55. Open bleeding fungus of the left breast. Operated March 18th, 1871. Returned. Operated again five months later. It has again returned, and will soon prove fatal.

Ninth. *Mammary cancer.* Mrs. G., æt. 45, Camden, N. J. Open fungus (bleeding) cancer of the right breast. Was very low, almost moribund, when I was called. Operation, Sept. 11th, 1872. Disease has returned, and she is at death's door.

Tenth. *Laceration of the perineum.* Mrs. Kate H., æt. 20. Primiparæ. Tedious labor. Laceration of the perineum, including two inches of the recto-vaginal septum. Operation, April 1st, 1869. Pared the edges of the laceration and united with wire sutures. Successful.

Eleventh. *Laceration of the perineum.* Mrs. G. M. H., æt. 25.

Laceration of the perineum ; the internal sphincter only involved. Operated, May 15th, 1869, as above. Successful.

Twelfth. *Laceration of the Perineum.* Mrs. T., æt. 27. Delicate and weakly woman. Tedious labor. Was confined to bed for several months before the operation, in consequence of loose bowels. Operated, April 29th, 1870, as above. Successful.

Thirteenth. *Laceration of the perineum.* Mrs. E. McQ. Laceration occurred six and a half years previous to the operation. The woman was very much broken down and in a wretched state of health. Operated, Jan. 27th, 1872, as above. Failure, owing to want of recuperative energy.

Fourth. *Laceration of the perineum.* Mrs. R., æt. 25. Had very difficult labor. Laceration extensive and serious. Operated, June 13th, 1872, as above ; removed pieces of tissue and divided the sphincter. Result perfectly successful.

Fifteenth. *Cancer of the uterus.* Mrs. M., the mother of a homœopathic physician. Degenerated fibrous cancer of the uterus. Introduced a canula and drew off a pint of thin broken down cancerous material. The patient died March 29th, 1870.

Sixteenth. *Rupture of the uterus—gastrotomy.* Mrs. H., æt. 25. Primiparæ. Was called in great haste in consultation. Performed the Cæsarean section the moment of my arrival, which was just as the death of the mother had taken place. The operation was not successful, the child being dead when removed. Had been a face presentation.

Seventeenth. *Gastrotomy for an ovarian cyst of long standing.* Mrs. S. C. W., æt. 70, of Downingtown. Had an ovarian cyst of long standing. Made a simple and straight abdominal incision, emptied the sac, and kept up the drainage. The operation was successful and the woman appears to be well. (By M. Macfarlan, H. M., March, 1874, p. 353.)

Transplanting the Skin of a White Person upon a Mulatto. Oct. 27th. Thos. R., mulatto, æt. 23, teamster. Two days ago was jostled from a heavily loaded iron wagon ; falling, his right arm was caught between a wheel and a large stone, lacerating it badly. A doctor put a dry compress over the arm, retaining it by a figure of eight bandage, above and below elbow. On removing this first dressing, the arm presented an extremely offensive and repulsive condition. The careless manner in which the bandage had been applied, the time it had been allowed to remain undisturbed, and the consequent swelling of the limb had so impeded the circulation

that the elbow and portion of the arm included in the bandage, was in a gangrenous state, while the hand and fore-arm were very much swollen, and the circulation at the wrist barely perceptible. Cleansed wound with *Carbol. ac.* solution (one part to ten), and found the arm divested of skin on its ulnar and dorsal regions, from four inches above the elbow to within two inches of the wrist, embracing one-third its circumference. The skin remaining on forearm was loose and ragged for an inch or more from the wound. Flesh bruised and lacerated; elbow-joint exposed, the synovial fluid escaping; the olecranon process bare and denuded of periosteum. Pulse full, rapid. Poulticed with flaxseed meal and charcoal. *R. Acon.*⁶, two hours. Renewed poultice twice daily.

Nov. 3d. *R. Arnica* in place of *Acon.*

Nov. 13th. Improving. Discontinue medicine and poultice. Dress the wound with carbolic acid cerate, spread evenly over clean, soft, old muslin, and envelop the arm in cotton wool, retained by roller bandage loosely applied. This dressing was daily renewed and continued without medicine, up to Nov. 17th, when I prescribed one dose of *Silic.*^{2c}. The process of granulation was necessarily slow, but improvement was apparent from day to day.

Decided to try *skin-grafting*. Dr. J. H. Buffum suggested the use of white skin. Clipped from a white lad's arm, a small piece of skin, divided it into four parts, and placed their flesh side foremost in the granulations, about one inch apart. Dr. Buffum, in the meantime, had in readiness the following ingenious device for retaining them in place: He cut out a circle two inches in diameter from a strip of adhesive plaster three inches wide, and long enough to encircle the arm; over this hole he placed a thin, clear, flexible piece of mica, and fastened it at the edges with narrow strips of plaster. This was so adjusted that the mica rested directly on the grafts, and formed a window, through which their various changes might be witnessed without disturbance.

Nov. 28th. The grafts appear as mere points. The mica removed, and the constant galvanic battery applied over the grafts. I may remark here, that the battery used is very simple, and its action barely perceptible. It consists of a piece of sheet silver two inches in diameter, and a similar piece of zinc, connected by a small insulated copper wire of any desired length. The silver is placed on the grafts, and secured by adhesive strips, the zinc plate resting on the healthy skin and fastened in the same way.

Nov. 30th. Grafts have increased very perceptibly.

It is only necessary to say that the grafts increased from day to day, but always more rapidly on the days on which the battery was applied, when it increased half a line per diem. The grafts which grew best, it may be well to notice, were those which were originally the smallest. The grafts to which the battery was applied grew much more rapidly than those not subjected to its influence. The patient was discharged on the 28th of December, *after two months treatment*, with a good, serviceable arm. The motion of the elbow is not perfect, but is still improving. I saw him six weeks after his discharge, the injured arm still variegated with beautiful white patches.

In transplanting skin the smaller the pieces the more satisfactory the process. The natural effort required to maintain its vitality having a direct ratio to its size, the cuticle is separated from the larger pieces, the deeper structures seem to slough, and their adhesions to the granulations are imperfect. I recommend the employment of minute grafts. (J. C. Burgher, H. M., March, 1874, p. 361.)

Skin Grafting. (L. H. Willard, H. M., March, 1874, p. 352; also Trans. H. M. S., Penna., 1873.)

Simple Skin Grafting. Pinch up by a pair of common catch-forceps a piece of skin from some sound part of the body, cutting off to the required size with scissors. Divide into pieces about the size of a rice-grain, and plant among the granulations of the ulcer, with a probe, allowing one piece to a square inch of surface. Lay a piece of gutta-percha tissue, half square inch large, dipped in antiseptic solution, over each graft. Cover the ulcer with two imbricated layers of gutta-percha tissue; over this put an antiseptic gauge and a bandage. Replace every two or three days. Before grafting, cleanse ulcer. (Quoted from Boston Journ. of Chem., Dec., 1873, by B. W. James, H. M., Jan., 1874, p. 286.)

On Surgical Operations during Pregnancy. Marmonier shows that transfusion for other causes than metrorrhagia, is more successful in the first half of pregnancy than in the latter. The extraction of carious teeth during pregnancy is without the least danger; the application of electricity in nervous disorders finds no contraindication in pregnancy; omentomy also shows no influence in pregnancy; neurotomy of the trigeminus did not interfere, but the simultaneous ligation of the carotids produced abortion. The introduction of the catheter offers no difficulties, and where it fails in retroflexion, parencentesis vesicæ is indicated (Diculafoy's

aspirator). Calculi have been removed during pregnancy without evil consequences. Reduction of a hernia is to be recommended in all cases, and where this fails, herniotomy must be performed. Tracheotomy as *indicatio vitalis* may be performed, although leading to abortus. Fractures and luxations must be reduced without showing much influence on pregnancy; amputations have been frequently performed, also resections with variable results for the fœtus. Operations on the sexual parts are usually dreaded; the prognosis for the mother depends on her general health. Scarifications for œdema vulvæ in the last months of pregnancy may cause premature labor. Enormous hemorrhages from the external organs have been witnessed without disturbing the pregnancy. In relation to polypi a removal in the final months gives most favorable results. Ligature during the first months is far more dangerous than excision or torsion, on account of the ichorous state of the strangulated pedicle or of the whole polypus. In subperitoneal tumors of considerable size, repeated replacement during pregnancy is recommended; where the tumor is immovable its extirpation is far more rational. In four cases of cauliflower excrescences, cancer uteri amputation was performed during the first months of pregnancy without any evil influence on the course of pregnancy. Rectal operations are rare; an operation for fistula recti led to the interruption of pregnancy. Sarcomata and carcinomata mammæ ought to be removed as early as possible, for mammary cancer runs a very rapid course during pregnancy. Ovarian tumors are dangerous complications of pregnancy, they may remain latent and stationary, but in most cases pregnancy favors the growth of cysts and of ovarian cancer. After all, puncture and ovariectomy are our only refuge. In dropsies the *punctio abdominis* is greatly to be preferred to artificial premature labor, and thoracentesis is still less dangerous. (Cohnheim, *N. A. J. H.*, v. 22, p. 474.)

Catechu Poultices in Varicose Ulcers. In old varicose ulcers, a poultice made by adding a sufficient quantity of hot water to an ounce of finely powdered catechu has proved very efficacious, the granulations being tanned into a cicatricial tissue, pale and painless. The observer concludes that catechu has a power of action, by a kind of tanning process, on granulating surfaces, and converting them directly into integument. (J. H. Nankivell, *M. H. R.*, Jan., 1874.)

Siamese Twins in Miniature. Dr. I. B. Massey, of Sandusky, Ohio, presented to the Cleveland Homœopathic Hospital College,

a rare specimen of twins, resembling much in the manner of their union, the celebrated Chang and Eng, deceased within the year past. This specimen had completed the full term of gestation, were well formed, and both males; born dead. Aside from this were capable of surviving their birth and subsequently maintaining life without the aid of immediate union with their mother. The principal points of interest to be considered, relative to the examination, centre in the anatomy of the fleshy mass uniting them and the peculiarity of the internal structures immediately implicated. This band extended downwards about an inch from the appendices of the ensiform cartilages, which were uninterrupted and continuous from one to the other. The common umbilicus was situated in the inferior surface of the central part of the band.

Made a primary incision from the superior to the lower aspect of the band, and at once brought the peritoneum into view, which extended, in a separate pouch on either side, to the medium line, there it was folded upon itself in such manner as to form the suspensory ligament of the liver, along the border of which the umbilical vessels could be traced to their junction with the under surface of the liver, the distribution of which appeared normal. A free opening was then made into the trunk of number one. The liver was found to be above the normal size and considerably displaced, the left lobe and a small proportion of the right being wholly within the cylindrical mass joining the bodies. The liver of number two was very nearly in position, but only one-sixth the size of the other, and was united thereto by a growth of proper liver-substance, giving it the appearance of being an appendage of the larger one, notwithstanding the anatomical structure was well defined. A marked deviation was observed of the kidneys, the right one of number one being enormously enlarged, the left one being entirely absent,—no vestige left of it. In number two's body both kidneys were present, but extremely small. The heart of number one was fully half again as large as natural, that in number two correspondingly small. The remaining internal organs were normal in every particular.

It is evident from the foregoing, that, had life continued subsequent to their birth, no successful surgical interference could possibly have resulted otherwise than by producing speedy death. (H. F. Biggar, O. M. and S. R., v. 8, Nos. 1 and 2, p. 64.)

Electro-surgery. The two currents cannot be used indiscrimi-

nately, for we know now-a-days that the positive pole possesses, contracting and irritating force, and that the negative pole dilates and decomposes. We must understand the different electro-chemical decompositions which take place at the poles, decompositions giving different products; which difference depends on the substances upon which they act. Again, intensity and quantity must be understood. By using too much of one or the other, we do not decompose, we cauterize; if too little we merely irritate, but not enough to obtain a favorable result.

Ovarian Tumor in a negress. The abdominal walls were made tense and four gold needles were plunged into the tumor about three inches. The negative pole was connected with the needles and the current closed by applying the positive electrode, covered with a large sponge, to the right side of the abdomen. When a current is made to pass through a liquid, quantity, not intensity, is required to procure electrolytic action, *i.e.*, to chemically decompose. If the current is too weak, a mere momentary irritation would be produced. Electrolysis are always to be tried before resorting to ovariectomy, but in all abdominal wounds three important rules are to be observed, *viz.*: *no probing, no stimulants, no opium*, this last rule is absolute.

Multilocular hydrocele. Three gilded needles were plunged into the lower portion of the secretion, where the tumor was very thin; the negative pole connected with the needles and the positive sponge electrode was pressed upon the thigh.

Strictures of the Urethra. Pass up the urethra an insulated bougie, to protect the healthy portion, allowing action only upon the stricture itself. The bougie is connected with the negative pole and the positive pole given to the patient to hold. Even when the stricture is situated at the sphincter of the bladder, it will give way under galvanism, as the atoms of hydrogen which are liberated by the decomposition do the work for us, they penetrate the minutest parts of the tissues, thereby separating their fibres; resorption will take place, and the tendency to reproduction is no longer present, (fifteen to eighteen cells used).

External Hæmorrhoids. Two gold needles were plunged into the larger growth and one into the other; the negative pole connected with the two needles the positive with the single one, (twenty-eight cells used). The positive tumor began in twelve minutes to harden and to shrink, the negative tumor was much longer in showing any sign of being affected. The needles from

the negative tumor were easily withdrawn, after which there was oozing of serum, showing that the blood was decomposed, but not coagulated. The positive needle held fast, and after its extraction nothing came from the tumor. (Edward A. Murphy, N. A. J. H., v. 23, p. 157.)

Lung cavities locally treated. Prof. Mosler, of Greifswalde, made an incision into the walls of a chest-cavity (in phthisis), inserted a silver tube or elastic catheter, drawing away the secretion and disinfecting the pyogenic walls with weak carbolic acid lotion. The patient's condition was improved. (Quoted by B. W. James, H. M., May, 1874, p. 477.)

Dr. Pepper of the Methodist Hospital claims to be the one who first introduced this method of treating lung cavities by inserting into them by means of a hypodermic syringe a suitable acid or other solution.

THEORY.

The Inductive Mode of Thinking, including all Causal Thinking. (Prof. J. Hoppe, I. Pr., 1875, p. 377.)

What is the Relation of Homœopathy to Metaphysik? (Julius Bahnsen, I. Pr., 1875, p. 597.)

Mental Atmosphere. (B. W. James, H. M., March, 1874, p. 372.)

Psychic Influence in Therapeutics. If medical science does really exist, it does so in defiance of logic. It does not conform to reasoning *a priori* or *a posteriori*. We know, for instance, that men get sick, and we know they get well. The effect is cognizable. Now suppose, we inquire into the cause: How are they made well?

Our logic runs this wise: The patient was treated homœopathically, ergo homœopathy cured him. But stay. He was treated allopathically, ergo allopathy cured him. But stay again. He was treated by an eclectic, a Thompsonian, a magnetic, an electro-pathic, a clairvoyant doctor, or rather he was prayed over and had hands laid on him, and finally he had no doctor, took no medicine, and still he got well, ergo—What?

A mind untrammelled by the prejudices of the schools would stand utterly bewildered amid such conflicting testimony. If from such an effect we can consistently reason back to so many and diverse causes, what is the use of logic?

And we are no better off, if we attempt to reason the other way. Suppose we try it. The materia medica of the various schools are totally unlike. An electrical battery, a pious prayer, an infinitesimal attenuation, a water bath and an opiate can have little in common. Taking these as efficient causes, we might—indeed we could only—come to the conclusion of effects quite as various as the causes themselves.

And allowing the patient to have gotten well without any inter-

vention, we are obliged to reject the claims of all schools. There is no logic in medicine.

A convenient way of disposing of this problem is to assume that all cures, made through the agency of medicine, are the result of the operation of the homœopathic law. That is, many of those who give medicine unwittingly, or otherwise, give that which is homœopathic to the case; and so make a cure. This might be true of treatment given by an allopath or an eclectic or a homœopath or a Thompsonian or of any treatment made by drugs.

But this assumption does not account for cures made by prayer or by animal magnetism or by electricity, and spontaneous cures must stand apart from all of these.

If this Gordian knot is ever cut it will not be by the blade of logic, unless we change the premises of our argument.

In every case of disease cured, there is but one element found as a constant factor. And that is unchanged whether all schools or no schools of practice are involved. And that factor is the human mind. The student of psychology need not to be told of the power of the mind over the body. This fact is one recognized since the earliest ages. At least, we, who are wiser grown, can easily trace its action through the traditions and superstitions of the past.

Perhaps in nothing has it figured so conspicuously as in its power over disease. The Scriptures of the Old and New Testaments are full of illustrations. The brazen serpent, the blood of the lamb sprinkled upon the lintel and the door posts, the pool of Bethesda, whose waters were troubled by an angel, the healing virtues that went out from Christ and his apostles by which all manner of diseases were cured, these all show the power which the mind had in curing disease.

If these were miracles in the common sense of the term, then the age of miracles is not past, for to-day, in various parts of the world we have the same phenomena transpiring, and there is only lacking in the public mind the universal spirit of ignorance and superstition to make them signally notorious.

It is difficult to pursue this subject without trespassing upon some one's cherished faith. But he who holds truth above dogma will not turn away grieved or angered from this contemplation of a problem for which no satisfactory solution has yet been discovered. Law enlightens us, while miracles only serve to confound us. God is infinitely more honored in the uniformity and consistency of his operations than in the performance of irregular,

unnatural and unexpected acts. For our part, we believe in a science of history just as we believe in a science of language and of religion and of nature. Given any authenticated historical fact and it can be made to take its place with other facts as orderly parts of an orderly government, be that government divine or natural only.

And it is so of phenomena as they transpire to-day. The problem of curing disease meets us at every step. Only one ignorant and bigoted will shut his eyes to the fact, that, while he is curing the sick after a certain manner, others are doing the same thing in an entirely different manner. Now if any one chooses to assume a variety of causes having a common effect, or if any one assumes a cause which will cover only a part of the effect, he does it without the warrant of logic or reason.

Time and space are too limited to give full scope to our thoughts upon this subject. We can only indicate what might be a safe line of argument.

