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THE
HOMŒOPATHIC RECORDER.

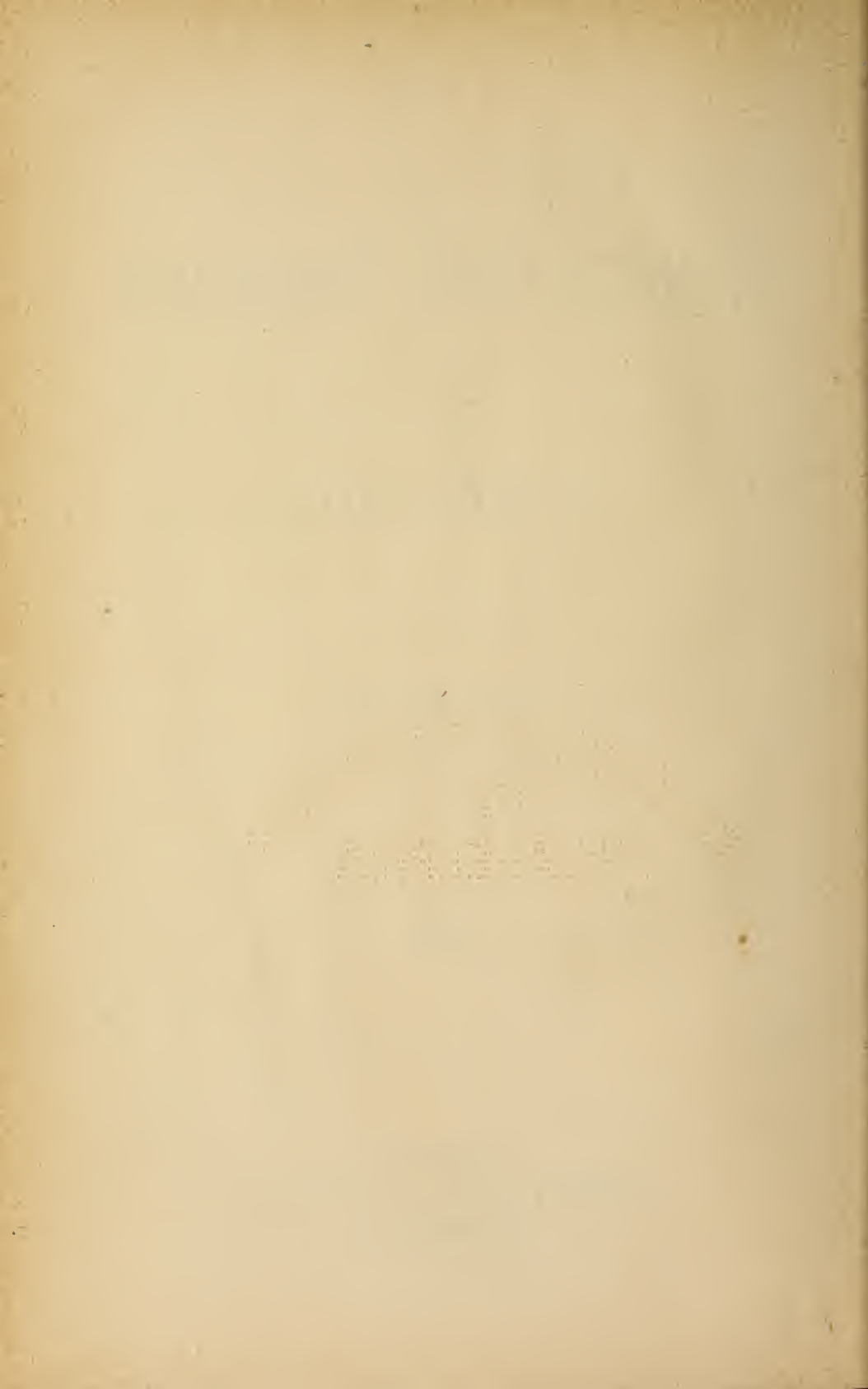
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INDEX TO VOL. III.

- A Letter from Dr. Hathaway, 93
A Picture, 43
Abortion, 73
Æsculus Glabra, 273
Again, 40
Allopath's Progress, The, 201
An Exhaustive Work, 47
Anæmia, 78
Anæsthetic, 76
Another Step Forward, 194
Antipyrine, 34, 126, 127, 167, 174, 205, 211, 214, 215, 223, 224, 264
Antisepsis, 176
Antiseptics, 77, 78, 213
Apis, 8, 259
Apomorphine, 80
Arnica Oil, 94, 139, 236
Arsenicum Bromatum, 146
Arsen. Iodat., 21

Banquo's Ghost, 278
Batteries (Barret's), 190
Berberis Vulgaris, 249
Blisters, 122
Blood Poisoning, 194
Boric Acid, Poisoning by, 274
Burns, 141, 176

Calcarea Fluorata, 24
Camphor and the Tobacco Habit, 256
Cancer, 28, 34, 60, 71, 72, 170
Carcinoma, 10, 170
Capsella, 249
Cases Cured, 67
Catarrh, 174
Catarrh, 66
Cerebro-Spinal Meningitis, 20
Cheap Medicine, 94, 133, 138, 140
Chills, 68
Cholera, 66
Cholera Infantum, 243
Cinçaria Maritima, 174
Clinical Experience, 257
Cocaine, 263
Coccionella, 156
Cocaine-Mercuric Chloride, 76
Colic, 125, 163
Corrosive Sublimate, 74
Cough, 68, 125, 151, 152, 161, 273
Cramps, 151
Cuphea Viscosissima, 242
Cuprum Met., 210
Curcubita, 65, 67

Deafness, 138, 163
Diabetes Mellitus, 150, 155
Diarrhœa, Chronic, 267
Diphtheria, 21, 35, 74, 166, 231, 264, 271, 282
Diphtheria Laryngeal, 8
Dirty Pharmacies, 38
Discredited Witnesses, 243
Distemper in Dogs, 152
Dyspnœa, 161

Ear-ache, 73
Ear-Disease, 165
Enuresis, 234
Epilepsy, 210
Erysipelas, 124
Euphorbium Off., 152
Euphrasia, 157
Exanthum, 222
Experimental Researches, 265

Eyes, 23, 125, 157, 171, 173, 174

Ferrum, 161
Ferrum Picricum, 71, 279
Fever, 160, 194
Filters, 93
Fistula in Ano, 158
Fistula in the Cheek, 162
Flatulence, 151
Fright, 244

Gall Stone Colic, 270
Gelsemium, 22
Glonoïn, 205
Glycerine, 128
Gout, 154, 264
Grauvogl's Hydrogenoid Constitution, Some Examples of, 198
Green Tinctures, 90

Hæmoptysis, 168
Hæmorrhoids, 89, 151, 223
Hair Dyes Containing Lead, 85
Hay Fever, 211
Hayab, 76
Headache, 120
Hensel's Tonicum, 283
High Dilutions, 248
Homarus (Proving by A. M. Cushing, M.D.), 98
Homœopathy Abroad, 146
Homœopathy in Germany, 51
How Do Medicines Act? 57
" How is This? " 279
Hydrastis, 73
Hydrochloric Acid, 219
Hyoscyamine and Atropine, 225
Hypnotics, 221
Hysterics, 152

Infectious Diseases, 220
Itch, 122

Jaborandi, 254
Jaundice, 160

Kali Cyanicum, 10
Kidney Diseases, 156

Lanolin, 176
Larvata, 150
Laryngeal Epithelioma, 221
Lathyrus Sativus, 271
Ledum Palustre, Marsh Ledum (Wild Rose-
mary), 152
Liver, 30
Lobster, 98

Malt-Extract Bonbons, 45
Melancholy, 66, 156
Menthol, 271
Microbes, 33
Micro-Organism, 75
Morbid Dreams, 260
Mullein Oil, 90, 138, 234, 280

NEW PUBLICATIONS:
A Materia Medica, 82
A Repertory of Gonorrhœa, 227
Address on Hospital and Dispensary
Clinics, 178
Concordance Repertory, 275
Domestic Cook Book, 276

MAR 14 1910

76066

treat the symptoms and nature would take care of the microbes. This proposition is in accord with the experience of every homœopathic physician, for he has seen over and over again, diseases now known to be the outcome of microbean invasion disappear under his treatment with a celerity simply marvellous. The professor's conclusion was therefore the only logical one, that is that the body needs only to be brought up to the normal, when the microbes will be overcome. To bring the body up to the normal must be done by the suitable remedy, and this can only be chosen according to the homœopathic method.

From the laboratory again comes a new support for this view. About three years ago, Metschnikoff found that certain cells had the power of destroying poisonous animal matter within the body, and only recently upon further investigation he finds that these cells, to which he gives the name phagocytes or "devouring cells," have as an especial function the destruction of microbes and it is only when the system is in a weakened or less resisting state, the cells of course partaking of the same lowering of tone, that the microbes can make headway. Hence if the lowered resistance of the cells can be done away with, if their power can be brought up to the normal, the microbean hosts can be routed. Metschnikoff's recent observations appear in the present issue of THE RECORDER.

We maintain that every discovery in pathology and etiology, *if true*, can serve as an aid of great value to the thoughtful homœopath by illuminating from a new direction his study of the *Materia Medica* by explaining the apparent failures of what seemed to be well-directed prescriptions. His law remains, but it may be that its application has been hitherto incomplete in some instances or too comprehensive in others. Hahnemann's directions to find out all that is abnormal in a patient must be applied more strictly now than ever before, and the recognition of disease-states as secondary or dependent on primary causes, perhaps in distant organs, is only carrying out to the fullest the rule laid down by that master mind.

THE POSITION OF A HOMŒOPATH IN RELATION TO THE LATER DISCOVERIES IN MEDICAL SCIENCE.

BY DR. HEUSER, OF LEIPSIK.

MEDICAL science has made important progress during the last few decades, at least in regard to our recognition of the origin and nature of disease; but it is sad, indeed, that all these discoveries have so far produced no result in therapeutics and that the bankruptcy of allopathic resources is made more and more plain. We homœopaths, who, in contradistinction to the allopaths, with their coarse, purely empirical methods, possess a rational therapy, can, on the other hand, confidently adopt these important discoveries, and find, to our agreeable surprise,

that they only bring new testimony in behalf of the truth which Hahnemann's great genius, far in advance of his time, had already clearly discerned.

In endeavoring in the following pages to develop the evidence for my assertion I am only submitting my own subjective view of the matter.

THE IDEA OF DISEASE.

From the earliest times men have endeavored to give a definition of the notion of "Disease," but have never succeeded beyond giving a catalogue of disease-symptoms. Theologians have considered disease as a punishment visited upon mankind, but have left its essential nature just as unclear as have the physiologists, who hold that it is a modification of the physiologically normal function of any single portion of the body. Asclepiades defined disease as an irregular motion of atoms, and Hippocrates recognized in it the effort of nature to remove from the body everything abnormal; but as he did not know what was the thing to be removed—indeed, the very thing causing disease—his definition was only reasoning in a circle. Up to the beginning of our century there existed among physicians no real dissension over the idea of what constitutes disease, and the humoral pathology—that is, the view that the essence of disease consists in a depraved condition of the fluids of the body—was dominant. To-day the humoral pathology and the therapeutic methods based upon it have been, both by allopaths and homœopaths, forgotten. According to allopathic presentation of the cause of this remarkable revolution, this complete separation of dominant medicine from her past of centuries, the change is due to the progress of scientific investigation. The impartial observer, however, soon recognizes that nothing else than homœopathy, which, in the opinion of allopaths, is only a trifling and senseless heresy, has determined this revolution. Hahnemann was brought into dissensions with his professional colleagues not, as the allopaths allege, because he diluted remedies to that extent that they no longer could be tested chemically, but because he attacked the predominant exhausting methods of his time, the senseless venesections and the crude, overpowering use of emetics and purgatives. His first assault was concerning venesection, the occasion being the death of the Kaiser, Leopold II. of Austria, in 1792. This old man, exhausted by long-continued diarrhœa, being attacked by inflammation of the lungs, was bled four times in twenty-four hours, and Hahnemann blamed the physicians for the death of the Kaiser. The battle for and against bleeding waged from this time till the years 1842-46, when the Vienna physician, Dietl, made his experiments on 380 hospital patients suffering with pneumonia. He treated 85 of these by venesection, with a death-rate of 20 per cent.; 106 with large doses of tartar emetic, with a death-rate of 20.7 per cent.; and 189 were treated simply by dietetic measures, with a death-rate of only 7 per cent.

The victory of the opponents of bleeding and evacuant methods, thus the victory of the homœopaths, was a decisive one. It would naturally be believed that with this victory the war between the opposing forces would have ended then; but not so. The allopaths cured with diet and gave as medicine—nothing; the homœopaths gave equal regard to diet and gave, at least in the opinion of the allopaths, also nothing. No union of the two parties resulted; each went its own way. Hahnemann viewed disease as a dynamic process, and the allopaths who named their method of treating the sick by dietetic measures and without medicines, the expectant method, and who held the support of the state and the teaching-chairs in the universities, saw themselves necessitated to dub their treatment, or rather non-treatment, scientific, and turned for a solution of the question, What is disease? first to the cadaver, and thus arose pathological anatomy. In the cadaver are to be found, although not always, changes of greater or less degree in the organs, and they considered these so-called anatomical changes to be the essential causes of disease.

In order to recognize these changes in the living body the methods of so-called physical diagnosis were brought in—auscultation, percussion, etc.—but with only very imperfect results. On account of this inefficiency a new science was called upon for help, which, treated before very cavalierly, now became of great importance—physiology. Allopathy, which had a little while before called itself the pathologico-anatomical school, now named itself the physiological. But as physiology showed itself to be insufficient, since, in many diseases very notable physiological changes of pulse, respiration, etc., occur in the living body (and to which no clue can be found by post-mortem section as to their origin), a new aid was sought for in the microscope. The first result of microscopic research on the living and the dead body produced Virchow's celebrated Cellular Pathology, but the serio-comic appeared when Virchow got as his final result, "disease is a dynamic process." Thus the long and difficult road through anatomy, physiology, and microscopy led only to the same outcome which Hahnemann had reached at the beginning of the struggle, that is, that disease is a dynamic process, a process in which an acting force may be recognized, but no material cause. Into an entirely new phase allopathy entered with the discovery of bacteria. Unfortunately, bacteria are only able to give rise to disease under certain circumstances for which the allopaths have thus far found only the empty designation, "disposition," and the practical consequences of the study of bacterial origin of disease is the bactericidal method of treatment, which also has shown itself to be therapeutically inefficient.

In the beginning of the present century the surgeons discovered that the severest injuries would usually heal without, or at least with very little, inflammation if the overlying skin remained unharmed. Upon these observations Stromeyer based a whole system of operations (in

1838), which were done upon the deep-lying parts, the covering skin being spared as much as possible, and with the best results. As an explanation of these remarkable facts it was assumed that the air acted as a provoker of inflammation, but Malgaigne's celebrated researches showed, through experiments on animals, that simply inflating the subdermal tissues with atmospheric air did not cause inflammation. In 1863 Pasteur first published his important researches upon germination and decomposition, in which he shows that all these processes are due to the presence in the decomposing material of minute organisms that have entered it from the atmosphere. In 1866 Hüter first proved the existence and propagation of these organisms in the tissues of living beings, in the blood, especially in fresh urine from individuals suffering from diphtheria, erysipelas, etc.; and later, in 1871, Klebs maintained that these organisms were the essential cause of suppuration. Since then the study of these living causes (to which Hüter gave the general name "monads") of inflammations and fever has, in spite of the opposition of older prejudice, won its way to wider and wider acceptance. We know now that the monads are the cause, not the results, of processes of decomposition, but are also the chief yet hitherto unrecognized cause of the inflammatory and febrile, that is of by far the greatest number of diseases. Our knowledge of the properties and life-conditions of micro-organisms has been wonderfully advanced through Koch's astounding discovery. By his method of pure cultures he was enabled to establish the fact that even by continuous transferral to new culture-media no new micro-organism could be developed than that with which the experiment began. By this method it was first possible to observe these supposed causes of disease through a long period and successive generations, and to determine that, in spite of long series of transferrals, they remained unchanged. When a micro-organism has been cultivated through fifty or a hundred or more generations it is self-evident that the last generation contains none of the material belonging to the earlier members of the series, and that degrees of dilution of this material must be in the trillionths, or even beyond expression in numbers. Nevertheless, inoculation with the hundredth pure cultivation results precisely as with the original infectious material. With anthrax, septicæmia, glanders, tuberculosis, etc., Koch was able to continue his pure cultures *ad libitum*, and then an animal being inoculated with a trace of the last culture developed, after the typical incubation, the corresponding disease with all its characteristic symptoms; after a definite time death ensued, and upon post-mortem section there could be shown in all cases the existence of an enormous number of minute organisms in the blood and tissues, which were alike in form and behavior to that employed in the inoculation. Although most diseases are infectious, that is pathological conditions arising through the

occurrence in the body of different micro-organisms, yet they must be sharply distinguished from diseases resulting from poisoning. A satisfactory definition of the two classes of pathological conditions is difficult to give. It is, however, established that the action of a poison begins at once, while that of the microbe, as carrier and cause of the infectious disease, begins only after a certain time has elapsed, a time of development and multiplication of the micro-organisms, the so-called incubation stage.

Just as little have the physiologists any conception of death—the end of all—as they have of disease. The study of morbid influence shows easily enough that our whole life is a continuous death, that is, an unceasing battle with micro-organisms for existence. It begins during intra-uterine life, for all that we formerly called arrest of development, monstrosities, hereditary tendencies, etc., are referred to the activity of these minute organisms, and death itself, even when from old age, is nothing else than the final surrender of the power of resistance of our organism to these unwearied, minute enemies.

By the aid of the microscope we are able to get some idea of the forms and life-conditions of these minute organisms. If some fresh blood or small pieces of fresh meat are placed, with some distilled water, in an open test-tube and allowed to stand at the ordinary temperature of a room, the first changes appear within twenty-four hours—earlier in summer, later in winter. Now if, with a glass rod, a drop from the upper layer of the decomposing fluid is brought under the microscope, there can be seen in the serum between the blood-corpuscles or in the meat-broth, sharply-outlined round points, so small that their circumference is only about one-tenth of that of the blood-corpuscle. While the latter remains motionless the minute bodies just mentioned are seen to be rotating, or trembling, or in leaping motion. Their number increases from day to day, so that after four, or, at latest, eight days, they have exceeded all the other morphological constituents of the decomposing fluid in the microscope field. It would lead me too far to go further into the morphology and systematic differences of micro-organisms, but concerning their life-conditions I may mention the following: Boiling destroys, after ten minutes, their power of multiplication; warming to 60° C. does it only after a full hour. Cooling them to -18° C. does not kill them, but at a temperature a little above 0° C. they become rigid, only to be revived again at higher temperatures. When dried for weeks at a time they are not injured, but are only apparently dead and can be restored rapidly by treatment with lukewarm water. Alkalies have no injurious influence on their life-functions, but acids have.

Delacroix tested, with different substances in different degrees of concentration, the micro-organisms in decomposing meat-broth, and found that their development was stopped as follows:

By Corrosive sublimate,	1 part in	30,000
“ Chlorine,	1	“ 25,000
“ Chlorinated lime,	1	“ 11,000
“ Sulphurous acid,	1	“ 6,400
“ Bromine,	1	“ 6,300
“ Sulphuric acid,	1	“ 5,700
“ Iodine	1	“ 5,000
“ Oil of mustard,	1	“ 3,000
“ Salicylic acid,	1	“ 1,000
“ Potassium permanganate,	1	“ 1,000
“ Carbolic acid,	1	“ 600
“ Borax,	1	“ 60
“ Alcohol,	1	“ 20

If a drop of a half per cent. solution of sulphate of quinine be added to a drop of fluid containing the monads, the latter die. A drop of solution of muriate of quinine of the strength of 1 to 400 arrests the motion of the monads at once, while a drop of the same salt diluted to 1 in 10,000 produces the same result, but only after two hours. Different other substances, as, for example, Aconite, Veratrum viride, etc., when used in a dilution of 1 to 10 produce no change. If now, as Binz has estimated, it is required to give at one time a dose of from 12 to 15 grams (180 to 225 grains) of muriate of quinine in a high febrile state, in order to kill the organisms causing the fever, it is plain that even the boldest allopath would never be foolhardy enough to order such an enormous dose.

But when we consider that in high fever there is a corpuscular stasis in the vessels of the mucous membranes, it is evident that fortunately even the 1-2 grams (15-30 grains) of muriate of quinine at a dose, which the allopaths prescribe in such cases, are not absorbed at all, or only in part. The digestive tract in man is by no means an inanimate tube comparable to a test-tube, but is a living organ. The curative effort of nature, well known to Hippocrates, does not need a therapy based on such false premises; indeed, the disease itself erects a protective measure against such by impairing the absorbing power; otherwise therapeutic efforts would be followed more frequently by fatal results. The aim of therapeutics is made effective only through small doses of the suitable remedy, as homœopathy long since clearly recognized. In the following pages we will have occasion to show that allopathy, in spite of her unwearied striving for knowledge and truth, will not be able, on account of her intrinsically wrong principle, which she will not give up, to draw from these newest discoveries any practical use, and must abandon it to homœopathy. To us it is plain that every new truth can be in alliance with any older one, and thereby each may attain a more complete form, but it is impossible for a system false in its very basis to be influenced or reformed by an attempted alliance with a new

truth—it is only putting a new patch upon old clothes—and so it is with allopathy and the newest discoveries in medical science.—*Zeitsch. des Berlin. Ver. Hom. Aerzte*, Bd. vii., No. 1.

HOMŒOPATHIC THERAPEUTICS.

A Case of Laryngeal Diphtheria Cured.—By *Rufus Choate, M.D.*, Rockville, Md.—Early in the morning of August 31st, I was called to see Clarence, a lad of twelve years. His face had a *yellow hue, and beneath the eyes, down the cheeks, with exactly the same width on each side of the face, was a bright flush.* The redness told me the drug to be used. I felt secure in this that I had the remedy. I judged, from the peculiar flush alone, that within the throat would be found a diphtheritic deposit. This *symmetrical flush* may occur in other disease-conditions, as it does in some forms of scarlet fever, but I had particularly observed it in diphtheria, and when I meet it, I am apt to suspect diphtheritic deposition. The child was breathing laboriously. I called him; he gave no attention. The pulse, 160, was bounding and hard. *The tongue coated a dirty-white in the centre, where it was dry; with bright red edges, where it was moist. The fauces a dark red.* The tonsils, especially the right, were swollen and covered with a coating resembling that made on a pane of glass by the breath on a cool Fall morning. *The pharynx had a ragged, dirty-white, thick, parchment-like membrane running down into the larynx.* During the examination, the boy was supported in the arms of a friend.

The patient, apparently well the day before, was taken in the first sleep of Saturday night with a fever which did not sufficiently alarm the parent, though, toward morning, the household anxiously waited the light of day that assistance might be summoned.

I diagnosed the case laryngeal diphtheria of a severe type.

Calling for a half glass of water, I dropped into it about forty No. 10 pellets of Apis (B. & T.) 30th, and ordered a teaspoonful every two hours, and nothing else.

In ten minutes I saw an amelioration. A shade lifted from the countenance, a slight change in the breathing—a something as difficult to define as to define the changes in progress between that almost imponderable portion of Apis and the mighty influences which, unchecked, would carry that boy to the grave.

In the afternoon I returned. Found the breathing slightly better; the pulse slightly lower; throat unchanged and no worse, and confidence restored to the mother. “Doctor,” she said, “when I saw the wonderful effect of the first dose of your medicine I was contented, and now shall do as you direct.”

Ordered a room in the upper story of the house cleared of all furniture except a cot-bedstead, a table and two chairs, and no one to enter the room but the mother and an assistant nurse. Continued the Apis every two hours all night.

Monday: Boy had been highly delirious during the night; passed *profuse, hot urine, containing blood*. Can be aroused, though yet stupid. Face not as flushed. Pulse high. Right side of the face much swollen, left side less so.

Profuse nose-bleed during the night. No action of the bowels. Abdomen tympanitic. Ordered a piece of dry flannel around his neck. Continued Apis, 30th, dose, teaspoonful every six hours. Belladonna (B. & T.), 200th, in alternation; dose, teaspoonful every six hours. Diet, milk, beef tea.

Afternoon, improved; continued treatment.

