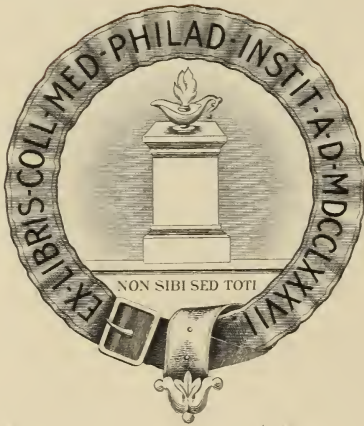




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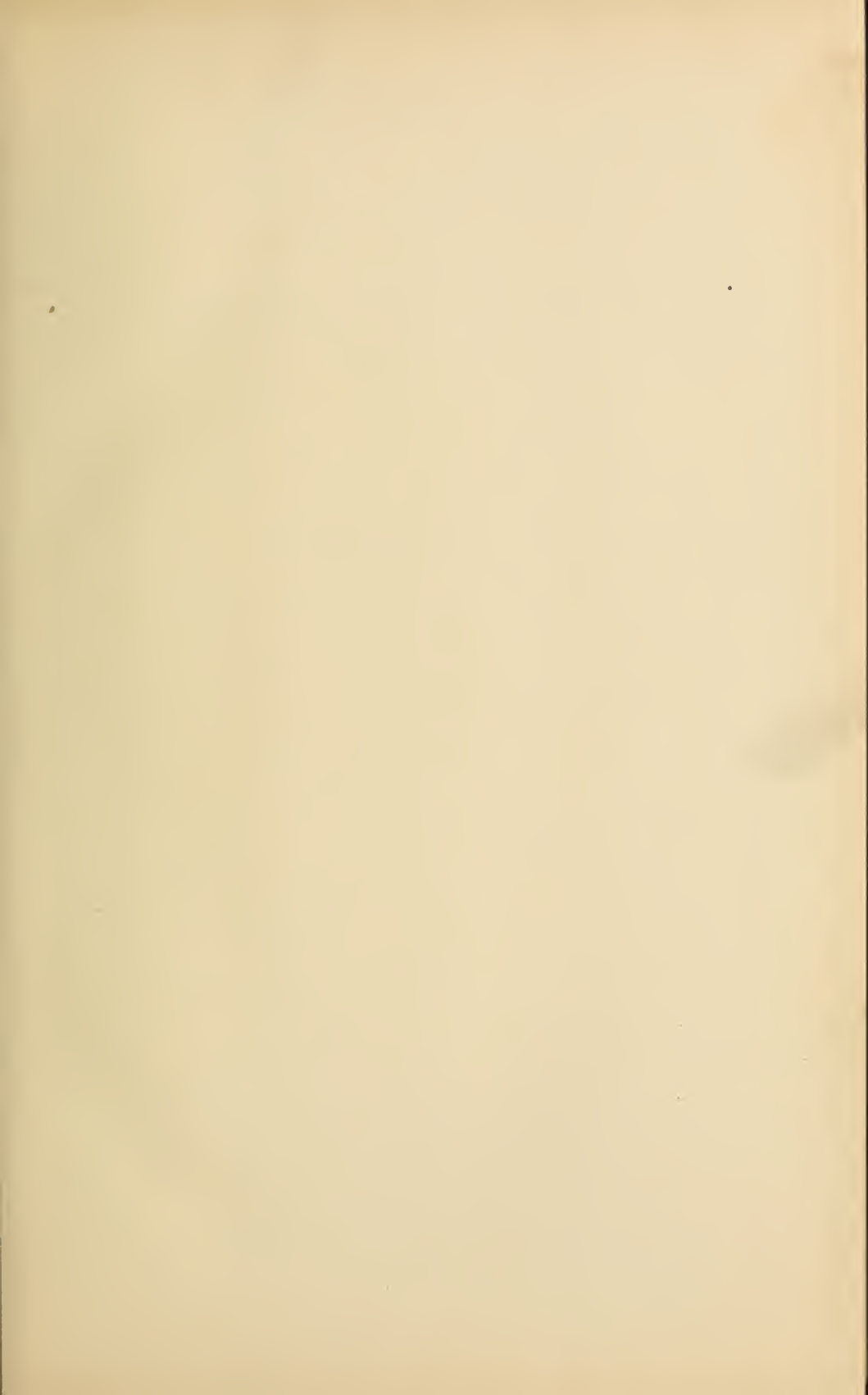
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THE

# HOMŒOPATHIC RECORDER.

BI-MONTHLY.

VOLUME I.

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THE  
HOMŒOPATHIC RECORDER.

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VOL. I.

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No. 1.

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INTRODUCTORY.

IN the final issue of the *Bulletin*, November, 1885, announcement was made of its discontinuance and of the proposed publication of THE HOMŒOPATHIC RECORDER. The purpose of the RECORDER is stated succinctly on the title-page, and a few words in connection therewith will not be out of place.

The art of medicine, not to speak of it as a science, has made vast strides in certain directions within the past decade or two, notably in hygiene and prevention of disease. The marvellous results in surgery under strict antisepsis—or strict cleanliness, as you choose—as done nowadays by the more advanced surgeons, challenges attention, while the logical method of diagnosing disease-processes in internal organs is of enormous value in assisting the faulty though well-intentioned therapy of the old school.

The latest craze in old-school therapeutics looks simply and solely towards removing one symptom, for hyperpyrexia is but a symptom, that is to say, it is merely one evidence of a disorder within the body.

To attack the high body-temperature is not the way to cure diseases accompanied by pyrexia, and this is acknowledged by some allopathic clinicians, for they now limit the internal administration of the salicylates in great part to disorders of rheumatic origin, and are endeavoring to differentiate the conditions of fever in which the new remedy, Antipyrin, will reduce temperature by undoing or counteracting the conditions which give rise to it.

It behooves us homœopaths, then, as scientific and progressive physicians, to march abreast of our old-school brethren in all professional advancement, and in the one and only department in which we differ from them, therapeutics, to be *au courant* of all their experimentation

with drugs. For these experiments not only point out the probable desirableness of proving their new drug according to our methods, but also may afford us real therapeutic indications for the use of the potentized remedy. The writer has more than once used, with good results, remedies chosen in a potency and prescribed for the very condition caused by the drugs upon the respiratory and other centres in the medulla or, in one instance, Chloral hydrate in the 30th for a condition of lowered tone in the heart and vessels with lowered blood-pressure.\*

Even of greater importance is it to become more intimately acquainted with the characteristic symptomatology of our own older and well-tried remedies, for these are of positive and permanent value. Pathological theories may and do change, explanations now offered by physiologists and pharmacologists for the action of drugs may soon be ruthlessly swept away, the bacillus may yet be shown to be a scavenger rather than a destroyer, the consequence rather than the cause of disease, and indeed this has been already more than hinted, but a positive characteristic symptom produced in a proving of a drug made according to the method of Hahnemann will remain of the same value as long as men are fashioned as they are at present, and as long as words hold the meaning we now attach to them.

The introduction of new remedies and the dissemination of a better knowledge of our older ones is the chief mission of the RECORDER. In addition to this, it is our purpose to make this journal of living interest in all departments of medicine, so that it shall be a welcome, valued visitor to every physician.

### HOMŒOPATHIC THERAPEUTICS.

**Pleurisy, Peritonitis, and Pericarditis Produced by Cantharides.**—*By Dr. Marc Jousset.*—French homœopaths use Cantharides in the treatment of pleurisy when effusion is established, having been led to this practice by the success of blisters in this malady; the success being due apparently to the absorption by the skin of a certain quantity of the remedy.

The pathogenesis of this remedy furnishes in favor of their practice only the following symptoms caused by it in the healthy:

“Frequent attacks of slight cough, dry and tickling.” “Dyspnœa with labored and rapid respiration; sensation of burning with lancinating pains frequently recurring in the chest, at times on the right, at others on the left side.” (P. Jousset.)

Hughes cites the experience of Dr. Juman, who, by the application of blisters on the thorax and abdomen of dogs and rabbits, has produced “redness and inflammation of the pleuræ and peritoneum, distinctly

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\* *Pharmacology and Therapeutics.* By T. Lauder Brunton, M.D. Macmillan, 1880.

visible on those portions corresponding to the cutaneous surfaces acted on by the vesicant."

•We have found a case of poisoning by *Meloe proscarabens*, a species allied to the cantharis, and having the same active principle (cantharidine), which goes to show that this poison produces pleurisy, peritonitis, and pericarditis, and consequently when pleurisy is cured by cantharis given internally it does so according to the law of similars, and that when it is cured by blisters homœopathy is really employed, although unconsciously. The case is as follows :

A farmer, aged thirty-six, suffering from chronic suppurative osteitis of the humerus, received from a charlatan for the supposed gouty pains a powder, which he took at one dose, in beer, May 25th, 1875. During the day he was seized with nausea, vomiting, lumbar pains, and afterwards with colic; towards evening there was considerable looseness of the bowels, and during the night profuse sweats, with exacerbation of the pains and vesical and rectal tenesmus. Weakness became rapidly extreme, and death occurred early on the morning of the 26th. At the autopsy was found greenish coloration of the abdomen, with post-mortem ecchymoses on the back; upon the cheek and ear of the left side were dusky spots as large as a pea, with the consistence of leather to touch and on section. The genital organs were without morbid appearances. The stomach was found dilated by gas, and contained 150 grams of a grayish-brown, fetid liquid, in which were present small, hard, yellow masses; in the pyloric cavity was bright inflammatory redness; elsewhere the mucous membrane was unaffected, but the vessels were greatly injected. There were redness and tumefaction of the duodenum and of the neighboring portion of the jejunum, but no ulceration; vivid injection of the mesenteric vessels.

Within the peritoneum was an effusion of a sero-sanguinolent fluid amounting to about 150 grams.

The great venous trunks were found filled with dark but liquid blood; the arteries were empty; kidneys congested; bladder empty and normal; the vessels of its neck were engorged with blood. In the pleural cavities there were almost 100 grams of sanguinolent serosity, with some cretaceous deposits at the apices. Within the pericardium was a brownish serosity to the amount of 90 grams. The vessels of the brain were filled with a dark-colored fluid blood; a slight amount of serosity within the two ventricles. The small bodies found in the stomach and on the coats of the intestines were made up in great part of brilliant scales of a blue color from the elytra of a coleopterous insect of the genus *meloe*, the species being very probably *M. proscarabens*.

Death having occurred very soon after taking the drug, we regard as of the highest importance the lesions found in the pleuræ and peritoneum, which would be probably more complete in case the toxic action was less rapid.—*L'Art Médicale*.

**Some Indications for Treatment of Locomotor Ataxia.**—By *Dr. V. Léon Simon.*—The predominant symptoms of this disease are the lightning-like pains, chiefly in the earlier stages, genital excitement followed by impotence, the characteristic gait and partial paralyzes frequently involving the bladder and the eyes. We admit that we have rarely had any marked effects from treatment and never permanent ones, and believe that our fellow-practitioners have not been more fortunate. There are, however, many remedies in whose pathogeneses some of the characteristic traits of this malady are reproduced, and we will be pleased if those attacked by the disorder can be benefited by the indications given in the present paper.

I. The lightning-like pains, which are very frequently the initial symptom of the malady, are caused by many remedies, especially *Angustura*, *Baryta carbonica*, *Æsculus hippocastanum*.

*Baryta* appears to be indicated solely in the beginning, when as yet there exists no paralysis. In its pathogenesis are two symptoms which recall the fulgurant pains of medullary sclerosis. "In the right knee, a rapid momentary pain, like cutting with a knife, which makes the leg lame;" "when standing he felt a blow in the thigh above the right knee, so violent that he believed he would fall forward;" and if we add the twitchings in the right calf, the genital excitation so common in the beginning of affections of the cord, and the disorders of vision, there will be an *ensemble* of symptoms which will turn our thoughts to this remedy while the malady is as yet not positively evident.

*Angustura* may be chosen when the muscular twitchings and the partial paralyzes are associated with the fulgurant pains. It is the remedy indicated in the spasmodic form of locomotor ataxia.

*Æsculus* is indicated when the malady is well advanced. Our American *confrères* use it frequently in this disease, and indeed it causes most of the symptoms, mental, ocular, vesical, and lumbar, which are commonly observed in tabetics. It produces also the fulgurant pains and paralysis of the lower limbs.

*Belladonna* is likewise advised by Jousset as a remedy in the initial period. Besides the characteristic pains it covers the disordered gait and the paralysis of the motor oculi.

II. There is hardly a remedy which corresponds in all particulars to the gait of ataxics. However, we have found under *Ignatia* one symptom which represents it sufficiently well: "he was unable to walk, but was obliged to remain sitting, because when walking the knee was involuntarily drawn upward."

The loss of the muscular sense, which is the cause of the ataxia of movement and of the impossibility to remain standing with the eyes closed, are found in the symptoms of *Helleborus niger*, warmly recommended by Jousset. The chief indications for this remedy are ataxia of movement, twitchings, tearing pains in the limbs, sudden relaxation of



certain muscles, movements cannot be properly made unless the attention is fixed on them, staggering gait, want of firmness in the legs, bending of the knees, he lets fall an object held in the hand, vesical tenesmus, impotence with flaccidity of the penis, hypochondriasis.

Alumina may be used, as it answers to the impossibility to walk with the eyes closed (Hering), as well as to a large number of painful and paralytic symptoms of the lower extremities.

Tarentula, which produces spasmodic contractions and incoördinated action of muscles, corresponds in a vague manner to ataxy, and may be indicated in certain cases. . However, we believe it to be more appropriate to chorea than to tabes.

III. The partial paralyzes which occur as accidents or complications of posterior spinal sclerosis do not form an essential part of the malady; they are frequently absent and often vary in different individuals. Since the posterior columns are most affected, paralysis is observed more in the sensory than in the motor nerves. Besides it is the perversion or abolition of sensations which determines the difficulty in movement and the loss of the reflexes. The remedies which correspond to these diverse manifestations are many; to the paralytic complications in the limbs the following, in addition to those already given, are indicated:

Acidum phosphoricum.—Fornication, heaviness of the lower limbs, numbness of the extremities. Spasms of the chest and of the diaphragm.

Elaps corallinus.—Spasmodic twitchings, muscular contractions, numbness of the extremities.

To the eye complications correspond: Argentum nitricum, Phosphorus and Tabacum.

To paralysis of the bladder: Zincum metallicum and Zincum sulphuricum.

To the symptoms of the genital organs: Kali bromatum and Phosphorus. With these latter we can class Gelsemium, recommended by Burt and McClatchey, and they extol it especially in hysterical women and the subjects of onanism.

Arsenic does not answer precisely to paralysis of the limbs but to this sensation frequently experienced by persons in whom the cord is diseased; "sensation as if ants were running along the spinal column."

IV. These are the remedies which seem to us to best correspond to lesions of sensation and of function most commonly observed in locomotor ataxia, but there are some which are of special importance because they have a marked action on the spinal cord. We have already spoken of *Æsculus* and will now make special mention of Phosphorus. Phosphorus presents in its pathogenesis all the functional symptoms of the cord, and it is the remedy which has always best responded to our expectations in their treatment. It answers to the lancinating pains, to the sensations of tension and torsion of the limbs, to the jerkings, to spasms, to the partial paralyzes, to the genital excitement followed by impotence, to

amaurosis, to affections of the senses, to atrophies, to fatty degeneration. It is least suitable in the last stage when the cerebral hemispheres are attacked.

After Phosphorus comes *Argentum nitricum* which we have already named. Its pathogenesis presents the following symptoms: "vertigo as if he turned in a circle, forcing him to squat lest he should fall; momentary blindness; choreiform movements of the extremities; limbs retracted towards the abdomen; instability of the limbs; vacillating gait." It is a remedy strongly recommended by our American *confrères* and which the allopathic school frequently employs. The homœopaths who have used it hitherto seem to have prescribed generally the lowest dilutions.

Finally there are two remedies, as yet too little studied, which, however, have already produced some results.

*Acidum picricum* is greatly vaunted by R. Valentine, who cites a case of cure obtained by this remedy (*vide Bibliothèque Homœopathique*, 1881-82). We, however, have not found in its pathogenesis any symptoms characteristic of sclerosis, and it needs then to be studied anew.

*Lathyrus cicera*, concerning which Dr. Leboucher and M. Blanc have recently published an interesting work, merits careful experimentation. Richard Hughes has said much of good in regard to it, and Dr. Althaus in a lecture on spinal sclerosis spoke of it at some length. This plant produces many symptoms referable to the medulla; weakness and trembling of the limbs, followed by a sort of stupefaction; later, almost total loss of power in the extremities. Pigs, as a result of eating it, drag their feet after them. This description, indeed, bears a relation to myelitis and to what has been formerly described as paraplegia, but it must not be forgotten that the *Lathyrus* acts also on the pneumogastric nerve since it produces wheezing respiration and suffocation. It is probable that when it shall have been more fully studied it will be found to act energetically upon other important nerves. In any event what we now know will suffice to demonstrate that we ought to think of this remedy when we have to treat tabes.

There remains another remedy, *Plumbum*, which corresponds in a high degree to a special form, disseminated sclerosis. It produces the anatomical lesions of this malady, the tremor, the paralysis and the muscular atrophies, and thus it is a very important medicine.

*Mercurius solubilis* ought also to be tried in disseminated sclerosis as well as in paralysis agitans, since it has among its effects: "impossibility to let the arm lie for any length of time in the same position, tremor and involuntary movements of the muscles." It ought to be thought of especially when there is any suspicion of a syphilitic origin to the malady.

Some physicians advise Alcohol, by reason undoubtedly of the tremor of alcoholism. It is a dangerous remedy, and it will not do to trust to its efficacy.

**Gelsemium in Professional Neuroses.**—In the *Monthly Homœopathic Review*, August, 1885, Dr. J. Galley Blackley contributes an article on this subject. He mentions a case previously reported by Dr. Hertzka, in *Centrablatt*, 1875, in which the patient, a pianist, had suffered from lassitude, wandering pains and weakness of both arms, more especially the right, the symptoms being so severe as to prevent his following his occupation for the last two years. Cold water and galvanism to the spine had afforded him only very slight relief. The patient was put upon Gelsemium, eight drops three times a day, and the symptoms rapidly vanished.

Dr. Blackley, after quoting the symptoms of the drug, as given in Allen's *Encyclopedia*, states the results obtained by Berger in experiments upon animals, and summarizes the views of Ringer and Murrel as to the action of the drug, and concludes this portion of his paper by showing the resemblance between the presumed *modus operandi* of Gelsemium and the modern views on the pathology of writers' cramp, which last, he says, may be formulated as follows:

1. Overwork of certain groups of muscles, usually acting quasi-automatically.
2. Hyperæmia, with excitement of nerve-centres, exalted function, spasm, neuralgic pains, tremors.
3. Passive congestion of nerve-centres, impaired function, motor paralysis.

He gives at length two cases, of which the following is a condensation:

CASE 1.—Dr. H——, organist and composer, æt. 60, of bilio-sanguine temperament, slight build, and highly-strung nervous organization, consulted Dr. B. in the spring of 1879 for a troublesome cramp of both hands and one foot, coming on while practicing the organ or piano. The first attack had come on six years previously, when he was run down from mental anxiety and overwork, at which time, there was chronic catarrhal dyspepsia and inability to sleep. As his general health improved, the attacks of cramp, which occurred four or five times a week when practicing, and in the right hand when writing, gradually ceased, and he was well for more than three years.

In 1879, a favorite daughter being seriously ill, and he himself being as before overworked, he was again subject to the cramps, the special symptoms being as follows: "Within ten or fifteen minutes after sitting down to the instrument some feeling of pain and stiffness manifests itself in the flexor muscles of the forearms, and gradually spreads to the fingers, and whilst evident at first only in florid passages, increases so much as to impair the execution of even the simplest compositions. The right hand suffers most, then the left, and frequently during pedalling, where the left foot should be crossed over the right, this movement becomes almost impracticable." The attacks recurred four or five times a

week. Merc. sol. was given for a week or ten days for the gastric trouble, and then he received Gels. 3x, one drop three times a day. The frequency and duration of the cramps gradually diminished, and in ten weeks had ceased altogether. One or two slight relapses occurring since were relieved by a renewal of the old prescription.

CASE 2.—Mr. X——, æt. 35, professional flute-player, of small physique and bilious temperament, complained October, 1884, of stiffness and cramp in the middle fingers of both hands when fingering. The symptom had been noticeable for four years past, and had increased somewhat of late. He had had a chancre ten years before, followed by secondary manifestations, but had no trouble from it since.

The stiffness and cramp of the middle fingers were accompanied by the sensation of swelling, and by a deep-seated dull pain down the centre of each forearm over the median nerve, which was somewhat sensitive to pressure. Cutaneous sensibility was unimpaired, the superficial muscles of the forearm and hand responded freely to electric stimuli; reflex irritability was apparently unaltered, and no tremors were apparent in any of the muscles even after continued effort. Patellar reflex and ankle-clonus were normal; gait normal.

The cramps were constantly present, with varying degrees of severity, but were always worse during the winter, and after long practicing of florid passages.

Gels. 1x, one drop three times a day, was ordered, with liberal diet and rest. Within a week, slight improvement was observed; it was very marked in three weeks, and in eight weeks he declared himself well. After six months he still continued well, with one very slight relapse relieved by the medicine.

**Naphthalin in Gonorrhœa.**—Dr. W. Albert Haupt, of Chemnitz, reports in *Allgem. Homœop. Zeit.*, Oct. 20th and 27th, 1885, an interesting account of a case of chronic gonorrhœa cured accidentally by Naphthalin.

The homœopathicity of the drug to the disease in question is shadowed forth, if not made evident, by the occurrence of symptoms of urethritis of a high grade, as given in an extract which we present in another column.

Dr. Haupt's communication is much too long for our pages, and we give a condensation: "In the beginning of January, 1880, a relative of mine asked me to cure him of gonorrhœa as quickly as I had done in the case of his brother, whom I had relieved of this trouble in three days with Nitric acid 2, after he had been treated unsuccessfully for five months by allopathic measures."

The patient, then 27 years old, is of light complexion, powerfully built, but of decidedly scrofulous habit. As a child he had had measles, whooping-cough, and scarlet fever, and after the latter he suffered for a long time with otorrhœa, and besides, he had an eruption on the face and

head, as well as swellings of the glands of the neck. In his 19th year he acquired for the first time a gonorrhœa, and in the next six years two other attacks, all three disappearing under allopathic treatment. In the spring of 1879 he got a soft chancre, which disappeared in 14 days under the local applications of silver nitrate. Evidently venereal manifestations remained. In July of the same year, while in Paris, he was again infected by gonorrhœa, which from the beginning must have been of a torpid nature, for the pain when urinating and during erection was but slight, while the discharge was profuse.

He was recommended by a friend to use matico capsules and matico injections. After he had done so for some days, there appeared an eczema, itching and burning so violently as to deprive him of his rest at night, first on the face and hands, and then over the whole body, as it had been once before from taking copaiva (the capsules contained probably a mixture of matico and copaiva). He ceased the treatment. On his return to Germany he went under the care of an old experienced allopath, and during three months received various remedies besides five different injections. Getting no better, he consulted a homœopathist, and he received Merc. sol. 3, Hepar sulph. 3, Thuja 6, and Sulphur 6 at varying intervals, with injections towards the last of the treatment. He now came to Dr. H. Examination of the penis showed a slight swelling and redness of the orifice of the urethra, with some sensitiveness on pressure in the region of the *fossa navicularis*. Upon gently pressing the member from its root forward, at the meatus a drop, yellowish-white in color, appeared, which, upon microscopical examination, showed a large amount of epithelial cells, pus-corpules, and gonococci. Enlargement of the inguinal glands was not observable. With considerable confidence Dr. H. prescribed Nitric acid 2, but without avail; in eight days he changed to Phos. 5, and subsequently Natr. mur. 6, Caps. 3, Nux vom. 3, Petrol., Hydrast. 3, Cannab. 6, and even Jenichen's high potencies of Sulph. and Thuja were given. Thereafter, at the patient's request, Dr. H. used an injection of Hungarian red wine, diluted with half and later with one-fourth of warm water, and finally he employed Schüssler's remedies, Ferr. phos., Kali. sulph., and Kali. phos., internally and as an injection,—all without result.

After four months' treatment under homœopathy, the patient went to Berlin to consult a celebrated specialist, who employed daily for a month medicated bougies, but without effect; he then ceased all treatment for two months, when he consulted a specialist in Vienna, whose efforts were no more successful than were his predecessors'.

The patient was attacked later with rheumatism in the back and left shoulder, and after the pains were relieved by the allopathic attendant, the old treatment was revived (cubebæ, etc., with astringent solutions as injection). In May, 1881, the patient, being in Paris, consulted Ricord, who prescribed tannic acid, internally and as an injection. Four weeks

of this treatment produced no result. In the spring of 1882 he had consulted a celebrated professor in Vienna, who, in spite of the patient's protestations, prescribed copaiva and injections of silver nitrate; the copaiva produced the same tormenting eruption as it did before. The patient now made up his mind to do nothing more.

Some time after, the patient's mother was cured by Dr. Haupt of a troublesome cough, which had resisted the efforts of the allopathic family physician, and very soon the patient himself applied for relief of a cough. Percussion gave no deciding indication, and on auscultation only coarse mucous rales were heard. While the doctor was hesitating between Tart. emet. and Ipecac., the patient was seized with a fit of coughing so like whooping-cough in character, that the doctor gave at once Naphthalin in the 3d decimal trituration, three times a day, the dose being a portion as large as a pea. The doctor naturally inquired about the old gonorrhœa, and was informed that the patient was not troubled very much, but that after any slight excess in drinking beer or white wine, and after coitus, frequent urging to urinate, with increase of the discharge, with some burning on urinating, would occur, together with increased redness of the lips of the meatus; these exacerbation-symptoms would pass away in from eight to fourteen days. The ordinary condition is that the lips of the urethra are glued together in the morning, and on pressure a drop of whitish fluid appears at the orifice.

Eight days after this consultation the patient returned to Dr. Haupt, stating that his gonorrhœa was cured, and he reported that after the 9th dose of Naphthalin 3, that is, on the fourth morning of treatment, the orifice of the urethra was not glued up, and that only after careful pressure could any discharge be brought out, and that was watery and colorless. The remedy was continued twice a day, and in a week the patient was well, no trace of the trouble remaining, and, up to the date of Dr. Haupt's communication, this case of gonorrhœa, cured purely by accident, has remained cured.

**Stibium (Antimonium) Arsenicosum.**—*By Dr. Mattes.*—Among the remedies which as yet await especial appreciation, Stibium arsenicosum is to be considered. It appears to be too little used hitherto by homœopathic physicians. The only homœopaths who have recognized its value are Fischer and Haarer, and to the latter I am indebted for a knowledge of the remedy.

Haarer says: "Stibium arsenicosum acts only upon the left side of the chest, upon the heart and left lung, in pericarditis, in left-sided pleurisy; in recent and old exudations; in desperate cases of left-sided pneumonia. Even in the stage of asphyxia it acts quickly and surely, but upon the right side of the chest it is without efficacy."

I have been using Stibium arsenicosum for a year, and have confirmed the indications given in general by Haarer, and also in one brilliant

cure, I saw that the remedy had a remarkable action on the right side, as under its use an old pleuritic exudation of the right side quickly disappeared.

Besides, I have seen, in catarrhal pneumonias of children where remedies were unavailing, rapid improvement and cure result from its use although in two cases the pneumonia was right-sided and of the most severe type.

CASE 1.—A sexton, aged 68. He had been already sick for three weeks with a catarrhal fever and was under the care of the village physician. I found the patient with a pale, drawn face, wasted away, lying in the dorsal position and suffering from great dyspnœa. He complained of considerable headache, stitching pains in the splenic region, dry tormenting cough and sleeplessness.

His fever was tolerably high, with sweating; pulse, 120–130, left-sided pleuritic exudation; percussion dulness reached in front up to the third rib, behind to two fingers' breadth above the lower angle of the scapula. On auscultation the inspiratory sounds were hardly audible. There was no friction sound, while in the upper portion of the lungs there was dry catarrh. The heart was displaced. The exudation-process had ceased. I gave Aconite and Bryonia for eight days. The headache abated, as did the fever and the cough in some degree; the exudation, however, remained unchanged.

I now gave *Stibium arsenicosum*, 1x trituration, 5 centigrams [ $\frac{3}{4}$  grain] *pro die*, and in eight days the exudation had diminished one-half. The patient breathed much easier. The fever appeared only in the evening, and in eight more days under *Stibium arsenicosum* not a trace of the exudation remained. His general state improved visibly, and there was left only some weakness which his age would explain.

CASE 2 was a woman, aged 40, who had been seized eight weeks before by an acute pleurisy and had been under allopathic treatment. In addition to high fever, violent cough, and dyspnœa, there was great emaciation.

Physical examination gave absolute flatness on percussion, extending up to the spine of the scapula behind and to the second rib in front, with absence of respiratory sounds below those limits. In the upper part of the right lung was a bronchial catarrh. Under treatment the patient was considerably improved within ten days, and under Sulphur the exudation materially lessened, but a sudden increase of dyspnœa and fever, with violent stitching pains in the splenic region, alarmed Dr. M., and *Stibium arsenicosum* was prescribed, .05 gram [ $\frac{3}{4}$  grain] *pro die*. In seven days the exudation had disappeared, the temperature was normal, and complete recovery soon followed.

CASE 3 was one of pericarditis with effusion, which disappeared in eight days under the use of *Stib. arsenicos.* 1x.

CASE 4.—A severe catarrhal pneumonia following measles, which had

been treated some time allopathically. The child, aged 4, lay in a soporous state with half-closed eyes, suffering extreme dyspnœa; the face and mucous membranes cyanotic; respiration and pulse hard to count; the skin hot and sweating, especially on the head; temperature 104°. There was great thirst; little appetite.

On physical examination were found in both lungs, but more in the right, numerous coarse mucous râles, with bronchial breathing in the lower portions laterally and behind. The lower right lung in the axillary line gave flatness on percussion for a space three fingers in breadth. In both lungs, below and behind, were small condensations and some serous infiltration. After treatment for three days with Phos. 3, Tart. emet. 3, and Carbo. veg. 30, without effect, Stibium arsenicosum 1x, 3 milligrams ( $\frac{1}{2}$  grain) in twelve hours, was prescribed. In three hours marked improvement was noticeable, and in eight days the child was well. Dr. Mattes continues: "After this case I had many opportunities of curing the most severe catarrhal pneumonias. . . . Since I have begun the use of this remedy I have not lost a case of this disease. . . . I may observe that the preparation is not always to be had pure."—*Allg. Hom. Zeit.*, condensed from Nos. 2, 5, and 8, 1885.

**Baryta Muriatica in Aneurism.**—Under this title, Dr. W. H. Howitt, of Ontario, in a paper read before the Toronto Homœopathic Medical Society, reports a case of aneurism in a patient aged 45, who had been under allopathic treatment for two years. The diagnosis had been concurred in by three allopathic physicians, and the treatment had been Iodide of potassium, with restricted diet, and perfect rest in the recumbent posture, for two continuous periods of six months each.

Growing worse, the patient, in desperation, tried homœopathy.

Dr. Howitt gives the symptoms in detail. He prescribed Baryta mur. 9th trituration, and enjoined the recumbent posture, with some care in diet. This treatment was continued for six months, except that at intervals of about five weeks, the remedy was dropped for several days, and a few doses of Sulphur, 6th, given as an intercurrent.

Improvement was noticed from the first. The tumor gradually decreased in size. The *bruit* became less and less distinct. The thoracic pain was, in a few days, relieved, and eventually disappeared altogether, and the area of pulsation, by degrees, grew smaller, and at length became indistinguishable. About the third month, an attack of bronchitis ensued, but without permanent disadvantage to the patient. At the end of six months, the patient was allowed to get up, as the symptoms were all gone except a slight murmur. Five months later, there had been no return of the symptoms.—From *Monthly Homœopathic Review*, November, 1885.



## NEW REMEDIES.

**Sizygium Jambolanum—A New Remedy for Diabetes.—**

This is a new remedy that has lately come into use for the cure of that *opprobrium medicorum*, DIABETES MELLITUS. Annexed, we give what we could learn of interest concerning this remedy.

“The fruit of *Sizygium jambolanum*, an East Indian plant, belonging to the natural order of Myrtaceæ, has recently been somewhat in demand on the Continent for use in treatment of diabetes. M. Banatvala has found, in three cases in which he has tried it, that its use led to a diminution in the amount of urine secreted, and that it caused the disappearance of sugar. The results were manifested in forty-eight hours after taking the medicine. During the time that the patients were submitted to the action of the drug, they could take amylaceous food with impunity. The astringent rind of the fruit seems to be the active part.” From *Homœopathic World*, February, 1885.

A similar notice of the drug appeared in the *British Journal of Homœopathy*, xli., p. 275, taken from the *Medical Record* of February, 1883.

“Soon after the appearance of the original notice a case of diabetes which I had under treatment, and which had hitherto been doing pretty well under the ordinary homœopathic treatment and a moderately strict diet, seemed no longer to make any improvement. The patient, becoming anxious, left me for a medical man who has a special reputation for diabetes. This practitioner put the patient under a very strict diabetic diet, and gave for medicine codeine in considerable doses. This did very well for some time, but gradually the codeine seemed to lose its power, and the strict diet became very irksome. The patient, a gentleman aged 64, returned under my care. I examined the urine and found a reduced quantity of sugar in it, but still some. On leaving off the codeine and stringent diet, the sugar immediately reappeared in considerable quantity. I had in the meantime procured from India a quantity of the *Sizygium* seeds or fruit, and as he was very anxious to try it, I gave him two or three doses daily of the 1x dilution, which I prepared myself. Under this treatment the quantity of the sugar diminished considerably, and, even though I allowed considerable liberties in diet, the sugar still continued to diminish, until scarcely a trace could be discovered by boiling with potash, and its specific gravity fell down to 1017. The daily and nightly quantity of the urine passed also fell very considerably. The case has other features which make it a very interesting one, but I need not dwell on these at present, as it is still under treatment. I only wished to show that *Sizygium jambolanum* has an undoubted power on the glyco-genic function, and to recommend it to others for trial in obstinate cases of diabetes.

“The fruit is brownish-black in color, of a French bean shape, but

rounder, about half an inch in length and one-sixth of an inch in breadth. It is extremely hard, almost as hard as *Nux vom.*, but can be pounded in a mortar to a fine yellow-colored powder, in which state it may be used either for tincture or trituration. . . . I did not observe that it caused any disagreeable or pathogenetic effects on my patients when given in the doses I have indicated."—Dr. Dudgeon, in the *Homœopathic World*, May, 1885.

In this country, Dr. Burt, of Chicago, tried it in a case of two and a half years' standing, with remarkable success, the sugar disappearing within less than a week after taking the remedy.—Reported in the *Clinique*, June, 1885.

**Antipyrin.**—The frequency of the reports in allopathic journals of clinical experiences with this remedy as an antipyretic is remarkable, and the following extracts are made with a view of giving to our readers a fair *résumé* of the results obtained, whether they were favorable or otherwise to the assumed reputation of the remedy as a controller of high temperature in disease.

Antipyrin is a synthetically prepared alkaloid, a derivative of Chinolin, prepared by Dr. Knorr, of Erlangen. It is a white or slightly yellowish crystalline powder, soluble in five parts of cold or three parts of warm water; it has a bitter taste, which can, however, be easily disguised with a little sherry or milk.

Dr. J. Holland, of St. Moritz, Switzerland, sends to the *Practitioner* a report of a series of cases, in which he used Antipyrin. In some prefatory remarks, he states that he has been forcibly struck by repeatedly observing the readiness with which the temperature of consumptives will rise from trivial causes. "A little exertion, a political discussion, an attack of indigestion, a slight fall on the ice which has caused neither pain nor apparent injury, an attack of toothache—any of these things, which to a person in health might mean nothing, often tend in the sensitive phthisical patient to start a degree of fever, which it is frequently difficult to suppress. Should the pyrexia continue for two or three days, we are almost certain to discover signs in the lungs of some fresh mischief; perhaps a little softening is detected over an area that had begun to dry up, or crepitation manifests itself in a part of the affected lung, where, after careful examination, it had not been noticed before."

"This fever, then, is the first and earliest symptom of lung change, and must, in my opinion, be immediately attacked. Besides rest, even to the extent of confining one's patient to bed, and careful dieting, one must have recourse to medicinal remedies. I have generally found the following useful, although sometimes one and all have been extremely disappointing: quinine, the various preparations of salicin, digitalis, aconite, kairin, and Warburg's tincture are the principal drugs I have employed, and I find they are more efficient when given in some effervescent form.

For the last eight months, I have been using 'antipyryn,' and certainly in my hands it has been more successful than all the other drugs put together. As my experience of the action of the remedy has been mostly in the pyrexia of phthisis, I wish to speak of it particularly with reference to its effect in this disease."

CASE 1.—A lady had been spitting blood, had a cavity in the left apex, with extensive softening around it, with a limited area of softening in right apex, with particularly troublesome cough and a remarkably persistent fever for which she had taken, during the previous two months, quinine without effect. Morphia and digitalis were now prescribed, but no change was effected, the night temperature being nearly  $103^{\circ}$ . On the next day, salicylate of sodium was given three times in 15-grain doses, but the temperature on the night following was higher,  $103\frac{3}{8}^{\circ}$ . The doctor then prescribed Antipyryn, 20 grains every three hours. The first dose was taken at 6 P.M., and in less than an hour the patient was more comfortable and less feverish; temperature,  $101\frac{3}{8}^{\circ}$ . At 9 P.M., just before taking the second powder, it was exactly  $101^{\circ}$ , and at 11.15,  $100\frac{2}{5}^{\circ}$ . Next morning, at 10 o'clock, temperature barely  $99^{\circ}$ ; at 3 P.M., it had risen to  $100\frac{2}{5}^{\circ}$ ; the patient described herself as being very comfortable. No alteration of the physical signs could be observed, no increased expectoration nor anything else to account for the fall in temperature, except the action of the drug. Antipyryn was continued. On the seventh day, she had a normal temperature, as it also was on the eighth and ninth days. The remedy was continued twice a day for four days longer, and once daily for about a week afterward. During this period she had only an occasional elevation of temperature, the highest registered being  $100^{\circ}$ . Her cough improved, the expectoration became less, and she was able to take carriage exercise. In a month from the time when first seen, she had gained three pounds in weight, the expectoration had become markedly less, and she only coughed in the mornings. The physical signs had improved in proportion, for the softening at the right apex had cleared up, and had conspicuously diminished around the cavity at the left side; the cavity itself showed signs of healing, and freer breathing was heard all over the left lung.

CASE 2.—A gentleman, æt. 34, was caught in a mist when coming down a mountain, lost his way for some time, got chilled, and was laid up with an acute attack of rheumatism. He had had rheumatic fever when 19, and been subject to subacute attacks ever since; so much so that he never travelled now without some powders of salicin (20 grains in each). I saw him the day after his misadventure; he had taken four of the powders, but they had done him no good. Temperature was  $103^{\circ}$ , and the pain in the joints was so great that I at once administered a hypodermic injection of morphia; moreover, I ordered 20 grains of Antipyryn every two hours, and a brisk saline purgative. Saw him five hours afterwards; his temperature was  $101\frac{3}{8}^{\circ}$ , the pain had considerably

diminished, the bowels had acted, and he felt better. I told him to take one of the Antipyrin powders every five hours only, unless the temperature showed a disposition to rise, when he might take a dose every three or four hours. I also advised a small dose of morphia, in case of much pain or sleeplessness. The next day his report was:

“Became restless after you left, owing to pain; temperature increased to  $102\frac{2}{3}^{\circ}$ , so I took another powder and a dose of morphia mixture, and slept for four hours. On awaking, temperature was  $101^{\circ}$ , the pain was diminished, and so was the thirst; took another powder, and had some more sleep at intervals. At 10 A.M., temperature was barely  $100^{\circ}$ ; made a fair breakfast, and took another powder.’ When I saw the patient at 11.30 A.M., temperature was  $99\frac{2}{3}^{\circ}$ , pulse 82, and he suffered no pain to speak of. I advised him to continue the Antipyrin, every four or five hours, and remain in bed. Next day, temperature was normal, the pain had disappeared, and from that time out the patient continued to have no bad symptoms, this favorable result being due, no doubt, to his taking one or two doses of the Antipyrin daily for some little time.”

CASE 4.—Acute tonsillitis; when first seen temp. was  $102\frac{2}{3}^{\circ}$ , and the patient was taking a mixture of quinine with guaiac. On the next day, temp.  $103\frac{1}{3}^{\circ}$ , and then Antipyrin was prescribed, 20 grains every three hours. In the evening, after two doses of the drug had been taken, temp. was only  $100\frac{1}{3}^{\circ}$ , but as the patient complained of sickness and vomiting, it was thought best to discontinue Antipyrin and substitute salicylate of sodium in 15-grain doses. On the next day the suppurating tonsil was opened, and a speedy cure followed.

CASE 11.—A lady who had spent fifteen years in India; her whole system was saturated with malaria; she was extremely anæmic; the paroxysms of fever were worse at St. Moritz than elsewhere, and Antipyrin utterly failed.

CASE 12.—A case of chronic phthisis, with a tendency to some degree of pyrexia, on some occasions the temperature being  $102^{\circ}$ . The patient had been accustomed to watch his temperature, and to take quinine and various other drugs when it was high. Antipyrin was prescribed, in fifteen-grain doses, and his report of the effect of the drug was as follows: “If certain sensations arise, which I know from experience to denote an approaching attack of fever, I immediately take one of the Antipyrin powders. Generally, within an hour or so, I feel much more comfortable, and if I use the thermometer my temperature is almost invariably normal, or at most one-fifth or two-fifths above. Neither quinine, nor any other drug that I have taken, has had such a soothing or beneficial effect upon me.” Since this remedy has been freely employed, the patient has been steadily improving, and for the last two months he has had scarcely any rise of temperature, and has not been using the drug. Dr. Holland adds: “I have administered

Antipyrin in other cases with great benefit. In conclusion, I can only say of Antipyrin that, in cases of chronic fever such as we have to deal with in consumption, it has no rival. Lately, in one of the medical journals, there was an account given of a case of poisoning by this drug after thirty grains had been given, and, if my memory serves me right, fifteen grains more after a short interval. Beyond the few symptoms of disturbance which I have related in my cases, and which were in no way serious, I believe fifteen or twenty grains may be given every four hours to adults without any fear of bad results."

Dr. K. Bettelheim, Vienna (*Med. Jahrb. d. K. K. Gesellsch. d. Arzte in Wien*, 1885), has observed the rapid and constant effect of Antipyrin in causing a lowering of temperature in curable and incurable cases. He observed this action of the drug in puerperal fever, pneumonia, typhus, erysipelas, otitis, peritonitis, catarrhal fevers, mastitis, diphtheritis, multiple lymphonata developing with fever, and rheumatism. Disagreeable effects were seldom observed; they were usually transient, and produced only after long-continued medication. Vomiting, paresthesia in hands and feet, itching in the nose, and decline of appetite, were noted more particularly. . . .

From experiments on the lower animals, he concludes that the lowering of temperature caused by Antipyrin is due to the dilatation of the skin bloodvessels. . . .

Maraglino's experiments (*Gazz. degli Osp.*, 1884, 72) lead to a similar conclusion. . . .—*Therap. Gazette*, November 15th, 1885.

**Untoward Effects Produced by Antipyrin.**—Strauss, of Barmen, published in the *Berlin. Klin. Wochenschrift* of August 31st, a case of serious results following upon the administration of Antipyrin.

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Before describing the case, Strauss mentions that in a Jena hospital the drug was used four times only, and that in two cases no antipyretic effect at all could be obtained, while in two others serious collapse ensued.

His own case was that of a typhoid fever patient, in the second week of hyperpyrexia. He gave Antipyrin in doses of 1 + 1 + 0.5 gram (15 + 15 + 7½ grs.), but as the temperature rose suddenly very high, he gave, following Filehne's instructions (the discoverer of Antipyrin), 2 + 2 + 1 gram (30 + 30 + 15 grs.). The consequences were of a most alarming nature, viz., collapse, subnormal temperature, small and intermitting pulse, irregular cardiac action, weak voice, and coldness of extremities. Besides these symptoms, Strauss noted a purpura-like eruption on the back and lower extremities of the patient, which, however, on the application of vinegar and water disappeared again.—*Therap. Gazette*, November 15th, 1885.

**Naphthalin in Intestinal Affections.**—Professor Rossbach has shown that Naphthalin possesses great advantages over other disinfectants in disinfecting the intestinal canal, since, by its slight absorbability, it remains mixed with the fæces even to the termination of the intestinal tube. It is used in the purest form, as perfectly white crystals, and is administered in powder composed of five grams each of Naphthalin and white sugar, flavored with three centigrams of ess. bergamot—the mixture to be divided into twenty powders (containing each nearly four grains of Naphthalin). It may be administered as an enema, in a mucilaginous vehicle. The doses as above may be given, five in the day or even up to twenty, in cracker or unleavened bread.

The indications for its use are the presence of infectious organisms, or putrefying matters in the intestinal canal.

Rossbach has employed it with remarkable success in chronic intestinal catarrh of adults (.5 gram to 5 grams in twenty-four hours), and in infantile diarrhœa (.1 gram every two hours).

In typhoid fever, administered in sufficiently large doses from the beginning of the disease, it exercises a remarkable influence on the progress of the disease, by eliminating the morbific agent from the intestines, and by opposing the continuation of infection.

In tuberculous ulceration of the intestines, .5 gram to 3 grams of Naphthalin may be given every day.—*Revue Méd. de Louvain*.

**An Objectionable After-effect of Naphthalin.**—The peculiar effect of Naphthalin, even of the purest specimen, upon the urinary secretion has been noted repeatedly by various physicians.

Dr. Pick, of Coblenz, calls special attention to this objectionable feature in the *Deutsche Med. Woch.*, No. 10, 1885, as expressed by a frequent and inordinate desire to urinate, and violent burning sensations in the urethra after micturition. In a 2½ years' child, suffering from chronic intestinal catarrh, five daily doses of 0.25 gram of Naphthalin were administered. After the twelfth dose the catarrh itself was improved, but the following untoward symptoms appeared all at once: violent desire to urinate, reddening and tumefaction of the external urethral orifice and œdema of the prepuce. As soon as the Naphthalin was discontinued these unpleasant after-effects of the drug ceased instantly.

Dr. Pauli, of Lübeck, reports in the *Berl. Kl. Wochenschrift*, No. 10, 1885, similar evidences of untoward symptoms caused by this drug. He treated five children, all affected with chronic intestinal catarrh, with Naphthalin (0.1 to 0.3 gram every 3 hours), and found the drug, though very effective, if persisted in, against the disease, still to produce what he regarded as a constitutional intoxication. The face assumes a pale-yellowish hue; the children either grow restless or lie quietly as if stupefied by a narcotic.—*Therap. Gazette*, October 15th, 1885.

## SELECTIONS OF GENERAL INTEREST.

**Lactic Acid in Tuberculous Affections of the Larynx.**—Prof. Mosetig-Moorhof, of Vienna, having employed Lactic acid in fungous caries, was encouraged, by the results obtained, to use the remedy as an application in other pathological states, particularly lupus and epithelioma. The effect produced in this class of affections was encouraging; the acid showed itself to possess the valuable property of destroying pathological tissues while not affecting the sound tissues surrounding or interposed, their epidermis being softened and readily detachable but the true skin remaining intact. This property gives the acid a great advantage over the caustics ordinarily employed which invade the sound skin at the same time with the diseased part.

The success of Mosetig induced Dr. H. Krause to use the same agent in tuberculosis of the larynx in a number of cases of diverse forms from infiltration or slight ulceration to deep ulceration in perichondritis with extreme œdema. Among these cases many treatments had been made unsuccessfully with ordinary applications, as iodized glycerine, boric acid, cocaine, etc. Dr. K. employed a 10 per cent. solution in the beginning, and as this was well borne he increased the strength of the solution to 25, 40, 50 and 80 per cent. and even used the pure acid. The strong solutions produced reactive symptoms lasting some hours, the application being made by a cotton or sponge holder. When examined afterward by the laryngoscope the redness and swelling were seen to be sensibly diminished, and where the stronger solutions had been employed a circular eschar was in most cases seen limiting the affected spot from the healthy tissues. After separation of the eschar a healthy sore remained; papillary excrescences diminished; the ulceration grew less and finally cicatrized; at the same time the dysphagia disappeared and the voice improved together with the subjective signs.—Condensed from *Bull. Gén. de Thérap.*, July 30th and October 30th, 1885.

A NEW method of treating lupus has recently been suggested by Professor C. Gerhardt, of Berlin, which may be said to be the direct outcome of the discovery of the bacillus of tubercle. Hitherto it has always been thought essential to use destructive measures in dealing with the disease, and whether by cauterization or by direct scraping out of the affected tissue the main object has always been the same. But of late years the presence of the tubercle bacillus in the lupoid patches has been constantly recognized, although in very small numbers. As many as twenty and thirty specimens have been examined by Professor Koch, before the bacilli have been seen. Taking this fact into consideration with the extremely slow progress of some cases of lupus, Professor Gerhardt is led to the belief that while the bacillus is at work as a principal factor in the disease, some other element must be present which prevents

the bacillus from spreading and multiplying with the rapidity which characterizes it elsewhere. He finds in the superficial situation of lupus and its consequent exposure to cold, the deterrent influence which hinders the spread of the micro-organism. Acting upon this view he has adopted a form of treatment whereby the influence of cold, by means of small ice-bags, can be constantly exercised upon the diseased surface, and he records some cases (*Deutsche Med. Wochens.*, No. 41) which would seem by their results to justify the line of treatment if not to prove the theory upon which it is founded. . . . —*Med. Times* (London), Nov. 7th, 1885.

**The Bacillus Tuberculosis.**—The *Brit. Med. Journal*, Nov. 21st, 1885, in answer to a request gives the following as the best method of detecting the bacillus tuberculosis in caseous nodules in the lung: "Harden in alcohol. Use Weigert-Ehrlich's solution: 100 parts saturated watery solution of Aniline, 11 parts saturated alcoholic solution of Fuchsin. Stain for 24 hours, wash for a few seconds in dilute Nitric acid (1 to 4). Wash in water; place in a strong solution of Methylene-blue for one hour; wash in water, alcohol, oil of cloves; and mount in Canada Balsam."

**A New Hæmostatic.**—Dr. Spaak, of Brussels, employs two parts of Chloroform to 200 parts of water as a hæmostatic in operations on the mouth and throat, and claims that the patients thus treated suffer but slight hæmorrhage. He also uses the chloroform water as a spray after excision of the tonsils. This chloroform water seems to close the open mouths of all small bloodvessels instantly.—*Med. Press*, Nov. 4th, 1885.

G. BIDIE, M.B., C.I.E., Deputy Surgeon-General, East Nook, Madras, sends to the *British Medical Journal* of November 28th, 1885, an account of a plant, *Pelargonium grossularioides*, the emanations from which, while agreeable in odor to most people, produce in others marked dyspnoea. This observation bears some relation to the effect observed by us in some cases of the powerful odor from many of the cultivated Geraniums, properly Pelargoniums, in causing a sense of dyspnoea—in such cases the sufferer found the odor extremely disagreeable as well.

**Treatment of Hyperæmia of the Liver.**—In this condition Dr. P. Jousset believes the remedies beyond all others to be Lachesis and Vipera torva. Those poisons are indicated by reason of the icterus and the hepatic pains which are produced as the result of the bite of these serpents, and clinical experience has shown the legitimacy of their employment. If Lachesis when given in a case seems to be without good result, Vipera is exhibited and amelioration is rapid under the influence of this treatment.—*L'Art Médicale*.



## ECHOES FROM THE NEW YORK CLINICS.

At a clinic held recently in Bellevue Hospital the lecturer stated that typhoid fever has been treated for the past two years in his wards without any antipyretic remedies, small doses of Aconite being given in some simple mixture, and at times small doses of Opium which he regarded as a stimulant in such conditions. The patients are fed simply and solely on milk, and are sponged every few hours. Under such treatment he said the results were admirable and better than he had seen in private practice. He strongly condemned the use of quinine after the disease is evident, as he as well as other clinical professors found that the exhibition of this drug in typhoid is attended by danger, the readiness with which complications appeared under its action being admitted. The milk used at present is a dilution of good condensed milk with water until the sp. gr. is 1030, a sp. gr. of 1020 being found by experience to be too dilute. The slightest variation from the regimen laid down is followed by relapse. Quinine has often to be used in the beginning before the disease has plainly asserted its individuality, since the difficulty in diagnosing typhoid in the early stage from a malarial fever is well known, and the curative effect of quinine in the latter condition is accepted.

\* \* \*

At a gynæcological clinic recently the lecturer exhibited cases in which operative interference had been undertaken for the relief of ill health by removal of diseased tubes and ovaries, and he had shown in previous clinics cases in which the operation for lacèrated cervix had been done. In all the cases mentioned the results had been, surgically considered, successful, for the patients made a good recovery from the operations, but—and this is the important point—the various conditions of ill health supposed to be dependent upon the local troubles and for which operation was advised were not relieved.

The lecturer further mentioned cases in which diseased tubes and ovaries had been present, and in which cures had resulted without operative interference, the patients in more than one instance having become pregnant and making a good recovery.

The lecturer stated further that while accuracy of diagnosis was of the highest importance, he felt that not enough use was made of therapeutic measures in attempting to cure gynæcological cases.

\* \* \*

A PROFESSOR of gynæcology, well known as an advocate of hot-water vaginal douches, after exhibiting a case of cystic degeneration of the ovary, warned his hearers against the use of hot water injections in such cases, for he considered that the development of a cystic ovary is hastened and favored by it.

A DISTINGUISHED surgical lecturer, when expatiating lately on the value of the endoscope, not only in diagnosing diseased conditions, but also in treating the urethra, referred somewhat scornfully to the practice of flooding the urethra in its whole length with injections in order to reach with a remedy a relatively small diseased portion of the canal. After showing his method of applying remedies through the endoscope to the exact spot requiring treatment, he turned to his audience and begged them not to view a diseased urethra as if it were the only thing to be attended to, as if the patient were simply an appendage to a urethra. He urged them in treating any organ, whether urethra, eye, ear, or throat, etc., to consider the patient as a whole and not to fail to elicit by examination and questioning every condition and symptom, no matter how trivial, which might have even a remote bearing on the more prominent affection.

\* \* \*

It was publicly stated by a widely known neurologist at his clinic that during the present season there has been what may be called an epidemic of chorea, and that he had lately had a fatal case of this disease, an experience hitherto unrecorded. In the case alluded to, remedies were unavailing. Arsenic, bromides, chloral, belladonna, and hyoscyamia ( $\frac{1}{100}$  grain doses) had been administered. The patient, a girl, died from asphyxia dependent on spasm of the muscles of respiration. As the lecturer is an allopath, his diagnosis—may not be questioned.

### NEW PUBLICATIONS.

**The Prescriber: A Dictionary of the New Therapeutics.**

By John H. Clark, M.D. Edin., Ext. Mem. Roy. Soc. Edin.; Physician to the London Homœopathic Hospital, and Lecturer on Materia Medica to the L. H. H. Medical School. London: Keene & Ashwell. New York: Boericke & Tafel. 1885. Pp. 187. 18mo. Cloth. Price, free by mail, \$1.25.

The author of this pocket book states that after seeing the power of remedies to cure according to the law of similia, he found difficulty in practicing the new system at once, since the works of Hahnemann and Hughes were not to be mastered in a week or a year. Other books there were in which, under the names of the various diseases, the names of the most appropriate medicines, with hints for their selection, were given; the hints were insufficient and often a list of remedies was given without any indications. In the absence of the last portion of the preface, by a binder's error in the copy before us, we are unable to give the further experience of the author, in his earlier efforts, and we suppose the present book to be the outcome of his own application and study of

the *Materia Medica*. Examination shows that it is not a mere rearranged copy of previous clinical manuals of homœopathic practice, and it bears evidence of careful study by the author in even remote corners of the domain of *Materia Medica*. We presume that the book is intended chiefly for those who are looking from the old school ranks for something better than their own scantily furnished armamentarium, and in this view the readiness with which the author recommends external applications may be condoned. As to the therapeutic portions a better idea may be given to our readers by some selections: In *acne simplex*, recent, in young persons, *Carbo veg.* 6 every six hours; if plethoric, *Belladonna* 3x every four hours; if pale, *Pulsatilla* 3x every four hours. More chronic, *Kali Brom.* 3x every four hours, and, further, *Sulphur* as an intercurrent. For *acne rosacea*, *Carbo an.* 3 or 6 every six hours. When connected with uterine derangement, *Hydrocotyle* 3x every six hours. With much redness and active irritation, *Rhus rad.* 3x or 6 every six hours. With blueness and tendency to chilblains, *Agaricus* 1 or 3 every four hours. Severe or inveterate cases, *Ars. iod.* 3x gr. ii, night and morning after food.

In *asthma* he prescribes during the paroxysm *Acid. hydrocy.* 3x, *Cupr. met.*, *Nux vom.*, *Acon.*, *Verat. vir.*, *Lobel.*, *Ipec.*, *Ant. tart.*—all low but with good indications. During the intervals he gives *Cupr. met.*, *Nux v.*, *Ars.*, *Sulph.*, according to the indications—all in the 3d. *Epilepsy*, recent, *Kali cyan.* 3, *Bell.* 1, *Cic. v.* 3, *Ceanth. croc.* 3, *Ign.* 1 or 3, *Stram.* 3, *Op.* 3, *Arg. nit.* 5. In chronic *epilepsy*, *Calc. c.* 6, and *Bell.* 3, *Sil.* 6, *Op.* 3, *Plumb.* 3 or 30, *Act. rac.* 1. We are greatly pleased at the absence of *Kali brom.*, which many homœopathic writers recommend, as we have long considered it to be only antipathic to the disease.