We have the body suffering from disease. In consequence of this, in function and organic structure, it undergoes important modifications. Disease in many of its forms is self-limiting. In such cases we may expect the patient to get well, unless substantial hindrance is offered, as is too often the case. But we may throw all these out of the category. Another class of diseases are held to be by their very nature incurable. Only charlatans can hold out hope in cases of this sort. All systems alike fail to cure them, and so they too may be left out of the count. The other class, comprising the curative, and such as are beneficially modified by medicines, contains all the cases of disease which have to do with remedial agencies. This excludes all diseases that can be affected by palliatives only, and includes all those that may be treated curatively; and this, by no means, comprises a large share of the diseases we find existing among the human race.

We are narrowed down to a fractional part of the diseases occurring; and can allow no claims for cure except as they are made good against cases of this class. Now, let those who dare, deny that many of these diseases have been cured in all the various ways we have specified. For our part we cheerfully allow it. Each mode of practice has had its moiety of success. We were never so thoroughly sectarian as to deny that doctors of all sorts do cure. Our modesty never allowed us to claim absolute but only relative

superiority. Our per cent. of mortality has always been comparatively less, but never zero.

This much granted, or at least understood as claimed as part of our argument, we call your attention to the fact that it has long been allowed that the mind plays an important part in the cure of disease. No ship has been more surely saved through the undaunted courage and hope of its officers and crew, than has the life of multitudes of sick been saved through faith. In the killing of men, disease has given the palm to fear, and in the saving of men, all remedial agents must give the palm to faith; and faith is but an exercise of the mind's confidence and hope.

This point needs no elaboration or proof. It needs only to give it a logical application. Assuming it as an efficient and universal cause, existing everywhere in every known case of disease, cured by whatsoever agency, natural, artificial or divine, it leads us to the direct conclusion of the effect wheresoever it may occur.

And now it remains for us to guard this single point. The mental power that cures may be the patient's, and will be, if the brain of the patient be in proper condition to exercise, the necessary power. If from infancy or diseased action, or any abnormal condition, the brain of the patient is incapable of action, or, having the necessary power, cannot be at all, or only slowly brought into action, then that power must emanate from the brain of another party; which party may be the attending physician or the clergyman who ministers by prayer and hopeful words full of magnetism, which is in fact but the brain power.

How do I reconcile this with my belief in homœopathy? I answer easily, and in this way. In every case treated according to the schools, the brain power of the physician supplements that of the patient. The most successful doctor is the one superabounding in animal magnetism, and who can inspire the sick and their attendants with the highest degree of hope.

A practice based upon empiricism as notably are allopathy and eclecticism, gives no great encouragement to its practitioners, and having little themselves, they can give to their patrons no large amount of confidence. It is with them, all trial and guess work. But not so with the practitioner who follows the law of *similia*. Guided by a certain law of nature in the selection of his remedies, he gives those remedies with a confidence that is marvellous in the eyes of an allopath. And just in proportion as he selects his remedies with care, looking to their homœopathic relations to the dis-

ease, just in that proportion will he be himself sure of success. And if the doctor be overcome with despair, he can do no better sometimes than to call in a clergyman, being careful to select one that is not dyspeptic, bilious and gloomy, but one that hopes more for the patient's temporal than his spiritual welfare.

Our view of this subject must necessarily be brief and may therefore prove unsatisfactory. But we are obliged to forbear making more than these brief suggestions. (T. P. Wilson, M. A., v. 2, p. 256.)

Discussion on Dr. Wilson's Paper. Dr. Haines: I have an incident in mind which illustrates, fully, the power of animal magnetism as curative in disease, in the case of an old lady who had been very sick with pneumonia, but who was getting along very nicely under the treatment of an Hydropathic physician. I was called to see her because she entertained the idea that she would die, and all her friends and attendants were of the same opinion, and as solemn as a church yard. She was certainly very feeble, expectorating freely, with severe cough. She had an utter loss of will. I told her she must be rubbed, and commenced the process myself, finally succeeding in arousing her will, and left her much better than when I first saw her. The next day the process was repeated, and she was inspired with self-confidence, and made a speedy recovery. In another case the symptoms were like those of sea sickness, when patient feared at first she would die, and upon getting better determined not to get well, preferring to be treated and petted as when she was quite ill. I finally tried the influence of fear, and upon finding she could use her limbs, she did use them, and a speedy convalescence was the result.

We must study each patient's character and peculiarities, and through such knowledge, the well directed use of the will power will, when recovery is at all possible, assist us greatly in the cure. Certain classes of patients should be made angry, others hopeful, others fearful, and in each case where there is any susceptibility to the influence of the mind of the physician (and in few there are not), there will be great benefit result to the patient.

The physician's influence is noticeable in every sick room, as we all can testify, and a cheerful disposition will work marvelously sometimes. Notice also the influence on the patient of visitors, whether they be cheerful or hypochondriac. The patient will be affected according to the disposition of those around him, showing that the demeanor of those surrounding the sick bed will affect

beneficially or detrimentally as the case may be the mind of the patient and the course of the disease.

Dr. Owens: I was very much pleased with the paper read by Dr. Wilson, but am sorry he was not clearer on two points.

First, on the definition of Psychic Influence, and second, on the amount of will power required to be used by the physician toward the patient.

Theologians I believe are as yet undecided whether the mind, the spirit and the soul are one and the same, or different. Are there three elements required to make up the mind, spirit and the body? If not, which does this psychic influence arise from, or is it really a psychic influence? I think not, but that instead of its being a psychic force 'tis a vital force. A lady who came under my observation who had witnessed an operation for fistula lachrymalis, in six weeks' time had a similar and complete fistula, the first symptoms of which were of a painful boring sensation commencing shortly after witnessing the operation. Was this from mental causes, or was the vital force so strongly imparted from the patient operated on to this lady, as to cause a similar fistula?

Another case, that of a young lady who had witnessed an operation for an abdominal tumor, whether ovarian or not I do not know, but in three years she had a complete and large sized abdominal tumor herself, and could distinctly trace the first symptoms back to the date of that operation.

A case came under my notice some time ago of a gentleman who had been present at a post mortem examination on the body of a friend who had died of abscess of the liver, and in a few months he had aching, throbbing pains in the region of the liver, and was thoroughly satisfied he was suffering from hepatic abscess although he could trace it to no cause but the witnessing the post mortem on his friend. The abscess opened through the diaphragm in about four weeks, and large quantities of pus were discharged by the right lung, the patient making a good recovery.

A certain degree of unconscious cerebration will sometimes cause disease without any intentional psychic influence, and in these cases I find it much more satisfactory to treat patients by the removal of the causes of this peculiar cerebration than by medication. I am of the opinion that these cures come from an exhibition of vital rather than mental force, acting similarly to the dynamic action of medicines. We have all seen marked results from

placebo treatment and proofs of these theories are every day apparent.

I have a case of a patient subject to epilepsy, the spasms occurring sometimes daily and again only once or twice a week. These can be checked by his brother, merely laying his hand on the patient and in this case it is certainly by vital force as the patient is unconscious at the time. This brother is peculiarly possessed of a large amount of animal magnetism, and I have seen him draw a hat from the floor to his hand, by placing the hand at least ten or twelve inches from the hat, showing that even inert substances can be influenced by the vitality of the human being.

Dr. Buck: I do not exactly agree with Dr. Owens, in his point of departure from Dr. Wilson's views, and I do not think it entirely necessary to comprehend fully the exact relation of mind, spirit and soul one to another. I do not believe the human mind can comprehend the anatomy of the spirit or soul, and that 'tis not our province to understand fully the psychic or vital influence. I think the positive attitude assumed by the physician, cures our patients much oftener than our medicines do, and is more effective far with the patients than medicines, crude or infinitesimal. Numerous instances are in my mind now, where patients have recovered under placebo treatment. But mind you this will not always cure, for I have known patients to die time and again in spite of all the willing to the contrary by physician and friends.

There is another influence which is indescribable, neither psychic nor vital, but spiritual. Let us lay aside all sect and cultivate this line of thought, studying closely the psychic, vital and spiritual influence we have upon each other, and we will all be greatly benefitted and our patients will not be the losers by it. The time will come when the scientific physician will cure wholly by these influences instead of by medicine and drugs, and even organic and functional diseases will be successfully treated in this manner. The will is the lever, the focal point, and the latent forces still undeveloped are greater by far than what we now know of man physical and mental.

Dr. Slosson: Physicians should look to the moral condition of their patient. The will force has great direct-power, and the superior will force, combined with the vital force, will predominate and good or evil will result as it is used. We have not yet reached the point where we can lay aside our medicines although, as Dr.

Buck says, the time may come when the exertion of will power alone will cure the sick.

I had a patient once, a young man in the employ of the Adams Express Co. in this city as money clerk, who was very sick with typhoid fever, the worst feature of the case being his despondency from which I was wholly unable to arouse him, although I exerted my will to that effect to its utmost extent. The patient died in spite of all my efforts, his spirit of despondency overcoming my will to the contrary. Cures are always effected more readily when the patient is susceptible to a spirit of hopefulness than otherwise.

Dr. Buck: I have witnessed a peculiar phenomenon in the case of a dying patient, first noticed by accident and confirmed by experiment, where by placing my hand upon the patient's head, or taking his hand it would effect me so seriously as to put me to sleep, even at times when I was horrified to find myself drowsy, and I do not doubt but that it might be really dangerous for certain persons to try this experiment.

Dr. Haines: I have also noticed similar circumstances and have thought it very remarkable.

Dr. Frain: I agree with Dr. Owens as to this being a vital instead of a psychic force as I have known instances of patients recovering by the presence of a physician even when he was indifferent on the subject.

I was once called upon unexpectedly to visit an old lady who was very sick, and was requested to see what I could do by animal magnetism. I took both her hands in mine and in spite of my will power our hands shook violently for several minutes. This was done on another occasion also with the same patient. The effect was very beneficial on her.

Dr. Wilson: There seems to be no special mystery in the minds of the people concerning the power of drugs to cure disease. But in these cases even the presence of the physician, the faith of the patients and the confidence of the friends have been held to have something to do. But these have been in all ages of the world in various ways held to be truly mysterious. The practice of theurgy has always existed and the gods and the demi-gods and the devil, and especially the true God have been supposed to be the active and efficient agent in producing these cures. Now the object of my paper was to show that all these cases were clearly referable to a law of nature, to a common cause, viz.: the power of the mind over disease. I have ventured further and asserted that in all

cures, whether drugs were used or not, it is after all the mind which cures. This may not relieve the question of mystery, but it simplifies our conception of it. (T. P. Wilson, M. A., v. 2, p. 261.)

Lectures on Artificial (Medicinal) Diseases. By Prof. Hausman, in Pesth. (I. Pr., 1875, p. 129, etc.)

The Genesis of Disease. A paper by D. A. Gorton. (U. S. M. and S. J., v. 9, pp. 147, 275.)

Optical Defects. Influence of, in the Production of Disease. (H. C. Angell, N. E. M. G., Oct., 1874, p. 497.)

Dr. Bird on Idiosyncrasies. The different tissues and the different modifications of the same tissue have affinities to certain elements of our surroundings, which they have not to the other elements. When it happens then, that these elements, which only have the power to move a certain tissue, are withdrawn, that tissue for lack of exercise begins to waste. When these affinities are abnormal, when the tissues and organs are acted upon unusually by external agents, which are not an organized portion of any of our tissues, which therefore include foods and poisons, or any substance introduced into our bodies but not assimilated thereto, then we have what is called idiosyncrasy. According as this is excessive or defective, the idiosyncrasy is positive or negative. Every tissue and every organ of the body is liable to be the seat of idiosyncrasy. Idiosyncratic persons are more so at one time than at another; the condition can be acquired and lost, it is sometimes destroyed sometimes produced by disease; it is intimately connected with age, appearing in the child, it disappears in the man, absent in middle life, it is present in old age. (Calcut., M. J., v. 1, p. 280.)

The Inscrutableness of Drug Action. The most vulnerable points in our system of homœopathy are its purely theoretical ones (which is certainly much to its credit;) and our therapeutical axiom, that diseases are cured by their similars, neither explains all in numerous instances, nor in other instances does it seem to escape the implication of a flagrant contradiction of facts. It is now sufficiently well established, at least to cast a shade of suspicion on the universality of our axiom, that drugs are capable of producing quite opposite effects, termed by some their *primary* and *secondary* effects (though that which in one may be the secondary effect of a drug, may, in another, be its primary); and they are selected with satisfactory results, not from their more usual and direct effects, but

on account of properties known of them to be uncommon, erratic, and even apparently contradictory to their understood pathogenesis. The principle of similarity, so forcibly enunciated by Hahnemann, will ever serve us in the selection of a curative remedy, even though we may doubt the absolute similarity between the drug and the disease, there is a wide difference between the statements: *only drugs that are "similars" cure*, and *drugs cure only through similarity*. (J. Heber Smith, N. E. M. G., March, 1874, p. 103.)

On Epidemic Remedies. (Rafael Molin, I. Pr., 1875, p. 84.)

Disease Tendency, from March, 1874, in Philadelphia. (Reported by E. A. Farrington, H. M., May, 1874, p. 475.)

Disease Tendency for April, 1874, Philadelphia. (E. A. Farrington, H. M., June, 1874, p. 521.)

Solar and Lunar Influence, and its relation to our Materia Medica. Hahnemann and others frequently have mentioned times of day in provings. The ground on which Hahnemann and Bönninghausen gave the distinctive separation of "before and after midnight" was that at these times an aggravation was manifest with the sick, and that some remedies then showed a characteristic action. The earth nears the sun, from midnight to midday, and vice versa. The midnight changes differ from the midday one. The two hours before and after midnight differ from each other more than the corresponding hours at noon. The noon hours may be influenced by mode of living; the midnight hours are due to solar influence. The various solar influences must produce an effect on the diseased system at certain hours of the day. The body of the sun through gravitation acts on us.

A table kept for five years by me showed that seventy women out of every hundred menstruated either at the new or full moon (high tide).

Our Materia Medica noticed not the moon's changes until 1828, when Hahnemann said that *Silic.* seemed to develop most of its symptoms during the new moon. In 1836, *Alum.* in its action on the skin, full and new moon, Hartlaub, *Calc. carb.*, at the full moon, *Sabad.*, in worm affections at new and full moon. *Daphn. indica* during the decrease, *Clemat.* during the increase. Jahr in 1848 speaks of seven remedies; in 1852, in the Symptomen Codex, he gives seventeen remedies. We have now twenty-four remedies, we should investigate this, remedies act equally at new full moon. With the daily tides the bodily functions are affected. Physicians

desiring a monthly table must address C. Hering, 112 N. 12th St., Philadelphia. (C. Hg., H. M., Jan., 1874, p. 268.)

Dietetics need more attention by the profession. Learn the kinds of food which agree best with each patient. Abstinence from injurious food will often cure disease. Use porcelain-lined cooking utensils instead of iron or tin ones. Prepare food without the knowledge of the patient. Don't allow the odors of the cooking to reach the sick-room. Change the food often to avoid disgust, indigestion, etc. Give the meal of the day an hour or two after noon. The other four meals should be lighter. The supper lighter than the breakfast. Give food in small quantities and often repeated, in low diseases. Give pure, soft water *ad libitum*. If the stomach will not bear liquid, allay the thirst with small pieces of ice held in the mouth; but it increases thirst and is not as good as water. For nutriment with the drink, use sugar, toast-water, thin gruels, etc. Beef tea, whey, barley-water, toast-water, infusions of the grains, are readily absorbed into the system. In preparing gum arabic use clean gum washed in cold water and then dissolved in cold water.

Toast water when properly prepared forms an almost indispensable drink in the sick room. If good bread or crackers are nicely toasted, not burnt, and then placed in a dish and hot water poured on and allowed to cool, the drink will often prove more palatable than water alone.

Barley water is made by taking about two ounces of pearl barley which has been well washed in cold water and boiling it in a pint and a half of water for half an hour, then straining it and allowing it to cool. If not contra-indicated, it may be sweetened, flavored with a piece of lemon peel while boiling, or lemon juice may be added as desired. It forms a blaud, demulcent and slightly nutritious beverage.

Rice water or mucilage.—Wash an ounce of good rice in cold water, then macerate for three hours in a quart of water kept at a tepid heat, and afterwards boil slowly for an hour. If too thick add hot water and allow it to cool. It is very useful as a drink in all irritable states of the alimentary tract and in dysentery and diarrhœa.

The infusion of malt is made by boiling four tablespoonfuls of ground malt in a pint of water for ten minutes. The liquid is poured off, diluted one half with milk, or given pure. It is very

agreeable and nutritious, and is often beneficial in some cases of cholera infantum when other things are rejected.

Water gruels made of oat meal, flour, ground rice, corn meal, sago, arrow root, or pulverized cracker, are often in den. and. Two tablespoonfuls to a quart of water are the usual proportions, boiling ten or fifteen minutes or until thickened; the gruel is then strained if necessary, and sugar, salt, or wine added to suit circumstances.

Alcohol can hardly be said to be an alimentary principle, as in the absence of the essential ingredients of tissues there is no reason to suppose that it contributes at all to the renovation of the tissues. Late investigations show that it acts by its presence in the blood in preventing waste of tissue. Tea and coffee act similarly. When the vital powers are low use alcoholic beverages to aid the system in passing the dangerous place safely.

Water acidulated with vegetable acids oftentimes proves a most refreshing drink, allaying thirst and moderating excessive heat more readily than pure water. The use of lemonade, tamarind and jelly waters are seldom contra-indicated in febrile and inflammatory diseases, unless diarrhoea be present. They are gratefully received by the invalid, who appreciates the cooling influence they exert on the mouth and fauces. Their slight nutritive properties depend mainly on the sugar which they contain.

Beef tea, mutton and chicken broths form very light, easily digestible and useful dietetic preparations for the sick. Beef tea is a light and pleasant article of diet if properly made, and if its use is not too long continued will be well received. Mutton broth is more apt to disagree with patients on account of the fat, which is very difficult to remove entirely. Chicken broth, if not made of fowls that are too young, forms an excellent and palatable article of diet, and is least apt to burden the weakened stomach.

The broths become soups on the addition of some vegetable substance which joins them, and then prove more palatable to the invalid, who soon tires of his "slop diet." Beef tea, or beef extract, is best prepared by cutting the beef into small pieces and placing them in a clean saucepan, with cold water sufficient to make the tea of the required strength, usually in the proportion of a pound of meat to a quart of water. By allowing the meat to thus stand in the water for a few hours, more extractive matter will be obtained than by immediately heating it. When placed upon the fire it should not be allowed to boil, but to gently simmer until

reaching the boiling point, when it is to be removed. All fat should be removed from the beef before placing it in the water, and if any rises during the preparation it should be carefully removed. The extract thus obtained should be seasoned with a little salt, and may be taken warm or cold, and in such quantities as the physician may think necessary.