Tuesday: Decidedly improved. Glands of neck not as much swollen. Less fever. Child brighter. Urine highly colored, deep red. Redness of fauces nearly gone. Deposit on pharynx about one-half of that of Sunday. Tonsil, rough and indented with small spots of deposit assuming appearance of ordinary ulcerated sore throat. Stopped Belladonna and gave Apis, 30th, in alternation with Saccharum lactis, each every six hours.

Wednesday: Child decidedly improved. Bowels yet costive. The mother was now doubtful about the correctness of the diagnosis. She thought true diphtheria could not be checked in so short a time. Time has no existence in disease.

It is an error to give a certain number of days for changes in disease-states. That as a cloud from allopathy leaves its darkening shadow on homœopathy. Only states and conditions can be appreciated as truth. Time is an appearance that should not be considered. "Can't I do something to move his bowels? It has been so long since they acted," said the solicitous mother. "No; constipation in acute inflammations ought never to be interfered with simply for the sake of removing that one condition. If all the other symptoms of your boy are improving, be assured that nature asks no assistance in putting that matter right."

Thursday: The patient had a good night. Was playing, by running his hand through some marbles, when I called. Face clear; tongue cleaner; respiration good; tonsils swollen but decreasing in size, though retaining *ulcerated* appearance; no deposit on pharynx: bowels acted this morning naturally, with a good, large, easily-passed stool. Ordered Kali bi. (B. & T.), 30th, in water, teaspoonful every four hours and Saccharum lac. in alternation. The Kali bi. for the ulcerated tonsils, for which condition I have found it particularly applicable.

Friday: Boy so improved that permission is given for the family and patient to return to their home in Washington, which they did on Saturday.

About a week after their arrival at Washington, Edward, a brother who had been with Clarence in the country, was attacked. To him was called Dr. R——, one of Washington's busiest homœopathic practitioners. He pronounced Edward's case malignant diphtheria. He, being called from the city, turned the case over to Dr. M——, who, I

am informed, considered it critical. To prevent "blood poisoning" he inserted phenic acid hypodermically over the abdomen. The lad was ill several weeks. A companion, a boy, entered Edward's room and was within two weeks a victim to the disease. He was under allopathic treatment. In the family where my patient boarded after he left the country, Edith, a child of ten years, was attacked. Her symptoms were nearly as severe as those of the boy. With the same medicines she recovered, and in four days I stopped the attendance. Several other children in the neighborhood had the disease in a mild form.

Note On Petroleum.—By *Dr. W. C. Latimer*, Brooklyn, N. Y.—In the September No. of the RECORDER under the head of "Effects of Petroleum Vapor on the Health" you present a series of interesting facts from the observations of *Wielczyk*.

We say facts, for they confirm some observations of our own made while at the Tuna Oil Works during the summer of 1879, and reported in a thesis on Petroleum presented at our graduation in 1881. Also some points presented in a short paper which will be found in the Transactions of the Hom. Med. Soc. of the State of N. Y. for 1885.

To the symptom, "a workman will sleep sixteen hours at the bottom of the pit and be angry when awakened," we must enter an objection. A person so overcome by the vapor as to fall asleep, unless immediately removed to where there is abundance of fresh air, soon passes to that land whence no one has yet returned. That Petroleum vapors are beneficial in phthisis, two cases reported in the first above-named papers will help to prove, while the fact that it is seldom found among those constantly employed in working it still further demonstrates this. We have seen the benefit of rubbing swollen rheumatic joints with the crude oil often demonstrated and can vouch for its accuracy. The property of healing when applied to wounds is much augmented if the light hydrocarbon elements are removed by distillation, and still further if only the middle distillates are used, while Vaseline, which is a heavy hydrocarbon, we think heals simply by its power to exclude the air and foreign débris thus allowing nature to do her work undisturbed.

In a private letter *Dr. Latimer* adds:

The remedy has always been one of interest to me, and I deeply regret that a few at least have been disappointed in its action. I think much of the trouble has been due to two facts: First, trying to use American oils on *Hahnemann's* proving, which a close study of "*Allen*" would have obviated; second, trying to use alcoholic preparation, instead of following the directions for its preparation as laid down in vol. 5, *Hahnemann's Chronic Diseases*.

Kali Cyanicum, A New Remedy for Carcinoma.—By *Dr. J. D. Tyrrell*, Toronto, Canada.—I would like to call attention to a remedy that promises to be of great service to us in the treatment of that terrible scourge to humanity, carcinoma.

My attention was called to this remedy by my friend Dr. E. T. Adams of Toronto, and in error of size of dose I triturated it for him in ratio of 1 to 200, as he said dose was $\frac{1}{200}$ of a grain; since then I got some pure from Darmstadt and ran it up on my "Skinner's Fluxion Centesimal Potentizer."

Kali cyanicum (in chemical English *Cyanate*) is the remedy referred to, and must not be confounded with the familiar *Cyanide*, as it differs from it both chemically, physically, and therapeutically—the chemical formula for *Cyanide* being KCN, while the *Cyanate* is KCNO.

The following is from Petroz's Collected Writings: "In 1829 a woman living in the Rue St. Nicolas, came to ask my advice about a disease of the tongue, for which she had been under the care of Dr. L'Herminier. The organ was profoundly altered by an ulcer, which appeared to me to be cancerous, and which occupied its right side; the edges, especially posteriorly, were indurated, raised, and knotty; speech was difficult, indistinct, and accompanied with much pain. The patient could only take liquid nourishment. Distrusting my own diagnosis, I sent her to Prof. Marjolin. She brought back to me the following opinion: 'cancerous ulcer; no chance of cure except from operation: and this is impossible, for the base of the tongue is involved.'

"In the presence of so grave a disease I turned my thoughts to diminish her sufferings. I prescribed the $\frac{1}{100}$ of a grain of Hydrocyanate of potassa, to be repeated every fourth day. After fifteen days I again saw the patient. She suffered less, the tongue appeared to me not so thick, the edges less hard, the speech easier. The medicine was continued in the same way. Fifteen days later the patient, whose countenance had lost its gray hue and drawn features, said to me with joy, 'I begin to be able to eat a crumb of bread.' The Hydrocyanate was continued for a month longer, when the cure was complete. It is now eighteen years ago, and there has been no relapse."

The following is a case treated by my friend Dr. E. T. Adams:

J. S., aged 58, hard case and thoroughly whiskey-soaked, had been under treatment of many old-school physicians, latterly under a well-known surgeon, and each diagnosed cancerous ulcer, prognosis death. The description of above case exactly gives his condition—a deep ulcer in right side of tongue, in which the first joint of a man's thumb might be laid.

Could not take solid food, and liquid only with great pain; was so weak he could scarcely move from his bed. Under the *Cyanate* he improved quickly,—so much so, that this eminent surgeon gave hope of recovery, not knowing a heretical homœopath was attending him. In about eight days was so much stronger he could go for a long walk before 6 A.M.; the last time Dr. Adams saw him he was eating dry bread and boiled beef, with comparative ease and comfort. This good surgeon, this "humane aggressor," rescued him from the heretics, and, working upon his ignorance and fears, gained his unwilling consent to have

tongue removed. This was done at once, and he lived only about seventeen days, dying in great agony: so much for scientific treatment!

The Cyanate of potassium deserved all the credit for improvement in this case, and I am morally sure it would have cured if left alone.

My own experience has been similar till the one or two cases I had fell into the hands of the Philistines. One lady we know of is so sensitive that any dose either aggravates her condition, or reproduces the chronic sore throat. There is no getting away from the truth of these facts, and it behooves us to prove this drug and verify the pathogenesis.

[The remedy named in the above quotation as having been given by Petroz was the cyanide. In the French Pharmacopœia the cyanide, iodide and bromide are called cyanure, iodure and bromure respectively, with the terms hydrocyanate, hydriodate and hydrobromate as synonyms. The salt KCNO, in English chemical language a cyanate, is in the French Pharmacopœia also called cyanate. In the German Pharmacopœia cyanatum or hydrocyanicum is used for our cyanide, and cyanicum would be employed for our cyanate. In the U. S. Pharmacopœia a cyanide is cyanidum, a cyanate is cyanas—thus, potasii cyanidum, potasii cyanas (genitive cyanatis).—ED. H. R.]

Treatment of Neuralgias.—By *Dr. P. Jousset*.—[Translated by Helen Cox O'Connor, M.D.]

TRIFACIAL NEURALGIAS.—So far as regards treatment, trifacial neuralgia presents two forms, the *common* and the *severe*, or *tic douloureux*.

I. Treatment of the Common Form.—The principal drugs are: *Nux vomica*, *Ignatia*, *China*, *Arsenicum*, *Belladonna*, *Spigelia*, *Aconite*, *Coffea*, *Glonoine*, *Conium maculatum*, *Chamomilla*, *Colocynthis*, *Gelsemium*, *Pulsatilla*, *Verbascum*, *Kali bichromicum*, *Causticum*, *Lachesis*.

1. *Nux vomica* is the main drug for trifacial neuralgia, when the painful point is limited to the supra-orbital nerve, when the neuralgia is intermittent, and when the attacks come on in the morning. The pains for which it is suitable, are violent, agonizing, in sudden and short jerkings with shock (fulgurating pains); they are often aggravated by pressure and motion.

Dose: I generally prescribe the 12th and 30th dilutions; there are, however, rare cases in which one must use the first dilutions. I have found it a good plan to administer it at the decline of an attack and during the intervals.

2. *Ignatia*.—The pains of *Ignatia* possess the same character as those of *Nux vomica*; they are distinguished by diminishing or even disappearing on moving the affected part, to return at once, thus compelling constant motion on the part of the patient. A pain on touching the neuralgic point like that produced by a splinter, is characteristic of *Ignatia*.

Dose: 12th and 30th.

3. *Chininum Sulphuricum*.—We have seen that *Nux vomica* was entirely suitable in the treatment of matutinal, intermittent neuralgia. This remedy should always be used at the outset, but should it fail, recourse must be had to the Sulphate of Quinine.

Dose: One to two grammes (15–30 grains), in three doses towards the end of the attack.

4. *Arsenicum*.—Arsenic is suitable for *burning* pains, when accompanied by anxiety and agitation; relieved by *hot applications* and by pressure. This drug answers for intermittent neuralgias, with paroxysmal attacks during the night.

Dose: 6th to 30th dilution.

5. *Spigelia*.—This remedy is to be chosen when the pains extend to the eyeball, which seems to be violently dragged or pressed, in the orbit. The pains of *Spigelia* are accompanied by cardiac distress and are *aggravated by the least contact and the slightest movement*.

Dose: 3d to 30th dilution.

6. *Aconite* is one of the chief remedies in the treatment of neuralgia, especially of the trifacial variety. The pains are lancinating and burning, accompanied with pricking and painful formication, redness of the affected part, great agitation, and a desire for change of position, as in *Ignatia*. There is aggravation from motion, although the pain is sometimes *relieved by very strong friction*; it frequently comes on in the morning like the neuralgia of *Nux vomica*.

Dose: *Störek* and *Flemming* have cured many neuralgias with strong doses of *Aconite*. Homœopaths usually prescribe the 6th or the 12th dilution.

7. *Coffea*.—This drug is indicated in *severe pains which drive one to despair*; it is rarely used.

Dose: I have been in the habit of prescribing the 6th and the 12th dilution, but the good results in migraine from Caffeine, 1st decimal trituration, have caused me to prefer this preparation. Caffeine, 1st decimal trituration, 25 centigrammes (3¾ grains) every hour.

8. *Chamomilla*.—This is a drug analogous to *Coffea*; it suits well for severe pains, *borne with difficulty*, agitation and despair.

Dose: 3d and 6th dilution.

9. *Glonoine*.—Experiments made in England have demonstrated that *Glonoine* has alleviated, and sometimes cured neuralgia. The *dose* was the 3d dilution.

10. *Conium maculatum*.—Infra-orbital neuralgia, tearing cramp-like pain, appearing in the evening and at night.

Dose: Mother-tincture to the 6th dilution.

11. *Colocynthis*.—Pain causes weeping, augmented by the least movement and by touch.

12. *Gelsemium*.—This drug is indicated in lancinating pains, aggra-

vated by pressure *and accompanied with congestive symptoms*. The allopaths use it in strong doses as a palliative.

Dose: Mother-tincture to the 12th dilution.

13. *Pulsatilla*.—This remedy is to be prescribed for *chlorotic* neuralgia, shifting pains, pains seated in the orbit, pains worse in the evening; as with *Ignatia*, the pains are lessened by change of position.

Dose: 6th to the 12th.

14. *Verbascum*.—This drug, lauded by Dr. Cretin, is indicated for fulgurating pains on the least motion, on pressing the teeth together or on touching them with the tongue; red face and acid eructations.

Dose: Dr. Cretin uses the mother-tincture in doses of twenty or thirty drops a day.

15. *Kali bichromicum*.—This drug is extolled by Richard Hughes. The characteristic of the neuralgia successfully treated with this remedy, is extreme pain in the infra-orbital nerve. This pain is aggravated by motion, and above all, by *cold*.

Dose: 1st trituration.

16. *Causticum*.—This remedy is particularly suitable in the treatment of neuralgia of the infra-orbital nerve-branches and those of the chin; the face is pale and yellow; there is sometimes a species of trismus.

Dose: 6th to the 30th dilution.

17. *Lachesis*.—This drug may be suitable in certain cases of neuralgia at the time of the menopause; the characteristic of the pains is the inability to stand the very lightest touch; they may be accompanied with vomiting.

Dose: 6th dilution.

II. *Treatment of the Severe Type or Tic Douloureux*.—This neuralgia frequently resists all remedies, and in these cases recourse may be had to resection of the nerve. Nevertheless, in a goodly number of cases, especially at the outset, a complete cure of the disease may be made. In other cases sufficiently numerous, very decided relief may be given to the patients; hence the operation must be determined upon only after having perseveringly tried treatment by drugs.

The main remedies for this form of neuralgia are: *Arsenicum*, *Nuxvomica*, *Thuja*, *Coccus cacti*, *Mezereum*, *Colchicum*, *Kali carbonicum*, *Phosphorus*, *Zincum*, *Stannum*, *Cuprum*, *Aconite*, *Actæa racemosa*, *Baryta carbonica*, *Graphites*, *Lycopodium*, *Rhus toxicodendron*.

1. *Arsenicum*.—Arsenic does not produce in the same degree as *Strychnine*, the *fulgurating pains* common to *tic douloureux*; the character of its pains is rather burning—pain as if from needles heated in the fire. It would therefore be when the neuralgia presented this last characteristic that *Arsenic* would be strongly indicated. The excessive violence of the pains, the extreme anguish produced by them, their appearance towards night; their greatest height near midnight; their aggravation

by noise and motion, by cold water which at first relieves; their amelioration by *hot applications*, are the chief points which confirm the indications for Arsenic.

Although the pains are habitually aggravated by motion, it is to be remembered nevertheless that they sometimes oblige the patient to get up and walk about. Richard Hughes regards Arsenic as the main remedy in tic douloureux, and he reports, according to Dr. Quin, several cures.

Dose: Even according to Hughes, high dilutions are to be preferred. Quin has made cures with the 30th dilution; other potencies may however be used, should that be inefficacious.

2. *Nux vomica*.—The pains produced by *Nux vomica* are violent, agonizing, in sudden, quick jerks of the affected part with twitchings; these are *most especially the fulgurating pains*. This drug should be placed in the front rank when, as is most frequent, tic douloureux is characterized by lightning pains. The *Nux vomica* pains often diminish on remaining quiet and on lying down, at other times obliging the patient to change his position frequently. *Nux vomica*, and above all, Sulphate of Strychnine, is the chief remedy in neuralgia with fulgurating pains, but this treatment has scarcely ever been used in tic douloureux itself; clinical experience therefore is extremely scanty.

Dose: From the 2d trituration of Sulphate of Strychnine up to the 30th of *Nux vomica*, may be tried.

3. *Thuja and Coccus cacti*.—This was the treatment commended by my master, J. P. Tessier.

The pathogenesis of *Thuja* contains the very characteristic symptoms of facial neuralgia: cramp-like pains, violent constrictions, twitchings and acute shooting pains across the cheek-bones, in the superior maxillary and in the teeth, throughout the course of the infra-orbital branch, thence extending towards the ear; *convulsive movements of the upper lip*, flashes of heat in the face accompanying the exacerbations of the pain, with a sensation of internal heat. The suffering is lessened in the open air and by motion, less rarely by touch. Escalier has cited cases of cure of *tic douloureux* which had resisted neurotomy.

Coccus cacti produces symptoms of neuralgia that extend into the teeth, and to the occiput, even to the cervical and clavicular regions. Following the treatment of J. P. Tessier, we alternate *Thuja* and *Coccus cacti*, one in the evening and the other in the morning.

Dose: From the 3d to the 12th dilution.

4. *Mezereum*.—The pains produced by *Mezereum* may affect the fifth pair throughout; Dr. Viollet has cured several obstinate cases of facial neuralgia with this drug. It is indicated when the pains come on suddenly, by touch, speech, mastication, especially on *eating hot things*; there is at the same time salivation and stiffness of the cervical muscles, the pain is augmented by the lightest touch, but *diminished by hard pressure*.

Dose: 3d to 12th dilution.

5. *Colchicum autumnale*.—The pathogenesis of *Colchicum* corresponds perfectly to *tic douloureux*; *accesses of pain with convulsive little motions of the lips and the muscles of the face*; tearing pains. These pains have their principal seat in the infra-orbital nerve; they are aggravated by speech.

Dose: Mother-tincture to the 6th dilution.

6. *Kali carbonicum*.—This drug produces, like the preceding, burning pains, *twitchings with jerks of the muscles*. These pains are seated preferably in the infra-orbital and mental branches; they occur on the least movement of the affected part, they are aggravated by acids and mental states, and they are accompanied with strong pulsations of the temporal arteries. We may add that *Kali carbonicum* is a remedy for gout.

Dose: This drug is very little used, and everything is still to be done as to the determination of the dose.

7. *Phosphorus*.—Phosphorus produces lightning pains with twitchings in the affected part. These pains have their chief seat in the infra-orbital nerve; they are excited by the least movement of the affected part, and especially by mastication, hence the patients prefer to die of hunger rather than bring on the pains by trying to eat or drink. I have arrested these symptoms in a recent case.

Dose: From the 6th to the 24th dilution.

8. *Zincum*.—This drug also, causes *fulgurating pains* with muscular twitchings; constrictive pains; these may have their seat in the three branches of the trifacial. The eye is apparently retracted within the orbit, the eyelids bluish, the face pale, the tongue congested, and there is salivation. Pressure increases the pain.

Dose: The 1st triturations to the mother tincture.

9. *Stannum*.—Still another remedy, which causes lightning-pains, and with which I have made one cure. The pains produced by *Stannum* may affect the three branches of the trifacial; they are accompanied with an expression of intense suffering and a sensation of contraction of the affected part. The attacks progress and decline gradually.

Dose: From the 3d trituration to the 6th dilution.

10. *Cuprum*.—*Cuprum* causes lightning-pains; these pains are accompanied with anguish and are greatly aggravated by touch.

Dose: Dr. Féréol believes he has made cures with strong doses of the ammoniacal Sulphate of copper.

11. *Aconite*.—This drug has frequently given great relief in *tic douloureux*; it is indicated when the twitchings peculiar to this malady are accompanied with a sensation of formication. There is at the same time anguish and a constant demand for change of position; *vigorous rubbing* relieves the pain.

12. *Actæa racemosa*.—Bayes declares *Actæa* to be an invaluable

remedy for tic douloureux of the face; we give this statement that it may be verified.

13. *Baryta carbonica*.—This remedy causes twitching with muscular spasm; these pains may affect the three branches of the trigeminus. *The sensation of cold* in the painful part is characteristic. Clinical confirmation is needed for this remedy.

Graphites, *Lycopodium*, and *Rhus toxicodendron*, which produce fulgurating pains in the trifacial nerve, are also to be thought of.—*L'Art Médicale*, September, 1887.

TREATMENT OF SCIATIC NEURALGIA.—This neuralgia has its seat in the sensitive branches of the sciatic plexus, composed of the fourth pair of lumbar, and the first, second, and third pairs of sacral nerves. The chief points are: the *lumbar*, immediately above the sacrum; the *sacro-iliac*, a little above the crest of the ilium, posterior and superior; the *iliac*, near the centre of the crest of the ilium; the *trochanteric*, near the posterior part of the great trochanter; the *superior*, *middle*, and *inferior femoral* in the course of the sciatic; the *peroneal*, on a level with the head of the fibula; the external *malleolar*, the *dorsal* of the foot, and the *external plantar*.

As regards treatment, we may distinguish an ordinary and a severe type.

The main remedies indicated are: *Bryonia*, *Rhus*, *Arsenic*, *Plumbum*, *Kali hydriodicum*, *Ignatia*, *Nux vomica*, *Chamomilla*, *Colocynthis*; then come *Belladonna*, *Ferrum*, *Lycopodium*, *Mercurius*, *Sepia*, *Terebinth.*, *Valerian* and *Veratrum*, *Nitric acid*, *Ranunculus*, *Tellurium* and *Thuja*.

1. *Bryonia*.—This is the remedy most frequently efficacious; pathogenesis and clinical experience unite in testifying to its value. The following are its indications: Painful twitchings throughout the sciatic nerve, with general sweating; twitchings, with shocks in the affected limb. The pain is increased by touch and motion; it often diminishes when lying on the affected limb. *Bryonia* is suitable, even in very chronic cases, with atrophy of the diseased limb.

Dose: The 1st trituration.

2. *Rhus toxicodendron* is also a remedy very often indicated in the treatment of sciatica. The indications for *Rhus* are usually the reverse of those for *Bryonia*, from the fact that the pains of *Rhus* are aggravated by rest and ameliorated by motion. We notice that it is pre-eminently rest in bed which increases the pain of *Rhus*, and that it is the continuation of motion that diminishes the pains that are frequently increased at the beginning of motion. It should be known also that *Rhus* has cured sciaticas that were even aggravated by prolonged motion; and *Bryonia* those that obliged the patient to change his position. One great characteristic of *Rhus* is the sensation of cold and formication in the part affected.

Dose: From the 3d to the 6th dilution.

3. *Arsenic.*—The pains of sciatica calling for Arsenic are tearing and burning, with *nightly aggravations*; they are increased by motion and touch; they sometimes oblige the patient to rub the affected part.

The chronicity of the neuralgia is no contraindication for the employment of Arsenic.

Dose: Any dose.

4. *Plumbum.*—This is my remedy above all others in chronic sciatica with muscular atrophy; it has cured in my hands in the 12th and the 30th dilutions. The pains are constant, constricting or lancinating, with *nocturnal aggravation*; they are increased by motion and by sudden pressure and by heat; generally soothed by steady compression.

Dose: 12th to the 30th dilution.

5. *Kali hydriodicum.*—The only pathogenetic indication is given by Sarh, according to Hartlaub and Trinks: "Pain in the hip, causing one to limp at every step." This remedy has given me several cures in chronic sciatica with nocturnal aggravation.

Dose: 12th to 30th dilution.

6. *Ignatia.*—This drug has one special indication: it is to be used when the patient is obliged to change his position constantly to relieve the pain, it may be by turning in bed, or even by getting up and walking about. When this indication exists, Ignatia nearly always ameliorates and sometimes cures.

Dose: 12th dilution.

7. *Nux vomica.*—Produces atrocious pains in the nerves, in quick and short twitches with trembling of the painful part (*fulgurating pains*); in sciatica of the severe type it is also the chief remedy. The pains of Nux vomica are increased by motion, and nevertheless they at times oblige the patient to move the affected part continually; this is a point in common with Ignatia. The pains are also aggravated by touch; they sometimes diminish on lying down and keeping quiet. The aggravation of the pains after midnight is another good indication for the choice of Nux vomica.

Dose: All doses have been employed with success—usually when the fulgurating pains are very pronounced, I prescribe the 2d trituration of Sulphate of strychnine.

8. *Chamomilla.*—Richard Hughes affirms that this drug has often proved efficacious in his treatment of sciatica in *young and nervous persons*. The pain is worse in the night, and the patient finds the pain intolerable; it is tearing in character, boring, and accompanied by a sensation of paralytic numbness.

Dose: 3d to the 6th dilution.

9. *Colocynthis.*—This is a remedy which has always been recommended in the treatment of sciatica. Richard Hughes states that it has often succeeded with him in recent cases. I must say that I have frequently

found it disappointing, and before becoming acquainted with the indications for the preceding drugs in sciatica, I frequently found myself unprepared, with Colocynthis, and for a long time considered sciatica not amenable to homœopathic treatment. Colocynth is indicated in the acute sciaticas of the young, and when the pains are accompanied by a *sense of constriction*.