In *nymphomania* the author recommends *Hyos.* 1, *Origanum* 3, *Plat.* 6, *Stram.* 1, *Tarent.* 3; and in *satyriasis*, *Ac. picr.* 3; with local irritation, *Canth.* 3x, and in purely nervous cases, *Phos.* 4x; if in alcohol drinkers, *Nux vom.* 1.

In *hay asthma* he prescribes first of all *Sabad.* 3x, with local application of the same to the nasal mucous membrane. In chronic *myelitis*, *Ac. oxal.* 3x. In chronic spinal paralysis, *Plumb.* 6. In chronic *Bright's disease*, *Ars.* 3x and *Ferr. mur.* 1x, to be given every four hours during alternate weeks immediately after food. In granular degeneration of the kidney, *Plumb. met.* 6.

We regret to see that *Quinine* is advised as a prophylactic against intermittent fever, and that in simple acute agues the author does not individualize his cases until after the failure of *Quin. sulph.* 1x in three-grain doses every four hours; then, he gives indications for *Ars.*, *Cedron.*, *Caps.*, *Eupator.*, *Ipec.*, *Natr. mur.*, *Puls.*, *Verat. alb.*, and *Apis*, while in the malarial cachexia, if the spleen be painful and enlarged, *Ceanothus* 1 is recommended.

An occasional error in proof-reading is observable. *Camocladia* appears twice in one line (under ulcers) instead of *Comocladia*, and, under whooping cough, *Dios.* evidently ought to be *Dros.* Under necrosis of bone, it is stated that *Silic. 3* is to be *attenuated* with *Phos.*—of course the word should be *alternated*.

The faults of the book are in the main those resulting from the purpose for which it was compiled, but we think that even old prescribers in our school may find it of service, and we believe it deserving of a wide circulation.

**A Cyclopædia of Drug Pathogenesis.** Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part I. *Abies-Agaricus.* Part II. *Agaricus-Arnica.* London: E. Gould and Son; New York: Boericke and Tafel. Price, \$1.50 per part, free by mail.

In attempting a criticism of a work of the magnitude and importance of this cyclopædia we must first consider the reason for its projection and acquaint ourselves with the rules by which its editors have been governed in discharging the duties they have undertaken.

The scattered pages of homœopathic provings of drugs, through journals, monographs, proceedings of medical societies, etc., had been for many years a bar to any deep knowledge of our *Materia Medica.*

The best single collection of drug symptoms which we had was *Jahr's Symptomen Codex*, and this having been long out of print was not attainable by physicians. The call was repeatedly made for a new *materia medica*, and when in answer to this call a homœopathic publishing house announced its intention to reprint *Jahr* they were met by a protest from many of the best men of our school. To one of these the house in question made answer, "Well, give us a new *materia medica* and we will publish it." This challenge was accepted, and thus arose the ten volumes of the *Encyclopædia of Pure Materia Medica.* In that great work have been included all published provings that were attainable. Neither the magnitude of the work nor the conditions under which it was done saved it from sharp criticism, and the objectors could be almost classified in groups; some saw no value in it because it admitted provings made with potencies, others found fault because it omitted provings of the *lacs*, etc., others still, believed it untrustworthy because it rejected purely clinical symptoms, and so on. That it did contain errors no one admitted more readily than its accomplished editor, and he has in more than one published study endeavored to correct them.

Some of the opponents were persistent and earnest, and those who demanded a revision of the *Materia Medica*, a sifting out from its pages of unworthy or incorrect symptoms, were tireless in their efforts to prove that the *Encyclopædia* is a mass of ill-digested observations concerning

the action of drugs, in which the true cannot be separated from the false. After some years the two National Homœopathic Societies, of this country and Great Britain, agreed to a joint scheme for the revision of our *Materia Medica*; and the outcome of this arrangement is the appearance of *The Cyclopædia of Drug Pathogenesis*.

This work, then, was begun after the ground was well broken by Dr. Allen, and the rules which guided the editors and their collaborators in their labors are as follows:

1. Give the scientific name and synonyms of each article and its natural order.
2. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as their completeness allows.
3. Give, in describing virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.
4. Give the results of experiments on the lower animals, where of value, generally in abstract.
5. Trace all versions and copies to their originals, and verify, correct, or reproduce therefrom.
6. Include, as a rule, no drug that has not shown pathogenetic power in two or more persons.
7. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.
8. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.
9. Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below.

Let us take these rules under examination, *seriatim*. Of course, no fault can be found with the first. In the second, giving the symptoms in the order of their occurrence is of value in presenting a picture of the action of the drug, but certainly is inferior to the schema of Hahnemann for the practical application of therapeutics. By rule three only selected cases of poisoning are given "when they properly illustrate," etc. Now, we are of opinion that the function of a cyclopædia of drug action would require not merely a proper illustration but every symptom produced by a drug, omitting duplications only. The results of experiments on animals are certainly of value and should be put in small type. The tracing of all versions to their originals is a rule which cannot be too highly commended. Rule six is, we think, entirely improper, since it would omit a drug if proved only by one person, or most valuable symptoms produced by a single individual. As to rule

seven we are inclined to support its advisability yet we are aware that symptoms produced in the sick have proved of great service in practice. The first half of rule eight will not, we think, be objected to by any one, but its second half, if we read it aright, may throw out valuable observations, since the absence of a clear reflection of the pathogenetic influence of a drug may itself be a symptom worth noting. Finally the rejection by rule nine of all symptoms reported as coming from attenuations above the 12th decimal unless when in accord with symptoms from lower attenuations will be judged by practitioners of our school according to their prejudices or the reverse concerning attenuations above the 12th.

If the work under discussion be performed strictly according to the rules laid down, criticism of the latter will for the most part include criticism of the result itself, since it is difficult to suppose that the editors aided by Drs. Drysdale, Dudgeon and Pope, in England, and C. Wesselhoeft, Farrington and Arndt in this country, would fail in earnest effort to produce something worthy of homœopathy and of themselves.

The editors invite criticism with a view to making subsequent issues more acceptable, and we reserve for a future occasion examination of some of the remedies in detail.

**American Medicinal Plants.** An Illustrated and Descriptive Guide. By C. F. Millspaugh, M.D.—We have received the third fascicle of this important work, and after a patient examination of its numbers find them, with few exceptions, deserving of the highest praise. These few exceptions we will endeavor to point out, not by way of fault-finding but rather with the idea of stimulating the author and artist to continue in the same line of almost perfection. Taking for criticism some of those plants which have been repeatedly under our own observation during the past four summers, we find *Æsculus hippocastanum* to be well done both as to coloring and drawing, but we think that the value of the plate would have been greater had one of the leaflets given in outline been shown in its natural color. *Cornus florida* with its flower-like involucre shows well, as does the much disliked *Lappa officinalis*. We are unable to see any fault with the plate of *Phytolacca decandra*, nor with that of *Populus tremuloides*, but here again at least one of the leaves given in the background should, we think, have been colored. *Lobelia inflata* is well done, its dingy green being as near nature as it is possible to depict it, but *Plantago* is in our opinion too pale in color, and to a less degree the same remark will apply to the plate of *Fragaria vesca*. *Eupatorium perfoliatum* is admirable in its execution, and we cannot find fault with the absence of the white effect of the cymose flower-heads since this can hardly be shown when printed on white paper; *Eupatorium purpureum* although well done could be improved by showing a whorl of leaves of the natural size.

We have spent some time in comparing Lochman's photographs with Dr. Millspaugh's colored plates. Lochman's *Drosera rotundifolia* is certainly a beautiful specimen of botanical photography, and, although Dr. Millspaugh's coloring of the leaves in his *Drosera* seems to us somewhat incorrect, still we think the palm of excellence must be given to him. Lochman's example of *Datura stramonium* is one of the best in his series; it contains a leafy branch bearing two perfect flowers and one spinous pod. The posing was well done and the flowers and leaves stand out with almost stereoscopic effect. In Dr. Millspaugh's, the flower does not look as fresh, so to say, for its delicacy of texture which appears so well in the photograph is here marred by the shading of the folds, and the absence of the echinate pod from the plate is a serious omission, as this is so characteristic of the plant; in other respects, especially in the coloring and texture of the leaves, Millspaugh still is ahead. In *Verbascum thapsus* Dr. Millspaugh does not do well, not through any fault of his but rather owing to the limitations of his art. For the one thing which even the most casual wayfarer will recognize in *Verbascum* is its woolliness both to the eye and to the touch, and it seems to us that this effect cannot be rendered on white flat paper; photography might help here, for in *Salvia officinalis* the downy leaves and stems are given by Lochman with a good result.

Of the letter-press accompanying the plates we can only repeat the commendations elicited by the previous fascicles, and we are glad that a work showing such labor and scientific research has been produced by one of our own school. The accents as given on the plates are incorrect in three instances; as, *Hippocástánium* should be *Hippocéstanum*, *Cimíeifuga* should be *Cimicéifuga*, and *Plántago* should be *Plantágo*.

We have thus at some length gone over this fascicle of Dr. Millspaugh's work and have set down all that we could find deserving of even slight blame, and with the small showing of defects thus made we can cordially recommend the work not only to physicians but to every lover of botany as well.

**An Abbreviated Therapy. The Biochemical Treatment of Disease.** By *Dr. med. Schüssler*, of Oldenburg. Twelfth Edition. Partly Rewritten, with an Appendix containing Clinical Histories. Translated, with the addition of a Repertory, by *J.T. O'Connor, M.D.*, late Professor of Toxicology and Materia Medica in the New York Homœopathic Medical College. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1885. 12mo., cloth, pp. 94. Price, \$0.90.

The twelfth edition of Schüssler's *Biochemical Treatment of Disease* has been considerably altered in many important particulars. When the publisher acquainted the author with his intention of issuing a new translation, he was advised to await the forthcoming of the new edi-

tion on account of the important changes made. This new translation contains everything exactly as given by Dr. Schüssler, and in addition thereto a succinct repertory. We are particular in emphasizing this fact as another translation published in England had taken some liberties with the work, especially in suppressing the word Homœopathy whenever it occurred. In Schüssler's own appendix cases are given as having appeared in various journals of our school. The selections from Herschel's "Zeitschrift für homœopathische Klinik" are credited in the English translation to the "Clinical Times;" *Versammlung Homœopathischer Aertzte*, as Schüssler wrote it, is made to read, a Meeting of Medical Men; *Verhandlung des Vereins homœopathischer Aertzte des Rheinlands, etc.*, is given on one page as, reports of a Medical Congress,—on another as, archives of Medical Men—and so on.

The translator did his work carefully and conscientiously, the only drawback being the absence of a table of contents or index, an omission which can readily be added on a page or two. The biochemic remedies are steadily gaining ground, and they have stood in the breach in many an apparently hopeless case.

A. J. T.

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#### OBITUARY.

THE death of Prof. E. A. Farrington, which took place on December 15th, 1885, is a loss to Homœopathy. His long connection with the *Hahnemannian Monthly* as contributor and editor, and his services as professor in the Hahnemann Medical College of Philadelphia, made him widely known among homœopaths, and the respect gained for him by his earnest work in the lecture-room and at the desk, expanded into affectionate regard of his brother physicians whose good fortune it was to meet him at the gatherings of the American Institute and of the State and County Societies.

Dr. Farrington was born at Williamsburg, Long Island, January 1st, 1847. He received his education in Philadelphia, graduating from its High School in 1866, when he immediately began the study of medicine, taking his diploma in due course from the Hahnemann Medical College. His abilities were at once recognized, and soon afterward he became an instructor in the same institution, and was later made Lecturer on Forensic Medicine. For one year he was Professor of Special Pathology and Diagnosis, and in 1874 he became the Professor of *Materia Medica*, on which subject his contributions to the pages of the *Hahnemannian* showed a deep knowledge of his subject as well as a masterly power of analysis.

Prof. Farrington, after a twelve months' illness, succumbed to Malignant Lymphoma.

His colleagues in Philadelphia will, we are sure, feel keenly and for a long time the loss of his manly and genial presence.



## PUBLISHERS' DEPARTMENT.

IN THE HOMŒOPATHIC RECORDER we propose to continue to give from time to time such items of information in homœopathic pharmacology as we think will be of interest to our readers.

On our announcing that the sixtieth would be the last number of the *Bulletin* published, we received so many requests for missing numbers of the *Bulletin* from those desirous of having them bound for future reference, that we take this opportunity to state that our whole stock of back numbers,—lacking only three or four, out of print—is at the service of our readers, and any numbers desired will be forwarded to applicants by return of mail, as long as our stock holds out. All we expect is that the writers will enclose return postage. Address us at 1011 Arch Street, Philadelphia.

**Crotalus Horridus.**—Rattlesnakes are quite frequently met with in the Blue Ridge and the Alleghenies, and hunters boasting of their achievements in dispatching these venomous reptiles are not rare. But let anyone endeavor to obtain living specimens and he will meet with considerable difficulty.

Our stock of the triturated poison running low, we set about to replenish our supply. We made repeated applications to ye boastful hunters of the northwestern parts of the State, but without success; while full of promises none of them kept his word, although we offered a tempting price. They seemed to make quite a distinction between killing the "critters" and catching them alive. We finally succeeded in obtaining some fine specimens through the intervention of the superintendent of a zoölogical garden.

Just twenty-one years ago the writer had assisted the late lamented Dr. Constantine Hering in depleting several rattlesnakes of their poison and so we set about it in a similar manner. The snakes were in wooden boxes the tops of which were covered with wire-netting. Chloroform was applied, the boxes covered up, and after a short time the snakes lay motionless, whereupon their heads were severed from their bodies with a sharp chisel. After the convulsive movements had ceased the fangs were tied in such a manner as to protrude outwardly from the upper jaw, and then by pressing on the poison-bags, situated between the eye and ear, the virus, passing through ducts within the teeth, slowly dropped from the points of the fangs. It was of the consistency of thin honey, and of an amber color. Sixty-three drops were obtained. It was dropped on purified milk sugar and immediately triturated *lege artis*. A. J. T.

**Verbascum, or Mullein Oil.**—Early in 1885 we received an order for "mullein oil," such as was recommended by Dr. A. M. Cushing, in

an article published in a western journal. Never having heard of it before, we wrote to the doctor, and, with characteristic promptness, his reply came by return of mail as follows:

MESSRS. BOERICKE & TAFEL, NEW YORK: The article to which you refer was in the *U. S. Medical Investigator* some three months since, I think, and there is no oil used about it. It is made by picking the *mullein blossoms* and putting them in a junk bottle dry, with nothing with them, corked tight and hung in the sun for four or five weeks. By that time there will be an oily liquid distilled,—two or three ounces from one quart of blossoms. It is not really an oil, but a dark liquid, smelling very much like black snuff scented with rose.

The history of it is this: My father's house was the home for all poor tramps, as well as ministers, etc. He fell into the river, got water in his ears and was quite deaf for months. A blind man called, heard loud conversation, asked the cause, etc., then said for kindness received he would tell us how to make something that would surely cure him, and it was worth a thousand dollars in New York city. We made the oil, put it in his ears at night, and he was well in the morning. For years we kept a bottle of it, and it travelled all around the towns and did wonders. That was when I was a youngster. When I studied medicine, or when I was practicing, I wanted to know if it was homœopathic, and made a proving, and developed the symptoms of almost constant but slight involuntary urination, keeping my pants wet.

I did not make any this past season, and have divided till I have but a little, half-and-half alcohol, left. I could spare a little of that, and next season, if I live, will try and make a quantity.

Respectfully yours.

A. M. CUSHING.

In the article in the *Investigator* of July 19th, 1884, the doctor reported the following case: "A young man, aged about seventeen, had never slept away from home, as he always wet the bed. The best of old-school doctors had failed to cure him. One prescription of *Mullein oil* 3d cured him in three weeks, and he remained cured."

The letter was received in January, 1885; hence, was not immediately available. But as soon as the *Verbascum* was in bloom we made some of the "oil" *lege artis*, and then mixed it in equal proportions with alcohol. We did not get much more than an ounce from a quart of flowers. We had occasion to verify its effectiveness quite recently. Little Walther T., æt. 6½, was subject to periodical attacks of otitis, lasting, generally, from four to five days and nights, accompanied with slight flux from the ear. *Pulsatilla*, followed by *Tellurium 30*, generally quieted him, but these attacks were followed by an annoying deafness, which would last from three to four weeks. Walther was taken with another attack early in November, about 1 A.M., and in the morning was still suffering. We procured some of the "*Verbascum oil*," poured four or five drops into his ear, and within a few hours the boy was as lively as a cricket and without a trace of the usual deafness. A. J. T.

**Lachesis.**—In Number 57 of the *Bulletin* we gave an account of how the first Lachesis poison was obtained by Dr. C. Hering in 1832, while in Surinam, and that the two drops then secured constituted the whole supply till 1868, when a fresh supply was obtained by Paul Liebe, successor to Carl Gruener, in Dresden. The two snakes then obtained were sent over to Philadelphia in the same year, together with part of the poison obtained from them, and Dr. Hering identified them at the time as being the true species. The original snake obtained in 1832 was subsequently presented by Dr. Hering to the Museum of Natural Sciences in Philadelphia. Of the two other snakes, one was presented to the Museum of the Homœopathic College, in Philadelphia, and the other is still in our possession.

The third centesimal trituration has been furnished by our firm ever since 1868 at \$1 per ounce, and we have an ample supply for many years to come.

Our reason for repeating all this is to be found in the following letter from our friend and patron Dr. A. C. Clifton:

NORTHAMPTON, December 12, 1885.

MESSRS. BOERICKE & TAFEL.

GENTLEMEN: I think there is a very general impression in this country amongst the profession that the original supply of Lachesis is exhausted, and that there has not been a fresh and genuine supply obtained.

Several instances have occurred to me of medical men who have complained that they have not been able to obtain any under the 6th centesimal. I have in these cases given them some of what I obtained from you nine years ago—and I have always had a good report from them of its action. I have used the attenuation I had from you, and higher attenuations made from that one—many hundreds of times—and I may say with eminently satisfactory results.

I do not know how you obtained the fresh supply, but as you testified to its genuineness, and Dr. Hering assured me it was genuine, I used it on such testimony, and with the results that I have named. I cannot well call attention to it in our Journals lest the chemists might think I am interfering with their business, but if you can make known in your circulars, or by other means, that you can supply the article, I think it would be well to do so.

Yours respectfully,

(Signed) A. C. CLIFTON.

WE LEARN that the third volume of *Arndt's System of Medicine* may be looked for in February next.

F. E. BOERICKE will also shortly issue a treatise on Vaccination, by Dr. Winterburn.

THE same author has, we hear, completed a new Repertory, which is promised early in spring.

Millspaugh's American Medicinal Plants.—The third fascicle has been issued and is received with great favor, as the following letter will testify:

PEABODY ACADEMY OF SCIENCE, Salem, Mass., January 5, 1886.

MY DEAR SIR:

I received this morning from Messrs. Boericke & Tafel the third fascicle of your *Medicinal Plants*, for which I am very grateful. I consider it, as a work of art, excellent; and as a work adapted to the wants of the medical faculty, of great value. To the botanist it is a very able contribution as a scientific treatise, and well adapted for use as a botany in the public schools, as I am of opinion that the chemical properties of plants should be taught to the beginner as well as to the advanced student.

The plates are a great improvement over those in the first fascicle.

I am, very respectfully, yours,

J. H. SEARS.

To C. T. MILLSAUGH, M.D.

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This is the first of a series of volumes which it is the intention to publish as fast as, with due care, they can be prepared for the press.

THE  
HOMŒOPATHIC RECORDER.

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VOL. I.

PHILADELPHIA, MARCH, 1886.

No. 2.

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DISEASES OF REFLEX ORIGIN.

WITHIN the past few years clinical investigation has brought to light many unsuspected causes existing in one portion of the body, of disorders in other parts. It has long been known that some headaches, generally in the occipital region, may be dependent on uterine troubles; while there are few physicians in active practice who have not seen some connection, clinically, between the uterus and the mammary glands. A similar connection between the testicles and the parotid has been explained on the hypothesis of metastasis, or, when that idea was not acceptable, as sympathetic simply.

It is not very long ago since the journals contained accounts of abscission of the prepuce, and the statements of cured neuroses, by such means, caused many a prepuce to be sacrificed. Lately, however, there seems to be a regression in this special practice, for the number of times in which the operation of circumcision has been performed in vain, with the intention of relieving nervous ailments, has so increased, that the operation is falling into disuse, and, besides, when done in infancy, it is stated by one prominent surgeon, at least, to be the cause of a narrow meatus, and, consequently, of the subsequent evil effects of the latter.

The number of disorders of one part which cause or are caused by diseased conditions in others is rapidly increasing, and it is difficult to say whether, in course of time, any disease may not be the result of reflex influence from a distant portion of the body. The dependence of spasmodic asthma, recurrent bronchitis, laryngeal cough, etc., upon nasal polypi, turbinated hypertrophies and other nasal affections seems to be, in many cases, well established, and very lately, in a society meeting, a list of cases was read in which deteriorated vision, with asthenopic symptoms, was only relieved by the cure of existing uterine derangement. In November of last year a prominent eye surgeon read a paper

on "Reflex Ocular Symptoms in Nasal Affections," in which he states that during the past two years, he has treated more than two hundred cases in which he referred the symptoms to nasal disease; in these there were increased vascularity of the conjunctiva, ready lachrymation upon slight provocation, burning and smarting sensation of the lids or of the eyes, inability to fix an object in ordinary daylight. Three-fourths of his cases remained under observation long enough\* to establish the inefficacy of local and general treatment, and to determine the positive efficiency of nasal treatment in spite of the absence of nasal symptoms. He says, why the nasal condition should give rise to ocular symptoms in some persons and not in others it is difficult to explain. "It may be due to a special irritability of the terminal nerves of the nasal mucous membrane; it may be due to a special neurotic tendency on the part of the individual."

In January of the present year a paper was read upon "The Respiratory Neuroses," in which the author remarks: "Irrespective, however, of any nasal disease, there must be, at last, a special *personal susceptibility* on the part of the individual, in order that the reflex phenomena be produced. Of course the intra-nasal morbid condition may develop or accentuate this susceptibility, but the fact remains true, since we are frequent observers that numerous individuals suffer from nasal disease of different kinds, and yet are never affected by any reflex trouble which we can properly attribute to them. The only way in which we can avoid error is to search carefully for other cause or causes of these reflex neuroses, and when none are discovered, then and then only we should admit the nasal origin of the neuroses, and institute treatment in accordance with it."

The remarks thus given by two writers are in the true vein, and we, as believers in the law of similia, cannot give them too great heed, by prescribing for our patient as a whole, as an individual. Remedies chosen strictly according to the method of Hahnemann will—we have seen them do so—relieve and cure the reflex disorder as they also will relieve and cure the determining affection and change the special personal susceptibility. From these recently learned facts we can also gain help in prescribing, for while examining every case of asthma, laryngeal affection, etc., for a possible reflex cause, we will be admonished of the positive necessity of meeting all the symptoms by one remedy, rather than resort to the doubtful expedient of alternating.

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IN Echoes from the New York Clinics it is our intention to place prominently before our readers, observations from the most advanced men of the old school, which have a bearing upon our views as to the causation of disease and the best method of cure. In our last issue the reports showed views strongly supporting the position taken by homœo-

paths, from Hahnemann down to the present time, as to the inutility of attempting to cure a diseased individual by removing some of the results of his disease, and also the confession that not too much reliance is to be placed on surgery. In the present number our report shows a greater care in administering drugs in nervous disorders, admissions as to the reaction left after the use of remedies (from which a philosophical mind ought to see the logical impregnability of the homœopathic position in therapeutics), and a frank avowal of the evil results of the excessive and indiscriminate use of bromides in epilepsy, against which homœopaths have been writing and teaching for years.

### HOMŒOPATHIC THERAPEUTICS.

#### Involuntary Proving of Iodine by External Application.—

*By Dr. O. Buchmann.*—Physiological provings of remedies on man appear so seldom in the later German medical literature, that it is really a pleasure to meet one, even under another name, in the pages of journals of university medicine. Poor dogs and other animals have, indeed, been poisoned enough, but have, as yet, given results of little use in practice.

When we review the work of Hahnemann and his pupils, when we consider the diligence with which our homœopathic colleagues in the United States have continued their provings through which so many gaps in our therapy have been filled, it is evident that we, in Germany, have not kept pace with them. . . .

Dr. Lorentz, Assistant Physician at Militsch, publishes in the *Deutsche Med. Wochenschrift*, No. 45, 1884, as a peculiar case of Iodine poisoning the following proving, and I consider it proper to record, as a part of our *Materia Medica*, the symptoms which he observed after its external application on himself.

On May 16th, 1884, at 6.30 A.M., he painted three times in succession the back of the right hand and arm with Tinct. Iodini, in a space as large as the palm of the hand, for an insignificant sprain. From 6.45 till 7.30 he kept in the open air; afterwards, while sitting in his room, he observed the sudden appearance of a violent coryza, with lachrymation and pressing pains in the eyes, soon followed by violent cough and tendency to vomit, together with difficult, almost wheezing, respiration, feeling as if the larynx was constricted externally, and great lachrymation. His feet now began rapidly to swell, so that he could no longer bear the pressure of well-fitting boots, and upon their removal he saw that the soles of the feet were considerably swollen, and walking was, in consequence, extremely painful. Slight feeling that his head was not right. After half an hour the coryza, lachrymation, and cough had completely ceased. Temperature 37.3° C. Pulse and cardiac impulse now decreased in force.

At 9 A.M. a slight fainting fit, which soon passed away. Heart sounds very weak, but without any accompanying friction sound or murmur. The apex beat and pulse could not be felt. He had no longer complete control of the tongue, as was shown by stuttering and the production of sounds other than those intended. He also heard slowly, so to say, as he required some time to get a clear understanding of what was said to him, in order to answer, as well as to give expression to the answer.\*

He lay upon his bed, and when, feeling better, he left it to walk about the room, there was momentary vertigo, followed by complete loss of consciousness; on coming to, there were convulsive movements of the arms and legs, and the head was drawn backwards. After the motions had ceased he returned to bed, as on standing up once more he experienced the feeling of an approaching attack of vertigo.

Coryza, cough, and lachrymation had disappeared completely, and there was a slight frontal headache and a violently itching iodine-exanthem. Temperature  $37.2^{\circ}$  C. Pulse could not be felt.

Soon after, profuse sweating came on, lasting for about a quarter of an hour, whereupon the itching and headache passed off and extreme weakness followed.

Another fainting fit occurred lasting an hour (the former one continued forty-five minutes), leaving a dull pain in the occiput. After taking some Hungarian wine the heart could be faintly heard and felt. At 4 P.M. the pulse was quite weak, and with long intermissions; at 6 P.M. it was 124 to the minute, and at 8 P.M. 100.

On the second day there was only weakness after a restless sleep. Slight attacks of vertigo on rising. Temperature normal. Pulse 76 to 80.

The third day was passed out of bed. The exanthem had disappeared. On the two following days during the morning, on any quick change of place, and especially on quickly standing up from sitting, there occurred a momentary slight vertigo.

On the afternoon of the fifth day he was in his usual good health.

The foregoing proving of Iodine is a valuable one for our *Materia Medica*, because the heart symptoms obtained by this prover have not been hitherto produced in this way. . . . When we consider that in the foregoing case only an imponderable quantity of Iodine could have gotten into the body, it is evident that in susceptible individuals different agents acting through the skin have a more energetic effect than if given in larger amount by the stomach.

The rapidly resulting swelling of the soles of the feet in this proving is very surprising; I explain it by a regional irritation of the vaso-

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\* Evidently the centres for auditory memories of words, and for the motor mechanism of speech, were affected so that the condition was a beginning motor and sensory aphasia.—Ed. H. R.



motor nerves, which has been observed in earlier provings to go along with irritation of the sensory and motor nerves.\*

When the foregoing symptoms, obtained by the use of Iodine, are combined with those hitherto known, we get a picture of disease entirely similar to that of endocarditis, in which we perceive symptoms by physical examination, that at times are wanting in this affection. Kafka's recommendation of Iodine in this disease is thus completely vindicated, more than that of Spigelia, whose symptoms have reference more to pericarditis. In the meeting of the Saxon-Anhalt Society in Magdeburg, I have already reported that I had the good fortune, in some cases, to remove completely by the continued use of Iodine for a long time, valvular affections following endocarditis.—*Allg. Hom. Zeit.*, Bd. 111, No. 4.

**Tobacco and Tetanus.**—*By Dr. Marc Jousset.*—In the article on Tobacco, in *Le Dictionnaire Encyclopédique des Sciences Médicales*, Dr. Pecholier reports, à propos the acute severe form of poisoning by Tobacco, the following symptoms: At first agitation, heat in the epigastrium and abdomen; pulse hard and slow; respiration greatly accelerated. Afterwards vomiting and diarrhœa, vertigo, fainting, great weakness, face pale, icy-cold sweat, disordered ideas. Still later, profound stupor, from which the sufferer comes out only to scream and to have terrible attacks of tetanic convulsions, or, at least, marked tremors. Finally, these troubles are replaced by collapse and paralysis, pupils dilated, impeded respiration, and death almost always by asphyxia.

Dr. Pecholier recommends elsewhere this remedy against tetanus; it is true that he explains that this terrible tetanizer acts in such cases by its paralyzing influence, which is consecutive to its tetanizing power, and he advises its use in the beginning in doses large enough to suppress the period of excitation.

He cites in support of the favorable action of this remedy, several physicians who have employed it with success; Edmund Gardner, who published at the beginning of the seventeenth century, a small treatise entitled *The Trial of Tobacco*.

“In 1827, on the Island of Trinity, where tetanus is very frequent, Anderson has cured many who were attacked by this malady, by means of tobacco enemata and tobacco baths.”

Thomas in the *Journal of Medicine* (Edinburgh), vii., 198, describes cures with enemata of tobacco smoke.

Many other physicians, O'Beirne, Norcom, Jackson, Bauer, Earle, Cavenne (Martinique), Haughton (*Dublin Quarterly*, 1862), and Tyrrel

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\* Our opponents have invented the word “idiosyncrasy,” which expresses simply the special sensibility for a certain material, and they do not consider it worth while to investigate further effects not produced in all individuals, as such effects are only to be considered as homœopathic, and, besides, they do not know how to employ them.—B.

(Surgical Society, Dublin), have also employed tobacco with success in tetanus.

As the remedy produces, by its toxic effects, a condition similar to tetanus, it seems to us quite natural that its action can be explained by the law of similars.—*L'Art Medicale*, March, 1885.

**A Naja Case.**—Dr. John Hayward writes: It is only in our school of medicine that mental distinctions influence therapeutics, and the regard paid to the mental and moral characteristics of our patients is the subject of much wonder, and often amusement, to the early student of homœopathy. Cases cured with a single remedy are always interesting and instructive. Dr. Craig reports the following:

March 15th, 1884.—C. T., aged seventy-five, a gentleman in good circumstances, who has enjoyed good health all his life, having never been laid aside except from an accident in the hunting field. There are a few Heberden's nodules on the finger-joints, otherwise he does not present any indications of gouty diathesis. There is no *arcus senilis*, nor any signs of arthritic deposit in the bloodvessels. The pulse is dicrotic, and the heart's impulse is increased and tumultuous, but there are no morbid sounds. Appetite and digestion are good, and the bowels act pretty regularly, but he has acquired the habit of taking a pill every fourth night, with Hunyadi water in the morning. He sleeps well during the early part of the night, but on awaking and dozing in the morning hours he has hallucinations of hearing voices. These take the form of quarreling between his wife and the domestics; they are purely imaginary, but they distress him greatly, as both his wife and himself are people of refinement. He will confide to his son what he hears, and can, in some measure, be calmed down with the assurance that the "voices" do not state the truth. He has been under treatment for the "voices" for many years without relief. The breathing at night is often distressed, and the laboring of the heart is sometimes alarming. *Coluba naja* 3, one powder twice a day.

April 16th.—Reported free from the voices from April 3d to 13th, on which day he heard an imaginary quarrel, with the delusion that he heard his wife using "bad language." The heart has given him less trouble. Continue medicine.

April 29th.—He has been quite cheerful and happy for a fortnight. No voices or unpleasant dreams. Is so thankful to be relieved. He has not complained of his heart or shortness of breath since last report. Continue medicine.

May 24th.—Has continued free from dreams and hallucinations. Is cheerful by day, and has good nights. The remedy was continued for some time longer, and up to November, 1885, there had been no return of the hallucinations, and the patient was mentally sound.—Condensed from *Hom. World*, December, 1885.

**Ratanhia in Pruritus Ani.**—Dr. A. M. Cushing some 12 or 13 years ago was afflicted with a chronic diarrhœa which resisted all homœopathic remedies; the doctor finally made use of powerful astringents with but transitory relief. Among other remedies he took Ratanhia (or Krameria) for about a week, with but slight amelioration of his symptoms, but while taking it he experienced a most intolerable pruritus ani, only to be likened to the itching of ascarides; it soon ceased after stopping the remedy.

Shortly after, a lady consulted him about her daughter who was troubled with ascarides, and the doctor, with a lively remembrance of his distress, gave a few pellets moistened with Ratanhia 3, which afforded prompt relief, and in several cases occurring within a few weeks after it was similarly effective. The above was related by Dr. Cushing at Lynn, Mass., shortly after it occurred, but to make sure this notice was sent to him, requesting information as to its correctness. The following reply was received:

177 STATE STREET, SPRINGFIELD, MASS.

A. J. TAFEL:

DEAR SIR: Yours received, and I presume your memory is right, for the thing actually occurred. And many times since I have cured ascarides by the administration of Ratanhia 3d.

Respectfully yours,  
A. M. CUSHING.

**Topical Applications of Potentized Remedies.**—Topical applications, such as fomentations, plasters, vesicatories, etc., are discountenanced by many homœopathic physicians; but surely outward application of a solution in water of a potentized remedy does not come properly under this ban. The writer has had frequently occasion to observe, in a small way, the efficacy of medicated pellets of a given remedy dissolved in water and applied externally at the same time that it was taken internally, and to note its assistance in expediting a cure.

In the Fall of 1863 Miss A. B. came to Philadelphia and was subject to frequent attacks of panaritium, in its milder form of whitlow. The usual course would take from a week to ten days, until the pains ceased. After a fresh attack had set in he gave her Silicea 200, one dose morning and evening, and applied a flax-seed poultice; it came to a head speedily, and was practically over in four days. This was the case in two successive attacks. When the third attack came, was informed that the usual pain had commenced the afternoon before and lasted all night; gave Silicea 200 and put about 12 pellets of the same potency in some water, asking her to keep around the finger a linen rag moistened with the solution. After a few hours the pain had ceased, and in the evening a spot as large as a split pea was observed at the under edge of the nail, filled with yellowish matter; it was pricked with a pin and emptied, and that ended the whole process, and she has not been troubled in a like manner since.

In 1861, while in the recruiting camp in New York, a heavy stone, weighing over 30 pounds, dropped on the writer's foot, severely injuring the right big toe. No Arnica tincture being at hand, the writer did the next best thing; he took a few pellets of the 200th of Arnica inwardly and dissolved about a dozen in a little water and repeatedly moistened the toe, through the sock. The pain ceased after an hour, next day he was able to take part again in the "drill," and in about two weeks the nail came off without inconvenience.

In 1881, the writer essayed to climb a very large fir tree on top of a wooded mountain ridge in Pennsylvania to enjoy the extended view, and descending he swung off from a lower limb, taking hold for the purpose of what seemed to be a stout branch; the branch broke off and both fell to the ground, a distance of about 12 feet, the writer landing on his left knee. 190 pounds avoirdupois don't come down lightly, and the knee felt very sore; limping to the hotel he lay down and a few hours later had to roll himself off the bed, as he could not bend his knee. No Arnica tincture being near, he, mindful of his army experience, took, on the tongue, a few pellets of the 200th from his pocket case, and, dissolving a few more in the soft water, bathed his knee several times during the night. In the morning the limb could be partially bent, and in the afternoon he was upon the mountain again near his yesterday's exploit. The knee was, of course, still painful, but not enough so to hinder locomotion. After five days, as the swelling did not recede further, Silicea 200 was taken, and within about two weeks every vestige of the accident had vanished.

Last summer, a farm hand, on the farm on which he spent his vacation, came to him with an angry-looking sore on the knuckle of the left index finger. The man had knocked off a piece of flesh and skin, and as it was harvest time, he neglected the matter, and presented a much swollen hand, with an angry-looking cone about half an inch high at the centre, and three-quarters of an inch at the edge. The base was surrounded by a yellow ring of matter. The man was in great pain. Gave him Silicea 15th dry on the tongue, and directed him to apply a solution of a few pellets in water, on a rag moistened therewith, to the sore. Next morning the pain had almost ceased, the yellow rim around the base was less in extent and the swelling had gone down one-half. The man had slept all night. The second morning the yellow rim was *absorbed*, the swelling was gone, there was no pain, and in three days more a scab was the only remnant of that angry sore. There never was seen a more gratified and grateful man. Half a dozen similar cases could be adduced with like results. The procedure is worth trying and may often come handy in case of an accident where the physician has only his pocket case with him. We should not be surprised if, in the course of time, it would be demonstrated that potentized medicines are as much to be preferred to the concentrated tincture as an outward application as they are for internal administration.

**Gonorrhœa as cured by Grauvogl.**—Being an army surgeon of high rank, Dr. Grauvogl had a large practice in sexual diseases among the officers in Munich. He found the following treatment highly efficacious: He prescribed for every case of uncomplicated gonorrhœa Natr. sulph. 3x one dose every two hours. If after 24 hours there was not a decided amelioration of the symptoms, he gave one dose of Thuja 30th, and after 24 hours resumed the Natr. sulph. 3x. With these two remedies he cured a large majority of cases of not only recent gonorrhœa, but also frequently of gleet. He even allowed his patients a glass or two of red wine during the treatment.

A. J. T.

**Belladonna in bad effects from Tobacco-smoke.**—A friend, of a highly nervous and sensitive organization, is affected with a furious headache whenever exposed to tobacco-smoke, and, as he is a newspaper writer, finds it often impossible to avoid it, and is thus a martyr to his sensitiveness. We advised him to carry a vial of Belladonna, and to take a few pellets whenever he feels the headache coming. He reports that he took Bell. 3 with great benefit, and, as it seems to lose in efficacy, is advised to try the 15th potency and to go higher from time to time, if necessary. This remedy is equally applicable in other disagreeable symptoms excited by tobacco-smoke.

A. J. T.

**Indium met. in Inflammation of the Periosteum of the Vertebrae.**—The late Dr. Farrington, some seven or eight years ago, was troubled with a very severe attack of lumbago. Failing, after many weeks, to obtain relief, he applied, as a *dernier ressort*, to Dr. Baruch, of New York, who promptly relieved him with a high potency of *Indium*.

A. J. T.

DR. H. GOULLON, in *Zeit. des Berlin. Ver. Hom. Ärzte* for August, 1885, has an interesting article beginning with this question: Is it allowable for a homœopath to use narcotics? This question was long ago decided for him, as the homœopath very rarely is placed in circumstances wherein the use of these gifts of the Greeks is necessary, but a too strict application of this view would resemble the obstinacy of the allopaths who turn their backs on our remedies from preconceived notions.

Dr. Goullon considers that the injury done by hydrate of chloral has been so great that, notwithstanding its benefits, he would if the matter could be put to vote choose its abolition.

He believes there are occasions in which narcotics do perform a valuable service, but this will not be obtained by following allopathic doses, etc., and that a narcotic must be used at the right time and in the right dose. He concludes, "it must be our aim to make, as far as possible, the use of narcotics superfluous."

## NEW REMEDIES.

*Parthenium Hysterophorus* (from *παρθένος*, a virgin), known in Cuba under the vulgar name of *Escoba amarga* (bitter broom), in other West Indian islands and South America under the name of *Botonera*, and in Europe under the name of *Ajenjo cimarron de las Antillas*.

According to A. Wood, it belongs to the order *Compositæ*, and tribe *Senecionideæ*. A bitter principle pervades the whole plant, and when combined with resin and astringent mucilage, is said to become tonic and febrifugal, as in *Chamonilla*, *Eupatorium perfoliatum*, *Tussilago*, *Solidago* and others, with which it is botanically related.

"It is annual, puberulent, decumbent, lower leaves bipinnatifid, upper linear; heads numerous, very small, in a diffuse panicle." (Wood.)

The *Escoba amarga* has been used from time immemorial by Cuban country-people, in the form of a decoction, against fevers of a paludal origin, and the good results obtained were always so manifest and clear, that physicians, admitting its anti-febrifugal properties, prescribed it unhesitatingly, whenever the salts of *Cinchona* were not at hand. But it is only of late that the profession have become conscious of the curative powers of this plant and endeavored to study its effects on man and animals.

Unfortunately, it is in the opposite ranks that these experiments have been going on, and more unfortunately yet, the old-school physicians who undertook the work, following their notions, have entirely discarded the plant, and only experimented with the first of the five alkaloids, which the chemist, Ldo Carlos J. Ulrice, of Havana, was very successful in discovering, namely, *Parthenina*. (See my article "On Exotic Drugs for Provings," in the *Transactions* of the Hom. Med. Society of Pennsylvania, 1885.)

However, although incomplete and fragmentary, the late experiments of Dr. J. L. Dueñas, published in the *Cronica Médico Quirúrgica de la Habana*, April, 1885, enable us to partially appreciate the physiological action of the drug.

These experiments were aided by Drs. Esperon, Villar, Ramirez Tovar and others, who willingly lent themselves to the rigorous tests of drug-experimentation. And just here I must acknowledge my surprise, as well as my gratification, in seeing our colleagues of the other side undertake provings on the healthy human organism. The step is one of progress and deserves commendation.

In order that we may prepare ourselves for a future proving of the plant, and compare the results, I have extracted from the incomplete but meritorious work of Dr. Dueñas, everything tending to elucidate the pathogenetic action of *Parthenina*.

PHYSIOLOGICAL ACTION OF PARTHENINA.—*Absorption and Elimination*.—This alkaloid, when administered in doses of 10 centigrams, dis-

solved in 15 or 20 grams of distilled water, causes the agreeable sensation of some bitter aromatics, which disappears soon after it has been taken. Dr. Dueñas and associates do not state that it suffers any change within the stomach, but assert that it is rapidly absorbed, as was shown by the sudden appearance of such symptoms as *heaviness and dulness of head, tendency to vertigo, malaise, lassitude, and other evidences of depression*, which increased slowly with the dose.

In cold-blooded animals, as the frog, absorption takes place with the same rapidity, either when taken by the mouth, or when the animal is submerged in a solution containing 10 centigrams of the alkaloid in 10 grams of water (a dose capable of destroying the life of a small frog four or six hours after the beginning of the experiment).

Its absorption is announced by a decrease in the number of the respiratory movements. In the mammalia, as the dog, the guinea-pig, etc., by increasing the dose, through the mouth, to 1 or 1½ grams, the *phenomena of general depression* are produced at the end of ten minutes.

Either in the healthy man or animal, the rapidity of absorption is greater when the solution is very dilute; when very concentrated, it may become nearly nil.

The elimination of this drug is also very rapid. Its presence in the urine, after its entrance in the economy, is discovered in from five minutes to a half hour; always amorphous, and of a white color. In man, with a dose of 30 centigrams, it is detected after twelve minutes. In guinea-pigs, rabbits, and dogs, it has been found, in the first urine, after ten, fifteen, and thirty minutes. An intravenous injection was made in a small dog, weighing 3½ kilograms, and as soon as the increase of the intravascular pressure caused the ejection of the urine contained in the bladder, five minutes after the experiment had commenced, *parthenina* was revealed by various reagents. It is only in the frog that the elimination takes place without change in the color of the substance.

According to Dr. Dueñas the principal outlet through which this drug is eliminated is by the kidneys, but its presence has also been detected in the lacteal secretion and the stools.

*Digestive Tract.*—The first thing observed after the ingestion of *parthenina*, in doses of 10 to 50 centigrams, is *very fluid salivation* in man, as well as in animals; and the more concentrated the solution, the greater the amount of saliva excreted. A man who took the drug excreted 128 grams of saliva in seventeen minutes. Dr. Dueñas asserts that this effect, which is renewed every time the dose is repeated, cannot be attributed to a special and direct action upon the salivary glands, as this hypothesis is not verified when the drug is enveloped in a wafer. It is (he says) rather the result of a reflex action upon the glands, the starting-point being found in the excitation which the oral mucosa suffers when in contact with this bitter substance. The centrifugal tract for reflex action is constituted by the tympanic cord only, without the

participation of the sympathetic nerve, as the excreted saliva is characterized by its excessive fluidity.

In small doses, from 1 to 5 centigrams, it does not produce any noticeable effects upon the digestive tube of man. When the stomach is empty, and doses of 10 to 30 centigrams are taken, it produces *a sensation of heat and weight in said viscera, increases the appetite, and facilitates the digestion of the albuminoids* which are taken after it, because also by reflex action it excites the gastric secretion. So like quinine and the bitter aromatics, it is an eupeptic agent, in the real meaning of the word. In doses of 30 centigrams, repeated every one or two hours, or in doses of 80 centigrams to 1 gram, in the animals, during digestion, it provokes *strong nausea and sometimes vomiting*.

These phenomena can likewise be ascribed, in the first case, to a reflex action of the drug, which, as said before, increases the secretion of the gastric juice; in the second, to an interruption of the gastric digestion, when *parthenina* in a greater amount becomes mixed with food undergoing transformation. Perhaps it delays or hinders the action of the gastric juice upon nitrogenous food.

The experimenter fails to give us anything in reference to the action of this drug on the intestinal tube and liver. In animals dying under its action the spleen was found normal, but the kidneys were enlarged, and with evident signs of sanguineous stasis.

*Blood.*—When *parthenina* is brought in contact with the blood of living organisms, it shows the property of *retarding the process of coagulation*. This was verified over and over again, in animals which died under the action of this alkaloid. The red corpuscles were increased in size, and as this effect was also often confirmed, Dr. Dueñas thinks it is similar to that obtained by Manassein with quinine, which is due to the accumulation of oxygen. Nothing is known yet of its action upon fibrin.

*Circulation.*—In the heart of the frog this salt exerts a marked influence, *decreasing the number of its beats and lessening the amplitude of the ventricular diastole*. Administered by the mouth to guinea-pigs, rabbits, and dogs, in small doses (25 to 50 centigrams), *it excites the cardiac beats, as shown by the acceleration of the pulse, and, consequently, a greater activity in all functions*. These phenomena diminish by degrees as soon as the dose is raised, and promptly disappear with the elimination of the drug. Larger doses (.80 to 1.25 grams) produce opposite effects. *The circulation is depressed, the pulse decreases in force, the number of heart-beats lessens; the animal grows stupid, remains quiet, refuses food, and becomes indifferent*. When *parthenina* is injected into the veins, the *slowness of the heart's action and fall of blood-pressure*, by vascular dilatation of reflex origin, is much more perceptible, and is in relation to the amount of drug injected.

One gram of the salt, dissolved in 80 grams of distilled water at



37° C., was injected into the femoral vein of a dog, weighing 3½ kilograms, and the pulsations, which normally were so rapid that they could not be counted, fell to 98 per minute within twenty minutes after the injection. The slowing of the beats was greater and greater till *syncope and death by paralysis of the heart* took place, half an hour after the injection. This phenomenon, which was preceded by *paralysis of respiration* (as happens with quinine in large doses, according to Binz and Hebach), *left the heart arrested in diastole and the vessels dilated; the lungs and liver normal, the kidneys congested and the brain anæmic.*

In healthy man, in doses less than 50 centigrams in twenty-four hours, no discernible effects were noted, but from this dose on, the same *slowing of the pulse* was observed, which besides became *soft, depressible and without dirotism.* The number of pulsations may fall to 15 per minute when the dose is raised to 2 grams in two and a half hours.

Dr. Dueñas thinks that the modifications which the use of this salt impresses on the circulatory apparatus, undoubtedly refer to its action upon the medullary motor centres for the heart and vaso-motor system, and that like quinine it must produce a diminution of the excitability of those centres, giving as a result cardiac slowness, vascular dilatation, greater amplitude of the vascular capacity and consequently a fall of the blood-pressure. He admits though, that this moderating influence of the drug upon the heart may perhaps be due to excitation of the pneumogastrics, but this he could not assert, because he was not able to make the section of these nerves. He was induced to propose the above explanation of the circulatory phenomena, by the fact that animals, when under the action of large, but not exaggerated doses, died from *cerebral anæmia*, and poisoned by the accumulation of carbonic acid in the blood, which poisoning also was attended by certain *singular irregularity of the respiratory rhythm*, from irritation of the bulb. As stated above, exaggerated doses brought about *cardiac paralysis, syncope, and death*, in half an hour's time.

*Respiration.*—In doses compatible with the life of the animal, *parthenina diminishes the number of the respiratory movements* in a given time. In frogs intraperitoneal injection of 2½ centigrams, or the administration of the same dose by the mouth, *induces a considerable tardiness of the respiratory movements*, which lasts from four to six hours. Larger doses (5 centigrams) by intraperitoneal injection make the *respiration irregular and cause death*, with identical phenomena as with the salts of quinine (bromohydrate and sulphate).

In warm-blooded animals, small doses accelerate perceptibly this function, while moderate and large doses retard it. In a rabbit which died the following day after that, in which 1 gram and 25 centigrams were given by the mouth, the *respiratory movements were very slow and irregular* for more than twenty hours. When this salt is introduced in a large dose directly into the blood-current, the *respiration is not only slow but irregular.*

Dr. Dueñas calls attention to the fact, that these respiratory phenomena vary according to the amount of the drug given. He thinks that moderate doses simply diminish respiration, because they depress the excitability of the motor centres in the medulla oblongata, while large doses make it, besides, irregular, for the same reason, and because the process of oxidation in the tissues is every time slower. The oxygen accumulates in the blood-corpuscles, and diminishing highly the excitability of the bulb, this requires larger quantities of carbonic acid as a stimulus, giving thus rise to a respiratory type, similar to or resembling the one known in clinics under the name of *Cheyne-Stokes* respiration. And this also explains why the animals die in convulsions, caused by cerebral anæmia and poisoning by carbonic acid.

In man the number of respiratory movements decreases, from 4 to 8 per minute, according to the dose taken.

*Temperature.*—In guinea-pigs and rabbits, small doses produce a rise of two- or three-tenths of a degree, and this increase corresponds to the greater circulatory tension and excitement of the animal. Larger doses produce a fall which keeps step with the elimination of the drug, and it has been noticed that the descent is very near the act of ingestion.

If this alkaloid enters directly by intra-venous injection, the fall of temperature is confirmed by the thermometer at once. In a rabbit of 780 grams weight, with a temperature of 40.1° C., an injection of 50 centigrams of *parthenina* in 20 grams of water, by the femoral vein, produced death in thirty minutes, with a temperature of 37.3° C. In a guinea-pig of 505 grams weight, a dose of 10 centigrams in 15 grams of water, by intra-venous injection, produced in half an hour, a fall of nine-tenths of a degree, and two hours later, eight-tenths more, the animal dying on the following day, after a small rise, with embolic phenomena. Traces of the salt were found in the urinary bladder, but none in the gall-bladder.

In two dogs, both of 3½ kilograms weight, which received 1 gram and 50 centigrams, respectively, there was also a *rapid fall*, the first dying from the large dose, the second suffering a descent of 2.1° C., one hour and a half after commencing the experiment, and dying also from embolia, twenty hours after the injection.

Comparative experiments with *parthenina* and *quinine* were also made, and the results led Dr. Dueñas to affirm that the toxic effects of the latter are superior to those of the former.

In a healthy man with a dose of 1 gram, divided in four parts, the temperature, which was 36.9° C. at 3.30 P.M., went up to 37.1° C. at 4.30 P.M., falling again to 36.5° C., with a soft and depressible pulse at 8.30 P.M. In other cases the thermal depression reached 36.4° C., being the primitive temperature from 36.9° to 37.1°, and the same doses employed. With 2 grams in four doses, there was a fall with each dose and the total descent from 6½-tenths to 7-tenths.

The antipyretic action of this salt, according to Dr. Dueñas, can be explained in two ways. In the first place it depresses the temperature

through its hyposthenizing influence in the vaso-cardiac system. It is a phenomenon which is closely bound to the slowness of the pulse and respiration, and arises directly from its restraining power over organic combustion, as happens with *quinine and digitalis*. In the second place it probably possesses an unknown action upon the animal heat, through the nervous system, and this would account for the rapidity and abruptness of the descent, with relation to the moment of ingestion.

*Nutritive Changes.*—Dr. Dueñas also thinks that the oxidation which physiologically takes place in the organism, must suffer a diminution, correlative to the increase in volume of the red corpuscles, to the slowness of the circulation, and to the descent of the animal temperature, and the urea or nitrogen eliminated by the urine must decrease in proportion; but he cannot give at present facts to sustain these conclusions, which are simply deductive, because the experiments were made in haste, and the process of extraction of these substances too complex to obtain in a short time the necessary data. He intends to follow up the subject in further experiments.

*Nervous and Muscular Systems.*—To the influence of *parthenina* upon the nervous centres of animal life (cerebro-spinal), are due the general effects observed in the experiments. In frogs the intra-peritoneal injection of 2½ centigrams, produced *muscular relaxation, anaesthesia, marked diminution of reflex action in the haunches and, finally, extinction of voluntary movements*. The body of the animal assumed, passively, the posture imparted to it, and when the experiment-board was inclined, fell without any efforts to hold its position. The impression of cold water was not followed by the reflex-act of swimming, and the only movement the animal made in the water was to turn when placed upon its back. The application of a faradic current revealed a *decrease of the neuro-muscular excitability*, which in the dead animal became completely exhausted, in a time shorter than the normal. In guinea-pigs, rabbits and dogs, doses, less than 20 centigrams, produced a *transient excitement of the voluntary movements, and movements of trepidation, similar to the shiverings of fevers*.

When moderate and large doses were given, opposite phenomena became manifest, such as *general depression, dilatation of the pupils, apathy, lassitude*. With very large or toxic doses (1 to 2 grams), there were *diminution of the sensibility, of the reflex action, and of the electric muscular contractility, clonic spasms in the hind legs, tonic in the fore legs* (intravenous injection), *tremor and death*. All the frogs, under *parthenina* and *quinine*, died in *tetaniiform convulsions*.

The results obtained from the healthy man were not very marked, due perhaps to the smallness of the dose. In a case which received 1.50 grams, in repeated doses, the *phenomena of gastric intolerance* were obvious; but in another who took 2 grams in three hours, only the aforesaid effects upon the circulation, respiration and temperature were noticed. (There was in these cases unwillingness to push the drug.)

Dr. Dueñas thinks that the *heaviness of head, vertigo and physical and*

*mental apathy*, indicate the influence of *parthenina* upon the cerebral ganglia, and that although these disorders are not accompanied by others of the organs of special senses, they could be placed side by side with those obtained from *quinine*, and which are included in therapeutics, under the expressive denomination of *cinchonic inebriation* (cinchonism).

According to clinical observations made by Drs. Ramirez Tovar, Villar and Esperon, it has controlled the *nervous excitement of the sick*, and also produced *slowing of circulation and respiration*. The *tactile sensibility and the electric and muscular contractility* did not suffer apparent alteration in the healthy man.

*Secretions*.—In the healthy man in moderate and repeated doses, there was an *increase of urine* amounting, in two days, from 100 to 150 grams. This proved to be the principal means of elimination, which lasted three days after the drug was suspended. In animals which received larger doses, this effect was more notable. In the *milk*, only traces of the salt were found, but nothing is known in regard to increase in the amount of this secretion. The *perspiration* is thought to be diminished, but this point is not clear yet. The *saliva*, as above stated, is *greatly increased*.

*Uterus*.—This drug seems to exert a certain influence upon the uterus. At the hands of Drs. Ramirez Tovar, Villar and Esperon, in women treated for febrile affections, it has produced *abortion* and *premature delivery*. In a case of subacute tuberculosis, treated by Dr. Dueñas, in which *parthenina* was given to moderate the febrile process, the *catamenia*, which were absent since the beginning of the affection, made their appearance.

These experiments, which have been carried on mostly upon animals, although incomplete and defective, reveal to a certain extent some valuable initiatory data relative to the most prominent material effects of the drug. Of course they cannot very well form the basis of a true pathogenesis, for the constitution, structure and functions of animals differ so much from those of man that no therapeutic inference can be safely drawn from experiments of this class. We know that substances taken with impunity by men are found to be poisonous to animals, and *vice versa*. Even deadly pathological products, as the poison of rabies, have been proven to lose their virulence in certain animal organisms; as is the case with birds, which, when inoculated with the above poison, do not suffer from hydrophobia. True enough the proving of drugs upon the healthy man is a work which demands a great deal of perseverance and, above all, of self-denial, as only at the expense of much personal privation and suffering we can learn the disease-producing properties of drugs. Old-school physicians have avoided this necessary and painful path, adopting a method beset with little obstacles and which requires less labor and self-sacrifice, but what they have gained for themselves has been lost for their patients.

[Résumé of symptoms, together with some clinical cases, will follow in next number.]

EDWARD FORNIAS.

**Hypnone.**—By MM. Dujardin-Beaumez and G. Bardet.—This was discovered by Friedel in 1857. It is a compound acetone, known under the name of aceto-phenone, or phenyl-methyl-acetone, to which the author has given the name Hypnone.

It has received, successively, the following designations: methyl-benzoyl, acetyl-phenyl, acetyl-benzol, methyl-phenyl-acetone, phenyl-methyl-ketone. According to Friedel these names are inexact, and the proper title (chemical) should be phenyl-methyl-carbonyl.