The addition of a little nice barley or parsley gives it a new flavor, and it will sometimes be more readily taken thus than without. Mutton broth is made in a very similar way to beef tea, a lean and tender piece of mutton being used, and the water boiled.

Chicken broth. In the preparation of this the "second joint" should be finely chopped and boiled in sufficient water.

Veal broth is generally prepared from the fleshy part of the knuckle of veal, in the same way.

Beef roasted, boiled or broiled, forms excellent staples of diet, but require considerable effort on the part of the stomach to convert into chyme, and hence are not called for in acute maladies until recovery sets in, when by allowing the patient to extract only the juice at first, and then swallow a few shreds of the meat, daily increasing the amount swallowed, the digestive organs will be finally won back to their normal condition.

Beef administered in a raw state, when finally divided, is very useful in some derangements of the digestive organs, and although not very palatable at first, the taste for it is soon acquired. It has proved very valuable in cholera infantum and dysentery when everything else had failed. It should be scraped or well minced and seasoned with a little salt.

Eggs in their varied preparations form another staple article of food, the yolk particularly containing all the nutritive elements necessary. With reference to the digestibility of eggs, it has been found that the yolk is more digestible when hard-boiled, while the white is least so.

Eggs seem particularly useful in lung diseases, and in exhaustive cough cases they seem to act palliatively.

Eggs beaten up with milk and water are tolerably easy of digestion and very nutritious. For disordered stomach, a very useful dish is made by adding a well-beaten egg to one pint of milk and one of water, and boiling, adding sufficient salt to season. When cold, most any quantity may be taken without inconvenience. If it curdles, however, it is useless, and must be thrown away. The yolk may be beaten up with brandy, wine or cream, or it may be

boiled, mashed or mixed with cream, and administered in small quantities.

Artificial fibrin is very highly recommended by the English journals as a very nutritive substance, capable of being administered under circumstances where other food is not acceptable. It is prepared in the following way: The white of an egg is poured into cold water and allowed to remain for twelve or more hours, during which time it undergoes a chemical change, becoming solid and insoluble, assuming an opaque, snowy-white appearance. This and the liquid in which it is immersed are heated to the boiling point, and the fibrin is ready for use. It is very easy to digest, and very palatable. The stomach will retain this in many cases when everything else is promptly rejected, its presence creating a craving for more food, and thus promoting instead of diminishing the appetite.

Plain custard made of egg, milk and sugar, is often allowable and well received.

Gelatine, in the form of jelly, with or without wine, when not tough, is readily digested, and although affording but little nutriment, serves to allay the feeling of emptiness and hunger when more nutritious food cannot be well taken. Being demulcent and possessing no irritative qualities, it proves very useful in inflammatory affections of the bowels.

In the preparation of gelatine jelly, it is very essential to soak the gelatine, as procured in the shops, in cold water for some time, if a good article is desired. An extremely palatable jelly may be made by soaking one package of the prepared gelatine in one pint of cold water for an hour or more, then adding one and a half pounds of sugar and three pints of boiling water, and the juice and grated rind of three or four oranges, stirring until the gelatine is dissolved, then straining through a clean cloth, and allowing it to cool.

If the wine jelly is preferred to this, it may be made in the same manner, adding sherry, madeira, or other pure wine instead of the oranges, and proportionately lessening the quantity of water.

Fish, commonly considered as abounding in brain and nerve making elements, is useful in some cases of nervous exhaustion. It is less stimulating and lighter to the stomach or more easy of digestion than most meats, hence it can be advantageously employed when the vital powers are too weak for the stronger kinds of animal food to be borne.

The flesh of the white fish is preferable to that of the red, as it

is less stimulating and more easily digested. The fish should be boiled and served without the addition of the sauces which accompany fish on our tables. The digestibility of fish as well as of meat is greatly impaired by the processes of drying, salting, smoking or pickling, which are employed for their preservation.

Oysters are often called for by invalids, and the desire should not always be met by a dose of *Lycop.*, *Rhus* or *Laches.*, but more often gratified.

Oyster stew, prepared plain or with milk, or oyster essence made by slowly simmering oysters in their liquor or a little water until they swell, seasoning with salt, straining the liquor and serving with dry toast or crackers, are excellent methods of allowing oysters.

In some cases the tender portions of the oyster may be allowed, and in others the sucking of the raw oyster is agreeable and harmless.

When it is desired to employ a nutritious diet with the least possible stimulation or excitement, cow's milk is excellent. It necessarily contains all the elements that are required for the growth and maintenance of the body. When the stomach is not too weak or irritable, good results are obtained from the use of cream; if, however, the irritability of the stomach is so great that it will not tolerate the presence of milk or cream, owing to the abundance of fat globules in their composition, skim milk forms a grand substitute.

The discussion of the merits of skim milk, both as a remedy and as an article of diet, has occupied the attention of the medical world for some time, and an endeavor has been made on the part of some to have it recognized as *the* diet for all forms of disease. But after the spasm of universal application which it has enjoyed, its sphere of usefulness is gradually becoming better defined, and its prescription made with some certainty of success.

Milk is generally considered particularly useful in those exhausted conditions dependent upon the loss of blood, and in inflammatory affections of the alimentary tract.

Butter-milk and sour milk seemingly produce a gentle activity of the liver and kidneys, particularly of the latter organs.

Cream, notwithstanding its abounding in fatty matter, is with some patients more rapidly digested than milk. It should always be fresh, and may be diluted with water or given pure if desired. If frozen, as ice cream, its use is admissible in some forms, but is

not generally countenanced, and should be sparingly allowed. Condensed milk, diluted with water, forms an excellent substitute for cow's milk in our large cities where it is often difficult to obtain unadulterated milk.

Slip, or milk cure, is prepared by sweetening a pint of milk to taste, warming until of the temperature of new milk, then stirring in half a tablespoonful of liquid rennet and placing in a warm place until curd forms. When cool, it may be further sweetened and eaten with milk or cream.

Whey being readily absorbed by the stomach, and at the same time possessing some nutritive qualities, is useful in febrile affections. It promotes the secretions and acts as a diuretic. It may be prepared either with rennet or wine.

Wine whey or posset is made by adding a wine-glassful of sherry to half a pint of milk whilst boiling, afterwards straining and sweetening to taste. It forms a useful drink in colds and mild febrile disorders.

Tamarind whey. Stir two tablespoonfuls of tamarinds into a pint of milk whilst boiling, and afterwards strain. It is a refrigerant and slightly laxative drink.

VEGETABLE FOOD.

Vegetables when properly cooked are moderately nutritive, and free from any stimulating or irritating qualities; hence they are well adapted for dietetic purposes, unless given in such quantities as to paralyze the weakened stomach and by remaining in it become fermented.

Fruits when ripe and sound form more or less proper food for invalids, according to circumstances.

Apples, when roasted and the skin and core removed, are well adapted for the sick when fruit is at all allowable. The raw apple is very seldom allowed. Pears, if very juicy and soluble, may be given without danger.

The orange when fully ripe and moderately sweet is grateful and wholesome to all invalids. In using the orange the skin and pulp most of course be rejected.

Peaches, on the removal of the skin, may be allowed if ripe. All other stone fruits are generally prohibited.

Grapes when fully ripe, and if care be taken not to swallow seeds or skin, may often be allowed and are easily digested.

Mulberries are unexceptionable.

Strawberries are said to be slightly stimulant, of easy digestion, and more cooling than other small fruits.

Currants, gooseberries and raspberries are generally interdicted in acute diseases. Fruits generally are laxative in their effects, and hence are indicated in torpid conditions of the bowels and contraindicated in diarrhœas. The seeds of all fruits or vegetables if swallowed prove more or less irritating to the intestines, and in inflammatory or ulcerated conditions may do irreparable mischief.

With the exception of bread, all farinaceous aliment may be considered as merely modifications of starch, containing a small amount of nourishment, and hence adapted to the wants of the sick.

Fresh bread, owing to its somewhat difficult digestion, is seldom used in the sick room in its original form.

Bread should be light, sweet, and a day or two old. When toasted it is generally better received and is less liable to sour in the stomach.

If toast is buttered, the butter should be applied as the toast is eaten, so that it will not become soaked with the butter. It is often as well received without the butter, and is more readily digested.

The brown or Graham bread is sometimes preferred to the white, and is more laxative.

Panadas if well made and their use be not too long continued, are very acceptable.

Bread or cracker panada may be made by taking stale bread (if crackers are used they should be toasted), breaking the bread or crackers into pieces and placing in a dish, pouring on boiling water, chopping fine or until the whole is of a gruel-like consistence—sweetening as desired. Cream or milk may be added, making it nutritious and palatable.

Panadas should be eaten as soon as cool enough to be swallowed, and should be made fresh for each meal, as they soon sour on standing.

Bread jelly, made by steeping stale bread in boiling water and passing through a fine sieve when hot, forms a light nourishing article for weak stomachs, and may be taken alone or after being mixed and boiled with milk.

Milk toast, water toast, cream toast, and dry toast, all serve a good end in nourishing the sick.

Oat meal gruel, made by mixing one tablespoonful of oat meal with two of cold water and then pouring over this one pint of boil-

ing water, stirring all the while, and boiling for ten minutes, forms, when sweetened, a soothing and nutritious food differing from ordinary farinaceous preparations on account of the nitrogenous matter it contains. It may be made with milk instead of water, or part water and part milk, and is generally better if strained, as the straining removes the irritating hulls of the grain.

Sago gruel. Two tablespoonfuls of sago to a pint of water, boil gently until it thickens, stirring frequently. Wine or sugar to be added as desired.

Arrow-root gruel. One tablespoonful of the ground arrow-root to half a pint of sweet milk and half a pint boiling water, with loaf sugar.

Rice boiled five or six hours, forms on cooling, and after the water has been strained off, a jelly which is soluble in warm milk, and is useful to rotate with similar articles of diet.

Corn starch, prepared without egg and flavored with lemon or vanilla, is one of the necessary adjuncts to the sick room.

Pap, as it is commonly called, is made by boiling flour in a clean piece of muslin for several hours, and when cold a couple of teaspoonfuls are grated off and mixed with a little milk, and the mixture stirred into a pint of boiled milk for a few minutes and salt or sugar added to taste.

Tapioca jelly makes an allowable and pleasant dish. The tapioca should be soaked in cold water for several hours, and then cooked until perfectly clear, adding more water if necessary. When done, sweeten to taste and flavor with vanilla, lemon or wine, and when cold eat plain or with cream.

Vegetable broths, made of vegetables in season by boiling and straining, are useful as substitutes for animal foods when the latter are not allowed.

The mealy inside of roasted potatoes, eaten with a little salt or mashed in milk, proves very acceptable to convalescents. (J. H. Buffum, H. M., Sept., 1874, p. 54.)

Suggestions on Ventilation. (M. Preston, H. M., July, 1874, p. 549.)

Ventilation and Hygiene of the Sick Room. (W. A. D. Pierce, H. M., July, 1874, p. 543.)

Hospitalism. Erichsen remarks. In erecting hospitals we ought to keep in view: judicious laying out and ventilation, never allow crowding of patients, the most scrupulous cleanliness in relation to linen, furniture, walls, floors, nurses, physicians, in short,

of everything which comes in contact with the patient; strict isolation of the deadhouse and dissecting rooms, and of the wards destined for infectious diseases; finally, closing up of every surgical ward at least once a year for a whole month, in order to have it thoroughly disinfected and purified. (N. A. J. H., v. 23, p. 256.)

Galvanism as a Curative Agent. (Greenleaf, H. M., May, 1874, p. 445.)

Electro Therapeutics. Three kinds of electricity are employed by the modern electrician, differing in quantity, quality and method of production. The first, Franklinic, static or frictional, produced by the cylinder or plate machine where friction applied to a glass surface furnishes the electricity. The second, Galvanic, Voltaic or dynamic, the result of chemical action in a battery composed of metal and acids. The third, Faradic, induced to and fro electro-magnetic or magneto electric, produced by the action of the Galvanic electricity upon soft iron surrounded by insulated wire.

Much confusion seems to have arisen from the misapprehension and misapplication of terms, but this is the case in the inception of every art or science, hence the necessity of clearly understanding all technicalities; unless there be a uniformity of expression all progress is sadly crippled. The term current expresses direction in the manifestation of the electrical force. This current, in general terms, flows from one part of the battery to the other; its point of origin is called the positive pole of the battery or anode, its terminus the negative pole or cathode. Right here let me introduce the practical suggestion that the positive pole is always found in connection with that part of the battery which is eaten by the acid. In reference to the currents they are as follows: 1st, the Galvanic or continuous, which is the current as it comes immediately from the battery, and is the one used as a cautery; 2d, the induced or to and fro or interrupted current, which is the Galvanic current intensified by an induction coil; 3d, the primary current, which is the induced current from a single coil; 4th, the secondary current, which is the induced current from a double coil.

We now come to a current which has been largely misunderstood, namely, the direct current; this has no relation whatever to the kind of electricity, being equally applicable both to the galvanic and induced, but having sole reference to the direction of the current in its passage through the organism as relates to the nerve centres: the current passing from the nerve centres to the extremities of the nerves, is the direct current, whilst that passing in an

opposite direction is the inverse current. For instance, I grasp the electrodes or conducting wires in my hands, the positive pole being held in my right hand, the current passing up the right arm and down the left, now which is the direct current and which the inverse? The current passing up the arm is inverse, down the arm or from the nerve centre to nerve extremity is direct. The importance of this distinction will be seen when we come to consider the physiological effects of these currents, when it will be found that they are directly opposed.

Quantity and intensity are terms indicating contrasted condition of the manifestations of electricity, and is illustrated by Youman as follows :

The heat in the human body is considerable in quantity but low in intensity, while that of an ignited match is very small in quantity, but high in intensity." Quantity depends upon the size of the plates in the battery cell. Intensity upon the number of cells; the capacity for generating heat depends upon the quantity, but for producing chemical changes in intensity multiplying the number of cells of equal size increases the intensity while the quantity remains unchanged.

So much for nomenclature, let us now examine the physiological effects produced by the application of electricity to animal tissue. The general effect is expressed by the term electric shock, which has for its elements, *pain and involuntary muscular contractility*. The property of contraction by the way is inherent in the nature of the muscles, and is chiefly manifested by nervous excitations. Take two frogs, one poisoned by curare which destroys the excitability of the nerves, the second recently killed; a current applied to the first produces no muscular contraction, but applied directly to the muscles contraction ensues; whilst in the second frog, contraction is produced by both methods. Two distinct properties are thus brought to view, muscular irritability on one hand, and capacity on the part of the nerves to excite that irritability on the other.

The pain produced is felt most keenly at the articulations which is readily accounted for by the fact that a cross section of the muscles, or conductors, is much less at those points, consequently the density of the electricity and the nervous excitation are greater; it is as though the contents of a broad river were turned into a narrow channel, the velocity of the stream, or in other words the intensity of its force is greatly augmented.

In using the Galvanic current pain and contraction are only manifest at the closing and opening of the current; none is felt or observed during the continuance of the circuit. It is thus possible with certain kinds of interruptive apparatus to institute a series of repeated shocks which though coming from a very weak current will kill large animals.

"Their effect," says Prof. Carlo Matteucci in the Smithsonian Report for 1865, "is not owing to the quantity of electricity, but rather to the variations of electric condition which arises in the nerves and muscles of a living animal at the moment of opening and closing a Voltaic circuit."

By this variable state is meant that minute portion of time between the closing of the circuit and the establishment of the continuous current, perceptible at all points. The less the duration of this state the greater the electro-physiological effect. It is in this fact that we find the explanation of the intense physiological effects of the discharge from the Leyden jar.

But how does the electric current excite the nerve? We account for the condition imposed upon the soft bar of iron when it is magnetized by the supposition of a new molecular arrangement in the iron. I think we would not be far from correct were we to suppose a similar molecular change in the tissue of the nerve, a condition which is assumed and abandoned with every passage and stoppage of the current.

According to the mechanical theory of heat, the amount of labor performed by the contraction of a muscle should be equivalent to heat developed by the oxidization of the zinc in the battery, but "the labor produced by the muscular contraction is at least twenty-five or thirty thousand times greater than that which would correspond, according to the mechanical theory of heat, to the quantity of zinc or to the current by which the nerve was excited.

This result is explained by first supposing that the current which excites the nerve acts "as does the spark of fire which kindles a great mass of powder." The second supposition is, that the passage of the current excites the nerves, the action of the nerves induces chemical action, chemical action passes over into heat, or more probably into heat and finally into mechanical labor. "The chemical actions requisite to explain the muscular labor are within the muscles."

It has been conclusively proven; 1st, that muscular contraction "is accompanied by an augmentation in the chemical action of the

so-called respiration of the muscles, that is, by the greater absorption of oxygen, by a greater exhalation of carbonic acid ;” 2d, that muscular contraction develops heat. From this the following conclusion is reached: “the excitation of a nerve by means of a current, as in the kindling of a mass of powder by a spark, gives rise in the muscle to chemical phenomena; that is to say, increases the so-called muscular respiration; and it is through these chemical phenomena and the mechanical labor of the contractions, taking into account also the development of heat, that we verify in effect the relation demanded by the mechanical theory of heat.

When speaking of currents you will remember that particular attention was called to the direct and inverse currents, the first running from the nervous centres to the extremities, the second in mind we are prepared to understand the following propositions of electro-physiology which shall only be stated without detailing the experiments by which they have been indisputably established.

First: “in the mixed nerves, the *first* and *sole* effect obtained is the contraction produced at the moment when the direct or descending current, rendered as little intense as possible or propagated with the greatest slowness, begins to pass. On increasing the intensity of the current or the velocity of the discharge, the second electro-psychological effect which arises is the contraction excited at the opening of the circuit by the inverse or ascending current, on still increasing the intensity of the current the contractions occur at two other instants namely, when the direct current ceases and when the inverse begins to act.

2d Proposition: “By using, for the excitation of a nerve, an electric current of very slight intensity, and such, therefore, that, being still further diminished, there would be a corresponding diminution in the muscular contraction, if this current be forced to divide itself in half between two nerves, the effect excited in the muscle is reduced to half what it was at the first instant when the current passed entire in the nerve.”