Dose: The mother-tincture to the 6th dilution.

We shall now enumerate certain remedies to be employed in special cases, and when the classical drugs have shown themselves powerless.

10. *Belladonna*.—This remedy is to be chosen when the pain is lancinating and excessive, comes on in the afternoon, and is increased by motion and *the lightest touch*; frequently it is diminished by firm pressure.

Dose: Any dose.

11. *Ferrum*.—This drug should be used in some cases of sciatica in chlorotic patients where Ignatia has failed. Pains extend throughout the lower limb from the hip to the leg and foot; they diminish on walking, are aggravated while in bed, and oblige the patient to walk about until midnight.

12. *Lycopodium*.—This drug would be indicated in recurrent sciatica of the quartan type.

13. *Mercurius*.—This remedy resembles Rhus in its pathogenesis; but clinical observations are scanty in its relation to sciatica; sciatic, *nocturnal* pain, compelling a change of position, chill, numbness and formication.

14. *Sepia*.—Still another drug very analogous to *Rhus*—with the pain, (nocturnal) chilliness, numbness, and constant necessity for change of position, as in Ignatia.

15. *Terebinthina*.—Terebinthina is a common remedy in traditional therapeutics for sciatica, and in the form of terebinthinated vapor-bath, it has, to my certain knowledge, cured a large number of patients. Its pathogenesis produces, according to Trousseau and Pidoux, an excessive sensibility and painfulness along the course of the nerves of the lower limb.

16. *Valerian*.—This drug is indicated in sciatica when the pain *on standing and sitting* is relieved by walking about. The pain is so intense that it seems as if the thigh would break. Valerian may be tried in the treatment of sciatica of the *severe type*, as it produces fulgurating pains which are very characteristic.

Veratrum.—This remedy in large doses has been praised by our friend Dr. Cretin. The pains of Veratrum are frequently ameliorated by change of position and on getting up from bed.

Dose: Mother-tincture.

In the treatment of sciatica, we may also try Nitric acid, Ranunculus, Tellurium and Thuja, whose pathogeneses are too incomplete and clinical symptoms too scanty for definite indications.

TREATMENT OF CRURAL NEURALGIA.—This neuralgia is very rare. The pain passes along the saphenous vein, on the anterior or *internal* portion of the leg to the *internal* malleolus; it may extend to the obturator nerve, in which case the pain extends along the internal aspect of the thigh.

Clinical experience in the treatment of this disease is very scanty, and we must have recourse to the various drugs indicated in neuralgias. *Sulphur* contains, in its pathogenesis, pains along the course of the crural nerve, and there is one case of cure published by the brothers Serrand.

The *dose* employed has been the mother-tincture.

L'Art Médical, October, 1887.

Involuntary Homœopathy.—By *Dr. H. Billig*, of Leipsic.—In studying the literature of epidemic cerebro-spinal meningitis, I found in Schmidt's *Jahrbücher* for 1886, an original article by Dr. H. Meissner on "Febris Recurrens and Epidemic Cerebro-spinal Meningitis." According to a report by Dr. Litten, of Neustettin, such an epidemic extended widely in that district in 1865. Scarlet fever was at the same time prevalent, and Dr. Litten was of the opinion that the cerebro-spinal fever observed by him was not a primary disease but a secondary one, the result of the poison of scarlatina. On this apparently well-founded presumption, he gave to the children small doses of belladonna as a prophylactic, as he had previously done with good success against scarlet fever, and he thereby brought the epidemic of cerebro-spinal meningitis to an end. The reporter, Dr. Meiner, considered this result as wholly incredible, and added to this part of the article three exclamation marks. We homœopaths will not consider the fact as impossible or improbable, but as the result of giving in a suitable dose the remedy chosen according to similia.—*Allg. Hom. Zeit.*, No. 18, bd. 115.

Exanthema Bullosum following the use of Salicylic Acid.—Dr. Rosenberg (*Deut. Med. Wochensch.*, No. 33, 1886) observed, in a patient suffering from articular rheumatism, the occurrence of burning in the skin as well as a large vesicular exanthem with erythematous spots from the use of salicylate of soda. The burning appeared after the first dose (of 15 grains), and within an hour the spots were plainly recognizable. All three symptoms continued as long as the urine showed the presence of the salicylate.

Rosenberg rubbed a small amount of salicyl-lanolin upon the arm. There soon followed a general burning of the skin with slight turgescence and blue coloration of the face. The temperature was normal and the urine reacted to chloride of iron. The symptoms disappeared after a few hours. Then Rosenberg rubbed in a daily increasing amount of the salicyl-lanolin. Notwithstanding the appearance of salicylic acid in the urine, after some hours there were no general symptoms, but on the

other hand there always appeared at the place of the inunction a macular eruption just as from the internal administration of the drug.—*Allg. Hom. Zeit.*, bd. 115, No. 18.

Timely Avoidance of a Dangerous Operation.—On July 18th I had to prescribe for little L. F. She had some sequelæ of a pleuritis which had not been treated by me, but by the allopathic family physician. Although not in bed she was feverish every evening and night; slept badly, her appetite had not returned, and her expression was that of suffering. Calc. carb. did a good deal for her; she began to eat and her color returned, but the improvement did not go on. After eight days the mother came to me to get my opinion concerning an operation which the allopathic physician considered necessary. In consultation it had been decided that she had pyothorax, and that the accumulated morbid fluid could only be gotten rid of by operation.

As the child had already improved I could not agree, but advised her to wait at least eight days, and during that time to administer, every three hours, a drop of a remedy which I gave her.

What share this, by me, most prized medicine had in bringing about the improvement in the child, I do not want to say, but as a matter of fact, after another eight days she had undergone a marked change for the better. Her mental state was better, she breathed regularly, slept well, and the fever returned less often. The prescription was repeated. It was the 4th decimal dilution of Arsen. iodat. I was led to the choice of this remedy by the favorable course of a severe pleuritic exudation that was reported some time before in the *Revue Hom. Belge*. This remedy appears to exert its powerful influence in these conditions by improving the general constitution.—*Pop. Zeit. f. Hom.*, November, 1887.

Observation on Diphtheria.—In an extended practice of some years I have made an observation which I have not seen in the literature of diphtheria. I have noticed, both in the genuine as well as in scarlatinal diphtheria, in many severe cases, that with an absence of deposit or only very slight deposit on the tonsils, the mucous membrane covering the arches of the palate, for from one to three days before becoming gangrenous, exhibited no deposit but lost its shining appearance and showed a peculiar wave-like swelling parallel to the curve of the arches. It appeared as if the mucous membrane had been separated from the submucous tissue and had become too large, so that it was thrown into folds. Besides this, there were always present symptoms of a severe septic condition. Whenever I saw this peculiar appearance of the palatal mucous membrane, I feared the occurrence of gangrene; I then redoubled my efforts and employed hydropathic measures in addition, with the hope of preventing a fatal termination. Unfortunately, in too

many cases these efforts were unavailing. But in one case, lately, I was able to get a favorable result. On September 18th, a four-year-old boy was taken sick with a severe scarlatinal diphtheria, which I treated with Apis and Merc. cyan., and apparently with good effect. On September 22d the symptoms became suddenly worse, and on examining the throat the above-mentioned peculiarity of the palatal arches was found. A wet pack was immediately ordered, and the remedies were given in half-hourly alternation; in two days the danger was passed and gangrene had not appeared. A cure followed. Meanwhile, a six-year-old brother took sick with the same disease. He was soon out of danger, and at an early period was able to be up and about the room. The first patient became impatient and desired to leave the bed, too. He was warmly wrapped up and placed upon a sofa, but on October 7th, the terrified parents brought me word that the child had had a relapse. I found the little fellow in a high fever, with great restlessness, etc. I went twice a day to see him, and on the next day the mucous membrane of the soft palate and its arches showed the suspicious appearance above noted. The wet-pack was at once resorted to, and the remedies given oftener. For two days the mucous membrane showed no change, and at every visit I feared to find that it had become black. On October 11th there appeared on the mucous membrane small papillæ of the size of No. 4 or 5 pellets. As soon as I saw these excrescences I felt my apprehension vanish, without being able to give a reason therefor, as the appearance of the mucous membrane had not changed. I now gave three doses of Thuja 3, and in two days the papillæ had disappeared, the mucous membrane had recovered its normal look, and from that time on, the little patient was no longer a cause of anxiety.—*Pop. Zeit. f. Hom.*, December, 1887.

Curative Action of Gelsemium.—An old maid, of sensitive nature but otherwise in good health, complained of her eyes. Examination showed nothing; they were not inflamed, yet the photophobia was almost great enough to blind her. There were pains when she looked to either side. Further, her visual power had decreased, the eyes felt tired much more readily than formerly. But the chief symptom of all was a heaviness of the lids as if they were paralyzed or were made of lead, the condition being ptosis. Gelsemium was prescribed.

While the last-named symptom was not improved by Gelsemium a remarkable change resulted in the other symptoms. She had now no pain in the eyes, the sunlight no longer troubled her, and she could use her eyes in house-work, reading, etc., without becoming tired.

I prescribed Gelsemium 30, four drops in half a wine-glass of water, a teaspoonful to be taken morning and evening. I used the 30th dilution, which Dr. Heuser considers the most suitable potency of this remedy for nervous headache.—*Dr. G. in Pop. Zeit. f. Hom.*, December, 1887.

A Rapid Cure—and Cheaply.—By *Dr. Spiethoff*, of Lübeck.—Just now my eyes rested upon a record in my daybook and led me to think of a matter of interest both to patient and doctor. On September 5th, 1887, there came to me a patient having the appearance of one in consumption. Upon examination, breathing was feeble in the left lung. The subjective symptoms are given in my book as follows: “Can only lie on the left side, pain in left side, sticking and worse on motion; strongly acid night sweats.” I need hardly mention that I gave Bryonia. I was to see the patient in eight days and to visit her regularly. On September 11th, I received word from her that I need not visit her, that she would come to me; but she didn’t, and I met her by accident while attending another patient. She was well; the medicine had acted at once. I was then quite pleased at this. But on looking at my book to-day I thought as a business man—for unfortunately the physician ought to be a business man—that an allopath would have gotten out of this case from forty to sixty marks, while I would have to be contented with two. If a homœopath wants to have an income equaling that of his allopathic colleague, he will have to treat at least four times as many patients. A doubtful prosperity for the doctor, but quite otherwise for the patient. He keeps his money in his pocket and doesn’t ruin himself by paying for the numerous mixtures which the allopathic druggist dispenses for ready money.—*Pop. Zeit. f. Hom.*, December, 1887.

Sepia in Toothache.—By *Dr. H. Goullon*.—Miss St. —, 40 years of age, had been suffering from severe pains in the teeth for several days, which, however, were on one side only, extending to the right side of the head. They were peculiar in that they were accompanied with great internal heat; she was obliged to keep her mouth half open. Hence there was great dryness in the mouth; she was afraid of tetanus; but the high temperature inside the mouth forced her to keep it constantly open, so that the cool air might enter. We know that one-sided migraine possesses a specific in *Sepia*. And the symptom of the one-sided onset of this toothache especially decided me to give *Sepia*. The patient took immediately, also in the evening, five pellets. The result was astonishing. In twenty-four hours the pains had vanished, not to return. In addition, *Sepia*, as I had previously said, regulated the menses, which until then had been irregular, and had given rise to various complaints. During the preceding autumn she had had a severe hæmorrhage, from which she had barely recovered. When *Sepia* does not bring about a regulation of the menses, *Kali carb.* usually will, deserving, as it does, the preference in too profuse menstruation.

This cure is, at the same time, a contribution to the answer to the question, how long will pellets keep? For these, even of the smallest size, were over 10 years old, and had come from the late *Dr. Hartlaub*, in Blankenburg. They, however, do and did their duty to day, as re-

ported above. A few pellets of Ignatia (like Sepia, of the 30th potency) also removed an intense degree of fearfulness in the same patient. Her nervous system was in a hyperæsthetic condition. She was thrown into apprehension and fright by an impatient horse standing in the street pawing the ground, and was so quieted by a dose of Ignatia that a ten-hours' sleep resulted.

We should not forget that Sepia and Ignatia stand in remarkably close physiological (pathogenetic) and clinical relation to each other. And here we see decidedly a good Sepia-Ignatia temperament, an individual in whom the maladies were combined, which made so great a sensation at the Congress at Grenoble (1885). For, in these cases remedies acted at a distance. And this was established not by somewhat credulous homœopaths but by so-called men of science, professors celebrated in the domain of physiology and psychology.

Our patient has been paralyzed (contractures) for years, no matter which way she lies. The lower extremities are bent at the knee, and she is unable to extend them any more. This paralysis of spinal origin is now accompanied on the other side with extraordinary sensibility to external irritants. Only thus can be explained the repeatedly observed reaction to such fabulously small medicinal irritants, as is exhibited by a small pellet of the 30th potency. It should, nevertheless, be remembered, that, in asking the question, how long pellets retain their efficacy, the nature of each individual remedy is by no means a matter of indifference; Chamomilla, for example, will not keep so long as Sepia and the majority of antipsorics.—*Pop. Zeit. f. Hom.*, Oct. 1st, 1887.

Prompt Action of Calcarea Fluorata.—By *Dr. Spiethoff*, Lübeck. —On the 20th of August I was called in to a woman who was suffering with a giant-celled sarcoma of the superior maxillary bone. The tumor had given her the horrible "frog-face." The allopathic physicians had been endeavoring since January to promote suppuration without effect, except that fistulous openings had successively appeared, from which there was a foul-smelling, nearly transparent discharge. Almost without hope of being able to cause suppuration I prescribed Silicea 6. Until the 3d of September there was no marked change, with the exception of the appearance of two soft elevations on the median side of the tumor. The patient had little expectation that pus would be discharged from these soft spots, especially as the fistulous openings before mentioned had appeared in the same way. I then followed with Calcium fluoride 6, and the next day from the two just mentioned openings began an extraordinarily profuse discharge of pus. *Pus bonum et laudabile*. The eye, until now entirely closed by swelling, could be opened with ease. As I had expected no cure of the malignant tumor, the prompt action of one of our remedies was, therefore, the more gratifying.—*Pop. Zeit. f. Hom.*, October 1st, 1887.

ITEMS OF GENERAL INTEREST.

Magnesium Sulphate in Poisoning with Carbolic Acid.—By *George W. Newton, M.D.*, Chicago, Ill.—“Mrs. M—, aged thirty-eight, was confined Wednesday, August 31st, 1887. The following Sunday her husband gave her a tablespoonful of ninety-five per cent. carbolic acid, intending to give castor oil, which had been ordered the day previous. She took it at one swallow, wishing to avoid the taste of the oil; instantly she knew there was a mistake. The husband ran to my office, which was three blocks away. I wrote a prescription for sulphate of magnesia, and went to the house as quickly as possible. Probably twenty minutes had elapsed from the time she took the acid until I saw her. Then she was totally unconscious, pulse extremely irregular, first rapid then bounding, then slow and feeble; the body bathed in a cold, clammy perspiration, hands and feet cold. There was constant jactitation. Unconsciousness came on in less than three minutes after the acid was taken.

“As soon as the mistake was discovered the monthly nurse gave her two or three tablespoonfuls of lard, and before I arrived they had given her nearly one ounce of sulphate of magnesia. Her condition seemed so hopeless that medicine was administered more to satisfy the family than with the expectation of its doing good. She swallowed with difficulty, the attempt causing spasm of the muscles of deglutition. A hypodermic injection of whiskey steadied the heart, and in three-quarters of an hour from the time I arrived, consciousness began to return; then we gave the sulphate very freely, nearly three ounces being used, and in addition I gave her the whites of three eggs. In another hour her condition had improved so much that I left her for an hour; during that time she vomited freely. Ice was then applied to her throat, and she was allowed to swallow small pieces to quench her insatiable thirst. Consciousness did not fully return until two o'clock in the afternoon. Pulse at 2 P.M. 90, but regular and not very weak. From this time until her recovery, there were no untoward symptoms.

“Tuesday morning her temperature reached 100° F.; it never went higher. For nearly one week she complained of soreness in her throat, and experienced considerable pain in swallowing. Only one day did she complain of pain over her stomach. Ice was kept continually upon the throat for five days, and small doses of opium were given to allay the pain in the throat. Bismuth, lime-water, and small bits of ice were given for the gastritis, also flax-seed tea. Nourishment was given entirely by enema for three days, then she was allowed small quantities of partially peptonized milk. At the end of seven days the enemata were stopped. At the end of four weeks her recovery was complete. I feel convinced that the sulphate of magnesia saved her life. Although she took nearly three ounces, her bowels moved only once. The urine

remained normal in color. A curious fact about the case is that there was not more soreness complained of in the region of the stomach."—*Medical Record*, December 10th, 1887.

Red Hawthorn in Uterine Hemorrhage.—The root of the *Cratægus officinalis*, or red hawthorn (Russian, Krasny boïaryshnik), has been from time immemorial used by the Russian peasantry as an excellent remedy for uterine hemorrhage of all kinds. With the view of testing its value, Dr. E. M. Jdanko, of Piatsgorsk, recently gave ("Proceedings of the Russian Balneological Society of Piatsgorsk," August 29th, 1887, p. 35) a very strong decoction of the root to a lady, aged fifty-two, who was suffering from profuse floodings caused by uterine fibromyoma, for which most of the usual hæmostatics had been tried in vain. The use of the hawthorn completely arrested the hemorrhage. Dr. Jdanko, therefore, suggests that a fair trial should be given to this popular remedy.—*Med. Record*, Dec. 10th, 1887.

Concerning Saccharin.—Saccharin forms a white crystalline powder, which fuses at a temperature of 392° F., when it undergoes partial decomposition, giving off a characteristic odor. It is but slightly soluble in cold water, somewhat more so in warm water, its solubility being, however, greatly increased by the presence of alkalies or their carbonates. Alcohol also furnishes a good solvent for saccharin, particularly eighty per cent. solutions, and it is freely soluble in warm glycerine. Its most characteristic property is certainly its sweetening power, possessing nearly 300 times that of cane-sugar, for while a solution of cane-sugar loses its sweetness when diluted to 1 in 250, a sweet taste is still perceptible in a watery solution of saccharin containing 1 in 70,000. As sugar is a carbo-hydrate, its solutions are liable to undergo fermentation; but, as saccharin is an aromatic derivative, it is not liable to undergo this decomposition, and hence it may be freely employed without the fear of destructive fermentation occurring. But, besides this, as saccharin possesses considerable antiseptic powers, its use in medicine may often be attended with advantage—as, for example, in cases of alkaline fermentation of urine, upon which it has been shown to exert a strongly retarding influence. Stutzer, Aducco, and Mosso, from their experiments with this body, agree in the belief that it is innocent, so far as the organism is concerned; and Stutzer's experiments further show that its presence has no retarding influence on the digestion of either proteids or hydrocarbons. However administered, saccharin soon finds its way into the urine unaltered, this fluid not being altered thereby. And, while producing no injurious effect on the system, it is found to agree both with invalids and healthy individuals, and no anxiety as to its effect upon the health need be felt, even when taken for lengthened periods. As much as 30 to 80 grains

have been administered daily without producing any injurious effect, even upon the appetite. Saccharin may therefore be said to be neither a food nor a poison; but from its peculiar properties it may often be employed therapeutically with advantage. Thus it may with benefit wholly or partially replace sugar in the diet where the latter is contra-indicated, as in diabetes, general obesity, torpid liver, marked gouty diathesis, chronic glandular diseases of children, and in certain senile affections in which various cystic and genito-urinary disorders occur. From half a grain to a grain and a half of saccharin will sweeten a cup of tea or coffee. Small saccharin tablets, indeed, have been prepared for this purpose, and these are now being supplied, it is said, to the German army; for in a very small bottle of scarcely appreciable weight a soldier can carry enough saccharin for a week's supply. There is a wide field for the application of saccharin to the production of sweetmeats and preserves, and in disguising the taste of bitter and nauseous preparations, as well as in preserving the properties of others. But it must always be carefully borne in mind that saccharin is to be regarded as a condiment and not as a food like sugar, and can therefore replace sugar only in exceptional cases.—*British Medical Journal*, Oct. 15th, 1887.

The Modern Method of Treating Syphilis.—Dr. P. A. Morrow, at a meeting of the New York Academy of Medicine, read a paper with this title. The modern method of treating syphilis, he said, differed in the mode of administering the remedy, not in the remedy employed, from the treatment of four hundred years ago. With the addition of iodide of potassium, mercury still remained the basis of all special curative treatment. The new mode of administering the drug hypodermically had not found much favor in this country, but it had been revived and was considerably used in Europe. . . . A careful weighing of the clinical testimony [concerning this method], balanced by the author's own observation and experience, justified the following conclusions: 1. The hypodermic use of mercury, in simplicity, convenience, accuracy, rapidity of action and the development of a maximum effect from a minimum quantity of the drug, constituted a decided improvement. 2. It was not so apt to cause salivation, gastro-intestinal disorders and other toxic symptoms. 3. There was a remarkable unanimity of opinion among observers as to its efficacy in suppressing the active manifestations of the secondary stage, and hastening their involution. 4. The statement that the subcutaneous introduction of mercury increased its potentiality and widened the range of its specific action, enabling it to subdue not only refractory secondary lesions which resisted ordinary treatment, but also the tertiary lesions, might be considered as still *sub judice*. 5. The allegation of greater permanence of effect, preventing relapses and preserving the patient from manifesta-

tions of the diathesis for a long period, was not proved. 6. The more pretentious allegation that the hypodermic introduction of 25 centigrams of the bichloride, or 40 centigrams of calomel, cured syphilis, must be rejected as extravagant and absurd. 7. The irritant action of mercury introduced hypodermically, manifested in the production of pain and local accidents, rendered its general employment in the systematic treatment of syphilis impracticable. 8. The proper position of the hypodermic method in the therapeutics of syphilis was in the category of adjuvants. 9. Its employment was indicated when the necessities of the case demanded a rapid and intense mercurialization. In certain emergencies, when the integrity of an important organ was threatened, for example, its prompt and energetic action rendered it superior to other modes of mercurialization. 10. In exceptional cases, marital syphilis, for example, where the exigencies of the situation demanded secrecy in treatment with the speediest possible suppression of the symptoms, this method was to be recommended. 11. It constituted a most excellent reserve method in cases where gastro-intestinal irritability was so marked as to forbid the introduction of mercury by the stomach. 12. In cases of tertiary syphilis, where an iodine idiosyncrasy was so marked that iodide of potassium could not be employed, hypodermic injections of mercury should be substituted. While his own impression was that the hypodermic method would never supersede the common modes of employing mercury, he regarded it as a decided acquisition to our therapeutic resources against syphilis—too valuable to be ignored or practically disregarded, as had been the case in this country.

In the discussion Dr. Bronson said that about 1869 he had employed mercury hypodermically, but had to give it up or lose his practice. The pain and accidents following the injections caused the patients to rebel against them.

Dr. R. W. Taylor's experience with the method had extended over about seventeen years. He now resorted to it only in special cases. He had given up its general use early because the patients shunned rather than sought him. . . . The pain, swelling, etc., were great drawbacks to the method.

Dr. F. R. Sturgis gave his experience with injections of mercury in 1869 to 1870. The patients had vigorously protested, and he had discontinued the practice.

Dr. A. Jacobi had used calomel injections, but would never do it again. Tumefaction and abscess had resulted. He had used injections of corrosive sublimate a great deal, and he had come to reduce the doses. In one class of cases he had employed them certainly to advantage, namely, cases of hereditary syphilis with severe early lesions.—*N. Y. Med. Jour.*, Dec. 3d, 1887.

Sir James Paget on the *Ætiology of Cancer*.—In a lecture delivered Nov. 11th, 1887, Sir James Paget says: There is, however,

one point more which I must mention, for it may help to show that even a well-defined virus can produce its appropriate disease only in some exactly appropriate place or texture. Each insect, with an instinct as unailing as any natural law, deposits its egg and its virus in the leaf or other part of the very plant in which the right kind of gall can be formed. Each virus requires, as we may say, a susceptible and fitting place and substance; and this is a fact confirming what we believe in the case of many specific diseases, and as I venture to say in the cancerous. The two conditions must coexist—the specific material, microbe, virus, or whatever we may name it, in the blood which will carry it to every part and the one appropriate part, texture, or place in which this material can produce the disease.