Chemistry is forced by the exigencies of science, to give to bodies which it discovers, names more and more complex, and cannot give ready titles to medicinal substances. Since, with good reason, the shorter names antipyrine and thalline have been substituted for the chemical ones, dimethyl-oxyquinizine and tetrahydroparamethyl-oxyquinoline, so the name Hypnone has been given as a medical title to the body under consideration, from its physiological properties and from the chemical group to which it belongs.

Hypnone is obtained by submitting to distillation, a mixture of benzoate and acetate of calcium. At ordinary temperatures it is a liquid, but at 4° or 5° C. it becomes a crystalline mass. The liquid is colorless, extremely mobile, volatile, and highly refractive, and boils at 198° C. As it is the product of the laboratory only, not yet having been manufactured on a large scale, its price is necessarily high. According to Limousin, who has studied the chemical and physical properties of this body, it is not soluble in water, nor in glycerine, but is extremely so in alcohol, ether, chloroform, benzine, and essence of turpentine; its density is 1.6. It is neutral in reaction, and is irritant and caustic.

It has a very persistent odor, recalling at times that of new-mown hay, of lily of the valley, and of cherry-laurel water.

The odor is so extremely persistent, that the administration of the drug in a potion is difficult, and, although different flavored mixtures have been devised to cover the odor, by means of Syr. aurant. flor., Syr. menth., etc., the only mode of administration is in capsules.

A résumé of the results of experimental research with this drug on animals, shows it to act on the nervous elements, and to diminish their special excitability; it lessens blood pressure, and in a toxic dose alters the composition of the blood.

In a healthy human being, when .20 gram are given in capsule in solution, within a period varying from twenty minutes to three-quarters of an hour, or even one hour, the eyes close and sleep is produced. The sleep is ordinarily calm, and is deep. Waking is generally easy, without nausea or loss of appetite, differing from that so frequently produced by chloral or paraldehyde. In other cases, on the contrary, it has caused cephalalgia and the heaviness of the head and the supra-orbital pains observed so frequently when sleep is produced by a hypnotic.

The analgesic action of the remedy is very feeble, and it will not produce its hypnotic effect in insomnia depending on persistent pain. The dose administered by the mouth never exceeded .50 gram, and in repeating it no increase of the dose seemed needed. Given subcutaneously in rebellious cases of sciatica, its effects as a hypnotic and analgesic were absolutely nil, but an extremely active local irritation followed.

Later experiments were made in giving inhalations of a mixture of the vapor of hypnone and chloroform, and in combining the hypnotic with chloral the anæsthetic action of the latter was found to be augmented. In summing up the results of experiments on man, the authors say: In a massive dose (20 to 40 centigrams) it has not produced any other appreciable physiological symptom than sleep; it is a hypnotic of especial service in nervous insomnia, and in that produced by alcoholic excesses, or in that resulting from too prolonged intellectual activity.—*Bull. Gén. de Thérap.*, January 15th, 1886.

Dr. Limousin adds (meeting of Soc. de Thérap., December 8th, 1885), aceto-phenone boils at 210° C.; its odor recalls that of essence of bitter almonds; it is extremely soluble in oils, especially in oil of sweet almonds. In the discussion following, M. Dujardin-Beaumetz said: There are some persons who are not affected by hypnone, why, he was unable to say; we do not know the reasons for these *résistances*.—*Bull. et Mém. de la Soc. de Thérap.*, December 30th, 1885.

**Salicylate of Lithia.**—M. Vulpian read before the Académie de Médecine, a summary of the results of his experiments with salicylate of lithia in articular rheumatism. The remedy is not more dangerous than salicylate of soda, and can be administered in almost equally strong doses. In acute articular rheumatism, it relieves the pain which often remains in the joints after the swelling has disappeared; whereas colchicum and salicylate of soda have no effect. M. Vulpian believes that salicylate of lithia is especially beneficial in fibrous rheumatism; in progressive subacute rheumatism he has seen it produce great improvement. Salicylate of soda has also been successful in such cases, and produced amelioration of the patient's condition; but both greater and more lasting benefit is obtained by salicylate of lithia. In chronic articular rheumatism he found salicylate of soda useless, whereas salicylate of lithia has had a marked effect on the joints, which become less swollen and less painful than before the treatment. In order to obtain evident results, 4 grams, sometimes 4½ or 5 grams, must be given daily. Larger doses are followed by toxic symptoms. This drug sometimes induces headache and deafness, but is never followed by the distressing noises which characterize treatment by salicylate of soda. The headache and deafness disappear quickly.—*Brit. Med. Jour.*, January 2d, 1886.

## SELECTIONS OF GENERAL INTEREST.

**Opium-poisoning through Mother's Milk.**—Dr. William T. Evans reports in *Brit. Med. Journal*, December 19th, 1885, a case in which the mother on the day of her (eighth) confinement was given a drachm of liq. opii sedativus to be taken in four doses at intervals of four or five hours. It did not relieve the pains, and on the next day six doses, of 20 minims each, were sent to be taken as before. On the 3d day the medicine was repeated, she having only had three hours' sleep during the previous night. On the fourth day she was not drowsy nor under the influence of the medicine, but had had more sleep in the night. The milk came into the breasts during the night, and at 4 A.M. the child was put to the breast and sucked well. It took it again about 7 A.M., but not quite so freely. Up to this time the infant had been fed on milk-and-water and gruel. At the doctor's visit, it appeared to be comfortably asleep, but at 2 P.M. he was sent for; he found it very drowsy, with pupils contracted to pin's head size, respiration slow and tranquil, face pale, skin moist with perspiration; it could be roused with difficulty, but relapsed at once into its former drowsy state. The case was diagnosed as one of opium-poisoning. Strong coffee was ordered to be given at frequent intervals; later, inhalations of liquor ammoniæ were administered, and at midnight the child had ceased breathing. Artificial respiration was then kept up for half an hour, but without avail.

**The Physiological Action of Tobacco.**—Dr. Hobart Amory Hare has received the Fiske Fund prize for an essay on "The Physiological and Pathological effects of the Use of Tobacco." His conclusions are as follows: 1. Tobacco-smoking does not decrease the urine eliminated, but rather increases it. 2. Tobacco does retard tissue waste. 3. Tobacco and its alkaloid cause convulsions in the primary stage of the poisoning, by depressing the reflex inhibitory centres in the cord. 4. It causes palsy of the second stage, by paralyzing (*a*), the motor nerve trunks; (*b*), the motor tract of the spinal cord. 5. The sensory nerves are not affected by the drug. 6. Nicotine contracts the pupil, by stimulating the oculo-motor and paralyzing the sympathetic, this action being peripheral. 7. Nicotine, primarily, lowers the blood-pressure and pulse rate; (*a*), secondarily, increases pressure and rate; (*b*), thirdly, decreases pressure. 8. The primary lowering of pressure and rate is due to pneumogastric stimulation, associated with vaso-motor dilatation. 9. The secondary stage is due to vaso-motor constriction and pneumogastric palsy. 10. The third stage is due to vaso-motor dilatation returning. 11. Death, in poisoning from this drug, is due to failure of respiration, the action of the drug being centric. 12. The blood corpuscles are broken up and crenated by the action of the poison. 13. In death from nicotine-poisoning the blood shows changes in *spectra*. 14. Death can

be brought about by the cutaneous absorption of nicotine. 15. Tobacco increases intestinal peristalsis in moderate amounts, and produces tetanoid intestinal spasms in poisonous doses. 16. The liver seems to destroy the poison, although this destruction is participated in by any set of capillaries in other parts of the body. 17. Tobacco-smoking increases the pulse rate, and decreases arterial pressure.—*Therap. Gaz.*, January 15th, 1886.

**Antipyrin as a Hæmostatic.**—Antipyrin . . . . has proved valuable in the hands of an Italian surgeon, Dr. Casati, as a local hæmostatic. In a case of epistaxis it was employed as a 5 per cent. solution; also, after an operation, hæmorrhage was arrested in three minutes by the application of a 4 per cent. solution of antipyrin. Dr. Casati considers antipyrin preferable to perchloride of iron or the actual cautery for arresting hæmorrhage, because it leaves the wound quite clean, and without any eschar.—*Lancet*, January 16th, 1886.

**Azoturia.**—An estimation of the amount of urea discharged in a given time has long been regarded as a scientific means of diagnosis, not only in renal disease, but in other disorders which disturb the normal exchange of material. Within the last two or three years M. Rommelaire has made certain statements, which, if true, would certainly afford additional help in the differential diagnoses of gastric diseases.

Azoturia is a convenient term to signify the normal discharge of nitrogen in the urine. It used to mean hyper-azoturia, and we now also speak of hypo-azoturia. But, difficulties still exist in the way of nomenclature, for no one knows the normal discharge of nitrogen. It is asserted in text-books of physiology that 500 grains of urea are the normal amount discharged by an average healthy man in the 24 hours. But this seems to be an arbitrary standard. The objections that have been raised against Rommelaire's conclusions are four in number: 1. The estimate of thirty-two grams for the normal azoturia is too large; in France it is given as twenty-one grams. 2. Azoturia is proportional to the kind of diet. 3. A patient who is not fed, or who vomits his food, has hypo-azoturia, no matter what his disease. 4. Cancers may be associated with hyper-azoturia. Rommelaire admits the force of the first two objections, though he thinks his own conclusions are not perceptibly altered thereby. Theoretically there are objections, but not practically. He adduces evidence to show that the degree of azoturia is not in direct relation with the quality and quantity of the food in acute diseases, nor even in chronic affections.—*Lancet*, January 2d, 1886.

**Digestibility of Cheese.**—The digestibility of cheese depends a good deal, according to Klenze, on its physical properties. All fat cheeses are dissolved or digested with great rapidity because the mole-



cules of casein are separated only by the fat, and so the solvent juice can attack a large surface of the cheese at one time. Whether the cheese be hard or soft does not appear to matter, and there is no connection between the digestibility and the percentage of water present in the cheese. The degree of ripeness and the amount of fat have, however, considerable influence, for both these conditions render the cheese more friable and so allow of intimate contact of the juice. Cheddar took the shortest time to digest (four hours), while unripe Swiss cheese required ten hours for solution.—*Lancet*, January 2d, 1886.

**Mitral Stenosis and Lead Poisoning.**—The influence of saturnine intoxication on the various tissues of the body is a subject that merits even further attention than it has yet received. Neurologists are acquainted with a variety of nervous diseases clearly the outcome of lead-poisoning; and Dr. Gowers has, we believe, asserted that no symptom of nervous disease may not be due to lead. Vascular lesions have long been known to be caused by the prolonged action of this metal; and now M. Duroziez suggests that a limited lesion of the heart—mitral stenosis—may, in a certain number of cases, be due to the same far-reaching cause. The suggestion arises from his having observed several cases of mitral obstruction in house-painters, composers and certain polishers.—*Lancet*, January 2d, 1886.

**Unilateral Œdema.**—A case is reported by Dr. Bassi in the *Rivista Inter. di Med. e Chir.*, in which an hysterical young woman presented the curious phenomenon of a unilateral œdema, that appeared with each menstrual period. There was no other derangement of general health, although the patient is described as delicate. The œdema was absolutely limited to the right half of the body, but there was no alteration in the color, the temperature, or the sensitiveness of the two sides, although less irritation was necessary to produce reddening of the skin on the right side. Concurrently with this temporary œdema there were signs of congestion of the lung on the same side, and the right ovary was painful. Complete anæsthesia of both corneæ and of the fauces was observed.—*Lancet*, January 2d, 1886.

**Pruritus.**—Some cases of pruritus of the vulva and anus are of very obscure origin. Neither local mischief, intestinal, vaginal, hepatic, renal, neurotic, or other disorders, can be made to account for them. M. Brown-Séquard believes that coffee may have something to do with the production of the condition in some cases, since he has seen relief follow the removal of coffee from the dietary in two instances.—*Lancet*, January 2d, 1886.

**Albuminometry.**—J. E. Blomfield, B.A., communicates to the *Lancet*, a ready method for accurate clinical estimation of the actual

amount of albumen which a patient is losing by his urine. The method was devised by Dr. Esbach, and consists in the precipitation of the albumen by means of picric acid. The reagent for precipitation is made by dissolving 10 grams of picric acid and 20 grams of citric acid in 800 or 900 c. c. of boiling water, and then adding sufficient water to make 1 litre. Urine is poured into a tube [empirically graduated in such a way that the number to which the precipitate reaches gives directly the grams of albumen per litre of urine] up to a certain mark, and then the tube is inverted about a dozen times to mingle well the contents, and placed in the vertical position for twenty-four hours, when the height to which the subsided precipitate has reached gives the grams of albumen per litre.

**Post-Mortem Albuminuria.**—It has been found by MM. Vibert and Ogier, that the urine drawn from the bladder of a cadaver, is almost invariably albuminous, even where there was no lesion discoverable in any part of the uro-genital apparatus. It was noticed in their experiments, also, that the longer the time was since death occurred, and the less urine there was in the bladder, the greater was the proportion of albumen contained in it. The source of the albumen in these cases was shown to be the mucous membrane of the bladder, for, when the bladder was removed from the cadaver, emptied of its contents and washed, and then filled with distilled water, this fluid was found in a short time to become markedly albuminous. This is a point well worth bearing in mind in the examination of the bodies of those who have died suddenly. —*Med. Press*, January 6th, 1886.

**Hyaline Cylinders in Prostatic Disease.**—At a meeting of the Clinical Society of London, held January 8th, 1886, Sir Andrew Clark read a "Case of Acute Prostatitis with Discharge of Hyaline Cylinders resembling Renal Cylinders." From the report of the meeting in the *Medical Press*, January 13th, 1886, we abstract: Under the microscope they were seen to consist of hyaline cylinders, in several instances covered by patches of leucocytes. On standing, the urine deposited a mixed sediment in a thin even layer. The specific gravity of the urine was 1022, its reaction acid, and it was slightly albuminous. The sediment contained uric acid crystals, oxalate of lime, blood-disks, patches of epithelium from the bladder, leucocytes, flasked-shaped hyaline bodies and hyaline cylinders. The crystalline constituents appeared to have been formed in the urine subsequent to its discharge. On examination per rectum, the prostate was found much enlarged and very tender to the touch.

In the discussion the author of the paper stated that he thought the case, upon the first examination, to be one of acute nephritis. The cylinders looked exactly like those occurring in acute renal congestion,

but upon a second investigation he found some little flask-like bodies attached to the hyaline cylinders. He said that the nature of the cylinders could not be discovered from their aspect, nor could their prostatic origin be assured, unless these hyaline moulds were found associated with the hyaline cylinders.

**Excessive Drinking.**—An inquest was held, . . . on the bodies of a man and a woman, who died in Chester Infirmary, after being found in a helpless condition in the streets. . . . It was clear from the evidence that the deaths were due to drunkenness, followed by exposure; and it was stated by one of the medical witnesses, that in the case of the woman, no less than *two pints* of spirits were removed from the stomach by means of the pump. Such a reckless consumption of alcohol is almost certainly followed by a fatal result, and especially in a woman. . . . In spite of all recent efforts, public and private, to check immoderate drinking, it seems as though but little headway has yet been made against it; and we are almost compelled to think that we have, as yet, entirely failed to discover any effectual means of combating the fatal tendency among the people.—*Med. Press*, January 20th, 1886.

**A New Heart Remedy.**—Sulphate of sparteine is an alkaloid derived from *Spartium scoparium*, and is a bitter, oily liquid, insoluble in water, extremely alkaline, and forms with sulphuric acid a crystallizable salt, soluble in water, the therapeutic action of which Germain Sée has studied. When given in doses of 10 centigrams it produces remarkable effects upon the heart without disturbing either digestion or the nervous system.

Its first and most important effect is to quicken the heart and pulse; its action here resembles that of *digitalis* and of *lily of the valley*.

The second effect is an immediate regulation of disturbed cardiac rhythm, and in this respect no medicine can be compared with sulphate of sparteine.

The third effect is the acceleration of the beats of the heart.

All these phenomena appear in about an hour or at most in several hours and are maintained for three or four days. During this time the general strength is increased and respiration is very easy. It is indicated in muscular weakness of the heart.

When the pulse is irregular and arrhythmic, it rapidly reëstablishes the normal type. Finally when the circulation is weak the remedy seems to obviate immediately the functional trouble by maintaining or augmenting the acquired force of the heart-muscle.—*Bull. Gén. de Thérap.*, December 15th, 1885.

## ECHOES FROM THE NEW YORK CLINICS.

A PROFESSOR of practice, in speaking of the treatment of epilepsy, cautioned his hearers against the possible ill results following the use of Bromide of potassium in this disease: he had known it to produce more than once a condition of mania, which ceased upon the withdrawal of the remedy, and recurred upon prescribing it again. He had seen the same follow the use of *Cannabis indica*.

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ANOTHER professor, while lecturing on diseases of the mind, told his audience to refrain from giving Opium to produce sleep in cases of mental disease; he added that sleep was not required in such cases to the extent supposed, as by their inactive life less tissue-waste occurred, and hence the recuperative effects of prolonged sleep were less needed.

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A CLINICAL Professor (*Diseases of Mind and Nervous System*) says that Bromide of potassium should be given in epilepsy only to restrain over-excitability of the cortical cells, and that every grain given beyond this point impairs the capacity for intellectual work, and is to be considered a poison. He had "seen more than one man die scientifically from the use of Bromide of potassium." If an attack of epilepsy is put off by the use of Bromide, it will, in some cases, simply come on at another time. He has seen, in cases of this disease, a quasi-periodicity, the attacks occurring between midnight and breakfast; in some, every two or three months, or at certain times of the year; in one case it had recurred regularly every two years, and at certain periods.

\* \* \*

ANOTHER professor (*Mind and Nervous Diseases*), in prescribing for a case of nervous irritability, following the excessive use of stimulants and tobacco, said that the use of bromides or chloral in such cases was only of temporary benefit, and was followed by an aggravation of the trouble.

\* \* \*

A LARYNGOLOGIST, in lecturing on the use of Cocaine in hypertrophy of erectile tissues, said that it may relieve the condition at first, but that this relief was often followed by a worse condition of the trouble.

\* \* \*

A PROMINENT gynæcologist said that in anæmia, when the menstrual flow appeared in amount as great as that in ordinary health, he considered it equivalent to menorrhagia, and immediately made search for the conditions which are ordinarily found to produce the latter, and treated the case accordingly.

## NEW PUBLICATIONS.

**History of Homœopathy ; its Origin, its Conflicts.** With an Appendix on the Present State of University Medicine. By Wilhelm Ameke, of Berlin. Translated by Alfred Drysdale, M.B. London : E. Gould & Son. Cloth, 8vo, pp. 445.

Those of us whose good fortune it has been to listen to the lectures of the late Dr. Hering, and of Dr. A. Lippe, in former years, learned a great deal by their reminiscences concerning Hahnemann's attainments in medicine, as well as in its allied sciences. The work before us, perhaps, the most valuable contribution to a clear understanding, not only of Hahnemann's real greatness, but also to a real perception of the status of medicine in his day, yet published, and the only fault which we find in it is its title. Had it been called *A History of Hahnemann's Life-Work*, it would have been more nearly correct, for as a history, using this word in its strict sense, its application is chiefly to Germany ; as a history of homœopathy, it cannot replace, in the library of the homœopath, Dudgeon's valuable work.

The able author, the news of whose death comes to us while this number of the RECORDER is in preparation, has done his work *con amore* and with characteristic German thoroughness of research. Every statement is supported by references to its source, and the book must be considered a reference-index to all the literature pertaining to its subject.

The first part of the book gives a résumé of Hahnemann's services to chemistry and pharmacy, and considers Hahnemann as a physician and also in his personality. The second part treats of the opposition to homœopathy, and then follows an appendix on modern university medicine.

The younger generation of homœopaths are too little acquainted with the real position occupied by Hahnemann as a scientific man, a position which was conceded by the physicians of his time, and we feel sure that an attentive reading of Ameke's history will deepen our respect for Hahnemann, and give a clearer insight into his really great mind.

As we examine this work in detail, we are more and more of the opinion long ago expressed, that Hahnemann lived nearly a century too early for humanity's sake and his own ; had his researches begun only ten years ago, and were his *Organon* to be brought out to-day, there is every reason to believe that he would be looked upon as the great reformer in medicine by the major portion of the medical profession. He *was* the great reformer all the same, and like all the master minds in medicine, his views and teachings were far in advance of those of his contemporaries.

His discoveries in the methods of chemical analysis and manipulation are in use to-day in every laboratory, and his work in pharmacy received the highest encomiums from teachers and workers in that department.

He displayed the highest originality in his practice as a physician, in some instances, however, being misled by the accepted doctrines of his time, but, in general, even before he followed the doctrine of similia as a guide in practice, his teachings upon hygiene upon infection, upon the simplification of prescriptions, etc., contain many ideas which are acknowledged in our day as truths.

The development of the doctrine of similars in his own mind, his prolonged investigations concerning it, the persecutions with which he was assailed, the gradual development of his school of provers, his forced migrations from one place and another, the annoyances from pigmy rivals and unworthy imitators, are all told graphically by the author.

In an Appendix of 58 pages, Dr. Ameke arraigns university medicine in terms of indignation; it has been called an indictment of the old school, and such indeed it is. So forcible is it, so convincing, that it seems to us that the interests of truth and science demand the separate issue of this Appendix, and its spread broadcast among physicians in general. Want of space prevents a more extended review of the work, and we have only to say, that every homœopath ought to have it, and not only read it, but also study it. It is done into beautifully limpid English by Dr. Drysdale, and we thank him for thus placing it before English and American physicians.

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#### VARIÆ.

THE Metric System of Weights and Measures is exclusively used on the Continent of Europe and is also employed in many scientific works published in English. Some of our readers, however, may not be adepts in its use, and for their benefit we give the following:

The starting-point in the French or metric system is the unit of length called meter, which is the ten-millionth part of the distance from the equator to the pole, measured on the earth's surface. It is equal to 39.37 English inches.

It is subdivided in tenths, as follows: decimeter, or  $\frac{1}{10}$ th of a meter, centimeter or  $\frac{1}{100}$ th of a meter, and millimeter or  $\frac{1}{1000}$ th of a meter. Multiples of the meter by ten are the dekameter, equalling 10 meters; hectometer, equalling 100 meters; kilometer, equalling 1000 meters.

The unit of weight is the weight of one cubic centimeter of distilled water at its greatest density, *i. e.*, at 4° C., and is called a gram; it is equal to 15.43 English grains. The gram is subdivided into decigram or  $\frac{1}{10}$ th of a gram, centigram or  $\frac{1}{100}$ th of a gram, milligram or  $\frac{1}{1000}$ th of a gram.

The unit of capacity is termed liter, and contains 1000 cubic centimeters; it equals 1.056 quarts (U. S.).

In general it will suffice to remember that 1 gram = 15.43 grains; 1 kilogram = 2.0246 lbs. avoirdupois; 1 liter = 1.0567 quarts (U. S.); 1 cubic centimeter = 16.3 minims (U. S.) by measure of distilled water; 1 fluidounce (U. S.) distilled water = about 31 c. c. or 31 grams by weight.

## PUBLISHERS' DEPARTMENT.

**The Homœopathic Recorder.**—We sent with last number a bill for the subscription price of 50 cents per year, to each one of our readers. Many responded promptly, but there are many more who forgot to send in their half dollar. Oblige us by attending to this matter without delay. The small amount may be remitted in postage stamps. From the many words of encouragement received we cull the following:

WASHINGTON, D. C., February 5th, 1886.

MESSRS. BOERICKE & TAFEL, PHILADELPHIA: "Inclosed please find 50 cents in stamps for the HOMŒOPATHIC RECORDER (or, the *Bulletin*, in a new dress). I am very much pleased with it, and that you sent a sample copy. *Whatever your house does*, it always seems to *do well*."  
Very respectfully yours, C. A. B., M.D.

CINCINNATI, O., February 13th, 1886.

MESSRS. BOERICKE & TAFEL, PHILADELPHIA: "Received No. 1 of Vol. I. of the HOMŒOPATHIC RECORDER, and think it well worth the price. Inclosed you will find 50 cents in postage stamps, for which please send me the RECORDER for the year 1886."

Yours fraternally, C. E. F., M.D.

SPRINGFIELD, MASS., February 4th, 1886.

MESSRS. BOERICKE & TAFEL: "I have just received a copy of the HOMŒOPATHIC RECORDER, and inclosed I send 50 cents for one year's subscription. I think this copy worth 50 cents, and, besides, after receiving the Bulletin so long *free*, I should feel a little ashamed not to subscribe for the RECORDER." Respectfully yours, A. M. C., M.D.

SOUTH WATERBOROW, ME., February 3d, 1886.

MESSRS. BOERICKE & TAFEL: "Inclosed please find 50 cents for the RECORDER subscription for 1886. . . ."

"N. B.—I am much pleased with RECORDER." DR. J. T. G. E.

WEST TEWSBURY, CONN., February 5th, 1886.

GENTLEMEN: "Inclosed you will find 50 cents for subscription to HOMŒOPATHIC RECORDER. I am very much pleased with the appearance of the first number, and avail myself of the first opportunity to send my subscription to you."  
Yours truly, N. W. H., M.D.

NEWTONVILLE, MASS., February 4th, 1886.

MESSRS. BOERICKE & TAFEL: "I cheerfully inclose you subscription price for the first volume of the HOMŒOPATHIC RECORDER. I have received your Bulletin often, and should really miss it if I were not to hear from you occasionally. . . ."

"With good wishes for your success in the RECORDER enterprise."

I am yours, GEORGE S. W., M.D.

MT. VERNON, O., February 3d, 1886.

MESSRS. BOERICKE & TAFEL: "Inclosed you will find the 'stamps' for RECORDER, and right well it deserves them. It's a move in the right direction. In fact, this number is worth more than the entire year's subscription price. Why not give it to us monthly, and charge accordingly? If the first number is even approximately representative of what the future ones are to be, it's not only the *right* but a *big* thing."

Yours truly, H. C. J., M.D.

Subscriptions or remittances please address to 1011 Arch Street, or to any of our branches.

**Triturations.**—Hahnemann's genius divined the original method whereby insoluble substances are rendered medicinally active by prolonged trituration. A faithful and thorough performance of this process is requisite in order to achieve the desired transformation. Hahnemann, as is well known, carried up his triturations to the third centesimal, from which dilutions were prepared in distilled water and pure alcohol. His minute directions for preparing a proper trituration have been faithfully followed for many years by the homœopathic practitioners, and, later on, by the homœopathic pharmacutists.

However, as homœopathy spread, and its votaries increased to thousands, larger supplies had to be provided for, and modern ingenuity was taxed to provide adequate ways and means wherewith to manufacture in quantities without sacrificing quality. Machine triturators were invented and put to use. The first were made in England, as early as 1856-57. These were cumbrous and very complicated contrivances, which, by imitating the motions of the human arm in a well-secured immovable mortar, gave what were then regarded as satisfactory results. Soon American ingenuity was brought into play, and improvements speedily followed. The first American machine, Brady's, had a revolving pestle in a mortar, clamped to a platform revolving at an angle, and in the opposite direction. But this was subject to the same defects as the English, and some later machines, in that the bulk of the machine parts were superimposed over the mortar, and would speedily be covered by dust from the triturations, and, being complicated, could not readily be taken apart for cleaning. To obviate this difficulty, we contrived a machine having an arm made of hard polished wood clasping four pestles, which are vertically propelled across the rotating mortar. By an ingenious contrivance these pestles adapt themselves to the mortars' varying surface. Two scrapers of porcelain, regulated by springs, are adjusted at different heights, so that with each revolution, the contents of the mortar are thrust under the pestles. The whole is so encased that each trituration is isolated; no metal is within the inclosure, as all running-gear is provided for underneath the bench on which the revolving platform is arranged. The point of contact, or rubbing surface, between pestle and mortar, is extremely limited, as can easily be seen by experiment, and by using four pestles, the triturating surface is increased four times, and the resulting trituration must, therefore, also be of superior quality. We give to each trituration two hours' time, and to the first decimals four hours, or as much more as is necessary to effect complete comminution.

*Impartial* microscopical comparisons have shown that the products of these triturators are superior to those of any other contrivance, and the steadily increasing yearly output is satisfactory proof that the profession appreciate the high standard of our preparations.



In the selection of crude drugs and chemicals the greatest care is exercised, and from the very beginning, quality was ever our first consideration: we knew that a superior quality would readily command a somewhat higher price. How great the difference is in the price of crude substances, may be seen from the fact, that Ambergris (*Ambra grisea*), for instance, is offered in the market from \$10 to \$36 per ounce, according to quality; and quite as considerable are the differences in price in Moschus, genuine Tonquin musk being sold at from \$28 to \$32 per ounce, while a common article can be bought as low as \$6 or \$8. A similar range of price and quality, though not quite as extensive, obtains with other drugs and chemical preparations. Spanish Crocus is sold at from \$9 to \$16 per pound; Cinchona bark, from 50 cents to \$2 per pound, etc. It will, therefore, be seen that a thorough knowledge of crude drugs is of paramount necessity to a homœopathic pharmacist.

The better a trituration is made the bulkier it becomes, and with the introduction of our improved machinery, we were compelled to increase the size of our trituration bottles by about one-third, as otherwise we could not have given full weight, excepting of some of the heavy first decimal triturations.

In our establishments all triturations are *weighed* into the bottles.

**Sizygium Jambolanum.**—We have just received a shipment of this remedy in the form of mother-tincture, which we can supply at 50 cents per ounce. We received, also, a sufficient supply of the seeds to enable us to offer the 2x trituration at usual rates of 25 cents per ounce, also 1000 1-grain tablets of the same for \$1. As tinctures are not available, we can furnish those of our patrons living at a distance, with sugar-of-milk tablets, each one containing 1 drop of mother-tincture, at the following rates: 1000 tablets at \$2.00; 500 tablets at \$1.00, and 250 tablets at 60 cents. These tablets are mailed, securely wrapped, in a malleable-iron box, and should be put into a new clean bottle on receipt. Right here we beg to draw the attention of the profession to the fact, that the tincture of *Sizygium*, to be effective, should be made from the *seeds*. We learn from good authority that, owing to the enormous demand of that remedy, a great deal of tincture made from the bark and twigs is offered for sale, which is almost inert, and this may explain failures in many cases.

**Mullein Oil.**—We had our misgivings when inserting the article on Mullein oil in our last number, that our stock would not hold out very long, but we were not prepared to be cleaned out within less than a week after mailing the RECORDER. Yet such is the case, and we can now only furnish the 2x dilution at usual rates until a new supply can be obtained.

Pure Unfermented Grape Juice, as prepared by Dr. E. R. Tuller, of Vineland, N. J., is highly recommended as a liquid food in acute diseases. The utmost care is taken to produce a pure article, every well-formed cluster being inclosed in a paper bag as soon as the fruit has formed on the vines. This is done to protect it from extraneous matters during the slow process of ripening. After the juice is expressed it is preserved without boiling and, what is even of more importance, *without the addition of any chemical or other substance to prevent fermentation*. We learn that the late Professor Farrington subsisted upon this article chiefly during the last few weeks of his life. It is furnished at 60 cents per pint bottle at Boericke & Tafel's Pharmacies.

**Vaccine Virus.**—Up to 1858 the humanized virus was the only one available to the profession of the United States. Vaccine crusts from children were an article of commerce, and were furnished by druggists and by some of the editors of medical journals. We well recollect having read many an offer made in the medical press of that day, that crusts from healthy subjects were desired, and that a certain price would be paid for each. In 1858 F. E. Boericke, of the homœopathic pharmacy in Philadelphia, imported what was, to the best of our knowledge, the first vaccine virus *from kine* that ever reached this country to be offered for sale. It came in liquid form, and was contained in slender air-tight glass tubes. The virus generally filled about one-half of the tube, and was used by breaking off one end and inserting the point of a fine cambric needle, and the virus taken up by the point was sufficient for one person. This virus came from the government establishment in Dresden, and was of very good quality, less than 5 per cent. proving inert. For a number of years Dr. Boericke was the only importer of this article. In 1864 A. J. Tafel, also of Philadelphia, made arrangements for a regular monthly supply (barring the summer months), and a few years after some very good French virus was offered by a New York house, and in the epidemics a few years later a very brisk trade was done by a number of importers.

About the years 1870 and 1871 vaccine propagating establishments began to be organized also in this country, one of the earliest being Dr. Martin's in Massachusetts. The business being fairly remunerative as the demand was brisk, these establishments multiplied like mushroom all over the country; soon the market became overstocked, and, as the virus is very perishable, a great deal of money was sunk in the enterprise. However, in accordance with the inevitable law of the survival of the fittest, about one dozen well conducted establishments survived, and these seem to be sufficient to supply the demand.

Among the homœopathic fraternity there are, especially, two who have achieved distinction by the superiority of the virus they supplied. The first was Dr. Cutler, of Chelsea, Mass., whose fine establishment is now

known as the New England Vaccine Company, and who does a very extensive business. Shortly after, Dr. Pettet embarked in the enterprise, at first in Cleveland, and later, in Englewood, Ills., where he created a model establishment, which is now known as the National Union Vaccine Company. Either of these two supply a trustworthy article, as we know from having dealt in their products.

It may not be uninteresting to some of our readers to learn some particulars as the *modus operandi* of the propagators.

Formerly calves were operated upon exclusively. These were thrown, well secured, and the bag and lower belly cleanly shaved; then the skin was carefully abraded on thirty or forty different places, and then inoculated with the virus. From Germany, France, or Belgium the original virus used was first procured from reliable establishments, and this was propagated from year to year, with occasional renewals from the original stock in Europe. Within a week or twelve days, according to the season, the crusts formed, which were removed with a blunt knife, and vaccine virus *cones* made therefrom. After that the well-known ivory points are dipped into the exuding lymph, these are neatly arranged on a raised disk, and speedily dried in a strong current of air. Lastly they are packed in packages of ten, and either wrapped in a piece of india-rubber cloth, or put into an air-tight metallic tube, and they are then ready to be mailed to all parts of the country. For the last six or seven years another method has been adopted by some. Instead of calves, heifers are used, their hind-quarters are shaved, and then inoculated the same as the others. Heifers have several advantages. When carefully tied they cannot scratch the itching skin, and the operator, comfortably seated on a chair in a well-lighted room, charges his points, the heifer meanwhile munching some choice hay. As many as two or three thousand points have been charged from a single animal, but the product varies all the way from three hundred upwards.

CLEVELAND, O., February 13th, 1886.

“Smith & Shaw Electric Co., 168 West 34th St., New York:

GENTLEMEN: I write to say that I have in constant use one of your ‘Closed Cell’ pocket batteries for several months. You can have my verdict of this little machine in a very few words, to wit: I am simply *charmed* with it. For the past ten years I have made a special study of applied electricity in the treatment of patients; my office is supplied with a full line of electrical appliances; I bought your battery to take the place of a pocket Gaiffé machine, but very soon after commencing to use your little affair I found to my astonishment that I would do—and do very well—nearly all my daily work; while a large percentage of this work was better accomplished with your machine than by the heavy and more expensive office batteries,” etc., etc.

Sincerely yours,

J. EDWARDS SMITH,

Late Professor Histology and Microscopy, Cleveland Homœopathic Hospital College.

Millspaugh's *American Medicinal Plants*.—Fascicle III. of this important publication was delivered to subscribers in December last, and with it one-half of the work was completed. Ninety plates with descriptive text comprise this half, of which 89 have been furnished, and the ninetieth will be sent out with Fascicle IV. By an unwarranted presumption on the part of the lithographer the double plate of *Phytolacca* was reduced in size to a single plate, but as it was skilfully done, giving an excellent picture of the plant, it was sent out, for a rectification of this matter would have caused a delay of nearly two months. To make up for this, a double plate of some other plant will be given in Fascicle VI., by which time we will also be able to announce particulars as to binding of the whole.

Fascicle IV. will be issued probably in April or at latest in May, and the fifth will follow in September, *D. V.*

"With each additional fascicle the value of this work grows more evident. In Dr. Millspaugh is found the rare combination of physician, botanist and artist. The character of the work has been described in references to previous fasciculæ. Among the thirty remedies included in this group are such old and tried friends as *Baptisia*, *Cimicifuga*, *Conium*, *Phytolacca*, and others. The plan of arrangement is peculiarly comprehensive. The description of the plant, including its history and habitat, are clear and definite. This, together with the method of preparation, the chemical composition, etc., gives us a valuable work on pharmacology, while the sketch of its physiological action increases its value to the physician. . . . The work should be a popular one—not alone with the physician, but among all students of our flora as well."—*The Physicians' and Surgeons' Investigator*.

This work is published in fascicles at \$5 each. Six of these will complete it, and they will be forwarded to subscribers as fast as issued. Address subscriptions to Boericke & Tafel's Pharmacies.

Otto Fleming's *Instruments for Electricity* in medicine and surgery give universal satisfaction; they are of elegant design and of durable workmanship.

Luyties Brothers enjoy an enviable reputation for the purity and high quality of their medicinal wines and liquors. Our readers may rest assured that their statements can be implicitly relied upon; at least that is our experience with that house in a business intercourse of many years.

Boericke & Co.'s *Convertible Operating-Chairs* sell at sight. This is as convenient and well-made a chair as has ever been put out by any house, and the price is one-third less than what similar chairs were offered at heretofore.

Scott's *Emulsion Pure Cod-Liver Oil* is a most palatable and reliable preparation. Whenever cod-liver oil is indicated this preparation deserves preference, as it is readily assimilated by the human organism.

Bethlehem *Oat Food* is a reliable preparation which has a very extended sale.

THE  
HOMŒOPATHIC RECORDER.

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VOL. I.

PHILADELPHIA, MAY, 1886.

No. 3.

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THE HOMŒOPATHIC PHARMACOPŒIA.

THE spread of homœopathy is too apparent for successful denial, however much its opponents may seek to blink the fact. And not the least among the evidences of its extension is the multiplication of pharmacies exclusively homœopathic, not to speak of the many old-school pharmacies which keep lines, more or less full, of homœopathic preparations.

At no time in the history of our school has there been greater need of some authoritative and official publication which will insure not only uniformity in our preparations but also their strict agreement, in identity and purity, with the medicinal substances used in our original provings. There are at present in this country two publications, the results of private enterprise, whose purpose is to bring about these much desired results, but as neither is invested with the official endorsement of the homœopathic profession, so neither can be considered the authorized depository of the methods and safeguards in the preparation of our remedies which, it seems to us, homœopathic physicians have a right to demand.

The only body of homœopathic physicians occupying a representative position in our profession in the United States, is the American Institute of Homœopathy, and we feel sure that little urging is needed to cause that body to give to this most important subject its earnest attention. We are aware that attempts have been made by the Institute itself years ago to grapple with the problem, and why these efforts were without result need not be detailed here. The approaching meeting of the American Institute will, we hope, be largely attended, and we feel that it is not asking too much of gentlemen who have only the best interests of homœopathy at heart to take some action upon this subject.

The two publications alluded to have already cleared the way in great part, and if either be taken as sufficiently accurate to serve as the offi-

cial homœopathic pharmacopœia for the United States, well and good; if neither can be considered suitable for the purpose, it will not require a great expenditure of time or labor to bring out within a reasonably short period a homœopathic pharmacopœia which will prove a reliable guide to our pharmacists and be a credit to our school.

### HOMŒOPATHIC THERAPEUTICS.

*Acalypha Indica*.—By Dr. Peter Cooper, Wilmington, Del.—Abstract from a paper read before the Delaware State and Peninsula Homœopathic Medical Society.

Professor Jones recapitulates as follows: "*Time*. Hæmorrhage occurs in morning. *Blood*. Bright-red and not profuse in morning; dark and clotted in afternoon. *Pulse*. Neither quickened nor hard; rather soft and easily compressible. *Cough*. Violent and in fits at night; patient has a played-out feeling in the morning and gains in strength as the day advances.

"*N. B.*—Worthy of trial in all pathological hæmorrhages having notably a morning exacerbation."

Such is an outline presentation of the drug given us by so eminent an authority as Professor Jones of the University of Michigan. It was his "*N. B.*," his suggestion that *Acalypha* was worthy of trial in all pathological hæmorrhages from any source, providing the morning aggravation was present, that fixed my attention upon the drug especially. At the time I had a case of hæmorrhage per rectum that had baffled me for several months. No remedy had aided the case in the least, so far as I could see, unless it was Pond's Extract used locally in the form of injection; and I finally came to the conclusion that the relief apparently due to the *Hamamelis* was merely a coincidence. I had given all the hæmorrhagic remedies I knew of or could hear of. Still the bleeding came just as often, with increasing severity. Each time the patient was sure she would "bleed to death," and I was not positive she would be disappointed. In fact, I was so hopeless that I used to delay the answer to her summons as long as possible, so that the bleeding might have time to exhaust itself. She became reduced in flesh and the hæmorrhagic drugs became reduced in number, until, like the nine little Indians sitting on a gate, the last one tumbled off and then there was none. As soon as I read Dr. Jones's monograph on *Acalypha Indica*, I determined to try it. She had all the symptoms—bright-red blood in the morning: dark and clotted in the afternoon and evening: weak and languid in the forenoon, stronger during the afternoon—except one, *i. e.*, instead of the blood coming from the lungs it came from within the portals of the anus. I procured the 6x dil. and served it in water. It gave speedy, almost immediate relief. Each subsequent attack came less profuse and

at longer intervals. She has not had a hæmorrhage now for two months, while before she was having from seven to one (continuous) a week. She is gaining in flesh, is in every way improved, and keeps *Acalypha Indica* constantly by her.

**Chamomilla in Night Sweats.**—Dr. Anderson, of Dover, Delaware, related the following case recently: A phthisical patient from New York put himself under my care several years since during a temporary sojourn in Dover. One of his symptoms was most profuse and debilitating night sweats, necessitating a complete change of raiment from three to five times every night. These "night sweats," said the patient, "you cannot do anything with; I have had them for eighteen months and the best physicians in New York were unable to diminish them." "They will cease within five nights," the doctor answered, and prescribed for him a pinch of German Chamomile flowers (*Chamomilla vulgaris*) in a cupful of boiling water, *i.e.* sufficient of the flowers to give the water the color of a light tea. The first night no difference was noticed, the next night a slight amelioration set in, which was more decided in the third night when twice only the raiment had to be changed, in the fourth night this was necessary only once, and the fifth night was without any sweat at all; nor did it come back. About nine years ago Dr. A. first heard of this simple remedy from an old woman; he has used it ever since, and he assures us that it has not once left him in the lurch. A few drops of the homœopathic mother tincture of Chamomilla, administered in like manner, in hot water, may possibly answer the purpose as well. If not, then a sufficient quantity of the imported Chamomile flowers can readily be forwarded by mail for twenty-five cents; it can also be obtained at all German, and many other, drug stores. A. J. T.

**Passiflora Incarnata.**—The Dose.—Dr. Henry C. Cone, of Fort Collins, Col., writes: "With new remedies in our school, quantity and quality enter largely into consideration as to certain effects. I had never used *Passiflora*, and had no idea of its action except that it was used as a nervine. I was informed that the dose was from three to six drops of the  $\phi$ . I used it accordingly and got no results from it. Then I diluted it, used it in 1x and 2 centes., found it a useless medicine and was inclined to 'kick it out,' but I concluded to travel the other way and gave from a half to a full teaspoonful, one to five hours apart. This gave encouragement, and now, after experimenting with the drug, I find that from a half to two teaspoonfuls given every fifteen minutes until four or five doses are taken works like a charm."

**The Study of the Materia Medica.**—By Dr. A. Lorbacher, Leipzig.—Impressed by the conviction that, without an orderly arrangement of our knowledge of the materia medica, a successful and satis-

factory use of our method of cure is impossible, we desire to direct the attention of our fellow-practitioners to this point, and as far as it is in our power to render, by such discipline, that study easier. For this purpose it is not necessary to edit new guides or handbooks, but only to use the hidden treasures to be found in older works. Of such we find a rich store in that too little known and esteemed work, Dr. H. Gross' *Comparative Materia Medica*, edited by Constantine Hering; Phila., F. E. Boericke, 1867.

This work of German diligence had to emigrate to America and appear there in an American translation, as it could find no publisher in Germany. However, it thus was a gainer, as it was enriched by the practical observations and hints of the old master Hering, as well as by directions for its employment. . . .

In order to give to the reader an idea of the fulness of practical hints which the work contains, whose value and importance consists in making clear the meaning of single symptoms which by themselves appear insignificant, we will make some extracts from the book.

In the Introduction this rule is laid down: The characteristics of a remedy have a complementary and directing value, and exhibit the remedy in a new and different light. They are not based upon simple abstractions, upon new points of view and the like, but upon provings and clinical observations, that is, upon medical facts, and result from the art of observation, and it is interesting to follow the laws of nature which are evident in these facts.

The sexual passion, often united to jealousy, is in intimate relation on the one side with cruelty, on the other with passionate intensity. In anger and sexual irritation the salivary secretion is increased; with fear it is lessened.

The remedies which have hunger predominating, cause an increased flow of saliva, and often an increased delicacy of taste (Cham., Chin., Coff.): while with lessened saliva the appetite is wanting.

In Aconite, Chamomilla, China, Coffea, we find predominating delicacy of the sense of smell and, correspondingly, never dryness of the nose, which, indeed, would render delicacy of smell impossible. Drugs which cause desire for beer as well as those producing odorless flatus are at the same time remedies for the liver.

Crossing the arms over the head during sleep indicates usually trouble in the liver, and those remedies in whose provings such position has been observed have a decided relation to that organ.

The condition, biting the teeth together, is identical with pressure in general as well as with lying on the painful side.

Dryness of the tongue points to a brain affection; this is confirmed by those of our provings which have predominantly dryness of the tongue.

Under Arsenic is found desire for alcoholic drinks and aversion to



sweets, and correspondingly an irritable temperament; on the other hand, under Rhus there is desire for sweets and aversion to spirituous liquors, and correspondingly a depressed mood.

We find under China, Lachesis, Acid. fluor., and Acid. sulph., desire for alcoholic beverages and correspondingly mental excitement, ecstasies, etc.; under Mercurius and Sabadilla, aversion to wine, and desire for beer, which produces sluggishness in thinking and stupidity.

In persons mentally weak, as children whose faculties are not yet developed, the pupils are for the most part dilated; in mental disturbance they are contracted.

In delirium tremens there are illusions of sight, while through excess in venery mental disturbances with hallucinations connected with the senses of smell and of hearing are present. These give a true picture of the corresponding remedies in our therapeutic treasury. Illusions of smell have been especially observed with increased sexual desire. It is undeniable that the sexual passion is aroused through the sense of smell (Jäger), and it is also well known that the development of odors in plants accompanies the sexual process, that the development of the organs of voice occurs at puberty, and that the vocal powers of the wild song-birds make their appearance as soon as the sexual instinct has been satisfied.

In acute vision the pupils are predominantly dilated and optical illusions appear in brilliant colors; in dim-sightedness they are in dark colors.

Remedies which have a selective action on the hard palate act at the same time on the inner nose and inner ear (second branch of the trigeminus): on the other hand, those remedies which act on the soft palate affect, in general, the inner and outer nose (union of the facial with the lingual nerve).

The remedies which produce and cure a painless diarrhœa are also remedies for internal hæmorrhages.

Remedies which increase the secretion of urine also usually increase thirst, lessen the sexual desire, and produce a depressed condition of mind, while increased sexual desire is in general united with lessened secretion of urine and tendency to constipation. (Ant. crud., Apis, Aurum, Camph., Canth., Carbo veg., China, Colch., Conium, Digitalis, Dulc., Jod., Mezereum, Nux vomica, Opium, Plumb., Puls., Ruta, Staph., etc.)

Women who menstruate profusely have usually strong sexual desire, and *vice versâ*.

We seldom find in our provings fluent coryza at night, because every fluent coryza has a tendency to abate during sleep and in the warmth of the bed.

In the so-called narcotics a stuffed coryza predominates rather than fluent coryza, and a dry cough rather than a loose one. The few nar-

cotics which have frequent fluent coryza and loose cough have also more frequently diarrhœa than constipation.

Præcordial anguish is often the first symptom in psychic disturbance, while the latter is seldom seen to follow a feeling of anxiety in the head or in the hypochondria. And Hering remarks that his experience with remedies corresponds with this observation.

Remedies which produce cold breath also cause moist râles, while those which cause hot breath cause dry respiratory sounds.

Remedies producing moist respiratory sounds excite cough with expectoration, almost always. If the latter is not the case the cough is either wanting entirely, as in cholera (Colch., Cupr.), or the expectoration loosened by the cough is swallowed (Caust.), or finally excretion is not promoted on account of a partially paralyzed condition of the lungs, œdema, emphysema, etc. (Colch., Cupr., Ipec., Opium, Ant. tart.).

If a remedy has chilliness on one side of the body and heat on the other, the chill is always on the side on which the remedy in other respects predominantly acts. The chill is, therefore, characteristic of a remedy.

Arsenic has the characteristic of constitutional want of irritability, and with it predominating affections of inner parts. We find, therefore, in this remedy the feeling of deadness and insensibility in the internal or affected parts.

The remedies which specifically act upon the forearm (predominantly in bending the arm) affect for the most part the flexors and adductors of the lower extremities also.

The muscles of the upper arm and of the forearm are in opposite relation, considered gymnastically. In this way only can we explain why a proved remedy which acts specifically upon the upper arm leaves unaffected for the most part the forearm, and *vice versâ*.

When a remedy acts predominantly on the inner and posterior side of the thigh, it acts also upon the sole of the foot (sciatic nerve), and when it predominantly affects the anterior and outer side of the thigh, it likewise does so on the back of the foot (crural nerve). However, it is to be observed as a leading rule that the whole course of a nerve is not affected at the same time nor in one and the same prover, but frequently in one part and again in another of its course and its branches.

The foregoing facts, from the Introduction to Gross' M. M., rest upon physiological provings, as well as on clinical observation, and they are of especial importance because a multitude of symptoms recorded in the *Materia Medica* when so examined are not laughable and insignificant as our opponents would have them appear. We thus learn their real value in the differential diagnosis of remedies, and vindicate the demand of Bönninghausen, Hering, and other masters of the *Materia Medica* to place them in the first rank.

Deeper study on this theme from the side of Comparative *Materia Medica* will perhaps lead many novices, to whom in homœopathy the

Materia Medica is still a book with seven seals, not to pass it by with incredulous shakings of the head or polite smiles, and will show that the distinguishing characteristics of apparently similar remedies are only to be found by close and exact investigation.—*Allg. Hom. Zeit.*, Bd. 112, Nos. 10, 12.

(To be continued.)

## NEW REMEDIES.

### Parthenium Hysterophorus.—CONCLUDED.

*Résumé of Symptoms.*—If we boil down the matter, extracting only the symptoms and changes observed during the above experiments with *parthenina*, we have the following: *Heaviness and dulness of head, tendency to vertigo, malaise, apathy, lassitude, profuse and very fluid salivation, sensation of heat and weight in the stomach, increased appetite, gastric intolerance, nausea and vomiting. Increased stupor, desire to be quiet, refusal of food, and indifference. Excitation of the heart beats, or slow beating of the heart; depressed circulation, or general functional activity; pulse accelerated, or slow, weak, soft, compressible, without diastole; progressive slowing of the pulse, followed by syncope, cardiac paralysis (and death). Accelerated, or slow, irregular breathing (Cheyne-Stokes); rise and fall of temperature, tremors, shivering, diminished perspiration; dilatation of the pupils; convulsions (clonic and tonic); muscular relaxation, anesthesia and increased urine and saliva. The kidneys were found enlarged and congested, with evident signs of sanguineous stasis. The process of coagulation of the blood was retarded. The red corpuscles increased in volume. There was a fall of the blood-pressure, and vascular dilatation (of reflex origin). The heart was found arrested in diastole, and the brain anæmic. A marked diminution of reflex action in the hips and extinction of the voluntary movements, were noticed. Also a transient excitement of the voluntary movements. And finally the sensibility and the muscular contractility were diminished.*

CASES CURED BY PARTHENINA.—In regard to the therapeutic value of *parthenina*, little is known as yet, but the plant from which this alkaloid is derived, as said before, has been employed for years in Cuba, both by the people and profession, against fevers of a paludal origin.

Dr. Ramirez Tovar has reported in several numbers of the *Cronica Médico-Quirúrgica* of Havana, the following cases treated by him with *parthenina*, with the best results:

CASE I.—“A lady living in the lower part of the city, where the rain always leaves constant channels of infection, was suffering with *daily attacks of intermittent*, which grew more intense every day. She received 1 gram of the salt, divided in six powders, to be taken one every hour, after the attack. The next day she had no chill, and the thermometer indicated the absence of fever. She was nursing at the time,

and stated that she had noticed a marked increase of milk in her breasts; 50 centigrams more, in 5 doses, were given to her, and the fever did not return again."

CASE II.—"A tailor, 30 years of age, had moved to the lower part of the city and contracted a *tertian intermittent*. He had four paroxysms before the doctor saw him, the last one being *attended by much pain in the left hypochondrium*. He received one gram, in 5 doses. There was apyrexia on the day the attack was due, and this did not return again. This man continued to live in the same house, under the same regimen and hygienic conditions."

CASE III.—"A little girl, 6 years of age, lymphatic constitution, living near the beach of the harbor, was brought to Dr. Ramirez Tovar's clinic, suffering for 17 days with *malaise, loss of appetite, sleepiness and fever*. She had taken quinine, both internally and externally, with little benefit, and *was wasting away notably*. At 4 P.M. she commenced to take 50 centigrams of the salt, in 8 doses, and the next day at the same hour, the thermometer indicated a fall, from 39.5° C. of the previous day to 38.5° C. The mother was ordered to repeat the medicine at longer intervals, but for want of means the child did not take any more. On the 4th or 5th day the temperature went up to 39.5° again, then she was provided with the medicine, and 3 days later the temperature was normal. The action of the alkaloid was aided here by a tonic wine prepared from the extract of the plant."

CASE IV.—"A man, 45 years of age, of *delicate constitution, poorly nourished, with a straw-yellow face, yellow sclerotics, enlarged liver and spleen, the latter somewhat painful to pressure*, who had contracted *intermittent fever* while in Panama, and had taken quinine, was complaining, when Dr. Ramirez Tovar saw him (middle part of December), *of a pain in the right side* (more severe in some points than in others), which commenced at 1 P.M., with *shiverings*, and which disappeared after two hours to return again the next day, at precisely the same time and with the same symptoms. He received 1 gram of *parthenina* in 5 doses, one every hour, right after the cessation of the pain. He was seen by the doctor the next day at 4 P.M., and up to that time the pain had not returned. He took then 50 centigrams more, in 5 doses, one every hour, and was free of pain until the latter part of January, when he again consulted the doctor, this time the *pain being located in the stomach*, for which *parthenina* was repeated (1 gram in 5 doses, one every two hours). The next day the pain had ceased, but returned on the third, and he again received 1 gram, in the same manner as before, and since then he has been free from pain."

CASE V.—"A young lady, 18 years of age, complained of a *facial neuralgia with periodical exacerbations*, from which she was suffering for four days. She received 1 gram of *parthenina*, in 5 doses, one every hour, and on the following day she was entirely free from pain. 50

centigrams more in 4 doses were given to this lady to prevent a relapse, and the result was a complete cure."

And to finish this report, I will mention a case which came under my notice: a little girl, my niece, 5 years old, living in Havana, who, when seen by the late Dr. Govantes of that city, had been suffering for some time before, from a *continued fever, with periodical mid-day exacerbations, which, later on, assumed an intermittent type.* She had been saturated with *quinine*, and complained, at the time, of *malaise, lassitude, languor, headache, loss of appetite, gastric intolerance,* etc. The temperature went up as high as 40.6°C., during the hot stage, which was short and was followed by copious sweats giving relief. *Parthenium hysterophorus* in the form of an extract, prepared and sold at Dr. Villavicencio's Pharmacy, in Havana, was prescribed by Dr. Govantes. Three doses a day, each of the size of a pea, dissolved in water, were given for 4 or 5 days, and at the end of that time she was entirely free of fever and made a quick recovery.

If such results can be ascribed to *parthenium* and its alkaloid *parthenina*, I think it would be unjustifiable to set them aside. An early proving of the plant will not only enhance our therapeutic resources, but prevent the non-scrupulous from employing it empirically.

The house of Messrs. Boericke and Tafel has imported this plant from Cuba and is preparing a mother tincture.

EDWARD FORNIAS.

327 Pine Street, Philadelphia.

**Proving of Parthenium Hysterophorus.**—A Cuban plant called *Escoba amarga*, or "bitter broom."

February 12th.—Until a few days ago had a slight continuous toothache due to a cavity in last molar of lower jaw; cavity recently filled. General health has been excellent for some time.

7.40. A.M. Took 5 drops of tincture. At once have a full feeling in head, especially vertex, pressing from within.

7.45. Ringing in ears, < left.

7.50. Took 10 drops. Ringing and fulness continue and become worse.

7.58. Upper teeth feel "on edge," with slight prickling pains in sockets, which slowly grow more severe.

8.00. Breakfast; above symptoms continue, but grow less severe.

8.10. Loud rumbling in bowels; irrepressible eructations, tasteless.

8.20. 20 drops. A "shivery" feeling runs over limbs and back as this is taken. Singing in ears had ceased but begins again, as does the rumbling.

8.40. "Goneness" in epigastrium, singing ceases; some fulness in head remains.

8.45. Same feeling in teeth as above; singing in ears; head thick, heavy.

8.50. Sharp, aching twinges in upper molars; some sharp pains in ears. Pulse 72.

9.10. 25 drops.

9.15. Stitching pain in left temple, of short duration. Upper incisors tender at sockets when biting.

9.25. Sudden pain in upper teeth with lachrymation, < pressing jaws together.

9.45. 25 drops.