3d Proposition: “The electric current does not act, or its action is at least extremely feeble, when it is transmitted across the nerves instead of traversing them in the direction of their ramifications.”

4th Proposition: A continuous current transmitted in a mixed nerve modifies the excitability of the nerve in a different, and it even may be said, an opposite manner, according to its direction; the direct current enfeebles and destroys the excitability of the nerve, while the inverse increases it within certain limits. The

time necessary for the current to produce these effects is proportional to the degree of excitability of the nerve and in inverse ratio to the intensity of the current. After the opening of the circuit the effects of the current have a tendency to disappear, and so much the more rapidly as the excitability of the nerve is greater and the current employed is weaker."

5th Proposition: When an electric current has passed until contraction has ceased, contraction is renewed when the direction of the current is reversed."

"Humboldt first studied the action of the current on the cardiac plexus and on the ganglionic system of the lower belly. In the former case he observed, and it was afterward verified by others, that on keeping the circuit closed for a certain time the pulsations of the heart show no difference, but if the electric excitations be continued these pulsations become more frequent, and that this frequency lasts for a certain time after the current has ceased to pass. When the ganglionic system of the lower belly is operated upon with the current an analogous fact is noticed. The vermicular motion of the intestines is by degrees accelerated and this acceleration also continues for a certain time after the opening of the circuit. In these two effects, the electric excitation of the ganglionic nervous system would seem to differ from that of the mixed nerves in being, as regards the former, continuous during the passage of the current, slower in manifesting itself and slower in ceasing. A knowledge of these electro-physiological effects, the recital of which may very possibly have seemed tedious is essential to the therapist or surgeon who would make a scientific application of electricity in the treatment of disease.

We are now brought to the consideration of a use of the electric current which is scarcely less valuable than its use as a therapeutic agent, and that is its use as a diagnostic agent. Too much can not be said of the value of reliable means of diagnosis, and none appreciate this value more than the intelligent physician who considers a correct diagnosis to be nearly if not quite as important as a cure. A patient is brought to us with a paralyzed limb, it is important to determine the degree of irritability in that limb as compared with the sound limb, and we send the least current up the limb that will cause contraction. If the same current sent up the sound limb causes no contraction, the conclusion is obvious, there is the greatest irritability in the affected member.

Where now is the appropriate cause of the paralysis. Is the

muscle removed from the influence of the spinal cord, or while still under the influence of the spinal cord is it paralyzed to the will? In other words do we have what Dr. Marshall Hall meant by "spinal paralysis," the functional separation of a muscle from the cord, or is there cerebral paralysis. With one pole of the battery placed over the spinal cord and the other placed over the muscles whose nerves arise at that portion of the cord, we find that there is no irritability. Diagnosis: some lesion of the nerves between their origin and distribution, or the cord at the origin of these nerves is the seat of disease. On the other hand irritability is found; diagnosis: some lesion of cord above the origin of the nerves or in the brain itself.

A man is injured while traveling by boat or rail, there is an apparent paralysis of one or more limbs, he brings suit for damages and claims his insurance, possibly he may be a malingerer: a strong interrupted current is sent through the suspected member, causes little or no contraction. The diagnosis of paralysis is at once established, and the man's honor stands unimpeached. No human will is strong enough to cause muscular passivity under the influence of a strong electric current. To speak of all the diagnostic uses of electricity would swell this article to formidable proportions, and enough has been said to indicate its general adaptability, and for more specific information the little work of Reynolds on "Clinical uses of Electricity" will be found exceedingly valuable.

As a therapeutic agent electricity is being largely employed. The battery is rapidly assuming the rank of a necessity in the outfit of a physician, and yet there is reason to believe that in a large majority of cases nothing but a very superficial knowledge is brought to the direction of its use. So powerful an agent should not be carelessly used, for if it does not do positive injury, it may so prejudice opinions that its benefits may not be enjoyed because of the unwillingness of patients to submit to its employment.

Let us consider some of the therapeutic uses and mode of application.

Over activity of muscle, nerve or vessel may be reduced by the continuous Galvanic current,—the very rapidly interrupted induced current, or by a charge of static electricity. The first two are those which are most commonly used.

Where a cerebral lesion is of sudden occurrence, or of gradual occurrence and accompanied with pain, giddiness or feeling of weight in the head, do not on any account apply electricity as a

curative agent until some time has elapsed, and where its diagnostic use is needed, apply in a very weak Galvanic current.

In treating a painful limb the prognosis is based upon the degree of muscular contractility; if the limb, though completely paralyzed, contracts perfectly under the electric stimulus, the prognosis is unfavorable, likewise if contractility is entirely lost. But if the degree of contractility lies between these extremes, the prognosis is in proportion to the improvement you can effect in the nutritive condition by one or two applications of the current, and when you have brought the contractility up to the normal standard you have done your patient all that electricity will accomplish; the paralysis will generally be lessened and sometimes cured. If you use the Galvanic current, interrupt it by moving one of the electrode up and down the limb, as the continuous current will be of no benefit. One precaution, never cause pain if you would benefit your patient, and again do not weary your patient by a too prolonged application.

There is an important difference in the application of the Galvanic and Faradic current. In the former, the electrodes may be widely separated, in the latter, the electrodes should be close together; take the poles in one hand and apply to the muscles in succession. The explanation of the electric effect upon the paralyzed limb is this: It restores the depressed nutrition of both muscles and nerves and by reflex action improves the nutrition of both spinal cord and brain. The benefit derived depends upon the extent of this effect.

In cases of recent contraction with rigidity, it is not advisable to apply electricity; but in old cases much may be done to relieve or at best prevent further progress.

To speak of the various conditions susceptible of relief by the use of electricity would tax your patience beyond endurance, and possibly discourage the resolve already formed to inquire further concerning these things. Therefore we forbear to speak of its application in aphonia, sciatica, tonic and clonic spasm, local paralyzes, such as ptosis, strabismus and facial paralysis. We will not step into the domain of surgery and speak of the electrolyzation of tumors, the removal of urethral stricture, the amputation of polypi and other operations both interesting and valuable; but we will endeavor to emphasize the necessity of determining the sphere of electricity in the treatment of disease. (C. E. Walton, M. A., v. 2, p. 270.)

Contemplations about the direction in which medical science develops in the present time and views in regard to the future. By Edm. Lewi (H. Kl., 1874, p. 89.)

Hahnemann, Reminiscences of. (N. E. M. G., Feb., 1874, p. 68.)

POSOLOGY.

Posology. By J. I. P. Lord. (Trans. N. Y. S., 1873-4, p. 159.)

Dosology. In giving medicine to patients suffering from chronic diseases, I have for years past pursued the following plan with great success: Give of the selected remedy one dose per day for ten days, then one dose every second day, until ten doses are taken; then one dose every third day until ten are taken, and continue in this manner, lengthening the intervals between doses. (D. Thayer, M. I., v. 11, p. 19.)

In regard to the dose. It is necessary that the nature of the medicinal agents should be taken into consideration.

First. The strongest homœopathic dose is the stuff itself, if it is in a form capable of being assimilated; each next attenuation makes it weaker, yet not unsuitable for curative purposes.

Second. The strongest doses of such as are not capable of assimilation, and hence seemingly *indifferent* medicinal substances, and is to be obtained, where the same by division, trituration or solution commences to be *different*, where, therefore, their molecules or atoms are freed from their cohesion and are set free to act electrical or diamagnetical. From this point, if further diluted, they become weaker, but often for curative effects much more serviceable.

Third. Volatile substances, on account of their diffusibility, can be considered as effective only in their crude form or in their first two dilutions.

Fourth. Medicinal substances which present the extractive stuff, the principium acre, the tannin and similar, can only in their crude state or in their first dilutions, act homœopathically. (Goullon, Sr., I. Pr., 1875, p. 333.)

Principles and Potencies. By L. B. Wells. (Trans. N. Y. S., 1873-4, p. 297.)

Repetition of the Dose. While it is not advisable to wait an unreasonably long time before repeating the dose, we are much more liable to err in repeating the dose too often than not often enough. (H. S. Benedict, Trans. N. Y. S., 1873-4, p. 300.)

The Wirkungsdauer, No. 3. Was Hahnemann an alternator? An argument that he was. (J. Jeanes, H. M., April, 1874, p. 385.)

Topical Applications. (J. C. Burgher, H. M., Dec., 1874, p. 208; also in Proc. H. M. S., Penna., 1874.)

CLIMATOLOGY.

Notes on Climate. As a general rule, consumption prevails most where the active inflammatory diseases obtain least. The reverse also generally holds good. Thus consumption decreases from Maine to Florida, and from Minnesota to Louisiana, while pleurisy and pneumonia increase in almost equal ratio. The same decrease of consumption and increase of pleurisy, etc., obtain in receding from the Atlantic coast and approaching the dry interior. It does not follow, however, that the sanitary region for the consumptive is the one in which the least ratio is generated. In general the consumptive shortens his life by removing to the Gulf and its vicinity, even if he only spend his winters there, still more surely if he stays the whole year. (H. P. Gatchell, M. I., v. 2, p. 222.)

Colorado, Climate of. (N. E. M. G., p. 220.)

The Climate of Madeira, in the treatment of Phthisis and other affections of the respiratory organs. By W. B. A. Scott. (B. J. H., 1874, p. 193.)

Winter Climates in Phthisis. (Quoted by B. W. James, H. M., June, 1874, p. 525.)

Proving of Climates and Weather Changes, and Atmospheric Electric Disturbances. (B. W. James, H. M., March, 1874, p. 370.)

Weather Proving. Table for Feb., 1874. (B. W. James, H. M., April, 1874, p. 413.)

Weather Proving. For March, 1874. (Observed at Philadelphia, by B. W. James, H. M., May, 1874, p. 473.)

Weather Proving, April, 1874, at Philadelphia. (B. W. James, H. M., June, 1874, p. 517.)

Weather Proving, for March, 1874, observed at Carlisle, Pa., by W. H. Cook, H. M., May, 1874, p. 475.)

Weather Proving. Carlisle, Pa., April, 1874. (W. H. Cook, H. M., June, 1874, p. 519.)

PHYSIOLOGY.

The Blind Leading the Blind. It has long been the habit of certain earnest physicians of the old school to prophesy concerning the future of the healing art, and to look forward to the "good time coming," when remedies shall have been discovered for diseases like cancer and tubercle, now generally found incurable, and when some law of therapeutics will be known.

In a course of lectures recently delivered in this country by Brown-Sequard on the "Diagnosis and Treatment of Functional Nervous Affections" this distinguished Professor thus discourses: p. 64:

"We, however, have now good reason to hope, that the time is not far distant when the ultimate mode of action of the most powerful remedies will be pretty well known. We shall then be enabled to employ them in those cases which can really be benefited by them, *instead of ordering them blindly, as we now so often have to do, producing sometimes much more harm than good.*"

In the first place, this distinguished professor reaches beyond the province of knowledge yet obtained in any department of nature, although the problem with which he deals is the most complex known to man. Does he imagine that he can comprehend the ultimate action of the most simple forces. Does he not know that the action of any force is apprehended only by its results, and that the relations under which such results recur, is the limit of our knowledge concerning them. To comprehend the ultimate nature of matter and the ultimate action of forces very few men now a days attempt, although we do occasionally find an enthusiast—and well directed enthusiasm is certainly a good thing—looking for the square of the circle, or the means of perpetual motion. And so tired of the ceaseless rounds of the professional tread-mill, and of ordering medicines blindly which sometimes produce more harm than good, this gentleman imagines that "the time is not far distant" when the professional circle will be squared.

We shall see, however, that notwithstanding Dr. Sequard aims at impossibilities in one instance, he has taken a step in another direction likely to lead to practical results, and if he and his ilk progress with their present ratio in a century or two more they will have reached the landmarks firmly settled now nearly a century since, and which point in the direction in which the highest therapeutic art will one day be attained. Page 67, under the head of

“Analogies and Differences of Remedies.” We read “The more we progress in our knowledge of the mode of action of remedies, the more we find that *a priori* notions, grounded on the chemical properties of the substances which we try as remedies, are very rarely verified,” and this he proceeds to illustrate by the different effect produced by salts of the same base or the same acids, etc., etc., and then concludes p. 69. “I have mentioned these facts to show, that we are to look to experiments on animals, and to careful trials on man, to learn the physiological and therapeutical effects of remedies, and that chemical analogies can not lead to any conclusions as regards the action of remedial substances.”

Now this is a step in the right direction, though certainly not a novel proposition. The proving of remedies upon the sick has confessedly availed little, as after thousands of years hardly two persons agree as to the best remedies in a given case, or are enabled to say whether they do more good than harm, and suppose the action of every drug in the *materia medica* on animals and man were known and recorded. Nay, even suppose their “*ultimate*” action were known, how are they to be applied for the cure of disease? Why not take just one little step forward, and inquire what relation drug proving bears to therapeutics.

Hang all your “*pathies*” on a sour apple tree, and the world would no doubt be the wiser and the better for it, and then start even like men in pursuit of knowledge, of scientific knowledge.

Knowing the relation which a drug bears to a healthy organism, by certain morbid conditions which follow its use, what will be the effect of administering the drug when those same morbid conditions already exist from some other cause? Allow the question to be here first propounded, we will say we do not know, what then? guess at it! indulge in “*a priori* notions grounded on the chemical properties of the substances.” No! Try it! What else could a sensible man do if really in search of knowledge. To avoid all quarreling about dose, take in the first place in the trial on the healthy the smallest quantity which will produce the *characteristic effects* of the drug; those effects being already present from some other cause, take the same dose as before and ascertain whether the morbid condition is increased or decreased, or whether it remains unchanged. The proposition is fair and square, and in keeping with the best known modes of investigation pursued in other departments of science.

Having taken the first step, viz : proving drugs on animals and

men in health, it is difficult to see how one can avoid taking the second.

The proposition has been worked out carefully and repeatedly by men like Pereira, and yet many who read it repeat to themselves or in lectures to the public twice one are three, or twice three are two, and then with such mathematics ramble off in search of ultimate truth, or endeavor to square the circle. The morbid conditions which a drug produces in the healthy are the same conditions which it will remove when already present from some other cause. Try it now, gentlemen, of the old school, or a century hence, as you please, whenever you do try it, or read your own records through the above proposition as a glass, you will be surprised that you had not made the discovery long before. (J. D. Buck, M. A., v. 2, p. 211.)

Sarcognomy. (J. R. Buchanan, N. E. M. G., Jan., 1874, p. 19.)

A Certain Sign of Death. One hundred and two essays were sent in, but none were deemed worthy of the prize.

The second was divided between six competitors. Five hundred francs were given M. de Cordul for his observation on the effects of the flame of a candle on the pulp of the finger. As long as life persists, this burn produces ambullæ filled with serosity, while when life is extinct they contain nothing but vapor. The eye will not dilate and contract by applying *Bellad.* and *Calab.* bean, after death.

A certain sign of death is the occurrence of a shaded and grayish spot, first at the outer portion of the sclerotica, and gradually invading its whole surface. It is a sign of local decomposition which precedes general decomposition by several hours.

M. Poncet also receives an honorable mention for a sign as positive and more rapid in appearance, viz., a general decoloration of the fundus of the eye, this changing from the intense red seen by the ophthalmoscope during life, to a yellowish white.

M. Molland, one of the official municipal verifiers of death, has obtained two thousand francs of the prize, in consequence of his observations concerning cadaveric lividity of dependent parts of the body, made in sixteen thousand subjects. From these he concludes that such lividity is a constant sign of death, which is of the more practical value as it generally appears very soon after death.

For investigation as to the temperature of the body after death as a sign of death, M. Bouchert and M. Linus have each received

one thousand francs. (Quoted by B. W. James, H. M., Sept., 1874, p. 90.)

Odd Symptoms. Married lady has had neuralgic pain in right ear for several days. Right side of face and mouth became jaundiced so that on putting tongue out on that side she experienced a bitter taste that was not felt on left side. Right side of face yellower than the left. Other parts of body of natural color.

Case 2. Feeling in right side of head as of another half of a head attached to that side. This went away suddenly.

Case 3. Married lady. Feeling as if the hand grasped and let go the heart, several times with sharp pains and fluttering sensation, several times daily. Has left ovarian dropsy with pericardial effusion. Heart-action irregular. (B. W. James, H. M., April, 1874, p. 414.)

Fracture of the Crystalline Lens in Culprits who have been hung. It has been noticed in many cases that the unfortunates who suffer this kind of death, almost invariably have the crystalline lens fractured.

Dr. Dyer, of Philadelphia, has noticed the same fact in dogs put to death in the same way. The lens is split along the line of its horizontal axis, to the depth of half its thickness, and the line of fracture varies an eighth of an inch in width. Dr. Dyer hopes by these experiments to throw new light on the mechanism of the power of accommodation. (El Crit. Med., April, 1874.)

Infantile Anatomy. By T. C. Duncan, (Trans. N. Y. S., 1873-4, p. 409.)

The Siamese Twins. Editorial. (R. J. McClatchey, H. M., March, 1874, p. 378.)

A Woman with Four Mammæ. Dr. Stephen Wonner, of Montevideo, writes that in the "Sierra de las Minas," of that Republic, there is a woman who has four breasts, all of which she uses without the slightest inconvenience. (El Crit. Med., July, 1874.)

CHEMISTRY.

Gastric Juice of Oysters. (Quoted from A. O., by B. W. James, H. M., March, 1874, p. 373.)

Picric Acid as a Test for Albumen. Put a drachm or two of the acid into a test-tube, let a few drops of the urine drop into it. Albumen is shown by a white line in the solution. (Boston Jour.

of Chemistry, Dec., 1873. Quoted by B. W. James, H. M., Jan., 1874, p. 287.)

New Test for Morphia. Heat the suspected substance with about six drops of pure *Sulph. ac.*, and then add a very small quantity of pure perchlorate of potassium. If morphia be present, the liquid immediately surrounding the perchlorate will at once assume a deep brown color, which will soon extend over the greater part of the acid. Warming increases the delicacy of this test. By this process 0.0001 of a grain of morphia is distinctly recognized, and no other alkaloid yields a similar result. The perchlorate should be perfectly free from chlorate. (Quoted by B. W. James, H. M., March, 1874, p. 369.)