Now, this part may be so small or so ill-defined, it may seem so absolutely limited, as to give to the cancer when first found an appearance of being a merely local, a wholly local disease; especially as the general health may be undisturbed. It may be called local in the sense that it is in the only one locality in which it can be formed, but the analogy of the specific diseases gives reasons for believing that it would not have occurred in this place unless there were a specific material in the blood which was carried to it; even as a gall would not form without the insect's puncture. And the like is evident in many specific diseases in which the presence of a morbid material in the blood is most certain.

For example, tetanus is due to a well-ascertained bacillus, and in the blood this, or some material produced by it, is carried to every part; but it seems harmless to all till, after it may be some considerable time, it affects some portion of the spinal marrow.

In hydrophobia there is a specific virus inoculable, probably a microbe; it is everywhere diffused in the person or animal in whom it has been inserted; it is in the saliva, and, it is said, may pass even to the fœtus in a pregnant woman, or the milk of one suckling; and thus it may be during a period of good health; but at last it produces definite disease at the appropriate nervous centre. . . . In a large number of instances, we have, I think, no knowledge of the reason why the evidences of any specific disease naturally appear in one part of the body rather than in another; no knowledge of the reasons for the different powers of resistance or self-maintenance in different parts. We cannot tell why small-pox is especially manifested at the skin, or typhoid fever in the Peyer's follicles, or tertiary syphilis in a piece of periosteum or muscle. But in all specific diseases, and in cancers more than in any, parts are rendered apt to become the seats of diseases after injury, or in degeneracies, especially those produced by long-continued irritation. Thus cancer increases in frequency with the advance of age and of senile degeneration. Its frequency in the breasts and the uterus before old age coincides with what may be deemed their early senile changes, when

they cease to be capable of their proper purposes. So, too, all cancerous diseases are apt to form in parts congenitally defective; and still more they follow injuries, sometimes very quickly. More commonly still they appear in parts that have long been the seats of some "irritation" as we call it, as in the scars of burns, or in syphilitic tongues, or gums or cheeks irritated by bad teeth, or in lips irritated by pipes, or tongues by hot tobacco smoke. Similar to these are the soot cancers and the petroleum cancers, and those of the abdomen and thigh, which are seen in Cashmir, in consequence of wearing a hot brazier over these parts.—*Brit. Med. Jour.*, November 19th, 1887.

The Investigation by the Microscope of the Local Action of Remedies on the Liver.—Ellenburger and Baum give, in *Arch. f. Wiss. und prakt. Heilk.* xiii., account of a special method of testing the action of remedies.

The authors endeavored to find out in a systematic way the action of a number of remedies on the liver-cells and their functions, believing that our knowledge of the so-called hepatic remedies is still incomplete, and has not been essentially advanced by the experiments of Rutherford and Vignal. The results of their investigations are given in the following conclusions:

1. The liver, when in a condition of functional activity, gives under the microscope a very different picture from that seen when it is in a state of rest (non-secreting). Even the degree of activity or quietude can be established by the microscope. In the active state there are to be observed many non-nuclear cells; in the state of rest, on the other hand, more pigment-granules, a greater distinction of the nuclei, and the occurrence frequently of nuclear migration.

2. The amount of pigment-granules in the liver-cells has some relation to the nuclear activity.

3. The action (or non-action) of remedies, especially of the hepatics, can be established by the microscope, that is, their stimulating or retarding influence can be recognized. By the methods of research hitherto employed, it was not possible to determine the extent to which hepatic remedies affected the formation of glycogen and elaboration of sugar, as well as the production of the coloring matters and acids of the bile.

4. Twelve so-called hepatic remedies were employed. The following were stimulants: Pilocarpine, Muscarin, Aloes, Natrum salicylicum, Natrum benzoicum and Rheum. The following had a lessening influence on the function: Atropine, Magnesium sulphuricum, Plumbum aceticum, Ammon. muriaticum, Calomel and Cuprum sulphuricum.

5. The action of the heavy metals on the liver is peculiar; lead and copper especially, produced in small doses a shrinking, and in large doses a destruction of the liver-cells. This action was especially noticeable with copper.—*Fortschritte der Medicin*, No. 22, 1887.

Discoloration of the Skin by Nitrate of Silver.—In *Vratch*, No. 33, 1887, Dr. M. S. Tolmatcheff reports a case of chronic argyriasis. The patient, a strong peasant aged 58, had accidentally pricked the sole of his foot with a nail. On his admission, three months later, a granuloma was found on the injured spot. This was partly cut away, partly scraped out, the whole denuded surface being subsequently “Paquelinized,” and afterwards cauterized with solid nitrate of silver. In the course of two months fifteen cauterizations of the kind were performed. The patient then left the infirmary, but seven months afterward returned with a new and still larger granuloma. The same treatment was again carried out, and fifteen further cauterizations with the solid stick were performed in the course of two months and a half. About the end of that period the man began to lose flesh markedly and to grow weak. In a few weeks left hemiplegia came on, the face became of a leaden color, with ecchymoses under the eyelids; profuse brownish-black spots of the size of apple-pips appeared on the cheeks, forehead, neck, abdomen, hands and feet; there was a bluish line on the gums, the sclerotics became discolored, the mouth was dry and had a bitter taste. Microscopical examination of a piece of the stained skin that was cut out showed that the brownish-black specks were situated mainly in the lower strata of the Malpighian layer and in the upper ones of the subcutaneous cellular tissue. A month’s treatment by tepid baths, Iodide of potassium and Glauber’s salt, did not effect any improvement. According to Dr. Tolmatcheff’s reckoning the whole quantity of the silver-salt employed in the case during a twelvemonth was not more than one drachm and a half, the average quantity used at a sitting being taken at three grains.—*Brit. Med. Jour.*, November 12th, 1887.

Tanacetum Essence.—A note upon the Biological Effects of the Essence of Tanacetum and Tanacetic or Pseudo-Rabies, by M. M. H. Peyraud, was lately read at the Académie de Médecine. In the course of his biological researches on a series of isomeric essences, the author noticed an essence, which has not yet been classed, exhaling an odor resembling that of absinthe. This essence, from which Bruylants obtained tanacetic camphor, was extracted from the *Tanacetum vulgare*, and has an atomic constitution similar to that of essence of absinthe and Japanese camphor— $C_{20}H_{16}O_2$.

M. Peyraud gave venous injections of essence of tanacetum to rabbits, with the following results: In twenty minutes the animal was seized with violent convulsions. It bounded backwards and forwards and fell down, generally on its left side; its teeth chattered; it bit its tongue; it foamed at the mouth, the foam being occasionally tinged with blood; the mucous membranes were discolored; the fæces and the urine escaped; the respiration was spasmodic and hurried (115 respirations a minute). The convulsions ceased and recommenced with redoubled

violence. The animal started at any sound close to its ear; it bit the ground and its own paws. When placed on the opposite side to that on which it had fallen, it recovered its previous position by the aid of its teeth. This tanacetetic convulsion lasted an hour or more, according to the quantity of essence injected. If the dose was more than four drops the animal died of asphyxia. The convulsions were succeeded by coma of two or three hours' duration; the animal then recovered its normal condition. During the convulsions it continually uttered a hoarse cry, like that heard in the epileptic convulsions caused by essence of absinthe and Japanese camphor. The attacks produced by tanacetum differ from those produced by these substances in the following respects: There is no loss of consciousness; there is only one attack, which is followed by a long period of coma; the sensorial functions are excited, rather than suspended. The glycogenic function of the liver is not arrested; the liver, examined immediately after death, was found to contain a remarkable proportion of glucose. Bromide of potassium does not prevent the attacks. Like essence of absinthe, essence of tanacetum raises the temperature. . . . M. Peyraud concludes that the character of tanacetetic convulsions approaches that of the convulsions caused by rabies. The following phenomena are observed in both cases: Hallucinations, convulsions without loss of consciousness, opisthotonos, spasms in the muscles of the pharynx, larynx and throughout the thorax; abundant salivation, sensorial excitability, a desire to bite, a hoarse characteristic cry, frothy sanguinolent mucosities in the trachea and bronchial tubes, subpleural hæmorrhage, blood infarcts in the liver.—*Brit. Med. Jour.*, Nov. 12, 1887.

Essence of Tanacetum as a Prophylactic to Rabies.—M. Peyraud reports that, in the preceding communication in which he first made known the biological effects of the essence of tanacetum injected into the veins of an animal, there resulted an attack of pseudo-rabies, and called attention to the preventive action of hydrate of chloral for this tanacetetic hydrophobia and even for the true disease. In the present communication he gives some new observations. If an animal before being inoculated with real rabies is treated for from six to eight hours preceding by injections of essence of tanacetum, the animals experimented on do not become rabid. The author's experiences extend over eight months, and the animals experimented on are well.

Two animals inoculated with the poison of rabies without having received the preliminary injections of essence of tanacetum died of true rabies.

M. Peyraud hopes to possibly be able to prevent by this remedy the development of rabies in subjects bitten by mad dogs.—*L'Union Méd.*, November 29th, 1887.

So! This drug, which causes symptoms so similar to those of rabies

that they are called tanacetie rabies, cured rabies or at least prevented the manifestation of the disorder. But of course the Homœopathic Law does not apply here. Of course not!—ED. H. R.

The Struggle of the Cells of the Organism Against Invading Microbes.—Metschnikoff publishes in *Annales de l'Institut Pasteur* an interesting note under this title. He gives the name "phagocytes" to the cells that possess the property of absorbing and digesting microbes. The action of these cells is not confined to the absorption of dead or degenerated tissue; they also furnish the organism with a means of resisting microbes which may have penetrated into the tissues. He made his researches on transparent animals, such as the daphnea, which are often invaded by a parasite of the yeast family. The spores of this parasite, in the form of long needles, penetrate with the food into the intestine, through which they escape into the cavity of the body of the daphnea. As soon as they have done so a struggle commences between them and the white corpuscles, which isolated or in groups absorb the spore and destroy it, transforming it into shapeless granules; the daphnea is thus saved. But sometimes (about one time in five) the spores escape the white corpuscles; they germinate, and a considerable number of conidia invade the body of the animal and kill it. But even when the spore has germinated the struggle does not cease, for the white corpuscles continue to absorb some of the conidia, which, however, are so rapidly developed that the phagocytes are powerless to check them. Metschnikoff adds, that in the higher vertebrata and in man, there is also a struggle between the microbes and the cell-elements, but the phenomena are more complicated. There are two sorts of phagocytes; the first, the leucocytes, are scattered through all the tissues and concentrated in the lymphatic and circulatory systems. He calls them "microphagi," and he gives the name "macrophagi" to the others, which are the connective-tissue corpuscles, the epithelial cells of the pulmonary alveoli, and in general all those cells that are capable of absorbing solid bodies, and are provided with only one large nucleus; they are not so easily colored as the microphagi. Between these two kinds of cells there is a series of intermediate ones; and the author promises to prove in an early publication that true migrated leucocytes may become transformed into connective-tissue corpuscles. Metschnikoff points out that there are cases in which the organism is invaded by microbes without any resistance being made by the phagocytes. These are the cases in which the animal is in a diseased condition, as exemplified in the cholera of fowls. In these cases death is generally rapid. The same micro-organism, inoculated on the guinea-pig, produces only local infection, and the animal generally recovers. In this case the mass of pus-cells surrounding the point of inoculation is found to contain a quantity of microphagi full of absorbed bacteria

of fowl-cholera. In carbuncle the microphagi are powerless to absorb the bacteria. The case is otherwise, however, when, instead of a strong virus, attenuated virus, obtained by the method of MM. Pasteur, Chamberland, and Roux, is employed. When the virus is introduced beneath the skin of the animal, a large number of microphagi surround the filaments of the vaccine and are thus destroyed in the interior of the phagocytes. The same thing happens after a second inoculation. Metschnikoff employed in his experiments a watery solution of vesuvine, which does not color living bacteria, but stains dead ones brown. In this way he saw most of the rod-shaped organisms encased in the protoplasm of the microphagi assume a brown color, whereas the cells remained colorless and continued to live, showing amœboid movements. After remaining for some time within the white corpuscles, the bacteria became difficult to see. Experiments made with frogs kept at a temperature of 20° C., gave similar results. On the day following inoculations, large numbers of bacteria were to be seen colored by vesuvine. On the following day all the bacilli had been absorbed by the microphagi, and many were already in course of destruction.—*Brit. Med. Jour.*, November 5th, 1887.

Antipyrine in Seasickness.—Ossian-Bonnet finds, from a number of observations (about sixty in all) made with great care during two voyages, from Havre to Buenos-Ayres and return, the following.

I. Contrary to the opinion of different authors, seasickness is simply a vertigo produced under the influence of one or many causes, sensorial or psychical.

II. The use of Antipyrine always arrests the manifestations, but the dose varies. In most of the cases 1½ grams (23 grains) was sufficient, and the full effect resulted in about ten minutes. In other cases it is necessary to repeat the dose, but the author has never been obliged to exceed 3 grams in two doses to produce complete relief within an hour.

III. In certain cases relatively very rare, the patient owing to the frequent vomiting is unable to retain the remedy; here a hypodermic injection of 1 gram (15 grains) of Antipyrine has worked admirably.—*La France Méd.*, December 3d, 1887.

Note on Antipyrine as an Analgesic.—M. Roux, in treating migraine with Antipyrine according to the rules laid down by Germain Sée, found three cases, all young women, in whom 1 gram (15 grains) of the remedy given immediately before and after the attacks produced no effect; it neither prevented the attack nor relieved it if present. He has had two failures, a case of sciatica and one of abdominal neuralgia.—*L'Union Méd.*, December 3d, 1887.

The Contagiousness of Cancer.—The question of the contagious or infectious nature of cancer is continually recurring. The *Lancet* has

recently started a discussion bearing upon it, by a citation of three cases in which epithelioma of the penis in the husband has been followed by cancer of the cervix in the wife. Mr. Clement Lucas, referring to these cases, reports a curious instance of three different forms of cancer occurring in three individuals living together in the same house. He says: "In 1881 and again in 1883 I operated on a gentleman suffering from rodent ulcer of the eyelid and forehead. He is still living, but with a return of the growth. In 1884 I operated on his wife for scirrhus of the breast; and during the past week, a partner who has always lived in the same house with them has come under my care with epithelioma of the tongue. I would not suggest that there is of necessity anything more than accidental association between these cases, but the coincidence is the more interesting in that there is no blood relationship between them. Before one has learned to attribute the ravages of cancer to the introduction of some external virus, one must have regard to the more apparent contributaries to its outbreak; and if asked as to these, I should give, in order, age, syphilis, melancholia, gout."

Quite apropos of this subject is a communication made by Professor Von Bergmann at a recent meeting (November 2d) of the Berlin Medical Society, "Upon the Infectious Nature of Cancer." He reminded his hearers of the fact, that many pathologists have thought that cancer belonged to the class of infectious disorders. Virchow has said that cancer of the stomach, in particular, bears the impress of an infection, and Klebs has called attention to the presence of gastric cancer in persons who had first suffered from cancer of the tongue, gums or jaws. Kraske and Israel have cited similar illustrations. Cases of contact-carcinoma are, however, rare, and Von Bergmann presented a striking illustration of it before the society in question. The patient suffered first from a carcinomatous nodule in the middle of the upper lip; after this had begun to ulcerate, a cancer appeared at a corresponding point in the lower lip. At the same meeting Dr. Hahn described a most interesting though somewhat audacious experiment which he had made upon a patient suffering from widespread deposits of cancerous nodules. Three of these he removed and transplanted. Cancer developed at the points at which they were placed.

Facts thus continually accumulate, leading to the belief that cancer is a specific infection, and that we may some day find its specific cause, be it microbe or ptomaine.—*Medical Record*, December 10th, 1887.

NEW PUBLICATIONS.

The Medical Genius; A Guide to the Cure. By Stacy Jones, M.D. Philadelphia: John C. Winston & Co. 1887. Small 8vo., cloth, pp. 320.

The prominent purpose of this book as given in the preface is to "exhibit the pure genius of our best drugs as attested by the undoubted cures effected by them in doses both minute and massive." He intends the work to be "a mirror in which the advocate of each mode of medication may see how the other cures." He states further that the book is written mainly for those "occupying the middle belt between the extremists of the two dominant schools of medicine, who without let or fear of any faction aim straight for the cure."

We are of the opinion that the book will not be accepted by either school of medicine as being an exposition of its methods; it certainly gives only fragments of homœopathic methods, as a few selections will show.

Under *Arbor Vitæ* we find as general indications: warts upon the skin; teeth decayed at the roots; nails soft and brittle; ailments worse when warm in bed; desire for cold food. We are also told that *Thuja* in minute doses is the remedy for vaccine disease, small-pox, varioloid, enuresis of children having warts, spermatorrhœa (official doses), enlarged prostate, balanitis, rupia, ranula, sycosis, deafness from dryness of the ears, iritis, sclerotitis.

Under *Black Snake Root* (*Cimicifuga*) the general indications are: distracted state of mind, inability to sleep, with appearance of strange objects before the sight, muscular soreness, ailments relieved by eating and quiet repose. "In minute doses it is a reliable remedy for headache, especially of delicate ladies, close students, and intemperate persons, sciatica, hysteria at change of life, and from deranged menses, nervous chills and shivers as in confinement, cough with every attempt to speak, catarrh of the nose alternating with leucorrhœa."

"In the larger ordinary dose, it is curative in acute rheumatism, myalgia, neuralgia especially in neck, back, chest, hip, ovary and womb. After free sweat rapid and permanent cure ensues, chorea, nervous tremors, irregular heart-action with intermittent pulse, spinal irritation, spasms of meningitis, photophobia, suppressed menses (almost specific): puerperal mania, acute insanity, constant talking or deep melancholy, after-pains."

The author also includes many prescriptions for different diseases, gives a chapter of hints on various matters and another on the hot water treatment. A full repertorial index completes the book.

Wintering Abroad. By *Dr. Alfred Drysdale*, of Cannes. Second Edition. London: J. S. Virtue & Co. 1887. Boericke & Tafel. New York and Philadelphia. Cloth, small 4to, pp. 62.

In this little work, *Dr. Drysdale* tells us in charming language the advantages of the different winter-resorts of Southern Europe and specializes the peculiar forms of disease for which each is adapted. The physician who is apt to be consulted as to the advisability of a patient's wintering abroad will find this little book quite useful for reference.

PUBLISHERS' DEPARTMENT.

The Homœopathic Pharmaceutical Association of the State of Pennsylvania.—In 1880 a pharmacy bill for the regulation of the sale of drugs and medicines in the State of Pennsylvania was introduced in the Legislature, a strict construction of which would have subjected every homœopathic pharmacist in the State to an examination as an old-school druggist or to employ a clerk who had been able to pass such an examination. Prompt action in securing the coöperation of homœopathic members of the Assembly and of the Senate resulted in a defeat of this measure.

It was thereupon considered desirable to form an organization for the protection of the homœopathic pharmaceutical fraternity of the State, and for securing equal rights and recognition with the old-school druggists.

After some preliminary correspondence a meeting was held at the office of Dr. F. J. Slough, at Allentown, Pa., on April 9th, 1881, which was attended by six pharmacists, and, a temporary organization having been effected by electing Dr. F. E. Boericke (at the time a member of the firm of Boericke & Tafel) as President and Dr. F. J. Slough as Secretary, it was resolved to apply for a State Charter, and accordingly Articles of Incorporation were drawn up and presented to the proper authorities. On October 3d, 1881, the Charter was issued and "The Homœopathic Pharmaceutical Association of the State of Pennsylvania" was duly incorporated.

The next step deemed necessary to protect the interests of the association, in connection with a new old-school pharmacy law which was about being pushed, was to formulate a bill to "regulate the sale of homœopathic medicines" in the State. It was thought best to closely follow the text of the old-school bill with only such indispensable alteration as to make it applicable to homœopathic preparations. The two bills were introduced in the Assembly together, and were both reported favorably by the committee to which they had been referred. But as the old-school bill was withdrawn after it was loaded down with objectionable amendments, the other was not pushed.

Two years later or by the end of 1886, two new bills were again presented, and, both being reported favorably, they passed the House of Assembly and the Senate, the homœopathic bill being several weeks in advance of the other. By an oversight, however, in the wording of a paragraph, it failed to meet the statutory requirements, and was in consequence of this defect vetoed by the Governor. The old-school bill was similarly worded, but, profiting by the other's experience, a change was made in time to ensure its passage and the signature of the Governor.

This bill called for a board of five examiners to be appointed by the

Governor, and, on the claims of the homœopathic fraternity being urged with him, he appointed A. J. Tafel, President of the Homœopathic Pharmaceutical Association of Pennsylvania, as a member of said board. This appointment came somewhat unexpected to the old-school colleagues, but it was accepted with good grace, and the homœopathic member met with a courteous reception at the hands of the other members of the board. It is required by the new law that each retail dealer in medicines be registered and that such registration be renewed every three years. Certificates of registration have been provided for both old-school and for homœopathic pharmacists, and while all actually engaged in this business at the passage of the law, have a right to registration, newcomers must hereafter undergo an examination before the board. Applicants for homœopathic pharmacy will be turned over for special examination to the homœopathic member of the board.

This is the first instance of a recognition of the rights of homœopathic pharmacists on behalf of State authorities, and is therefore worthy of note.

A great deal of work and activity was required to accomplish this end. All of the 900 homœopathic physicians of the State were supplied with copies of both pharmacy laws, whenever the matter came up before the Assembly and Senate, and their influence with their respective members of the legislative bodies was solicited. Many cheerfully responded to the appeal and sent words of encouragement to the committee having been put in charge. Foremost amongst the most indefatigable workers were Dr. F. J. Slough, of Allentown, and Dr. Hugh Pitcairn, of Harrisburg.

An auspicious beginning has been made; let others follow and do likewise.

At the annual session of the Homœopathic Pharmaceutical Association of Pennsylvania, held in September, 1884, *The American Homœopathic Pharmacopœia* was unanimously adopted as the authoritative work on homœopathic pharmacy, in that it follows closely Hahnemann's own precepts for the preparation of homœopathic remedies.

All the pharmacies of this State and many outside of it follow the rules of this work, and, as Dr. Schwabe's Polyglot Pharmacopœia, which is almost identical with this, was endorsed by the central body of homœopathic physicians in Germany, it is safe to maintain that two-thirds of the homœopathic preparations dispensed at present in the world, are prepared in accordance with the rules of these works. A. J. T.

Dirty Pharmacies.—P. W. Roberts, M.D., Evansville, Wisconsin, writes as follows:

“ ‘Order is Heaven's first law.’ ‘Cleanliness is next to godliness.’ These united we have a high standard of affairs in any department. In the preparing of remedies in the homœopathic department they are abso-

lute. Anything short of such a combination endangers life, and aborts the best efforts of the most skilful and careful prescriber of the profession. Not long since, I visited one of our large cities, and while there I called upon several of the well-reputed pharmacies. While in one of them, a circumstance occurred that gave me an insight into the inner workings of their laboratory. Here, amid an atmosphere saturated with foul odors, such as volatile drugs, coal-gas, etc., I saw a dirty-looking man sifting from a large box of what purported to be 'pure sugar of milk,' such as is packed in one pound packages for the trade and used for our triturations. At this combined odoriferous and ocular manifestation my soul cried out (or rather whispered within), 'Is this the reason of some of the failures in our best efforts to save life and promote the principles promulgated by Hahnemann?' This discovery led me to keep silent and watch further. In another department I heard something as of grinding. I followed the sound and saw several mortars with pestles arranged to move by power other than human muscles. They were in such close proximity that of necessity the dust of the contents together with the dust of the constantly wearing iron gearing must mix each with the other, and when put into packages for the trade, what are we hard-working doctors that strive to be honest dealing out? Surely, these things ought not to be, and I trust will not longer continue,—if our medical societies would appoint a committee to look after such matters that would drop into these shops unawares and keep the profession posted as to our interests. We pay for purity, let us demand it, in the medicines we deal out to the afflicted."—*U. S. Med. Investigator*.