9.55. Aching pain at left supraorbital foramen. On going into open air no symptoms but taste of drug and fulness of head. A tooth filled yesterday aches slightly, same as before filling.

11.15. 60 drops. Renewed fulness of head. Pulse 76.

11.30. Goneness in epigastrium; vertigo while sitting, with heat of face and blurred vision. Aching at supraorbital foramen (left), extending to root of nose and becoming more severe there, > eyes closed. Feel dull, stupid. Goneness comes and goes; hunger.

11.45. Aching at lower edge of right ear spreads over side of face; ear feels plugged up. Am drowsy, eyes "heavy;" goneness and unusual craving for food.

11.50. Prickling in skin of back of wrists and hands. A twinge of pain at right infraorbital foramen, gradually increases; cannot fix attention on what I am reading. Hard, painful lump in epigastrium; better after eructations tasting of drug. Slight nausea with some relief.

12 m. 60 drops. Requires much effort to fix attention while counting drops.

12.15. Head heavy, brain feels loose.

12.30. Stitching pain at lobe of left ear and deep in and above external auditory meatus.

12.45. Dinner.

1.45. 75 drops.

1.50. Hard lump in epigastrium. Head feels as if in a vise. During P.M. only "goneness" and continued taste of drug.

9 P.M. 100 drops, followed at once by sudden stitching pains in left frontal eminence, which soon cease.

9.10. Pain in frontal eminence has returned and continues. Teeth "on edge" and tenderness at sockets. Upper incisors ache as after filling. Teeth feel too long.

9.30. Lump in epigastrium. Severe plunging pain in left frontal eminence.

9.45. Stabbing pain runs up rectum after passing flatus.

Mushy stool at 10.30 P.M. (Usually have passage at 10 A.M.; to-day no desire.)

February 13th.—Passed restless night, waking at 3 or 4 o'clock, then dozing and dreaming until 7.30; rose with throbbing deep in brain, as if it would push through top of head; "big" head, > after moving about

and washing face. 7.45. 120 drops. 7.55. Breakfast. 8.10. Aching in eyeballs. No further symptoms all day.

9.30 P.M. 5 drops. 9.35. 5 drops.

Same tenderness at sockets of upper incisors when biting.

9.40. 5 drops. Sudden darting pains in right, then in left frontal eminence, with dull heaviness in forehead, gradually increasing.

9.45. 5 drops. Sudden return of pain in frontal eminence. Fulness and aching in ears, coming suddenly. Upper teeth all ache, and feel too long.

9.50. 5 drops. Beating ache in middle of forehead. Bursting pain in right malar bone. Tingling in tip of tongue. Sudden motion increases frontal pain.

9.55. 5 drops. Slight colicky pain at navel. Eructations tasting of drug.

10.00. 5 drops. Same frontal pain, and brief feeling as if blood would burst through face; this returns in a few minutes, especially about nose and root of nose.

10.05. 5 drops. Same frontal pain, and head feels swelled. Pulse, 72.

10.10. 5 drops. Heart-beat felt all over head < motion, and over eyes.

10.15. 5 drops. Splitting pain over both ears in spots the size of silver dollar.

10.20. Must look intently to see the words; as I write, letters seem pale and eyes ache.

10.25. 5 drops. Eructations tasting of drug. Colicky pains about navel.

10.30. 5 drops. Aching in left lower molars.

10.35. 5 drops. Stabbing pain in left ear. Teeth "on edge."

10.50. All the upper jaw aches, especially at sockets of teeth and on biting. Fulness and pressure in ears. Temples feel as if in a vise. All symptoms < after going up stairs.

February 14th.—Again awoke early, 3 or 4 A.M., and rose at 7.30, after a dreamful sleep, with headache. Felt better after going about. No symptoms during day.

February 15th.—Passed restless night. Fell asleep late, with headache at vertex—a pushing out. Awoke at 4 or 5 A.M. heavy and stupid; then again slept.

February 17th.—5 P.M. Took 2½ drachms.

5.02. Eructations taste of drug. Goueness in epigastrium. Pulse, 72. Some rumbling about navel.

• 5.10. Head heavy; pressure at right frontal eminence, which increases to sharp, penetrating pain, going to root of nose, then to end of nose, where it is most severe. At root of nose, stuffed feeling, as with dry coryza. Pain in nose gets more and more severe; restlessness succeeds; never had such a pain; seems now all in bones of nose and worse on left

side. Forehead has ceased to ache. Pain seems to start from supra-orbital foramen now.

5.15. Upper incisors commence to ache. Aching and bursting pain in nose remains; nose feels swollen. Teeth "on edge." Epigastric gone-ness.

5.25. Sharp pain in left upper and lower molars. Pain in nose has ceased. Bursting pain in left frontal eminence. Upper molars tender at sockets.

February 23d.—12.30. Took 6 No. 40 pills saturated with 6x dil. 2 P.M. Same dose. 4.30. Same. 5.00. Sharp, aching pain deep in left ear, gradually grows worse.

5.10. Singing and dull aching in right ear.

5.15. Singing and a pushing out in left ear. Fulness of frontal eminences; thence pains go to root of nose and nose becomes tender to touch. Sharp pain again deep in right ear. Aching of "bridge" of nose and of upper left molars. Hands feel numb, especially dorsal aspects. Rumbling in bowels about navel. Pain again at root of nose. Colic deep in pelvis; pains run down backs of thighs to knees.

5.15. Pains again in frontal eminences.

5.25. Aching over eyes; feel like closing them; aching pains run up from above left eye-tooth to eye and over face; occurs by starts and stops. Frontal headache and pains down nose recur at intervals.

5.30. Aching, very severe, at left side of "bridge" of nose. Sharp stitch deep in left ear. Throbbing in vertex. Sockets of upper teeth tender. Aching at end of nose, which feels full of blood.

5.45. 6 pellets. All pains continue as above. Brain seems loose, < moving head. Front of head feels big.

6.00 P.M. Stabbing deep in left ear, < by pressing teeth together.

6.30. Various pains gradually subside.

B. H. B. SLEIGHT, M.D.

NEWARK, N. J.

**Artificial Cocaine.**—Merck is said to have prepared Cocaine by synthesis. Cocaine is benzoic methylecgonine. Benzoic ecgonine is treated with iodide of methyl in slight excess, in the presence of methylic alcohol at 100° C.; the excess of iodide and methyl alcohol is driven off by heat; from the resulting syrupy liquid Cocaine is extracted. This artificial Cocaine melts at 98°, like its prototype, and it possesses all the reactions of the natural product.—*Lancet*, March 27th, 1886.

**Benzoate of Cocaine.**—Señor Alfredo Bignon, in a paper read before the Lima Academy of Medicine, strongly recommends the employment of the benzoate of Cocaine in preference to the hydrochlorate (the salt most commonly used), and to the salicylate and borate, with which he has also made experiments. He finds that the benzoate is extremely soluble, easily crystallizable, and retains the characteristic



odor of coca itself. The antiseptic qualities of benzoic acid are also an additional advantage. Amongst other experiments, the anæsthetic effects of a 20 per cent. solution of the benzoate were compared with those of a similar solution of the hydrochlorate in a case of epithelioma of the tongue, with the result that the effect of the former salt persisted for a much longer time than that of the latter.—*Lancet*, February 20th, 1886.

**Antipyrin in Phthisis.**—Dr. Hoedmaker, a Dutch physician, practicing at Davos Platz, has made a number of observations on the effect of Antipyrin on phthical patients, from which he has come to the conclusion that patients not treated with Antipyrin are more comfortable than those who are taking it, though the latter have less fever.—*Lancet*, February 13th, 1886.

**Calcium Chloride** (*Calcareo muriatica*).—Dr. Arthur Davies, in the *Practitioner*, January, 1886, says, that this drug which has fallen into disrepute has not deserved such a fate. He believes it to be of the highest value in treatment of scrofulous (glandular) indurations, especially in chronic enlargements of the lymphatic glands of the neck with a similar condition of the parotid and submaxillary glands. He quotes Dr. Warburton Begbie as saying: "It is in my power to assert that many instances of great enlargement of the cervical glands have yielded to its use." The dose (allopathic) is from ten to twenty grains, given in solution thrice daily. It requires to be taken for long periods in some cases, and he finds it to fail entirely in those cases of scrofulous diathesis where suppuration has already commenced. The drug is intensely hygroscopic, and the lower homœopathic triturations will become moist if access of air is allowed.

**Galium Aparine in Psoriasis.**—Surgeon Major Owen, Exeter, writes to the *Brit. Med. Jour.*, March 27th, 1886: "The wife of a staff-sergeant, in this garrison, had psoriasis of the left hand for upwards of twelve months. She derived no benefit from chrysophanic ointment, tar ointment or arsenic, and was unable to do any housework on account of the painful fissures and general soreness of the affected part. A friend advised a trial of Galium aparine to be applied locally as a poultice, and also to be drunk as an infusion. In less than three weeks the psoriasis disappeared, and the skin resumed its normal state."

**Naphthalin in Dysentery.**—In *Voënno-Sanitarnoë Delo*, No. 46, 1885, Dr. Novikoff writes that he has admitted to the lazaretto of the 9th Grenadier Regiment thirteen cases of more or less severe dysentery, and treated twelve of them by Naphthalin, in five-grain doses, from three to six times daily. All the twelve recovered after several days' treatment. As a rule, within from twelve to thirty-six hours after the first dose, there appeared a striking relief of pain and tenesmus, and

then a rapid fall of temperature followed. A thirteenth patient was treated by calomel and ipecacuanha, and died. The single inconvenience of the Naphthalin treatment is the disgusting odor of the drug, which often causes vomiting. To prevent the latter, Dr. Novikoff advises that Naphthalin should be administered in isinglass capsules.—*Lond. Med. Record*, February 15th, 1886.

**Scutellaria in Severe Hiccough.**—In the *Brit. Med. Journ.*, December, 1885, Dr. Churton records a case of severe and rapid hiccough. Morphia, with occasional inhalations of chloroform, effected a gradual cessation of the hiccough, which returned in a week and became obstinate. Pilocarpine given subcutaneously in quarter-grain doses would check the hiccough within ten minutes after its administration, but the drug, after some weeks, lost its effect. Then the tincture of Scutellaria was given, sixty minims every two hours. After the eighth dose the patient slept, and the spasms gradually diminished, so that by the fourth day they had stopped and no recurrence took place.

**Nitrous Oxide as an Anæsthetic.**—M. Laffont, in a recent communication to the Paris *Société de Biologie*, stated that Nitrous oxide is a most dangerous anæsthetic. He has since further prosecuted his experiments; and at a subsequent meeting confirmed his previous statements. He has found proof that Nitrous oxide is not an anæsthetic, but an asphyxiating agent, as MM. Jolyet and Blanche have proved. When this agent is used by dentists to produce anæsthesia, hyperglycæmia and glycosuria result. M. Laffont has verified these phenomena by personal experience. He has also ascertained that in animals these results take place before anæsthesia, during the period of deep breathing.—*Lond. Med. Record*, February 15th, 1886.

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#### SELECTIONS OF GENERAL INTEREST.

**Effect of Light on Bacillus Anthracis.**—According to M. Arloing, gaslight is slightly prejudicial to the growth of the bacillus anthracis. The sunlight of summer rapidly suppresses the vegetation of the spores if the rays of light can penetrate easily the fluid media that hold the bacillus in suspension. Sunlight also interferes with the growth of the mycelium, and is an agent as effective as heat for the attenuation of the virus of charbon. The effect of sunlight is due to the action of all its component rays; the effects are proportional to the intensity of the light and the transparency of the media.—*Lancet*, February 27th, 1886.

**Cryptomaines.**—Edible mushrooms may, under certain circumstances, develop highly poisonous principles. On this supposition may be explained the occurrence of accidents from ingestion of the ordinary

salutary fungi. These principles have varying degrees of poisonousness. Those cryptomaines that are extracted by chloroform appear to possess the greatest toxic power; the ethereal extracts come next; then follow the resinous parts and the amylic alcohol alkaloids. The chloroform cryptomaines and the resinous parts alone possess convulsant properties. Such are the conclusions of M. Houdé.—*Lancet*, February 27th, 1886.

**The Ptomaines and the Microbe Theory.**—The discovery by M. Gautier of the part played by ptomaines and leucomaines in the pathogeny of disease, is a terrible blow to the microbial theory, as, in a paper communicated by the author to the Academy of Medicine, it has been demonstrated that the non-elimination from the body of dead animal matter is the only source of all human ailments. Professor Peter has always been vehemently opposed to the bacillary theory of the ætiology of disease, and looks upon the discovery of ptomaines and leucomaines as a new era in medicine. Although he himself had long ago foreseen the existence of such elements as causes of disease, it was left to M. Gautier, the eminent chemist, to formulate his theories in a more scientific manner. This new theory formed the basis of a very interesting paper read by Professor Peter at the Academy of Medicine, in which he makes out that this new theory of auto-infection is quite compatible with clinical observation, whereas the microbial theory is so shrouded in mystery that Koch himself had been induced to considerably alter his opinions respecting the rôle of the comma bacillus in the development of cholera, and now declares that the disease is caused by a ptomaine secreted by a bacillus. In concluding his paper, Professor Peter made the following remarks: "M. Gautier has shown that in the dead body, and even in the living, ptomaines are formed; these alkaloids, ptomaines, or leucomaines are absolutely toxic; an auto-infection, characterized by hyperthermia, is the result. This theory rids us, at least for a time, of the tyranny of the microbes. If urea, which is an alkali, is constantly formed in our organism, why should there not also be formed an alkaloid in it? It is only a question of degree. Life is a contingent phenomenon; it is a series of partial deaths. It may, therefore, be said that we carry in ourselves while living a portion of our own corpse, but we resist the work of auto-infection by two distinct mechanisms—the elimination of the toxic substance and its destruction by oxygen. We should no longer hesitate between the parasitic doctrines, which are shrouded in dark hypotheses, and this new doctrine, which is as luminous as it is precise, which explains the phenomena of normal and abnormal life."—*Lancet*, February 13th, 1886.

**The Origin of Cancer.**—The close connection that exists between chronic inflammations and irritations and cancers, was long ago pointed out, and subsequent observations serve only to demonstrate more clearly

what has long been obvious to nearly all professional minds. A recent writer in Volkmann's *Sammlung*, No. 257, Karl Schuchardt, brings forward a series of illustrations carefully studied, clinically and microscopically, of this connection. First of all, are five cases of buccal and lingual psoriasis that have been followed by carcinoma; one of the patients had suffered from the psoriasis 30 years, another 20, another 13, another 3, and the fifth between 5 and 6 years before the carcinoma developed. Another case was one following psoriasis of the prepuce of long standing, which, in its turn, was supposed to be due to phimosis. A second series of cases was formed by a number of skin carcinomata following diseases of the skin. This series included chimney-sweeps' cancer, tar, and paraffin cancer. All had this in common, that skin affections of a hyperplastic character followed chronic fouling of the cuticle by mechanism or chemical agents, as well as repeated traumatism of specially disposed and exposed parts of the body, such as the arms and scrotum. To these, succeeded cancerous degeneration, which remained local in its action for years, but which was capable of setting up metastatic processes. Schuchardt reports six cases of this kind. The seborrhœa of old people is capable of giving rise to cancer in a similar manner. Want of cleanliness has great influence in originating these. Microscopical examination demonstrated enormous extension of the anuclear layer of the epidermis, desquamation even to the hair-follicles, increased formation of salts and retention of this secretion, and especially inflammatory infiltration of the corium, and more particularly into the papillæ. To these may be added those cases of cancer that follow ulcers of the stomach, and sarcomata following blows, such as osteo-sarcomata, and such as the following, reported in the *Deutsche Med. Wochens.*, No. 38, 1885, by H. Lindner: "A virgin, æt. 16, had a blow on the mamma. Within three weeks a sarcoma followed; within seven weeks the breast was amputated; in five months the disease recurred and was extirpated, and within a year death took place from marasmus." As in all these cases, and such could be multiplied indefinitely, the malignant disease followed injury of some kind or other, generally chronic, but sometimes, as in the latter class, acute, the question almost naturally presents itself:—Is cancer, whatever its form, ever primary, *i. e.*, does it ever originate without a previous injury? Is it not, in its earliest stage, always an abortive and ineffectual effort at repair? The numerous facts collected seem to point to this origin, and we know of no facts that militate against such a view. Whenever cancer originates in parts open to inspection, it begins in this way, and it is only when it arises in parts shut from our view that we assume that it is itself primary. It was long thought that cancers of the stomach were primary, but microscopical examination has shown that cicatricial tissue can be demonstrated in them. The same could possibly be shown in cancers of the liver, lungs, and œsophagus, if they were subjected to the same careful scrutiny.—*Medical Press*, March 24th, 1886.

**Cure of Extensive Sarcomatous Growth by Erysipelas.**—Various cases of cure of malignant disease have been reported from time to time after an attack of erysipelas. The present case is reported by Dr. Biedert, of Hagenau (*Deutsch. Med. Zeitung*). The child was a little girl, nine years of age, the subject of a most extensive sarcomatous growth, commencing on the left tonsil and spreading deeply into the pharynx. In the space of three months the disease had so far extended that the whole of the back of the mouth and pharynx was occupied by the growth, spreading forward on the tongue to between the lips. It extended also upwards towards the nasal cavity, anteriorly to the *alæ nasi*, and laterally to the cheek bones. Whilst in this condition the child contracted erysipelas, and as the fever from this subsided, the tumor everywhere melted away (*schmolzen*). This was in November of last year, and Dr. Biedert still fears that the disease may again start from the less completely melted or inaccessible spots. In such a case he is of opinion that the parts should be inoculated with erysipelas virus by means of Fehleisen's cocci. Microscopical examination showed that the tumor was a vascular round-cell sarcoma, with not very large cells, and already much divided nuclei.—*Med. Press*, March 17th, 1886.

**Diagnosis between Chancroid and Chancre.**—The Paris correspondent of the *Brit. Med. Jour.*, April 3d, 1886, writes: "M. Balzer indicates how to easily recognize the difference between a soft and a hard chancre and herpes. According to this investigator, it is sufficient to examine the products of the ulceration. With the soft chancre there are always lesions of the derma; and on examining the secretions, there are present epithelial cells and pus-corpuses, in this respect like those of indurated chancre and herpes, but, unlike the secretions of those affections, there are also elastic fibres. These fibres are easily perceived by treating the preparation with potash and staining it with eosine. This method enabled M. Balzer to make a differential diagnosis, which would otherwise have been impossible."

**Malthus's Law and Tumor-Growth.**—Mr. Jonathan Hutchinson writes to *Brit. Med. Journ.*, March 20th, 1886: "Malthus's law of population-increase by geometrical progression applies to the growth of tumors. The larger they have become, the more rapid is their rate of progress. It is a process of cell-multiplication; and the more numerous the cells, the greater their rate of doubling. It is important to remember this law, since it may help us: first, in prognosis; secondly, in emphasizing the importance of early treatment; and, thirdly, as showing the occasional advantage of methods of treatment which diminish bulk and retard growth, although there may be no hope of cure.

"The Malthusian law is often remarkably illustrated in cases of rodent ulcer, which advances very slowly at first, and very rapidly later on."

**Aphonia Produced by Morphine.**—Dr. Trevelot reports in *Journal de Médecine et Chirurg. Pratiques*, March, 1886, a case of aphonia resulting from subcutaneous injections of morphia. The patient, a young man, aged 19, was suffering from alcoholic delirium, and after each injection (.015-.02 grams =  $\frac{1}{5}$ - $\frac{3}{10}$  grains) he became calm, but immediately there was a complete aphonia. Some seconds after the injection the limbs were completely relaxed, he ceased complaining, opened his eyes, emerged from the mental agitation, but the aphonia remained and lasted for about an hour. The same phenomenon was observed after a second injection the next day. The patient, later on, had to be sent to an asylum.

**Disappearance of Epilepsy after Poisoning by Arsenic.**—At a meeting of the Vilna Medical Society, Dr. L. S. Stembo related (*Proc. of Vilna Med. Soc.*, No. 9, 1885) the case of an habitual drunkard who had for many years suffered from weekly epileptic attacks, and lately attempted suicide by taking arsenious acid. Under an appropriate treatment the patient recovered both from the effects of the poison and from the epilepsy. At least no convulsive attack occurred for six months after the poisoning. It is worth while to add, also, that he ceased to drink after the accident.—*London Med. Record*, February 15th, 1886.

**Laryngeal Syphilis.**—Dr. Schiffers, of Liege, reports the case of a patient who had had a papular syphilide on the trunk and abdomen. Some weeks later there was some trouble with the voice. The epiglottis was found to be swollen so as to completely obstruct the orifice of the larynx. Cauterizations with silver nitrate produced no change in the œdematous parts, and recourse was had to applications to the laryngeal mucous membrane of a one-sixth solution of chromic acid. After four or five treatments with this agent, the tumefaction disappeared almost completely.—*Le Progrès Médical*, March 13th, 1886.

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#### VARIÆ.

**A Maternal Substitute.**—A curious story comes from Toulouse, of a laboring woman, who, during her work in the fields, was in the habit of leaving her baby in a shady corner, returning to give the child the breast as opportunity occurred. To protect the child from harm, the dog (a bitch) was left in charge. The mother noticed after a time that the child no longer exhibited the same impatience for the breast as formerly, although its general condition was excellent, and its indifference could not be attributed to a failing appetite. One day, on returning to take charge of her offspring, she was astonished to see the dog standing tranquilly across the child and suckling it. The mother, who saw no objection to the proceeding, allowed the habit to continue, and the child

seemed to thrive on the milk of its novel nurse. The dog exhibited a truly maternal tenderness for the child, and as the child grew older this tenderness was heartily reciprocated.—*Med. Press*, March 17th, 1886.

**Coloring Materials in Articles of Food.**—The employment of coloring materials, derived from anilin or other coal-tar products, especially rosolic acid however prepared, has been forbidden in Austria by a ministerial order.—*Prag. Med. Wochensch.*, xi. 12.

### ECHOES FROM THE NEW YORK CLINICS.

At a surgical clinic the lecturer showed a case in which a soft chancre had existed. The sore became phagedænic, and the greater portion of the dorsal aspect of the glans was speedily destroyed together with the skin and underlying tissues of the body of the penis down to the spongy and cavernous bodies, encircling the organ and extending backward about an inch and a half. The patient had been etherized and fuming nitric acid applied freely in the expectation of destroying the tissues involved in the phagedænic process. The destructive action soon reappeared, and then the patient was given extra diet, meals consisting chiefly of meat at frequent intervals and liberal doses of the stronger wines as often as six times in the day. As soon as the improved diet and stimulation was appropriated by the system, a marked change for the better was apparent, and the phagedænic process was arrested. The lecturer was of the opinion that the destruction in such cases is due to depraved nutrition and not to any supposed virulence, original or acquired, of the chancroidal poison.

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THE same lecturer related the case of a young married lady who had an ordinary mole on the chin. Her infant, attracted by its appearance, constantly played with and rubbed it until in a few months an angry, extremely painful tumor occupied the site of the original mole. After repeated examination the lecturer declares the tumor malignant, and intends to remove it by the knife.

\* \* \*

SOME months since a patient suffering from stillicidium with consequent eczematous inflammation of the cheek, came to the clinic of a prominent eye surgeon. Upon examination blenorrhœa of the lachrymal sac was found, and the indication for treatment seemed very simple. The canaliculi were slit up, the cavity of the sac was treated locally and Theobald's larger probes were passed without difficulty. All the symptoms improved except the stillicidium, and the persistence of this led the surgeon to search for some extra-ocular cause. Upon examining the nasal passages a marked catarrhal condition was found, together with some thickening of the covering of the turbinated structures.

Local applications of silver nitrate in solution were made, and a speedy and complete cure followed. Nearly four months were thus lost in treating the disorder in a roundabout way, and the surgeon would probably smile in derision if told that a homœopath ought to have cured the case at once by a properly chosen remedy covering the totality of the symptoms.

\* \* \*

THE same surgeon says that already the injurious consequences of too ready application of the galvano-cautery in destroying hypertrophies of the turbinated bodies are apparent. He has seen cases in which adhesions in the posterior nares and rhinopharynx were present as a sequela of the above method, and stated that he had that very day examined a lady whose nasal passages were so treated in whom the adhesions were so firm and the outgrowth of cicatricial tissue so great that he found it impossible to pass even the smallest probe through the nares into the pharynx.

\* \* \*

THE use of Cocaine too has its disadvantages if not kept within limits. It is found that Cocaine, if applied frequently to the eye, produces infiltration and swelling of the cornea, and then the epithelium is soon shed; opacity results. The six cases reported by Prof. Alfred v. Graefe, of Halle, in which from such cause there occurred opacity sufficiently great to render the eye practically blind, have startled ophthalmologists, and the use of Cocaine is now limited in eye cases to a 4 per cent. solution, applied not more than twice a day.

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#### NEW PUBLICATIONS.

**A Systematic Treatise on the Practice of Medicine.** By A. E. Small, A.M., M.D. Chicago: Duncan Brothers, 1886. Pp. 990. 8vo. Sheep.

The position which the author of this work holds as a practitioner and teacher in the homœopathic school, would naturally lead us to expect from his pen a volume at once worthy of himself and his profession. It is with extreme regret that we have to say that this expectation has not been realized in the book before us, and we do not know whether his ancient and often incorrect notions of disease, or the peculiar style of English in which he expresses his ideas is the more condemnable.

At the present day any work on the practice of medicine is expected fairly enough to display some acquaintance with at least the generally accepted views of etiology, diagnosis, etc. Our author seems to be unacquainted with the laryngoscope, for he says that polypi of the larynx can only be suspected; he apparently knows nothing of the later researches in the domain of infection; in his section on nervous diseases he has not a word about locomotor ataxia, nor does he attempt to distinguish between the different forms of spinal paralysis, and he actually



makes a separate section for a typhus abdominalis as something distinct from typhoid fever. The idiom, if we may so express it, which he employs is that which is seen in the funny columns of the newspapers in examples of a school-boy's composition, and in many cases his paragraphs are made up of phrases strung together in all disregard of coherence of ideas. The omission of a relative pronoun and often of the verb produces the same ludicrous effect as it does in the school boy compositions referred to.

Lest our readers may suppose the picture we have just given is overdrawn, we append some choice extracts.

"The pleura is a serous membrane which lines the thorax, the pleura costalis and reflected over the lungs is termed the pleura-pulmonalis, it is subject to inflammation, the portion that covers the lungs is subject to modification in the phenomena presented by inflammation, differing somewhat from that which pertains to the portion which lines the parietes of the thorax, by reason of its contiguity with the viscus which it covers; the acute inflammation of the pleura is denoted by acute pain in the side or in some part of the thorax, cough, difficulty of breathing, fever, more or less dulness on percussion, with egophony, followed by enlargement of the effected (*sic*) side and avolition (*sic*) of all sound of respiration and voice. . . ." Page 423.

The scientific value of the above we submit to our readers' judgment. We would merely ask—how often has the author found egophony in acute pleurisy?

"Hydrothorax and hydro-pericarditis (*sic*) are so intimately connected that the one cannot exist without the other." Page 445.

"The test for diabetic urine most readily practiced is to half-fill a test-tube with the urine to be examined, add about two drops of the solution of sulphate of copper to make it slightly blue, and then add of liquor Potasse (*sic*) enough to clear it by re-dissolving the precipitate which it at first produces, let it boil up once over a flame, and if it contain sugar there will be a reddish-brown precipitate of the suboxide (*sic*) of copper, if there is no sugar, the precipitate will be black oxide (*sic*) of copper. . . ." Page 491.

"The most reliable information concerning diabetic urine is obtained by the aid of the Urinometer; when this instrument stands above 1030 we may conclude that sugar is present." Page 492.

"The prognosis [of diabetes] may be favorable when the patient is corpulent and in easy circumstances and blessed with a healthy residence, and receives early energetic and persevering treatment before the disease matures, but unfavorable when it occurs in infancy, and youth under twenty years of age of a spare habit, careless and neglectful of themselves, and a residence in unhealthy dwellings. . . ." Page 492.

"It is, therefore, evident that rheumatism is essentially an inflammation of the fibrous tissue which commonly seizes the fibrous parts around

the larger points of which the ligaments and tendons are made up." Page 503.

"The most singular fact in relation to this disease [scabies] is its connection with a peculiar insect, denominated the *acaris-scabia (sic)*." Page 518.

Of variola the author says "there are three forms in which the eruption makes its appearance, one of which is termed discreet, because the eruption becomes manifest in pustules, each of which is distinct without coalescing together. Another variety is termed the confluent, because the pustules coalesce and run together; and still another is termed coherent, where the pustules are numerous and enlarge their margins so as to cohere with each other." Page 531.

On page 548 we read, concerning infantile remittent fever: "The stools are usually dark and offensive, as in case of deficiency of bile."

The first portion of the section treating of the nervous system is, we are inclined to think, the production of another writer, for it is given in acceptable English, and the matter, although based on older authorities, such as Fluorens and Foville, is fairly correct as far as it goes; yet when we meet the expression "pacchionian corpuscles of the skin" (with a small p), instead of Pacinian corpuscles, and cerebo-spinal (*sic*) system twice in three lines, we fancy that we can detect the "fine Roman hand" of the author.

Want of space forbids our giving further extracts of this kind from the book. Misspellings are abundant, among the more noticeable being the following: Scybalæ, sequelæ, sputa used in the singular, *schlerosis*, vellum-palati, prurigo farmicans, nyctatopia, callyria, tinnitis, hæmoptesis, and the word eclansia is used repeatedly and without any authority either in the etymology of the word meant or in accepted usage. The names of remedies in many instances show similar carelessness or something worse. For instance: Chimaphilla, teucrium marum varum, tartrate of antimonía and potassia, senecio aurens, and on page 362 we read of two interesting additions to our Materia Medica, viz., bicromide of mercury and nitrate of amyl. The author has invented a few terms which are worthy of reproduction here—colera pictonum, hydro-pericarditis, vesicula calculi, and urinethretic, the latter probably being his synonym for the word urethral.

Authors quoted in this work are treated at times to the discourtesy of misspelled names. Thus we read of Meridith Clymer, Oliver Wendel Holmes, Laenec, Aurenbrugger, Angel, Hughes Basset (evidently meant for Hughes Bennet), and to our own Hering is given an additional r, while the gentleman whom the author thanks in the Preface for many valuable hints masquerades on page 533 as Prof. Ludlum.

It remains for us to speak of the treatment of disease as given in the book under review. The author, for some reason best known to himself, offers under each section the outlines of allopathic practice, but of allo-

pathic practice as it was twenty-five years or longer ago. Has he been blind all this time to the changes that have taken place in allopathic therapeutics, changes which are due in no small degree to the influence of homœopathic teachings and still more to homœopathic success? We cannot understand how the dead and buried corpse of treatment by bleeding, mercurialization and large doses of tartar emetic is mistaken by the author for the active, living individual known as physiological medicine, unless it be that this book was written some decades since and is only now brought out. In considering hæmatemesis the author tells us that the "allopathic treatment is not uniform for this disease. In plethoric persons, when there is no evidence of gastritis a full anti-phlogistic treatment is recommended in connection with phlebotomy and where it arises in consequences of obstructed catamenia the same treatment is advised." Page 170.

Under "Constipation," he says: "Treatment.—Allopathic consists in the employment of cathartics when the constipation has existed for some time, and laxatives to gradually lubricate, injections of warm water, and to carry and nibble a piece of Turkey rhubarb every day to keep the bowels regular." Page 199.

Under "Hæmoptysis," we find: "Treatment.—Allopathic—Derivative treatment in moderately severe cases, such as limited bleedings from the arm or a brisk cathartic with low diet, absolute rest of body and mind. . . ." Page 369.

Under the heading, "Hæmorrhage into the Lungs," defined afterward as pulmonary apoplexy, we read: "Treatment.—The common Allopathic treatment for every kind of apoplexy is to bleed copiously, and not to be prevented from this course by apparent debility or feebleness of pulse. Dr. McIntosh remarks, however, that 'the plan of bleeding in every case of bloody discharge from the lungs is very bad, because it is bleeding for a name without pathological consideration.' When blood is flowing freely from ruptured tubercles (*sic*), bleeding freely from the arm is recommended for the purpose of producing syncope in order to arrest the flow, or change the current of the blood toward the artificial outlet." Page 372.

Under "Typhoid Pneumonia," we find: "Treatment.—In Allopathic practice bloodletting is commended in the early stage of the disease, and only in robust individuals where the bilious and gastric symptoms are more marked than the typhoid. . . . In the earlier stages of the disease the employment of mercury is recommended, until the system has been brought slightly under its influence." Page 396.

Under "Pleurisy," he says: "The Allopathic treatment is much the same as in pneumonia; bloodletting is a general resort, and this is repeated several times until the system becomes lowered and then topical depletion over affected region; this is followed by an emollient poultice and massive doses of mercury given until the mouth becomes

affected, tartar emetic in sensible doses is administered for the purpose of producing an alterative effect upon the stomach and bowels." Pages 424-25.

Under "Diabetes," we learn that "bloodletting and opium are among the principal agents employed in Allopathic treatment, together with a diet composed in the main of animal food. . . ." Page 492.

Under "Erysipelas"—"In Allopathic practice *bark* and *wine* are used to keep up the strength of the patient in many instances, while in others depletion, and especially when surgically treated." Page 512.

The views thus given of allopathic treatment are not in accord with that practice to-day, and we think the author shows great hardihood or great innocence in sending such stuff to the publishers.

The homœopathic treatment recommended may be good enough, but nothing, however good, can redeem the many and glaring faults which the book possesses.

Writing this review has been really a painful task, but we did it as a duty, in the best interests of our fellow-practitioners, in the interests of homœopathy, and in the interests of truth. We submit that the book is in no part an exponent of the attainments of homœopathic practitioners in either medicine or literature, and we protest against its reception as such.

**Therapeutic Key: or, Practical Guide for the Homœopathic Treatment of Disease.** By I. D. Johnson, M.D. Fifteenth edition. Revised, improved and enlarged. Philadelphia: F. E. Boericke.

The cordial reception which this pocket-book has already received at the hands of the homœopathic profession is evident from its passing through fourteen editions in a little over as many years.

The improvements and enlargements in the present edition are such as will not, we think, call for many more editions of the work. A large portion of the book, and in our opinion the most valuable,—the *Materia Medica*,—has been wholly omitted in the present edition to give place to articles on "Post-mortem Examinations," "Medico-legal Autopsies," "Inspection of Dead Bodies," "Death of Newborn Infants," "Medico-legal Questions: Was Child Matured? Was It Born Alive? How Long Did It Live?" etc., "Post-mortem Appearances after Death from Poisoning, Hanging, Suffocation, Drowning, etc.," as well as articles on "Diagnosis," "The Pulse," "Clinical Thermometry," "Alvine Discharges," "The Urine" (with tests), "Dietetic Preparations," "Poultices," "Enemata," "Anæsthetics," "Signs of Death," etc. It is true that these only take up about thirty-six pages, but we do not see that they enhance the value of a therapeutic key.

The misspellings are many—too many, indeed, to be accounted for by haste in proof reading. Furuncle appears twice on one page, while the names of remedies suffer severely in this way, as *Leptandria*, *Anacordium*, *Uranum nitrate*, *Chionanthus ver.*, *Trillum*, *Hellaborus*, *Helî-*

onius. Classical terms, too, have undergone strange transformations, as in post-partem, pericordium, liquor pericordii, pericorditis, herpes circinnatus, and *antroversio* twice on one page. *Treatmnet*, *fidgetg* feeling, and *Bryomia* can hardly be anything other than printer's errors. The absence of a comma occasionally produces a queer result, as on page 184, where we read of "fetid leucorrhœa tingeing the linen yellow with pain in the uterus as if sprained." The want of system in abbreviating names of remedies gives us Magne. carb., Magnesia c. and Mag. carb.; Ammon. mur. and Amm. carb.; Ipe. and Ipeac.; Iris versic., Iris vers. and Iris versico.; Sarsaparil. enlivens one page, and, ye gods! Ars. of cop. stares at us from another. These, perhaps, are rather small matters in themselves, but as homœopathic practitioners are known to be liberal buyers of books it is only just that a high standard of excellence in bookmaking be insisted upon in their behalf.

**The Value of Vaccination: A Non-partisan Review of its History and Results.** By George William Winterburn, Ph.D., M.D. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1886. Cloth, 16mo., pp. 182.

Dr. Winterburn has given in this work a temperate presentation of the arguments, *pro* and *con*, concerning the value of vaccination. He gives a history of its origin, and, in connection with its introduction by Jenner, offers some interesting statements which appear to have been overlooked or suppressed by writers favorable to the practice. The author points out the utter unreliability of statistics concerning the extent and fatality of small-pox in ante-vaccination days, shows the gradual lessening of the credited period during which the influence of vaccination upon the human organism exists, masses together in a strong phalanx authorities who are convinced of the transmissibility of other diseases by the implantation of vaccine virus, and makes an earnest protest against enforcing the practice by law. A very full bibliography of the subject is added. The book is worth possessing to every physician. It will, even though he be an opponent of Dr. Winterburn's views, furnish him with much food for thought, and it has the additional merit of admirable typography and paper.

**The Physician's Chemistry.** By Clifford Mitchell, A.B. (Harvard), M.D. Chicago: Gross & Delbridge. 1886. Cloth, 8vo., pp. 301.

Professor Mitchell has done a real service in bringing out this book. We have examined it at some length, and find it commendable in all respects. The theory of inorganic chemistry is followed by a condensed statement of all that will usually be required by the physician concerning chemical bodies, organic as well as inorganic. The chapter on the examination of urine is valuable. The last half of the book is taken up chiefly by a well-digested toxicology and an appendix of important chemical memoranda. By a slip the conventional term *Hepar sulphur*

is used on page 49 instead of the proper title, Hepar sulphuris calcareum; and the complex body, chlorinated lime, is represented by the simple formula  $\text{Ca}(\text{ClO})_2$ , instead of  $[\text{Ca}(\text{ClO})_2 + \text{CaCl}_2]$ . On page 242 this formula appears without the brackets, and when correcting the omission on page 292 the parenthesis marks are left out. The book is well printed and bound, and presents a very handsome appearance. It is a valuable addition to the physician's library.

**The Reign of Law in Medicine.** Being the Hahnemannian Oration for the Year 1885. By D. Dyce Brown, M.A., M.D., Lecturer on the Practice of Medicine at the London School of Homœopathy. London: Turner & Co., Ludgate Hill. 1886. Pp. 64. 16mo.

In this admirably conceived address Dr. Brown shows the evidences of the reign of law in the different sciences, and that in medicine the existence of law is the necessary explanation of the phenomena produced by the ingestion of drugs within the healthy human organism. Further, he shows the existence of law in the actions of the human organism when suffering from disease to be the foundation of all diagnostic power, and then he alludes to what is known as idiosyncrasy as being a more ready manifestation of law in certain individuals. He calls attention to the fact that homœopathy is the only system of medicine which has ever utilized, according to law, the results of experiments made with drugs upon the healthy human being, and hence is the only scientific method of treatment. The sixty-four pages of the book bristle with facts and telling deductions, some of which are, by an excessive charity of the author, left for the reader to infer. For instance, he shows by all the works of *Materia Medica* older than twenty years, that the new treatment introduced by Ringer had no basis on anything in the old school, either in theory or experiment, and, in fact, was against the views of that school. The inference is plain.

The language of the address is in a calm, philosophical style, and is admirably suited to minds cast in the logical mould; it will bring conviction to those willing to be guided by reason rather than by prejudice, and fitted to appreciate the need of law in the organism of man as well as in the arrangement of the solar system. We are pleased to see that the author uses the positive formula, *similia similibus "curantur,"* and not the minimizing "*curentur*" which some of our English colleagues have endeavored to foist upon us.

Our copy has been sent to a highly intellectual allopath, and we hope to make it do further missionary work in this way. Our readers cannot do better, we believe, than to employ it similarly.

**Received too Late for Review.** *La Circulation et Le Pouls. Histoire, Physiologie, Séméiotique, Indications Thérapeutiques.* Par Ch. Ozanam, Docteur en Médecine de la Faculté de Paris. Paris: J. B. Ballière et Fils. Paper, 8vo. pp. 1060.

## PUBLISHERS' DEPARTMENT.

THE HOMŒOPATHIC RECORDER's subscription list still lacks the names of several thousands of its readers. We had thought that by putting the subscription price at a nominal figure, barely covering cost of paper and printing if a large subscription list is obtained, we would hear from at least one-half of its readers. Such has, however, not yet been the case, and while well aware that in most instances it is sheer forgetfulness and procrastination, we beg to remind our friends that a thousand or two remittances of half a dollar each, more or less, make quite a difference to the publishers. Even at the risk of being thought tedious, we again request those who desire to continue to receive the Journal to remit their half dollar for the current year's subscription. Please address the Publication Office at No. 1011 Arch Street, Philadelphia.

We give below some encouraging words received from our friends:

HINESBURG, VT., April 2d, 1886.

GENTS: I have received Nos. 1 and 2, Vol. I. of the RECORDER, and think each number worth more than the cost; but I want to continue to receive them, therefore please find enclosed the necessary stamps for one year's subscription.

DR. E. B. W.

MEDINA, N. Y., March 15th, 1886.

GENTLEMEN: The second number of the HOMŒOPATHIC RECORDER has come to our table, and I am impressed that it promises a great deal of valuable literature for a little money; accordingly I send subscription price for one year.

DR. F. W. S.

SYCAMORE, ILL., March 15th, 1886.

GENTLEMEN: The second number of the HOMŒOPATHIC RECORDER is at hand, and I am greatly pleased with the change and its appearance. Having the entire set of *Bulletins*, I am anxious to continue the work and cheerfully subscribe for the RECORDER.

Yours truly,

H. P. H., M.D.

ERIE, PA., March 12th, 1886.

MESSRS. BOERICKE & TAFEL: The HOMŒOPATHIC RECORDER is of exceeding value to me and should be on the table of every real homœopath. I wish to congratulate you on having so able and exact an editor as Dr. J. T. O'Connor.

Yours truly,

DR. E. C.

ALLEGHENY CITY, March 26th, 1886.

MESSRS. BOERICKE & TAFEL: Will please find enclosed stamps for RECORDER. I like it very much indeed, and think there is a place for it near the head of the list of the *best* homœopathic journals.

Very truly yours,

DR. J. R. H.

MARLBORO, MASS., March 22d, 1886.

GENTLEMEN: I have not yet received No. 1, Vol. I. HOMŒOPATHIC RECORDER. I have No. 2, and must say that I am more than pleased with the same. It is destined to become a *necessity* to the *live* practitioner.

Very truly yours,

DR. T. R. W.

WAPAHKONNETTA, OHIO, March 17th, 1886.

MESSRS. BOERICKE & TAFEL: Enclosed find fifty cents for the HOMŒOPATHIC RECORDER for one year. Am very well pleased with it, and think no physician ought to be without it if he wishes to keep up with the times and all new drugs.

Yours, etc.,

DR. E. R. T.

ANERO, WIS., March 16th, 1886.

GENTS: Your Journal in its new garb is a good thing. Last number just splendid. Wish it would come monthly. Please find amount for 1886.

Yours, etc.,

DR. J. S. D.

SHELburnE FALLS, MASS., March 15th, 1886.

MESSRS. BOERICKE & TAFEL: I am well pleased with the RECORDER. I consider it the *best yet*. If it holds out as it starts out it will fill a place on the table of the homœopathic physician which none other can aspire to do. Enclosed find fifty cents in stamps, for which please send RECORDER one year.

Yours, etc.,

DR. A. E. W.

Arndt's System of Medicine Based upon the Law of Homœopathy. Vol. III. The third and concluding volume of this momentous work, covering over a thousand pages, has been issued and will have reached the hands of many of our readers by this time. This is the most elaborate and exhaustive work on homœopathic practice that has been as yet attempted. It was brought out in the face of seemingly insurmountable difficulties of which few beside the editor have an adequate conception. First a corps of competent collaborators had to be selected and corresponded with, then a hundred and one letters had to be written subsequently in order to secure the MSS. of all in time for the several volumes, then the whole had to be arranged for the printer and finally seen through the press. Four years have passed since the inception of the work, almost a year passed before all the collaborators were secured and the subjects were subdivided, and in spite of the indefatigable energy of the editor it was not until end of March, 1885, that the first volume could be issued, and now, within a year from thence, the whole is completed; a monument to the united efforts of over forty of the foremost practitioners and writers of the United States.

For a long time to come this will be the standard work on practice, and as future editions may be called for, they will be carefully revised and brought up to date of publication. However, for the next few years the supply of the present edition will be ample for all demands. Many physicians refrained from ordering until the whole work would be finished, and we would request all these to send in their orders *now*, for when the hot season is fairly upon us study becomes irksome, but there are yet two months to pass until the dog-days are ushered in.

The three volumes will be furnished at \$22.50, bound in cloth, or at \$25.50, bound in half morocco or sheep, less the usual discount of 20 per cent. This will make it \$18 net in cloth, and \$20.40 in the more durable binding. Should any of our friends omit to state the style of binding desired, half morocco will be sent. Address, Boericke & Tafel's Pharmacies.

**Millspaugh's American Medicinal Plants.**—Fascicle IV. of this important work will be in the hands of the subscribers by this time, and with this, two-thirds of the great work will have been completed. It is received with great encomiums by the homœopathic fraternity, and has been recommended as a text-book in several institutes of learning.

While searching near Ithaca, N. Y., last season for some medicinal plants from which to illustrate his work, Dr. Millspaugh met a specialist in botany, who kindly pointed out to him stations for several desiderata. In consideration of his kindness the Doctor sent him copies of his plates made while on this trip, for which he received the following acknowledgment:



"BOTANICAL LABORATORY, CORNELL UNIVERSITY,  
"ITHACA, March 1st, 1886.

"FRIEND MILLSPAUGH: About a week ago I received from you the pictures of three of my 'old friends'; the plates were fine, that of *Rhus venenata* being especially excellent.

"Your work seems to be liked everywhere. Professor Prentiss referred to it before his class in systematic botany as one of the leading works on medical plants. A few days ago I met a druggist from Schenectady, who said, while speaking about their medicinal literature, that the best work that they had was one which was being issued by a certain Dr. Millspaugh. It must be very satisfactory to you to know that your work is so well received everywhere. . . . .

"Very sincerely yours, FRED. V. COVILLE."

"The 'Fascicle' before us forms another instalment of the very valuable work that Dr. Millspaugh has undertaken, and which is being published in such admirable style by Messrs. Boericke & Tafel, to whose business energy and courage in investing in works involving a heavy outlay of capital, homœopaths everywhere are much indebted. . . . .

"The present issue contains beautifully colored drawings of the entire, and outline sketches of dissected parts of twenty-nine medicinal plants, of all of which we have provings more or less full and reliable. Among these we have such exceedingly useful sources of medicinal power as *Æsculus hippocastanum*, *Aralia racemosa*, *Baptisia*, *Cimicifuga racemosa*, *Conium maculatum*, *Drosera rotundifolia*, *Eupatoria purpurea* and *perforata*, *Kalmia latifolia*, *Lobelia inflata*, *Phytolacca*, *Rhus toxicodendron*, *Stramonium*, *Verbascum*, and *Xanthoxylum*.

"In addition to each drawing we have an accurate description of the parts of each plant, an account of its natural history and that of its uses in medicine, of the parts used in pharmacy and the preparations made from them, the chemical constituents of each, and finally, a slight sketch of their physiological action.

"In giving the medical history of *Cimicifuga* or *Actæa racemosa*, Dr. Millspaugh writes: 'Dr. Williams, an allopathic author, etc., says, Indians and quacks recommend its use in rheumatism, etc., and then he recommends it himself.'

"This work is, beyond a doubt, the most valuable companion to a *Materia Medica Pura* that we have, and ought to be in the hands of all physicians and pharmaceutical chemists."—From *Monthly Homœopathic Review* for April, 1886.

### •Ameke's History of Homœopathy; its Origin, its Conflicts.

Translated by Alfred E. Drysdale, M.D., of Cannes.

Of this erudite work our large stock was surprisingly soon exhausted, and we have just received a new supply. Will be forwarded, postage paid, on receipt of \$2.80.

**Allen's Handbook of Homœopathic Materia Medica.**—The prospective publication of this important work was announced by us on the first page of last RECORDER. It is to be of Webster quarto size, comprise about 1200 pages, and we sent out subscription blanks for the work with the request to forward them to us with the reader's name. We have since learned that the probable cost of the work will be from \$15 to \$16, and that the author will try to complete the MS. within a year. Sample sheets of the work were forwarded to the profession, and we are ready to supply all those who failed to receive these six sample pages. Our appeal for subscribers has been liberally responded to, but we would much like to obtain several hundred more. A subscriber will be informed of the completion of the work, and will have his copy forwarded without delay. The author's name is a guarantee for faithful work.

Winterburn's Repertory has been announced as being ready by the publishers, and orders began to be coming in. However, on inquiry, we are informed that it will not be finished for several months.

**About Sugar of Milk.**—Sugar of milk is the inactive basis of all homœopathic triturations, and to procure it in its utmost purity is, therefore, of paramount importance to the conscientious homœopathic pharmacist. Although known for many years, and used in medicine in an article of diet known as whey, it seems not to have attracted the attention of chemists, for it is but rarely mentioned in the older pharmaceutical works, and no accurate chemical analysis can be found in any modern work on chemistry.

Not until Hahnemann made use of sugar of milk as a vehicle of homœopathic remedies has it been applied to similar purposes in general pharmacy as a diluent of extracts and of perishable or changeable chemical preparations—and within the last ten or fifteen years as an admixture of Pepsin and Pancreatin.

Sugar of milk is a pure carbohydrate, and as such, should be entirely consumed at a red heat. Being an animal product it contains, however, a varying percentage of the salts peculiar to the animal organism; and the aim of the purifying process is to eliminate, in addition to mechanical impurities, as much as possible of these salts.

There are several modes of purifying milk sugar: by recrystallization, and by precipitation in alcohol. It always had been maintained that the latter method gave the purest sugar, but by repeated analyses we have ascertained that this is an error, and that the purest sugar is obtained by careful recrystallization.

There are two ways of testing sugar of milk, one is by *qualitative* analysis, *i. e.*, a test as to the nature of the impurities; and the other is by *quantitative* analysis, *i. e.*, to ascertain the quantity of impurities irrespective of quality. In 1878 Dr. Sorge, of Berlin, Germany, made several qualitative analyses of milk sugar, procured at different pharmacies, and found in all of them traces of lime, chlorine, and iron. His investigations attracted considerable attention, and seem to have instigated the Bureau of Homœopathic Pharmacy of the American Institute of Homœopathy to also institute tests of the milk sugar in use by pharmacists in this country. The outcome of its labors was the recommendation by the Institute, that milk sugar be tested by quantitative analysis, and the declaration that sugar fit to be used for homœopathic purposes must not give more than 1.50 milligrams of ash to 10 grams of sugar. The quantitative test by incineration was recommended because it was said to be so simple an operation. In the last four years we had over thirty quantitative analyses made of different sugars, and we will now describe how these are made.

Sugar of milk is subjected to the heat of a water-bath until it ceases

to lose weight, *i. e.*, until all hygroscopic moisture is driven off. Then 10 grams are weighed, transferred to a platinum crucible, and subjected to a *low* red heat until completely carbonized; the resulting black mass is then transferred to a mortar, and rubbed and repeatedly washed with distilled water, the residue is then retransferred to the crucible (while the wash water is carefully evaporated), and the heat is slowly increased until the ash is perfectly white, then the contents of the crucible are added to the residue obtained by evaporation, and both together constitute the "ash," *i. e.*, the foreign substances contained in the sugar. This is the manner in which Dr. T. R. Wolf, the State Chemist of Delaware, conducted the analyses he made for us, as well as Professor Tremper, of the laboratory of the renowned Philadelphia School of Pharmacy. It is rather a tedious process, occupying from four to five hours. These gentlemen aver that it is inadmissible to make use of a muffle furnace in a quantitative analysis of milk sugar. For at a red heat a complete incineration cannot be effected, and if the heat be increased, without first leaching, the salts contained in milk sugar will be volatilized and lost.

If several samples of sugar are introduced simultaneously into the muffle furnace, their relative purity may be ascertained, but if the incineration be made separately the results must differ, for every increase of heat may reduce the amount of ash obtained. Indeed, everything but calcium can be driven off by a prolonged white heat. It is practically impossible in incinerating sugar of milk to obtain twice in succession, in the muffle furnace, precisely the same results. Professor Tremper was so astonished at the extraordinary purity of our sugar, that he repeated his first analysis six times in succession before crediting the unvarying results.

In this connection we would relate a recent correspondence with a noted German pharmacy. They wrote that they were now prepared to furnish a superior article of precipitated sugar of milk, of which they submitted a sample. On comparison with our recrystallized it was found to be not so white, and, on analysis, it was found to leave a larger percentage of ash. We advised them that their sugar was inferior to our own as to whiteness, and that on incineration it was found to be not as pure as our recrystallized, and we forwarded a sample of our own for comparison. A few months later they wrote again, admitted that our sugar was superior, and sent another sample which they claimed was as pure as our own, as neither of the two *left any residue* on incineration. They had evidently made use of the intense heat of a muffle furnace, and the slight traces of calcium had escaped their scrutiny. We then described to them the methods pursued by our chemists here in making a quantitative analysis, which they later on admitted were an improvement on theirs. As, however, their sugar was of very fair quality we ordered a small shipment, but this order was not repeated, for the quality sent did not quite come up to their sample; they, furthermore,

sent it powdered, which is objectionable to every careful pharmacist; then again, their powder was so exceedingly fine as to occasion complaints from several customers, with some it even engendered suspicions of adulteration.

**Homœopathic Pellets or Globules.**—Pellets are made of pure cane-sugar; they should be perfectly round, of equal size, and should freely absorb alcoholic attenuations or potencies. Pellets, when freshly prepared, are soft, because imperfectly dry. The older they get the drier and harder they become. In order to retain their softness as long as possible, the expedient has been adopted by some of putting them up in bottles, but even this device delays their hardening for but a limited time. *After a few months all pellets become hard*, whether they are kept in bottles or in pasteboard boxes. For the last ten or twelve years much complaint has been heard on account of *hard pellets*, that they would not absorb freely, and were with difficulty dissolved in water. We have no such trouble with our medicated pellets, nor were such complaints heard in times gone by.

HAHNEMANN directs that potencies should be made with eighty-seven per cent. (Tralles) alcohol. We always use alcohol of that strength for making attenuations; and pellets moistened with this, no matter how hard they may be *previous* to being medicated, will become nicely soft over-night, and they will retain this softness for many months in a well-stoppered bottle.

Eighty-seven per cent. alcohol contains just enough water to soften the pellets, no more. But as many physicians and even pharmacists, in making their attenuations, disregard the rules of the pharmacopœia in using ninety-five per cent. alcohol, their pellets are not softened, and thence arise the complaints about hard pellets.

Our pellets are manufactured on our premises, for thus only can we guarantee their absolute freedom from admixtures. They will be found to be of a superior quality both as regards their purity, absorbing powers, and uniformity in size.

Our pellet trade has increased amazingly since we commenced to make our own—and we are now furnishing them to physicians at a less rate than we formerly paid ourselves at wholesale.

Their superiority was handsomely recognized by the judges at the New Orleans World's and Cotton Centennial Exposition, for we were awarded a gold medal "FOR SUGAR PELLETS OF PERFECT UNIFORMITY AND PURITY OF MATERIAL USED IN THEIR MANUFACTURE." This is the first Prize that has been awarded for pellets at a World's Fair in the United States.

THE  
HOMŒOPATHIC RECORDER.

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VOL. I.

PHILADELPHIA, JULY, 1886.

No. 4.

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MALIGNANT GROWTHS.

IN the preceding number of THE RECORDER there appeared three items concerning malignant growths, which deserve more than passing notice. One is the history of the development of a malignant formation as the result of the frequent mechanical irritation of a simple mole on the face, another recounted the cure of an extensive sarcomatous growth by an intercurrent attack of erysipelas, and the third contained the analysis of a series of cases of carcinoma in all of which there was antecedent injury by mechanical or chemical means; in the latter selection the writer asks in all seriousness: Is cancer, whatever its form, ever primary, *i.e.*, does it ever originate without previous injury?

A negative reply to this inquiry is of the highest importance to those who believe in the curative effects of drugs. It deprives the disease-action of part of the mysterious, fateful quality so constantly associated in our minds with these affections, and which terrorizes to some degree the powers of the medical attendant. For, we hold that the great majority of physicians, on discovering the existence of a suspicious growth, are strongly impelled to advise the use of the knife as the only sure treatment, notwithstanding that in cases of undoubted malignancy the value of surgical interference is greatly lessened by the relatively poor results as measured by the added years given to the patient.

Moreover, if the occurrence of an infectious inflammation of the skin has destroyed malignant disease-process in that tissue, there is a fairly good basis for the view, reasoning by analogy, that a drug-disease, *i.e.*, a disease produced by the action of a medicine, can, if affecting a part involved in the malignant process, cause similarly efficacious results.

In an admirable Report\* on the Progress of Pathology, by J. H.

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\* *Phila. Med. Times*, xvi., 484.

Musser, M.D., Mr. Sutton, F.R.C.S., is given as authority for the following view: "Irritation, local or otherwise affecting the tissue, may cause abnormal epithelial growths, which, rising above the general level, may produce a wart. On the other hand, the epithelial growths may dip into the sub-epithelial tissues, and, on account of lack of formative development, either from decline of vigor or general constitutional debility, the new tissue never develops functionally, runs riot, and originates tissues of low vitality,—carcinomata. The conditions, favorable to the development of carcinomata—debility, etc.—are absent in the young; hence, in the young we have warts; in the old, cancers."