Action of Water on Metallic Lead. Purest water acts most powerfully, corroding lead, and forming a peculiar carbonate.

All salts impede this action, and may prevent it altogether; some of them when in extremely minute proportion.

The proportion of each salt required to prevent action is nearly in the inverse ratio of the solubility of the compound which its acid forms with the oxide of lead.

Sulphuretted hydrogen, as usually employed, will detect lead if it is dissolved in ten millions parts of water, but "facts however warrant the conclusion, that the impregnation must amount to at least ten times this quantity before water can act injuriously upon man however long it may be used." (Quoted by B. W. James, H. M., Feb., 1874, p. 335.)

Color in Medicine. (N. E. M. G., March, 1874, p. 126.)

Putrefaction and Fermentation. An article on. (W. A. Griswold, U. S. M. and S. J., v. 9, p. 183.)

Holman's Microscope Syphon Slide. (B. W. James, H. M., March, 1874, p. 374.)

INDEX.

- Abdominal wound, penetrating, 304.
Abscess, 205.
 of toe, 206.
Aching of heels, 206.
Acne pustularis, 290.
 tubercles, 290.
Action of water on metallic lead, 256.
After pains, 11.
Agalactea, 193.
Age and sex in headaches, 227.
Aggravation in rheumatism, 197.
 of headache, 227, 228.
Agoraphoby, 32.
Albumen, test for—by picric acid, 355.
Albuminuria, 165.
Alkali group, 8.
Alopecia, 4.
Alumen group, 5.
Amelioration in rheumatism, 197.
 of headache, 228.
Amenorrhœa, 178.
Amputation and reamputation, 308.
Anacardiinæ, 15.
Anal abscess, 162.
Anasarca, 258.
Aneurism, 309.
 embolicum, 135.
Angina, 85.
 pectoris, 127.
Animal magnetism, 2.
Animals, 20.
Anomalous obstetric cases, 191.
Aphasia, 29.
Aphonia, 88.
Apthæ, 83.
Apocynicæ, 14.
Aroideæ, 10.
Articulates, 20.
Artificial (medicinal) diseases, 333.
Ascarides, 163.
Ascaris from the ear, 62.
Ascites, 163.
Asclepiadinæ, 14.
Asiatic cholera, 152.
Asphyxia, 118.
Asthenopia, 62.
Asthma, 118.
Atresia vaginæ, 315.
Aural diseases of children, 65.
Aurum group, 6.
Axillary glands, suppurating, 8.
Ball, feeling of—in head, 224.
Basedow's disease, 87.
Bilious colic, 161.
Bladder, 167.
Blepharitis, 39.
Blepharo spasm, 40.
Blind leading the blind, 352.
Blindness, 58, 61.
Blood, 257.
Blood-vessels, 122.
Boil, 291.
Brain, 33.
Bronchi, 102.
Bronchitis, 115.
 chronic, 116.
Bubble bursting in head, feeling of, 225.
Burns, 301.
Cactinæ, 16.
Cæsalpiniacæ, 16.
Calcarea group, 7.
Cancer aquaticus, 83.
 of larynx, 95.
 of lip, 81.
 of rectum, 163.
 uteri, 175.
Canthoplasty, 303.
Caprifoliacæ, 11.
Carbon group, 4.
Carbuncle, 291.
Carcinoma ventriculi, 144.
Cardiac hyperæsthesia, 132.
 neurosis, 130.
 weakness, 132.
Carditis, rheumatic, 199.
Cataract, 302.
Cataracta dura incipiens, 59.
Catechu poultices in varicose ulcers, 321.
Cauliflower excrescences, 175.
Cause and treatment of phthisis, 121.
Cephalalgia, 208, 244.
Cerebro-spinal meningitis, 38.
Characteristic classification of remedies in cephalalgia, 208.
Chemicals, 2.
Chemistry, 355.
Chest symptoms illustrated, 28.
Cholera infantum, treatment of, 154.
 its causes, 153.

- Cholera, its treatment, 147.
studies on, 153.
- Chorea, 251.
of the heart, 130.
- Chorioidea, 59.
- Chorioiditis, 59.
- Chronic diarrhoea, 146.
laryngitis, 91.
myelitis, 195.
periodical abscess, 205.
- Cleft, as if head were, 223.
- Climacteric change, 29.
- Climate of Madeira, 351.
- Climatology, 351.
- Colchicaceæ, 10.
- Coldness of head, 224.
- Colic, 161.
- College of provers, 28.
- Color in medicine, 356.
- Colorado, 351.
- Comparisons according to tempera-
ment and other characteristics,
23.
by E. A. Farrington, 25.
- Comparative materia medica, 22.
- Complications in typhus abdominalis,
278.
- Concomitants in rheumatism, 198.
- Conditions of aggravation and ame-
lioration in rheumatism, 197.
of headache, 228.
- Coniferae, 11.
- Congestive headaches, 225.
- Conjunctiva, 40.
- Conjunctivitis, 40, 56.
- Connarineæ, 15.
- Constipation, 159.
- Constriction, feeling of—in head, 224.
- Consumption, 121.
- Contraction of leg, 250.
- Convulsions, 249.
- Cornea lacerated, 58.
wound of, 58.
ulcerated, 57.
- Corneitis, 56.
- Corns, 300, 309.
- Corona veneris, 172.
- Coryza, 80.
- Cough, 114, 115.
- Coxalgia, 203.
- Cracking in head, 222.
- Cramps in feet and legs, 248.
in stomach, 142.
- Croup, diphtheritic, 98.
- Croupoid pneumonia, 120.
- Cruciferae, 18.
- Crystalline lens, fracture of—from
hanging, 355.
- Cucurbitaceæ, 13.
- Curiosities, dietetic, 28.
- Cystic tumors of eyelids, 39.
tumor of the orbit, 310.
- Death, certain sign of, 354.
- Defective assimilation, 144.
- Degree of headache, 227.
- Dementia, 30.
- Derangement of sympathicus, 144.
- Dashed to pieces, as if head were, 223.
- Diabetes insipidus, 165.
mellitus, 165.
- Dietetic curiosities, 28.
- Dietetics, 335.
- Differential diagnosis of chronic dis-
eases of larynx, 90.
- Differential diagnosis of scarlatina,
variola, varioloid, varicella, rubeola,
284.
- Dilatation of urethra, 168.
- Diphtheria, 86.
- Diphtheritic laryngitis, 98.
- Diphtheritis, 86.
- Diplopia, 61.
- Discharge from nose, 80.
- Disease of urinary organs, 168.
tendency, 334.
- Dosology, 350.
- Dropping of mucus from posterior
nares, 80.
- Dropsy from heart disease, 126.
- Dryness of lips, 81.
of nose, 80.
- Dynamids, 1.
- Dysentery, 8, 147.
- Dysmenorrhœa, 179.
spasmodic, 11.
- Dyspepsia, 137.
- Dystocia, 186, 193.
- Ears, 62.
- Eczema, 290.
- Electricity, 1.
- Electric shock in head, 222.
- Electro surgery, 322.
therapeutics, 1, 343.
- Elephantiasis arabum, 300.
- Emotional influences causing heart
disease, 133.
- Emphysema traumaticum, 122.
- Enuresis nocturna, 167.
- Epidemic fever at Bengal, 276.
remedies, 334.
- Epilepsy, 251.
- Epistaxis, 81.
- Epithelioma, 299.
- Eratc pains in rheumatism, 198.
- Erysipelas erratica, 288.
- Erythroxylineæ, 20.
- Ethers, 8.
- Euphorbiaceæ, 19.
- Exanthemata, 284.
- Excision of second phalanx of thumb,
305.
- Excoriation in perineum and vulva,
4.
- Exostosis tibiæ, 204.
- Expansion of head, feeling of, 225.
- Explosion in head, 223.

- Exsection of elbow-joint, 305.
Eyes, 39.
- Facial neuralgia, 245.
paralysis, 255.
- Fatty degeneration of heart, 127.
Fauces, 85.
Fever, 269.
Fermentation and putrefaction, 356.
Fibroid tumors of uterus, 175.
Filices, 10.
Fissures anal and rectal, 162.
Fistula in ano, 304.
in left mammary gland, 181.
Fluent coryza, 80.
Forceps, 186.
Fracture of base of skull, 303.
of clavicle, 305.
of crystalline lens from hanging, 355.
of femur, 308.
of humerus and femur, 306.
of pelvis, 306.
of tibia and fibula, 306, 307.
of vertebrae, 303.
- Fungi, 10.
Fungous lung-growths in whooping cough, 117.
Fungus hæmatodes, 300.
- Gall-stone colic, 162.
Galvanism as a curative agent, 343.
Gangrene, 258.
Gangrena senilis, 207.
Gastein springs, 2.
Gastric disorder, 136.
juice of oysters, 355.
Gastrodynia, 140, 141.
Genesis of diseases, 333.
Glandular swelling of left side of neck, 87.
Glaucoma, 60.
Goitre, 88.
Gressus gallinaceus, 196.
Gunshot wound, 306.
- Hæmatemesis, 137.
Hæmoptysis, 122.
Hæmorrhage after abortion, 189.
Hemorrhoids, 162.
Hahnemann's medicine for chronic disease, 28.
reminiscences of, 350.
Halogen group, 5.
Hallucinations, 29.
Hammering in head, 222.
Hay asthma, 80.
fever, 80.
- Heart, 122.
affections, diagnosis in, 125.
disease from mental affection, 133.
disease, obscure symptoms in, 126.
effects of *Iberis amara*, 18.
Heart's action, 122.
- Heels aching, 206.
Hemicrania, 220.
Hemiplegia, 256.
Hereditary syphilis, 170.
Hernia, forty-one operations, 313.
Herpes, circular, 4.
moist, 4.
Hindoo medicine, 28.
Hip-joint disease, 203.
Hippocastaniceæ, 20.
Hollowness in head, 223.
Holman's microscope syphon slide, 356.
Hospitalismus, 342.
Hydrocele and hernia, 309.
Hydrocephaloid, 156.
Hydrocephalus congenitus, 37.
and hydrocephaloid, compared, 37.
Hydromeningocele, 303.
Hydrophobia, 260.
Hydrophyllineæ, 13.
Hydrothorax, 122.
Hypertrophy of toe nail, 206.
Hypochondria, 256.
Hysteric closure of glottis, 89.
Hystero-epilepsy, 251.
- Idiosyncrasies, 333.
Ileus, 159.
Illustrated repertory, 28.
Impetigo, 291.
Incarcerated hernia, 159.
Incontinentia urinæ nocturna, 167.
Inductive mode of thinking, 325.
Infantile anatomy, 355.
Inflammation of the womb, 175.
Inflammatory rheumatism, 201.
Inguinal hernia, 312.
Influence of mind over disease, 32.
Insanity, 33.
emotional or moral, 32.
puerperal, 30.
religious, 31.
- Inscrutableness of drug action, 333.
Insects, 20.
Intercostal neuralgia, 246.
Intermittent fever, 269, 273.
Intestinal canal, 144.
catarrh, 145.
obstruction, 157.
Intussusception, 159.
Iron group, 5.
Itching of tip of nose, 79.
- Karthaüserpulver, 4.
Keratitis, interstitial, 57.
Kerato-iritis, 57.
Kidneys, 165.
Koumiss, 21.
- Labiatae, 13.
Labor pains, 186.
pains, false, 11.

- Lacerating in head, 223.
 Laceration of the perineum, 315.
 Lachrymal duct closed, 40.
 Laryngeal phthisis, 91.
 Laryngitis (chronic), 97.
 diphtheritica, 98.
 Laryngoscopic appearance of chronic diseases of the larynx, 90.
 Laryngoscopy and homœopathy. (By H. Welch, I. Pr., 1874, p. 387.)
 Larynx, 88.
 Latent gonorrhœa, 169.
 Laurineæ, 11.
 Lead paralysis, 256.
 Lens, diseases of, 59.
 Leprosy, 4.
 Leucorrhœa, 173.
 Lichens, 10.
 Lid tension, altered, 40.
 Ligation of external iliac artery, 313.
 Lithic acid diathesis, 25.
 Living things, feeling of—in head, 224.
 Location of headache, 212.
 of rheumatism, 197.
 Looseness, feeling of—in head, 224.
 Loranthinæ, 12.
 Lump, feeling of—in brain, 224.
 Lunar influences upon insane, 32.
 Lung cavities, 324.
 Lupus, 4, 298.
 Lymphatic glands, 257.

 Magnesia group, 7.
 Magnetic wells, 2.
 Magnetism, animal, 2.
 Male genitals, 168.
 Mammalia, 21.
 Mammæ, 181.
 woman with four, 355.
 Mammary abscess, 304.
 Marasmus after cholera infantum, 156.
 Materia medica, 1.
 Mechanism of labor, 184.
 Medical science, development of, 350.
 Melanotic cancer, 300.
 Membranous dysmenorrhœa, 181.
 Meningitis, 34, 35, 37.
 Menorrhagia, 176.
 Menstrual anomalies, 175.
 epilepsy, 253.
 Mental alienation, 32.
 atmosphere, 325.
 depression, 31.
 states in rheumatism, 196.
 Metastasis from mumps, 13.
 Metrorrhagia, 176.
 Microscope syphon slide, 356.
 Micturition excessive, 165.
 Migraine, 243.
 Mint, 29.
 Mineral waters, 1.
 Miscarriage, 12, 183.

 Molluscs, 21.
 Monsummano, grotto, 1.
 Morphia, test for, 356.
 Motory apparatus, 196.
 Mouth, 81.
 Mumps, metastasis, 13.
 Myelitis acuta, 195.
 Myopia, 61.
 Myristicacæ, 11.
 Myrtineæ, 18.

 Nares, symptoms of, 80.
 Nasal polypi, 81.
 Neck, 87.
 Necrosis, 258.
 Nerves, 207.
 Nervous debility, 256.
 headache, 231.
 Neuralgia of bowels, 160.
 the face, 245.
 in left eye, 62.
 pains, 246.
 New remedies for respiratory organs, 102.
 in rheumatism, 199.
 Noma, 83.
 Nose, 79.
 Nosebleed, 81.
 Notes on climate, 351.

 Obstetric cases, 187.
 and gynecological surgery, 316.
 Obstetrics, 182
 Occlusion of vagina, 316.
 Odd symptoms, 355.
 Oedema of glottis, 102.
 of leg, 205.
 Trousseau, 257.
 Oesophagus, 87.
 Onagrææ, 18.
 Opacity of cornea, 57, 58.
 Ophthalmia rheumatica, 40.
 scrofulosa, 40.
 Ophthalmology and Otology, report on, 39.
 Optical effects on disease, 333.
 Organic compounds, 8.
 Origin and direction of pain in cephalalgia, 208.
 Osteo arthritis, 202.
 Osteomalacia and rachitis, 196.
 Osteomyelitis in hip-joint, 203.
 Otalgia, 79.
 Otitis parasitica, 63.
 Otorrhœa, 65.
 Ovarian tumors, 173, 313.
 Ovaries, 173.
 Ovariectomy, 314.
 should be preceded by tapping, 315.
 Oxygen group, 5.

 Painful urination, 168.
 Pain above the eyes to the nose, 208.

- Pain in base of cranium upward, 211.
 in body to head, 211.
 in cerebellum, 219.
 in eyeballs extending backward, 208.
 in eyes to vertex, 208.
 in forehead and vertex, 208.
 in forehead extending backward, 208.
 in frontal region, 215.
 in head and occiput down the spine, 211.
 in head to jaws, 211.
 in heart to head, 212.
 in left shoulder to occiput, 211.
 in nape of neck, 220.
 in nape of neck extending upward and forward, 209.
 in occiput, 219.
 in occiput and cerebellum extending forward, 210.
 in occiput to ears, 211.
 in occiput to temples, 211.
 in occiput to vertex, 210.
 in orbital region, 212.
 in parietal bone, 219.
 in root of nose and nose, 217.
 in stomach, 142.
 in stomach to vertex, 212.
 in temples to occiput, 211.
 in temporal region, 213.
 in vertex, 217.
 in vertex to occiput, 210.
 in the whole brain, 221.
- Panaritium, 202.
 Papaverinæ, 18.
 Papilionacæ, 16.
 Paralytic rheumatism, 201.
 Paralysis glottidis, 88.
 Paralysis of the accommodation, 62.
 Paraplegia, 256.
 Parasitical and non-parasitical skin diseases, 290.
 Pasteboard splints in fractures, 305.
 Pelvic affections, 173.
 Penetrating abdominal wound, 304.
 Periostitis, 204.
 Phlebitis, 135.
 Phlegmasia alba dolens, 135.
 Phthisis, 121.
 Phosphor group, 3.
 Physiology, 352.
 Picric acid, test for albumen, 355
 Placenta prævia, 187.
 Plants, 10.
 Pleura, 122.
 Pneumonia, 115, 119.
 with miscarriage, 121.
 Polygoniæ, 17.
 Polypus nasal, 81.
 Porrigo decalvans, 4.
 Posology, 350.
 Posterior nares, dropping of mucus, 80.
- Post-scarlatinal dropsy, 286.
 Practice, 29.
 Pregnancy, in, cramps, 12.
 Prickly heat, 295.
 Principles and potencies, 350.
 Profuse menstruation, 176.
 Prolapsus uteri, 174.
 Poisoning, agaricus, 10.
 argentum, 7.
 arsenic, 3.
 atropine, 14.
 atrop. sulph, 14.
 bellad., 14.
 camphor, 11.
 cantharides, 21.
 carbol. ac., 9.
 cicut. vir., 14.
 chamomilla, 12.
 chloral hydrate, 9.
 codein, 18.
 coffea, 12.
 colchicum, 10.
 cuprum, 7.
 cytisis laburn., 16.
 hydroph. virg., 13.
 hyoscyamus, 14.
 morph., 18.
 phytolacca decandra, 17.
 plumbum, 5.
 rhus radicans, 15, 16.
 stramon., 14.
 sumb. mosch., 15.
 viscum, 12.
 zincum, 7.
- Proliferous inflammation of the middle ear, 69.
 Prosopalgia, 245.
 Proving of climates and weather changes, 351.
 apis, 21.
 apium graveolens, 15.
 bapt. tinct., 16.
 bellad., 14.
 bryonia, 13.
 calabar, 16.
 caladium, 10.
 calc. fluor, 7.
 calc. ostr., 7.
 calc. sulph., 7.
 carbolic acid, 10.
 chin. ars., 12.
 coca, 20.
 crot., tigl., 19.
 eucalyptus glob., 18.
 fagopy. esc., 17.
 gelsem., 14.
 glonoine, 9.
 tart. acid, 22.
 lycop., 10.
 lycopus virgin., 13.
 merc. protosulph., 6.
 œnoth. biennis, 18.
 pulsat., 19.
 sarsapar., 10.