The cleanliness and order necessary to produce uncontaminated medicines cost money, a good deal of money, and the pharmacy maintaining such a state and which bestows the proper care in the selection of material, in workmanship and the like, is not one which can meet the too widespread mania for first-class pharmaceuticals at second-class prices. We have had a good many physicians visit our operating department, and never has one yet seen that department other than clean and orderly. Our last and unexpected visitor was a well-known professor in a Western Medical College, who had nothing but praise for what he saw. In this connection we can quote with pride the following words written of our establishment by Dr. Korndoerfer: "I have more than once called unexpectedly, that I might see things in their every-day dress. I can only say the establishment is one to be proud of. Cleanliness, neatness, and accuracy may almost literally be seen, impressed on everything pertaining to the preparation of medicines. Isolation of medicines during the process of trituration, accurately made machines, thoroughly trained workmen, and close personal supervision by the members of the firm, all converge to the one great aim,—i.e., the purity of the preparation."—*Hahnemannian*, January, 1885.

Two Advertisers.—It is very generally known that the Homœopathic League of London is giving homœopathy a very thorough advertising throughout the British Empire by means of tracts. The result of this will be a benefit to suffering humanity, an increase of practice for homœopathic physicians, and of business to homœopathic pharmacists and publishers. The action of the League meets the approval, we believe, of all homœopaths, and rightly, too, for why should quackery alone be allowed to have the ear of the great public? Believing it should not, and knowing that people cannot take up with something of which they know nothing, we have taken up, so to speak, the work of the League in this country, *i.e.* of letting the public know something of homœopathy—its claims, its virtues and its brilliant record. Certain we are not animated by pure philanthropy, but by practical business considerations. We believe that homœopathy can be enormously advanced—substantially benefiting thereby the public, the physician and the pharmacist—by simply “letting the public know.” This, in a modest way, we have been doing, in certain sections, for over a year in prominent public prints, making homœopathy and its record our leading text. This course was, and in a sense is yet, an experiment, though to all appearances a successful one. Man is very prone to running after strange gods, and the purveyors of quackery and humbug see to it that he is supplied (and abundantly notified) with numberless ones, all of them infallible for cure. We entered the field and let the public know of homœopathy’s *deeds*. We advertise no special medicines, nor to cure any particular disease. We endeavor to turn that portion of the public which doctors itself—and it is a big one—from quackery to legitimate remedies, in which the self-doctorer if he does not do himself any good at least does not do himself the serious harm he does when he takes quack stuff in the habitual wholesale manner. Our tentative efforts have met with very considerable success on the whole, and with words of approval from very many of the profession, on the manner in which we have conducted this in some respects delicate matter. In isolated instances we have been asked what we mean by it? Going into the patent medicine business? To all these we may here reply, Not at all, Doctor, nothing is further from our thoughts; on the contrary we are bent on promoting homœopathy, and by doing so your practice must increase as erring ones come into the true medical fold, and our own business as homœopathic pharmacists.

Again.—We offer no “inducements” saving the inducement of pharmaceuticals which in every minutest particular conform to what homœopathic medicines of the first class must be. We use the term “first class” because it is apparent there have grown up two classes of pharmaceuticals not only in the homœopathic school but in the allopathic as well. To gratify the prevailing mania for “cheap” things—we put

the word in inverted commas because in reality "terribly dear" is too often the true meaning—a good many pharmacists have gone into the business of furnishing medicines made with the special end in view of "selling cheap." They will offer "inside rates" to physicians and "special discounts" to draw a big order, and often when they cannot get what they ask will take what they can get—and make a profit. A short time ago we were told of a pharmacist, one who has heretofore produced reliable goods but who had unwisely attempted to meet the prices of the "cheap" men, who acknowledged that at the prices he could not come out even on his business but for things outside of what were strictly homœopathic pharmaceuticals. In a case of this sort one of two things must happen sooner or later—the goods sold must meet the "cheap" goods in quality in order that the seller may live, or he must go out of business. There is, to be sure, a third course, *i.e.* to follow our policy, which is, instead of bending our energies to "cut" prices and offer illusive inducements, to devote them solely to the quality of our preparations.

A physician who had never dealt with us before dropped into one of our pharmacies and asked for some *Phosphorus* 1st decimal, and was amazed when he found we kept nothing under the 4th. He said he could get all the 1st he wanted where he bought his goods. We told him that in our pharmacies anything under the 4th would burn and even the 4th was risky. What sort of stuff he had been getting for the 1st we do not know, but it is evident he had been grossly deceived. The pharmacist who has so little regard for the grave responsibilities of his profession as to deceive a physician in this manner would not probably hurt his conscience much to deceive him in other things. Another case was recently related to us on unimpeachable authority. A physician had a case the symptoms of which plainly called for a certain medicine: he administered it, but could get no response; he felt assured that he had not been deceived in his choice of medicine and mentioned the case to a brother professional and asked his advice. "Get some of Boericke and Tafel's, and try it"—mentioning the medicine the physician had been giving. He did so, gave the medicine, and the response was prompt. This is an instance, certainly, where our contention that it is unwise to buy pharmaceuticals at a price below that at which a first-class article can be sold is abundantly sustained. We do not claim to be the sole firm producing strictly reliable medicines, but we do claim that everything we produce is at all times and in all places strictly reliable.

Homœopathic Journals.—Among our new advertisements this month will be found that of our esteemed contemporary *The Homœopathic Physician*, which claims to give its readers homœopathy pure and undefiled. The publishers offer free sample copies to any physician

writing for one, and our advice is—write. It is our belief that no doctor takes, as many claim, “too many journals.” Because a journal is taken there is no obligation to read it from cover to cover. A mere glance through the pages of different journals tends to keep the physician “in the swim,” as the fashionable slang puts it, and during the year the chances are largely in favor of something being picked up that will be worth a hundred times the pittance publishers ask for their journals. While on the subject we might mention that the “ad.” of the stanch old *Hahnemannian* also offers a free sample copy. Lastly we slip in a word for ourselves. *Every* physician should take the RECORDER. It is published right in the centre of homœopathic pharmaceuticals, and if there is anything new in medicine or about medicine the RECORDER will keep its readers informed thereof. The profession, we believe, are coming to our way of thinking, at any rate the returns for vol. iii. go ahead of vol. ii. Open your wallet, Doctor—a ten-dollar bill will go a long way in medical journals, and you will, be assured, get value received.

Alpine Cream.—“Cream-milk, Loefflund’s unsweetened, condensed and preserved on strictly hygienic principles, without sugar or chemicals, perfectly pure and rich in cream. From the Bavarian Mountains where climate, soil, pasturage and breed of cattle combine to produce the richest milk. Ed. Loefflund, Stuttgart and Harbathshofen (Bavarian Alps). Sole agents for the United States: Boericke & Tafel, New York, Philadelphia and Chicago”—is the label on a decidedly superior article of condensed cream and milk for which the senior partner of our firm secured the agency while on a visit to Europe last summer. There are also on the label full directions for use and also the assurance that the article is condensed without sugar or antiseptics, and that for infants it is unexcelled by any substance in the market. That “Mixed with three parts of water it yields the best Alpine milk in natural strength; mixed with less water it gives a delicious rich cream of perfect purity and freshness” suitable for all the purposes for which cream is used. We shall probably have more to say on this subject in the future. In the meantime, reader, such claims as are here made are worth looking into.

Cocoa.—Away up front somewhere among our advertising pages will be found the advertisement of H. O. Wilbur & Sons, the big chocolate and cocoa manufacturers of Philadelphia. On turning to the page it will be seen that they offer to physicians a free sample and that the good qualities of their product are endorsed by high homœopathic authority. For the sample the physician must write direct to the firm, but the *Cocoatheata* may be ordered of us, as we carry it at all our pharmacies, but have no samples to offer.

Orange Wine.—This is something comparatively new in therapeutics. For many years attempts have been made to produce a wine from orange juice, and at last success has come; the Florida Wine Company have had for some time a wine on the market made from the ripe Florida oranges of Clay Springs, Orange Co., Florida, which, we believe, will be as valuable an aid to the physician in his work as it is palatable to both sick and well. W. D. R. Blackwood, M.D., in a recent article in a medical journal, is quite enthusiastic in its praise. "Its smoothness and freedom from heating properties, its splendid keeping character, which allows it to evaporate without souring, and its low per cent. of alcohol, make it one of the best substitutes for the long line of sherries, port, claret and other brands, most of which are unreliable and impure. As with every good thing, imitations are already produced; but there is no difficulty in obtaining the genuine article," etc. The Company have placed at our disposal a supply of neat sample bottles, which we will give or send free with orders as long as they last to any physician applying. The wine may be had at any of our pharmacies. The price is not quite so high as that of other really good wines.

A Picture.—The year following his departure from this work-a-day world to a better one the Faculty of Hahnemann College got out a splendid steel-plate engraving of Constantine Hering, for so many years professor of *Materia Medica* in that famous college, and certainly, if any one was, one of the fathers of Homœopathy. The pictures of the men who bore the heat and burden of the day will always possess an interest, and, as time rolls by, and homœopathy becomes more and more firmly established, an increasing value. The stock of these engravings has been turned over to us by the college, and they may be seen and purchased at our pharmacies.

Very Suggestive.—We recently saw several one-ounce bottles of what purported to be "mother tincture," and which a good many physicians buy, and lay the flattering unction to their souls that they are doing a shrewd stroke of business because they can get—let us call it "Brown's" mother tincture for so and so an ounce, while Boericke & Tafel ask twenty-five cents for theirs. "Brown's is the place for us! We save some hard-earned pennies there," they say. And yet Brown isn't exactly working for glory either, in fact Brown has what lay Philistines would denominate a "soft snap" on mother tinctures. To elucidate the point we will say that Brown—and his customers, too—could buy an ounce of Boericke & Tafel's mother tinctures for twenty-five cents and nine ounces of alcohol for say twenty-eight cents, "shake well together," and pour out ten ounces of tincture, which, by a not very difficult mathematical process, will be found to have cost purchaser 5.3 cents per

ounce. So far, so good. Now then a close examination of the five-cent dilution and Brown's "cheap" "mother tincture" will reveal the fact that they are about one and the same thing in strength, with the merit of unqualified freshness in favor of the five-cent tincture. If any physician is inclined to doubt, let him make the comparison. We have done it on about eight or nine of the leading mother tinctures, and in nearly every case our 1st decimal and sometimes even the second showed up with the same strength (and more freshness) than the mother tinctures they were compared with.

A New Stethoscope.—We have got hold of a new stethoscope (Soule's Vacuum Stethoscope), constructed on a new principle. A rubber ball is attached to the part of the instrument applied to the flesh; this ball is squeezed flat, the instrument applied, and then the ball is let expand, and the stethoscope clings tight to the flesh by means of the vacuum thus produced. This stethoscope comes with some very high recommendations. It may be had at our pharmacies.

Succus Calendula.—The following letter from H. E. Carter, physician and surgeon, Falls Village, Conn., is worth noting. The letter is addressed to Messrs. Boericke & Tafel, and published with writer's permission :

"I sincerely beg your pardon for finding fault with you for sending me *Succus calendula*. It is simply immense—the grandest healing agent I ever saw. I have been treating a badly crushed finger for the past four weeks. The healing process went on very slowly. *Calendula* ϕ was used with carbolic washes, etc., but with most unsatisfactory results. Thursday, when I dressed it with a solution of the *Succus*, the muscles were plainly visible, with offensive pus exuding. I ordered it kept wet all the time. I called Monday to see how it was getting on, and, to my astonishment, was told the finger was entirely healed, and, sure enough, it was. I was completely dazed. All praise to *Succus calendula*.

"Very truly yours,

"H. E. CARTER.

"FALL VILLAGE, Conn., May 25th, 1887."

In this connection we quote a paragraph from a letter received from L. W. Menzel, M.D., Horricon, Wis., November 21st, 1887: "I applied the *Succus* in full strength to an inflamed mucous membrane yesterday noon, with remarkably quick results. I never saw such results from the use of Eyermann's non-alcoholic *Calendula*."

It was at the suggestion of Dr. Samuel Sexton, one of New York's most famous surgeons, that we began the preparation of *Succus calendula*. In 1886 we wrote to him on the subject, and he replied: "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."

Succus calendula is an article which every physician and surgeon should keep within easy reach.

Faulkner's Visiting List and Repertory.—This valuable work is so well known that we need but call attention to it. It contains the paper properly ruled for Vaccination Record, Deaths, Nurses, Obstetric Record, Daily Engagements, Prescription Record, etc., also calendar and a number of valuable tables and Repertory, the whole compact, and strongly and elegantly bound. May be seen at our pharmacies.

Cane Sugar and Malt.—Manufacturers of this country have never been able successfully to combine malt extract and cane-sugar, and it remained for Loefflund of Stuttgart, to solve the problem and produce a lozenge, or candy, or bonbon—either of the names will apply—in which malt is effectually and, what is important, palatably combined with sugar. These bonbons are not medicinal any more than other forms of malt extract are; they are merely a more palatable preparation. The following is what the inventor has to say on the subject: "Loefflund's bonbon operates chiefly by long contact of the malt solution with the mucous membrane of the mouth and throat. It ought, therefore, to be slowly dissolved in the mouth but not chewed. In the morning a few bonbons effect the quick and easy removal of any phlegm formed during the night. Whilst moving about in the open air, particularly in rough weather, the bonbon by moistness protects the throat from taking cold. On account of the easy digestibility the use of Loefflund's bonbon can be continued a long time whenever agreeable."

When Loefflund first offered his bonbon the druggists of Germany laughed at him and said they did not keep candy shops; to-day there is not one of them but keeps the bonbon and finds steady sale for it, and this came about, not by advertising or business tact, but simply on the merits of the article. The bonbon isn't a medicine, it doesn't pretend to cure disease, it doesn't interfere with the action of medicine, but it does have the power to clear away the mucus from the throat and prevent distressing hawking and spitting—distressing to every one—even as soap and water clear away extraneous matter from the hands and face. If a harmless and wholesome compound of cane-sugar and malt will clear away the accumulation of mucus from the throat, it will at the same time in such instances necessarily aid the voice. We predict a large and steady demand for the bonbons. May be had at our pharmacies.

Some Old Books.—Look among the RECORDER's green pages this month, and among other interesting things may be seen a page or two of old books—homœopathic books. Some of them are old, for instance, the *Transactions*, vol. i., 1846, some older still; others are old editions though not old books; see Hale's *New Remedies*, 4th edition, price cut more than half, and Cowperthwait's *Materia Medica*, 3d edition, also severely cut; some of the list are in our catalogue, others not; the net price, or price and discount, will be found with each book. Postage, of course, is extra. Any fuller information concerning these publications will be cheerfully furnished in writing. Homœopathic books are not like allopathic books; after a few years the latter are comparatively valueless in consequence of the ever-shifting treatment of that school. It is otherwise with homœopathic literature; what was true in Hahnemann's day is true to-day, and sometimes the old is truer to the faith than its younger and smarter brother. Give the old ones a chance by running over the list.

The New Materia Medica.—From all quarters come the most flattering notices of the Farrington book. The *Southern Journal of Homœopathy* says it is "a legacy greater than which can hardly be hoped for in the next decade by the student in Homœopathic Therapy."

"Throughout the work the major portion of the 'comparisons' bear direct reference to the therapeutic application of the drugs under consideration. This it is which makes the work so valuable as an every-day companion to the prescriber. Thus on referring to any drug in its relation to any given disease, the physician will see much more than the mere mechanically framed symptoms."—*Hahnemannian Monthly*.

"A book for every-day use, and fortunately written with such grace of diction that study is not a task, but becomes as near a royal road to knowledge as we may ever hope to travel."—*The American Homœopathist*.

We have received a number of inquiries as to what progress Professor T. F. Allen's promised *Hand-Book of Materia Medica* is making. An inquiry at the Hahnemann Publishing House reveals the fact that the work is steadily progressing toward completion, though the date of issue cannot as yet be definitely announced, but it is hoped it will be soon. As Dr. Allen says, "It is a work that cannot be hurried." Due notice will be given in the RECORDER of its appearance.

Test for Arsenic in Wall Paper.—A simple and easily applied test for wall-papers has been devised by F. F. Grenstedt. No apparatus is needed beyond an ordinary gas-jet, which is turned down to quite a pin point, until the flame is wholly blue. When this has been done a

strip of the paper suspected to contain arsenic is cut one-sixteenth of an inch wide and an inch or two long. Directly the edge of this paper is brought into contact with the outer edge of the gas flame a gray coloration, due to arsenic, will be seen in the flame (test No. 1). The paper is burned a little, and the fumes that are given off will be found to have a strong garlic-like odor, due to the vapor of arsenic acid (test No. 2).

Take the paper away from the flame and look at the charred end—the carbon will be colored a bronze red; this is a copper reduced carbon (test No. 3). Being now away from the flame in a fine state of division, the copper is slightly oxidized by the air, and on placing the charred end a second time, not too far, into the flame, the flame will be colored green by copper (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic, for copper arseniate is commonly used in preparing wall-papers. Tests one and two would be yielded by any paper containing arsenic in considerable quantities.—*British Medical Journal*.

An Exhaustive Work.—In 1884 there was published (Trübner & Co., London) the first volume of a work under the title of *Materia Medica: Physiological and Applied*. The contents of this volume run as follows: *Aconitum*. By R. E. Dudgeon, M.D. *Crotalus*. By J. W. Hayward, M.D. *Digitalis*. By F. Black, M.D. *Kali bichromicum*. By J. J. Drysdale, M.D. *Nux vomica*. By F. Black, M.D. *Plumbum*. By F. Black, M.D. Each of these papers is by an eminent authority, and is practically an exhaustive book in itself. *Aconitum*, for instance, embraces 148 pages, devoted to character, preparation, history, monographs, general and special actions, list of authors, aconite poisonings, aconitine poisonings, aconite provings, aconitine provings, index of symptoms, therapeutic uses, and references to cures. It is, perhaps, a little unfortunate that this fine work has Vol. I. stamped on it, as, in fact, it is, as we said before, complete in itself, or rather it is six complete works bound in one. For price see our advertising pages.

Back Numbers.—We can supply full sets of the RECORDER, vol. II., either bound or unbound, \$1.00 unbound, \$1.25 bound, or 20 cents per copy for odd numbers. Of vol. I. we can furnish any numbers excepting Nos. I. and V., 10 cents per copy. With each issue a certain number come back to us on account of the stickers by some means getting rubbed off, and this must account for the occasional failure of journals to reach subscribers, and as every subscriber is entitled to a full volume we will, on notification, send any missing numbers. This offer, of course, does not apply to those who may have received a few specimen copies.

SPARKS.

1887 has disappeared on the horizon, and we are sailing on the unknown sea of 1888.

"*Ai ouill traï tou slip*" is the way a new French English-without-a-master sort of a book pronounces "I will try to sleep."

There is a quack compound titled "Anti-Vaccination Mixture."

With her present fashionable appendix lovely woman hasn't much show at a seat unless she tackles it sideways.

A French traveller says he watched for a supposed burglar with his revolver until he found him to be an earthquake.

Man is pretty much the same foolish person everywhere—and everywhere he knows it all.

It sometimes looks as though what myths were to the men of old theories are to the modern.

If the "Damocles sword does fall he has no good reason for dreading the consequences" is a neat way of calling a man a blockhead.

"When will you dine with me again?" asked a giver of spare dinners of Herr Saphir. "At once," replied the still hungry Austrian wit.

"Life is called life, but it is truly pain."—Euripides.

A "literary" society addresses a letter October 6th, 1887, to Nathaniel Hawthorne, which the *Atlantic* publishes "because the government has not yet established a post-office in his present district."

"What Books to Lend and What to Give" is one of the latest of the tribe "Hand-book." To save borrower's character we would say "give but don't lend."

The subscription blank in this number of the RECORDER is a gentle hint for you—if you haven't done so already—to send in your \$1.00.

What is in a name? Does "taxation" savor as sweet as "protection"?

"She also smiled, as one may fancy a mosquito smiles in the dark when it settles on the nose of a happy sleeper." One of F. Marion Crawford's women.

"An eagle!" contemptuously exclaimed an Imperial sportsman once; "Gentlemen, do not trifle with me—an eagle always has two heads."

In some wedding invitations "your presents" is misspelt "your presence."

Uncle Sam shivers at the thought of lighter taxes.

Mr. W. D. Howells wrote of a lady "in a steel-gray effect of dress, and this she had carried up into her hair." Meaning's plain but rather startling at first.

An Indiana pedagogue taffies the *American Teacher* by calling it an "excellent and truly practically educational paper." That schoolmaster's "abroad," dead sure.

An "educational journal" asks, "Where was Napoleon's second exile?" Can't tell until we know his name.

An undertaker once advertised, "Why Drag on a Miserable Existence when you can be Comfortably and Handsomely buried for Three Guineas by," etc.

"I was her first offence," says Cadeaux, the thief in *Erminie*, of his parent.

THE
HOMŒOPATHIC RECORDER.

VOL. III.

PHILADELPHIA, MARCH, 1888.

No. 2.

UNCONSCIOUS TESTIMONY.

THE Homœopathic Materia Medica has been held up to scorn as being a collection of symptoms of subjective character only; and it used to be sneeringly asked: "Can you ever produce a pathological change by drugs?" To this question the answer was, "Yes, if the proving be carried far enough." But this answer never satisfied the doubter, and he usually turned away more convinced than ever of the credulity, or worse, of the homœopath.

In the present number of the RECORDER is given a very full abstract from the remarks made by Professor Virchow at the meeting in November last of the Medical Society of Berlin. It is worthy a most careful perusal; and our attention is especially attracted to his final statement that he is unable to determine between a diphtheritic dysentery and one caused by the use of corrosive sublimate employed in antiseptic solution. He even found the presence of micro-organisms in the latter case, and the microscopic examination gave results practically identical with those of the former.

In England, within the past few months, no less an authority than Mr. Jonathan Hutchinson has seen psoriasis develop under the prolonged use of arsenic; and, more than this, maintains that he has more than once seen cancer develop under the long-continued action of the same drug. He adds, that arsenic seems to have a modifying influence upon the skin, by which it can both cure and cause cancer.

But a still more remarkable declaration is made by Professor Von Nussbaum, of Munich, in *Therapeutische Monatshefte*, January 1, 1888, where, in concluding an article on the internal uses of ichthyol, he says it would be a splendid example of Hahnemann's formula, "similia similibus," since it often acts with wonderful curative effect in eczema,

while there are constitutions in which ichthyol can produce an eczema. To be sure, he uses the German subjunctive, as he wishes to express doubt of the reality of the implied conception.

Now, it is inexplicable to us, that thinkers, as these men undoubtedly are, do not see the existence of the law of similia in therapeutics, for we do not think they are wilfully blind. It may be that among the German medical leaders of to-day—they are bitter enough opponents of homœopathy, as their action in the matter of the proposed laws concerning the dispensing of medicines recently showed—there may be a Saul, whose eyes are to be opened, and who is to be a Paul to preach and teach the truth of our despised law of cure.

HOMŒOPATHY IN GERMANY.

HOMŒOPATHY labored from the very start under great disadvantages in Germany. The strict Government supervision of everything pertaining to the preparation and sale of medicines is a very serious drawback to its spread, for it enables the dominant school, through the old-established machinery, to exercise a pressure the like of which has not been experienced in any other country. The result is that at present there are only six authorized homœopathic pharmacies in all Germany, to wit: three in Saxony, Dr. Schwabe's, Taeschner & Co.'s and Margraf's; two in Bavaria, Kaufman and Hess; and one, Mayer, in Wurtemberg. All the others are appendages of drug stores. In all Prussia not a single homœopathic pharmacy has been authorized, and homœopathic physicians are compelled to write prescriptions which are there put up by the druggists, a majority of whom keep a more or less complete stock of homœopathic remedies on hand.

From the peculiar nature of the higher dilutions and triturations it follows that even the strictest examination will fail to determine whether or no they are anything else than simply alcohol or milk sugar, for their correctness cannot be demonstrated by chemical tests or the microscope. Hence it follows that the doors to deception are wide open to the unscrupulous among the druggists.

With the view of insuring to the druggist an ample income and to enable him to devote his time exclusively to the most scrupulous care in making his preparations, the Government restricts their number and only permits drug stores to be established in a certain ratio to the population. The prices they are permitted to charge are also strictly regulated by the authorities. While New York city has nearly one thousand drug stores, Berlin, of equal extent, has less than one hundred. And a similar ratio is observed elsewhere.