What, then, is the bearing of these facts upon the treatment of probably malignant tumors? Passing by the cures of warts by internal medicine alone, which almost every homœopathic practitioner has observed over and over again, we need only call attention to the cures, by the same method, of tumors of the female breast, an organ notoriously disposed to malignant neoplasms; here the action of *Conium* cannot be denied, and what is true of this remedy may be true of many others.

A thorough study of the symptoms of each individual case with the view of finding the exact *simillimum*, the exhibition of the latter in different attenuations, if necessary, changing the remedy only when a change of symptoms demands it and extreme watchfulness for involvement of the neighboring glandular structures make up, it appears to us, the duty of the physician. Whether he would be justified in holding out any hope of cure by internal medication after evidences of systemic infection exist, must be decided by his own experience, but, as there are always cases in which operation is inadmissible or in which it will not be allowed, opportunities will not be wanting to continue treatment with the properly chosen remedy.

If statistics of our treatment can be collated and analyzed, the results will, we feel sure, give encouragement to physicians and sufferers as well, and demonstrate anew, and in a strikingly brilliant manner, the value of our law of cure.

We earnestly hope, then, that those of us who hold hospital or dispensary appointments, will endeavor to employ the method of internal medication in cases of malignant growths whenever it is fairly admissible to do so, and that records of cases containing diagnoses checked off as to their accuracy by every method known to medical science, together with the symptoms in full and the treatment used, may soon appear in our journals. Thus will be laid the foundation for a new and lasting monument to homœopathy.

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## HOMŒOPATHIC THERAPEUTICS.

**Additions to our Materia Medica.**—By *Dr. E. Schlegel*, Tübingen.—Toxicological facts have helped us to one of our most valuable remedies, *Mercurius cyanatus*, and we may, therefore, be permitted to offer some suggestions concerning other chemical bodies.

A volatile mercurial preparation, extremely and characteristically poisonous, is *Mercuric diethyl*,  $\text{Hg}(\text{C}_2\text{H}_5)_2$ , a heavy, colorless liquid, insoluble in water, slightly soluble in alcohol and easily so in ether.

Inhaling a small amount of its vapor produces a slow poisoning that with confusion of the faculty of speech, loss of space-sense and rapidly increasing degeneration of the mental powers leads to complete dementia. This preparation should, therefore, be especially considered in acute and chronic affections of the brain, dementia paralytica and brain-syphilis.

*Hydrogen selenide.*—Selenetted hydrogen ( $\text{H}_2\text{Se}$ ) is analogous to hydrogen sulphide or sulphuretted hydrogen and has at first an odor similar to that of the latter; it is obtained by the action of dilute hydrochloric acid upon ferrous selenide. Upon inhaling this gas there occur dryness and painful sensation in the nose as from the introduction of the electric brush. The eyes become red and the sense of smell is destroyed for some time. Berzelius says concerning it: "In my first experiments the gas, from a bubble perhaps not larger than a pea, got in one of my nostrils and for several hours I lost the sense of smell so completely that I could hold the strongest ammonia under my nose without the slightest feeling. The power of smell returned after five or six hours, but a violent and troublesome coryza continued for two weeks."

The remedy is readily decomposable and immediately after its preparation should be potentized in a black-glass bottle. Upon the basis of the foregoing observations it may be tried in anosmia, chronic catarrh, crusted formations in the nose, and for neoplasms (polypi). It may not be amiss to allow the cautious inhalation of the freshly prepared gas in chronic nasal affections in order that the acute medicinal affection may swallow up the chronic process, just as this occurs in pannus by the inoculation with gonorrhœal matter or in chronic conjunctivitis by the employment of Jequirity by the Allopaths, who are, in such cases, not Allopaths at all.

The action of Hydrogen selenide upon the nasal mucous membrane reminds me of that of Chromium upon the nasal septum. In 1882 the "Lancet" stated that in the Russian chrome factories ulceration and perforation of the nasal septum with gradual destruction of the same were observed. Tickling in the nose was first noticed, then hæmorrhage. The process is painless throughout its course. The selective action of Chromium is shown by the above to have a relationship with that of

the syphilitic poison, and lately it has received more notice as a remedy for syphilis.

*Fortschritte der Medicin*, 1885, No. 19, reports from the Annals of Surgery, April, 1885, that workers in chrome factories get quite typical cutaneous ulcerations on the hands and forearms, very like syphilitic gummata in the degenerative stage and at times penetrating deeply. At the same time the perforative changes in the mucosa of the nasal septum were noticed to be very similar to syphilitic processes.

*Secale Cornutum*.—An epidemic of ergot poisoning in Hesse, in 1879 and 1880, brought to the insane asylum at Marburg 28 cases of psychoses following ergotism. All these as well as many others (walking cases), showed the symptoms of an affection of the posterior columns of the cord. Four came to the autopsy table and the examination showed the evidences of recent tabes dorsalis. Symptoms of tabes are plentifully represented in the pathogenetic action of *Secale* in vol. ii of Noack and Trinks, yet it is interesting and important to receive at this late day not only functional but also anatomical confirmation of the similarity. Melancholia, anguish, dementia and mania have been frequently noted among the results of homœopathic provings. The phenomena attending the Marburg psychoses are described by Siemens in the *Archives f. Psychiatrie*, Bd. II.

*Lathyrus cicera*.—*Fortschritte der Medicin*, Bd. II., Hft. 12, reports from the bulletin of the Academy of Medicine, an endemic disease observed among the Kabylis who, after a bad harvest, were reduced to the necessity of using as food the pea-like fruit of *Lathyrus cic*. The symptoms of this disease, which attacked males especially, began usually in acute form after catching cold, and simulated those of acute transverse myelitis with motor and sensory paraplegia, paralysis of the bladder, etc. After a while improvement set in, up to a certain degree, so that the patient was enabled to walk, the weakness of the bladder and of the sexual organs as well as the disturbances of sensation disappeared and there only remained a spastic tabes. In many cases complete recovery followed. A causal connection between this disorder and the fruit of the *Lathyrus* was well-known to the Arabs. The experience of veterinarians also supports this view. Horses which died in consequence of this poisoning showed paralysis of the hind quarters.

*Lathyrus cicera* is not found in Germany, but that even *Lathyrus sativus* is to be suspected is shown by the French physician who traces the Indian Beriberi sickness to *Lathyrus sativus*. Besides, I have lately read of the poisoning of horses in Germany by the fruit of *Lathyrus sativus*, the horses dying with symptoms of paralysis and in a form of respiratory spasm.

The different species of *Lathyrus* appear thus to possess a violently



active influence on the central nervous organism, especially the spinal cord; their therapeutic value awaits demonstration.

The above-mentioned poisons are, with the exception of *Secale*, not as yet used in medicine, and from the new therapeutics, from the now prevailing fashionable remedies, we can derive advantage and confirm our law of cure. Occasionally there appear reports upon poisoning resulting from the general employment of sublimate solutions in surgery that give a picture of acute enteritis and show post-mortem appearances similar to those of dysentery. Iodoform caused numerous cases of poisoning reproducing the symptoms of meningitis, and these invite us to make a trial of this powerfully acting remedy in suitable cases.

A case of poisoning by the instillation of Cocaine into the eye is reported in *Wien. Med. Presse*, No. 22, 1885. It was a girl aged 12; about 15 drops of a 2 per cent. solution were used, and there followed headache, nausea, loss of appetite, aversion to food, great depression, apathy, drunkenness with reeling, confused thinking power, difficult speech, extraordinary restlessness and sleeplessness, and then slow disappearance of the symptoms.

Another remedy lately recommended by Unna and until now having but limited application, is *Ichtyol*. A brilliant confirmation of its curative action appears in *Deutsch. Med. Wochens.*, No. 23, 1885, where in one case it produced a magical result, so that it deserves special mention from our side. The preparation was originally recommended against psoriasis and eczema. It is (Boehm, *Lehrbuch der Arzneiverordnungslehre*) a tarry mass of pasty consistence, having a dark brown color and peculiar smell, and is the result of the action of concentrated sulphuric acid upon the oily product of the dry distillation of a bituminous rock found in the Tyrol. From the circumstance that numerous petrified fish are found therein, the name *Ichtyol* was bestowed.

According to the reports of Unna and Lorenz, its specific applicability as a remedy for the skin and joints cannot be doubted. And we homœopaths know and appreciate some well proved similar remedies. First of all, kreosote, a product likewise of the dry distillation of organic substances; here also are to be classed *carbo animalis* and *oleum animale*. A proving of the latter, containing many valuable symptoms is in Hartlaub and Trinks. Among the latter of especial value in pharyngeal catarrh are dryness of mouth and throat, feeling of a foreign body in the throat, causing tendency to vomit. Hawking up of gelatinous, dried mucus, burning in the pharynx as from ardent spirits or pepper, difficulty in swallowing from dryness in the throat; constipated feeling; boring, singing and noises in the ear point to a not unimportant concomitant affection of the Eustachian tube and of the tympanic cavity. In Schwabe's *Pop. Zeitschrift*, No. 2, 1880, Dr. Pfander reports a cure of chronic pharyngeal and laryngeal catarrh, entirely confirming the symptoms related.—*Allg. Hom. Zeit.*, Bd., 111., Nos. 17, 18.

**Iron as a Remedy.**—Under the title *Qui Nescit Martem, Nescit Artem*, Dr. Mossa of Strasburg gives in the *Allgemeine Homöopathische Zeitung* a series of interesting papers on this subject; from them we extract the following :

By comparing copper and iron it will be understood why Hahnemann gave a high rank to the first and not to the second; so says Hering in his remarks on the proving of Benzoic acid.

Now, although it does not obtain, perhaps, the high rank in which Hering places chiefly the antipsorics of Hahnemann, at all events it has the rank of a real remedy, especially when we add to its homœopathic provings and use the clinical experience of Rademacher's school and the biochemical outgrowth from Homœopathy of Schüssler, as well as of Balneotherapy. Not without reason has Rademacher proclaimed it one of his universals, and Von Grauvogl, as one of the highest representatives of the oxygenoid series of remedies.

Since Melampus, during the mythical age of Greece, cured Iphiklos of impotence by means of Ferrum (iron rust in wine), about 3000 years ago, Iron has never disappeared from the materia medica; it has been much used and abused, so that Stahl has said of it: "The discovery of Iron as a remedy (which has, with the extended knowledge of chemistry, become more complicated and refined) has produced in the world more injury than the weapons forged from the metal." If he could see the misuse of it at this time, would he express a different opinion? It seems difficult to break away from its employment in massive doses, in spite of the fact that chemistry speaks plainly against such use.

When metallic Iron is taken into the stomach, it is oxidized there and unites with the acids of the stomach to form a ferrous combination, that is, chloride or lactate. At the same time, water undergoes a decomposition; the liberated hydrogen unites with some sulphur present, forming hydrogen sulphide, and causes the disagreeable eructations observed under the use of Iron. Besides, as the acids are only present in the stomach in small amount, only a small portion of the ingested iron is changed, while the greater portion, unaffected or combined with sulphur as ferrous sulphide which blackens the stools, is evacuated from the bowels.

The ferrous salts, thus formed as stated, or introduced as such, take up more oxygen and become ferric salts, and, combining then with albumen, form albuminate of iron, of which only a part is soluble, and of this soluble part only a certain quantity is absorbed, while the greater portion is discharged *per anum*.

The insoluble combinations, remaining in the stomach or alimentary canal, act as an irritant poison, as is plainly shown by experiments on animals. Clinical experiments have demonstrated that large doses of iron cause pressure and pain in the stomach, great anxiety, nausea, eructations, colicky pains and even diarrhœa, and, after long-continued

dosing, there have resulted palpitations, rush of blood to the head, internal heat, hard full pulse, accelerated respiration and tendency to hæmorrhages,—warnings enough against massive doses of Iron.

Professor Nothnagel presents, in his *Handbook of Materia Medica*, some interesting facts concerning the action of Iron upon the body-temperature, which Dr. Pokrowsky, alas, has observed upon invalids (with heart disease, kidney degeneration, etc.). The temperature increases, both from the normal as well from a pathologically lowered point. The maximum of increase amounted to about 1° C. This occurred, in one case, as early as five hours after taking the remedy; in other cases, only after several days' use. If, after a small quantity, a certain increase of temperature results, a still higher follows an increase of the dose. After ceasing the use of the remedy, a considerable time elapses before the temperature returns to the normal, but when the case originally had a temperature below the normal the return to the starting point was rapid after stopping the remedy.

The frequency of the pulse increased with the rise of temperature, but it was slower and without its usual steadiness.

Further, the daily quantity of urea eliminated was increased and the body-weight increased. Professor Nothnagel does not mention anything of a homœopathic proving of Iron by Hahnemann, nor of a physiological one by Löffler, a follower of Rademacher.

Löffler's proving of Ferrum aceticum can be found in *Zeitschrift für Erfahrungsheilkunde*, 1848-9; it was made on five healthy persons, to whom he gave, for a long time, *Liquor ferri acet.*, of the Prussian *Pharmacopœia* (freshly precipitated Ferric oxide dissolved in conc. acetum); he had previously taken from each person four ounces of blood in order to compare its composition with blood taken after the experiment.

The chief results were, according to Kissel, as follows:

Lessening of the frequency of the pulse by 5, 10, 15, and even 20 beats per minute (differing considerably from the results obtained above by Pokrowsky).

Increased tension of the pulse.

In the first eight days' use of the Ferrum, there was an increased feeling of strength or integrity of the general well being; in the second eight days, general weariness, feeling of weakness, heaviness and feeling as if beaten in the limbs, no desire for bodily or mental activity, tiredness, overpowering tendency to sleep.

Increase of appetite, a kind of canine hunger, only from large doses (and not in old persons experimented on) colicky pains, nausea, eructations, and tendency to vomit.

From small doses, sluggishness of the stools which was relieved by frequently drinking water; after large doses (15-20 drops), the stools became of the consistency of thin pap.

Urging to urinate, tickling in the urethra, especially in the fossa navicularis, unusually frequent urination during the later period of the proving alternating with the abdominal symptoms.

In two persons, affection of the trachea, with painfulness of the larynx and of the region behind the upper third of the sternum, with some cough and expectoration of a coarse-frothy, tough mucus saturated with dark blood.

Examination of the blood showed the watery constituents to be increased and the solids correspondingly lessened; in the serum the solids were lessened and in the clot there was an increase of the mineral constituents; in the ash the soluble salts were increased. The blood and especially the corpuscles were darker in color. The fibrin was lessened in amount throughout, except in one case where there was an insignificant increase.

In four cases there was an increase in the number of the blood-corpuscles; in one case a decrease was observed. In the majority of cases Löffler found, remarkably enough, a decrease in the proportion of iron in the blood; still, it is said that his analyses were not carried out with sufficient exactness. It would be remarkable that an increase in the number of blood-corpuscles should be accompanied by a decrease of the iron element in the blood.

In this analysis, the statement that the watery portion of the blood was increased, the solid constituents decreased, showed thus a condition of hydræmia.

It is as yet not determined in what condition the iron as a permanent constituent of the blood exists, whether in organic combination, or as oxide, or as phosphate. Formerly, it was accepted that the coloring of hæmatin came from its contained iron, but this view has to be given up since this coloring matter has been isolated free from iron.

**Ammonium Bromatum.**—This remedy, recommended by Eichler, in 1884, has proven to be, in his further experience, of extraordinary value as a catarrhal remedy, and he makes it a practice to treat every cough and coryza, whether it be fresh or of long standing, whether a stopped coryza or fluent, with Amm. brom. 2x three or four times a day, and he has only seldom had to resort to any other medicine. It is, in his opinion, a sovereign remedy in these affections, and by its use their treatment is very much simplified. It is a pleasure to see how quickly and completely old chronic coughs are cured, and even in chronic laryngeal catarrh, from which preachers suffer, Amm. brom., as well as the nearly related Amm. jod. 3x, does good work. A clergyman declared that during the years in which his laryngeal catarrh had been under homœopathic treatment he had not met so efficacious a remedy as Ammonium jodatum 3x.—From *Pop. Zeitschrift f. Hom.*, May, 1886.

**Rhus and Rhus Poisonings.**—This presents an almost inexhaustible theme; for while there are ever so many antidotes to Rhus, no remedy has as yet been found successful in all cases of poisoning by it. Rhus is met with everywhere in the Middle States, as well as in the South and the West, and is a pest on the Pacific slope.

Formerly a distinction was made between Rhus radicans and Rhus tox., and in Jahr's *Sympt. Codex*, by Hempel, we find twenty-five pages devoted to Rhus radicans and twenty-four to Rhus tox. The provings of the former were made and arranged by Drs. B. F. Joslin, S. B. Barlow, E. Bayard, W. Williamson, and others, while R. tox. was taken from the German of Jahr's *Sympt. Codex*. However, as Hering and Allen dropped this distinction in their works on *Materia Medica*, and as botanists unite in declaring the identity of the two, Rhus rad. has gone out of use and has been rarely called for in the past ten years.

The writer has had considerable experience with Rhus poisoning, in his family as well as with the employés who collect the yearly supply of the fresh leaves for the pharmacy.

One fine day at the end of May, 1871, A. L. T., a five-year old incipient botanist, crept along and through some Rhus tox. bushes while collecting flowers in Hamilton Park, Staten Island, and became fearfully poisoned; the whole face was swollen, the eyes closed, and the abdomen and genitals were implicated. On the third day the whole face was covered with a thick gray crust in spite of all remedies. Just then Dr. C. G. Raue, of Philadelphia, paid us a friendly visit, and seeing the boy's condition, prescribed Psoricum 400 (Hering). Two doses were given, four hours apart. Improvement set in within an hour; the itching grew less, next day the crusts dried off, in three days they were about gone, and soon the boy was well again. A week after, the writer essayed to clear the garden around the house (about an acre in extent) of every Rhus plant and was several hours in doing it. A good armful was collected, and as he was careful not to touch his face while thus engaged, he thought he had escaped the toxic influence. The hands, which had been well washed with castile soap immediately after, were all right but the face was puffed up and itched next morning. He then resolved to try an experiment, and procured the 28,000 potency (Baruch) of R. tox. and took one dose. Within less than an hour the face felt as if a cooling lotion was being spread over it; the swelling went down and by evening was almost gone. We thought we had made a discovery. A few days after, the same hapless boy, who had been cautioned in vain against leaving the precincts of the garden, came up to his father; "Look what nice flowers I have," he exclaimed, showing a fist full of Rhus tox. blossoms. They looked pretty, but we pitied the boy. We waited until the next morning to make sure of the toxic absorption, but it was the same old story—face, neck, hands and arms were blotched with a terribly itching eruption; he received *one dose* of Rhus tox. 28<sup>m</sup>,

and on coming home in the evening we found the boy's face to look natural and the itching was gone. We then thought we had a sure thing.

A few weeks after, the late Dr. John Butler, in conversation at the pharmacy, remarked what a difficult thing it was to cure Rhus poisoning. "Oh," said the writer, "nothing easier than that," and proceeded to relate his recent experience, and declaring his readiness to cure any given recent case within 48 hours. A small wager was laid and time passed on. A week or two after a gentleman called at the pharmacy and asked for A. J. T. He had been sent down by Dr. B. to get some of that new Rhus antidote. He received one dose of Rhus 28<sup>m</sup> on the tongue, and two powders of s. m., containing each a few pellets of that remedy, with the direction to take another powder on retiring at night, and if no decided improvement was manifest next morning, the third powder. In the afternoon of the same day a second case was sent down by Dr. B., and the day after a third case. They both received the same medicine and similar directions. Some time after the Doctor called at the pharmacy and exclaimed, "Well, you won that bet." "Won what bet?" "Why, don't you remember about the three Rhus cases?" Then it came back to mind. None of the three patients had occasion to use the third powder; within 24 hours they had been cured, and stayed cured. We felt elated. But next season when we wanted to repeat this success, the remedy, for some unknown reason, would not respond, and that season we saw as prompt effects in several cases from *Bryonia* 200 (Tafel). However, *Anacardium* 200 (Tafel), and *Croton tigl.* 200 (Tafel) are our stand-bys. *Anacardium* was first prescribed with success many years ago by Dr. C. G. Raue, and was effective in a majority of cases when our men were sent to him after gathering our season's supply.

This year four of our men gathered in one day 260 pounds of fresh leaves, but our veteran superintendent of the laboratory, Mr. Goll, gave each of them and took himself a dose of *Anacardium* 200 before they started, and another dose after their return. One of the men had his face speckled with black spots from drops of the milky juice; these spots were slightly inflamed next morning, but after a third dose the redness decreased, and on the third day he was well. Two other men escaped entirely, and Mr. Goll was but slightly affected, at the wrist and on the arms, but by taking a third dose of *Anacardium* he was well on the fourth day. The leaves were gathered on a bright, warm, breezy day, and the only precaution taken was to stand on the wind side of the shrub, so as to have the effluvia blown away from them. They had, however, to carry the bags back to the city, cut up the leaves, and prepare the tincture that same evening.

The most virulent Rhus poisonings are met with on the Pacific coast. Our esteemed friend, Dr. G. Oehme, formerly of Tompkinsville, Staten Island, but since February located in Roseburg, Oregon, wrote recently

that all the woods, roads, and by-ways there are infested with the Poison Oak (*Rhus Californica*), which there attains the size of the scrub oak of New Jersey and other places, and that this universal pest entailed untold sufferings on those susceptible to its influence.

There seems to be no panacea for its baneful effects on mankind; each case has to be treated by itself according to its peculiar symptoms, and it would seem that while one given remedy will reach a majority of cases in a certain locality in one season, in another season it may prove nearly valueless.

The remedies most often indicated are *Bryonia*, *Anacardium*, *Croton tigl.*, *Cantharis.*, *Comocladia dentata*, *Rhus venenata*, and sometimes, also, *Mercurius v.*, *Pulsat.*, *Sulphur*. We see it stated in *Jahr's Symp. Codex*: "The following are some of the particular effects of *Rhus rad.*, which have been removed by these antidotes. *Bryonia* has removed the sensation of fulness in the scalp; the rheumatic pains in the chest increased by respiration; the palpitation at night in bed, with pain in the chest, and dyspnoea, and the painless rigidity of the neck. *Mercurius* has removed the sore feeling of the tip of the tongue. *Pulsatilla*, the toothache in the evening. *Sulphur*, the semilateral pain in the upper and left part of the forehead, in the evening; and the pain in the left chest, opposite the middle of the left lung, especially in the evening in bed, and at night."

At the homœopathic pharmacy in San Francisco they generally give the 3d or 6h potency of *Rhus Calif.* when asked for an antidote, and, it seems, with general good success.

A. J. T.

**Pulsatilla as a Preventive of Whooping-Cough.**—In the summer of 1878 the writer took his family to one of the country boarding-houses or summer hotels on the mountains, near Wernersville, Pa.; soon afterward a family arrived bringing a child afflicted with whooping-cough. As there were twenty-five or thirty children there altogether it was impossible to keep them apart. The writer then asked the venerable Professor Lilienthal, of New York, what remedy could be given as a preventive, and he answered *Pulsatilla*. A dose of the 200th (Tafel) was accordingly administered to each child every evening, with the result, that of six children five escaped altogether, and a four-year old boy who seemed to be infected, was speedily cured by repeated doses of the same remedy. We would add that none of the children has had whooping-cough either before or after that time. But we have frequently recommended this prophylactic to others, with seemingly good result.

A. J. T.

**Gratiola in Summer Complaint.**—One of the children was suffering with an inveterate attack of a greenish diarrhoea, one hot summer week, which seemed to call for, but did not yield to, *Veratr. alb.* Dr.

P. P. Wells recommended *Gratiola*, saying that he frequently found it to respond in similar cases. It did so promptly, also, in this case. A. J. T.

**Treatment of Seasickness.**—By Dr. Hegewald.—At a meeting of the *Société Hahnemannienne* there arose a discussion on this subject in which several members took part. Dr. Roussel said: “One of my friends, who readily becomes seasick, had to travel by sea at an unfavorable season. He told me his doubts about it, and I tried to calm them. I ordered two doses of *Staphisagria* 30, of which one was to be taken before the departure, the other after he was on board the ship. The remedy acted excellently, and he had no seasickness.” Dr. Heerrmann, Jr., added: “I travelled with a friend across the Atlantic; he felt the premonition of seasickness. As tobacco causes similar symptoms, I urged him to smoke, which he did although he had no desire for it; this remedy alone gave him quick relief.” Dr. Heerrmann, Sr., said: “I advise *Cocculus* when the affection disturbs sleep. The observance of certain dietary precautions appears to me to be indispensable. Before the patient goes on board he ought to eat a good meal, and when on board he ought to eat as frequently as possible.” Dr. Chancerel coincided with this and said: “A lady who dreaded seasickness very much, embarked at St. Malo for Jersey. The weather was beautiful. She became sick, but gradually recovered without remedies. On the return trip she had very bad weather, but she followed the prescription to eat continually, and thereby she escaped the attack of seasickness.” Dr. Leboucher took occasion to add: “I ordered *Tabacum* to a lady who went from Havre to Caen. Persons who have a tendency to seasickness suffer terribly during this journey. The lady, who was always sick when on the sea, dreaded extremely this time to go aboard; I calmed her, and *Tabacum* did its duty. She was not seasick.” Dr. V. Léon Simon closed the record with the following words: “Unfortunately, prescribing for seasickness is an extremely difficult matter. Thanks to this remarkable affection, a well-chosen remedy may leave us in the lurch. During one voyage a patient may become seasick and not in another, and up to this time it is impossible to give the reason why.”

In the discussion *Petroleum* and *Apomorphine* were not mentioned.

Constantine Hering and Bayes have given great praise to *Petroleum*, and deservedly; it is prescribed in drop doses of the lower potencies. *Apomorphine* should only be prescribed in a fresh preparation and in the lower triturations, a portion the size of a coffee bean being given in a spoonful of water. According to Hering, *Sepia* is indicated when there is desire for piquant or acid food, and in violent headaches; *Tabacum*, if there are anxiety, restlessness, drawn distorted face, trembling of the limbs, deathly paleness, cold, clammy sweat and great prostration. As a prophylactic, *Chloroform* is of value, the dose being ten drops in a wineglass of water, and repeated every three or six hours. The patient



ought to have his berth amidships, and keep the horizontal position as much as possible.—*Allg. Hom. Zeit.*, 112, 13.

**Guaiacum in Secondary Syphilis.**—By Dr. G. Pröll, of Nice.—Some years ago I had under treatment a gentleman who had, in consequence of a previous venereal infection (a hard chancre), an inflammation of the palate. The isolated, sore, red spots threatened to extend deeper and to perforate. The best chosen remedies, Merc. corr. 3x, for seven days; Acid. nit. 3, fourteen days; Aurum mur. 3, and Mezer. 3, were of no avail in limiting the spread of the syphilitic infiltration, or of a brain affection which showed itself in confusion of thought, remarkable depression of spirits and weakness of memory. I now gave Guiac. 3x and even on the next day I could notice a cessation of the process; in three days a lessening of its extent, and after fourteen days the whole trouble had vanished. But my greatest satisfaction was in the joy of the patient upon the disappearance of his mental disturbance and the restoration of his memory, and in hearing his wife remark that his cheerfulness had returned and remained.—*Allg. Hom. Zeit.*, 112, 16.

**Carduus Marianus.**—By Dr. G. Pröll, of Nice.—*Carduus Marianus* is an excellent remedy in affections of the liver, spleen, and kidneys (leucocythæmia), when caused by abuse of alcoholic beverages, and especially beer, and by prolonged sojourn under ground as in tunnels, mines, etc., and when Ferrum, Nux vomica, Carbo. veg., and Graphites, although apparently well indicated, are without effect.

CASE 1.—A workman in the gold and silver mines at Bückstein, near Gastein, suffered for some years from the disease called in Germany *Die Bergsucht*, or mountain phthisis, a complex of disorders of the stomach, spleen, and kidneys, with insomnia, want of appetite, mental irritability, languor, and general weakness. After a fortnight's use of the drug, in the tincture, four drops four times a day, his pale color had given place to a rosy tint, his eyes, which before were dim, had become bright, his despondency had disappeared, his voice was strong and the activity of his limbs had returned. He said to me, "You have made a new man of me; only now do I understand the value of health." He had no return of the trouble.

CASE 2.—A cook, who had, as is common with most cooks, lost her appetite, acquired the habit of taking strong liquors and beer. After a time she was found to have cirrhosis of the liver, and little by little general dropsy supervened. Her figure was no longer recognizable. Her legs and arms were swollen and as hard as wood. The urine was small in amount, the stools pale and diminished in quantity. Nux vomica had no beneficial influence, but after the use of the tincture of *Carduus Marianus*, four drops per day, the amelioration went on so rapidly that at the end of a fortnight the whole trouble was cured. The

cure has remained permanent, but the patient has given up her occupation as cook.

CASE 3.—A workman in a brewery became extremely hydropic, and received a vial containing 10 grammes ( $2\frac{1}{2}$  drs.) of the tincture of Card. Mar., with like success; but believing that the remedy was a purgative, and that four drops were not sufficient to cause an evacuation, he took the whole amount in one dose without its producing any markedly bad results. It cured him very quickly.

*Observations.*—I am convinced that *Carduus Mar.* is specially indicated when there is a relaxed state of the mucous membrane of the stomach, as evidenced by recurring flatulence and diarrhœa, especially when the stools are clay-colored. The active part of the remedy is found in the seed coats and not in the kernel or nucleus. The color of the tincture ought to be a brownish-red. A dose of two or three drops per day will be sufficient, and the remedy does not require any particular regimen to be followed. It was a popular medicine in the time of Theophrastus, Paracelsus, and Rademacher.—*Revue Hom. Belge.*, xii., 10.

**The Study of the Materia Medica.**—By Dr. A. Lorbacher, Leipzig (concluded).—Let us consider two of our chief remedies in chronic diseases, Calc. carb. and Causticum. They have many symptoms in common, the necessity for a choice between them occurs frequently, especially in the treatment of scrofulous diseases, and for one not thoroughly versed in the *Materia Medica* the selection is difficult. We know that both remedies are almost indispensable in caries. Here Dr. Goullon has had a number of beautiful results with Causticum. Which of the two is the proper remedy in a given case is not to be determined by the local symptoms, but by the distinguishing characteristics of the two remedies, frequently passed over as being unimportant. A short survey of these are given in the *Comparative Materia Medica*, as follows:

CALCAREA CARBONICA.	CAUSTICUM.
Complaints (feeling of fulness, etc.) pre- dominantly in inner parts.	The same, predominantly in outer parts.
Light hair. Skin and muscles lax.	Dark hair. Muscles tense.
Hæmorrhages, bright red.	Hæmorrhages, dark red.
Pulse full and accelerated, often trem- bling.	Pulse often unchanged, only toward evening somewhat irritable.
Chill, worse in bed. Sweat lessened in the room.	Chill lessened in bed. Sweat increased in the room.
Thirst during the fever, which is in- creased by drinking cold water.	Absence of thirst; if present in fever it is relieved by drinking cold water.
Mild disposition, or depressed mood. Amorous. Mental weakness more frequently than delirium.	Depressed mood. Suspicious. Haughty. Absent minded. Melancholic.
Apoplexy. Affections from fear or fright.	Apoplexy as yet not observed. Affections from illness, grief, or unrequited love.

Itching, more frequently lessened than increased by scratching.  
Vertigo, with tendency to fall backwards or sideways.  
Emaciation of the face.

## CALCAREA.

Complaints affect more often the inner than the outer nose, and the upper jaw, the upper teeth, the upper parts of the chest.  
Sour vomiting.  
Urinate too often.  
Menses too early and profuse. Menses flow day and night.

Sexual desire increased.  
Leucorrhœa unirritating.  
Nasal secretion thick, often with a bad smell.  
Expectoration, especially in the morning and daytime.  
Pain in the chest by bending the arms backwards.  
Aggravation after midnight and in the morning, also during the full moon.  
Amelioration before midnight.  
Feels worse after a full meal.  
More frequently aggravation than amelioration during exertion.  
Predominantly worse.

## PREDOMINANTLY WORSE.

In damp weather, by washing, by drinking cold water, from continued movement, from stretching and twisting the body, from pressure, from lying on the side, and from empty stomach.

A glance over the above table of the characteristic symptoms of both drugs will permit, without much difficulty, a choice of the right remedy in case of doubt, when the practitioner is not satisfied to employ merely the formal diagnosis of the disease, but, with Hahnemann and all those homœopathic physicians who have accepted his teachings in its reality, desires to take account of the accompanying conditions, and in making up an idea of the diseased state, to have regard to the smallest and often apparently insignificant symptom. The importance of these as distinguishing characteristics will then become more and more clear to him, and the charge of insuperable difficulty in choosing the correct homœopathic remedy will be more seldom heard. To contribute something in aid of this is the aim of the present paper.

Itching oftener increased than lessened by scratching.  
Vertigo, with tendency to fall forwards or sideways.  
Emaciation of the limbs.

## CARBONICA CAUSTICUM.

Complaints affect more often the outer than the inner nose, and the lower jaw, the lower teeth, and the lower part of the chest.  
Watery vomiting.  
Urinate often, but in small amount.  
Menses too late and scanty. Flow only in the day, intermitting during the night.

Sexual desire lessened.  
Leucorrhœa irritating.  
Nasal secretion watery.  
Cough usually dry; when expectoration is present it is loose from evening till morning, but is usually swallowed.  
Pain in the back by bending the arms backward.  
Aggravation from evening till morning, also during the new moon.  
Amelioration during the day.  
Feels worse when hungry.  
More frequently amelioration than aggravation during exertion.  
Predominantly better.

## PREDOMINANTLY BETTER.

## NEW REMEDIES.

**Diphtheria, Treatment of, with Peroxide of Hydrogen.**—*By Professor Hofmohl.*—In 1885, Vogelsang published two cases of diphtheria, in which he used peroxide of hydrogen, with exceedingly favorable results. . . . Hofmohl began his investigations in October, 1885, and has come to the opinion, based upon treatment of fifty cases of diphtheria, that the peroxide of hydrogen is a good remedy in many conditions, and is without any injurious effect upon the general state of the patient; it is not, however, a specific.

Peroxide of hydrogen, *Solutio Hydrogen-Superoxidati*,  $H_2O_2 + 74Aq.$ , is a perfectly clear, colorless fluid, having a slightly prickling taste; its sp. gr. is 1010–1011, and it contains 2.88 per cent. of the gas. According to E. Schönné, it is a constant constituent of rain-drops and of hail. It is in less amount in snow, and, indeed, is often absent. The greater the size of the rain-drop, the greater the proportion of the peroxide. Hager found it in the earth, yet always in much smaller quantity than ozone. On sunny days, it does not appear in the earth, or in but insignificant amount; on the other hand, it appears to be markedly increased under a cloudy sky. From Schönné's investigations it is found that in winter the air is poorest in peroxide of hydrogen, the amount contained increasing with the rise of temperature; in July the amount is greatest, and gradually decreases until it finds its lowest in January.

According to Berthelot, peroxide of hydrogen undergoes a spontaneous decomposition into  $H_2O$  and free oxygen. He found that the decomposition occurred the more slowly as the solution became lowered in temperature. Free acids retard this spontaneous decomposition, while free alkalies promote it. Rudolph Böttger, however, holds that peroxide of hydrogen remains unaltered for an indeterminate length of time, and that it can be even boiled, without change. It is obtained in greatest amount by treating the peroxides of barium, kalium, etc., with dilute acids.

The simplest test for peroxide of hydrogen is by potassium permanganate; a few drachms of the peroxide, when treated with solution of the permanganate, produces marked effervescence, with discharge of the color of the latter solution. Peroxide of hydrogen decomposes potassium iodide, with separation of free iodine, the latter coloring the fluid yellow, and being rendered evident by the starch reaction (blue).

Tharand and Schönbein showed that blood, germs and ferments quickly decompose  $H_2O_2$ , and Stöhr found the same result to occur with pus, ichor, exudation, etc. The infectiousness of pus from chancres and buboes was destroyed, although for this purpose a great amount of the peroxide is required. According to A. Schmied,  $H_2O_2$  diffuses very rapidly through animal membranes, without undergoing any observable decomposition.

Asmuth and A. Schmied injected it into the stomachs of animals and directly into the blood, with the following results: When 4 c.c. (say, 1 drachm) of a solution, yielding by catalysis 10 vols. of oxygen, is injected into the stomach of a rabbit, there follows no special disturbance, although absorption without decomposition has taken place, for it appears as such in the urine. If it is injected into a vein so carefully that it can only come in contact with the blood contained in the vein, 25 c.c. (6½ drachms) of a solution, yielding by catalysis 5 volumes of oxygen, can be injected (in dogs), without danger. The animal soon vomited, was unable to stand, its breathing became difficult and slow, but it soon recovered.

In the living, circulating blood, it is not decomposed (this has been denied lately by Guttman), while a few drops of blood, after removal from the vessel and placed in contact with  $H_2O_2$ , cause decomposition of the latter with great vigor.

By injecting it under the skin, in dogs, there occur dyspnoea, clonic convulsions, exophthalmos with dilatation of the pupil and death by asphyxia; in the cadaver the place of injection as well as the veins and the right heart all showed numerous vesicles filled with gas, so that it must be accepted that death occurred through cessation of the pulmonary circulation resulting from distension of the pulmonary vessels, with bubbles of gas. Experiment on animals shows positively that peroxide of hydrogen is not injurious when taken by the stomach. Whether when it has passed from the stomach into the blood, it liberates free oxygen in like manner to the result obtained by the action of fresh blood on it outside the body, is a question not yet solved.

According to Professor Hofmokl, the readiness with which  $H_2O_2$  diffuses through animal membrane, and its ready decomposition by contact with albuminous bodies, and the (slight) increase of body-temperature which results from its internal administration, all point to the probability that peroxide of hydrogen undergoes decomposition within the body, after internal administration, and that a certain quantity of free oxygen is brought into the blood thereby.

The fact obtained by experiment, that peroxide of hydrogen destroys the infectiousness of certain animal exudations, is of great value in support of the view of its similar action upon the diphtheritic exudation, and these facts have, for the most part, been established clinically.

Of the above-mentioned 50 cases, "for the most part, severe," of diphtheria, which Professor Hofmokl treated exclusively with peroxide of hydrogen, 25 had to be operated on (tracheotomy); of these, 15 recovered, and 10 died. Of the 25 not operated on, 18 recovered, and 7 died, but, of the latter, 3 were already moribund when brought to the hospital. So that, properly, only 47 cases should be included, of which 70.29 per cent. recovered, 29.71 per cent. died.

Professor Hofmokl prescribed peroxide of hydrogen for children,

without reference to age, internally, and also by inhalation. For internal use, he employed 200 parts of a 2 per cent. solution of peroxide of hydrogen mixed with 3 parts of glycerine (pure), a teaspoonful of the mixture being given every two hours, and, in severe cases, every hour. (The small addition of glycerine is to delay the decomposition of the peroxide.) When given by inhalation, a steam atomizer was used, and a sufficient amount of the peroxide being placed in the outside receptacle of the apparatus, and the usual amount of water in the boiler, the peroxide became diluted by the steam, so that it was only half the strength of that used in internal methods.

Besides this, there was no remedy given during the whole course of the treatment.

The local action of the peroxide, when used topically, produced upon the tongue a prickly, slightly burning taste, and on the mucous membrane of the throat it caused a burning sensation. Notwithstanding this, children, as a rule, readily submitted to its employment. It caused a considerable salivation, which can be, perhaps, accounted for by the irritation of the oxidizing action.

The occurrence of oxidation can be shown by placing a piece of diphtheritic membrane in the peroxide, when there immediately occurs active effervescence with the liberation of oxygen which attaches itself in small bubbles to the membrane, without solution of the latter. By a longer action of the peroxide on fresh diphtheritic exudation in the living, the membrane takes on a more yellow or gray color, and fissures appear in it, after which its separation takes place. For the most part, this occurred between the third and fourth day; in one case, each, on the sixth, seventh, and ninth day.

In preventing fresh exudation, the peroxide was, according to Professor Hofmohl, without any influence, and it did not, in the least, hinder the extension of the diphtheritic process into the air-passages as proven by the need for tracheotomy in so many cases; its favorable influence appeared essentially to consist in the rapid softening and easy casting off of the exudation. It was often observed, in severe cases of diphtheria, that two, three, or even five times renewed membrane in thick fibrinous tubes were coughed up from the trachea and bronchi after tracheotomy. In other cases, after the removal of the membranous layer by mechanical means through the wound immediately after tracheotomy, there was no further formation of membrane, and only pieces of rolled up, soft plugs were coughed up.

Upon the general condition of the patients, the effect of the peroxide was good; the appetite was notably increased, even when a slight increase of temperature was present.—From *Allg. Cent. Zeit.*, lv., 39-40.

Peroxide of hydrogen has been used in this country for a few years: by the dentists, in the disease known as *pyorrhœa alveolaris* or Riggs's disease, in which it is applied directly to the diseased alveolar

tissues by a fine syringe; by physicians, as an injection in gonorrhœa, as an application in otitis suppurativa, as a stimulant application to foul ulcers, and, during the season just past, as a spray for dissolving diphtheritic deposit. Some time ago, when its application to a part was followed by effervescence, the presence of pus was thereby considered to be proven, but, as is seen in the above article, such effervescence takes place when the peroxide is applied to other secretions and exudations. If pus is present, however, the high oxidizing power of the liquid upon the sulphur in pus causes the production of sulphuric acid, in which there was, in our personal experience, no trace of the lower or sulphurous acid.—ED. H. R.

**Fluorides of Ammonia and Iron.**—Dr. John Lucas, of Bombay has employed the Fluoride of Ammonia in the treatment of hypertrophy of the spleen. The drug appears to have antipyretic and anti-periodic properties as proved in cases of ague. Nausea was produced at first, but afterwards large doses could be borne. The appetite, after a time, improves under its use. By giving the drug after meals, its nauseant and purgative actions are greatly lessened. "It certainly appears to possess the merit of excelling any other method of treatment of hypertrophied spleen with which we are acquainted." Dr. Lucas began with five-minim doses. The Fluoride of Iron would, perhaps be preferable to the ammonia salt on account of its hæmatinic properties.—*Lancet*, May 22, 1886.

**Subcutaneous Injections of Cocaine in Asthma.**—Subcutaneous injections of a 5 per cent. solution of Salicylate of Cocaine are said by Mosler to arrest the paroxysms of asthma, and he believes that this remedy will prove useful in the general treatment of the affection. He gives .04 grammes (three-fifths of a grain) for a dose. In one case he remarked a certain amount of faintness, which, however, soon passed off. A Dresden physician, Dr. Beschorner, has also recorded favorable results from the use of Cocaine in asthma.—*Lancet*, May 22, 1886.

**Terebene.**—By *George Foy, F.R.C.S.*—Two turpentines are known in the commercial world, French and English or American. Rectified oil of turpentine obtained from French turpentine (*Pinus maritima*) contains a hydro-carbon, *terebenthene*, having the formula  $C_{16}H_{16}$ , and is lævogyrate, rotatory power =  $-42.3$  deg., in character. On the other hand, from English or American turpentines (*Pinus Australis*) is obtained the hydrocarbon *australene*,  $C_{10}H_{16}$ , which is dextrogyrate, rotatory power =  $+21.5$  deg.

Both boil at or about 312.8 deg. F. Under the influence of heat, both hydrocarbons undergo alterations, the rotatory power being reduced and the boiling point raised to about 320 deg. F. This optically inactive liquid is resolvable by repeated fractional distillation into several

isomeric and polymeric products, of which *terebene*,  $C_{10}H_{16}$ , an oily liquid of agreeable smell, sp. gr. 0.864, and boiling point 302 deg. F., is one, *cymene*,  $C_{10}H_{14}$ , boiling point 347 deg. F., and *colophene*,  $C_{20}H_{32}$ , boiling at 604 deg. F., are also products of the mixture. Terebene is usually prepared by mixing oil of turpentine with one-twentieth of its bulk of concentrated sulphuric acid, and allowing the mixture to stand for twenty-four hours. The clear liquid, after being decanted from the sediment, is distilled; this operation is repeated until the distillate becomes optically inactive. It is then washed with water and carbonate of soda solution, dried over calcium chloride and distilled.—*Med. Press*, May 19, 1886.

Terebene was brought into prominence by Dr. William Murrell's strong advocacy of its use in "winter-cough." The dose for internal administration is five drops, given three times a day on sugar, or it may be given by inhalation by means of an atomizer. It imparts a peculiar odor to the urine but is said to have little or no toxic action.

**A New Antiseptic.**—Those who use Iodoform in the consulting room must frequently have been seriously annoyed by its powerful and persistent smell. Drs. Silber and Ciammician, of Rome, have found an admirable substitute, which has all the advantages of Iodoform without its odor or, it is said, its poisonous properties. This substance is Iodol, which occurs as a dark powder with a slight scent, reminding one of thymol. It is very slightly soluble, and is best used either in substance or suspended in glycerine, or made into an ointment with vaseline. A lotion can also be made by dissolving 1 gram of Iodol in 16 grams of alcohol, and adding 34 grams of glycerine. Most brilliant results have been obtained by the use of the substance itself on chancres and syphilitic adenitis. In simple indolent ulcers, too, the use of the Iodol lotion has been very beneficial. A spot of lupus on the leg was treated by injections of Iodol solution into the surrounding subcutaneous tissue, with the result of preventing the disease from spreading. Iodol has also proved useful in fungating joint-diseases. Over 200 observations have been made, and neither erysipelas nor diphtheritic condition of wounds has occurred.—*Med. Times* (London), from *Wien. Med. Blatt*.

**Pyridin in Asthma.**—Besides the newly recommended remedies for asthma, *Natr. nitros.*, Nitro-glycerine, *Grindelia*, *Euphorbia pilulifera*, Germain-Sée lately has emphasized the value of Pyridin. This is a colorless volatile fluid which, on exposure to the air, diffuses an extremely disagreeable odor. Four or five grams of Pyridin should be poured upon a plate, and the fluid allowed to diffuse its vapor in a space of about 25 cubic centimeters. The inhalation should continue for twenty or thirty minutes, and should be repeated three times a day.—*Deutsche Med. Wochens.*, January 7th, 1886.



**Thallin and its Salts.**—Among the newest antipyretics are Thallin and its salts, the sulphate and tartrate. This remedy is distinguished beyond other antipyretics by its quick absorption and rapid elimination. It is given in different febrile affections in doses of .25, .50, or 1 gram, dissolved in water. Together with its antipyretic action, thallin appears to have, according to the latest researches of Ehrlich and Laquer, some specific influence as well. Recent cases of typhoid fever were treated with the remedy in .04, .01, .015 gram, every hour or two for several days, and were affected most favorably.—*Deutsche Med. Wochens.*, January 7th, 1886.

**Aseptol.**—Under this title a one-third solution of orthophenol-sulphonic acid is employed as a substitute for carbolic and salicylic acids. It possesses their antiseptic properties and is soluble in any proportion in water, alcohol and glycerine; it is without the irritating and toxic effects of carbolic acid. In important surgical operations (opening the peritoneal cavity, etc.), it is recommended on account of its innocuousness. It has no destructive action on delicate tissues and, therefore, in operations on the eye its use is to be urged. It is active even in a  $\frac{1}{1000}$  solution.

The dose for internal administration is between those of carbolic and salicylic acids.—*Allg. Wien. K. Zeit.*, January 12th, 1886.

**Strophanthus hispidus.**—This plant, belonging to the Apocynaceæ, is very common in equatorial Africa, where it is used as an arrow-poison. Its seeds are very active, and contain a crystalline substance which Dr. Fraser\* has isolated some time ago. This has a bitter taste, a weak acid reaction, is soluble in water and alcohol, insoluble in ether, chloroform, and benzine. It is a glucoside and has received the name *strophanthine*; it is evidently the active part of the plant.

Dr. Fraser who, at the last meeting of the British Medical Association, communicated the result of his investigations, considers it to be a muscle-poison. A toxic dose destroys the tonicity of the muscles, and causes a contraction of the muscles which only ceases by passing to that of cadaveric rigidity. In consequence of this action the heart is quickly and powerfully affected, and, indeed, in a given time it receives a more powerful dose of the poison than any other muscle. Besides, it is probable that *Strophanthus* acts upon it in a more certain and powerful manner than upon the other striated muscles.

Its mode of action is in the same way as the other substances belonging to the digitalis group; it increases the cardiac contraction. A small dose diminishes them; in a large dose it arrests the heart in systole. This action the remedy produces by overcoming the influence of the cerebro-spinal nervous system; as a result of a toxic dose, the heart

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\* Prof. Thomas Fraser, of Edinburgh.—ED. H. R.

together with the other muscles of the body, passes at the first onset from a condition of contraction to cadaveric rigidity, and its muscular fibre becomes acid in reaction. The action upon the heart is accompanied by an increase of blood-pressure, and in certain conditions by augmentation of the urinary secretion and by a lowering of the temperature. The tincture is used (prepared in the same way as tinct. of digitalis), the dose being from 5 to 20 drops.—*Jour. de Méd. de Paris*, February 7th, 1886.

Dr. J. Lindsay Porteous has used it in his practice in some cases of cardiac disease, in which digitalis did not agree, and in addition to the effects noted by Dr. Fraser, he found the drug to act as a sudorific and to relax the bowels; it also made the pulse firmer besides increasing it at first, and in one case in doses of 4 minims it purged and vomited. Dr. Porteous concludes that the remedy is destined to hold a foremost place among remedies controlling the heart's action, but, like other remedies, it will not suit every patient.—*Condensed from Brit. Med. Jour.*, January 30th, 1886.

**Polygonum Aviculare.**—Dr. Rothschild, of St. Petersburg, at the late Congress of Russian Physicians, spoke highly of the value of *Polygonum aviculare* in bronchial catarrh and asthma. An infusion of 30 parts to 1000 was used, dose being a glassful thrice a day, with milk or sweetened water. It is said to be useful in whooping-cough, but is of no value in phthisis.—*Med. Press*, March 24th, 1886.

**Pichi—A Chilian Remedy.**—An account is given in the *Independencia Medica*, of a Chilian coniferous plant, the *Fabiana imbricata*, of Ruiz and Pavon, but called by the natives Pichi. It has, according to them, great powers of controlling all diseases of the urinary organs, and is even considered to be capable of causing calculi to dissolve. A study has recently been made both of its chemical and therapeutical properties. It has been found to contain an aromatic essential oil, a resin, and a crystalline substance of a highly fluorescent appearance. . . . The therapeutic action of Pichi is most marked in cases of vesical catarrh caused by uric acid diathesis, gravel, or calculi. Here it diminishes the secretion and allays the irritability of the mucous membrane, thus allowing the gravel a better opportunity of passing with the urine. It has also a diuretic action, which has been found valuable in many cases of icterus, dropsy, and dyspepsia, due to the deficient action of the liver. In these cases the preparation employed was the essential oil, which . . . acted as a stimulant of the secretory organs in general.—*Lancet*, January 16th, 1886.

**Tsuchiakabi.**—This drug is the fruit capsule of an orchid indigenous in Japan, and used there for a long time. The capsules possess an acid

and bitter taste, and contain a substance which is largely soluble in water. By treatment with spirit an extract can be obtained which has a sharp but not unpleasant taste. It is composed of an acid, resin and glucoside, to which is probably to be attributed its medicinal properties. The urinary bladder and passages are the parts of the body on which the medicament exerts its special action. The Japanese employ a watery extract of this drug, which would be administered in those cases for which Cubebs and Copaiba are prescribed; with the advantage of the absence of the disagreeable odor of the last-named drug.—*Lancet*, January 2d, 1886.

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### SELECTIONS OF GENERAL INTEREST.

**Whooping-Cough Cured by Carburetted Hydrogen.**—Dr. W. T. Greene, in *Med. Press*, after mentioning the usual long time of whooping-cough in patients, and the many remedies employed to cure the disease, alludes to the practice, often found extremely beneficial, of sending patients to gas-works to inhale the odor-laden air of such places, and goes on to say: "One of my children sickened with the disease, which gave every indication of gravity; but after a day or two the severity of the initial symptoms gradually subsided, and all trace of the whooping-cough disappeared in about ten days from the commencement of the attack." It was found that at the head of the child's cot there was a leaky gas-pipe, permitting the continued escape of gas in very small quantities.

This accidental cure was afterwards intentionally employed with marked success as follows: "Procure a piece of ordinary gas-tubing, of sufficient length to reach from one of the gas-burners to the floor, on which it may advantageously trail for a foot or two; turn on the gas sufficiently to make its odor perceptible, and make the little patient stand over and inhale it for a few minutes as often as convenient; it will not make him cough, but, on the contrary, afford him a grateful sense of relief, and after a few inhalations the more formidable symptoms of the disease will disappear, and the complaint will altogether cease to manifest itself after a few days."

**Pathology of Scurvy.**—In a recent account by Dr. T. Stazevich, in a Moscow journal, of eighty-six cases he had the opportunity of studying last summer, some attempt is made at elucidating the pathology of the disease. The writer made a careful microscopical examination of the tissues, and found, in all cases he had an opportunity of observing, an extensive degeneration of all the organs, and especially of the voluntary muscular tissue, which scarcely contained any really normal

fasciculi; the bloodvessels were not greatly altered. He does not consider the petechial rash as due to capillary extravasation, but looks upon the spots as local hæmorrhagic inflammations. In the blood a large number of stellate corpuscles were found. The conclusion come to is, that the disease is a "form of septic poisoning."—*Lancet*, May 29th, 1886.

**Alleged Cure of Hydrophobia by Sweating.**—The report from Odessa of a case of cure after the onset of what are said to have been unmistakable symptoms of hydrophobia in a boy, lends some encouragement to Buisson's mode of treatment. The symptoms of the malady began seventeen days after the receipt of the bite from a dog authoritatively stated to be rabid. The boy, at once removed to the hospital, was placed in a warm bath, the temperature of which was rapidly raised to 42° R. (125° F.). At this stage the boy became unconscious, and continued so for one hour. He was taken from the bath, swathed in cloths, and placed in a room at a temperature of 68°. The same process was repeated in the evening, and twice a day for the following three days, when the patient's appetite was fully restored. So far the boy has remained well.—*Lancet*, May 29th, 1886.

**Terebene Rash.**—Ormond H. Garland, M.B., records, in *Lancet*, May 22d, 1886, the following: "John K—, aged 60, was ordered to take five-minim doses of Terebene, four times a day, for chronic bronchitis, from which he had suffered for many years. After taking six doses of the medicine (thirty drops in all), he had to desist, on account of a profuse, bright-red, papular rash, intensely itchy, making its appearance, first on the left hand, and then on both ankles, extending up the legs to the knees. The hand was, likewise, very much swollen. That this condition was due to the Terebene, was proved by the retrogression of the eruption coinciding with the discontinuance of the medicine. The patient had observed the same idiosyncrasy thirty years before, when, having sprained his wrist, he was recommended to apply turpentine as a liniment. The result was the appearance of an eruption of similar character to the foregoing, his arm becoming, at the same time, so swollen as to incapacitate him for work for a whole fortnight."

**The Essential Lesion in Hydrophobia.**—"Dr. Hale White has discovered," says the *Medical Press*, of May 12th, 1886, "the essential lesion in hydrophobia, judging from the description he gave of the microscopic appearances found in preparations of the brain and spinal cord, from two men who had died of the disease. The medulla oblongata was found to be in a state of acute inflammation, principally about the fourth ventricle, being most marked in the middle line on either side of the posterior median fissure. He found blurring of the nerve-

cells, and exudative changes associated with the fibres, while in frequent places the small vessels were dilated so considerably, as to be, in many cases, ruptured. We learn, therefore, that the 'essential' lesion in hydrophobia is acute inflammation of the floor of the fourth ventricle, and this spreads both up into the brain and down into the cord."

**El Kellah ; Its Properties.**—This plant, *Anmi Vismaga* of botanists, has yielded to M. Moustapha a ternary body, *kellin*, having properties somewhat similar to those of the narcotic poisons. When administered to animals, it produces vomiting, paralysis of the hind quarters, irregularity of the heart's action and slow breathing. The fruit of El Kellah has been employed therapeutically, in the proportion of 6 or 8 to 100, as a tonic gargle and astringent wash in stomatitis, gingivitis, and dental caries, and, in a dose of 150 grammes (nearly 5 ounces), daily, it has been employed in rheumatism. An ointment, made from the seeds is employed with friction upon the joints. A decoction of 18 or 20 grammes (5 drachms) in 160 grammes of water, is considered efficacious in uric acid gravel."—*L'Union Med.*, 48, 1886.

**Unusual Case of Lead Palsy.**—At the meeting of "Berliner Gesellschaft für Psychiatrie und Nervenkrankheiten," held May 10th, 1886, Dr. Remak showed a case of lead palsy of the extensors of the right hand and muscles of the thenar eminence. There were, besides, bilateral paralysis of the muscles of the larynx, both the posterior crico-arytenoid and the adductors, right-sided atrophic paralysis of the tongue with partial reaction of degeneration, right-sided paralysis of the velum-palati, slight ptosis on left-side, reflex immobility of both pupils as well as slight nystagmus when looking to the right side.—*Münch. Med. Woch.*

**Tabes Dorsalis Illusoria (Simulated Locomotor Ataxia).**—Dr. Kowalkewsky, in *Centralb. f. Nervenheilkunde*, No. 15, 1885, gives details of a case in which he considers, like other hysterical mono- and paraplegias, as a purely functional paralysis. The symptoms of tabes appeared in a patient, aged 37, who had enjoyed previous good health, married, and living under favorable conditions, under the influence of mental stress and anxiety. He had backache, lancinating pains, later unsteadiness of gait (especially with eyes closed and in the dark), weakness and heaviness in the limbs, girdle sensation, oppression of the chest, vertigo, constipation, and retention of urine. Of objective signs, there was nothing abnormal. After a treatment of 23 days by arduous physical labor, general faradization, highly nutritive food and douches he was completely relieved.—*Allg. Med. Cent. Zeit.*, May 19th, 1886.