- Proving, senna, 16.
 sepia, 21.
 sumbul. mosch., 15.
 vaccinin., 22.
 zincum, 7.
 Prurigo, 295.
 Pruritus, 290.
 Psoas abscess, 202.
 Psoriasis, 292, 295.
 Psychic influence in therapeutics, 325.
 Puerperal convulsions, 192.
 mania, 193.
 Pulmonary parenchyma, 118.
 Pulsations in head, 221.
 Pustular inflammation of the cornea
 and conjunctiva, 41.
 Putrefaction and fermentation, 356.
 Pyrosis, 136.

 Quarz-crystal, sensitiveness to, 1.
 Quotations from the Allopathic Ma-
 teria Medica, 28.

 Rabies mephitica, 262.
 Ranula, 304.
 Ranunculineæ, 19.
 Rectal hemorrhoidal stricture, 313.
 Regarding the dose, 350.
 Relapsing fever, 276.
 Relation of homœopathy to metaphy-
 sis, 325.
 Relaxation of the sphincter ani, an
 indication of intussusception, 159.
 Remarks, general, 28.
 Remedies of Schuessler, 28.
 Reminiscences of Hahneman, 350.
 Remote results of aural diseases in
 children, 73.
 Renal colic, 166.
 Repetition of dose, 350.
 Repertory for cephalalgia, 208.
 illustrated, 28.
 of new remedies in rheumatism,
 199.
 Report, special, of plan for proving of
 remedies, 28.
 Resume of Schuesslers remedies, 28.
 Retention of urine, 168.
 Retroversion, 174.
 Revaccination, 286.
 Rachitis, 196.
 Rachitis and osteomalacia, 196.
 Rhagades, 4.
 Rheumatic carditis, 199.
 Rheumatism, 196, 199.
 Ringworm, cassia al., 16.
 Rivinaceæ, 17.
 Rubiaceæ, 12.
 Rule for proving, 28.
 Rutaceæ, 19.

 Sarcognomy, 354.
 Scabies, 296.
 Scarlatina, 284.

 Schuessler's remedies, 28.
 Sciatica, 247, 248.
 Scirrhus, 299.
 of mamma, 181.
 Scleroma neonatorum, 300.
 Sclerosis of middle ear, 69.
 of the spinal column, 195.
 Scorbutus, 259.
 Scrofulosis, 259.
 Scrofulous ozæna, 80.
 sarcoma, 257.
 Scurfs in nose, 80.
 Second menstruation, 181.
 Sensations in head, 221.
 Sensitiveness to quartz, 1.
 Sequelæ of burns, 301.
 Siamese twins, 355.
 twins in miniature, 321.
 Sick headache, 226, 231.
 Sickness of stomach, 136.
 Sign of death, 354.
 Simarubaceæ, 20.
 Skin, 288.
 grafting, 320.
 Sloughing of scrotum, 169.
 of spleen, 164.
 ulcer in the fauces, 85.
 Small pox, 287.
 Smilaceæ, 10.
 Snake bite, a case, 27.
 Snake poison, in milk, 27.
 Snapping, in head, 222.
 Solanineæ, 14.
 Solar and lunar influence, 334.
 Somnambulism, 29.
 Sore finger from a bite, 202.
 Soreness of head, 223.
 Spasm of tensor tympani, 64.
 Spasms, 248.
 Spine, 194.
 Spirillæ of relapsing fever, 276.
 Spleen, 164.
 Splenic abscess, 164.
 Staphyloma, 57.
 Stenokardia, 127.
 Stomach, 135.
 Stomatitis, 83.
 Strangulated oblique inguinal hernia,
 311.
 Stricture of urethra, 305.
 Study of Materia Medica, 28.
 Stupid feeling in head, 223.
 Sunstroke and thermic fever, 38.
 Sulphur group, 2.
 Suppressed itch, 296.
 Surgery, 302.
 Surgical operations during pregnancy,
 320.
 Swelling of knee, 203.
 of patella, 204.
 Symptoms verified, 28.
 Synanthereæ, 12.
 Syphilitic laryngitis, 94.
 ozæna, 80.

- Syphilitic sinus, 171.
 Syphilis, 170.
- Tabes dorsalis, 195.
 Tearing in head, 223.
 Tedious labor, 186.
 Temperature in pneumonia, 119.
 in rheumatism, 198.
 Test for albumen, picric acid, 355.
 for morphia, 356.
 Testicle swelling, 169.
 Tetanus, 250.
 scriptorium, 248.
 Tetter, 292.
 Theory, 325.
 Therapeutic hints for rheumatism, 196.
 hints for symptoms of nares, 80.
 Therapeutics of yellow fever, 278.
 Thermic fever and sunstroke, 38.
 Thorax, 102.
 Threatened abortion, 182.
 Thrombus, 135.
 Tibial necrosis, 308.
 Time of aggravation in rheumatism, 197.
 of headache, 227.
 Toe-nail ulcer, 307.
 Tongue, disease of, 5.
 swollen, 84.
 Tonsillitis, 85.
 Toothache, 84.
 Topical applications, 351.
 Toxicological remarks, 26.
 Transplanting the skin, 318.
 Transverse presentation, 186.
 Traumatic inflammations, 206.
 tetanus, 250.
 Treatment for the cure of fistula in ano by means other than the knife and ligature, 304.
 of sick headache, 235.
 of skin diseases, 298.
 Trismus, 250.
 Tuberculosis, 121.
- Typhus abdominalis levissimus, 278.
 and mental diseases, 278.
- Ulceration of nose, 80.
 Ulcers, 293.
 Ulcers on the feet, 5.
 Umbelliferæ, 14.
 Urethritis, 168.
 Urticaria, 290.
 Uterine displacements, 174.
 polypus, 315.
 Uterus, 173.
- Vagina, 181.
 Valerianaceæ, 11.
 Varicose ulcer, 292.
 Varieties and treatment of sick headache, 231.
 Variola, 287.
 Vascular ulcer, 309.
 Vegetable food, 340.
 Ventilation, 342.
 Ventral hernia, 312.
 Verified symptoms, 28.
 Vertigo, 33, 34.
 Vesical calculus, 309.
 Vesico-vaginal fistula, 315.
 Visions, 29.
 Vomiting from hæmorrhoids, 136.
 of pregnancy, 182.
- Wabbling of water in head, 225.
 Washing out of stomach, 135.
 Weakness in head, 224.
 Weather, in rheumatism, 198.
 proving, 351.
 Whooping cough, 116.
 Wild feeling in head, 224.
 Winter climates in phthisis, 351.
 Wirkungsdauer, 351.
 Woman with four mammæ, 355.
- Yellow fever, 276.
- Zona, 4, 291.

REMEDIES.

- Acalypha ind.*, hæmoptysis, 102.
Acet. ac., diphtheria, 85.
Aconit. napellus, 19.
 bilious colic, 161.
 blindness, 61.
 cardiac weakness, 133.
 characteristics, 24.
 chorioideitis, 59.
 lacerated cornea, 58.
 osteomyelitis in hip joint, 203.
 pneumonia, 119.
 swollen tongue, 84.
 whooping cough, 116.
 wound of cornea, 58.
Actæa racemosa, 19.
 compared with *Caulophyl.*, 26.
 in labor, 19.
Aesculus hippocastanum character-
istics, 20.
 dysmenorrhœa, 180.
 retroversion, 174.
Agar. mus., angina pectoris, 128.
 chorea, 251.
 poisoning, 10.
 symptoms verified, 10.
Ailanthus, compared with *Arum triph.*
 25.
 symptoms, 15.
Aloes, compared with *Sulph.*, 26.
 piles and syphilis, 171.
 prolapsus uteri, 174.
Alum., paralytic rheumatism, 298.
 sick headache, 226.
Ammon. caust., snake bite, 27.
Ammon. mur., menses abundant at
 night, 175.
Amyl, nitrite of, 5.
Anac., dyspepsia, 140.
 headache, 240.
 vertigo, 33.
Anath., headache, 240.
Ant. crud., compared with *Bryon.*, 26.
 gastrodynia, 142.
 prurigo, 295.
 sick headache, 243.
Ant. tart., 4.
Antozone, 5.
Apis, anasarca, 258.
 angina pectoris, 129.
 blepharitis, 39.
 characteristics, 21.
Apis, chorioideitis, 59.
 compared with *Natr.*, mur., 26.
 compared with *Rhus tox.*, 26.
 hemisrania, 237.
 intermittent fever, 269.
 meningitis, 35.
 miscarriage, 184.
 osteomyelitis in hip-joint, 203.
 proving, 21.
 scarlet fever, 285.
 sore arm from vaccination, 286.
 swelling of right testicle, 169.
Apium graveolens, proving, 15.
Apomorphia, sickness of stomach, 136.
Aralia racemosa, coryza, 80.
Aranea diadema, cramps in stomach,
 142.
 hæmoptysis, 102.
 headache, 240.
 intestinal catarrh, 145.
Argentine, poisoning, 7.
Arg. cyan., poisoning, 7.
Arg. met., enuresis nocturna, 167.
Arg. nitr., 7.
 aphthæ, 84.
 gangræna senilis, 207.
 headache, 240.
 hypochondria, 257.
 keratitis, 44.
 intestinal catarrh, 145.
 migraine, left side, 243.
 paralysis of accommodation, 62.
Arnica montana, 13.
 cerebro-spinal meningitis, 38.
 chest symptoms after a fall, 119.
 compared with *Baptisia*, 26.
 metastasis for mumps, 13.
 miscarriage, 183.
 otalgia, 79.
 pain in stomach, 142.
 typhoid fever, 280.
 whooping cough, 116.
Arsen., 4.
 anasarca, 258.
 angina pectoris, 129.
 cholera, 31.
 chronic diffuse otitis, 67.
 cough, 117.
 dyspepsia, 139.
 hydrophobia, 262.
 intercostal neuralgia, 246.

- Arsen.**, intermittent fever, 273, 275.
keratitis pust., 44.
marasmus after cholera infantum, 157.
noma, 83.
oedema of leg, 205.
phagedenic chancre, 170.
poisonings, 3.
psoriasis, 295.
rachitis, 196.
snake bite, 27.
swelling of patella, 204.
tetanus and trismus, 250.
tetter, 292.
typhoid fever; 280.
varicose ulcer, 292.
- Arsen. jod.**, chronic diffuse otitis, 67.
croupous diphtheria, 86.
diphtheritic croup, 98.
phthisis, 121.
schirrus of mammæ, 181.
- Arum triph.**, comp. with *Ailanth.*, 26.
diphtheria, 86.
scarlatinal diphtheria, 285.
typhoid fever, 281.
- Asaf.**, exostosis tibiæ, 204.
hemicrania, 237.
psoas abscess, 202.
- Asarum europæum**, rheumatism, 200.
- Atropine**, poisoning, 14.
- Atropia sulph.**, epilepsy, 252.
poisoning, 14.
sick headache, 237.
- Aurum**, glaucoma, 60.
headache in syphilis, 172.
ophthalmia scrofulosa, 40.
polypi, 298.
- Aur. mur.**, angina pectoris, 128.
tertiary syphilis, 170.
- Badiaga**, compare with *Spongia*, 26.
- Baptisia**, compare with *Arnica*, 26.
compare with *Mur. ac.*, 26.
compare with *Rhus tox*, 26.
proving, 16.
symptoms, 16.
typhoid fever, 279, 283.
- Baryta**, 4, 8.
sore place in stomach, 136.
- Baryta jod.**, interstitial keratitis, 57.
- Belladonna**, anal abscess, 162.
antidotes *Jaborandi*, 20.
Basedow's disease, 87.
blepharitis, 39.
chorea, 251.
chorioiditis, 59.
characteristics, 24.
chronic laryngitis, 97.
congenital hydrocephalus, 37.
enuresis nocturna, 167.
epilepsy, 252, 254.
hydrophobia, 262.
inflammation of testicles, 170.
irregular breathing, 118.
- Belladonna**, meningitis, 35.
phlegmasia alba dolens, 135.
pneumonia, 120.
poisoning, 14.
for poisoning with *rhus*, 15.
proving, 14.
puerperal convulsions, 192.
religious insanity, 31.
sick headache, 237.
in snake bite, 27.
vomiting of pregnancy, 182.
whooping cough, 116.
wound of cornea, 58.
- Berb. vulg.**, renal colic, 167.
- Bisulphide of carbon.**, 3.
- Bolet. lar.**, hemicrania, 238.
- Borax**, vertigo, 34.
- Bounafa**, bronchial irritation, 102.
- Bovist.**, menses only at night, 175.
blindness, 61.
menses profuse early in morning, 175.
metrorrhagia, 176.
- Bromine**, characteristics, 23.
compared with *Iodium*, 26.
- Bryon.**, acute rheumatism, 201.
bilious colic, 161.
carbuncle, 292.
characteristics, 24.
cholera, 152.
compare with *Ant. crud.*, 26.
constipation, 160.
dyspepsia, 139.
hydrothorax, 122.
pain in sternal region, 118.
pneumonia, 119.
proving, 13.
cured symptom, 13.
sciatica, 247.
typhoid fever, 279.
- Bufo**, cough, 102.
- Cact. grand.**, angina pectoris, 129.
contractive pain in region of the heart, 131.
heart disease, 127.
menses ceasing on lying down, 175.
in snake bite, 27.
- Calabar**, proving, 16.
- Caladium**, proving, 10.
- Calc. ac.**, rhachitis, 196.
- Calc. carb.**, acne pustularis, 290.
anal abscess, 162.
blepharitis, 39.
bronchitis, 116.
characteristics, 7, 23.
compared with *Calc. phosph.*, 26.
cough, 113.
eczema, 290.
hydrocephaloid, 156.
impetigo, 291.
keratitis, 57.
keratitis pust., 45.

headache 224.

Calc. carb., nasal polypi, 81.
 cedema of feet after abuse of
 quinine, 295.
 polypi, 298.
 rhachitis, 196.
 toothache, 84.
 visions, 29.
 Calc. chlor., diphtheria, 86.
 Calc. fluor., proving, 7.
 Calc. iod., ulceration in external
 meatus, 67.
 Calc. ostr., proving, 7.
 Calc. phosph., characteristics, 23.
 compare with Calc. carb., 26.
 headache, 240.
 rhachitis, 196.
 Calc. silic., 8.
 Calc. sulph., proving, 7.
 Camphor, cholera infantum, 156.
 poisoning, 11.
 symptoms, 11.
 Cannab., threatened abortion, 182.
 urethritis, 168.
 Cantharides, diphtheria, 86.
 inflammatory suppuration of the
 womb, 175.
 neuralgia, 247.
 poisoning, 21.
 renal colic, 167.
 sequelæ of burns, 301.
 Capsic., cough, 113.
 Carbol. ac., diphtheria, 86.
 melanotic cancer, 300.
 poisoning, 9.
 proving, 10.
 Carb. an., chronic laryngitis, 97.
 coldness in chest, 119.
 dysmenorrhœa, 180.
 Carb. veg., angina pectoris, 128, 129.
 chronic diffuse otitis, 67.
 chronic laryngitis, 97.
 epistaxis, 81.
 spleen affections, 164.
 yellow fever, 278.
 Carburetum sulphuris, 3.
 Carduus mar., expectoration, 102.
 Cassia alata in ring worm, 16.
 Caulophyl., compared with Actea rac.,
 26.
 headache, 240.
 threatened miscarriage, 183.
 Caustic., acne tubercles, 290.
 aphonia, 88.
 compare with Graphites, 22.
 compare with Phosphor., 26.
 chronic laryngitis, 97.
 disease of urinary organs, 168.
 eczema, 291.
 enuresis nocturna, 167.
 facial paralysis, 255.
 lupus, 298.
 menses cease to flow at night, 175.
 menses ceasing on lying down,
 175.

Caustic., paralysis glottidis, 89.
 tetter, 292.
 Cedron symptoms, 20.
 Chamom., bilious colic, 161.
 bronchitis, 115.
 poisoning, 12.
 pustules on cornea, 46.
 Chelid., compared with Podophyl., 26.
 compared with Sanguin., 26.
 diabetes mellitus, 166.
 China, diphtheritic laryngitis, 101.
 exostosis tibiæ, 204.
 gall-stone colic, 162.
 intermittent fever, 269.
 menorrhagia, 177.
 miscarriage, 183.
 Chin. ars., angina pectoris, 129.
 proving, 12.
 Chin. sulph., angina pectoris, 129.
 Chloral hydrate, 8.
 enuresis nocturna, 168.
 insanity, 32.
 ophthalmia, 41.
 poisoning, 9.
 urticaria and pruritus, 290.
 Cicuta virosa, meningitis basilaris, 37.
 poisoning, 14.
 verified symptoms, 15.
 Cimic., headache, 241.
 Cina, 13.
 contraction of leg, 250.
 pain in right temple, 207.
 paralysis glottidis, 89.
 paraplegia, 256.
 Cinnab., pustules of the cornea, 46.
 toothache, 84.
 Clematis, conjunctivitis pust., 46.
 Coca, compared with Coffea and Tea,
 26.
 notes on, 20.
 proving, 20.
 Coccul., abscess of toe, 206.
 mental alienation, 32.
 Coccus cacti in cough, 20.
 cough spasmodic, 20.
 whooping cough, 117.
 Codein, expectoration, 103.
 morning headache, 238.
 poisoning, 18.
 Coffea antidotes Chamom., 13.
 compared with Coca and Tea, 26.
 cardiac hyperæsthesia, 132.
 incarcerated hernia, 159.
 poisoning, 12.
 religious insanity, 31.
 Colchic., hæmatemesis, 137.
 intestinal catarrh, 145.
 poisoning, 10.
 Colocynthis, 13.
 diarrhœa, 145.
 intermittent headache, 238.
 Comocladia dent., cough, 103.
 Cundurango, carcinoma ventriculi,
 144.