The enmity and opposition of the old school fraternity is as bitter to-day in Germany as it was with us twenty-five years ago. For many

years the druggists would have nothing to do with homœopathic medicines. But when they found, in the course of time, that homœopathy was bound to spread in spite of them, that its votaries increased by thousands, and that the authorized homœopathic pharmacies from distant parts did a thriving business in their own towns and cities, they became aware of the error of their ways, and presto: a homœopathic department was soon connected with their drug stores and prominent signs bear the legend, "Allopathic and Homœopathic Pharmacy." As a rule there is a pretence of keeping the two separated, but they are invariably in the same building which is permeated more or less by the smell of strong drugs. In consequence of all this homœopathy has had a slower growth in Germany than almost anywhere else, and more especially is this the case with the profession, for there are at this day less than six hundred physicians practicing homœopathy in the whole German Empire. But among the people, among the families, it has made immense strides within the last ten or fifteen years. Germany is, par excellence, the country of societies, of associations, and probably owing to the animosity displayed by the dominant school, several hundred homœopathic societies have been established all over the country, and delegates of each of these are sent to the annual meeting of a central body. The head of this representative body is at present in Berlin, and at their last annual meeting, in summer, 1887, Dr. Schwabe, the well-known homœopathic pharmacist, was present. He felicitated himself on the favorably changed aspect of affairs, as compared with former years, and maintained that his allopathic colleagues were a conscientious and honorable body of men who would not stoop to deception, even though in connection with homœopathic remedies, which most of them held in light esteem.

The officers of the "Central Verein" by no means shared this confidence and strenuously insisted that fully one-half of the druggists would not scruple to dispense simple alcohol or sugar of milk rather than miss a sale, and they offered to furnish incontestible proofs of their assertions, *provided Dr. Schwabe would pledge himself to expose the matter in his journal* "Populaere Zeitschrift fuer Homœopathie," to which he readily consented.

On November 13th he received the following letter from these gentlemen:

"HONORED SIR: Not only you but we also entertained too high an opinion of allo-homœopathic druggists. Not only one-half, as we mentioned, but fully seven-eighths of them deliberately impose on the public by issuing to it nothing but alcohol or milk sugar for their good money.

"In casting about for Latin names, similar in sound to names of medicines, we hit upon the following:

"TUBER CINEREUM—*Gray protuberance of the brain*: an anatomical term for a certain portion of the brain.

“URTICARIA RUBRA—*Scarlet nettlerash*: a cutaneous disease.

“PEMPHIGUS FOLIACEUS—*A vesicular eruptive disease of the skin.*

“MADAROMA FRAUDULENTUM—*Deceitful baldhead.*

“We wrote receipts, giving these names, and appended a numeral denoting the dilution wanted and mentioned the quantity desired, at the same time we prescribed another remedy as *Aconite 3, Silicea 6, Pulsatilla 3*, etc. These recipes were sent to the eighty-nine drug stores which we found mentioned in this year's directory of the city of Berlin. Of these eighty-nine pharmacies *only twelve* refused to fill the recipes, and among these are several that don't keep any homœopathic remedies. [Then the names of these twelve establishments are given.] The other seventy-seven drug stores furnished these pretended remedies, duly appending directions for use. In several drug stores the assistants wrote, in addition to the directions for use, the names of the remedies, although they must have known that they did not exist. We received *Tuber cinereum*, 5 x dil., in fifty-eight drug stores; *Urticaria rubra* 3 x dil., in sixteen drug stores; *Pemphigus foliaceus*, 3 dil., in three drug stores; *Madaroma fraudulentum*, 3 x trit., in seven drug stores, and besides, *Epsi cinereum*, 3 x trit., in three drug stores. Some of the drug stores were visited two or three times, and each time a second or third supply of these spurious remedies was obtained without a question or hesitancy. In S.'s drug store, which is regarded as the most trustworthy homœopathic establishment, we received in addition *Spirillum luteum* as well as *Madaroma fraudulentum*, and the proprietor, on being taken to task, excused himself, expressing his utmost regret, saying: that a young and rather inexperienced assistant read *Mandragora 3*, and another assistant thought that *Spirillum luteum 3* stood for *Crocus sat. 3*. At the same time the money was refunded which had been paid for these pretended remedies. This same druggist furnished to Dr. B.'s pharmacy *Madaroma fraudulentum 3* for cash, and so it is to be seen that we were not the only ones who were imposed upon and victimized by a part of the druggists of Berlin, for Dr. S. did not scruple to take the money from his colleague, Dr. B., and to sell him pure milk sugar in place of a non-existing remedy.

“Dr. B. wrote to us in response to a query that he dispensed *Madaroma fraudulentum* having full confidence in the integrity of S.'s drug store.

“In addition to this it became manifest that but few of these druggists were satisfied with charging in accordance with the prescribed 'tax' or price list, and that most of them charged from 50 to even 100 per cent. over the established prices.

“We had in Berlin the same experience we had in the cities Potsdam and Stettin. In Stettin we obtained from one druggist *Urticaria rubra Spirillum luteum*, and the 3d dilutions of *Antim. crud.* in liquid form; and in another pharmacy, *Pemphigus foliaceus, Spirillum luteum*,

Urticaria rubra, and a third liquid potency of *Calcareo carb.* 3, which cannot be made, the same as that of *Ant. cr.* 3, as above. *Calc. c.* 3 was also obtained as a liquid at another druggist's in Stettin. In all these drug stores the names of the remedies were written on the bottles and we were charged 50 pf. (12½ c.) for each. In Potsdam we obtained *Tuber cinereum*, in those drug stores.

“After such experience we shall institute such visits to druggists, at certain intervals, and we shall publish the results. We earnestly request you to pay us a visit to enable us to show you personally what we received in Berlin, Potsdam and the Stettin pharmacies.”

Well, Dr. Schwabe hied himself to Berlin and saw the indisputable proofs of the druggists' faithlessness and deceit. The recipes were written in a clear, distinct and bold hand, and the deduction that if one remedy is not genuine the others also could not be depended upon, which the members of the Central Committee propounded, could not be gainsaid.

That so large a percentage of the druggists should be thus unmindful of their pharmaceutical oath and honor was astonishing—unheard of. Dr. Schwabe, true to his promise, published the whole proceedings at great length in his journal in the November and subsequent numbers. And it created a great sensation. It was taken up by the daily press all over the country, and the faithless druggists are trying by hook or crook to squirm out of their exposed and dishonorable position. It is to be hoped that the whole may tend to bring about much needed reforms in Prussia. But we are much surprised that in a later number of his paper Dr. Schwabe seems to maintain that there exists no necessity for establishing authorized and purely homœopathic pharmacies. He seems to think that the punishment which will surely reach the guilty, and the exposure and disgrace, will make honorable and trustworthy men out of all his former colleagues.

While we believe that such dishonesty and imposition will not be met with to anything like the same extent in this country, we know that *Lachesis* 1x and *Phosphorus* 1x triturations have been furnished by well-known homœopathic pharmacies in this country.

THE POSITION OF A HOMŒOPATH IN RELATION TO THE LATER DISCOVERIES IN MEDICAL SCIENCE.

II.

THE REMEDY—BY DR. HEUSER, OF LEIPSIK.

THE instinct of man, if I may so express it, has, since the most remote time, sought for and found remedies among poisons. Poisons, the term being taken in its widest sense, produce, as far as we can judge

by experience, similar states to those resulting from monadal irritants. The view formerly generally accepted, that fever always depends on a primary affection of the nervous system, has been proved incorrect by the researches of Billroth, Weber, Hüter, and others, as well as by the evidence of pathogenic micro-organisms in many general and local diseases. But it would be going too far to deny entirely the possibility of fever as the result of a primary influence upon the nervous system. We must rather maintain that a whole series of diseases is determined through the nervous system. And this second series of diseases stands, as we know from our provings of remedies, in direct and remarkable relation to the first series caused by micro-organisms. If we concede that the micro-organisms, as individuals, have the chief share in causing feverish and inflammatory states, later researches have shown that many kinds of microbes do not enter the blood and tissues with direct disease-producing power, but in large aggregation in single peripheral parts of the body exercise their injurious influence through their excretions which are there absorbed, that is to say through the excretion of a chemical, inanimate poison or ptomaine. The genius of Hahnemann taught, by his rational method of cure, the only effective way of meeting opponents that at his time could hardly be looked for, and through the appreciation of the relations that I am now discussing, our well-tried formula, "*Similia similibus curantur*," gets new illumination and advancement. In all times there have been many diseases caused by monadic irritants cured by an involuntary homœopathy; but more often, even to this day, they are driven away, being replaced by a toxic disease, as, for instance, when mercurial or iodine poisoning takes the place of syphilis, or quinine poisoning that of fevers.

I use the term poison in a very wide sense, as many substances act only on a single species of animal in a poisonous manner, or only when taken in the body in large quantity. Even in man, poisons act very differently, according to age, sex, constitution, condition of health, etc. I may mention the action of tobacco, and the caution given to pregnant women when employing different substances, for instance *Nux vomica*. I understand by poisons, all substances whose physiological action is the subject of our proving; hence, all drugs which, when taken into the organism in ponderable, or in relatively very small amounts, produce more or less violent functional disturbance. For each one of these substances, and, beside that, for each individual, there is a certain amount that produces no action upon the organism, that is to say a definite inactive dose, while at the same time the active dose accordingly as it exceeds or falls short of the inactive dose, brings about quite different results, which we distinguish as depressor (paralyzing), or excitor (stimulating) action. As Professor Jäger has shown, the primary action of a large dose is always the same excitor one which is peculiar to the small dose, and which the inactive dose does not produce. As

most poisons are brought into the body-fluids by a process of gradual absorption, it follows, that at first only a small dose is acting, and the same occurs when a large dose is decomposed chemically, or is excreted by natural means, as by vomiting, and is thus decreased to less than the inactive dose. In the latter case, the excitor action of the large dose is a secondary one. Jäger has, by his method of neural analysis, analyzed this physiological antagonism, and established the following conclusions: Voluntary motions are retarded by large doses, and become irregular and uncertain, even to the production of spasm and involuntary contractions; while small doses accelerate voluntary motions, and if they have been irregular, correct such irregularity.

Involuntary motions, especially the pulse-beat and respiratory action, become irregular in the rhythm of their contraction after large doses, and the digestive tract exhibits an irregular alternation between cessation of motion and violent peristalsis and antiperistalsis. But, as the phenomena of excitement in unstriated muscle develop—the phases of contraction and relaxation—much more slowly than in the striated muscle, the excitor primary action of large doses continues much longer in this case, and so there is an apparently opposed action in both tissues. While, for instance, in the voluntary striated muscles there may have begun a stage of paralysis, the smooth muscles may still show a strong excitor action, and only pass much later into the stage of depressed activity. These two conditions are of advantage to the organism, since the excitor action concerned in breathing, in the circulation, and in the intestinal functions, as excitor phenomena, aid in the elimination of the poison. Concerning the intestinal function, we have observed in many cases with the employment of large doses a primary and then a secondary reverse action, as, for instance, constipation, as the secondary effect of purgative remedies. So, a substance that in large doses increases some especial excretion or secretion, in small doses lessens it; thus, as soon as the amount of the purgative is decreased by its elimination below the active dose, the constipating action of the small dose begins.

In the nervous system, large doses cause an irregularity of nervous action whereby alternating conditions of depression and excitement occur, analogous to spasmodic phenomena in the motor sphere, causing most characteristic subjective symptoms, such as pain and perverted sensorial conditions, as well as alterations in general sensation.

Small doses increase the speed of nervous conduction, and regulate or quiet nervous activity; they never produce local sensations, but only general ones; they allay pain, and cause agreeable sensation in the general condition—appetite in the place of nausea, a feeling of vigor in place of weariness, and cheerfulness instead of anxiety.

Upon this physiological antagonism depends the peculiar activity of our homœopathic remedies, and it is, therefore, very important not

only to give the simile in any case, but also to give it in the corresponding attenuation. Properly enough, we lay the greatest weight upon the choice of the simile, but if this is given in an inactive dose, the result will only be a negative one in spite of the best selection; if, on the other hand, a large dose is given, the intended result can only occur through a roundabout way of primary or secondary action, in which manner allopathic cures, although not frequent, are made.

Concerning the depressor and excitor doses, experience teaches that poisonous action increases with the increase of the material, or its concentration up to a certain point at which the depression passes into absolute paralysis or death; and that, on the contrary, the excitor action of the same material increases indefinitely with the lessening of the amount or of its concentration; at least, thus far, no limit has been shown to exist for the activity of homœopathic attenuations. In diseases of children, these facts are of especial importance; as in children the inactive dose only begins with a tolerably high attenuation.

Many homœopaths deny the activity of a dose beyond the 6th decimal attenuation, or assert that such dosage is not within scientific criticism. But this is to be deplored; for our opponents are not to be won by such concessions. From their standpoint, the activity of Sulphur, for instance, in the 3d or 6th decimal trituration is as unintelligible as in the 30th, or even 2000th centesimal trituration. According to my experience, it is better to advise an allopathic colleague who is investigating seriously the activity of homœopathic remedies, to begin his experiments with high potencies. I especially recommend, for this purpose, Gelsemium in the 30th centesimal dilution for nervous headache. This remedy, given in this potency, in one drop doses night and morning, relieves with absolute certainty the most violent headache. As the remedial action becomes suspended the pain returns, to disappear again promptly by a repetition of the dose. Deception is here plainly out of the question: and the activity of a high potency cannot be more plainly demonstrated to even the most skeptical.

The physiological action of a remedy may be chemical or traumatic, decomposing or destroying tissues, as, for instance, with caustics, where, in a definite degree of concentration, the traumatic action follows, analogous to burning or freezing; or else, the remedy acts through its molecular motions, and here the differences in intensity and rhythm must be considered. All life-processes are, in their ultimates, molecular, and when a remedy penetrates the tissues and fluids of the body, it will be molecularly inactive, if its molecular motions are of the same intensity as those of the body; if greater, the remedy acts as an excitor to the life-motions, but if less it acts as a depressor. The closer the molecules of a remedy in solution are together, the less space there is for molecular motion; and, on the other hand, with increasing dilution of the remedy, there will be an increase of space between the molecules

and hence a greater amplitude for molecular motion, so that concentrated materials will act as depressors, diluted ones as excitors. Equally so will the specific rhythm of the molecular motion of a remedy introduced into the organism be without influence when it is like the rhythm of the life-motions of the organism; if unlike, yet at the same time regular and harmonizing with the latter, no disturbance will be caused in the organism; but, if the rhythms are not harmonious, a disturbing influence will follow. Similarly, when the molecular rhythm of the remedy is an irregular one, the molecular rhythm of the organism is disturbed when the molecules of a remedy are too close together, while the disturbance ceases if a higher dilution be used. From these considerations we may explain the great differences in the actions of different remedies, and recognize that every remedy has a specific physiological action that changes with every change in the atomic structure and in the motion-rhythm in the molecule. Hence, we see how important it is in practice to use only one remedy at a time, and to omit repetition of the dose as long as the improvement caused by the first dose still continues. It is plain that the continued addition of excitor doses has a cumulative effect, and that an unintended depressor-action may occur, and that where through a small dose the irregular motion-rhythm of the molecule becomes regular, the continued action of the remedy may disturb again the just-restored regularity, and the advantageous result attained becomes imperilled or turned into injury.—*Zeit. des Berl. Ver. Hom. Aerzte*, Bd. vii, Hft. 1.

HOW DO MEDICINES ACT?

BY RUFUS CHOATE, M.D., ROCKVILLE, MD.

PART I.

MEDICINES do not act by a power of the body or through any ability of the sensual organs, for these have neither life nor are capable of producing force of any kind.

According to Hahnemann it is the vital force, or what I hold is synonymous, the mind, that must first be influenced by the curative power. To do this the power must be on the same plane as the mind that is to be cured. Within all substances, of whatever shape, form, consistence or material, there is a dynamis, or an interior, spirit-like principle, without which that thing would be inappreciable to man and incapable of acting on him. Many of our most valuable remedial agents are in substances which until potentized are wholly inert. Section 269 of the *Organon* says, "The spirit-like medicinal powers of crude substances are developed to an unparalleled degree by means of a process which was never attempted before and which causes medicines to penetrate the organism, and thus to become more efficacious and remedial."

This interior vital force, this mind of man, is invisible and gives evidence of existence correspondentially in the body and in particular parts thereof. The spirit-like medicinal power of a drug is also invisible, imponderable, and will never be discerned by the most powerful microscope or the closest chemical analysis.

The mind is held in this world by being enveloped in its very image by bones, cartilages, muscles, organs, nerves, fibres, fibrillæ, etc. It is acted upon and reacts from impressions outside itself. It is passive and the recipient of action; it is active in reaction. Only dynamic, or power similar to itself, can impress it. Every word, every substance, aye, even an expression of kindness or of anger in the face, has enclosed that dynamism capable of giving to the mind its peculiar impression; and the mind, reacting, shows that impression in some parts of the body.

It is known that certain diseases act upon the vital force, or mind, in ways that produce in certain portions of the body symptoms recognized as characteristic of those diseases. Also it is learned by experiments upon healthy minds or bodies, that certain drugs produce effects which are shown in the body by certain known symptoms. When the disease-symptom and the drug symptom are similar actions of different forces, the one stronger than the other, the weaker or disease-symptom yields, leaving the drug-symptom in possession of the body or a part thereof. This drug-symptom the vital force readily overthrows and the body is restored to the healthy state in which the mind then is.

As "diseases will not cease to be spiritual dynamic aberrations of our spirit-like life, manifested by sensations and actions; that is, to be immaterial modifications of our sensorial condition" (see *Organon*), so must the medicinal power capable of altering the diseased condition be other than a gross, material, ponderable element, wholly out of the plane of, and opposed to, the nature of the disease.

PART II.

The first dose of a dynamic produces on the system results corresponding to the impressions produced by that dynamic upon the vital force. If this first dose is an exact similitude of the disease for which it was given to cure, it will not destroy that disease, as is generally held, but moves it outward. I must contend that every disease leaves forever in the system its ineffaceable impression, but that its power to destroy life or to do bodily injury, unless recalled by over medication or other means, is wholly prevented by the curative agent. This drug has now done its work or all it can do in that potency.

If the dose was exactly similar in kind, and sufficient in potency, the vital force is not brought into requisition for its overthrow. If it is not similar a counter-effect is produced by the vital force, during which the disease-symptoms usually disappear and the patient apparently recovers,

but after the reaction the active disease reappears deeper within the organism.

I believe that that much power is transferred from the dynamic as was necessary to produce a change in another force. So, then, if after the first dose there is any portion remaining for the power of the vital force to overthrow, it is not safe to give a second dose. If, in this case, a second dose of a suitable drug is administered it acts injuriously by attempting to overthrow the first dose rather than acting on the disease. The result of this, because equal forces cannot overcome equal forces, is an action upon the vital force, a reaction to overthrow the drug action, an apparent improvement in the disease-condition; after the reaction a reassertion of the disease, added to which is now the drug disease.

If the first dose was of an unsuitable drug, and the reaction has not yet wholly removed it from the system, there is created an antipathy to all the family of that drug and a near relative, though apparently suitable, will act injuriously. This relation has now become unsuitable. Consequently the vital force attempts to overthrow it, and unsuccessful in so doing, there is left in the system, 1st, the disease increased in force in proportion to the reaction required for the first drug, plus that required for the second drug, plus, 2d, the disease of the first drug, plus, 3d, the disease of the second drug.

If the system tolerates a drug, and an improvement is made in the disease, it will tolerate others of that family, provided sufficient time is given for reaction from the first drug. Observe carefully that sufficient time is given.

A system saturated to the extent of salivation with mercury rarely wholly reacts from that poison and the patient can never again take safely and beneficially even highly attenuated quicksilver. A *confrère* gave me the history of a case confirming this peculiar susceptibility. He produced in a lady upwards of fifty years of age, who in early life had been accustomed to take "blue mass pills," symptoms of mercurialization with a few doses of the 14,000 potency of Fincke's preparation of Mercurius.

PART III.

A dose of a high potency is relatively stronger in disease and weaker in health than a dose of a low potency.

A law exists in the use of potencies that has not yet, I believe, been promulgated. There is a disturbance in the profession over this subject which is little to the credit of homœopathy. The high potentist is apt to look down upon the low as upon one ignorant of the teachings of Hahnemann, though Hahnemann gave no law for potencies. Heartily and just as unreasonably is the contempt returned, the low thinking the high an idealist and a dreamer.

Grauvogl puts us in a path with the following, which is worthy of more study than is given it, and affords the high reason for his faith and the low justification for his practice. He says that low potencies act better in reductions, that is to say, in reducing a hydrogenoid to an oxygenoid; or, again, to change a water-charged constitution to an oxidating constitution, and *vice versa*. The constitutions of retentions of carbonaceous and nitrogenous elements, he holds, need high potencies, and, in fact, here certainly low potencies act not only inefficiently, but also occasionally injuriously.

Ad interna aceretio potentis est will prove the law for low and high potencies. To define closer: A low potency is suitable for and will wholly cure a disease in the ultimates of the body, and a disease entering deeper into the system will need, and cannot be cured by other than a potency high enough to reach that portion of the organism.

This opens a wide field and forces the question: "What are the ultimates?"

The courtesy of the RECORDER has kindly extended me the privilege of its pages for the promulgation of the law of potencies. Until others apply themselves to unfolding the truths revealed to homœopathy I cannot ask more space.

HOMŒOPATHIC THERAPEUTICS.

Remedies for Cancer.—By *Dr. H. Billig*, of Leipsic.—Concerning the illness of the Crown Prince, Dr. Lorbacher remarks in *Allg. Hom. Zeit.* that the case is the more to be regretted by homœopathic physicians, as we can say without boasting, from repeated experience, that the whole course of the Crown Prince's case would have been different, and in all probability more favorable, by the timely employment of homœopathic internal remedies, whether the affection is really cancerous or of some other nature. At all events the general attention which this case has aroused makes it advisable for us to review our literature of cancer and justifies the wish that all of us who have obtained permanently successful results in similar cases would publish them as soon as possible, and so give evidence that the internal administration of the simile in these affections is curative.

According to the latest reports the condition of the Crown Prince has undergone a marked change for the better. Whether this reported improvement is due to a new method of treatment (insufflation of Sabina powder) or to refraining from operative interference with the affected organ, opinions at this time may differ. If the improvement is really due to the Sabina we may almost conclude that the growth in the royal patient's larynx is not of a carcinomatous nature, for the results of provings of Sabina do not give any indication for its employment in

carcinoma. Can any of our colleagues bring forward a case either from our literature or from his own practice in which a cure of carcinoma was made by Sabina? If so the early publication of such would deserve our warmest thanks. Even in allopathic therapeutics Sabina is not found among the remedies used or recommended for the cure of cancer.

After thus much of digression I come to the real purpose of this article; that is, to exhibit the evidence found in our homœopathic literature, so far as the latter is known and accessible to me, that remedies chosen according to the law of similia not only *can* cure cancer in its different forms, but also *have* cured it.

A very valuable and instructive source is the late Dr. Munninghoff's (of Borken, Westphalia) essay "On Glandular and Epithelial Carcinoma, Sarcoma, Fibroma, and Angioma," which appeared in Dr. Heiningke's "Sammlung Wissenschaftlicher Abhandlungen aus dem Gebiete der Homœopathie," series ii., No. 3, 1882.

The first or pathological part of the brochure must be read. Just here we can only deal with the second or therapeutic part, and in it we find a rich collection of cancer remedies, some already well-known, the others new and for the most part of American origin. Before, however, passing to the consideration of the remedies singly it may not be superfluous to give some general observations of Dr. Munninghoff. He says:

There are two things determining disease, namely: The property or quality of the organism (the disposition to the disease); and secondly, the external cause of the disease, not immediately proceeding from the organism itself.

Concerning the properties of the organism, Grauvogl's three bodily constitutions, although they leave much to be desired, give us valuable points for treatment.

It is extremely probable that cancers are curable by the administration of internal remedies. In the homœopathic literature are many indications therefor. If we would treat carcinoma, medullary sarcoma, colloid tumor, sarcoma or fibroma, we must first establish the bodily constitution in which they have occurred, and then consider that many of these tumor-forms are of sycotic origin and appear in the hydrogenoid constitution. Other forms belong to the psora series of Hahnemann and appear in the carbo-nitrogenoid constitution.

Whether glandular carcinoma has ever been cured homœopathically, has not, it seems to me, been established with certainty, for in the cases appearing in our literature, the diagnoses, I fear, have often been of doubtful correctness,—but I do not consider it impossible. At all events, tumors have been cured whose nature was just as malignant as that of real cancer. The range of curability of carcinoma is far wider with us

than with the allopaths, and it is established that through homœopathy epithelial cancer is curable.

As to glandular carcinoma the most advantageous way is to extirpate the growth when accessible and then employ internal remedies.