**Argillaceous Earth in Epididymitis.**—Dr. Loncavevitch has treated with much success acute blennorrhœal epididymitis by the appli-

cation of argillaceous earth (Alumina of Hahnemann.—Ed. H. R.). The white clay used by sculptors is made into a paste soft enough to be applied upon the scrotum after the latter has been enveloped in a layer of linen. This remedy, which is largely employed in Russia, has already given proof of its efficacy in different cases. Boskine explains the therapeutic effects of clay by its refrigerant action and more especially by its metallo-therapeutic qualities. For a long time the dust from the scissors' grinders has been employed in France against orchitis.—*Journ. de Méd. de Paris*, x-13.

**Arctium Lappa.**—The common burdock, belonging to the Compositæ, has been used for a long time as a sudorific in skin diseases. According to Dr. Reiter, the tincture of burdock improves the functions of nutrition, of secretion, and of assimilation. An alkaloid derived from it, lappine, can be used in the same conditions, e.g., in psoriasis.—*Journ. de Méd. de Paris*, x-13.

**A Child Poisoned by the Nurse's Cosmetic.**—A German practitioner being called to see a child five weeks old, who was continually crying and suffering from colic, and whose skin was of a dull, bluish tint, was somewhat puzzled as to diagnosis until looking at the nurse's face and seeing it of a brilliant white and red tint, he touched the surface, which left a greasy stain on his finger of a cosmetic rich in lead. The poisonous substance the nurse had long been in the habit of using for the purpose of improving her complexion. The cause of the child's colic being removed and appropriate treatment adopted, a cure was effected in a few days.—*Lancet*, March 27th, 1886.

**Micro-organisms and Magnetism.**—M. Dubois has sought to ascertain the influence of magnetism on the development of microbes. After placing two powerful magnets in a certain position, he arranged a set of capsules containing artificial cultivations in a circle between the magnets. After careful observation he was able to prove that microbes, under these circumstances, developed from northeast to southwest. The micro-organisms developed in a capsule situated in the centre exactly between the two magnets, remained rounded in the direction of the axis of the resultant of the two forces, represented by two lines crossing each other in the direction of northeast to southwest and southeast to northwest.—*Brit. Med. Jour.*, March 27th, 1886.

**Permanent Deafness Caused by Quinine and Salicine.**—Quinism or cinchonism, is the term applied to a group of symptoms chiefly related to the sense of hearing that follow the internal administration of considerable doses of quinine. Kirchner has shown that the exhibi-

tion of large doses of quinine to cats and rabbits is followed by the production of hyperæmia and exudation in the labyrinth, semicircular canals, and cochlea. He also found after the subsidence of the symptoms of labyrinthine disease, in a woman who had taken large doses of salicylic acid for a long time, an exudation into the tympanic cavity, which required paracentesis of the membrana tympani for its removal. . . . Schilling states that ergot, if combined with salicylate of soda, prevents the development of aural symptoms in a large percentage of cases. . . . Finkler and Prior have shown that borate of quinine, is less prone to induce quinism than the muriatic salt. . . . *Lancet*, Dec. 5th, 1885.

**Syphilitic Re-infection.**—Can a person have syphilis a second time? This has been a burning question with syphilographers since the 17th century. Ricord says that an individual having syphilis is never wholly rid of it; Bärensprung is of a like opinion, but he adds that with syphilis it is somewhat as with the acute exanthemata in giving to the affected individual an immunity against a second infection. Sigmund denies absolutely a re-infection; Zeissl on the other hand maintains that he has observed it many times some years after the previous attack.

M. Neumann presented a patient who is a brilliant example of re-infection. In November, 1884, she came to the clinic with large condylomata and general swelling of the lymphatic glands; she was cured of these conditions as well as of others which followed. After some weeks she presented herself at the clinic again with a syphilitic lesion of one labium majus, an indurated chancre, and some days after there was fever and a macular syphilide.—*Gaz. Hebdom. de Méd. et de Chir.*, April 2d, 1886.

**Sciatica cured by Congelation of the Skin with Ethylic Ether.**—Dr. Miliotti gives a long communication, running through three numbers, November 11th, 15th, and 18th, 1885, of *Gaz. degli Ospitali*, recounting his method of using congelation of the skin by means of ether, as well as the details of two cures.

**Russian Remedy for Hydrophobia.**—The *Alisma*, or water plantain, is lauded in Russia as a remedy for hydrophobia. The plant flowers during summer and should be collected in August. The roots must be dried and grated, then spread on bread and butter, and a good dose taken night and morning. Two or three doses are said to be sufficient to effect a cure.—*Lancet*, January 2d, 1886.

## NEW PUBLICATIONS.

**La Circulation et le Pouls. Histoire, Physiologie, Séméiotique, Indications Thérapeutiques.** Par Ch. Ozanam, Docteur en Médecine de la Faculté de Paris, Lauréat de L'École Pratique, etc. Paris: J. B. Ballière et Fils. 1886. 8vo., pp. 1060.

The name Ozanam is an honored one in France, both in medicine and philanthropy, and the author of the above-named work has added to his already well-earned laurels by its production. It is a veritable encyclopædia of information, concerning not only the pulse and circulation, but also collateral subjects such as the innervation of the heart, the vaso-motor system, etc. The first portion of the book is historical, and presents a well-arranged view of the opinions of the ancients, and of their successors down to our times; it is embellished with portraits of Michael Servetus, Andrea Cisalpino, Realdo Columbo, and William Harvey. The fanciful (to us) ideas of the Chinese concerning the pulse and circulation are given with great fulness and with numerous illustrations.

The author has invented a sphygmograph and, as we might expect, all known varieties of this instrument are well described and often figured. Sphygmographic and cardiographic tracings are freely used by the author throughout the physiological and semeiological sections. In the latter the indications for remedies include many used on other than homœopathic principles.

The work is a monument to the patient industry, wide reading, and deep study of its author.

**American Medicinal Plants.** By C. F. Millspaugh, M.D. Fascicle IV. Boericke & Tafel: New York, Philadelphia.

With their usual promptness, the publishers send to the profession the fourth Fascicle of Dr. Millspaugh's great work. It contains thirty full quarto-size plates of plants, drawn with the utmost accuracy, and each a gem in color-printing. A work of such high excellence deserves the support of the profession, and we believe it is receiving it.

The plates of *Rhamnus catharticus*, *Pirus Americana*, *Cicuta maculata*, *Cornus circinata*, *Aletris farinosa*, and *Veratrum viride*, are especially noticeable by their attractiveness. It would have been an improvement to give at least one leaflet of *Rhus aromatica* in color, and we think the flowers of *Euonymus atropurpurea* are too bright, the specimens we have seen being always of a deep-brownish purple.

The text accompanying each plate is more than a bare description of the plant, and the many cross-references give the work an encyclopædic value.

A very few errors, present in this fascicle, remind us that the author and printer are both mortal. On page 3 of *Magnolia*, second line of last paragraph, a period instead of a comma spoils the reading of the sen-



tence; and lower down, the word *medicamentæ* is used instead of *medicamenta*, the noun being neuter; on page 2 of *Genista*, *copiava* should be *copaiva*; under *Menispermum*, page 2, the genitive of *rumex* is given as *rumecis* instead of *rumicis*, and on page 2 of *Juniperus*, *linamentum* is given instead of *linimentum*. These corrections are but trifles, yet trifles make perfection, according to the saying attributed to Michael Angelo.

The high opinion which we have of Dr. Millspaugh's work we hear re-echoed from professional botanists and others, outside the ranks of medicine. For our own part, we would not be without for many times its cost. Independently of its usefulness to the physician in increasing his knowledge of drugs, its broadening influence upon his mental development is not a small one, for we think if anything can lead him to the study of botany it is the work before us, and we know of no subsidiary pursuit in medicine comparable to botany as a means of mental culture as well as a source of the most enjoyable recreation.

**Purpura.** By George William Winterburn, Ph.D., M.D. New York: A. L. Chatterton & Co. 1886. Cloth, pp., 240.

In this monograph Dr. Winterburn has given a good *resumé* of its subject, with a considerable number of clinical cases. The presentation of the subject-matter is well done, but we think when the author says, as he does on page 62, that *purpura* is a malignant disorder, he uses a term far too strong. We have seen more than one case in which the disease appeared in early youth (the patient being apparently in good health), recurred some years after during apparently vigorous condition the second outbreak lasting off and on for some weeks.

A full repertory gives additional value to the book. *Leipeig* appears on page 20 instead of *Leipzig*, and *pelosis* for *peliosis* on page 57, and the omission of the accents in French titles should not occur in a book so well printed as this is.

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#### VARIÆ.

**The Normal Man.**—Professor Huxley asserts that the proper weight of man is 154 pounds, made up as follows: *Muscles* and their appurtenances, 68 pounds; *skeleton*, 24 pounds; *skin*, 10½ pounds; *fat*, 28 pounds; *brain*, 3 pounds; *thoracic viscera*, 3½ pounds; *abdominal viscera*, 11 pounds; *blood* which would drain from the body, 7 pounds. The heart of such a man should beat 75 times a minute, and he should breathe 15 times a minute. In twenty-four hours, he should vitiate 1750 cubic feet of pure air to the extent of 1 per cent. A man, therefore, of the weight mentioned, should have 800 cubic feet of well ventilated space. He would throw off, by the skin, 18 ounces of water, 300 grains of solid matter, and 400 grains of carbonic acid, every 24 hours; and his total loss, during that period, would be 6 pounds of water and a little more than 2 pounds of other matter.—*Med. Press*, April 21st, 1886.

## PUBLISHERS' DEPARTMENT.

**Cheap Medicines.**—Competition is said to be the life of trade; but if said competition were more often directed to excel in quality than to cheapen prices it might be more of an unmixed blessing than it appears to be, at least in medicine.

Said a prominent physician recently: "I use pure medicines. When a man makes a point to me that his medicine is cheap, I consider that I cannot risk my reputation and the lives of my patients in using it."

We were forcibly reminded of this when one of our travellers reported recently that triturations were sold as low as 65 cents per pound. Our traveller stated: "Had some one informed me of this by word of mouth, I would have taken for granted that it must be an error of some kind, but I was shown not only the bill at a physician's office, but was also informed that this price was not exceptional, nor conditional on taking a large quantity at a time, for only a few pounds had then been ordered." With refined sugar of milk at 60 cents a pound, what sort of triturations can a physician expect for that price?

In all the cheap triturations which we have examined, the crude drugs, like Kali bichr., Merc. j. r., Spongia, etc., etc., could be discovered with the naked eye, in the 1<sup>x</sup> and 2<sup>x</sup> triturations.

Quite ingenious and amusing are sometimes the explanations given by these *cheap* houses to inquiring customers, to account for the unusual appearance of some of their triturations. Wrote one physician as follows: "How is it that some of your triturations run out of your bottles quite readily, while those of N. N. cling to the bottle and are somewhat difficult to dislodge?" Answered Pharmaceuticus: "that he prepared his triturations thusly on purpose, for the accommodation of his patrons, as some preferred them that way, as they could be dispensed more readily." The fact is, that powdered but untrituated milk sugar may be poured right easily out of a bottle, while a well-made trituration clings to the sides of the bottle, and is not near as easily got out, especially when the bottle is yet full. Again, four ounces of a well-made trituration completely fill a bottle capable of holding 5½ ounces of milk sugar (at least ours do); for it is an indisputable fact that the better a trituration is made, the bulkier it becomes. Verily, microscopes are useful instruments, and a pocket instrument is quite powerful enough to show the superiority of one trituration over another.

With mother tinctures a difference in quality is more readily discerned. Fresh plant tinctures have a fragrance which no dry plant preparation can attain. And even where a fresh plant is almost devoid of odor, the smell of alcohol will be completely disguised.

Right here we desire to draw the attention of the profession to the fact that according to Hahnemann, all tinctures of dried drugs should be prepared in the proportion of *one part* of the crude drug to *five* of Alcohol, and these directions are adhered to by the *American Homœopathic*

*Pharmacopœia*, in accordance with which all our medicines are prepared. While all other pharmacopœias prescribe only half that strength or one part of the crude drug to ten of Alcohol.

These preparations comprise the following remedies: *Angustura, Aloe, Asa fetida, Barosma grenata, Bovista, Cakinea Cannabis indica, Cantharis, Capsicum, Cascarilla, Cedron, China, Cina, Cinnamomum, Coca, Cocculus, Coccus cacti, Coffea, Colocynthis, Crocus sat., Cubeba, Dictamnus, Dipterix, Dolichos, Euphorbium, Granati cortex, Guajacum, Guarana, Ignatia, Ipecacuanha, Jalapa, Jatropha, Kino, Kouso, Matico, Nigella, Nux moschata, Nux vomica, Opium, Physostigma, Piper, Ratanhia, Rheum, Sabadilla, Sarsaparilla, Senega, Senna, Spigelia, Spongia, Staphisagria, Stereulia, Stramonium, Sumbul, Tabacum, Thea, Usnea barbata, Zingiber*, etc. If, therefore, those of our tinctures enumerated above, be diluted with equal parts of Alcohol, double the quantity of a preparation will be obtained equal in strength to those sold by other pharmacies. This will explain, in a measure, the cheap prices and large discounts offered by many dealers.

We learn with considerable satisfaction that the American Institute took the matter of an *authoritative Pharmacopœia* in hand, and that a committee has been named which is to take this matter under advisement.

With a *Pharmacopœia* authorized and endorsed by the National representative body, the wide discrepancy in the strength and manner of making homœopathic preparations, which exists at present, will, it is to be hoped, be done away with.

**Sugar of Milk Again.**—Referring to our article in No. 3 of the RECORDER, we beg to add, that since then we had the amount of ash determined of the precipitated sugar received from Germany, mentioned towards the end of that article, and which was represented by that German pharmacy as being *absolutely pure!* Professor Trimble, of the laboratory of the Philadelphia School of Pharmacy, reported it to give .069 per cent. of ash, which is more than double of that obtained from our *re-crystallized* milk sugar.

In this connection we beg to correct a grievous error which crept into our last number, where the types made the name of *Prof. Trimble* appear as Tremper.

Above fine quality of Milk sugar is furnished by us at 60 cents per pound. But we cannot make any reduction for larger quantities.

**A New Idea.**—A correspondent advanced a rather novel idea recently. He maintains that the time has come when every homœopathic physician should study and practice also veterinary homœopathy, and not be ashamed to announce the fact. He made application to his State Board of Health to be appointed (registered?) Veterinarian in addition to Medical Practitioner, but was informed by the Secretary that there was no such office known to their board; but in a recent

monthly report he (the Secretary) recommends that the two degrees be joined in one. The Doctor says that there is much disagreement between veterinary surgeons, and that a medical practitioner *and* veterinarian has a great advantage over a V.S. who is not an M.D. The Doctor goes on and states that he has our large work on veterinary practice and Rush's smaller work, and inquires into the price of anatomical charts of the horse and other animals.

**Parthenium Histerophorus**, or Escoba amargo, the new remedy for neuralgia and intermittent fever. See Nos. 2 and 3 of RECORDER.

About three weeks ago a prominent physician called at our New York office, and in response to an inquiry stated that for three weeks he had been tormented with facial neuralgia. As was to be supposed, every conceivable remedy had already had its turn, so we banteringly remarked, "Why don't you take that new West Indian remedy and be a well man?" The Doctor took a vial along and the RECORDER giving a history of the remedy. Two days after we received a letter with "two doses of Parthenium did the business." We were delighted at the good success and immediately wrote for a detailed statement of his case. When he wrote back, "I crowed too soon: the thing came back on me." So although the remedy did not effect a cure it gave absolute relief in a tedious case for two days, after a torment of three weeks. It may do still better in some other cases, and we thought it worth while to mention even this one experience. Price 25 cents per oz.

**Convallaria majalis**.—Of this heart remedy astonishing quantities are still used. For an extended account of it see p. xiii. of No. 3 of RECORDER.

**Antimon. arsenic.** (see RECORDER, pp. 10–12).—Of this remedy, the available supply in New York was speedily exhausted, so that the 3<sup>x</sup> was the lowest preparation we could furnish for the last four weeks. A new importation is now at the custom-house, and by the time this reaches our readers we will be able to furnish any trituration from 1<sup>x</sup> to 6<sup>x</sup> at usual rates.

**Acalypha Indica**.—The  $\frac{1}{100}$  of this East Indian remedy is still in brisk demand, its applicability in hæmorrhages of the lungs is well known since many years, and authenticated, but on page 66 of the RECORDER an interesting case is related where its usefulness in an almost hopeless case of anal hæmorrhage was fully demonstrated. Evidently the limit of its sphere of action has not yet been reached. Price 50 cents per ounce for  $\frac{1}{100}$ .

**Sparteinum Sulph.**—A new heart remedy (see RECORDER, No. 2, p. 55), could not be obtained at the time in New York, we had this preparation imported, and can now furnish it at 75 cents per 2<sup>x</sup> trituration.

THE  
HOMŒOPATHIC RECORDER.

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THE STATUS OF THE OLD SCHOOL TOWARDS  
HOMŒOPATHY.

THE most casual observer of medical events cannot have failed to observe the distinct change in the behavior of the old school towards homœopathic methods of treatment within fifteen years or so. At first the adoption of remedies in cases where their employment is directed solely by the homœopathic law of cure was justified by finding some forgotten author who had ever used the drug in question. Next followed the use of a dosage approaching, if not actually meeting, that of the homœopathic practitioner; and here an explanation had to be invented, as when it was said that Ipecac. in small doses is a tonic to the stomach. A bolder step in appropriating without credit the labors of homœopaths in therapeutics was taken by Ringer, whose book fairly bristles with sentences that any one conversant with homœopathic *Materia Medica* will recognize as old acquaintances. Next came Phillips, who, by the way, had been a professed homœopath for years, and *his* volume might pass current with some homœopaths as a textbook. Both of these works were received with acclamations by the old school as being almost revelation, only one journal, we believe, in Great Britain, having acumen enough to recognize the source of these authors' information or the honesty to condemn the concealed piracy. While these authors, and others who followed in their lead, were willing enough to incorporate in their work the results of our patient toil, they were extremely careful to say nothing which could give even a suspicion of acknowledging the name homœopathy or the law of *similia*.

At the large clinics in New York prescriptions are often made of remedies whose selection is strictly according to our law of cure, and to our knowledge in more than one case, when the prescribed remedy was to even the most obtuse allopathic mind homœopathic, the lecturer has remarked :

"This remedy, it is true, does cause the same symptoms as are in the case before us, and we find it cures; but it doesn't cure because it is homœopathic." What is to be said of such a statement? Either the speaker was suffering from obliquity of mental vision or he was, to say the least, extremely disingenuous.

Lauder Brunton, one of the lights in medical England, has brought out within a short while a large work on pharmacology. In the Index to Diseases, at the end of the volume, homœopathic remedies are given unreservedly in a multitude of cases, but there is nothing in the body of the book to justify such use of them. Dr. Dudgeon has reviewed this volume in a caustic article in the *Homœopathic World*, and has further addressed a communication to the Royal College of Physicians of London, in which he shows up the surreptitious impropriation by the author from homœopathic authorities. Meanwhile Dr. Brunton says never a word. An indiscreet friend rushed to his defence, but speedily retired from the field. Dr. Brunton must either believe these homœopathic indications to be trustworthy or not. If the former, he ought, in common honesty, to have credited them to homœopathy, and thereby admitted its truth as far as these selections go, at least; if he does not believe in them, he has introduced to his innocent allopathic readers false guides, or, in other words, he has committed the unpardonable offence, for a scientific man, of knowingly presenting the false for the true.

The latest and best work on medicine in Germany is Strümpell's *Lehrbuch der Speciellen Pathologie und Therapie der Inneren Krankheiten*, of which the third edition is now appearing. It is not our purpose to review the work at this time, but it may not be out of place to say that it is rapidly displacing Niemeyer as the textbook on medicine in Germany. On page 223 of the volume on "Diseases of the Nervous System," the author recommends, among other remedies, ergotin in locomotor ataxia, and in a footnote to this he says: "The recommendation of ergotin as a remedy against *tabes* in spite of the existence of an ergotin-*tabes*, contains only an apparent contradiction. It is very possible that the same remedy which, in large doses, produces atrophy of a certain system of fibres, acts, in small doses, in some way favorably (arousing) on the same. But ergotin must always be used with extreme caution."

This author, who, although only in his thirty-sixth year, occupies so prominent a place among German physicians, practically concedes in the quoted paragraph the truth of the formula of homœopathy, at least *in posse*. Further, he admits the need of using small doses to produce a beneficial (arousing) effect. Whether he has given us his opinion here in its entirety or whether he conceals under an adroitly-turned sentence a fuller and deeper belief in our law of cure than he feels free to admit at present, is, of course, known only to himself.

For us these reflections have only one outcome. Our mission is to demonstrate the truth of our belief, and this we can only do by curing our cases. The path of duty then lies for us in one direction; that is, in the closer application of our law, that we may become always better and better prescribers. Cures will tell when arguments fail.

## HOMŒOPATHIC THERAPEUTICS.

THE following original article on the two Tarantulas will, we are sure, be of great interest to our readers. The difference in therapeutic action between the two has long been a puzzle to all who have used them. The one of such signal value in many nervous affections, especially chorea, seemed to have nothing pathogenetically in common with the other, whose curative rôle is chiefly limited to depraved, septic conditions of the blood. The therapeutic differences between the two are far greater than appear between any two naturally related organisms. To settle the relation, if any, which exists between the two spiders, the management of the RECORDER appealed to the highest authority in Arachnology, Dr. George Marx, of Washington, D. C. This gentleman, although not of our school, courteously responds in the communication given below, and thereby settles for us what had long been a troublesome question.

## THE TWO TARANTULAS.

BY DR. GEORGE MARX, WASHINGTON, D. C.

In reply to the question: "Can you explain to us the cause of the difference in the physiological action between the Tarantula of Europe and that of America?" I have to say that, as a medical man, I know nothing about Tarantula as a therapeutic medium, but from an arachnological standpoint, this question is easily answered by stating the fact that the European Tarantula is an entirely different creature from the one of the same name in America.

The Tarantula of Europe is the oldest known and described spider, and it received its name from the city Taranto, in southern Italy; it was in the middle of the sixteenth century that the inhabitants of that city were alarmed by the sudden appearance of vast numbers of large, dark-colored, hairy spiders in their gardens and vineyards. These fearful looking animals were hiding under every stone, in every crevice of the walls and rocks, and many gardeners and soil tillers were bitten in hand or foot by this new fiend. The terror-stricken (more by the horror and fear of the animal than by the actual pain of the bite) sought the aid of the doctors, who decided that, to remove the poison from the system, the patient had to undergo a powerful diaphoretic cure, and recommended constant and continuous dancing as the best-suited medium. The trembling victim was led to the public dancing-ground, the guitar, trombone, and clarionet resounded in prestissimo measure, and he was seized by one of the swift-footed girls and whirled around until she was breathless, when quick another daughter of the village took her place, and so on until the poor fellow, bathed in perspiration and perfectly exhausted, fell swooning to the ground. After a couple of hours of sound sleep he was pronounced cured. This dance they called Tarantella.

Ferrande Imperato wrote the first account of this spider, and his son published it in 1599. He says: "These spiders are called Tarantuli because they infest the environs of the city Taranto; the inhabitants call them also Solofizzi, and fear them very much for their venomous bites, which produce great pain and a tremor through the whole body. The effect of the bite reappears the same time every year as long as the unfortunate victim lives, and the only cure is a powerful perspiration and exhaustion, which is produced by continuous dancing."

Writers who followed Ferrande were not satisfied with this description of the effect of the bite of the Tarantula; they exaggerated the symptoms and enhanced the terror until these reached the ridiculous. "The tarantulati" (victims), says one, "laugh, cry, dance, sigh, scream, and perform a thousand extravagances; they cannot bear to see the blue or black color, but they rejoice in the red and green," etc.

The superstition about the bite of the Tarantula prevails in some districts to the present day, and the naturalist Hoffman gives an interesting narrative of how, in the neighborhood of Naples, the lazzaroni were utilizing this superstition in order to obtain wine or money from the credulous, "for they suffer themselves to be bitten purposely by the Tarantula; then they raise a big halloo through the streets, and the charitable population gives them wine for the pretended cure; they drink it in immense quantities, and then commence to dance amid the encouraging and joyous shouts of the people."

*Ludovico Valetta* wrote, in 1706, a treatise on the habits of the Tarantula, which he found also in the northern part of Italy. *Pallas* describes the identical spider from southern Russia. *Olearius* found it in Persia, *Dufour* in Spain and Portugal, and *Brullé* in northern Africa.

The Tarantula of Europe and the eastern hemisphere belongs to the family Lycosoidæ or wolf spiders, genus *Lycosa* or *Tarentula*. The members of this family make no web to live in, but hide under leaves and stones, and catch their prey running; they carry their egg cocoon along, fastened on the under side of the abdomen by strong threads, and in some genera the young ones, when first hatched, domicile on the back and the legs of the mother, giving her a hideous appearance. Linnæus called it *Aranea Tarantula*. Its present name is *Tarentula fasciventris* (*Dufour*).

Who has ever travelled through the West India Islands or southern Texas and Florida and has not met with the unavoidable darkey with a Tarantula in a box or bottle, offering this curiosity for sale? They—the darkey and the Tarantula—are found everywhere, at steamboat-landings, depots, hotels, etc. Examining *this* Tarantula we see at once that an entirely different-looking spider presents itself here under the same name.

This American Tarantula is found in all countries of the western



hemisphere below the 37th degree of N. latitude, and it belongs to the family Theraphosoidæ, a family which deviates from all other Araneida by having four instead of two lungs, and their mandibles possess movable claws with vertical motion, whereas in all other spiders these claws move horizontally. The largest spiders of the tropics belong to this family, and their poisonous bite is greatly feared by the inhabitants, and certainly with more right than the comparatively harmless *Tarentula fasciventris* of Europe and the East. Not only that the bite or sting of any animal heals under greater difficulties in a hot climate, but the poison gland of this spider is of such formidable size that if its contents should be introduced into a wound it would certainly show its venomous character in an alarming state.

I must here, however, state that I have never heard of any authentic case of a serious result of spider bite, and I myself, although having been bitten accidentally and purposely by spiders of considerable size many times, never experienced any greater consequence than considerable local inflammation not much worse than the sting of a bee. However, the intensity of the symptoms will of course vary with different individuals. The American *Tarantula* belongs to the genus *Thaleromata* (Auss.).

There is a group of Arachnides closely related to the scorpion family, the *Pedipalpi* or *Tarentulæ* (Fabr.), and here we have the *third Tarantula*.

Is it now to be wondered at that mistakes and misunderstandings may happen when we speak of the *Tarantula* and neglect to mention which one of them we do mean? and now is it clear to the reader why the physiological action of the European spider differs so decidedly from that of the western hemisphere?

The *résumé* of the foregoing is: The zoologist knows of only one *Tarantula*, that is the *Tarantula* of Fabricius, or that related to the scorpions. The tourist with a scientific tendency knows two, the European *Tarentula fasciventris* and the American *Thaleromata*, but the richest in knowledge is the Texas cowboy and the Southern negro, who call every long-legged, dark-colored, hairy "critter" a *Tarantula*.

**Iron as a Remedy.**—*By Dr. Mossa, of Strasburg.*—*Cephalalgia.*—According to Clotar Müller, the symptoms specially calling for Iron are hammering, beating pain with whizzing in the head; determination of blood to the head, with pale face; alcoholic drinks cannot be borne; dread of motion, with constant feeling of muscular relaxation and weakness. As an example: a woman aged twenty-eight, apparently strong, healthy, and full-blooded, has had for some time vertigo and, about every fourteen days, an attack of migraine. Menstruation, appetite, and digestion good. In spite of this there was a tolerably well-marked venous hum, with some paleness of the mucous membrane of the mouth and eyes. Hammering, beating headache, with feeling as if blood were

effused in the scalp; falling off of the hair. Ferrum cured in a few weeks. Thus symptom 15 of Hahnemann's proving, which he put in parenthesis as uncertain, is confirmed: "Every two or three weeks headache, hammering, and beating, lasting for two, three, or four days, compelling her at times to go to bed; then aversion to eating and drinking."

*Personal Observation.*—A woman aged twenty-five suffered for a long time with cephalalgia; beating located in the temples; face pale, but flushes on the slightest emotion; nausea and even vomiting soon after eating. Ferr. phosph., 6th trituration, improved the whole affection in a fortnight and completely cured in four weeks.

*Facial Neuralgia.*—Goullon, Sr., recommended in neuralgic pains, especially in facial neuralgia, when Belladonna failed, Ferrum carb., 1st trituration. In a case of facial pain where Rhus seemed completely indicated, there was only some mitigation of the trouble. Closer examination showed that the pains increased to the highest degree by lying and were improved upon sitting up. Ferrum was therefore given, and a permanent cure resulted.

A man of active disposition, with dark skin, black hair and eyes, after taking a cold bath while overheated, was attacked by prosopalgia. During the attacks, which recurred at night, the face became red and the eyes brilliant. Between the attacks the face was of an earthy color and looked wretched and drawn. During the pain he could not keep the head resting in any one place, but was constantly moving it. Rhus, which had helped on a previous occasion, was now of no service. So were Spigelia and Belladonna. Ferrum carb., two doses per day, of six grains each, cured within two days.

Kissel says, in his work on Therapeutics, page 140: "Headache is frequently the expression of an affection which is curable by Iron, especially when it is of epidemic origin. The form of the affection is changeable. At one time the pain may be in the parietal region; at another in the frontal, coronal, or occipital region; now it is beating; again it is tearing or pressing; there may be complete intermissions, or only remissions, or it may continue during day and night. The individuality may give at times an indication for Iron, as in chlorotics or blear-eyed tipplers; yet this affection is found often enough in strong, rosy-cheeked individuals. Even after years' duration of the trouble, the quickest help will be possible through this the proper remedy."

Schüssler prescribes his Ferrum phos. in such aches of head and face as are sticking, pressing, or beating, with heat and redness of the face, and made worse by shaking the head, stooping, and indeed by every motion of the body. Yet according to two observers Ferrum carb. has cured facial neuralgia which was ameliorated by raising the head, that is, by a motion of the head.

In general, Ferrum appears to be helpful in such neuralgias as are soon ameliorated by motion of the affected muscular part, as in lumbago,

where the pain becomes lessened by continued motion. May it not be, as Herrmann Gross has remarked, that the neuralgias of Iron affect especially those nerves which supply the voluntary muscles?

*Gastric Phenomena.*—Knorr holds that Ferrum cures the vomiting, which does not point to an organic affection of the stomach, and which occurs as an independent, dynamic affection, without a symptom of any other disease, and always after the ingestion of food and never without. In three cases of this kind Ferrum brought quick relief, and in one interesting case Mossa cured this affection in a chlorotic, emaciated nun with a few pellets of the thirtieth potency.

The better indicated a remedy is, the higher the potency in which it proves helpful. This is seen in iron. The more general our indications for iron, even though based on physiology, the lower we descend in our scale of attenuations. Therefore the homœopaths who only employ the higher potencies, and in spite of that give ferrum according to general indications, cannot say much to the credit of this remedy.

Besides the already considered symptom, vomiting of food immediately after eating, we find in Hahnemann's provings, probably on the same woman, several important gastric symptoms; vomiting before midnight, when lying, and especially when lying on the side; vomiting of mucus and water, not food, every morning after eating; a sort of waterbrash, the water runs out of her mouth, and at the same time her throat is drawn together; at the same time nausea and qualmsiness. All that she vomits is acid and acrid. On taking acids and beer, which caused congestion of the head, she vomited and had waterbrash. These symptoms are often found in chlorotics. What mischief ferrum in massive doses causes may be deduced *a priori*, and experience too frequently, alas, supports such deduction.

A girl, aged 20, had chlorosis, mucous discharge in place of the menses, oppression in the stomach with vomiting of food; later, vomiting of water with preceding nausea. After vomiting, the pains in the stomach ceased. Aggravation from milk. Ferr. acet. 3 removed the subjective symptoms in eight days, and the objective ones after several weeks.

A woman, aged 74, suffered day and night for some weeks from constant nausea, especially worse after eating, and disturbing sleep; the tongue was coated; stools sluggish. China, Nux, and Ferrum mur. 2 were without effect. Ferrum mur. 1 cured.

Schüssler recommends in hæmatemesis Ferrum. phos. when the blood is red and readily coagulates to a jelly-like mass; also, according to him, this remedy corresponds as a rule to the epistaxis of children.

*Affections of Liver and Spleen.*—In a woman, aged 53, who had suffered a long time from pains in the liver, there was left, after a violent hepatitis, the following condition: swelling of the liver, plainly evident on palpation and sensitive to pressure; continual pain along the back, especially in the parts on which she lay; could not lie upon the side.

Ferrum 200 made some improvement, lasting for some days, and then the trouble returned as before. Ferrum met. 3 trit., one grain, three doses daily, produced at first an aggravation followed by a rapid cure.

Kreusler says that in obstinate cases of chronic inflammation of the spleen Ferrum met. 30 has an excellent action. In the homœopathic proving we find this shown by the symptom: "a violent stitch in the left side under the ribs." Celsus relates that in animals which drink daily of the water in which the smith has cooled the glowing iron, the spleen (diseased?) becomes lessened in size; therefore, Dioscorides and others employed this iron-water in diseases of the spleen. Aetius also asserts that country people with swollen spleen have been benefited by the use of blacksmith's scales; delicate persons must receive wine in which the glowing iron has been cooled. Fallopius gave wine which had stood upon iron filings in cases of indurated spleen, and he says with good results: "spatio quadraginta dierum videbetis comminutum scirrhum" (tumorem? Ed. Allg. Hom. Zeit.). Rademacher adds that the influence of iron on the organism not infrequently produces swelling, painful or painless, of the spleen especially, and that in these cases such affections are removed by Ferrum; but he does not consider iron a specific remedy for the spleen. The action of Ferrum on the liver and spleen leads us to the therapeutic employment of the remedy in malaria and in the Quinine cachexia.

Clotar Müller places it immediately in the series with Arsenic and China. He reports the following case of intermittent fever: A vigorous man, aged 24, got intermittent fever, which was suppressed with Quinine, but soon returned as a tertian. On August 6th, he received Arsenic 3 trit.; after two weeks, Bryonia and next Veratrum—all without result. Peritonitis occurring, was relieved in four days by Aconite and Belladonna. The fever now returned as quotidian. On August 12th, he received one dose of Chin. sulph. The paroxysm remained away, but instead of it there was complete aphonia, and the type became tertian. Two doses of Quinine caused vomiting, and the fever continued. Profuse yellowish, ill-smelling sweat occurring as soon as the patient fell asleep indicated Carbo animalis, which however had no influence. After eight days the condition was as follows: complete aphonia, causing him great anxiety, noticeable emaciation, sallow skin, puffiness about the eyes, lips, gums and palate extremely pale; anæmic murmur, continuous dyspnœa, œdema of the feet, anorexia with pressure in the stomach after every meal; hard, difficult stools with subsequent spasmodic pains in the rectum lasting for hours. All these symptoms led Müller to Ferrum. The patient received Ferrum acet., 1 dec., morning and evening, 5 drops. The second paroxysm was notably weaker, and in a week there was none except a slight chilliness at night. However, during deep sleep, there was still some sweating. The pain in the splenic region, as well as the aphonia, lessened day by day. Under the continued use of Ferrum for

four weeks, the swelling of the spleen considerably lessened, the cough disappeared entirely, the night-sweats ceased, voice and strength returned, and convalescence went on with a rapidity beyond expectation.

Clotar Müller gives as general indications for the use of Iron in intermittent fever: when, as a result of its long continuance or violence, or of abuse of Quinine, the powers of assimilation and reproduction are impaired, and the signs of poverty of the blood have become evident, and especially when symptoms of irritation and congestion of the lungs are present (for it is known that certain intermittents leave behind them the foundation and beginnings of pulmonary tuberculosis), in just these cases Ferrum appears to be required.

Concerning the single symptoms, continues Clotar Müller, the apyrexia is not complete; there are during it evidences of complete disturbance of digestion, especially fulness and oppression of the stomach, eructations and vomiting of food, mucous or watery diarrhœa; oppression of the chest, with tendency to mucous discharges and hæmorrhages, palpitation, vertigo, and headache. Of characteristic significance Müller considers the pale, almost white color of the lips, gums, and palate and the anæmic murmur. The paroxysms themselves are, as in all continued fevers, not remarkable from their violence, but are protracted and irregular, and at times with a long-lasting exhausting sweat. The type appears to change readily. The swelling of the spleen is considerable.

With Arsenic on the other hand, according to the same writer, the composition of the blood under the influence of epidemic or endemic malaria becomes a more or less developed hydropic or septic crasis. This is already evidenced by a waxy or dirty white color of the skin, foul taste, offensive breath, ill-smelling evacuations, as well as by hæmorrhages, miliary eruptions, sugillations and tendency to bed-sores and gangrene. Especially does he emphasize the absence of the anæmic murmur in cases requiring Arsenic, its existence precisely requiring Ferrum (or Pulsatilla). Swelling of the liver and spleen are present in Arsenic; but here the type is predominantly quotidian or quartan. The loss of power and emaciation are considerable. Under Arsenic the attacks are characterized by great restlessness, anxiety, palpitation, hyperæmias, feeling of internal fever, beating in all the veins and unquenchable thirst.

Baertl says that in intermittents when Arsenic corresponds, a visible loss of muscular power is to be observed. Further indications are: the eyes are red, the lids swollen with secretion of muco-pus. Such patients, too, complain of a sweet taste in the mouth and finally when Ferrum is required there are often black or dark violet spots, sharply circumscribed, on the skin. These are signs in Ferrum disorders, as Rademacher has observed them; but they are very rarely found in intermittent.—*Allg. Hom. Zeit.*, Bd. 112, Nos. 16 and 17.

**Two Cures by Staphisagria.**—Mr. X., a farmer living near Fontaine L'Eveque, desiring some needed repairs to a wagon on a Sunday during harvest time, applied to the blacksmith, who was under obligations to him for previous service rendered. The latter, contrary to expectation, refused to work on Sunday, and Mr. X. returned home, repressing his anger and indignation. An hour had hardly passed when he was seized with a general trembling, great oppression of the chest, until he feared that he would suffocate. In the stomach there were great pressure and tension, as if it had been crushed by a heavy weight. These symptoms were accompanied by nausea and bitter, salty eructations. An allopathic physician was called in who prescribed Morphine internally and applications of Laudanum. A full bath was also ordered. These means were continued during part of the day, but without result. Then Dr. Gauthier, living at Hyon, near Mons, was sent for, but he could not come till two o'clock in the morning, by which time the pains had become so intolerable that the patient cried for death as a relief. Before the arrival of the doctor Chamomilla, Ignatia and Colocynth had been given without effect. Staphisagria was immediately prescribed, 8 globules of the 30th in 12 teaspoonfuls of water, a teaspoonful being given every quarter of an hour. After the fourth dose there was a sensible improvement, and the medicine was then only given every half hour. The amelioration continued, so that in three hours the patient fell into a refreshing sleep and awoke cured.

Mr. C. suffered violently from a carious tooth. It was extracted, but the dentist removed with it a small fragment of the right inferior maxillary bone. This was followed by an ostitis, and notwithstanding subsequent treatment the trouble increased so that caries of the bone resulted. The physicians and surgeons whom Mr. C. consulted declared that an operation was necessary; but, unwilling to submit to this, he went to an old homœopath who persuaded him to try homœopathic treatment, and this he did. Sulphur, Calcarea, Silicea, Mercurius, Aurum, Mezereum were successively given, but without any positive result. Then it was decided to give Staphisagria, which produced a marked improvement. The remedy was continued, and it alone was sufficient to radically cure the affection.

NOTE.—It required four months of treatment to produce this remarkable result. Two months would have been sufficient had the treatment been commenced with Staphisagria, for it alone must get the honor of the cure.—*Rev. Hom. Belge.*, xii., 9.

**Cases from Practice.**—By Dr. Oscar Hansen, Copenhagen.—Frau M. P., aged 53, of Holstebro, Jutland. Began treatment November 30th, 1876. Has been sick four years. Tearing pains, extending from the loins along the posterior aspect of the right thigh, right leg, also in third, fourth, and fifth toes. Aggravation by motion, in the afternoon,

and especially in the evening. Amelioration by rest. The painful parts very sensitive to pressure. Urine normal. Appetite and functions normal. Bry. alb. 6, 5 pellets 3 times a day. December 31, the pains are better. Continue. January 9, 1877. The pains are very violent, especially at night; profuse night sweats which aggravate the condition. Merc. sol. 6 trit., morning and evening. On February 18 I received a letter stating that the pains disappeared in the course of two days and now were very insignificant. Continue. March 13, has been well for the last two weeks.

F. L., aged 44; shipmaster; from Bornholm; temporarily in Copenhagen. Three months ago had rheumatic fever; treated for six weeks in a hospital at Färöerne. Now, on December 15, 1876, has been sick for four weeks. Drawing, tearing pains in the elbow-joints, joints of the hands and in the fingers. The pains are worst at night; has often to change the position of the arms; aggravation during changes of weather. The affected joints somewhat swollen with crepitation on motion. Lungs and heart normal; urine dark red, no precipitate. Appetite and functions normal. Rhus tox., 3. Three drops, morning and evening. December 20; a little better. Appetite poor; bitter taste; tongue coated white. Bry., 3, in same way. December 22; appetite and taste again normal. Swelling of the joints slight. Pains considerably worse at night; often numbness in the arms. Aggravation when lying on the left side. Phosph. 6, three drops three times a day. December 24; after two doses, considerable improvement, and is now well.

H. C., aged 36; workman; from Amager, near Copenhagen. Had rheumatic fever eight years ago, and now for six weeks. For three weeks has had pericarditis. Allopathic treatment without good result. Now, January 8, 1877, the condition is as follows: severe sticking pain in the region of the heart; violent, plainly visible palpitation; dyspnoea, on moving in bed; oppression on the chest; anxietas, with slightly cyanosed condition of upper lip; heart's impulse weak, with increased area of percussion dulness; friction sound; pulse 120, and weak; swelling of the joints of the right thumb, knee, foot, and elbow have now gone. Sweats much. Urine with dark brown precipitate. No appetite or sleep. Functions normal. Spigelia 3, two drops every two hours. Thereupon improvement set in, which continued without interruption, so that in the beginning of February he was completely well.—*Alleg. Hom. Zeit.*, Bd. 113, No. 1.

**Cure by Calcarea.**—*By Dr. Vanden Neucker, Harlebeke.*—Miss H., aged 19, blonde, lymphatic, pale, and weakly. For five years, beginning at the time of her first menses, she has suffered from violent pains in the whole surface of the body, worse on the left side, and which increase so greatly by the slightest touch upon the skin that she screams out; the pains are stitches which pass from the whole surface through the muscles,

the cavities of the body, and the intestines, with a feeling of coldness, allowing her no rest either day or night; they are subject to exacerbations which appear with tolerable regularity every three weeks, last for two or three days, and are accompanied with vomiting and dysuria. Pulse, 120. Complete loss of appetite and sleep. Menses normal; fluor albus. After a year and a half a motor paralysis set in, and in January, 1877, when the patient was brought to me, she had an almost complete paraplegia of both lower extremities of such kind that she had to repeatedly rest on account of pain and exhaustion in order to go two or three hundred steps. What struck me in the girl's gait was the swaying or wavering in making the first few steps, which appeared to me to be due rather to want of co-ordination than to muscular weakness. Standing with feet together and eyes closed was only possible for a few moments. There were no other symptoms of anæsthesia or local paralysis. Was this a case of hysteria or was it a locomotor ataxia? I hesitated between the two. If, in my humble opinion, some of the symptoms as well as the nature of the pains, their long duration and the subsequent paraplegia justified the diagnosis of locomotor ataxia, on the other hand the invasion of the disorder at the time of puberty, the age and sex of the patient, argued more for hysteria, although the patient never had had any of the usual symptoms of that affection.

The results of treatment left me equally in doubt as to the nature of the disease; besides numerous, different allopathic measures which, as we know, are not the *ne plus ultra* of therapeutic power, the patient was for some months under the treatment of a very skilful homœopath. Among the different remedies corresponding to her symptoms I used Puls., Bry., Chin., Bell., Merc., Sulph., Acon., Nux v., Cham., and Canth. without the slightest influence. Later, I remembered that I once cured a baker, paralyzed in both arms, with Calcarea, which specially suited the constitution as well as the symptom, paralytic weakness, in this case, and I gave this remedy in the hope that nature would remove the other symptoms.

In two weeks the patient was free from all suffering, could walk without the slightest difficulty, and rejoiced in her complete restoration to health.—(*Rev. Hom. Belge*, 1878, No. 2); *Allg. H. Zeit.*, Bd. 98, No. 1.

**Iodide of Arsenic as a Remedy for Granular Conjunctivitis.**  
—By *Dr. Crüwell*, of Brunswick.—Otilie S., aged 20, blonde, unmarried, servant-maid, came on March 1st, 1879, into the service of Dr. Crüwell's landlady. Besides her unusual thinness and pale color, he was struck by the redness of the edges of her eyelids; after sixteen days she came to Dr. Crüwell for advice. Upon examining the lower eyelids he found at the transition fold between the *conjunctiva palpebraris* and *conjunctiva bulbi* some prominent pale granulations more pronounced on the left than on the right side. As I had seen good result follow the use of



Arsen. iod. in cases where Arsenic and Iodine seemed equally suitable, I prescribed it here in the 6th, several drops three times a day. Not only the red edges, but also the granulations, were completely removed in the course of eight days, and they did not return.

Dr. C. says: "I consider this case worthy of record as it is well known that granular conjunctivitis is the sore point in allopathic medical eye-practice. In the Griefswald eye-clinic I have seen such patients coming for months and even years continuously. That the cure in the foregoing case was not due to better nourishment is proven by the fact that for sixteen days the trouble remained without any change, while in a few days after beginning the use of Ars. iod., rapid improvement set in."—*Allg. Hom. Zeit.*, Bd. 98, No. 19.

[Desirous of testing the remedy in cases of undoubted granular conjunctivitis the writer requested his friend Dr. Charles C. Boyle, one of the surgeons at the New York Ophthalmic Hospital, to employ it in his practice. He kindly consented to do so, and in two months reported that it had a wonderful effect in relieving the subjective symptoms.

In an institution under our charge there were left as a legacy from the former medical attendant some thirty cases of real granular ophthalmia; the same experiment was tried here, and in two-thirds of the cases the granulations disappeared leaving a healthy conjunctiva. Of the other cases all have improved, the most obstinate one having also a well marked pannus; the pannus disappeared within a short time, but the granular bodies, although somewhat smaller than at first, still remain. In all these cases the Iodide of Arsenic was given in the 2d trituration. Higher potencies will now be tried on the remaining cases. No symptoms were obtainable for, as a rule, no complaint was made of local suffering, so that indications for the use of the drug have not yet been deduced from this experience, still the general impression left is that the young and scrofulous patients were cured most rapidly. As in New York State a law goes into effect on October 1st next, requiring isolation of all inmates of institutions who have contagious eye-diseases, the value of this drug will be warmly appreciated we are sure by both the managers and medical attendants of asylums, homes, etc. ED. H. R.]

**A Cure by Causticum.**—*By Dr. Goullon.*—An old gentleman of sedentary habits and subject to chronic catarrh and emphysema came to me for a new affection. For some days he had to pass his urine very often, at times at night (every fifteen minutes he said), but the bladder was not completely emptied and there were extremely painful pressing and urging. The trouble would thus not disappear of itself. No cause was assignable, and this was all the worse as at his age, 75, an incurable affection often begins in this manner. I selected Causticum, which receives too little attention in diseases of the uropoetic apparatus, especially the bladder and urethra. At times hypertrophy or induration of

the prostate is at fault. The patient received Causticum 6x, four drops in half a wineglass of water, a teaspoonful every three hours. I visited him two days afterward, and he was greatly rejoiced, as he was almost well. For months he had not slept so well as he did the night before, and the extremely acute pains were gone.

"What have you given me?" he asked, curious to know, and added that without any other cause he now had a diarrhœa. Now, I am free to confess that such a pathogenetic action of Causticum is unknown to me, but it appears worthy of mention.—*Pop. Zeit. F. Hom.*, xvii., 11 and 12.

**Prompt Curative Action of Magnesia Phosphorica.**—*By Dr. Goullon.*—On April 13th, of the present year, a patient wrote me that for nine days she had been in bed without medical help, suffering from a maddening pain. Through catching cold she got a severe trouble in the ear and then a prosopalgia on the left side, affecting the lower maxillary bone, also the frontal and involving the whole left side of the head back to the nape of the neck. She went to an apothecary for Bryonia but he advised Belladonna, which didn't help. Deep within the ear an abscess developed which broke two days ago discharging pus and now water, which is quite irritating for it has produced an eruption wherever it touched. The ear still pains, the prosopalgia remains as before. The pain is maddening and there is high fever with sleeplessness; she doesn't sleep at night and only one or two hours in the day. She perspires freely, which is unusual with her. Yesterday she had a severe pain in the right hip-joint resulting from a bath.

I was unable to see the patient as she, at the time, lived in Leipsic, and yet she needed help at once. What should I give? Silicea? The nightly aggravation would suit this remedy, but the abscess in the ear was gone, yet the facial pain still continued. Spigelia? There were indications for it as I already knew she had tendency to heart trouble. She had formerly had pains in the articulations of the hand, in the arm and side, most severe at the heart, she described it as if the heart would be twisted out with a throbbing as if something was unwound. Perhaps it was a rheumatism located in the face, but even here Spigelia would be called for. Then there is Arnica, which has lately been extolled as a specific. Further I had some reliance on Stannum, which had already cured for me many neuralgias that even the great nerve remedy, quinine, had left untouched. The *embarras de richesse* still increased; Chamomilla ought to be given for the unbearable pain. Again, there was Mercury on account of the tendency to sweating and Arsenic on account of the sleeplessness.

Yet in preference to all these remedies I selected Schüssler's Magnesia phosphorica, moistened a powder of milk-sugar with the 6th dilution and directed it to be dissolved in half a wineglassful of water, a teaspoonful to be taken every three hours.

On April 17th, I had the satisfaction of reading the following lines from her: "My hearty thanks for your kind and quick assistance. I had immediate relief, and I am happy and thankful. The horrible pain in the face is gone; the scalp behind is still sensitive, and one place which certainly is connected with the ear still pains. The ear itself pains somewhat and runs yet."

For the latter trouble I have ordered *Hepar sulph.*, already knowing the scrofulous constitution of the patient.—*Pop. Zeit. F. Hom.*, xvii., 13 and 14.

**On Dosology.**—By *Dr. Buchmann*, of Alvensleben, Germany. *Drosera rotundifolia*.—I prepared the tincture used in the following experiments myself, from the fresh blooming plant, which I crushed and covered with an equal amount of strong alcohol. It was agitated daily, pressed out after three days, and was set aside in a well stoppered bottle until the clear tincture could be decanted.

Many homœopathic physicians still cling to the assumption that a larger dose must of necessity act stronger, exert a stronger influence on the respective nerves, than a smaller dose.

This is not even the case with all remedies of a pathogenetic action, for not infrequently the opposite has been observed, as can be proved by some of the most common articles of food: a cup of weak tea in the evening will cause an itching of the skin and sleeplessness with me, while I sleep tranquilly after a cup of strong tea. A cup of weak coffee causes me discomfort and stomach ache, while strong coffee occasions a comfortable sensation without any stomach trouble. With some remedies incentive action is not developed until it is triturated, as in common salt, which, taken in larger quantities merely causes increased thirst. While a few grains of the 3x trit. I have seen to produce three watery evacuations in quick succession, in a healthy person, shortly after having been administered. With several remedies having narcotic constituents incentive action was not observed until by dilution the opposite narcotic properties were weakened. I have cured constipations by a proper dilution of opium, which had withstood the strongest allopathic purgatives. There are persons of great sensitiveness with whom homœopathic higher dilutions must not be repeated on the same day, while large allopathic doses will be repeatedly tolerated without discomfort.

*Drosera* belongs to those remedies, a repetition of which in a high attenuation may be hurtful.

Hear what Hahnemann says, whose truthfulness and unapproached gift of observation may be said to be acknowledged by all of us. According to him one dose of one pellet of the size of a millet seed, medicated with the 30th centesimal dilution of *Drosera*, is sufficient to effect a perfect cure of an attack of epidemic whooping cough in from seven to nine days. I ask you, gentlemen, who among us in recent times has

done as well, although he said "Follow my example"; at least I don't believe any of those reasoning from a physiological standpoint.

*Muhlenbein* gave *Drosera* 16th, but witnessed serious aggravations in two children, and observed that the attack was prolonged, which was not the case after the administration of one dose of *Drosera* 30th.

*Trinks* found one dose of a high potency of *Drosera* sufficient, in a majority of cases, to cure this sickness in from 7 to 14 days.

*Tietze* and *Bethmann* succeeded in effecting complete restoration in whooping cough with one dose of *Drosera* 30 in eight days.

I must confess with shame that I gave *Drosera* 30 one dose a day, even two, in whooping cough, and always to the detriment of the patient, because I did not fully comprehend *Hahnemann's* precepts. For he says in his *Materia Medica Pura*: "Take heed not to administer a second dose immediately after the first (and least of all another remedy), for it would not only hinder without fail the good success, but would occasion considerable damage, as I know from experience."

As irritating however as acts a repetition of the 30th of *Drosera* repeated on the same day, just so soothing will be the repetition of the 1x dilution, repeated *ad libitum*, to the sensitive nerves of the larynx and trachea.

I have made this experience first on myself.

Almost regularly every Spring and Fall I am attacked by a bronchial catarrh, succeeding a cold, which generally commences with a violent tickling cough (*Tussis spasmodica*, *catarrhus bronch. siccus*) which almost drove me to distraction at night. The tickling has its seat in the larynx, and none of the fifty remedies recommended for it by *Kafka* had the least effect, so that finally I had to take recourse to morphine, to get to sleep. My head and stomach naturally felt the worse for it the next morning, although I only took 0.005 ( $\frac{1}{12}$  grain). In order to try a remedy not mentioned in *Kafka's Therap.*, I became, according to *Kafka's* opinion, an unscientific dilettante; *i.e.*, I consulted *Trinks' Repertory* and there I found under "tickling in the larynx" in bold type: *Drosera*. Although I was here without a modern, refined, materialistic, pathologico-anatomical basis, yet, as the physiological basis had left me in the lurch, I took a vial of the 1x dilution to my bedside so as to be prepared to take it as soon as the cough commenced. As soon as the attack set in, I took a drop on a piece of sugar, and what was my astonishment to find that the cough and the tickling disappeared with my swallowing the dose. I then put a few drops in a glass of water and took a swallow, as soon as the tickling reappeared, and to my joy I observed that the tickling ceased at once and the cough failed to appear. After a few swallows I fell asleep, and did not awake again that night, although I had been awakened several times a night by that cough before. Since then I started with *Drosera* 1x or the mother tincture, which never occasioned untoward symptoms, while allaying the tickling, as well as this tickling

cough and succeeding bronchial catarrh, which used to last for several weeks. I have not had a sleepless night again, as I always dropped asleep after taking the medicine, and much quicker than after morphine.

Since that time I always carry some sugar of milk medicated with Drosera mother tincture, and I am thereby enabled to relieve the sleepless nights of children with bronchial catarrh, where this tickling cough is rarely absent, as well as those afflicted with tuberculosis of the lungs whose bane of life is the nocturnal tickling cough.

But you must always meet renewed irritation with another dose of the remedy. Sleep will follow so speedily that I often was asked whether I had administered a soporific. Even the smallest children will bear such doses; and I never observed unfavorable effects. May this remedy be as useful to all colleagues as it was in my hands.—From *Allgemeine Homœopathische Zeitung*.

**Hyoscyamus in Hiccough.**—We see several reports of its efficacy in the *Therap. Gazette*, a notable one in the August number, and this calls to mind the case of a student in the Homœopathic College in Philadelphia over thirty years ago. He was attacked with singultus, and had been under treatment of some of his professors for over two days without success: finally, his case becoming critical, Dr. Hering was called in, who, after a careful study of the case, prescribed *Hyoscyamus* 30th, and within thirty minutes of its administration, the hiccough had ceased.

Our allopathic friends prescribed grain doses of the extract, and it took several hours to attain the desired effect.

**Ratanhia.**—I never took much stock in this remedy, but recently I saw a striking instance of its effectiveness in an affection for which, I think, but few have employed it. A servant girl, otherwise in good health, was afflicted with rapid twitching of the eyelids of the right eye to such an extent as to hinder her in seeing; this seemed to be accompanied by a rotatory motion of the ball, which, however, was not easily determined, on account of the incessant blinking of the eye. Bellad. and Calc. failed to relieve, when one of the ridiculed repertories mentioned Ratanhia, which quickly relieved in the 12th attenuation.—*Dr. Rummel*, p. 263, Bd. 28, *Allg. Hom. Zeit.*

### Cheap Medicines.

CHICAGO, July 25th, 1886.

TO THE EDITOR HOMŒOPATHIC RECORDER: There appears in the July issue of the RECORDER, a very refreshing article upon "Cheap Medicines." The homœopathic physician must depend almost absolutely upon the honesty, judgment, and skill of his pharmacist for the reliability of the preparations he uses.

The physician ought to know—does know—that a skilfully prepared trituration requires time, labor, and sometimes great care in its prepara-

tion, and he ought in every instance to cheerfully pay a reasonable price and profit to the pharmacist for it.