- Cundurango, symptoms, 14.
 Conium mac., pustule on cornea, 46.
 scirrhus, 299.
 spleen affections, 164.
 whooping cough, 117.
 Copaiva, urticaria, 290.
 Corn. flor., intermittent fever, 269.
 Crocus, nosebleed, 81.
 Crotal. kerato-iritis, 58.
 Crot. tigl., diarrhoea, 145.
 keratitis, 46.
 proving, 19.
 Cubebs, cough, 103.
 Cupr. ac., 7.
 facial neuralgia, 245.
 hallucination, 29.
 Cuprum alum., conjunctivitis, 47.
 Cuprum arsen., vomiting, 136.
 Cuprum and its salts, 7.
 cured snake bite, 27.
 poisoning, 7.
 whooping cough, 116.
 Curare, phthisis, 103.
 nervous headache, 238.
 Cyclam., compared pulsat., 25.
 diplopia, 61.
 Cynoglossum off., cough, 103.
 Cypriped., nervous debility, 256.
 Cytisus laburnum poisoning, 16.
- Digit., gastric catarrh, 136.
 heart disease, 127.
 Droser., chronic laryngitis, 98.
 whooping cough, 116.
 Dry cups, intestinal obstructions, 158.
 Dulcamara, 14.
 after getting wet, 276.
- Egg shell, goitre, 88.
 Elaps cor., hæmoptysis, 104.
 Elat., intermittent fever, 274.
 Electricity, amenorrhoea, 313.
 in chronic aural catarrh, 79.
 external hemorrhoids, 323.
 intermittents, 274.
 lead paralysis, 256.
 leucorrhoea, 313.
 multilocular hydrocele, 323.
 ovarian tumor, 323.
 strictures of urethra, 323
 toothache, 84.
 uterine polypus, 315.
 Erysimum, aphonia, 104.
 Erythrox. coca, cough, 113.
 phthisis, 104.
 sequela of gonorrhoea, 169.
 Ether, death from, 8.
 Eucalyptus, history, 18.
 Eucalypt. globulus proving, 18.
 Eugenia iambos, cough, 105.
 Eup. perf., intermittent fever, 269, 271, 275.
 sick headache, 226.
 vomiting, 136.
- Eup. purp., sick headache, 238.
 Euphorb., pain in head, 208.
 Euphras., constipation, 160.
 keratitis, 47.
 opacity of cornea, 57.
- Fagopyrum esculentum, proving, 17.
 Faradization, galactagogue, 193.
 Ferrum, action of, 5.
 Ferr. carb., cramps in feet and legs, 248.
 Ferr. mur., ascarides, 163.
 splenic abscess, 164.
 Ferr. phosph., 5, 6.
 Fluor. ac., chronic diffuse otitis, 67.
 Formica, notes on, 21.
- Galium apar., scirrhus, 299.
 Gamb., chronic diarrhoea, 147.
 Galvanism, ovarian tumor, 313.
 stricture of urethra, 305.
 Gelsemium, a study, 14.
 dystocia, 186.
 intermittent fever, 269.
 proving, 14.
 puerperal convulsions, 192.
 sick headache, 238.
 snake bite, 27.
 typhoid fever, 279.
- Glecoma hederacea, bronchitis, 105.
 Glonoin., angina pectoris, 128.
 proving, 9.
 sick headache, 238.
- Graphites, 4.
 amenorrhoea, 178.
 ascites, 163.
 cancer from old cicatrices in mammae, 181.
 cancer uteri, 175.
 chronic diffuse otitis, 67.
 compared with Caustic., 22.
 constipation, 160.
 cracked lips, 81.
 cystic tumors of eyelids, 39.
 dysmenorrhoea, 180.
 eczema, 291.
 excoriations, 4.
 gastralgia, 142.
 glandular swelling on left side of neck, 87.
 herpes, 4.
 hydrocele, 169.
 hypertrophy of the nail, 207.
 keratitis pust., 47.
 leprosy, 4.
 leucorrhoea, 173.
 lupus, 4.
 porrigo, 4.
 prurigo, 295.
 raw places, 4.
 rhagades, 4.
 scars in mammae, 259.
 scrofulosis, 259.
 ulcers on feet, 5.

- Graphites, zona, 4, 291.
Guaco, its uses, 12.
- Hamamelis, ozæna, (H. W., ix.), 272.
Helleb., anasarca, 258.
Helon., diabetes mellitus, 166.
 headache, 238.
 miscarriage, 183.
 in debility, 10.
- Hepar, anal abscess, 162.
 blepharitis, 39.
 closed lachrymal duct, 40.
 chronic laryngitis, 98:
 compared with Bryonia, 24.
 compared with Sulphur, 26.
 convulsions and jerks, 249.
 cough, 90.
 diphtheric laryngitis, 100.
 dyspepsia, 139, 140.
 glandular swellings, 292.
 inflammation of right parotid gland, 87.
 kerato-iritis, 58.
 mammary abscess, 304.
 periostitis, 204.
 œdema of feet after abuse of quinine, 275.
 ophthalmia scrofulosa, 40.
 ulcerated cornea, 57.
 whooping cough, 117.
- Hot water, uterine hemorrhage, 190.
- Hydrastis, dyspepsia, 139, 141.
 epithelioma, 299.
 erysipelas, 19, 288, 289.
 scirrhus, 299.
 symptoms verified, 19.
- Hydr. ac., snake bite, 27.
- Hydropathic packs, pneumonia, 121.
- Hydrophobia, 262.
- Hydrophyllum virginicum, poisoning, 13.
- Hyosc., bronchitis, 115.
 cerebro-spinal meningitis, 38.
 diplopia, 61.
 poisoning, 14.
 whooping cough, 116, 117.
- Iberis amara on the heart, 18.
- Ignat., cardiac hyperæsthesia, 132.
 intermittent fever, 269.
 sick headache, 239.
- Ilex aqu., ophthalmia, rheumatism, 40.
- Indigo, cough, 105.
 epilepsy, 254, 255.
 sick headache, 238.
- Inula helenium, bronchitis, 106.
- Ipec., bilious colic, 161.
 intermittent fever, 269, 272.
 prolapsus uteri, 174.
- Iris vers., bilious colic, 162.
 compare with Leptandria, 26.
 sick headache, 226, 238.
 syphilitic sinus, 171.
- Iron, action of, 5.
- Jaborandi, its action, 19.
- Jatroph., diarrhœa, 146.
- Jodium, adhesions of middle ear, 77.
 chronic laryngitis, 98.
 compared with Bromium, 26.
 compared with Kali hydr., 26.
 cough, 114.
 goitre, 88.
 swollen spleen after intermittent fever, 275.
- Kaolin, croup, 106.
- Kali bichr., characteristics, 24.
 chronic laryngitis, 98.
 conjunctivitis, 49.
 diarrhœa, 146.
 diphtheria, 86.
 dyspepsia, 140, 141.
 hemisrania, 241.
 lupus, 298.
 pain in left malar bone, 84.
 scarlatina maligna, 285.
 vomiting of pregnancy, 182.
- Kali brom., 8.
- Kali carb., angina pectoris, 128, 129.
 characteristics, 24.
 cough, 114.
 gastric disorder, 136.
 heart disease, 127.
 pain in stomach, 142.
 pneumonia, 120.
 systolic murmur, 131.
 vertigo, 34.
- Kali chlorat. or mur., in dysentery, 8.
- Kali hydr., adhesions of middle ear, 77.
 compared with Iodium, 26.
 phlyctenules on cornea, 49.
 swollen spleen after intermittent fever, 275.
 tertiary syphilis, 170.
- Kali permanganat., expectoration, 106.
- Kalm. lat., heart disease, 127.
- Kermes minerale, 4.
- Koumiss, chest affection, 22.
- Kreosote, blennorrhœa, 49.
 cholera infantum, 155.
 enuresis nocturna, 167.
 gangræna senilis, 207.
 profuse menstruation, 176.
- Lac can., film before the eyes, 61.
- Lac defloratum, provings and cures, 21.
 sick headache, 243.
- Laches., angina pectoris, 129.
 asthma, 118.
 characteristics, 25.
 coryza, 80.
 dementia, 30.
 derangement of sympatheticus, 144.

- Laches., fungus hæmatodes, 300.
 hydrophobia, 262.
 intermittent fever, 269.
 noma, 83.
 obstruction in throat, 87.
 puerperal insanity, 30.
 rheumatism, 201.
 sciatica, 248.
 sloughing ulcer in fauces, 85.
 sore finger from a bite, 202.
 suppressed itch, 297.
 typhoid fever, 280.
- Lachn. tinct., stiff neck after scarlet fever, 286.
- Lactic ac., diabetes mellitus, 166.
 proving, 22.
- Lact. vir., angina pectoris, 128.
- Lapis albus, 7.
- Ledum, prickly heat, 295.
- Leptandria compared with Iris, 26.
- Lichen islandicus, cough, 106.
- Lilium tigr., compared with Pulsat, 26.
 compared with Sepia, 26.
 prolapsus uteri, 175.
- Limax, cough, 107.
- Lobelia, compared with Lycop., 25.
- Lycop., 4.
 angina pectoris, 128.
 characteristics, 25.
 chorioideitis, 59.
 derangement of sympatheticus, 144.
 dyspepsia, 139.
 excessive micturition, 165.
 heart disease, 127.
 pneumonia, 119, 120.
 proving, 10.
 prurigo, 295.
 rheumatism, 201.
 swelling between upper gums and malar bone, 84.
 symptom, 10.
 ulcer on right tonsil, 85.
 Basedow's disease, 88.
- Lycopus virginicus, proving, 13.
- Lysimachia nummularia, phthisis, 108.
- Madar, leucorrhœa, 174.
 ulcers on leg, 293, 294.
- Magn. carb., menses abundant at night, 175.
 menses cease to flow in afternoon, 175.
 menses only when pain is absent or during sleep, 175.
- Magn. phosph., prosopalgia, 245.
 spasms, 248.
- Mangan., cough, 114.
- Mentha piper., bilious colic, 161.
- Mercur., 4.
- Mercury salts compared, 26.
- Merc. corr., apthæ, 35.
 blepharitis, 39.
 condylomata in larynx, 172.
- Merc. corr., dyspepsia, 138.
 indurated chancre, 170.
 keratitis, 51.
- Merc. cyan., diphtheria, 86.
 kerato-iritis syphilitica, 58.
 laryngitis, 109.
- Merc. dulc., keratitis, 51.
 noma, 83.
- Merc. nitr., conjunctivitis, 49.
- Merc. præc. ruber, ophthalmia scrofulosa, 40.
- Merc. protojod., pustules in eye, 50.
- Mercury, protosulphide of, proving, 6.
- Merc. sol., antidote phytolacca, 17.
 chorioideitis, 59.
 chronic laryngitis, 98.
 compared with Podophyllum, 26.
 compared with Silic., 26.
 conjunctivitis, 40.
 furuncle in external meatus, 67.
 keratitis, 50.
 mucous patches in throat, 85.
 polypi, 298.
 prurigo, 295.
 psoriasis, 295.
 swollen tongue, 84.
 syphilis, 170.
- Merc. viv., adhesions of middle ear, 77.
 watery discharge and hemorrhage from ear, 65.
- Mezer., chronic diffuse otitis, 67.
 exostosis tibiæ, 204.
- Millefolium, symptom, 12.
- Morphium, poisoning, 18.
- Moschus, sick headache, 239.
- Murex purp., dysmenorrhœa, 181.
- Mur. ac., compare with Baptisia, 26.
 tongue diseases, 5.
 typhoid fever, 281.
- Myosotis, chronic bronchitis, 116.
- Myrtus com., hæmoptysis, 109.
- Naja tripudians, two kinds, 26.
- Narcissus, whooping cough, 109.
- Natr. carb., loss of hearing, 79.
 pain in left frontal eminence, 208.
- Natr. mur., 4, 6, 8.
 asthenopia, 62.
 chronic laryngitis, 98.
 compared with Apis, 26.
 dyspepsia, 141.
 headache after a blow, 34.
 heart disease, 127.
 intermittent cephalalgia, 244.
 intermittent fever, 274, 275.
 keratitis, 51.
 tetter, 292.
- Natr. sulph., diarrhœa, 146.
- Niccolum, cough, 110.
- Nitr. ac., 5.
 apthæ, 83.
 condylomata in larynx, 172.
 constipation, 115.

- Nitr. ac., corona veneris, 172.
 cough, 114.
 dread of cholera, 31.
 dysentery, 147.
 dyspepsia, 140.
 fissura ani, 162.
 itching of prepuce, 169.
 keratitis, 57.
 post scarlatinal dropsy, 286.
 secondary syphilis, 170.
 syphilis, 171.
- Nitrite of amyl, 5.
- Nitro mur. ac., cough, 115.
- Nux mosch., dyspepsia, 140.
 headache, 239.
 mental disorder, 32.
 notes on, 11.
 typhoid fever, 281.
- Nux vom., agina pectoris, 129.
 antidote, opium, 26.
 asthma, 118.
 bronchitis, 115.
 characteristics, 24.
 compared with Podoph., 26.
 compared with Pulsat., 25.
 compared with Sulphur, 25.
 constipation, 160.
 dementia, 31.
 dyspepsia, 138, 140.
 epilepsy, 252.
 facial neuralgia, 246.
 hemiplegia, 256.
 keratitis, 52.
 prolapsus uteri, 175.
 sick headache, 226.
 symptom, 14.
 tetanus and trismus, 250.
 traumatic tetanus, 250.
 vomiting, 136.
- Oenothera biennis, proving, 18.
 crocata, a study, 15.
- Opium is antidoted by Nux vom, 26.
 poisoning, 18.
 sloughing of scrotum, 169.
 spasms, 248.
- Opuntia vulgaris, characteristics, 16.
- Ox. ac., cholera infantum, 155.
- Ozone, 5.
- Pæonia, fissure ani, 162.
- Paris quad, headache, 239.
- Pernanganate of potash, diphtheria, 86.
- Petroleum, 5.
 angina pectoris, 129.
 conjunctivitis, 52.
 enuresis nocturna, 167.
 erysipelas, 289.
 intermittent fever, 276.
 sloughing ulcers of leg, 294.
- Phelland., menses only in morning and evening, 175.
 uses, 15.
- Phosphor., angina pectoris, 129.
 antidoted by turpentine, 26.
 blindness, 61.
 bronchitis, 115.
 chronic laryngitis, 98.
 compared with caustic., 26.
 derangement of sympatheticus, 144.
 diphtheritic laryngitis, 99.
 hydrocephaloid, 156.
 nasal polypt, 81.
 neuralgia, 3.
 paralytic rheumatism, 202.
 pneumonia, 120.
 porrigo, 4.
 roaring in head, 34.
 scarlatina maligna, 285.
 syphilitic complaints, 170.
 tonsillitis, 85.
 vertigo, 34.
 vomiting of pregnancy, 182.
- Phosphor. ac., cardiac weakness, 133.
 low-spirited, 30.
 osteomyelitis in hip-joint, 203.
 spasm of tensor tympani, 65.
- Physostygma venenosum, 16.
 mental suffering, 30.
 neuralgia pains, 247.
 sighing during menstruation, 175.
 tetanus, 250.
- Phytol., aching of heels, 206.
 diphtheria, 87.
 fistula in left mamma, 181.
 poisoning, two cases, 17.
- Pinus lambertiana, 11.
- Plantag., enuresis nocturna, 167.
- Platina, headache, 239.
- Plumb. ac., colic, 161.
 poisoning, 5.
- Podophyl., compared with Chelid., 26.
 compared with Merc., 26.
 compared with Nux vom., 26.
 compared with Sulphur, 26.
 diarrhœa, 146.
 prolapsus uteri, 174.
- Polygon. hydropiper, antidotes Rhus, 15.
- Potassa salts, compared, 26.
- Protosulphide of mercury in typhoid fever, 283.
- Psorin., diarrhœa, 146.
 keratitis, 52.
- pneumonia, 120.
- Pulmo vulpis, asthma, 21, 110.
- Pulsat., amenorrhœa, 178.
 aponia nervosa, 89.
 bilious colic, 161.
 blepharitis, 39.
 characteristics, 25.
 chorioideitis, 59.
 compare with Lilium. tig., 26.
 constriction of throat, 87.
 cough, 116.
 dyspepsia, 140.

Pulsat., gastralgia, 143.
 intermittent fever, 276.
 keratitis, 52.
 nocturnal emissions, 169.
 opacity of cornea, 57.
 proving, 19.
 spasm of tensor tympani, 65.
 ulceration in external meatus, 67.

Ranunculus bulb., symptoms cured, 19.
 sceler, corns, 301.

Ricin. com., agalactea, 193.

Rhodod., compared with Bryonia, 24.

Rhus rad., erysipelas, 289, 290.
 poisoning, 15, 16.
 suppressed itch, 297.

Rhus poisoning antidote, 13.

Rhus tox., blepharitis, 39.
 blindness, 58.
 cardiac neurosis, 130.
 compared with Apis, 26.
 compared with Baptisia, 26.
 compared with Bryonia, 24.
 coxalgia, 203.
 epilepsy from a fall, 276.
 erysipelas, 290.
 for poisoning with Rhus rad., 15.
 inflammation of articular structures, 202.
 inflammatory rheumatism, 201.
 keratitis, 53.
 osteo-arthritis, 202.
 paralytic rheumatism, 298.
 prolapsus uteri, 175.
 psoriasis, 292.
 secondary syphilis, 172.
 swelling in the popliteal space, 204.
 typhoid fever, 280.
 vertigo, 34.

Robinia. pyrosis, 136.

Ruta grav., dyspepsia, 141.

Sabadilla, cured symptom, 10.
 toothache, 84.

Sabina, menorrhagia, 177.
 profuse menstruation, 176.

Sal ammoniac, gangrena senilis, 207.

Sambucus, angina pectoris, 128.

Sanguinaria, antidote Rhus, 16.
 compared with Chelid., 26.
 cedema of glottis, 102.
 sick headache, 226, 241, 244, 245.

Santon., cough, 117.

Sarrac., variola, 287.

Sarsap., cured symptom; notes on, 11.
 proving, 10.
 swelling of spermadic cord, 169.

Secale, effects, 22.
 diarrhœa, 146.

Senega, opacity of cornea, 57.

Senna, proving, 16.

Sepia, cataract, 59.

Sepia, chronic laryngitis, 98.
 compared with Liliun tigr., 26.
 curative effects, 21.
 derangement of sympathetic, 144.
 dropsy from heart disease, 126.
 hemicrania, 241.
 impetigo, 291.
 keratitis, 54.
 menses only in morning, 175.
 paralytic rheumatism, 298.
 polypi, 298.
 prolapsus uteri, 174.
 proving, 21.
 psoriasis, 292, 296.
 whooping cough, 117.