Among the cancer remedies the author first quotes :

Hydrastis Canadensis.—It is said to have cured lupus, cancerous affection of the tongue, cancer of the stomach in a woman aged 25. Cancer of the stomach in a man in whom the growth extended to the umbilicus, accompanied by violent vomiting and pain, was by this remedy improved. In a man aged 78 a cancer of the stomach was cured, the tumor projecting in the epigastrium two inches in breadth, tincture of hydrastis being given in two-drop doses twice a day for eighteen months. It cured a cancer in the left lobe of the liver of the size of a nut. Mammary cancer, a hard nodule in the breast, was cured in two months.

Rana Bufo.—A woman had a small induration in the right breast, with at times violent sticking pains. A nodule of the size of a pigeon's egg, not sensitive, was cured by this remedy. Bufo 30 two doses per day (*vide A. H. Z.*, '61, 9, Hencke). A mammary cancer in a woman aged 50 was also cured by Bufo (same reference).

Condurango.—Epithelioma, lupus and other cancerous forms are said to have been cured by this remedy. Unfortunately the particular nature of the different forms has not been established by a differential diagnosis. Some authors assert that with this remedy syphilitic bony and glandular growths have been cured. In 1858 Condurango was employed in Nussbaum's clinic in the form of a poultice for ulcerating mammary cancer with success. Other physicians have also used it in different cancerous forms, sometimes with, sometimes without any result. Professor Beneke denies that Condurango has any specific power over cancer, but considers it an excellent stomachic. Dr. Reich thinks it is not a specific but an excellent palliative. Dr. V. Dieterich holds it to be of value only in scirrhus, not in medullary cancer. Dr. Kottmann found in two cases no result from the *internal* use of Condurango, but commends highly its external use in decoction, attributing to it a purifying or caustic action on the cancerous ulcer. He comes to the following conclusion: In small readily accessible cancers the external application of decoction of Condurango, as well as other caustics, may, perhaps, be curative, and, upon cancers not amenable to operation, further trial with this remedy is justifiable.

According to Clotar Müller's investigations the action of Condurango in scrofulous induration of glands and also in scirrhus was zero. On the other hand he determined that in open cancers it had a decidedly favorable influence,—in one case of cancer of the lip after ten day's use, and then cure followed.

Hydrocotyle Asiatica has cured suppuration from lupus exedens of the

nose; lymphatic tumors in the neck. Further, lepra, which had attacked the face, nates, hands and feet, and had destroyed the nasal mucous membrane and the soft palate; lepra tuberculosa or elephantiasis Græcorum which appeared especially on face, abdomen, thighs and pubic region. In the latter location there was a large node that discharged reddish pus. (I myself have treated a poor woman aged 50, yet tolerably robust, for a so-called elephant leg. Concerning it I corresponded with my colleague, the late Dr. Hirschel, who advised me to try *Hydrocotyle Asiatica*. I did so, and there was certainly a remarkable improvement or lessening of the swelling of the affected leg. I lost sight of the patient some time later.) Further, the remedy has cured elephantiasis Arabum, granular ulceration of the neck of the uterus, and half fungous, half granular ulcerations on the uterine lips.

Phytolacca decandra has cured abscesses of different kinds, especially in the mammæ, cancer, soreness and ulceration of the nipples, lupus, suppurating painless tumors, ulcers on the legs.

Uranium nitricum has cured epithelioma and lupus exedens.

Chimaphila umbellata has cured tumors of the mammæ, cancerous induration of the same and glandular enlargements of other kinds.

Cistus Canadensis has cured lupus of the face and of the nose.

Concerning *Guarea trichiloides*, Dr. Munninghoff knows of no curative results from its use, but he is of the opinion that the provings of this drug on the healthy show it to be an important constitution remedy, and that it ought to be of the greatest service in malignant tumors.

Whether *Badiaga* is to be considered a cancer remedy, properly speaking, we cannot determine from Dr. Munninghoff's quotations. Two, however, may be given here. *Badiaga* has cured glandular tumors on the left side of the face and neck posteriorly and anteriorly, almost all the size of a hen's egg, some hard, some suppurating; they disfigured and enlarged the affected parts from early life (the patient was twenty years old) and were lessened more than half by small doses frequently repeated. In another case it cured a long uneven swelling, of stony hardness, like scirrhus. At night there were violent lancinating pains as if from red-hot needles.

Besides the above-named remedies Dr. Munninghoff mentions *Ailanthus glandulosa*, *Alnus rubra* and *Juglans regia* as remedies having a curative influence on malignant tumors.

As additional cancer remedies the author cites: Sulphur, Mercurius, *Calcarea carbonica*, *Kalium bromatum* and *jodatum*, *Arnica*, *Lachesis* and *Tarentula*, without, however, giving any details. Concerning some other remedies, such as Arsenic, *Silicea*, *Kreosote*, *Graphites*, *Carbo animalis* and *vegetabilis*, *Conium*, etc., I will have more to say later.

From many directions the preparations of gold have been recom-

mended. According to Heinigke's "Arzneimittellehre," gold is to be used if the disease is without fever in persons of an irritable, easily vexed disposition or very melancholic, with attacks of great mental distress and thoughts of death.

As remedies for epithelioma, besides the previously mentioned remedies, we have Hepar sulph., Baryta carbonica, Merc. bijodat, Aurum muriat. and Kali hydriod. Schüssler recommends Kali sulphuricum for epithelioma, and in this is supported by other writers. In lupus Schüssler recommends Kali mur. and Calc. phos.

Omitting the allopathic cures given by Dr. Munninghoff, we quote from him: "We have here some cases of cure by the allopathic school. In an infinitely greater number of cases their efforts have been without success. Arsenic helps in one case and again it does not; Kali mur. seems to help now, and still oftener it leaves them in the lurch. We see the allopathic school groping in the dark in want of a guide—the law of similars. All the remedies which have been recommended by them during the last ten or fifteen years are of slight value without the knowledge of this law, their cures are matters of accident, and it becomes more and more evident that in any given case we are on the surest road when we follow Hahnemann's way in the selection of the remedy.

Dr. Goullon, Jr., of Weimar, in reviewing Munninghoff's monograph, says: "The author ought to have used more fully our literature than he has done, for then he would have placed at the head of his argument the epoch-making cure of Field-Marshal Radetzky, which gave a great impulse to the spread of homœopathy in Italy. The case is as follows: After a previous stage of inflammation there appeared at the inner angle of the right eye in this warrior of seventy a tumor, at first the size of a bean, that gradually became a proliferating fungous mass, causing the eyeball to protrude. Different remedies had been employed without effect when the patient submitted himself to the treatment of Dr. Hartung. Thuja 30, one drop in an ounce of water, was prescribed, of which the patient took a tablespoonful three times a day, while a solution of Thuja tinct., six drops to four ounces of water, was applied warm every two hours to the eye. After eight days this was changed to Carbo. animalis 30, internally, and a solution of Carbo. an. 12 was applied to the growth with a camel's hair brush. The cure followed in a short time."

Goullon mentions the extremely interesting cure by Schmidt, of Vienna, of a melanotic cancer of the stomach with Tartar stib., the remedy being chosen on pathogenetic indications from the provings; and he further mentions the cure by Dr. Mayländer, of Berlin, of scirrhus of the breast by means of Sulphur.

Finally, he points to Arsenic as perhaps the true specific for cancer; he ought to have given a whole chapter to it. In the *Hom. Rundschau*,

4, No. 9, appeared a highly interesting essay by Dr. Altmüller, entitled, "Arsenic, the Specific for Cancer."

In homœopathic literature there are still many other cures of cancer by Arsenic and other remedies to be found. To gather these cases together and make a critical review of them is perhaps the task for the future.

In Rückert's *Klinische Erfahrungen*, cures of cancer by the following remedies are reported: Alumina, Arsenicum, Aurum, Belladonna, Bryonia, Carbo vegetabilis and animalis, Cicuta, Conium, Graphites, Kreosote, Mezereum, Phosphorus, Sepia, Silicea, and Thuja.—*Allg. Hom. Zeit.*, Bd. 115, Nos. 23 to 26.

Practical Hints.—By *Dr. Bonino*, Italy.—Belladonna 12 relieved an aphonia appearing after diphtheria; there were burning, and feeling of choking in the throat, as accompanying symptoms.

Berberis 1 cured a neuralgia along the urethra and the left spermatic cord; the urine of the patient was high-colored and deposited a large amount of sediment; the patient suffered from gravel.

Bufo cinereus 6, an epileptic remedy, relieved a patient suffering from uterine cancer of intolerable pains which occurred, or were aggravated, by the slightest pressure along the spinal column, without helping the main trouble.

Cadmium sulphuricum 3x cured a right-sided facial paralysis in a ten-year old boy resulting from exposure to cold, and in which Causticum was given without effect.

Carbo veg. 12 was of the greatest service in a woman aged 50 who had a herpetic varicose ulcer on the inner malleolus of the left foot. The affection was of long standing; on examination, enormous varicose veins were found, especially in the left leg. The patient complained of constant itching and burning, and of the impossibility to stand upright without pain.

Clematis erecta 6 cured a herpetic ulcer, in which the itching was far more annoying than the burning. Dr. Bonino found that here Clematis erecta and Clematis vitalba were equally efficacious.

Cucurbita pepo 3 cured salivation and vomiting of food in a woman in whom the menses were absent, and who was erroneously supposed to be pregnant.

Aranea diadema: Bonino, like Grauvogl, cured violent odontalgia (upper jaw) with this remedy.

Ignatia 12 cured a weakness and empty feeling in the epigastrium so great that the patient had to take food at night. The trouble resulted from mental emotion.

Kali cyanuretum 3x helped a case of inveterate articular rheumatism without swelling, in which the pains became unbearable on leaving the bed or on motion.

Kaolin removed an obstinate bronchial catarrh with dry cough and with symptoms of suffocation as in croup.

Mercurius nitrosus cured in a striking manner staphyloma of the right eye, and, at the same time, a kerato-iritis of the left.

Cadmium: In the foregoing case, a bilateral otitis had preceded the eye-affection, and Dr. Bonino thought Cadmium was also indicated as recommended years ago by Petroz.

Oxalis acidum is prescribed by Dr. Bonino in gastralgia appearing after eating, and, at the same time, with pyrosis and a cold feeling externally between the epigastrium and umbilicus.

Pulsatilla was given with success to a woman aged 55, who had been for a long time melancholic, and who now suffered from sleeplessness that always appeared at 2 o'clock in the morning. She complained of a pulsating, beating headache, proceeding from the vertex; she would break out into lamentations, despaired of her soul's salvation, and did not believe she would be restored to health. She was of an irresolute disposition, and as a girl was taciturn even to her parents. Psora must be taken into consideration here, and who knows but that Pulsatilla is the cardinal remedy for melancholic conditions in women?

Verbascum 3 cured a left-sided prosopalgia seated in the supraorbital nerve.

Zincum metallicum cured a left-sided intercostal neuralgia, aggravated on motion and on becoming tired, and accompanied at times by palpitation of the heart.—*Allg. Hom. Zeit.*, Bd. 115, No. 25.

Successful Treatment of Cholera in India.—In a letter to the *Homœopathic World*, of January 2, 1888, A. Haegert, Medical Missionary, writes: "I have never lost a cholera patient, and I hope I shall not lose my next case. I have seen patients in all stages, and always found my treatment successful. I do not trust the nurse, but watch my case. My medicine is Cuprum 2x trit., a grain-dose every 5 minutes, 10 m., 20 m., 30 m.; prevent drinking of water. Repeat the dose should there be any more vomiting. I have never given more than four doses. For a male patient I appoint two young men to shampoo (press) the legs downwards; for female patients, I appoint two young women. After three hours, when the patient is out of danger, you may give one quarter-cup of milk or beef-tea every hour. For natives I use cup of conge or milk every hour, and give one dose of Veratrum 3x to prevent a relapse.—*Hom. World*, January, 1888.

A Case from Practice.—By *L. G. Griste, M.D.*, Twinsburg, Ohio.—In the month of August, 1884, Mrs. W., a large, well-developed woman of 25 years, came into my office, crying and in terrible distress. On questioning her she told me that she was about four months advanced in pregnancy; that she had been vomiting almost from the conception,

and for the last six weeks had not retained a single meal, and she said, "I am almost starved to death. I have been told that nothing but an abortion will stop the vomiting, and I have come to see if you can do anything that will help me so that I can go on in safety."

She was pale, thin and haggard; pulse rapid and soft; tongue clean, temperature normal. Said that she was very hungry, but soon after eating or drinking anything whatever she became intensely nauseated, and up it came no matter whether much or little had been taken. I determined to try *Cucurbita*, which I had used before in two cases with good results; but on going to my medicine-case I found the bottle empty.

I dismissed Mrs. W., saying that I would send the medicine to her house.

I immediately visited a convenient cornfield, got a nice fresh pumpkin stem, which I cut into thin slices, put it into a bottle, and covered it with dilute alcohol. At the end of one hour I poured off a little, making one-half a drachm of the first decimal dilution, which I sent her with directions to put it into one-half teacupful of water, to be taken at intervals of two hours, in teaspoonful doses. Also, to make her dinner of a little corn-meal gruel, and to lie down at once upon her back; to have a flannel cloth wrung out of hot water laid upon her stomach and to keep still. She did so and retained her dinner. Same procedure for supper; it also was retained. After breakfast next morning she laid down, but did not use the hot compress. For dinner she took a liberal slice of beefsteak and a little potato; did not lie down at all. For supper she ate a hearty meal of baked beans; no vomiting.

When I asked her why she did so, as I had cautioned her to eat nothing but light food, she replied: "I have not had a square meal for six weeks, and I thought it about time."

She took no other remedy than the bucolic "pumpkin" stem, which was continued five days. She never vomited after the first dose; and in January following I delivered her of twin girls.

Dr. Griste's only special indication for its use is, *intense nausea following immediately after eating*.—*Ohio State Med. Soc. Transactions*, 1887.

Cases Cured.—By *T. E. Wells, M.D.*, Tiffin, Ohio.—Herby May, aged 8 years. When about a year old noticed an enlargement over site of inferior maxillary bone midway between mental process and inferior angle. Has been gradually increasing in size; is now about the size of a small hen-egg. It is pear-shaped and hard, and disposed in layers. Child very obstinate. Early-morning diarrhœa with urging, could hardly avoid soiling linen; extreme hunger about 11 o'clock A.M.; could not wait for dinner. Itching around tumor. Sulphur 30 was followed by Sulphur 4700; was continued sixty days when tumor came off, leaving an unsightly cavity, the filling of which was next to be considered. At

this time the patient presented the following symptoms: Jaundiced appearance; easy perspiration; excessive flow of saliva. *Mercurius viv.* was given, and child improved rapidly. Cavity filled, and surface became almost entirely smooth, without any so-called healing salve or lotion.

George S., aged 72. Farmer. Had varicose ulcer of years' standing; discharges yellowish-white pus. Any abrasion of skin festers, and is slow to heal. *Hepar sulph. calc.* 6 followed by 30th cured without local treatment.

Maud M., aged 30. Had ague about four years ago; took quinine; has not felt well since. Has had chills every day or every other day for about a week. Chills running up back with thirst, but does not want to drink because drinking increases the chill and makes her shudder. Not much fever. Paroxysm lasts about two or three hours. Appetite increased alternately with aversion to food. *Capsicum annuum* 2x dilution cured.

*Mrs. D. B., aged 28. Has had chills about eight years. Thinks she has taken nearly all kinds of medicine, even horse medicine. Her doctor left two prescriptions in the office, one for her and the other for a horse; by mistake she got the horse medicine which nearly killed her, but did not affect her chills. What effect her medicine had on the horse deponent sayeth not. This patient had chills about every third day, beginning in the fingers and running up the back, but not much fever. Thirst sometimes during chill and sometimes during fever. Cold water always increased chill. *Capsicum annuum* 2x cured.

Mrs. J. H. L., aged 25. Has one child eighteen months old. Patient is despondent; easily moved to tears; mild. Hot, weak or faint spells. Cannot sit or lie easily unless right thigh is flexed on abdomen. Wakeful till toward morning. Then wants to sleep late. Has not been in health since child was born. I performed a successful operation on this patient for the repair of a lacerated perinæum, but did not relieve the condition. *Pulsatilla* 3x cured.

Mrs. S., aged 50. Has had a troublesome cough for a number of years. This is excited by an irritation in the region of the bifurcation of bronchi; coughs a long time to raise a little whitish-yellow phlegm, sometimes streaked with blood, after which she experiences great relief. Coughs day and night; is weak and emaciated. It has now been more than a year, and patient has gained in flesh and is quite well. *Nitrate of sanguinarina* 2x trit. cured.—*Ohio State Med. Soc. Trans.*, 1887.

Three Cases of Sciatica.—By *William J. Martin, M.D.*, Pittsburgh, Pa.—These three cases of sciatica, recently treated, illustrate very forcibly, that in order to cure our patients we must prescribe for the symptoms in each individual case, and not for the disease. *Sciatica may be cured by any medicine in the Materia Medica. But no one drug in all*

our *Materia Medica* can cure all cases. True, one, two, three, or a half-a-dozen remedies are more frequently indicated than others, but in choosing our remedy we must not allow ourselves to be confined to any limited number of drugs.

These three cases were cured, one by Arsenicum, one by Rhus tox., and one by Colocynth, yet they were all cases of the same disease.

Mr. McM., a very vigorous old gentleman of over sixty years of age, has been a healthy man all his life, he cannot remember of being sick in bed. When I was called to see him (April 1st), he had been confined to the house one week with sciatica (so pronounced by the old-school M. D. who preceded me in the case). While no fault could be found with the diagnosis, the patient became dissatisfied after a week of treatment. He was getting worse all the time, and refused to take more of the medicine. In examining into his case, I found that the prominent symptoms were: First, distinct and well-marked and very violent aggravation every night after midnight. Second, very restless, tossing about in all positions, he cannot be kept in bed and cannot sit still in a chair and cannot walk. Third, marked relief from hot applications.

Now, with these symptoms so prominent, viz., periodicity, *i.e.*, the attack coming every night, time of aggravation, *i.e.*, after midnight, and the conditions of amelioration, *i.e.*, heat and hot applications, there could be no question as to Arsenicum being the indicated homœopathic remedy. It was prescribed, the third trituration, a few grains dissolved in a glass half full of water, a teaspoonful every half hour during the paroxysms and every two hours at other times.

The first night after I prescribed for him the attack came a little later, and was shorter and less severe than before. The remedy was continued, and the paroxysms continued to grow lighter and shorter until in eight days from beginning to take the Arsenicum he was entirely well, and to this date has had no return of the trouble.

The second case is that of a large muscular man aged about forty years, whom I was called to see June 17th. He had in former years suffered with attacks of sciatica, and knew what was the matter with him, but had never had such a violent attack as this one. The pain makes him "yell like an Indian"; his pain is worse when he is still. Two days ago while he was feeling some little soreness in the limb—it was the right one—he walked to a funeral and back home again, about fourteen miles in all, and while he kept walking his leg did not hurt him, but when he got home he was very tired and lay down, then the pain returned and steadily increased, and when he tried to rise for the purpose of undressing he could not stand. His family put in the night applying hot cloths, which had been sufficient to relieve him in former attacks, but now only gave him slight temporary relief.

Next day, in the afternoon, I was called, and prescribed Rhus in water, a dose every half hour until relief came. The reasons for select-

ing Rhus were: the aggravation when still, the amelioration by walking (while he was able to walk), and the cause of this severe attack, which I took to be from a strain—that he had started out while suffering in a mild way with sciatica, and walked so far (with relief while walking) that he strained himself.

He commenced to take Rhus about four P.M., and the following morning at ten I found him resting quite easy, though he had had a hard night of it; so the remedy was continued and the next day he had very little pain but was restless and had a paralyzed feeling in the leg. The Rhus was continued, and the improvement continued from day to day, and in six days he was able to come to the office, and in ten days he went to his work, which is very heavy labor in a rolling mill.

This was one of the nicest cures I have seen of this very troublesome affection, and I feel like explaining the beautiful results thus: First, I hit upon the right remedy to begin with, and second, the case had not been spoiled by previous old-school drugging, or by new-school drugging either.

My third case is that of a young married woman who was a sufferer from sciatica following typhoid fever. Her attendant, one of the regulars, after treating her for many weeks, finally tells her that it is useless to send for him every time she has a severe paroxysm, that all that can be done is for her to take morphia to alleviate the pain, that it takes time for the system to throw off the disease, and that there has been no medicine found curative in sciatica. Being told by a friend that I had given him medicine that cured him of a severe attack of sciatica, she sent for me.

The prominent symptoms of the case were these: Sharp drawing pains in the lumbar region, hip and thigh of the right side, coming at irregular intervals and of intense severity, aggravated by any motion and only endurable when lying perfectly still with the thigh tightly flexed on the abdomen; soreness and lameness follow the attack. These symptoms all called for Colocynth, which was prescribed in the third dilution, ten drops in a goblet half-full of water. This prescription was continued for forty-eight hours without any perceptible benefit. Yet nothing in the *Materia Medica* was as well indicated as Colocynth. I observed that she was a little nervous, verging on the hysterical, and remembering how Dr. J. H. McClelland had told me some ten years ago, when I had him see a case with me at our old hospital—a female patient of similar disposition, also suffering with sciatica and to whom I had given Colocynth 3, that many of this class of female patients get along better when they can taste the medicine, and for me to give her a few drops of Colocynth ϕ in water, which I did and she improved rapidly. So, too, with this patient, when I changed from Colocynth 3 to Colocynth ϕ she improved steadily and in a few weeks was able to come to my office.

Under the morphia treatment she had been confined to her house some three or four months.

The Colocynth was given thus: Six drops in a glass half-full of water, a teaspoonful every two hours, but during a paroxysm of pain she was to have a dose every fifteen minutes. The result was that the paroxysms were shortened and their frequency diminished until she was well. This treatment was followed by a few prescriptions of Pulsatilla 3, which corrected some menstrual trouble and cured her leucorrhœa. This case was treated last winter, and I have not heard of her having any return of her trouble since.—*Trans. Hom. Med. Soc. Penna.*, 1887.

Ferrum Picricum.—By *Robert T. Cooper, M.D.*—The effect of Ferrum picricum in causing the dispersion of warty growths is so obvious that I have hopes it will prove of use in the more obstinate forms of epithelial excrescences.

A lady of about thirty, who was under my care for deafness, directed my attention to the number of warts that were coming on her body. There was a group of considerable-sized seedy warts on the back of the left shoulder (six months' duration); two on the right side of the neck close together; one on the chest; one on the knuckle of the left thumb (two years); and a pimply condition of the skin of the stomach, as if others were about to form.

Ferrum picricum in the third decimal dilution, a drop given every day, took away every one of these; they gradually went away, that is, while taking this remedy.

I have been, I believe, the first to show how often warts, especially old pediceled warts, accompany chronic deafness. The Ferrum picricum seems to have most power, as might be expected, over warts and corns of recent duration.—*Hom. World*, January, 1888.

During the discussion following the reading of a paper on the use of drugs, by *Dr. John D. Hayward*, in the meeting of the British Homœopathic Congress, in September last, Dr. Cooper mentioned three cases of cancer which he had had, where the patients had remained under his care, and now the cancers had nearly disappeared. He did not give himself credit for having any one remedy. It showed him that those cancers of the breast, undoubtedly (from the limited experience he had had) disappeared if the treatment were persisted in. He used Picrate of iron for this reason: That it had the peculiar effect of causing warts and warty growths to disappear. They all knew the relation between warts and ordinary cancers was very close; they were pathologically allied. For that reason he asked some of them to try the effect of Picrate of iron in cases of cancerous breasts. He used the third decimal.—*Month. Hom. Review*, January, 1888.