It is not to be denied that some dealers *do* charge too highly for comparatively low-priced drugs when put up in triturations; but knowing them to be *thoroughly reliable*, I would much prefer paying the price asked, than to buy an ounce of *something*, the only recommendation of which was its cheapness. Perhaps the cheap men are not to be blamed for following the great law which says, that a tailor must cut his garment according to his cloth. The failure of many good prescriptions, so far as prescribing goes, has often been ascribed to lack of skill on the part of the physician, or the non-compliance with his directions, whereas the medicine (?) itself was grievously at fault.

It pays every physician (from a pecuniary standpoint, if for no higher, more praiseworthy motive) to pay a good price for his preparations, and know that they are, beyond all shadow of doubt, reliable. It seems to me to be the duty of every patriotic homœopath, to lend his financial patronage and moral support to some honest straight-forward pharmacy, and rest assured that he will always get his money's worth.—H. C.

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### NEW REMEDIES.

**Paraldehyde as an Antidote to Strychnia.**—The property of paraldehyde of greatly reducing the activity of the spinal cord as a reflex centre, led Professor Bokai to test paraldehyde as an antidote to strychnia poisoning. The results of his experiments made on rabbits, cats, and dogs, were almost invariably favorable. The animals first received a non-fatal dose of paraldehyde, and then an absolutely lethal dose of strychnia was given. In no case did the strychnia produce death. If, however, doses of paraldehyde, which are themselves fatal, were given to animals, the largest doses of strychnia were not able to remove the poisonous symptoms of the paraldehyde, or to delay the fatal process. It would appear, therefore, that the antagonism between these two drugs is only one-sided, since the hypnotic action of paraldehyde is much more rapidly produced than the poisonous symptoms of strychnia; the hope is not unreasonable that paraldehyde, if given soon after the ingestion of a poisonous dose of strychnia, may serve to antagonize it. Professor Bokai, strange as it may seem, does not appear to have made any experiments in this connection. Should paraldehyde be proved to be an antagonist of strychnia, its use for this purpose is almost without risk, since it is free from the unfavorable action on the heart possessed by chloroform and chloral, which also have some antagonistic power to strychnia.—*Therap. Gaz.*, July 15th, 1886.

**Tin Oleate in Affections of the Finger Nails.**—Dr. Thomas H. Urquhart writes to the *Therapeutic Gazette*, that by anointing the nails every day with oleate of tin, and applying it on a narrow flannel bandage every night, it cured in two months an affection of the nails left as a sequel of scurvy, characterized by their splitting and breaking.

M. BOUCHARD has managed to induce cataract in rabbits by introducing naphthaline into the digestive canal. The quantity required was a daily dose equal to a thousandth part of the animal's weight.—*Lancet*, July 31st, 1886.

**Terebene as a Generator of Ozone.**—Dr. McAlldowie (*Brit. Med. Jour.*, May, 1886) states that he has found great benefit from the use of Terebene in cases of pulmonary complaints characterized by profuse purulent expectoration. He attributes this success to the formation of ozone, which attends the slow oxidation of the various members of the Turpentine group. He has for some time past treated chronic pulmonary cases by exposing terebene and turpentine in the room in flat shallow dishes. It is a well-known fact that men and girls employed in enamel painting in potteries are healthier than those employed in other departments. This is attributed to the use of turpentine in mixing the colors. Some reliable statistics are needed before any definite conclusion can be drawn.

**Paraldehyde and Alcohol Inimical.**—A young man of 18, suffering from katatonic insanity and excitement, with sleeplessness, was given paraldehyde 4 gm. (60 grs.) every night for six nights, and had thereby a quieting sleep. On the 7th day, at the so-called second breakfast, he took a bottle of Bavarian beer, and in a few minutes the whole skin became of an intensely dark scarlet color with the exception of the *alæ nasi* and the corners of the mouth. A more minute examination showed this coloration to be on the neck, back, and posterior aspect of the lower extremities. Upon the chest and abdomen were irregularly-placed spots of the size of the hand, and upon the upper extremities they were distributed somewhat symmetrically. Mechanical irritation upon the as yet not injected portions, brought out the coloring. This peculiar condition of vascular paresis lasted about half an hour, and then disappeared as suddenly as it came. Paraldehyde was given the next evening, followed by its usual effect, and on the following morning the patient received a small quantity of alcohol and immediately the vascular paralysis recurred, although such after effects seldom occur, at least with pure paraldehyde. Care should be used in prescribing the drug when atheromatous degenerations of the vessels are present, and with its employment the use of alcohol should be avoided.—Dr. Sommer in *Neurolog. Centralbl.*, No. 3, 1886.

## SELECTIONS OF GENERAL INTEREST.

**Poisoning by Applications of Iodoform.**—Mr. Robert Pollock, of Edinburgh, has reported two instances of the deleterious action of iodoform. One was a case of scirrhus of the rectum, the other a painful uterine affection, and he prescribed a suppository in the one case, and a pessary in the other, each containing five grains of iodoform. The patient used them regularly, twice a day, for weeks. They then became so gradually unconscious, and the loss of power so imperceptibly came on, that general paralysis was feared. They lapsed into a dreamy state, followed in a few days by complete stupor and loss of power over the sphincters. They could be roused by great effort to take a little nourishment, but soon lapsed into unconsciousness. This condition continued for some days, and passed off. Mr. Pollock thinks that the close resemblance, chemically, between iodoform and chloroform, would account for the anæsthetic effects.—*Glasgow Med. Journ.*, July, 1886.

**Cocaine as a Local Remedy in Hydrophobia.**—Surgeon-Major Keegan has recently, for the second time, made trial of cocaine as a local application in hydrophobia, and has recorded the particulars of the result. The patient was aged sixty-five, and had been bitten about six weeks before he came under observation. There was great difficulty in swallowing, but after his fauces had been painted over with a four per cent. solution of cocaine, three times at very short intervals, he was able to swallow much better, though still with difficulty. After this, for the next three days, a twenty per cent. solution was used, and this enabled him to swallow milk with fair comfort. The difficulty of swallowing then became a less marked feature of the disease, and the cocaine was dispensed with, but paralysis set in and he died on the fifth day from the commencement of treatment. Dr. Keegan lays great stress on the very decided benefit that was afforded by the remedy during the second stage of the disease, though it does not seem to have done much in staving off the final result.—*Indian Med. Gaz.*, April, 1886.

**Eserine and Pilocarpine for Glaucoma.**—It has been objected against eserine that it increases the intra-ocular pressure whilst contracting the pupil; pilocarpine, on the other hand, is said to lower the intra-ocular tension. These myotics have been set against one another, in the treatment of some cases of glaucoma. Schlegel has made some experiments on the intra-ocular tension, and arrives at the conclusion that the alkaloid of jaborandi also increases the tension.—*Lancet*, July 24th, 1886.

**Cocaine in Prostatic Retention of Urine.**—Mr. Fenwick states that we do not possess a more effective or reliable agent than cocaine in warding off the effects of reflex shock upon the heart and kidney, in-



duced by the withdrawal of residual urine. The entire spongy urethra can be rendered instantaneously anæsthetic by a 20 per cent. solution inserted by a simple medicine dropper. The deeper urethra and the bladder can be similarly treated with the same solution ejected from the mouth of a terminally perforated Guyon "sonde."—*Lond. Med. Record*, July 15th, 1886.

**Poisonous Effects of Cocaine.**—In the *Lancet*, June, 1886, is related the case of a man who applied a 4 per cent. solution of cocaine hydrochlorate to a bad tooth. He swallowed about 20 to 30 drops of the solution. Half an hour afterwards he was seized with a feeling of faintness and giddiness; then an attack of palpitation came on, with a sense of flushing, especially up the back. There was marked diminution of smell, great difficulty in producing vomiting, a scarlatina-like rash over the body, especially about the neck, dimness of vision, relaxation of the sphincters, and weakness of the extremities. The mind remained clear, but the pulse was fast, weak, and intermittent.

A lady dentist, Mrs. Vongl-Sviders-Kaia, reported, May, 1886, *Züberr. Vestnik*, 25 cases of tooth-extraction, in which to relieve the pain of the operation she had injected into the gums a 20 to 30 per cent. solution of cocaine. In all the cases great relief or complete absence of pain was obtained. As to accessory unpleasant symptoms there was in one case mental depression with drowsiness, and in two others intense oppression in the chest, dilatation of the pupils, acceleration of the pulse and breathing, and mental excitement.—*Lond. Med. Rec.*, July 15th, 1886.

**Tests for the Relative Purity of Cocaine.**—F. Giesel (*Pharm. Zeit.*, 1886, No. 16) recommends the following tests for the purity of cocaine or its salts. Pure cocaine solution, when mixed with solution of potassium permanganate in the requisite quantity, yields a fine violet precipitate of cocaine permanganate, which is crystalline if the solution be very dilute. On heating a solution of pure cocaine, or its hydrochlorate mixed with potassium permanganate in excess, no manganese dioxide is formed. When commercial cocaine salts are heated in solution with potassium permanganate, a strong odor of bitter-almond oil is produced; but no such odor is developed by solution of pure cocaine or its salts when similarly treated. The author (*Chemisch-technischer Centr. Anz.*, April 1st, 1886) relies upon the formation of the violet precipitate with potassium permanganate, upon the non-precipitation of manganese dioxide on heating with that reagent, and upon the absence of the odor of bitter-almond oil in the same circumstances as proofs of the purity of cocaine and its salts.—*Lond. Med. Rec.*, July 15th, 1886.

**Differential Toxicological Behavior of Gelsemine and Strychnine.**—The possibility of mistaking a case of strychnine poi-

soning with criminal intent for an accidental intoxication by a prescribed preparation of gelsemium recommended to our notice Raimondi's pertinent comparative investigations as set forth in the *Ann. di Chim. Med.*, Sett, 1885. If it is possible to recover enough of the poison to enable us to experiment with it on warm-blooded animals, the nature of the poison is readily established. If, however, the scantiness of the substance in question allows only experiments on frogs, the following differential features must be our guide:

1. In gelsemium poisoning the motor paralysis has a central cause which does not apply to strychnine.

2. The effects of strychnine manifest themselves with equal intensity over the whole body, while in gelsemium-poisoning the posterior extremities show the clonic-tonic convulsions more distinctly than the anterior ones.

3. Immediately or shortly after one strychnine paroxysm a second may follow; in gelsemium poisoning considerable time usually elapses between the single paroxysms.

4. The stage of tetanus from strychnine may last several days, that of gelsemium rarely exceeds an hour.

5. In chemical respects the two drugs present also some characteristic differences. . . .—*Therap. Gaz.*, August 15th, 1886.

**Influence of Some Remedies upon the Circulation in the Brain.**—G. Cappelli and R. Brugia have investigated the action of different therapeutic agents upon the circulation within the skull in two persons having a traumatic defect of the frontal bone. By means of suitable apparatus the periodical increase of volume dependent upon the heart's contraction was noted, as well as that in some peripheral part, as the forearm; sphygmograph was employed at the same time. The most important results are the following:

1. Amyl nitrite weakens the power of the heart and lessens the blood pressure, causes a vascular paralysis, acts much more quickly and to a greater amount on the vessels of the brain than of the forearm, and produces in both considerable but independent variations of their volume.

2. Morphium (.01–.02 subcutaneously =  $\frac{1}{6}$ – $\frac{2}{8}$  grs.) first contracts the vessels of the brain and of the forearm, then occurs at the same time in both organs, a paralysis of the vascular tonus, and with it a considerable increase in volume that reaches its maximum with the beginning of the hypnotic action and gradually returns to the normal during sleep.

3. Chloral determines, first, anæmia of the brain in consequence of vascular paralysis and dilatation at the periphery (skin, etc.). The production of sleep is the result of hyperæmia of the brain from the gradual extension of the vascular paresis to the vessels of the brain as

well as of the meninges. At the end of sleep and in the first portion of the waking state a decrease of the volume of the brain occurs, as well as an increase of vascular tonus that passes gradually into the normal.

4. Paraldehyde in cases in which it produces sleep, decreases the force of the heart's action somewhat, paralyzes the peripheral vessels in moderate degree, and thereby causes a slight anæmia of the brain often with difficulty discoverable. Paraldehyde ought to be preferred as a hypnotic to chloral, since it is just as sure in its action, and since the lowering of the force of the heart does not require any special caution. The vascular condition during the sleep of paraldehyde, approaches very nearly that in physiological sleep.

5. Hyoscyamin (.003 gm. =  $\frac{1}{20}$  gr.) causes, at first, a considerable increase of heart-force and of vascular tonus; after 20 minutes or so, both sink, with acceleration of the heart's action, to a maximal degree during deep sleep, gradually returning to the normal.

6. A cold, full bath produces rapidly anæmia of the skin and hyperæmia of the brain.

7. A warm, full bath causes hyperæmia of the skin and anæmia of the brain without, as Musso and Bergesio have found, any initial hyperæmia in consequence of a momentary contraction of the vessels of the skin.—*Neurolog. Centralbl.*, 1886, No. 14.

**External Treatment of Rhus Poisoning.**—To the interesting experiences with homœopathic remedies in the treatment of poisoning by Rhus, related in the preceding number of the RECORDER, we add the following concerning local applications in the same distressing trouble:

Dr. Morrow, editor of the *Journal of Cutaneous and Venereal Diseases*, recommends a lotion of sodium hyposulphite 1 drachm, glycerine 2 drachms, and water to 8 ounces, to be applied on compresses frequently renewed. He has also treated some cases by simply painting the affected surfaces every two or three hours with sweet spirits of nitre. Where the continuous application of a lotion is impracticable, he recommends freely dusting the surface with an absorbent powder such as Pears' Fuller's Earth or a combination of powdered zinc oxide 2 drachms, powdered subnitrate of bismuth 1 drachm, with powdered starch 5 drachms; it is important that the affected surface should be kept copiously covered with the powder, an occasional sprinkling doing but little good, and if there is much burning heat present, a little powdered camphor, half a drachm to the ounce, may be added. When the more acute eruptive features have begun to subside, a mild, soothing ointment is to be employed, such as the ordinary benzoated zinc ointment, or Lassar's Paste made as follows: of powdered zinc oxide and powdered starch each 2 drachms, vaseline 4 drachms.

The following are claimed to possess remarkable efficiency in subduing the symptoms: lime-water, alum curd, saturated solution of bicarbonate of sodium, a strong solution of chlorate of potassium, a solution of sulphate of zinc, half an ounce to the pint; a solution of carbolic acid, from two to four grains to the ounce; a weak solution of sulphate of copper, dilute lead-water; compresses to be wet with these lotions and applied every hour or two during the day.

Also, a decoction of white oak bark; a decoction of bark or leaves of the elder; an infusion of the sweet fern (*Comptonia Asplenifolia*); the tincture or fluid extract of serpentaria, lobelia, sanguinaria; infusion of the bark of the red sassafras, with sassafras tea *ad libitum*, internally, have all been highly spoken of. The most efficient of the vegetable remedies is probably the *Grindelia robusta*, the fluid extract diluted with from ten to thirty parts of water. An ointment made by incorporating a decoction of the inner bark of the American spicebush (*Benzoin odoriferus*) with cold cream. The following is reported to be speedily efficacious: carbolic acid half a drachm, fluid extract of *Gelsemium* 2 drachms, glycerine half an ounce, with water to four ounces. Cloths moistened with this lotion are to be applied to the affected parts, and, with the internal administration of the fluid extract of *Gelsemium* every three hours, is claimed to relieve the burning and itching, and to cause a speedy disappearance of the eruption.

In a later issue of the same journal, a correspondent finds that lime-water and olive oil in equal proportions, with a little carbolic acid added, does better than anything else he has tried; another uses carbolized vaseline with cocaine, viz.: carbolic acid (cryst.) 20 minims, glycerite of cocaine (4 per cent.) 2 drachms, vaseline 1 ounce. Black wash is recommended by some; a saturated solution of oxalic acid is praised by a correspondent of the *Phila. Medical Times*.

In the *Medical Record* (N. Y.), Dr. S. A. Brown recommends, as an absolute specific, the following: Bromine, 15 drops in an ounce of olive oil, to be applied freely to the poisoned surface four times a day. Washing with warm water and castile soap twice a day. The solution should always be fresh, as it deteriorates. Dr. Brown has used this with constant success in the West Indies, the Pacific Islands, California, Dakota, and elsewhere. In the same journal a writer urges the high value of local applications of tincture of muriate of iron; he says that more than one thorough application is rarely necessary; for twenty or thirty minutes the sensations are rather lively, and on their subsiding the tincture is decomposed with a wash of soap and water, and the treatment is completed by a dressing of olive oil. The relief is said to be immediate and complete, desquamation ensuing within a few days.

Another correspondent says that spirits of turpentine, applied, if possible, before the vesicles rupture, is an efficient application, while another, writing from Texas, says that he has abandoned all topical

applications except a ten to twenty grain solution of corrosive sublimate (presumably in water, its amount not given.—ED. H.). It is said to stop the inflammation at once, and resolution proceeds from thence to complete relief.

In a very queer book, entitled "*A New Departure in the Theory and Practice of Medicine*," by C. A. Hardey, M.D. (N. Y., P. O'Shea, 1883), the author makes the following remarkable statement: "But perfect and permanent immunity may be obtained by the unfortunate sufferer, by simply swallowing or eating ten or a dozen of the bright black berries which grow upon the poison oak vine. These ripen about August or September in the South, are of a glittering blue-black color, about the size of a small garden pea, and entirely harmless. The mocking birds eat them.

"For many years I was excessively sensitive to the influence of this vine—taking the effect by simply riding within six feet of the tree to which it clung. . . . . When affected, I was often sick for a week before recovery. The antidote was taught me by an old negro herb doctor. I can now handle the vine with the greatest impunity." p. 62.

**Cocaine in Lavage of the Stomach.**—Dr. C. N. D. Jones, of Brooklyn, writes: "Gastric lavage is rapidly becoming our most reliable treatment in chronic dyspepsia and gastritis. In order to avoid some of the disagreeable features attending this operation, I have resorted to the following expedient: about fifteen minutes before commencing the operation the patient is allowed to hold in his mouth a piece of absorbent cotton saturated with a four per cent. solution of hydrochlorate of cocaine; in a few minutes the palate and fauces are painted with the same solution. The stomach tube is lubricated with a mixture of olive oil, oil of wintergreen and cocaine, after which it may be introduced, and the stomach irrigated without that disagreeable vomiting of the tube, and efforts at gagging, which frequently attend the operation. I have adopted this method in some of the most difficult and trying cases, and always with the most happy results."—*N. Y. Med. Record*, July 3d, 1886.

The New Building of the Hahnemann Medical College of Philadelphia has been completed, and will be dedicated on September 21st prox. This beautiful building is an ornament to the city, and could not have been erected on a more eligible site. It is within less than three squares of the stately marble palace devoted to the county administration, the Masonic Temple, and of three of the most prominent churches of the city. It is, without doubt, the best arranged college building in the State, and the seating capacity of the lecture room and amphitheatre will be found ample for many years to come. The College was fairly crowded out of the old building by the increasing number of students, and it is within bounds to predict that this, the oldest homœopathic college in the world, will flourish in its new quarters beyond the most sanguine expectations of its able corps of professors.

## NEW PUBLICATIONS.

A Repertory of the Most Characteristic Symptoms of the Materia Medica. Edited by George Wm. Winterburn, Ph.D., M.D. New York: A. L. Chatterton & Co., 1886. Pp. 182. Leather, tuck.

The aim of the compiler of this repertory is most praiseworthy, and his industry is deserving of all commendation. In such a work a great deal must be left to the editor's experience and mental personality in the matter of selecting the most characteristic symptoms of our Materia Medica, so that we could have little to say concerning omitted symptoms even if he had not stated in his preface: "This repertory is not only imperfect, but is meant to be so." Concerning what he does give in the little work we may be allowed a few words. As symptoms "horny places on the feet," "corns," "callosities," etc., are characteristic of Antimonium crudum; so are "deranged stomach, indigestion, and gastric ailments from overeating," yet all of these appear in this repertory credited to *An-t*; upon referring to the list of abbreviations we find *An-t* to mean Antimonium tartaricum. This is a grave error, for the symptoms given are not characteristic of the latter remedy, and some of them do not appear at all in its pathogenesis. Silicea is given the first place among remedies which have aggravation at new moon, and also during increasing moon, full moon, and changes of the moon. Apart from the fact that most of our authorities limit the extreme activity of the drug in this modality to the *increasing* phase of the moon, to give it first rank at changes of the moon simply neutralizes all power of selection. Under "Driving, relief by," we find *Nit. e.*, which might readily be mistaken for something other than Nitric acid, for which it is intended. Under "Regurgitation of Milk" we find *Tart.* This is probably meant for Tartar emetic, but as this drug appears in the Index of Remedies as Antimonium tartaricum it might do for Tartaric acid. In the list of remedies *Kli-c.* appears as the abbreviation for Kali chloricum and again for Kali carbonicum, thus rendering possible to the searcher for a remedy a wrong selection.

The book undoubtedly contains much of great value, but the suspicion that errors of the kind just pointed out exist will greatly impair its usefulness.

The typographical appearance of the work is very good, but there are errors which should not exist in the work of a medical man. Ozæna, petussis, tympanitis (more than once), fungus hæmatodes, micturation, fœcal (five times in two pages), glands for glans, prostrate for prostate (twice) præcordia, mammæ used in the singular (twice), petechæ, psoritis for psoritis, balannorrhœa, epididymus, sequalæ (three times) are among the most noticeable. Abscess appears to be always spelled abcess, and we notice supuration, vorizontal for horizontal, interbrigo for intertrigo, as well as fornication for formication (twice). When these and other errors are corrected the merits of the Repertory will have a better chance of asserting themselves.

## PUBLISHER'S DEPARTMENT.

**Mullein Oil.**—In No. 1 of the RECORDER we gave an account of this remarkable remedy, and stated that it is prepared by exposing *Verbascum* or mullein flowers, in a well-closed bottle, to the action of the sun for three or four weeks, and then draining off the brown liquid resulting.

We gave the experience of Dr. Cushing, in whose family it had been used for a generation with great success in otorrhœa and deafness. The doctor, on proving the remedy on himself, also developed its marked influence on the urinary organs.

A prominent practitioner from Providence, R. I., in ordering a fresh supply, writes as follows: "Having had a severe case of frequent and very painful urination, I determined to give this remedy a trial. The pain continued from one urination to another, and resisted for four months both allopathic and homœopathic remedies, steadily growing worse. I put him on Mullein oil, and improvement set in in a few days, and steadily progressed, until now, instead of patient being up from one to two hours every night to pass urine, he sleeps all night and need not get up for the purpose until he rises for the day; he has but a slight pain while urinating now, and none between times. I would like to keep the medicine on hand if I can obtain it. I have also tried it in some milder cases with equally marked success."

Our charwoman, attending to the periodical scrubbing of the floors throughout our buildings, was sorely troubled with earache a few weeks ago; one of our assistants put a few drops of "Mullein oil" into her ear, and within less than fifteen minutes she experienced entire relief, and this though the middle ear was still considerably inflamed.

A great many practitioners used this remedy with good success, and a great many more would have used it had our supply held out.

We succeeded in securing what we believe to be a sufficient supply: this Mullein oil consists of the pure liquid mixed with an equal volume of alcohol. It is a dark-brown fluid, having a characteristic aromatic smell. Price, \$1 per ounce. May be obtained at all our pharmacies.

***Ceananthe Crocata* in Epileptoid Convulsions.**—In the *Medical Times* of November, 1884, I narrated a case of epileptoid convulsions treated successfully by *Ceananthe crocata*, or water-hemlock. The attention of our professional brethren of the Eclectic School seems lately to have been called to this remedy, and in the December, 1885, and the February, 1886, numbers of the *Eclectic Medical Journal* (Cincinnati), are papers thereon by Drs. E. R. Waterhouse and H. L. Henderson strongly corroborative of its value in epilepsy. The latter narrates a case in which (after an unavailing round of bromides, etc., etc.), he used two pellets (No. 35) medicated with the mother tincture, every four

hours. "The spasms, which seemed to involve every flexor of the body and nerve in rapid succession, ceased immediately with the beginning of the use of the medicine, and from that time (June 1st) to this (February 1st), there has not been the least sign of an epileptic seizure, although the patient still takes the little pills twice daily."

He also mentions a peculiar circumstance in connection with the remedy in this case, viz., "The patient was a young lady of rather slender build. About one week after she had begun taking two of the pellets every four hours she complained of a headache and full feeling in the head, resembling the headache from glonoine." A reduction of dose from four to one pellet dispelled the headache, and as the increase of dose again brought it on, it was permanently reduced again. Dr. H. concludes from this that "the drug causes a determination of blood to the nerve centres, thereby overcoming the anæmia, on which, I believe, epilepsy depends."

This view is corroborated by its action as described in the cases of poisoning by this plant, described by Dr. Bloc (*British Journal of Homœopathy; L'Art Médicale; Dublin Medical Journal*), and quoted at much length in *Hale's New Remedies*, vol. ii., Therapeutics, and by the Morbid Anatomy, as revealed by a large number of both human and animal post-mortems, thus formulated:

"Effusion of bloody serum and sometimes of blood at the occipital foramen. On cutting the meninges, the veins of the pia mater distended and highly arborescent at the edges of the convolutions; apoplectic foci in the cerebral mass, which is strongly ingested and speckled (piqueté). The annular protuberance, medulla oblongata and peduncles of the cerebrum and cerebellum inflamed, and present, especially the latter, a certain degree of softening. Severe effusion in the cellular tissue beneath the arachnoid, the ventricles and at the base of the brain. The sinuses of the dura mater distended with blood. *Spinal cord*.—The integuments strongly ingested; the vertebral sinuses filled with blood, soft and fluid. Medullary substance red and congested."

There seems to be, indeed, a very perfect consensus of opinion among all who have had the opportunity of studying these toxic cases, that the *Enanthe crocata*, and especially the root, gives rise in man to all the symptoms of epilepsy.

Dr. Henderson says, "I have used the drug in two other cases beside the one just described, with like results. One of the cases has been a confirmed epileptic for nine years, and has become almost an idiot; the spasms have ceased and he seems to be in a fair way to recover. I am now using it on a pauper at our county farm, who has been an epileptic for thirty years, and has been in the insane asylum on two different occasions, and has each time been sent back to the county as an incurable. I have been treating him but a short time, and the prospect for a cure looks very favorable." He adds, "It must be given in very small doses."

HENRY R. STILES, M.D.

In addition to above, we beg to state that on the publication of the articles mentioned in the *Eclectic Journal*, we had such a run on this



remedy that our small supply was speedily exhausted, and none of the pharmacies in Germany had any in stock, as they averred on being written to.

However, we succeeded in obtaining from Europe, at the end of August, a fine tincture made from the fresh root and can furnish the remedy at 75 cents per ounce, or, as liquids are not mailable, we will forward, on receipt of price, 1000 tablets, each containing one drop of mother tincture, for \$1.50, or 500 for 85 cents.—Address: Boericke & Tafel's Pharmacies.

**Coccus cacti as a Detective of Sewage in Water.**—Not long ago, we read in one of the sanitary journals that the alcoholic tincture of *Coccus cacti* or cochineal, was a very efficient test of sewage in water, as small a quantity as the one-thousandth part of one per cent. being readily detected by turning the color from a carmine red to purple. Last summer, one of our superintendents seemed to feel quite happy over the fact that his family had such cool, clear drinking-water from a never-ceasing well of an old hostelry in his neighborhood. We asked him to bring a quart for testing; and we then took three china soup-plates, and filled one with distilled water, one with Schuylkill water, and the third with that well water. An equal number of drops of *Coccus cacti* was dropped into each, and while the distilled water remained a bright red the Schuylkill water showed a purplish tinge, and the well water, much to the astonishment of the superintendent, turned absolutely purple. We took some along to the sea-shore this summer, and tested our cistern water after a protracted rain-storm, and our drinking water obtained from dissolved ice. Both stood the test well, but sea water or brackish water turned purplish; and a few weeks later, even our cistern water turned purplish, for after being without rain for about two weeks the sea-spray carried on to the roof by high winds had been washed down by a slight rain. At least, this seemed to be the only solution of the circumstance, for the cistern was well cemented and could not be contaminated by ground water. Therefore, while reliable as a test of inland water, *Coccus-cactus* will not answer at the sea-shore.

**The Lactated Food**, prepared by Wells, Richardson & Co., is rapidly taking the lead of all similar preparations, and has an enormous sale. We are informed that sugar of milk is the basis of lactated food, and, with it is combined the pure gluten of wheat and the nutritious elements of barley and oats which have previously been thoroughly cooked by steam-heat. Thus combined, the *Lactated Food* is one of the most perfect nutritives ever devised for *infants, invalids, and dyspeptics*. It is found at all first-class drug stores, and is kept in stock at Boericke & Tafel's Pharmacies.

## A FEW HINTS TO PURCHASERS.

To employ a drug as a curative agent according to homœopathic therapeutics, it is absolutely essential that it be a like preparation as that used in making the provings. In most instances where the vegetable kingdom supplied the drug, the provings were made of preparations from the *fresh plant* or a part thereof, and but few were from the dry, such being those that were nearly or entirely void of succulence, as *Nux vomica*, *China*, *Ignatia amara*, etc. A dry herb preparation may sometimes be accredited by a physician with producing a cure, but it has only been effective so far as the symptoms in the case are ascribable to the alkaloid of the drug which usually is not affected or impaired in the dry herb; but in the provings of a fresh plant other symptoms were developed which are not produced by the alkaloid alone, and, therefore, the accurate prescriber will not think of using a dry herb preparation in place of the fresh any more than he would employ *Atropia* (alkaloid of *Belladonna*) in place of *Belladonna* or *Quinine* instead of *China*. Fresh plants that are indigenous to this country are not always easily obtained, as some grow only in remote parts of the country, and to procure them the expense is necessarily great. Then if perfect parts only of the plant are used (as described in *The American Homœopathic Pharmacopœia*, page 7), and the tincture made full strength in accordance with the methods given in the same work, it can be seen that while prices are seemingly high, they are really as low as can be afforded for standard preparations, and that cheaper preparations can only be produced by neglecting some of the essential points, and thereby sacrificing the quality. Many preparations were proven from fresh plants indigenous to foreign countries, from which it is necessary to import the ready-made tinctures upon which there is a high duty to pay, so that cheapness is out of the question when accurately prepared foreign tinctures are supplied.

To sustain the quality and excellence in triturations it is of the utmost importance that pure chemicals be employed, and not the commercial articles; and more than this, the sugar of milk must be of faultless quality, and of this article there are many grades in market; the only safeguard is for the pharmacist himself to refine his sugar of milk, and even with these necessities at hand an inferior preparation may be produced by neglect in properly triturating.

Cheap remedies can only be produced by affecting the quality of the preparation, by wilfully neglecting the prescribed rules of homœopathic pharmacy, and the carefully observing prescriber will soon learn that it is in medicine as in other products; "as the price, so the quality."

*Passiflora Incarnata* in Trismus and Insomnia.—This remedy is coming largely into use, and richly merits a careful proving.

In Hale's *Therapeutics* it is stated that Dr. Lindsay, formerly of Bayou Gras Tête, Louisiana, used it for thirty years with extraordinary success in all cases of tetanus neonatorum. A few weeks before his death he wrote, in answer to an inquiry, as follows: "I have much to say. I am satisfied it is no narcotic. It never stupefies or overpowers the senses. A patient under its full influence may be wakened up, and he will talk to you as rationally as ever he did; leave him a moment, and he will soon be off to the Elysian Fields again. I have tried it, my friend, in all sorts of neuralgic affections, and have usually astonished my more enlightened patients with it. Many times I have had them to ask me what in the world it was that had such a sweet influence over them."

Dr. L. Phares, of Newtonia, Mississippi, states: "I never saw anything act so promptly in erysipelas. I have used it with advantage in ulcers, neuralgias, and tetanus. I have seen wonderful effects of it in relieving tetanus, and will mention one case from memory. Some ten years ago I was called to see an old lady in a distant part of the country, who was reported to be 'having fits.' I found her to be able to be up most of the time, but, while examining her, convulsions came on, affecting mainly the trunkal muscles, and drawing the head back. I gave her instantly a dose of *Passiflora*. The convulsions subsided, and she has never had one since. I continued the use of the medicine in small doses for a few days. I have used it in treating tetanus in horses—a disease usually considered as inevitably fatal to that noble animal. It has never failed to cure the horse. Let one case suffice to illustrate: In 1851, early one morning, one of my horses was found to have trismus. A number of remedies failing, and the spasms becoming general, apparently affecting all the muscles—tetanus erectus—I abandoned him. He was down, his legs extended, and every muscle so tense as to be immovable by any force that could be safely applied. After some hours at night, I concluded to try him with the *Passiflora*; gathered a quantity—stems, leaves, and flowers—pounded, moistened with water, expressed ten or twelve ounces, and poured down his throat through a tube inserted at the side of the mouth. He was then apparently dying, and no one believed he could survive half an hour. I saw him no more till next morning, when he was well and grazing at a distance from the place where I had left him the night before. During the late war, my son, Dr. J. H. Phares, had occasion many times to prescribe the *Passiflora* for tetanus in horses—with one invariable result—prompt, perfect, permanent cure. He fortunately saw no case in man. . . . Since the foregoing was written, I have treated with the hydro-alcoholic extract of *Passiflora*, several cases of neuralgia, and one of sleeplessness, with incessant motion and suicidal mania. With the same extract during the current week, Dr. J. H. Phares has treated, with the most prompt and satisfactory success, a very virulent and hopeless case of tetanus, with opisthotonos, trismus, and convulsions in a child two years old. Other most potent remedies, in heroic doses, having failed to produce any effect in this case, he thinks that nothing but the *Passiflora* could possibly have saved the child."

On the strength of the above information, we recommended this remedy to all veterinarians of our acquaintance. The remedy slowly made its way, until where we formerly sold ounces, quarts of the fresh plant tincture are now in request. We append an answer to an inquiry from one of our customers.

WILMINGTON, December 19th, 1884.

MESSERS. BOERICKE & TAFEL: In reply to your postal of yesterday, would say, that I have used the *Passiflora incarnata* in a number of cases of lock-jaw, and have never failed to effect a cure, excepting in a few cases that were not put in my hands until after they had been "doctored at," and were beyond all hopes. I think I can cure every case if I get them in time. . . .

W. Y. WARNER.

We have now received a fresh supply, which we furnish as usual at 25 cents per ounce or 4 ounces for 75 cents. Address, Boericke & Tafel's pharmacies.

**Chionanthus Virginica in Sick Headache.**—Some time ago I received a letter from Dr. F. S. Smith, of Lock Haven, Pa., in which, referring to *Chionanthus*, he says:

“For the first time to-day I read your article on *Chionanthus* in the last edition of your *Materia Medica of New Remedies*. I have been using a fluid extract of this drug for over two years, as a specific for so-called sick headache. It has done wonders for me in that disease. I had been a victim from early childhood and have suffered terribly. I have not had an attack for two years. If I am threatened a few drops, timely taken, dissipates it at once.

“Dr. B., a dentist, aged 35, dark complexion, a victim to sick headache, had an attack on an average once in three weeks. Since taking *Chionanthus*, has not had more than two or three attacks in over two years, and then owing to a neglect to take the medicine. I have not failed in but one case, and that was a menstrual sick headache.

“I prescribe it as follows: In cases of habitual sick headache 5 gtt. of the 2x dil. three times a day for a week, then twice a day for a week, then once a day for a week, after which the patient only takes it when symptoms of the attack show themselves. I regard it almost a specific.”

Dr. Smith evidently had not seen the proving made by Dr. Lawsche, of Atlanta, Ga., published in the *North American Journal of Homœopathy*, vol. xiii. (1883), page 612. I have always contended that a good proving would prove that empirical cures were homœopathic. On examination of that proving I find the following:

“*Heat.*—Awakened at 4 A.M. with very severe headache, chiefly in the forehead and just over the eyes—especially the left eye. Eyeballs exceedingly painful, feel sore and bruised (with cutting, twisting pain in abdomen, relieved by lying on abdomen). Went to sleep and woke up at 8 A.M. Head feeling very sore all over, and through it a heavy dull feeling in the forehead and a drawing or pressing at the root of the nose. *Never* before felt so sick at my stomach; bitter eructations, great nausea, and retching, with desire for stool. Tongue heavily coated, of a greenish-yellow color. Retching and vomiting of very dark green bile, rather ropy, and exceedingly bitter: afterwards a cold perspiration and great weakness.”

These symptoms were followed by green offensive diarrhœa, with colic and fever, great nervousness, and some jaundice, lasting three or four days. The whole attack presented a pretty good picture of a bilious fever. The proving was made as follows:

“The 12th and 6th potencies for one day each, with no effect. Then one drop of the tincture every hour during the day, increasing the dose one drop till five drops were reached, then increasing each dose five drops till twenty-five were reached (this on July 10th).

On the 11th I began with 30 gtt. at 9 A.M., and increased the dose 5 gtt. each hour, till I reached one drachm, then three doses of ʒj. each. This brought it up to 10 P.M., when I retired, feeling perfectly well.”

This was certainly a heroic proving and developed severe symptoms which lasted till the 16th. I consider it one of the best provings I have seen and one worthy our confidence and study.

It completely verifies the empirical uses of the drug, as narrated in my *New Remedies*. The headaches cured with it by Dr. Smith, I should say, were of the type known as “bilious sick headaches.”

E. M. HALE, M.D.

We prepare tablets, each containing one drop of *Chionanthus* tincture made from the fresh bark. Price of these per thousand, 75 cents. The tincture itself is furnished at the usual rates of 25 cents per ounce or 4 ounces for 75 cents. Address any of Boericke & Tafel's pharmacies.

THE  
HOMŒOPATHIC RECORDER.

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WHAT IS A LAW ?

WHEN it is stated by old-school physicians that a certain remedy cures in certain cases although the symptoms produced by the remedy upon the healthy human organism are similar to those of the disease, but that the cure does not result from anything homœopathic in the relationship between the remedy and the disease, we are forced to think that the speakers have lost sight of the real meaning of the word law. For there was no denial of the facts.

A law is merely the formulation, in strictly accurate language, of the occurrence of certain facts under certain conditions. It is a positive statement that when the conditions are present such results will follow. But the explanation of the *modus operandi* is never included in a law, and to refuse to admit the existence of a law because of inability to understand the way in which the processes involved in the subject take place would, if applied to science generally, soon send us back to barbaric ignorance. What, for instance, would be thought of the mental state of a student who would refuse to accept the well-known law of gravitation, because he cannot understand what is in matter to cause two bodies to attract each other, etc? Or, what progress could a student make in chemistry if he scouted the law of precipitation, because he cannot see why atoms should rearrange themselves so as always to produce a compound insoluble in the menstruum employed.

We might extend these illustrations indefinitely, and then we would only have succeeded in representing the status of the man who, in spite of the overwhelming evidence of the action of law in medicine, refuses to believe in the existence of such a law, simply because he does not see how it can be. In every department of science the effort is made to bring all the observed facts into a relation which can be expressed by a law. This is even so in medicine excepting therapeutics, and it is most un-

fortunate for real progress in the healing art that such should be the case. To bring the observations made in disease, and also in the investigation of drug-action on the body, to a mathematical expression is not to be even hoped for, but much can be done in rendering the evidence in favor of the law of *similia* so positive that it cannot be put aside. But old-school men are not going to do this; the work must be done by the upholders of the law, and must be done in such manner as will compel the assent of all not wilfully blind. There has been a great deal written about unreliable symptoms—the law must not be judged by their failure, but whether the fixing of a positive guide to the application of the law is to be left to clinical tests, or to a reconstruction of our *Materia Medica* under conditions furnished by the advanced scientific knowledge of to-day, is a question worthy the consideration of the wisest minds.

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### HOMŒOPATHIC THERAPEUTICS.

**Our *Materia Medica*.**—By *M. W. Vandenburg, M.D.*, Fort Edward, N. Y.—To the man outside of homœopathic *materia medica* there are few things more confused and confusing than a symptomatology as now arranged by our best therapeutists.

Take Hering's Condensed *Materia Medica*, Hale's Symptomatology of New Remedies, T. F. Allen's Symptom Register, Raue's Special Pathology, Lilienthal's Therapeutics, or, if you choose, still smaller works like C. Lippe's Repertory, or, condense still yet again, boil down, exclude, suggest, like Johnson, Gatchell, or Winterburn, and still the outsider is bewildered, confused, and confounded by the multiplicity, and often the seeming flippancy, irrelevancy, and microscopic minuteness of detail.

Now, how much better is the "inside man," the doctor himself? This is no new thing just discovered, but has been felt by every person who has tried to look into homœopathy from Hahnemann's time down to the present, only it has grown worse and worse, and every year more hopeless. Each succeeding year has seen new facts multiply on the hands of the already buried-out-of-sight therapeutist. What can he do? What should he do?

I must confess, for one, my utter inability to answer. The practical result is, that while the shelves of the drug-stores groan beneath the weight of upwards of two hundred and fifty tinctures and solids, reduced by dilution and trituration to the thousands, each of the two hundred and more numbering symptoms, on the average, of several hundred, reaching this time beyond the hundred thousand—the limit of human memory even at its best is long passed.

As might be supposed, a corollary naturally follows from this. A great many remedies are practically unknown to every therapeutist;

a large number are known by only one or two symptoms, a still larger number by less than half a dozen, and but a few reaching beyond a dozen, while those that number twenty-five well-digested symptoms in the mind of the ordinary practitioner, would, in all but rare cases, be counted on the fingers of one hand, and for the best of them on both hands.

This looks discouraging. Perhaps the limit seems to be placed too low. If so, let the doubter take pen and ink and refer to his own memory and report.

I am not blind to the potential wealth of knowledge stored in our books, nor to the stimulus to dig for the ore, but the practical cumbersome-ness of wealth is not unfrequently an injury both to the individual and the State. When an Astor has more than he can possibly spend, live he ever so luxuriously, the wanton waywardness of human nature is not greatly improved either in himself or in his neighbor, and society is not stronger but weaker in every essential, wholesome virtue.

The great wealth of our own therapeutics leads many a man to become a spendthrift of his energies, and many another to be a hit-or-miss prescriber, striking here and there in the great field.

It breeds another, a large, a very practical class, but one that does little honor to the profession. I refer to the repertory-doctors. Repertories are most excellent to the homœopathist, they are a most necessary thing, but when they make, as they often do, the limit of a man's reading and his information, they produce a class that are often very successful, but also very narrow.

What we want, it seems to me, is not so much a multiplication as a decimation of remedies. Not so much an increase of symptoms, as a weeding out. Not so much a microscopic detail, as a clear outline. Not so much a general, diffuse consciousness of power, as a definite and skillful habit of cutting and parrying, born of going through the same motions frequently. This cannot be the case when the motions combine ten thousand different thrusts and parries. They must be reduced in number in order that they may become a habit and thoroughly practical.

**Demonstrating Medicinal Action.**—From an Address delivered February 20, 1885, before the St. Petersburg Society of Homœopathic Physicians, by *Dr. Leo von Brasol*.—Gentlemen: Before I pass to the clinical history to which I am about to refer, I will allow myself some words concerning the therapeutic method upon the basis of which I have made my own observations.

In my own homœopathic practice I place myself before our implacable opponents, and ask myself, how can the truth of Hahnemann's principle, *similia similibus curantur*, be demonstrated to the doubting skeptic, or that different pathological states are removable by those remedies which cause in the healthy organism a morbid state pathologically like, or in the highest degree similar?

But this question only forms part of another more general one, *i. e.*, whether any criterion exists for determining the results of any chosen system of therapeutics?

The value of any system can be established simply and solely by the practical results of its employment in sickness. In this view, under certain pathological conditions, the action of remedies in general employed according to the law of similarity, are, in many cases so striking, so evident, indeed so astounding, that the physician must at once recognize that the remedy possessed a healing or curative power. And when the same therapeutic effect shows itself in analogous cases repeatedly, and with unchanging regularity, when, after the exhibition of a remedy, an immediate restoration of the patient's health takes place, or an undoubted acceleration in his recovery, or an evident shortening of the normal course of the illness occurs, the conclusion that there is a causal, reciprocal action between the remedy and the organism, is in the highest degree probable; and precisely in this sense the recovery must be accepted as the natural and necessary result of medicinal action. The degree of this probability will be considerably raised if, in different places and times, these same observations with like results are established by numerous investigators. In this way have been formed the personal convictions of physicians concerning the activity of some so-called specific and empirical remedies, *e. g.*, Cinchona bark in intermittent fever, Mercury and Iodine in syphilis, Iodine in scrofula, Salicylate of Sodium in articular rheumatism, etc. In this way every truthful and unprejudiced physician, possessing sufficient knowledge of the positive materia medica, who undertook the testing of Hahnemann's principle, soon convinced himself that numerous pathological processes are cured, *cito, tuto et jucunde*, by the same medicinal substances that produce in the healthy human organism a complex in the highest degree similar to the symptoms of the natural disease. Thus, by personal conviction, the increase in the number of homœopathic physicians goes on continuously from year to year throughout the world.

But the physician's personal conviction as to the results of this or that system of treatment, based upon the evidence of medicinal action, is not sufficient to convince others, especially when the observations which form the basis for such conviction are incapable of arithmetical expression. But when the points included in these observations are put in the form of figures, the statistical method comes in play, and when it is used for a large number of observations of the success of any therapeutic system in like pathological processes, it sanctions, so to say, the immediate personal conviction of the physician, and acquires a certain force even for the skeptical observer. Recognizing the difficulty of finding two completely similar pathological processes, and not denying the influence upon the outcome of this or that morbid process, in any given case, through the age, nutrition, and bodily constitution of the patient, and



clearly seeing the inadequacy of the statistical method employed in classified and model nosological schemata, nevertheless, the importance of medical statistics for comparative materia medica cannot be gainsaid, and that therapeutic system only can be considered the best which, in disease-conditions of similar kind and of like gravity, gives the greatest per cent. of recoveries and the smallest of deaths. The comparative tests of the so-called allopathic and homœopathic methods which have been carried on with strictest observance of the conditions unavoidably necessary for comparison, in well-directed hospitals, under the control of careful, unpartisan physicians, has frequently, in many important and dangerous sicknesses, *e. g.*, in cholera, dysentery, yellow fever, pneumonia, etc., proven the superiority of the homœopathic method of cure over all others. Influenced by such comparative results some foreign insurance companies have lowered the premium to persons who, when sick, are under homœopathic treatment.

At all events, medical statistics, however we view them, are not against this method, but very convincingly *for* it. But as statistics in general are not received by physicians with a large amount of trust, and all the brilliant results of the homœopathic methods are ignored by them or falsely interpreted, I am accustomed to use the following method of demonstration, a method which has the possibility in any concrete case of showing on the one hand the correctness of our guiding law, *similia similibus*, and on the other the therapeutic action of very small and infinitesimal doses. This method first used by von Gruzewski is as follows: The patient receives a remedy according to the law *similia similibus*, in a suitably corresponding homœopathic potency. A decided improvement in the patient's condition occurs. In order to find out whence came the immediate amelioration after the use of the remedy, the remedy is intentionally withheld until a worsening of the condition or a cessation of the progressive improvement occurs. If in this case a plain and considerable improvement sets in after the repetition of the same remedy, the probability of a causal action depending on the remedy becomes very great, and the degree of this probability increases with every repetition of this *controlling experiment*, and, with unchanging similar results, becomes almost a mathematical certainty. In order to exclude the influence of imagination in adult and skeptical individuals, the patient should not be let into the secret of the experiment, and should receive during the time the remedy is withheld pure alcohol or milk-sugar, according as drops or powders had been employed.—*Allg. Hom. Zeit.*, Bd. 113, No. 11.

**Cases from Practice.**—By Dr. Oscar Hansen, Copenhagen.—The wife of N., a furniture dealer, aged twenty-two, of Copenhagen. Has had fourteen children, the last birth being sixteen weeks ago, when turning was done. The child was artificially nourished. The sickness lasted

three weeks, and according to the allopathic physician was due to renal calculi, on which account he only gave opium drops, but without result. On August 17th, 1885, my services were desired, and the condition was as follows: The woman is strongly built yet is somewhat anæmic. Menstruation normal. She complains of pain in the small of the back, especially on the left side, and this pain extends over the left hip into the left thigh. The pains are often drawing, changing, burning, and are worse by motion. At times there is pressure to urinate; no precipitate from the urine, which contains neither albumen nor sugar but a little mucus and phosphates. The mucus must come from leucorrhœa. The stool is frequently difficult, hard, not dark or knotty. During stool there is often pain in the small of the back. No appetite, frequent thirst. She is restless and fretful, and the pain is often so violent that it causes vomiting (of mucus and water) without relief. By vaginal examination she is sensitive to pressure on the left side; nothing abnormal with the uterus. By rectal exploration pressure against the left ovarium, where a small enlargement was observed, causes much pain. Many remedies were used, according to indications, but in vain. Belladonna, Apis, Arnica, Arsen., Colocynth, Conium, Dioscorea, Bryonia, Mercurius, Sulphur, Kali Brom. On September 7th I gave (according to Guernsey) Hepar sulph. 3d trit., a powder four times a day, and in the course of two or three days she was considerably better, and by the latter part of September she was completely well. The precise indication for Hepar was the sensitiveness of the ovarium.

Cashier Z.'s son, six weeks old, Copenhagen.—During the first days after birth an eruption of large blebs upon the back (pemphigus) which disappeared after a few days. The present sickness has existed four weeks and has been treated allopathically without result. Near the vertebral column on the right side are two fluctuating abscesses, one being near the axilla; each the size of a plover's egg. An abscess of the same size on the right leg two or three inches below the patella. The abscess on the leg is movable, the others not. Skin normal. In other respects the child is quite well. It has been artificially nourished and does not thrive. Began treatment, October 19th, 1885. Silicea 30, three drops morning and evening.

Nov. 5th.—The abscess on the leg has opened and discharged a quantity of yellow thick pus. The abscess in the neighborhood of the axilla shows increased fluctuation. Continue.

Nov. 13th.—Abscess on the leg quite healed, that in the neighborhood of the spinal column has also opened, the other not. Continue.

By the middle of December the infant was cured.

T. J., a manufacturer, aged forty-two, Copenhagen.—Formerly in good health, now has been sick for ten days. Allopathic treatment without result, and as the then condition was simply unbearable he came under treatment, November 18th, 1885. Is powerfully built. He has

violent headaches, beating, especially in the nape of the neck and vertex, frequently with strong pulling in the head. Aggravation by moving the eyes and by noise; amelioration by strong pressure upon the head with the hands. Heat in the head yet no congestion. Vomiting of water and mucus. Pupils dilated; no appetite; sleepless; tongue moist, coated white in the middle. Has been sleepless for eight days. Stools difficult but not hard, yellow. Is worse about midnight. Bellad. 3, three drops every two hours.

Nov. 19th.—Considerable improvement. Last night slept three hours. Continue.

The allopathic physician declared to-day that the sickness was inflammation of the brain, but that now the danger was passed.

Under the use of Belladonna four times a day he was able to get up on November 21st, and by the last of the month he was quite well.

O. L., master-baker, aged thirty-two, Copenhagen.—Eight years ago had acute articular rheumatism but without any heart complication; it was tedious, with considerable joint-affection and high temperature. Six years ago he had a chancre followed by secondary symptoms, deep ulcers in the throat, especially on the tonsils. The present sickness came on suddenly on February 16th, 1885, and the condition was as follows: Pressing headache on the vertex as from a weight; shortness of breath during the last few weeks. Palpitation especially when walking and when lying on the side. Feeling of constriction in the region of the heart as if the latter would be screwed together. Anxious. No appetite. Stools normal. Percussion shows slight enlargement, the dulness beginning at the middle of the sternum, the length being normal. No friction sound. The first sound of the heart was somewhat raspy followed by an accentuated second sound. Pulse irregular, somewhat weak; lungs normal, urine normal. *Cactus grand.* 3, three drops every three hours.

No improvement followed, and on February 28th he complained of a severe pain extending from the heart to the neck, left shoulder and in the left arm. These pains were accompanied by a deathly anxiety. The attacks occurred at night with intervals of freedom. Many remedies were given successively, *Aconite*, *Arsenic*, *Arnica*, *Spigelia*, *Kalmia*, *Phosphorus*, *Convallaria maj.*, *Lachesis*,—but in vain. In the latter part of March the condition was slightly improved, and he then complained of a dry cough coming from the trachea, together with the pains in the heart region. Ordered *Naja tripudians* 3, three drops four times a day. In the course of two or three days there was a notable improvement. The pains became less as did the other symptoms. Still the cure progressed slowly, and he was not entirely well until the middle of May, at which time there was only a roughness with the first sound of the heart. *Naja* was continued for six weeks but only morning and evening.

In my opinion the valvular trouble can be traced to the previous articular rheumatism. Whether in the last sickness a slight amount of

exudation in the pericardium was present was not determined, and the attacks of pain quite similar to angina pectoris arose, I think, from the valvular complication. My only indication for *Naja* was the headache, pressure as from a weight, and the dry cough from the trachea, together with palpitation.

MAREN L., aged fourteen, daughter of a cottager, in Alönderup, near Milleröd, came under my treatment, April 6th, 1884. Has been sick for two years; has had allopathic treatment with large doses of Potassium bromide, etc., without any improvement. She has attacks which are epileptic in character. The attack begins with a cry, and then she falls down. She is without consciousness, has clonic spasms in the limbs. There is frothing at the mouth, rolling of the eyeballs, and the hands are clenched with the thumbs inside; during the attack rectum and bladder are sometimes emptied. The attacks may come three or four times a week, or it may be, only every two weeks. After the attack she sleeps five or six hours, and then there is heaviness in the head, and she feels exhausted, and as if she had been beaten. Memory is somewhat impaired. During the attacks she is now pale, now red in the face. She is strongly built, still had not yet had her menses. Cuprum met. 12, Bellad. 3, Ignatia 3, and Puls. 30 were given but without effect. The attacks, however, became less frequent yet were quite violent, but on November 2d, *the spasm was violent in the face, and during it the face was of a leaden-gray color and appeared swollen.* Ordered *Ceananthe crocata* 3, three drops morning and evening for nine days, then to wait four days, and so on. Until December 7th there was no attack. In January and February, 1885, there were two insignificant attacks each month. In April, May and June one attack each and later she was quite well. Memory is good, all the functions are normal, the color of the face is good, and when I saw the girl in 1886, she stated that the first menstruation occurred fourteen days before, and that she was quite well. She used *Ceananthe crocata* until August, 1885, and then I gave as a final prescription Sulphur 30, three drops morning and evening.

A. R., aged five, daughter of a grocer, in Copenhagen. Formerly in good health; at present a skin eruption which began three months ago. The father was scrofulous as a child, but the patient has no sign of scrofula. She came under treatment, July 4th, 1884. Upon the anterior surface of both legs just below the knee, there is a circinate eruption, papular, dry and scaly. The scales are white, like drops of stearin, and are firmly attached; the eruption itches a little. The general state of the patient is good. Sulphur 30, five globules morning and evening until July 25th, when the condition remaining the same *Sepia* 30 was ordered to be taken in the same way for fourteen days, and then to wait fourteen days. This was continued until October 2d when the eruption was found to be paler, and the scales to have almost disappeared. I ordered the *Sepia* to be continued for nine days, then four days' intermission until,

in the beginning of February, the eruption had entirely gone. The child *has since then remained well.*

F. H., aged thirty-three, wholesale merchant, Copenhagen. Came under treatment, September 18th, 1883. During the last six years he has been frequently ill, and his allopathic physician has treated him for an ulcer of the stomach, ordering a diet of milk and white bread, and confinement to bed. When he got up, after six or eight weeks, he was even worse, and after a short time he again returned to bed. He complained of pressure as from a stone in the epigastrium, especially after eating black bread or potatoes; bad taste; heaviness in the forehead over the eyes. Sleepy after meals; distension of the abdomen. Shortness of breath and palpitation when walking. Stools frequently thin but formed, yellow. Tongue coated white along the edges. Out of humor, irritable. Urine normal. Lungs normal. At the apex the heart sounds have a metallic ring, and are often irregular. He received on different indications Nux vom. 3, Sulphur 30, Calcarea carb. 12, Phosphorus 6, Pulsatilla 3, Arsenicum alb. 3, under which remedies all the stomach symptoms disappeared.

From March, 1884, he complained only of a pressure behind the sternum, especially morning and evening and on motion (bending forward). There was palpitation with anxiety, but the pulse was regular. The first sound of the heart was somewhat rough. In other respects he was well. Bryonia, Arnica, Spigelia, Iodum, and other remedies gave no notable relief. The pressure is worse across the chest. Only in October, he gave the following keynote: *Pressure behind the sternum and in the epigastrium, better by sitting upright; it felt as if something behind the sternum would be pressed away.* Ordered Kalmia latifolia 2, three drops three times a day; in the course of fourteen days he was quite well. Since then I have frequently heard from him. He remains well, and has never since experienced either the pressure or palpitation.

O. E., aged nine months, son of a machinist, in Copenhagen. Formerly was quite well. For five weeks has had whooping-cough. Came under treatment, August 20th, 1881. The cough is spasmodic, frequent at night, there is shortness of breath, and often vomiting of mucus during the attacks, with congestion of the face. He bores with the fingers in the nostrils. The attacks come every half hour during the night, less frequently during the day. Ordered Cina 3, two drops three times a day. In the course of fourteen days there was very marked improvement, and by the beginning of October the child was well.