Silic., blepharitis, 39.
 boil, 291.
 cancer of lip, 82.
 characteristics, 23.
 chronic periodical abscess, 206.
 compared with Mercur., 26.
 cystic tumor of eyelid, 39.
 dyspepsia, 139.
 elephantiasis, arabum, 300.
 exostosis tibiæ, 204.
 headache, 240.
 intermitting fever, 276.
 itching of tip of nose, 80.
 lupus, 299.
 osteo-arthritis, 202.
 otitis interna, 68.
 panaritium, 202.
 pricking in region of right inferior maxillary, 85.
 rhagades, 4.
 sore arm after vaccination, 287.
 traumatic inflammation, 206.
 ulcer, 295.

Silphion (cyrenaique), phthisis, 111.

Silphium laciniatum, asthma, 110.

Simaruba cedron, 20.

Solanum nigrum, symptoms, 14.

Spigel., heart disease, 127.
 neuralgia in left eye, 62.
 toothache, 84.

Spongia, compared with Badiaga, 26.
 chronic laryngitis, 98.

Stannum, gastralgia, 140.

Staphis., blepharitis, 39.
 lacerated cornea, 58.
 pricking in balls of feet, 206.

Stibium sulphuretum rubrum, 4.

Sticta pulmonaria cured symptom, 10.

Stramon., diplopia, 61.
 meningitis, 36.
 notes on, 14.
 poisoning, 14.
 typhoid fever, 281, 283.

Sulphur, adhesions of middle ear, 77.
 anal abscess, 162.
 anasarca, 258.
 aphonia, 3.
 apht hæ, 83.

- Sulphur, acute diseases, 2.
 blepharitis, 39.
 blindness of left eye, 61.
 bronchitis, 116.
 characteristics, 25.
 chorioiditis, 59.
 cholera infantum, 2.
 chronic diffuse otitis, 67.
 chronic laryngitis, 98.
 compared with Aloes, 26.
 compared with Hepar, 26.
 compared with Nux vom., 25.
 compared with Podophyl., 26.
 conjunctivitis, 40.
 dementia, 31.
 diarrhœa, 2, 145, 146.
 dyspepsia, 140.
 epilepsy, 254, 255.
 gastralgia, 143.
 headache in syphilis, 172.
 hereditary syphilis, 170.
 itching at anus, 162.
 keratitis, 54, 57.
 lupus, 4.
 menstrual complaints, 181.
 nasal polypi, 81.
 osteo-arthritis, 202.
 pneumonia, 2, 120.
 prurigo, 295.
 retention of urine, 168.
 rheumatism, acute, 3.
 scabies, 296.
 scorbutus, 259.
 swelling of knee, 203.
 swelling upper tarsal edge, 206.
 sympathic nerves deranged, 144.
 syphilitic complaints, 171.
 whooping cough, 117.
 wound of cornea, 58.
 Sulphur antim. aurat., 3.
 Sulph. jod., chronic diffuse otitis, 67.
 Sulph. ac., dyspepsia, 141.
 feeling of lump in right outer
 canthus, 40.
 petechiæ, 283.
 Sumbulus moschatus, poisoning, 15.
 proving, 15.
 Tabacum, cough, 112.
- Tabacum, sick headache, 226.
 vomiting of pregnancy, 182.
 Tarant., chorea, 251.
 migraine, 241.
 Tartar emet., 4.
 diphtheritis laryngitis, 101.
 Tea, compared with Coca and Coffea,
 26.
 Tellurium, conjunctivitis, 56.
 ulceration in external meatus, 67.
 Terebinth. ol., 11.
 Thespia silphium (L), phthisis, 111.
 Thlaspi bursa past., leucorrhœa, 173.
 Teplitz, aversion to meat, 135.
 erysipelas, 289.
 Therid., sick headache, 226.
 Thuya, ileus, 159.
 mental depression, 31.
 syphilis, 171.
 variola, 288.
 Turpentine antidotes Phosphor., 26.
 Tussilago farfara, cough, 112.
 Urkalkgneis, 7.
 Ustil. maid., flooding, 177.
 Vaccininum, proving, 22.
 Valerian. off., 11.
 hallucinations, 29.
 Veratr., compared with Acon., 24.
 heart disease, 127.
 nymphomania, 181.
 whooping cough, 117.
 Viburnum opulus in dysmenorrhœa,
 11, 181.
 Visc. alb., chorea, 251.
 cough, 113.
 poisoning, 12.
 Vulpis pulmo in asthma, 21.
 Xanthoxylum, amenorrhœa, 179.
 Zincum, chlorotic headache, 241.
 convulsions and jerks, 249.
 cutting upwards in left iliac region
 during pregnancy, 182.
 hydrocephaloid, 156.
 menses abundant at night, 175.
 poisoning, 7.
 proving, 7.
 sick headache, 226.
 Zingiber, asthma, 113.

AUTHORS.

- Adams, A. L., 313, 316.
Adams, Chas., 309, 313.
Adams, H. F., 14.
Allen, H. C., 10.
Allen, R. C., 305.
Allen, T. F., 22, 62.
Alvarez, Paz, 37.
Alvarez, S. M., 81.
Angell, H. C., 40, 333.
Anstie, 8.
Arnulphy, 285.
- Baehr, 86, 136.
Bogota, R. M. Chavez, 252.
Bahnsen, J., 325.
Bailly, 7.
Baker, 61, 275, 298.
Bartholomew, H., 290.
Baxter, H. H., 201, 255.
Beckwith, S. R., 170.
Beebe, A. G., 300.
Bell, J. B., 7.
Benedict, H. S., 350.
Berridge, E. W., 3, 5, 7, 10, 11, 14, 15,
16, 19, 20, 21, 22, 29, 33, 34, 40, 65, 79,
84, 85, 87, 113, 114, 119, 131, 132, 135,
136, 145, 146, 156, 162, 169, 171, 173,
181, 182, 205, 206, 207, 208, 276, 288,
289, 290, 291, 292, 301.
Bigelow, F., 86, 98.
Bigler, W. H., 5, 6, 8.
Biggar, H. F., 258, 305, 312, 315, 316,
322.
Binz, 8.
Bird, 333.
Blackley, Chas. H., 80.
Blackley, W. H., 286.
Blake, E. T., 117, 298, 299.
Blake, Mary Safford, 244.
Blot, 15.
Boehm, R., 3.
Bowie, A. F., 79.
Boyce, C. W., 147.
Boynton, G. W., 191.
Bragdon, 286.
Brewster, 289.
Bronson, C. C., 29.
Brown, C. L., 27.
Brown D. Dyce, 41, 115, 136, 290.
Brown, J. B., 153.
Brown, U. H., 64.
- Brown, W. H., 79.
Buchanan, J. R., 354.
Buchner, 153, 165.
Buck, J. D., 125, 354.
Buffum, J. H., 342.
Burdick, 16.
Bugher, J. C., 320, 351.
- Carpenter, C. H., 181.
Chargé, 113.
Childs W. R., 86, 146, 290.
Chittenden, E. W., 14.
Chundey Ro, B. G., 90.
Clarke, H. B., 118.
Cohnheim, 28, 321.
Colton, C. A., 234.
Comstock, P. G., 187.
Conant, C. M., 7, 175, 250.
Cook, W. H., 351.
Cooper, B. T., 5.
Cooper, R. T., 5.
Cooper, J. F., 176, 284.
Coté, A., 86.
Covert, N. B., 14, 250.
Cowperthwait, A. C., 177.
Crayon, 10.
Crow, 146.
- Dake, J. P., 28.
Danforth, W., 304, 314.
Davis, J. W., 179.
Davidson, H., 86, 152, 195.
De la C. Chacon, J., 251.
Demoor, Ch., 8.
Dixon, 163.
Dodea, 7.
Douglass, J. S., 286.
Drake, O. M., 65.
Dudley, P., 139.
Duncan, T. C., 9, 283, 355.
Dunham, C., 7.
Duvos, 83, 173, 293.
- Edmundson, W. F., 87.
Eggert, Wm., 162.
Eldridge, C. S., 137.
Emmerich, Fr., 61.
- Fahnestock, C. S., 269.
Farrington, E. A., 25, 141, 334.
Fawcett, 18.

Firmat, Fr., 174, 274.
 Fisher, 122.
 Fiske, 175.
 Flemming, W. L., 2.
 Foote, G. F. 30, 31, 33.
 Francis, 26, 27.
 Friedreich, N., 144.
 Friese, M., 187.
 Frost, J. H. P., 118, 121, 160, 176, 178,
 183, 248, 256, 273.
 Funk, M., 116.

Gallinger, J. H., 163.
 Gallupe, W., 244, 292.
 Gatchell, H. P., 351.
 Gerstel, A., 7.
 Gery, 26.
 Gilchrist, J. G., 58, 313.
 Gilman, J. E., 10.
 Gorton, D. A., 333.
 Goullon, Jr., H., 4, 5, 21, 23, 29, 34, 41,
 59, 88, 117, 127, 143, 160, 161, 168, 178,
 260, 290, 291, 292, 298.
 Goullon, Sr., 350.
 Grandmarins, M. V., 26.
 Grasmuck, L., 17.
 Gray, 181.
 Greenleaf, J. T., 120, 180, 200, 343.
 Gregg, R. R., 28, 121.
 Griffin, S. M., 251.
 Griswold, W. A., 356.
 Guernsey, H. N., 187.
 Guernsey, Wm., 69.

Hale, E. M., 6, 12, 18, 132, 133, 135, 206.
 Halford, 26.
 Hall, J. S., 292.
 Hammond, A., 16.
 Harpell, E. N., 191.
 Harpel, E. E., 190, 202.
 Harris, C. T., 2.
 Hart, C. L., 118.
 Hart, C. M., 180.
 Hart, C. P., 26, 141, 161.
 Hartmann, Fr., 205.
 Hausmann, 333.
 Haustein, 84, 142.
 Hawkes, A. E., 141, 145, 162, 204.
 Haynel, 152.
 Hawley, L. B., 117, 174.
 Heitzmann, 196.
 Helmuth, W. T., 251.
 Hemenway, A. P., 193.
 Henke Karl, 4, 146.
 Hering, C., 28, 335.
 Hewan, A., 85.
 Hirsch, J., 61, 81, 87, 147, 172, 207, 290,
 291.
 Hitchcock, D., 17.
 Holland, E. C., 161.
 Hoopes, L., 160.
 Hoppe, J., 325.
 Horn, 153.
 Houghton, H. C., 65, 73.

Hovey, Horace, 269.
 Hoyne, T. S., 8.
 Hughes, J. V., 306.
 Hughes, R., 28.

Jackson, Mercy B., 35, 37, 204, 300.
 James, B. W., 5, 15, 20, 117, 119, 126,
 131, 135, 160, 181, 276, 203, 320, 324,
 325, 351, 355, 356.
 Jeanes, J., 13, 269, 351.
 Jernegan, H. M., 315.
 Jones, S. A., 15, 21, 306.
 Juergensen, 278.

Kæsemann, 207.
 Kafka, J., 89, 129.
 Kenyon, L. M., 30, 247, 255.
 Kershaw, J. M., 253.
 Kimball, D. J., 28.
 King, Sidney, 14.
 Kneass, N. W., 309.

Lade, Geo., 117.
 Lancereaux, H., 5, 258.
 Lée, C. H., 18.
 Levin, P. A., 3.
 Lewi, E., 18, 29, 350.
 Lewis, H. M., 34.
 Lewis, J. H., 274.
 Liebold, C. Th., 49.
 Lillenthal, S., 3, 22, 192, 195, 231, 243,
 298.
 Lippe, A., 84, 120, 145, 146, 165, 283.
 Lorbacher, 196, 202, 298.
 Lord, J. I. P., 350.
 Lounsbury, O. W. 250, 256, 286.
 Ludlam, R., 253, 314, 315.

Macfarlan, M., 303, 312, 313, 318.
 Mackechnie, 259.
 Macomber, A. P., 38.
 McClatchey, R. J., 21, 22, 85, 113, 141,
 179, 202, 206, 251, 287, 295, 299, 355.
 McClelland, J. H., 57, 85, 285, 293, 303,
 304, 306, 307, 308.
 McGay, W., 10.
 McGeorge, Wallace, 13, 14, 15, 28, 175,
 193.
 Mann, 286.
 Marsden, J. H., 186, 188.
 Martin, H. N., 7, 140, 174.
 Martiny, 3, 5, 7, 9, 12, 13, 14, 21, 139,
 287.
 Massey, I. B., 321.
 Mayerhofer, Karl, 3, 4.
 Mayländer, 203.
 Mees, W., 18.
 Miller, H. V., 20, 23, 116, 121, 122, 140,
 144, 160, 199, 204, 231, 248, 258, 291,
 309.
 Minton, H., 193.
 Mitchell, C. T., 256.
 Mitchell, I. S., 122.
 Molin, Rafael, 61, 334.

- Moore, J. O., 130.
 Morgan, J. C., 1, 15, 174, 307.
 Morrison, 13, 183.
 Morse, L., 80, 277.
 Mosler, 165.
 Mossa, 5, 11, 18, 29, 169, 243, 245, 257.
 Mowremans, 288.
 Muhr, 12, 169.
 Müller, Cl., 39, 40, 41, 295, 296.
 Murphy, E. A., 256, 305, 314, 324.

 Nagel, 159.
 Nankivell, J. H., 19, 90, 118, 119, 255, 321.
 Nash, E. V., 137, 145, 282.
 Neftel, W., 179.
 Neidhard, C., 86.
 Newton, S. E., 167.
 Nichol, Thos., 102.
 Nichols, C. F., 9.
 Norton, C. A., 9.
 Norton, Geo. J., 39, 41, 56.
 Nunez, 58, 142, 145.
 Nute, J. R., 18.

 Ockford, G. M., 10, 19, 20, 114, 146, 200, 286.
 Oehme, J. G., 80, 84, 146, 168, 186, 248.
 Olmsted, C. C., 182.
 Ostrow, H. J., 192.
 Owens, W., 158, 159, 262, 305.

 Pancin, C., 83.
 Payne, W. F., 28.
 Payr, 40, 60, 62.
 Pease, E. M., 61.
 Pearson, C., 120.
 Pellicer, Jr., 130, 144
 Peludon, A., 5.
 Pierce, W. A. D., 342.
 Piersons, A. M., 10, 243.
 Pitet, P., 15.
 Plate, A., 196, 245, 246, 248.
 Plimpton, Clara C., 244.
 Preston, C., 174.
 Preston, M., 342.
 Price, E. C., 13.
 Pritchard, T. D., 10, 142, 203, 248.
 Pröll, G., 2, 7, 88.

 Rafanesque, 173.
 Rapp, 164.
 Rembaugh, A. C., 121.
 Reynolds, H., 3.
 Rhees, J., 3.
 Rogers, W. E., 19.
 Rognin, Paul, 87.
 Roth, A. A., 270.

 Salzer, L., 27, 31, 295.
 Sanders, J. C., 186.
 Sapp, J. A., 16.
 Sarbadhicary, B. S. C., 164.
 Schädler, 127.

 Schelling, J., 34, 136.
 Schenk, B. B., 16.
 Scheurer, P., 10.
 Schultz, J., 159.
 Schweikert, J., 31, 38, 156, 166.
 Schwerin, E., 21.
 Scott, W. B. A., 5, 28, 351.
 Searle, W. T., 65, 187.
 Sherman, J. H., 9, 32.
 Siegrist, 127.
 Simpson, Thos., 182.
 Sircar, M. L., 11, 32, 85, 87, 136, 147, 165, 168, 169, 172, 175, 178, 183, 201, 202, 247, 276, 294.
 Small, A. E., 98, 116, 117, 155, 173.
 Smedley, R. C., 19, 136, 175, 245.
 Smith, J. Heber, 33, 334.
 Smith, Thos. Fr., 183.
 Sorge, W., 250.
 South, E. W., 136, 184.
 Stapf, 57, 62.
 Stebbins, J. H., 246.
 Stein, J., 81.
 Stens, Jr., 178, 202.
 Stens, Sr., 32, 39, 40, 58, 84, 276.
 Stillman, W. D., 146.
 Stow, T. D., 244, 273, 275.
 Strong, G., 84.
 Strong, T. M., 186.
 Sumner, 304.
 Swan, S., 16, 61, 84, 167.

 Taylor, Geo. H., 173.
 Thayer, D., 81, 135, 162, 172, 296, 350.
 Throop, A. P., 11.
 Tietze, E., 189.
 Tooker, R. H., 194.
 Turrell, 287, 290.

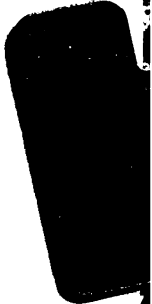
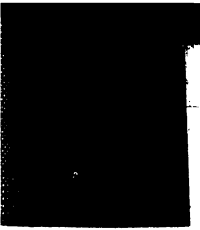
 Underwood, H. J., 14.
 Ussher, 8, 10, 58, 61, 162.

 Van Cutsem, 13.
 Van Peene, 101.
 Von Balogh, T., 152.
 Von Grauvogl, 7, 21.
 Von Tagen, C. H., 63, 303.
 Von Tunzelman, J. W., 5, 7, 283.
 Von Vezekenji, Stefan, 152, 170, 275.
 Von Villers, 86, 176.

 Waldo, L. B., 181.
 Walton, A. E., 349.
 Warren, Anna, 157.
 Warren, J. K., 142.
 Weber, 203.
 Wells, L. B., 31, 182, 350.
 Wells, P. P., 196.
 Welsch, H., 172.
 Wesselhöft, C., 2.
 Wesselhöft, W. P., 246, 301.
 Westcott, G. R., 1.
 Whitney, E. J., 90.
 Wilde, F. C. Stanley, 30.

Willard, L. H., 301, 306, 309, 320.
Williamson, M. S., 141.
Wilson H., 14.
Wilson T. P., 40, 156, 333.
Wittemore, J. E. 166.
Woodbury, J. H., 315.
Woodvine, D. G., 19, 289.

Woodward, A. W., 115.
Woodyat, W. H., 57, 62, 302.
Worcester, Sam., 32.
Wright, A. R., 129.
Youmans, 14.
Young, 11.



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