A. S., aged sixteen, son of an innkeeper, at Marianelund. Began treatment, August 22d, 1881. Formerly was quite well. The sickness has lasted three years. Allopathic treatment with incisions and drainage was only of slight effect. The lower half of the left leg red, very much swollen, the bony parts especially enlarged. Three ulcers with fistulous openings from which comes a thick yellow secretion as well as

spiculæ of bone. Lungs normal; appetite not good; some emaciation. Cough, early in the morning, with yellow thick expectoration. Considerable debility in the morning. Ordered *Calcarea fluorica* 6 trit., morning and evening for eight days, then to wait four days, and so on. The cure was complete in the course of five months. Externally only glycerine ointment was used. I saw this patient six months ago, and he was well then, and no enlargement of the bony parts could be discovered.—*Allg. Hom. Zeit.*, Bd. 113, Nos. 6–12.

**Inflammation of the Meibomian Glands.**—Martha T., æt. 3 years, with inflamed margins of the eyelids. It looked as if a styne was coming; and the usual remedies, Puls., Staph., Calc., Sulph., proving futile, the family physician, Dr. J. S. O., was called in after a week or so. After a careful examination, he exclaimed, "This is a pretty mess; inflammation of the meibomian glands! will most likely be a matter of two, three, may be four months." This was news, indeed; and we sincerely hoped that the efficacy of homœopathic treatment would be vindicated in less time than that. Time went on, however, and Dr. O. faithfully called every week, and after about two months had elapsed with very little change for the better, he remarked one day: "I should not be surprised if you were of the opinion that I was rather neglecting your little daughter, but fact is, I rarely took as great pains with a case before; you see, there is an almost entire absence of constitutional symptoms, which very much increases the task. I corresponded with a number of my friends about this case (naming five or six of the foremost men in the profession), but all to no purpose." Shortly after I noted that little Martha had a flushed face, with dry heat, from six to seven o'clock on several evenings in succession. But she did not seem to feel particularly uncomfortable, for she did not complain. I mentioned it to the doctor, who noted it down, and next day he came, remarking, "I think this remedy will do it." Within three days there was a decided improvement, and within a week Martha was well, *and stayed well*, having had no recurrence of the complaint since—over twelve years. The remedy was *Magnesia carb.* 6x., it was the only remedy in the Repertories that had "flushed face from 6 to 7 P.M.;" on reading it up, the other symptoms were covered, and the effect was splendid. Another member of our household at the time was troubled with one crop of styes succeeding another, and had been in this condition for several years; the usual homœopathic remedies would shorten, but did not prevent the recurrence of the attacks. I gave her a few doses of *Magn. carb.*, 200th (T.), and that eradicated this whole tendency; for only once was it necessary to repeat the remedy, and it immediately cut short this incipient attack. On several occasions, since, I had occasion to verify the effect of this remedy in similar cases.

A. J. T.

**Phellandrium aquaticum.**—An Observation.—Mrs. Emma R., a widow of about 28, was an inveterate coffee-drinker, and suffered from

palpitation of the heart and an intense nervousness, which compelled her, for years, to get up several times at night, from sheer nervousness, and pace the floor from 15 to 20 minutes. Every physician whom she consulted at once forbade the coffee, and her coffee she would not forego, so she strenuously resisted all medical advice after a time, and clung to her beloved coffee. She stayed at our house for a year or more; and one evening I noticed that she turned a purplish-red in the face, with staring eyes, and extreme difficulty in breathing. This condition lasted for about an hour, and recurred every evening. Her general condition was about as usual during the day. I finally consulted an old German Repertory, and found, "livid redness of the face from 7 to 8 P.M., Phellandrium." One dose of the 200th took away that symptom, without, however, making much impression on her general condition. A. J. T.

**Clinical Observations.**—From the report of the meeting of the Berlin Society of Homœopathic Physicians, April, 1886.

Dr. Fischer said that he had seen rapid cure follow the use of *Magnesia phosphorica* in violent attacks of colic with twisting pain in the umbilical region when *Chamomilla* was of no use. The same remedy, *Magnesia phosphorica*, had been of signal service in troubles from flatulence. He himself had, after a long journey, violent cramp pains in the bladder with fruitless urging to urinate, and in this trouble *Magnesia phosphorica* was always helpful.

Dr. Gisevius had treated very successfully with *Natrum muriaticum*, an officer, who had taken a great deal of quinine for intermittent fever with only temporary help. There were chills, heat, and but little sweat. He was in the habit of giving *Natr. mur.* in all protracted cases of intermittent fever and very often with favorable results. Dr. Borchmann had found *Natr. mur.* to be the remedy in affections of the mucous membranes with watery secretion, and in dacryo-cystitis when there was no stricture present. He had also seen especially good action from this remedy in anæmic women with chilliness, sluggish stools and dyspeptic conditions with sour taste; also in diseases of the heart with intermittent pulse.

Dr. Burkhard praised the good action of *Natr. mur.* in blepharitis with watery secretion and burning pain.

Dr. Fischer had frequently seen good results with this remedy in *acne rosacea*; Dr. Borchmann esteemed it highly in laryngeal catarrh with hoarseness at times, and excretion of a transparent watery mucus. Prof. Schultz had prescribed *Natrum mur.* with good results in pleuritis with watery exudation. Dr. Sulzer had seen, frequently, good effect from it in gleet with clear watery mucous discharge.

Dr. Sulzer treated, some years ago, an old lady for beginning softening of the brain. In his journal there is only this short notice: beginning softening of the brain; she sits stupidly in one place, indifference towards

everything about her; complete apathy. After the use of Kali phosphoricum 10, a considerable improvement followed to the great astonishment of the family. The patient now took interest in affairs, became talkative as formerly, and in short was completely changed. The improvement continued a year, and, the old condition then returning, the physician diagnosticated softening of the brain. Even then perhaps a favorable result would have been reached if the patient had continued during the interval under treatment, or had returned to homœopathic remedies.

Dr. Windelband had a patient suffering from mania, and who got an attack of articular rheumatism, there being at the same time a chronic pulmonary catarrh with considerable expectoration. The condition was a complete adynamic one, with thickly coated tongue, foul odor from the mouth; all secretions and excretions generally had a frightful odor, the urine was stinking and of an intensely yellow color and stained the bed-linen where it touched. Kali phosphoricum produced an immediate and remarkable improvement.

Dr. Borchmann had seen no especially valuable results in the diarrhoea of children, but in some cases of *stomatitis ulcerosa* where Kali chloricum was used as an application without any benefit, Kali phos. did remarkable work. Also in chlorosis with œdema and many head symptoms, dizziness, etc., there was equally good effect. He also treated a case very successfully with Kali phos., where the symptoms of gastric trouble were accompanied by a frightful odor from the mouth, and the tongue looked as if smeared over with liquid mustard.

Dr. Traeger treated a case of softening of the brain with Kali phos., without any effect. Also a case of peculiar psychical disturbance—the patient always thinks that he is in Potsdam, while as a matter of fact, he is in Berlin; Kali phos. did no good, but Anacardium 3 improved within a few days this mental disturbance which had lasted uninterruptedly for three or four weeks.

Dr. Volbeding suffered, as long as he remained in Holland, from a violent tinnitus aurium lasting day and night and depriving him of sleep; determination of blood to the head, swollen temporal vessels and red ears. Kali phosph., Ferrum phosph. and Natrum mur. were used without any effect, as also were Nux vom., Calc. carb., Phosph., Aconite and Bellad. in different attenuations, 6th, 12th, 30th, 200th. Glonoine 3 did nothing, while Glonoine 30 removed the redness of the ears and the swelling of the temporal arteries, yet without influencing the tinnitus. By removal from Utrecht to Hamburg the tinnitus disappeared in the very same night, that is to say, solely through change of climate.

Dr. Borchmann gave to a boy suffering from enuresis to that degree that his clothes were always wet, day and night, and on this account had to be sent from school, Kali phosph., with such good effect that in eight days the whole trouble was overcome.—*Zeitsch. des Berlin. Ver. Hom. Ärzte*, July, 1886.



**Sabina in Figwarts.**—By *Dr. Mosca*.—Although Professor Nothnagel, in his *Handbook of Materia Medica*, has nothing further to say of that great remedy Thuja than “it is a superfluous preparation appearing to act similarly to Sabina,” it is a most valuable remedy in condylomatous growths and at times when they are of gonorrhœal origin; still we not seldom meet cases in which this antisyctic is unable to bring about a cure.

In such cases, Sabina has, to me as well as to any other homœopaths and even to allopaths, shown itself curative. The remedy, like Thuja, acts when applied externally; it makes a brown ulceration without eschar and removes the increased tissue-growth by causing resorption; it increases, in the beginning, the burning that may exist and leaves behind a reddening of the skin where it had been applied, the redness spreading to the surrounding parts as may be regularly observed when the remedy has been used in salve form. The homœopathic proving of the remedy shows “cartilaginous swelling of the dorsum penis, painfulness and difficult retraction of the prepuce; the frænum is swollen and too tight.” Externally employed, Sabina in tincture, even more than the etherial oil, but also in the form of salve, irritates the skin extremely, indeed, when used to excess, a caustic action is produced with, at the same time, an extremely powerful influence upon the metamorphosis of the skin by promoting the processes of resorption. Condylomata healed by the remedy, do not return, such not being the case when caustics are used, and recurrences not seldom take place after removal by the knife.

The form in which I have found Sabina an effective remedy are the dry excrescences similar to the warts that occur on the fingers, but it is also curative in the cockscomb form. I have not used it in the broad flat (syphilitic) moist condylomata.

Jahr says, in his *Veneral Diseases*, concerning Sabina: “Hahneemann said to me during the years 1833–34, when I was working with him on his *Chronic Diseases*, that he considered Sabina to be a no less powerful remedy against figwarts than Thuja. The opinions of Hartmann and Clotar Müller, concerning this remedy, corroborate this.”

Hartmann’s statement is as follows: “I have no positive indication for Sabina, but from experience I can recommend it as a grand remedy in exuberant, abnormal granulations; I never give it in the beginning, but only after the unsuccessful employment of Nitric acid and Thuja; in condylomata it appears to correspond most with Nitric acid.” Clotar Müller says: “In figwarts, I have seen by far only the smaller half of the cases cured with Thuja, and Nitric acid helped even more seldom, but I have seen rapid cure result from Sabina, and especially when an unbearable burning was present, it disappeared very soon.”

Professor Nothnagel has something good to report of Sabina: *Pulvis herbarum sabinae* is often employed with excellent result in the pointed condylomata which, under the continued dressing with Sabina salve, will

disappear totally, unless too large. It is much less successful in the broad (syphilitic) figwarts.

Kafka ascribes to the external use of *Tr. sabinæ* or *thujæ* a curative action which, however, is not comparable for rapidity and sureness with that of a saturated solution of corrosive sublimate in these cases.—*Zeitsch. des Berlin. Verein Hom. Ärzte.*, July, 1886.

### SELECTIONS OF GENERAL INTEREST.

**Corrosive Sublimate in the Treatment of Purpura Hæmorrhagica.**—*Dr. R. A. Lancaster* writes (*N. Y. Med. Record*, September 25, 1866): A short time since I had a patient suffering from a severe attack of purpura hæmorrhagica. There were well-marked purpura-spots, larger than buck-shot, scattered over the body, limbs, forehead, and roof of the mouth. There was also free and persistent hæmorrhage from four decayed roots of teeth on either side of upper and lower jaw. In spite of the heroic use of all the hæmostatics and astringents, both internally and locally, the bleeding continued for seven days. Having tried all the remedies that I had ever heard recommended, with apparently no result, I decided to try the local application of a strong solution (1 to 240) of the Bichloride of mercury. The mouth was well rinsed with this and pledgets of cotton wet in the solution and applied to the bleeding surfaces.

The bleeding was at once arrested, and convalescence established. The result would seem to support the germ-theory of this disease. The patient was so low, and nearly bloodless, that the hæmorrhage may have been about to cease of its own accord, but if I should ever have another such case to treat I shall certainly give the remedy a further trial—both locally and systemically.

**Ichthyol in Rheumatism.**—*Dr. Dubelir* reports eight cases of rheumatism treated by Ichthyol at the Moscow Hospital. Six of the cases were acute and two chronic. The preparation was used both internally and externally. The affected parts were first washed off with soap and water, dried, and then smeared with Ichthyosulphate of ammonium, and covered with cotton or flannel. After long use, or when the skin was insufficiently or not regularly washed, pustules were caused by the application. Internally, the author gave fifteen to twenty-five drops of the Ichthyosulphate of ammonium in a wine-glass of water, or else administered the remedy in the form of pills of one and a half grain each, from 6 to 12 pills a day. In every case the pains were quieted, but the swelling did not disappear. The writer advises therefore that Ichthyol be given in rheumatism for its anodyne effects alone.—*N. Y. Med. Record*, September 25, 1886.

**Potassium Permanganate in Burns and Frost-bites.**—*Dr. A. A. Zuboff* writes in a Russian journal, that having tried Potassium

permanganate in upwards of sixty cases of burns and frost-bites, he has arrived at the following conclusions: 1. That permanganate of potash (in the shape of frequently changed compresses of linen or hygroscopic cotton wool soaked in a solution of one or two grains to an ounce of water) is an effective remedy for frost-bite of the first and second degrees. 2. The same lotion acts as successfully in burns of the first degree. 3. It is less successful in burns of the second degree. At all events, permanganate lotion rapidly relieves inflammation around blisters and pain, and prevents suppuration when blisters remain intact. In this category of cases, it is advisable to employ a weaker solution (half a grain or even less to an ounce). Two cases are given in detail. One of the patients received, when taking a vapor-bath, a scald of the first degree, extending from the breasts to the inguinal folds anteriorly, and between the same levels posteriorly. Pain disappeared within an hour after the application of the permanganate lotion. Soon the epidermis began to peel off. She was cured within eleven days. Another woman had a similar scald of the face and hand; she also obtained rapid relief, the treatment lasting a week.—*Lond. Med. Rec.*, August, 1886.

**Medical Instinct in Animals.**—Animals get rid of their parasites by using dust, mud, clay, etc. Those suffering from fever restrict their diet, keep quiet, seek dark, airy places, drink water, and sometimes plunge into it. When a dog has lost its appetite it eats that species of grass known as dog's grass, which acts as an emetic and a purgative. Cats also eat grass. Sheep and cows when ill seek out certain herbs. An animal suffering from chronic rheumatism always keeps, as far as possible, in the sun. The warrior-ants have regularly organized ambulances. Latreille cut the antennæ of an ant, and other ants came and covered the wounded part with a transparent fluid secreted in their mouths. If a chimpanzee is wounded, it stops the bleeding by placing the hand on the wound, or dressing it with leaves and grass. When an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth. A dog, on being stung on the muzzle by a viper, was observed to plunge its head repeatedly for several days into running water; this animal eventually recovered. A sporting dog was run over by a carriage; during three weeks, in winter, it remained lying in a brook, where its food was taken to it; this animal recovered. A terrier hurt its right eye. It remained under a counter avoiding light and heat, although it habitually kept close to the fire; it adopted a general treatment, rest, and abstinence from food; the local treatment consisted in licking the upper surface of the paw which it applied to the wounded eye, again licking the paw when it became dry. Animals suffering from traumatic fever treat themselves by the continued application of cold water.—*N. Y. Med. Record*, September 25, 1886.

**The Action of Antipyretics.**—*Dr. W. S. Caldwell*, writing from Vienna, to the *N. Y. Med. Record*, gives a brief epitome of a series of

articles that lately appeared in the *Wiener Medizinische Blätter*, from the pen of Dr. Weinstein, on the action of Thallin. He tried the remedy in croupous pneumonia, erysipelas, tuberculosis, acute rheumatism, and the puerperal processes.

It was especially to test the virtues of the remedy in typhoid fever that the experiments were made, as Ehrlich and Laquer had lately published their views, putting forward the opinion that the remedy was a specific for this disease. He claims that the lessening of temperature is more imaginary than real, the error coming in this way: The agent acts by paralyzing the heat-producing centre in the brain; that such paralysis acts most potently on the peripheral nerves, and hence, though you have a decided lowering of the *axillary* temperature, if you test the temperature of the vagina or rectum you will find the temperature of these parts far less influenced. The cases of pneumonia treated did especially badly, and he leaves the impression on the reader's mind that two of the cases that died might have recovered under more favorable and rational management. He winds up by saying that he believes that antipyretics should be stricken from our pharmacopœias. He says:

“Observe the calm, easy quiet of your patient whom you have sponged or bathed in case of typhoid fever, as contrasting with his condition after you have lowered his temperature by giving either Thallin, Antipyrine, Kairin, Resorcin, and the like. In the last case you will be likely to see him with an anxious look, bathed with a cold sweat, and, perhaps, have to give him stimulants to prevent an impending collapse.”

Professor Breisky, after a fair trial, condemns in most positive terms the use of Antipyrine in childbed fever.

**The Lemon Treatment** for biliousness is a fashionable thing in England just now. Advocates of this acidulous fruit say that the way to get the better of a bilious system, without blue pills or other drugs, is to take the juice of one, two, or three lemons, as appetite craves, in as much iced water as makes it pleasant to drink without sugar, before going to bed. In the morning, on rising, at least half an hour before breakfast, take the juice of one lemon in a goblet of water.—*N. Y. Med. Record*, October 2, 1886.

**A New Disinfecting Compound** for purifying the atmosphere of the sick-room has just been presented to the Berlin Medical Society: Oils of Rosemary, Lavender, and Thyme, in the proportions of 10, 2, and 2½ parts respectively, are mixed with Nitric acid in the proportion of 30 to 1½. The bottle should be shaken before using, and a sponge saturated with the compound left to diffuse by evaporation. Simple as it is, the vapor of this compound is said to possess extraordinary properties in controlling the odors and effluvia of offensive and infectious disorders.—*N. Y. Med. Record*, October 2, 1886.

**Salicylated Beer.**—The Parisian journals are discussing the question of the propriety of the consumption of beer that has been treated with Salicylic acid in order to prevent its deterioration. The matter should, in our estimation, lie in a small compass. Salicylic acid is a powerful drug, which has been in general use for a sufficiently long time for the medical profession to learn that it should by no means be prescribed without the exercise of due caution. . . . In many individuals Salicylic acid produces serious symptoms, and even depression of the heart's action. These results are most frequently seen in those patients in whom the renal and hepatic functions appear not to be acting efficiently. Young children and the aged are more susceptible of its influence than those in robust health. Therefore, simply looking at the matter from the medical or hygienic point of view, the employment of salicylated beer should be condemned. The same reasoning holds good for the salicylage of foods in general. The quantity of salicylic acid employed is by no means inappreciable. It has been computed that the salicylated beer of Paris contains more than twenty centigrams of the acid in every litre, so that a considerable quantity of the noxious agent could be taken into the system by the thirsty beer-consumer. There are grounds for believing that the rate of elimination of the antiseptic drug is by no means rapid, and any congestion of the kidneys or liver would certainly retard its excretion in a great degree. Again, we are not sure, even supposing that the substance were excreted completely, that constantly having the tissues bathed by a weak solution of salicylic acid would be unattended with danger. Salicylic acid is a member of a dangerous group of chemical bodies, the best known of which, carbolic acid, is a most rapid and fatal poison.—*Lancet*, October 2, 1886.

**Danger of Bichloride of Mercury as an Antiseptic.**—*Dr. Lucien Butte* has published an article on this subject in the *Nouvelles Archives d'Obstetrique et de Gynecologie*. The strengths of the solutions used were from 1 in 750 to 1 in 1500 parts. He has collected thirty fatal cases. In these, mostly parturient, there was sanguinolent and fetid diarrhœa, with acute rectal pain. The mouth is seldom affected. The chief post-mortem lesions are a gangrenous enteritis, and deposits of amorphous masses of oxalate of lime in the kidney, not always present.—*Lancet*, October 2, 1886.

**Action of Tin on the Animal Organism.**—The accidental poisoning by "tinned provisions," which has been attributed to the formation of stannous or stannic salts, has induced *Dr. T. P. White* to investigate the subject experimentally (*Pharm. Jour.*). The conclusions arrived at are: That tin has a direct irritant action on the intestines, increasing peristaltic movements; that it causes weakness as a result of some action on the spinal cord; that it irritates some of the nuclei about the floor of the fourth ventricle, said to be shown in the convul-

sive tremors and disorders of respiration; that the heart is not directly affected; and, lastly, that experiments with the metal when acted upon by muriatic, acetic, or "fruit" acids, were decidedly unsuccessful. It is, therefore, considered that tin, though possessing toxic properties when introduced into the blood, is devoid of danger when taken internally in any form that could result from contact with fruit and vegetables. Dr. White regards the cases of accidental poisoning as due to the solder used in sealing the can, or to impurities of arsenic, copper, and lead in the tin itself.—*Lancet*, October 2, 1886.

**Tyrotaxon, or Cheese Poison.**—Dr. Victor C. Vaughan, of the University of Michigan, about a year ago succeeded in isolating from some samples of cheese a highly poisonous ptomaine, to which the name tyrotaxon (cheese poison) was given. The effects produced by the cheese in question were quite alarming, and the tyrotaxon when tried by volunteer experimenters was followed by similar results; the most prominent symptoms being dryness and constriction of the fauces, nausea, retching, vomiting, and purging. The vomited matter was frothy and the stools watery. In some cases there were evidences of marked nervous depression. All the cases recovered.

In June, 1886, a number of persons were poisoned by eating a certain ice-cream flavored with vanilla. A specimen of the cream, as well as of the flavoring extract, was sent to Dr. Vaughan for analysis. Thirty drops of the extract of vanilla were taken by Dr. V. and by his assistant, and subsequently the latter took two teaspoonfuls—and with no ill effect. The cream was then treated to separate tyrotaxon, and the resulting filtrate given to a kitten, which began to retch within ten minutes, and soon vomited. These symptoms continued for two hours, and it was observed the next morning that the animal had passed several watery stools. Its stomach was unable to retain any food. The condition continuing three days, the animal's abdomen was opened and instead of finding marked inflammation of the stomach, the observer only saw white and soft mucous membrane, the stomach and small intestines being filled with a frothy, serous fluid. The liver and other abdominal organs seemed normal.

The circumstances under which tyrotaxon develops have not been determined, nor is it known whether its occurrence depends directly or indirectly upon the presence of a micro-organism. Milk, while undergoing the lactic acid fermentation, does not, as is well known, possess such poisonous properties; but there is reason to think that the butyric acid fermentation may stand in some relation to the production of the poison. The poison has not yet been obtained in amount sufficient for an ultimate analysis of it.—*Rep. Mich. State Bd. of H.*, 1886.

**Jamaica Dogwood as an Anodyne.**—Dr. J. A. Mayes speaks very highly of the analgesic and hypnotic effects of this drug, the *Piscidia*

*erythrina*; in his opinion, it has nearly all the good properties of opium and none of the bad. It relieves pain promptly and soothes the nervous system, inducing sleep in nearly every case, and is never followed by the nausea or gastric disturbances that follow the use of opiates. He has used it in many cases of protracted labor, as a means of giving the patient a more perfect rest during the intervals between the pains, and has never found it produce any bad effects, and it does not arrest the true labor pains. Even when it does not produce sleep, it always relieves pain. He has found it very useful in delirium tremens. The dose is from half to one drachm of the fluid extract.—*Amer. Practitioner and News*, June 26, 1886.

*Dr. F. Spencer Halsey*, of New York, reports, in *Therapeutic Gazette*, July, 1886, fourteen cases in which he used *Piscidia erythrina* in hospital practice with success. He finds it to be a most excellent hypnotic and anodyne; in no one case did it fail to relieve pain and induce sleep, and it was not followed by any unpleasant after-effects. In many cases, especially in phthisis, it relieved cough.

**Effect of *Grindelia robusta* on the Heart and Circulation.**—Dobroklonsky, under direction of Prof. Botkine (St. Petersburg), has made some experimental researches with this drug on frogs, rabbits, and dogs. The results may be summed up as follows: The drug diminishes the number of the beats of the heart, and increases the blood-pressure. The action on the heart is produced by stimulating the inhibitory mechanism in the heart, and especially in the medulla. The increase of blood-pressure depends in part on the action of the drug upon the vessels themselves, and partly upon stimulation of the vaso-constrictor centres of the cord, medulla, and brain. The excitability of different portions, nervous or nervo-muscular, of the heart and vessels is sensibly diminished under the influence of the drug, and its diuretic action is extremely weak.—*Bull. Gén. de Thérap.*, Sept. 30th, 1886.

**Depressing Effects of Antipyrin.**—Dr. Edwin Fairland, surgeon major, medical service, Peshawur, writes to *Brit. Med. Jour.*, October 2d, 1886, of one case in which antipyrin was used with unfavorable results. "A dose of 30 grains of antipyrin was administered to a case of enteric fever, thirty-three days in hospital, and slowly recovering. All acute symptoms had subsided, but the evening temperature remained high—104°.

"In about four hours after the medicine was taken, the temperature fell at once to 95°, and this was accompanied by the most alarming collapse, sighing respiration, cold extremities, clammy surface and feeble pulse. In a few hours, under stimulants these depressing symptoms disappeared, and at 6 A.M. the temperature was again at 104°. The drug was not tried again in the case; and my recent experience has led me to look with a little suspicion on so uncertain a remedy."

**Schweninger's Fat Cure.**—*A System that Cannot be Run by a Time-table and a Chart.*—About all that has been positively known in this country until very recently concerning the Schweninger system of treatment for obesity was that it had been wondrously effective in reducing the abnormal adipose tissue of Prince Bismarck and various other eminently respectable Germans. His remarkably uniform success in effecting cures did not prevent jealous colleagues in Germany and in this country from scoffing at him and deriding his treatment as a humbug.

In the early part of June last, a physician, who had been for a number of years one of the physicians of the Board of Health, and was in possession of a good private practice, went to Europe for the sole purpose of investigating the Schweninger treatment, learning accurately what it was, and satisfying himself by inquiry of patients how far it had really been successful. About a fortnight ago he returned, having accomplished the object of his journey, and become a profound believer in Schweninger and his system. Conversing on the subject with a representative of *The Sun* he said :

“ Dr. Schweninger's system of diet is the most simple of all. Indeed, I might almost say that there is no dieting, for there is none in the sense in which that word is employed in other systems. The application of his treatment varies according to the conditions of each individual case. In one, the use of starchy food and sugar—within certain liberal limitations—will be allowed, while in another, the hydro-carbons will be rigidly excluded from the bill of fare, at least until their permissibility is clearly indicated by certain changes in the physical conditions. The great primary thing that must determine the method of treatment in each case is the condition of the patient's kidneys and heart. By the healthfulness or debility of those organs the whole treatment must be regulated in all regards of quantity, character and proportions of food. That is why Dr. Schweninger's system cannot be made matter of popular knowledge and self-practice. When two human beings are found whose physical conditions are in all respects exactly alike, then, and for those two only, it will be practicable to make a common treatment for obesity or any other disease. The mortality among those who pin their faith to the delusive simplicity of the ‘ Every-man-his-own-doctor ’ books and the financial disasters of those who steer their business barks by the fantastic advice of the ‘ Every-man-his-own-lawyer ’ books, are pretty certain to be paralleled by the grievous disappointments of those who seek to get rid of their superfluous fat by following the ‘ Every-man-his-own-emaciator ’ rules of the various systems that tell you just what you should eat, what avoid, when to eat, and how much, etc.

“ An excess of fat is simply a disease, the product of abnormal conditions of vital organs, and in each case the steps necessary to restore those organs to healthfulness must be peculiar to itself. The practitioner must know what conditions produce that fat, and then must at once



arrest its accumulation and reform the perverted energies of the organs that have been its cause. The absorption of an excess of adipose is not difficult to effect. That can be achieved by any one of a score of systems, if the patient has the desperate self-denial to follow them. But the trouble with all of them is that the hour in which the patient relaxes his dieting and ventures to enjoy, even in the most moderate degree, the pleasures of the table, he begins to regain fat faster than he lost it. That is because he has simply forced the body to live upon its accumulated fat, and has not cured the diseased tendency to manufacture the fat. That is where the Schweningen treatment is superior to all others. I talked their experiences over exhaustively with sixty-three persons who had been cured by the Schweningen system of excessive obesity, all of whom, having been reduced as far as they desired to be, had given up the treatment months before I saw them, and had gone back to their previous habits of life, and in not one instance did I find that there had been a return to the accumulation of fat, while in all cases their continued enjoyment of healthful vigor consequent upon the rehabilitation of the vital organs was such that, as they frequently expressed it, they 'seemed to have got a new life.'

"But to return to the question you asked me about the general features of the treatment. Well, the one thing that is applicable to all cases is the reduction, to the lowest practicable limit, of the absorption of fluids. The patient must absolutely stop drinking water—except in exceedingly limited quantities, and then only at fixed hours and under certain conditions. There must be no drinking of water with meals. No, nor tea, which is objectionable on account of the tannin it contains as well as by reason of its fluid character; and very little, if any, coffee—better none at all. 'Stop beer!' Well, I should say so, and watermelons, too. In short all watery things should be let alone as far as possible.

"With regard to animal fats not making fat in the human body, Dr. Schweningen agrees with Professor Erbstein, and consequently admits of the use of certain fat meats, but he forbids others, not because they make fat themselves, but for the reason that they have otherwise evil effects and militate against the attainment of that perfectly healthy condition which is the basis of his cure. The fat of fresh beef and mutton he recommends, but forbids that of ham, bacon, fresh pork, and, generally, that of corned beef.

"Soups are, in a general way, objectionable on account of the water; but if so reduced as to have very much nutriment in very little water, small quantities of bouillon, mutton broth, and chicken broth are allowable. Fish is allowed at any time, prepared in any way, and as much as the patient wants of it. Pastry is, of course, forbidden, more because of the indigestibility of it than its directly making fat, however. That is about all that can be said in a general way of the dietary system, and,

for the reasons I have already given, a particularized table of rules under the Schwenger system is simply an impossibility.

“If you want a time-table and dietary chart of nice precision, the Saulsbury system, now greatly in vogue in England, may have its seductions. Here it is: No breakfast, but on rising in the morning drink a pint of water as hot as possible. Half an hour later eat one pound of beefsteak, chopped as fine as possible, the outside warmed over the fire and the inside quite raw. A little bit of stale bread goes with the meat. At half past 2 o'clock another pint of hot water. At half past 3 another pound of steak, as before. At half past 6 another pint of hot water. Nothing more until the next morning's hot water. Same proceedings next day, and every other day while the treatment is continued. By that process the adipose tissue is reduced rapidly, so long as you continue it and live, but the moment you stop it you pick up flesh immediately and very rapidly. I met one gentleman who had reduced himself 67 pounds in four months. He got so that he wore shoes and gloves 1½ sizes smaller than he had before since he reached adult age. When he was almost starved and could not continue Saulsburying any longer, he went to eating, and very soon got back all the pounds he had lost and more.

“The only medicine given in the Schwenger treatment is, in certain cases, two drops of a fluid preparation before each meal. That is the only secret in his treatment, if indeed it can be called a secret, and it is not administered in all cases. No, it is not given in so small a dose because it is so dangerously powerful, but because that is enough, and the Schwenger system is so consistent in its denial of fluids that it would not admit of a tablespoonful where two drops would be sufficient.

“I have given the treatment an experimental trial on myself, not because I needed it, but I wanted to test it on myself before applying it to my patients. On the 15th of last month, at Baden-Baden, when I began the treatment, I weighed 197½ pounds, not too much for a man of my height, which is within half an inch of six feet, but enough for me to lose a little from and be all the better for the loss. On the 14th of this month, here at home, I weighed 181 pounds, a reduction of 16½ pounds in twenty-nine days, and during that time I have suffered no disagreeable restriction of diet, and have felt as well as ever in my life. I have not even shut off sugar and cream with my peaches, or butter, or bread, or as much beef and mutton as I wanted, or coffee, though I should probably be a little more strict with a patient, particularly in the matter of coffee.

“Jealous rivals of Dr. Ernst Schwenger in Germany affect to decry him, but his work proves his ability, and he has the enthusiastic confidence of the people and the backing of Bismarck. A small pamphlet, bearing the title 'Schwenger's Kur,' brought out in Berlin and sold for what is the very high price there of two marks (40 cents), although

unauthorized and incorrect, by virtue of its title alone, reached, while I was there, its eleventh edition."—*N. Y. Sun*, September 19th, 1886.

**Proving of Ether by Inhalation. Psychological Conditions.**—Dr. George E. Shoemaker gives, in *Therapeutic Gazette*, his experiences while under the influence of Ether:

That which could be remembered with distinctness may be said to have occurred during three periods: (a) of entrance, (b) of unconsciousness, and (c) of recovery.

*First.*—The period of entrance, which was brief and without excitement, as was afterwards learned. As the efforts to breathe deeply were continued the last sentence which could be voluntarily uttered was a rational question in regard to a sheet, which an attendant was directed to spread over me. Then, the spreading of the sheet, the touch of the napkin to the face, and the coolness of the ether were distinctly felt; but an effort made immediately to speak a rational sentence failed from refusal of the vocal apparatus to respond to the idea. *I was conscious that I failed from this cause.* What this idea was which could not be spoken could not, unfortunately, be recalled after recovery; though at the time when the idea was formed there was a distinct judgment in favor of its rationality, and a reflection on the failure of the vocal mechanism.

Swiftly-running auras or waves seemed to follow one another rapidly from within outward over the limbs, and the "Ego" was gone.

*Second.*—The period of unconsciousness, or the wave period.

There was present during this time, and only during this time, the single impression of *two endless parallel lines* in swift longitudinal motion, each line being deflected at a certain point to form a *wave*. There was a uniform misty background, and only a short section of the lines appeared, their total length being unsuggested. They seemed to be made up of points, closely set, so that their longitudinal movement was apparent. The lower line moved from left to right, but the direction of movement of the upper could not be recalled.

The lower line was caught up to the level of the upper so as to form a wave. At a corresponding point a descending wave was formed on the upper line, so that the two waves intersected.

These waves maintained their one position, the idea of motion being conveyed by the points which made up the lines, these seeming to run over the elevations at a hurried rate, but with perfect regularity.

There was a constant sound or whirr, not loud but distinct, as of small wheels or a spindle revolving with great swiftness. This sound-like impression seemed to be connected with the running lines, and ceased as they disappeared. (It may be remarked in passing that the only objective constant sound in the room was made by an Argand gas-burner. The subjective sound did not resemble this, and, moreover, suddenly disappeared.)

These phenomena occupied the whole field. There were present no dreams or visions in any way connected with human affairs, no ideas or impressions akin to anything in past experience, no emotions, of course no idea of personality. There was no conception as to what being it was that was regarding the two lines, or that there existed any such thing as a being; the lines and waves were all.

Later, came a conception of the relation of those lines to me as an individual, but it was after the first conscious respiration and rational idea to be hereafter described.

After an indefinite time, without variation of the above phenomena, the line in the ascending part of the lower wave, grew unsteady, secondary waves being momentarily established on the main curve.

Once or twice the whole lower wave fell with an instantaneous motion, but it was at once restored.

*Third.*—Period of recovery.

Just at this juncture I was conscious of taking a deep inspiration, followed by a profound respiratory pause, the succeeding inspiration being accompanied by the slight sound produced by air passing a lax soft palate when the mouth is open.

With this first conscious inspiration came instantly the first idea or thought of any considerable scope—namely, that such a respiration during etherization would indicate deep narcosis, near death. There was no fear of death or other emotion, rather a feeling of interest and curiosity as to whether I had been near the edge of life while more deeply under the anæsthetic. The waves were now lost, very rapidly, but not quite instantaneously, in spite of a strong and determined effort to retain a view of them. I was still unable to speak or move.

Somewhere in this period, probably after the long inspiration, and certainly before the waves disappeared and consciousness fully returned, came a number of curious ideas and impressions, many of which are wholly beyond recall, even the order of those remembered being unknown, except as indicated above. All that can be honestly done is to mention them one after another, with no attempt at sequence.

I was most profoundly impressed that I had been given a glimpse at the simplest expression or essential nature of human existence. It seemed perfectly clear that those lines represented or rather *were* my existence (*i.e.*, as a soul), and that the waves were my human or animal life; or, in other words, that the waves of animal life constituted a temporary modification of a primary condition. The waves were evidently exceedingly delicate, and the slightest disturbing force could apparently cause them to disappear and leave only two lines. (This idea was strengthened by the flickering of the wave above mentioned.)

The idea obtained that here was a totally new conception to me and to mankind, and that I must remember all that occurred, and recount it on completely returning to consciousness. There was undoubtedly a defi

nite order in which the various phases of consciousness returned, and I determined to grasp and remember the new impressions as they came one by one before me. At first there was no doubt that this could readily be done, all seemed so clear; but as I became more and more able to understand the surroundings in the room, I was less and less able to remember that which I so strongly wished and strove to retain. There was now a *knowledge* that there was an influence or power, absolute in authority, felt, but not seen, entirely impersonal, separate from me and from humanity. This seemed as evident at that time as does now the existence of material objects around. The mind made no question of it while the effect of the ether was present. In the hands of this power memory stood helpless, controlled by its mighty influence. Firmly, inexorably was my determination swept aside, and I was prevented, in spite of the strongest effort and the most burning desire, from returning to full consciousness with a distinct knowledge of things which to man have always been mysteries.

It is simply desired to record these things as representing the state of mind at that time, and no attempt is made to account for them, or to suggest that they were the results of the working of other than "natural causes." After full recovery from the ether a strong feeling of awe remained, which wore away gradually after several hours. The strange impressions took a deep hold upon me, and matter-of-fact and unimaginative as I am by nature, it took days to shake off the feeling that I had had a glimpse of another phase of existence, as well as to reason myself out of a new and indefinable dread of ever taking ether again.

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#### NEW PUBLICATIONS.

**Therapeutic Methods.** An Outline of Principles Observed in the Art of Healing. By Jabez P. Dake, A.M., M.D. Boston: Otis Clapp & Son. 1886. Cloth, 8vo, pp. 195.

In this work Dr. Dake has presented a philosophical treatment of the great subject at which he has been working for a number of years. Properly enough, he gives first an historical outline of the therapeutic systems; next comes the consideration of the prerequisites to employing any therapeutic system. The second part contains Therapeutics, which he divides into two classes, Physiological and Pathogenic. Part third is taken up by the demands of similia, and in this part Dr. Dake argues strongly for scientific provings, on the line so long followed by him. The work is admirably written, in well-chosen English, and in a calm, temperate tone.

A few lines on p. 82 ought to be furnished (by a foot-note) with the authority for the statement: "It has been claimed, with a good showing of proof, that the acarus, commonly called the itch insect, may disappear from the surface under certain applications, and, after causing different forms of disease within, reappear upon the skin."

The book is beautifully printed, with almost perfect typography, and is done up in most attractive binding.

**The Physician's Manual of Simple Chemical Tests.** By Clifford Mitchell, A.B. (Harv.), M.D. Part I. Poisons. Chicago: Gale & Blocki. 1886. Paper, pp. 18.

Professor Mitchell has brought out in the above little work the simple tests for the more common poisons. The arrangement of the subject-matter is good, and, like all of the author's work, is accurate and up to date. The title Antimony Potassium Tartrate is not correct, to our thinking, without "and," and then the names of both metals should end in "um," or, as the Antimonium is in combination with O as Stiboxyl, the title would read more accurately, Antimonio-potassium tartrate.

A list of reagents, etc., required for the tests will be appreciated by the practitioner who is not "up" in chemical matters.

#### EXCHANGES RECEIVED DURING 1886.

Hahnemannian Monthly, Philadelphia.  
 Homœopathic Physician, Philadelphia.  
 Medical Times, Philadelphia.  
 North American Journal of Homœopathy, New York.  
 Homœopathic Journal of Obstetrics, New York.  
 The Chironian, New York.  
 American Homœopathist, New York.  
 New England Medical Gazette, Boston.  
 Medical Current, Chicago.  
 Medical Visitor, Chicago.  
 The Clinique, Chicago.  
 Periscope, St. Louis.  
 Physicians and Surgeons' Investigator, Buffalo.  
 Monthly Homœopathic Review, London.  
 Homœopathic World, London.  
 Allgemeine Homöopathische Zeitung, Leipsic.  
 Populare Zeitschrift, Leipsic.  
 L'Art Médicale, Paris.  
 Revue Homœopathique Belge, Brussels.  
 Rivista Omiopatica, Rome.  
 La Reforma Medica, Mexico.  
 Journal of Heredity, Chicago.  
 People's Health Journal, Chicago.

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Card.—The undersigned has withdrawn from general practice, and now gives exclusive attention to Diseases of the Nervous System, including Electro-therapeutics. He will be pleased to receive cases for diagnosis or treatment. Prompt attention will be given to correspondents.

JOSEPH T. O'CONNOR, M.D.,

Nov. 1st, 1886.

19 West 46th Street, New York.

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NOTICE.—Publishers and correspondents are requested to note the change of the editor's address as given on the cover of the RECORDER.

## PUBLISHERS' DEPARTMENT.

BEGINNING with Volume II, the RECORDER will be enlarged by the addition of sixteen pages of reading matter, and the subscription price will be raised to one dollar per annum. Our first volume was, as are all new journalistic ventures, an experiment, and we put the price low in order that the homœopaths might feel willing to give it a fair trial. The success that has attended our experiment, we think, justifies us in taking a bolder stand, in increasing the size of our journal, and putting the price of it to something near its real value. To the large number of friends who have sent us their subscriptions we take this opportunity of returning our thanks, and we will strive to make the RECORDER in the future worthy of their continued support.

**That Subscription of Yours.**—In the “barbaric yawp” of Walt Whitman we might begin:

We talk of our subscription list!

We extend the horizontal right arm!

We take you by the button-hole and talk!

The fact is, dear doctor, we wish to say a word about your subscription to the RECORDER. You, whose button-hole we firmly grasp, have received several copies of the RECORDER, have seen that it is a live journal, that it gives you all the latest news about new remedies, gives it to you, not in a weary waste of words, but in a concise and understandable manner; all this and more you have seen, and now don't you think you ought to sit down and do as your brethren have done; *i.e.* send in your dollar for Volume II, as they have for Volume I? While you are about it you might wreak poetic justice on us and send in \$1.50 which would pay for both years (stamps cheerfully taken). This latter, however, is a mere hint.

Don't think that the RECORDER is a free successor of our old BULLETIN, and that like Tennyson's Brook it will “go on forever,” to your book table. Its subscription rate is \$1.00 per annum, and it is worth the money, and a good deal more, to those who wish to keep up in advancing homœopathy. The RECORDER's circulation even now exceeds that of any half-dozen other homœopathic journals combined, and the tide is steadily rising. Just here an “aside” occurs to us: If you have anything you want to introduce to the profession, send in your “ad.,” and we will give it a wider publicity than possible by any other means. (This to the advertising and non-professionals of course.)

And now, doctor, as we release your button-hole, permit us to apologize for our technical word “ad.” and for our unprofessional tone. You see, our pharmacists, botanists, chemists and others in our departments, are all grave men, as befits their serious and delicate duties, on the faithful performance of which so much of your success as a practitioner depends. But the “we” whose work lies among subscription

lists, with its attendant duty of prodding up delinquent subscribers, and its association with "printer's devils" can, without breach of professional decorum, assume a lighter tone. Indeed (this is confidential), we sometimes have deep and gloomy thoughts of starting a "joke department"—of smuggling into some obscure corner a little Facetiae pepper. What do you think of it?

And, oh, by the way, when you answer, don't forget to send that subscription of yours.

**Succus Calendulæ.**—Dr. Samuel Sexton, New York, one of the most renowned aural surgeons of the old school, wrote a very erudite and interesting article on *Calendula*, that appeared in the *Medical Record*, of 1881, vol. xx., No. 27. We quote as follows:

"In Germany, *Calendula* once enjoyed a wide reputation; the herb itself and the flowers were used, according to the pharmacopœias of Baden, Saxony, Schleswig-Holstein, and Hamburg. The following accurate account of the drug from Strumpf\* is so complete that I have made an almost entire transcript from his work. He says: 'The endeavor to bring this seemingly powerful remedy into the confidence of the profession has never been particularly fortunate, probably, because it was brought forward with too great expectations. Its disagreeable, almost narcotic, balsamic, resinous smell, as well as its salty-bitter and astringent or harsh taste—qualities which characterize the fresh leaves and flowers, particularly the more acrid calices of the flowers—lead to the opinion that it has more or less prominent healing powers. The chemical analysis, however, does not confirm these expectations, although experience proves it to be tolerably diaphoretic, a mild laxative, and in some degree strengthening to the circulation of the abdominal vessels.'

"G. H. Stolcze,† of Halle, found in the leaves gathered in May, bitter extractive matter, only a part of which dissolved readily, the rest with difficulty; a green plant wax (*Mycinis*), albumen, gum, calendulin, mucilage, fibre, malic acid, together with malate of lime, muriate and nitrate of potash, besides water. Calendulin, a peculiar substance, like gluten, forms a yellowish-white transparent mass of firm consistency; is without taste or smell, insoluble in water, but with it swells up into a jelly. When it is combined with the other extractives it dissolves in water, and imparts to it the property of becoming gelatinous when cold. It is readily soluble in alcohol, in caustic, in hydrated alkalies, and in strong acetic acid; insoluble in ether and the ethereal oils. It undergoes a chemical change with the oxides of iron and with tannic acid.

"If the profession of this country and in Great Britain have given *Calendula* but little attention during the past quarter of a century, it has not been the fault of the homœopathic writers, to whom, I regret to say, we are indebted for most of the recent literature pertaining to this valuable drug. Hughes, one of the most prominent of that school, states that this plant owes its place in their materia medica as a *vulnerary*, and that it is rarely given internally. It is recommended as having a most beneficial influence over wounds, especially incised wounds, promoting union by first intention, or, where that is impossible, favoring cicatrization with the least possible amount of suppuration.

"In France, *Calendula* would seem to be employed to some extent in regular medicine at the present time. Cazin,‡ in his treatise, says of *Calendula*: 'In France it is cultivated in the gardens, and grows naturally in the southern parts of the country. All of the plant is used in medicine. The flowers are gathered during the entire summer, and the plant as long as the season remains pleasant. In drying, the plant becomes exceedingly light and fragile, and loses its fragrance; never-

\* Handbuch der pharmaceutisch medicinischen Botanik, iv., 137. Graumuller, Eisenberg, 1817.

† Berliner Jahrbücher, xxi., 282-305, 1820.

‡ Traité Pratique et Raisonné des Plantes Médicinales Indigènes et Acclimattées, par F. J. Cazin, 1018-1019. Paris, 1876.



theless, on being crushed by the fingers a slightly aromatic and not disagreeable odor is perceptible, and it has a slightly bitter taste when chewed.' Although the plant is found in commerce in a dried state, Cazin recommends the use of it only when fresh, *as the drying process deprives it of nearly all its virtues.* The flowers are sometimes used to adulterate saffron, and it is also employed as a coloring matter for butter. The plant, which is a native of the South of Europe, has been successfully cultivated everywhere. . . . .

"According to Cazin, the *sanci des champs*, or the wild Calendula, resembles very much the Calendula of the gardens, but does not grow so high as the latter, and its flowers are not so large or so numerous; they are of a lighter yellow color. The blossoms open about 9 o'clock in the morning and close about 3 o'clock. Its properties are similar to the cultivated plant, and the Germans generally employ it for the same purposes. 'If,' says Cazin, in concluding the interesting article on Calendula, 'if the ancients have exaggerated the virtues of this plant, the moderns have neglected it too much.'

"As an internal remedy, Calendula does not seem to be employed anywhere at the present time, unless it be in France. Its external use for the past twenty-five or fifty years has been very considerable among homœopathic practitioners, but before their time it enjoyed a great reputation in medicine. We have seen above that Calendula has been employed in almost all departments of surgery with success, and it is a matter for wonder that its healing properties are not more generally recognized at the present day. . . . . It may be well to state, in this connection, that it is said (Nat. Disp., 1867) that the flowers of *tagetes erecta* are used as a substitute for Calendula; 'that most of the *fluid extract of Calendula* at present in the market is really obtained from the species named (*tagetes erecta*), and from: *tagetes patula*; these two plants are indigenous to Mexico and tropical America, but are often cultivated under the names of *French* or *African marigold*.' Cazin, in speaking of *tagetes patula*, says that the plant is reputed to possess qualities of a harmful nature, which render its use unsafe, and that, although virtues are claimed for it, they need to be confirmed by experience. It will be well, therefore, for those who hope to obtain the true action of the drug, to select a preparation for use the purity of which is guaranteed.

"Nearly all of the writers that I have consulted, both ancient and modern, agree on one point, namely, that the fresh plant shall be employed in all cases. In my own experience, in the use of the drug, I have always employed the alcoholic tincture from the fresh flowering plant. This tincture is liable to become turbid if exposed to a low temperature, but usually clears up again on becoming warm. My attention was first called to the external application of this drug several years ago by my friend and neighbor, Dr. Piffard, who appears to have used it for a number of years as a dressing, after operations, in preference to ordinary carbolic listerism."

For a number of years, Dr. Sexton used our usual fresh-plant tincture of Calendula with good success, but in 1883, we made, at his instigation, an *expressed juice* of the calendula plant while flowering, and added just enough alcohol to prevent fermentation. Dr. Sexton was greatly pleased with its effect, and has used it ever since. When, about a year ago, a so-called non-alcoholic fluid preparation of Calendula was put upon the market, we began to experiment, as soon as fresh Calendula plants were obtainable, how to preserve the expressed juice of the plant, and on writing to Dr. Sexton about our experiments with divers anti-fermentative chemicals, we received the following reply:

12 WEST 35TH STREET, NEW YORK, August 18th, 1886.

MY DEAR SIR: Yours of the 12th came duly to hand, and absence from the city has prevented an earlier reply. I have found the Calendula you made from the expressed juice so entirely satisfactory that it seems like painting the lily to try to improve it. I have some left of the sample sent in 1883, which seems to be as good as ever.

Yours, sincerely,

(Signed) SAML. SEXTON.

To Mr. A. J. Tafel, Philadelphia.

That settled the question ; and we simply added sufficient of alcohol to prevent fermentation, same as we did in 1883, and have named this preparation "Succus Calendulæ." This preparation contains so little alcohol, and is so potent a remedy either for vaginal injections or for internal use, when diluted with five or six parts of water, that it is bound to come into general use, and to substitute in great measure the ordinary tincture heretofore used. It is sold at the following rates :

SUCCUS CALENDULÆ.—4 oz., 50 cents ; 8 oz., 85 cents ; 16 oz., \$1.50.

Kept in stock at all our Pharmacies.

**Unfermented Grape Juice.**—The value of fruit as a means of preserving or restoring health has long been recognized by the medical profession. Among healthful and palatable fruits, the grape stands pre-eminent ; the medicinal qualities of its products, wine and brandy, are well known, and of late the grape itself has taken its place among natural curative agents as the world-wide term "grape-cure" testifies. But this form of "cure" is available for but a short period of time in the year. This difficulty has lately been overcome by the discovery of a means whereby the juice of the grape, wherein all its medicinal and food properties lie, is preserved in an unfermented state and this without the aid of chemicals or by boiling. We do not believe that the juice of the grape has, strictly speaking, any medicinal virtues, but we do affirm that as a liquid food in certain diseases it stands peerless. This applies, however, only to such unfermented grape juice as is absolutely free from extrinsic chemicals. Grape juice, as is well known, is easily kept from fermenting by the use of chemicals, such as the salicylic acid, etc., but in this case it ceases to be a pure food, and becomes an unknown medicine—probably a very bad one—but at any rate a medicine, and thus unfit to perform the great use that it may perform when unfermented and unadulterated.

This use is that of a food. Experience has shown that it is especially good in acute diseases, such as typhoid fever, pneumonia, scarlatina and diphtheria ; it has also been used with good effect in acute and chronic hydrocephalus and in cancer of the stomach and uterus.

R. N. Foster, M.D., of Chicago, writes in *The Medical Era*, June, 1886, of this food as follows : " During the past winter grape juice has done me this one inestimable service—it has given me a food—the *only food*—that little patients endangered by these diseases [scarlet fever and diphtheria] could or would take. When I had found a food of which a boy four years old would drink one and a half pints daily, and ask for more, while he would absolutely refuse all other food, I had found a means whereby the strength of his organism could be maintained for ten days, during a raging scarlatina, with a temperature of 100 and a pulse of 180 per minute ; and that fact saved my little patient's life."

Such testimony is convincing. But in order to insure effects like that

just quoted physicians must be especially careful to procure or prescribe an absolutely pure article and one entirely free from chemicals. The juice that is pure will ferment, after being uncorked, in three or four days when exposed to a temperature of over 50°; that which is impure, or has been chemically treated will not ferment at all.

**The Data of the Chin.**—The dignified and old school *Medical Record* reproves a “thoughtful contemporary for attempting to establish a philosophic relation between the ‘art of medicine’ and the fact that a large proportion of the American Medical Association are bald-headed men.” It thinks the doctor’s beard is “a much more practical problem,” is pained to notice that American physicians have a tendency to long beards which, duty prompts it to say, “ought to go”—to go on sanitary and æsthetic grounds, and because long beards are a “characteristic of an undeveloped civilization.” All this is severe on the long-bearded M.D.’s, but there is worse a-coming. Harken to this! “Hardly a doctor of the first eminence in the world’s history ever wore a long beard, and he who possesses one may as well concede at once that he will never rise above mediocrity.” All the great doctors of old “patronized the barber, and turned the physiological energies that might have been lost in making hair into making brains.”

What a confusedly crushing and conflicting crowd of ideas these *ex cathedra* enunciations hurl down on the hapless reader! The hygienic question goes glimmering before the great discovery that hair-energy and brain energy are one. Granting this, it is indisputably true that the doctor who lets his energy go to his chin does so at the expense of his brain. Mark well, ye doctors! subdue your chin energy, that you may rise above mediocrity! patronize the barber if you aspire to be a shining light!

But soft! what lurking heresy is here? The barber cures your chin-energy, and the barber, from far times, has been noted for—chin-energy, *similia similibus curantur*.

Interesting as the question is, we cannot pause to discuss whether the closely-shaved doctor could be called “hair-brained” or not—probably not, as Shakspeare spells it, “hare-brained.” Neither can we now consider that great physiological question that our esteemed contemporary has so suddenly sprung. If not hair, what then is that energetic crop that so persistently sprouts on the chin of the doctor who “patronizes the barber” and thereby soars into dazzling professional eminence, *via* the barber-chair? Alas, how the *Medical Record* has hurled headlong into ruin all the old and accepted data of the chin.

**Millspaugh’s American Medicinal Plants.**—Plates for the 5th fascicle of Millspaugh’s *American Medicinal Plants* have been received, and the descriptive text is now running through the press, and will, it is

hoped, be ready for delivery in a month or less. Dr. T. F. Allen, the acknowledged authority on Botany in this country, has the following to say concerning this great work in the *North American Journal of Homœopathy*:

"It is impossible to speak too highly of the value of a work of this sort as an object teacher. Physicians who live in the country are, or should be, always interested in the plants they pass and re-pass, day after day, during the coming and going of the seasons. It is true that now we rarely prepare our own tinctures, but in these days of adulterations physicians should learn to recognize odors and colors, and be able to judge somewhat of the purity of their preparations. The plates of *Cicuta* remind one of the statement made by Dr. Lewis Sherman, to the American Institute of Homœopathy, that he had detected a tincture of *Cicuta* labelled and sold as *Conium*. This is a very serious matter. *Cicuta* is a very common plant, easily distinguished by the plate before us, and a physician has but to gather a piece and compare the peculiar odor with that of the supposed tincture. *Conium* is not common, and it is easy for a collector to be careless, especially if the pharmacy which employs him does not examine his plants and compare them with verified specimens or submit them to a competent authority.

"As we look through Fasciculus III., we are impressed with the excellency of the plates of the two species of *Rhus*, of *Æsculus hipp.*, *Conium*, *Stramonium*, *Monotropa*, and others, we were slightly disappointed in the coloring of some and the drawing of some; the flower of *Sarracenia* looks like a mass of red; but it is very difficult to catch the delicacy and semi-transparency of those petals. As a whole, it is good drawing and coloring. A few faults could be found, such as the statement that *Cimicifuga* being used as a "vermifuge" gave rise to the name. . . .

"In Fasciculus IV., the delineations of *Senega*, *Magnolia*, *Euphorbia Sp.*, *Alectes*, and others, are most excellent, but the color of *Ailanthus* is not good, and the whole plate is unsatisfactory. I have an *Ailanthus* in my back yard, and it is easy to compare and criticize).

"The drawing of the little tree of red cedar (*Juniperus Virg.*) is quite dreadful; it looks fully as like a dwarf pear in a gale of wind. One can tell a thicket of cedars a long way off by their shape; our author has not caught it this time. Let not the readers of this think the work faulty; it is as well done as any work of the sort ever was, and, moreover, it is a perfect treasury of information concerning the active principles discovered in the plants, the physiological action, etc., which makes one impatient to get the whole bound and in order for ready reference. What an immense amount of research has been spent in getting this together; what journeys to find the rare plants; what artistic skill in sketching! It is doubtful if any man but Millsbaugh could have accomplished all this."

**Calendula Tincture.**—We make this tincture from the fresh succulent plant only. Its cost is a trifle higher than that made from dried plants, but its quality is so very much superior, that few care to buy the cheap preparation when once aware of the great difference in quality.

**Verbascum or Mullein Oil.**—Last year our supply of this valuable article was exhausted within a week from the time we announced that we had it in stock at our pharmacies; this year we have procured a sufficient amount, we hope, to supply all demands. For details of cases in which Mullein Oil is remarkably effective, we refer our readers to No. 1, p. 29, of RECORDER, and also to No. 5, p. 155. By the way, these two numbers of the RECORDER are out of print.

**Mammea Americana.**—We have just received a fresh importation of this remedy. 50 cents per ounce. *Mammea americana* is much used in Germany as a topical application in diphtheria.