Cancer Caused by Arsenic.—In a paper on the “Use of Drugs in Surgical Cases,” read before the British Homœopathic Congress, held at Liverpool, September 22, 1887, by *Dr. John D. Hayward*, we find the following:

“Of all the internal remedies for cancer that have had their day, from early times down to the recent failure of Chian turpentine, Arsenic seems to be the chief drug offering genuine promise. It has long been in use for the purpose among homœopaths, and now, it is the turn of this particular instance of our treatment to be adapted and rediscovered by the rest of the profession. Professor Jonathan Hutchinson, in an address to the British Medical Association (reported in the *British Medical Journal* for July 30th, 1887), after stating that herpes zoster ‘is frequently brought out by the medicinal use of Arsenic,’ adds: ‘Permit me here to make a remarkable therapeutic assertion; I venture it after careful and extensive observation. It is this, that in recurring cases the one remedy which will stop the tendency is Arsenic. I know of no other, and I have the utmost confidence in this. Facts like these,’ he continues, ‘derive increased interest when placed in juxtaposition.’ But as he refuses to notice the homœopathy of this relation, we cannot be surprised that he is not struck by the similar relation between Arsenic and cancer, which he supports in the following remarkable paragraph: ‘Arsenic is occasionally the cause of a sort of psoriasis of the skin, and ultimately, if continued, of a peculiar form of cancer. These are, for the most part, new observations; but I think that the evidence is already conclusive. . . . I produce for your inspection several drawings by Burgess, which accurately depict the state of the skin which was produced in a gentleman for whom we had prescribed Arsenic in very large doses in the hope of restraining the growth of a cancerous mass which was beyond the reach of operation. Until he took the Arsenic he had a clear and healthy skin. The effect of the drug was to produce general dryness and earthy discoloration of the whole integument, with a psoriasis-condition on the tips of his elbows, on his knuckles, and in his palms. That these conditions in his skin were really due to the Arsenic was proved by their varying definitely with the dose. If, however, any doubt be felt on that point, let me adduce as further proof certain other drawings which I now show. They carry the case still further, and prove that Arsenic can even evoke cancer. The portraits are from two different patients; and they show exactly the same thing. In each case, the patient had taken Arsenic for several years for the cure of common psoriasis, etc., and the palms and soles had become hard and horny, ending, in each, by the growth of epithelial cancer. In one, the cancerous ulcer developed almost symmetrically in the two palms; in the other, it attacked the sole of the foot. In all these facts we have accumulative proof of the power which Arsenic possesses, in both controlling and disturbing the nutrition of

the skin. It may either cause or cure disease, according to the state of the patient for whom it is prescribed. In passing, let me remark that it is probable that its influence is by no means limited to the skin. I believe, although it is very difficult to give categorical proof, that it possesses definite influence over the growth of cancerous tumors, tending in many cases to restrain it.'—*Month. Hom. Review*, January, 1888.

In the discussion following the reading of Dr. Hayward's paper, Dr. Wolston, of Edinburgh, called to mind a very interesting case. A child was about eight months old when the left eye was observed to have a very peculiar twist, and, not being in any sense an oculist, he (Dr. Wolston) called in the advice of their best oculist in Edinburgh, Dr. Argyll Robertson, who diagnosed it as a tumor involving the eyeball and cavity of the orbit. He also thought it was of a malignant nature, but that it might be allowed to grow a little before being extirpated. The father, who was a strong homœopath, objected to the course advised, and he (Dr. Wolston) treated the case with the 3d decimal trituration of the biniodide of Mercury, with this result—the absorption of the tumor and the saving of the eyeball. There was a little cast in the eye afterwards, and the sight was lost, but no ordinary observer could ever tell that the child now grown up had had tumor of the orbit.—*Month. Hom. Review*, January, 1888.

Silicea in Ear Affections.—By *Dr. Goullon*.—Miss C. complained of heaviness of the head, earache, and difficulty of hearing; she had never had earache before. The greatest trial to her, was the accompanying hypersensitiveness to sounds, even the sound of voices in speaking. An examination of both ears showed nothing abnormal. She feared that she would lose the moderately good acuteness of hearing that she still possessed (she was about fifty years of age). The cause of her trouble, which was not limited to the hearing apparatus, was overexertion while changing her residence and at the same time taking a journey while menstruating. The patient had besides a catarrhal cough, pain in the stomach, and severe pain in the back. Between the shoulder-blades, any pressure on the spinal column produced a violent and long-continued pain, so that she had a well-marked spinal irritation. On account of the aggravations in the back-pains, I prescribed *Silicea*. I usually give this remedy in the 12th cent., but she took, from her box of remedies at home, the 3d dec. trituration a portion the size of a pea. In a few days, the heaviness of the head had gone and the hearing was essentially better. The most annoying symptom, over-sensitiveness to sounds with, at the same time, marked depression of spirits, had gone.—*Pop. Zeit. f. Hom.*, January, 1888.

Hydrastis Canadensis Causing Abortion.—Russian physicians have been using *Hydrastis* for uterine hæmorrhage from different

causes with considerable success. Dr. Von Stryk, of Riga, however, saw a woman, in the fourth month of pregnancy, in whom abortion took place on the third day of the Hydrastis treatment, the tincture having been used, in daily doses of 100 drops for relief of cervical catarrh.—*British Medical Journal*.

ITEMS OF GENERAL INTEREST.

Diphtheritic Changes Resulting from the Use of Corrosive Sublimate.—At a meeting of the Berlin Medical Society, held Nov. 23, 1887, Professor Virchow stated that within the (then) past two weeks he had seen several cases, similar to others of an earlier date, but so much more severe, in which under the external employment of sublimate and gray ointment very severe intestinal affections occurred, which, by the constancy of the changes produced, deserved the keenest attention. This intestinal affection had such peculiarities that if he was unaware of the cause he would have to conclude that he had to deal with dysentery. Indeed, he would not conceal that he would be unable to distinguish the affection from genuine diphtheritic dysentery; and further, he was in doubt as he looked back whether he had not formerly considered many cases to be intestinal diphtheria that, perhaps, belonged really to the latter group. The cases are as follows: The first was a puerpera, aged 25, who was treated in the city with carbolic acid, and then in the hospital, where the uterus was washed out on three successive days, November 2d, 3d, and 4th, with a solution of 1 gram of sublimate to a liter of water; thus, 3 grams (46 grains) being used altogether. Iodoform was also used. The patient died on November 6th. Post-mortem examination showed an apparently diphtheritic (possibly corrosive) condition in the vagina and in the uterus, parametritis, peritonitis purulenta, pericarditis purulenta, empyema, arthritis multiplex purulenta, and finally, a very severe diphtheria of the colon. The gut, which specially interested him, was sent to Professor Salkowski for chemical examination, who reported that Mercury was found in the affected portions of the intestine. The specimen, having thus been destroyed in this examination, could not be exhibited.

The second was also a puerperal case. The patient died on November 15. Had her confinement in the city, and was treated with sublimate washings. He could not determine how much of the sublimate had been used. Post mortem, the uterus and vagina were found to be in a tolerably good state; no notable pathological changes were present in them. There were morbid appearances in the myocardium, kidneys, liver, some broncho-pneumonia, but the chief point was the extremely severe affection of the colon. It was this that specially caused him to bring the subject before the Society, for the case was the severest one of sublimate colitis that he had ever seen. The colon and rectum and the

uterus were shown to the members. The rectum and lower part of the iliac flexure were, almost throughout their whole extent, the seat of a severe, almost gangrenous inflammation of the mucous membrane, and this extended in a gradually lessening degree up to the cæcum.

With the above was shown a specimen from an earlier case occurring in the University clinic, during the previous summer; here, too, the mucous membrane of the whole colon shows similar changes.

Finally, there was a recent case, that died November 17. He was a laborer, aged 38, affected with constitutional syphilis. He had been treated by inunction with gray ointment, five grams being used daily for two weeks. At the autopsy there were found the beginnings of a similar process.

The anatomical changes in these cases accorded precisely with those found in diphtheritic dysentery. It is well known that here there is in such cases a peculiar topographical division of the morbid appearances along the fræna and walls of the sacculi. The process begins with a simple reddening, then swelling; next œdema of the submucosa; next, often, hæmorrhagic infiltration, and in the hæmorrhagic spots diphtheritic infiltration develops.

These cases show a direct action of the sublimate upon the gut, but the poison had always been employed upon another part of the body, so that it could only reach the intestine *via* the circulation. Liebreich had some years ago made experimental researches upon the poisonous action of sublimate, and the same results were obtained then that are shown now. In the hyperæmic and hæmorrhagic spots there were found accumulations of bacteria, evidently of those already present in the intestines. Hence, we may consider that the sublimate caused first a violent irritation of the mucous membrane of the colon, and that this action of the poison produced a change in the substance of the tissues that was favorable to bacterial colonization.—*Berlin Klin. Wochens.*, No. 50, 1887.

The Micro-organism of Articular Rheumatism.—Popow is said (*Wratsch*, No. 49, 1887) to have drawn blood, with all precautions, from a patient suffering from rheumatic fever; with it meat-bouillon was infected, and this was kept in a test-tube stopped with cotton-wool for ten days, at a temperature of from 18° to 20° R. (72.5–77° F.); upon the surface bright citron-yellow islands had developed, which were found to be made up of cocci, singly and in chains larger than those of erysipelas, and easily stained with gentian-violet. The pure culture from these was introduced into the external jugular vein in two rabbits, and there followed, in each, acute articular rheumatism with peri- and endo-carditis. On post-mortem examination, the same coccus was found in the blood, in the synovial fluid, and in the heart.—*Allg. Med. Cent. Zeit.*, No. 2, 1888.

A New Local Anæsthetic.—At the meeting of the Berlin Medical Society, January 11, 1888, Dr. Lewin described a substance which appears to excel Cocaine. It is from Africa, where it is found as a red mass called Hayab, and, according to Livingstone's reports, it renders in man the tongue anæsthetic and motionless. Upon chemical investigation it is found to be a glucoside. Dr. Lewin found by experiments on animals that a small amount of it, in watery solution, applied to the eye caused so great a local anæsthesia that the animal, after fifteen or twenty minutes, reacted to no kind of touching; and this anæsthesia continued from ten to twenty-four hours. In frogs, and other animals, in which the solution was injected, there occurred quickly a loss in the rate of the heart-beat (from 38 to 8), and then heart-paralysis, and from time to time there spread over the animal a wave of spasm which appeared to begin at the eyes, extended over the abdominal surface, and even to the tip of the tail. In those animals which have the faculty of vomiting, this resulted immediately after the injection. From other experiments, Lewin is of the opinion that this poison is from *Erythrofleum judiciale*, a poisonous plant found on the west coast of Africa, which furnishes an arrow-poison; also, used on accused persons as an ordeal poison; in the latter cases, a watery solution from the bark is used, and if vomiting ensues the accused is acquitted; if vomiting does not occur he is put to death. Lewin has obtained from this plant an alkaloid identical with one obtained also by him from Hayab. Two centigrams ($\frac{3}{10}$ grains) of this Erythroflein are sufficient to kill a dog. A two-per cent. solution applied to the eye of a cat causes, after fifteen minutes, a complete and long-lasting anæsthesia, continuing, even after using small doses, one, two, or even two and a half days. On using very small doses, the cornea remains clear, but after the use of a two-per cent. solution there is great irritation and turbidity of the cornea, which, however, disappears after some days. When Erythroflein is injected into an animal fully tetanized by previous injections of strychnia, spasms of the extremities no longer appear. In guinea-pigs, after a subcutaneous injection, the skin of the part thus treated can be incised or the deeper tissues pierced without annoying the animal. By the use of too large a dose the animal dies in spasms.—*Allg. Med. Cent. Zeit.*, No. 4, 1888.

Cocaine-mercuric Chloride.—Balbiano and Tartuferi have shown that if 3.81 parts, by weight, of Cocaine hydrochlorate, 3.04 parts, by weight, of Mercuric chloride, each, in 200 parts, by weight, of water, are mixed, a flocculent white precipitate is thrown down, that is dissolved, however, by warming the mixture, and on cooling again separates out in the form of very fine crystals.—*Allg. Med. Cent. Zeit.*, No. 4, 1888.

The Action of Strophanthus.—Fraenkel sums up his views as to the value of Strophanthus as follows :

1. Twelve cases of valvular trouble, mostly mitral stenosis and insufficiency, and aortic stenosis. Three cases were complicated by considerable dilatation of the left ventricle, chronic nephritis, interstitial hepatitis, and pleuritis dextra. Seven of these did not react to the drug; in four there was a brilliant success; in one a moderate one. The maximum dose was 20 to 30 drops in the day. In the improved cases, dyspnœa, œdema, etc., lessened, but the remedy refused to act after some days, because the system had gotten used to it. In the negative cases, digitalis acted excellently four times; moderately well, once; and not at all in two.

2. Three cases of arterio-sclerosis, with dilatation and hypertrophy of the left ventricle. Here Strophanthus was without effect; while in two of these cases digitalis was of real service. The cardiac asthma was not at all influenced, which is not in accord with Zerner and Löw's or with Fraser's views.

3. Three cases of functional disorder of the heart—weakened heart. Two from alcohol, one from tobacco. In these cases, with irregular pulse, dropsical effusions, and dyspnœa, it acted extraordinarily favorably. One patient received, up to the time of his discharge as cured, in seventeen days, 16.5 grams; another, in twenty-two days, 21 grams of the tincture.

4. In chronic nephritis the results were negative.

5. A case of portal engorgement, with cirrhosis of the liver. The result was a brilliant success, the ascites disappearing.

Fraenkel concludes :

1. Strophanthus exercises a distinctly tonic action on the heart—in proper doses it may stimulate, it increases blood-pressure; increases diuresis, and removes œdema.

2. It acts moderately in valvular affections, kidney troubles, increased arterial pressure, and favorably in functional heart-troubles, and possibly in portal congestion.—*Münch Med. Woch.*, No. 3, 1888.

Additions to the Allopathic Drug-list.—1. Bismuth oxyiodide, BiOI, a bright, brick-red, heavy powder consisting of microscopic crystals, transparent, red, cubical. It does not dissolve in any menstruum without decomposing. It is recommended as an excellent antiseptic, especially for suppurating wounds. Mode of employment as with Iodoform.

2. Hydrargyrum carbolicum (*a* H. subphenylate. *b* H. diphenylate). In colorless needles, soluble in glacial acetic acid, as well as in mixtures of alcohol and ether. They must be protected from the light. Has been praised as a specific for syphilis. Dose, from .3 to .4 grain, three times a day.

3. Amylenum hydrate, a tertiary amyl-alcohol, is a transparent, colorless, oily fluid, of penetrating odor; it mixes with alcohol, ether, and chloroform in every proportion. It is recommended by Mering as a safe hypnotic, not affecting respiration or the heart's action, and therefore to be employed in anæmic, phthisical, and convalescent cases.

4. Methyl-ether. A colorless fluid, of peculiar odor; is easily inflammable; and is recommended by Richardson as a non-injurious substitute for chloroform.

5. Methylal. A hypnotic, similar to chloroform.

6. Bromide of ethyl. A colorless fluid, strongly refractive to light, with sweet odor and burning taste. If breathed as vapor it produces anæsthesia: pulse and respiration being accelerated at first, and later retarded; the blood-pressure is decreased. Used in operations of short duration.

7. Acetphenetidin. An excellent antipyretic. One large dose, 7.5 to 10 grains, to be given.

8. Betolum. Similar in its action to Salol. Is decomposed by the action of the pancreatic secretion into Salicylic acid and Naphthol. Especially of use in catarrh of the bladder.

9. Antithermin. Phenylhydrazin lævulinic acid. An antipyretic; concerning action and dose no details yet known.—*Allg. Wien. Med. Zeit.*, 1, 1888.

Pertussis.—The opinion that whooping cough is a specific infective disease, though oftentimes attacked, remains unrefuted, and has been rather strengthened by recent observations. The popular theory now is that it is due to a specific inflammation of the naso-pharynx, nasal cavities, and larynx, probably due to a special microphyte; the laryngeal spasm which gives rise to the characteristic whoop is attributed to reflex action originating in the mucous membrane. A variety of antiseptic applications to the inflamed mucous membrane have, in consequence, been recommended; among these resorcin in solution, and powdered boric acid and gum benzoin may be mentioned; sulphur and tar fumigations and inhalations of carbolic acid, and other antiseptics, have also been again extensively used.—*Brit. Med. Jour.*, Dec. 31, 1887.

Anæmia.—Some light has been recently thrown on the causation of anæmia by the observation that certain forms are associated with intestinal parasites. Lichtheim, of Berne, in his address to the German Congress of Physicians, admitted that bothriocephalus latus has some share in the causation of some of the cases classed as pernicious anæmia; it is generally admitted that anchylostoma duodenale produces a severe form of anæmia; and it has recently been suggested by Erni, and also by Kynsey, that a certain proportion at least of the cases of beri-beri were due to the presence of the same parasite, or of trichocephalus dispar;

the view is fully confirmed by the effects of anthelmintic treatment. Sir Andrew Clark has advanced the opinion that the anæmia of young girls is due to fecal retention leading to reabsorption of ptomaines or other excrementitial products.—*Brit. Med. Jour.*, Dec. 31, 1887.

Acute Pulmonary Paresis.—At the last meeting of the Medical Society of London, Dr. B. W. Richardson called attention to a class of cases presenting such peculiar features as to warrant, in his opinion, the belief that the symptoms are due to a loss of nerve-power, resulting in acute vasomotor paralysis of the vessels in the pulmonary area. Though not common, most practitioners must be able to call to mind cases, diagnosed as pneumonia, where the patient rapidly dies of asphyxia, in spite of all that can be done to check the morbid process. The cases alluded to by Dr. Richardson were mostly in women of a neurotic type. Under the influence of a physical or moral shock, not necessarily of any great intensity, nervous phenomena of a hysterical type manifest themselves, followed by intense prostration of body and mind. In the course of a day or two, examination reveals the advent of pneumonic *râles*, and then, without fever, for the most part without pain, and without any of the characteristic signs and symptoms of ordinary pneumonia, the patient rapidly succumbs. Treatment in every case is utterly without avail. Not less interesting than the observations so carefully narrated, are Dr. Richardson's remarks on the effect of nitrite of amyl in bringing about an identical condition of things in animals submitted to its influence. The pathological phenomena are those which physiology teaches us result from section of the nerves which innervate the lungs; and on this ground Dr. Richardson argues that the asphyxial phenomena which terminate the rapid and fatal course of this redoubtable disease are attributable to a sudden suppression of nerve-power. . . . It appears certain that, to explain the sudden and violent breaking down which is met with in certain cases of so-called pneumonia, either some influence must have been superadded to the usual processes, or we must look to another category of causes altogether to account for the collapse.—*Brit. Med. Jour.*, Dec. 17, 1887.

Infectious Pneumonia.—Evidence is accumulating in favor of the theory that acute croupous pneumonia is an infective disease. In former years the view has been advocated by several writers. Caspar has recently made an important contribution to the subject. With previous observers he points out that the cases occur in epidemics; he finds them most frequent in the first quarter of the year, and expresses a very strong opinion that the disease is directly communicable from man to man, and quotes cases in support of his contention; he has arrived at the conclusions that low temperature, slight absolute humidity, and strong winds favor its spread. His cases point to an incubation

period of four days. Other writers, of whom Germain Sée is one, attempt to draw a distinction between simple and infective croupous pneumonia. In most, the pneumococcus is present, but in the latter only does it find entrance into the blood. Fresh attention has been called to meningitis as a complication of acute pneumonia by the observation that the pneumococcus is present in the meningeal exudations, and it has been suggested that epidemic cerebro-spinal meningitis, which is said to be most frequently met with during epidemics of pneumonia, may, in some cases, be produced by this same organism.—*Brit. Med. Jour.*, Dec. 31, 1887.

Poisoning by Nitre (*Nitrum* or *Kali Nitricum*, *Hom. Pharm.*)
Treatment with Apomorphine.—Dr. H. W. Peard, of Coole Abbey, Fermoy, Ireland, writes to the *Brit. Med. Jour.*, January 14, 1888: A farmer's wife, aged 60, took a very large dose of Nitre, mistaking it for sulphate of magnesia. This was taken on an empty stomach. When I got to the house I found that she had swallowed some bread and milk. She had also swallowed some warm water, but could not excite vomiting. Her pulse was about 38; she appeared very sallow and pale, and complained of some epigastric pain, but her chief complaint was of cold. "Oh, the cold, the terrible cold, is killing me!" Her hands and feet, however, did not feel cold to the touch and she had a considerable covering of blankets. I at once dissolved a tablet of one-tenth grain of apomorphine and injected the same into her arm. In three minutes and a half emesis took place without apparent effort on the patient's part, and over a pint of the contents of the stomach was vomited. I then got her to swallow half-a-pint of warm milk which was again ejected. After this there was a little retching or rather I might call it a few involuntary contractions of the stomach, and then the action of the drug seemed ended. There was little prostration, though there was some purging with blood in the stools, but no blood, as well as I could ascertain, in the urine. An opiate in some brandy and water, and a little good chicken broth had made her all right by next day, and she went about her household work as usual. She had taken about two ounces of nitre. . . . The case seems to speak well for apomorphine. I must add that I had some experience with the drug, as I hypodermically injected it with marked success on a former occasion where a child had swallowed some spirits of turpentine, and on two occasions when I thought my dogs had taken poison.

Carbonate of Soda and Milk.—At a recent meeting of the Conseil d' Hygiène, M. Proust presented a report on the system of preserving milk with carbonate of soda. He considers that this method should be prohibited. Carbonate of soda prevents the milk from turning sour, but produces a sodium lactate, which is purgative, and causes diarrhoea in infants.—*Brit. Med. Jour.*, January 7th, 1888.

NEW PUBLICATIONS.

Medical and Surgical Lectures on the Diseases of Women.

A Clinical and Systematic Treatise. By R. Ludlam, M.D., Professor of Diseases of Women in the Hahnemann Medical College and Hospital of Chicago. Sixth Edition; Revised, Enlarged and Illustrated. Chicago: Halsey Brothers. 1888. Half Russia, 8vo. pp. 1003.

In no department of medicine is the field for homœopathic treatment, as such, less thoroughly surveyed than in surgery. And in gynæcological surgery we have done practically very little in lessening the need for the knife or other mechanical means as our reliance. The many cases of cure of women's diseases recorded in our literature have an instructive value, but a value much less than they would have if each case had in its record an absolute diagnosis of the diseased condition. But the surgeon in our day looks upon the knife as his best servant, and knows that when he removes by its aid a long-lasting diseased part he has won the gratitude of his patient in a degree perhaps never equalled by the physician who has cured as severe a condition by the slower but better method of internal medication. It is not surprising, then, that our surgeons should write as surgeons who operate rather than as prescribers for what are classified as surgical diseases.

Prof. Ludlam's many years' experience as a gynæcological surgeon entitles him to a position in the very front of the operators of our school, and any work from him has a just claim upon our respectful attention. We wish it were possible for him and other operators who are homœopaths to systematically endeavor in every case not in absolute danger to study out the real homœopathic remedy and to administer it. We are sure that it would not be very long until material would have accumulated full of guiding indications for the use of drugs in morbid states now given over to the tender mercy of the knife. We do not mean to say that Dr. Ludlam's book is without indications for the use of internal remedies; he prescribes quite often, but we don't read of many cures by the remedies.

As to the surgical portions of the work, comment is unnecessary. The author holds his own opinions, too, and does not propose to follow others against his own judgment. He believes in pelvic cellulitis, notwithstanding the attacks made upon it as an entity; at the same time he gives a chapter on salpingitis and other diseases of the uterine appendages. The directions for determining the degree of mobility of the uterus by means of the uterine sound we think have been retained in this edition by an oversight; Prof. Ludlam knows that the use of the sound except to explore the cavity of the uterus is becoming more and more limited.

The author rides no hobby, and gives in this work a good presentation of the gynæcology of to-day.

The volume is well illustrated. The type is pleasing to the eye, and the binding is extremely handsome.

The Twelve Tissue-Remedies of Schüssler. Comprising the Theory, Therapeutical Application, Materia Medica, and a Complete Repertory of These Remedies. Arranged and Compiled by William Boericke, M.D., Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of San Francisco, and Willis A. Dewey, M.D., Professor of Anatomy in the Hahnemann Medical College of San Francisco. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1888. Cloth, 8vo., pp. 303.

This work is not a padded reprint of Schüssler's Therapy, nor a mere compilation from the journals of additional cures by the tissue-remedies, but is, in large part, original work with the materials presented by Schüssler. The section on "The Relations of the Biochemic (Schüssler's word) to the Homœopathic Treatment," although short, is one of the most instructive we have read for a long time. The comparisons of the twelve tissue-remedies with those of the homœopathic Materia Medica most nearly related, and the inter-comparisons of the twelve remedies themselves as to the special tissues influenced by them give us a better, because more definite, idea of the value of Schüssler's remedies.

The second portion of the book is taken up with the remedies singly, and here too are incorporated additional comparisons as well as all the reported cures. The third part considers the therapeutical application of the remedies, arranged alphabetically, and a very full clinical index follows.

To those who have used with good results *Magnesia phosphorica* or *Ferrum phosphoricum* (and who has not?) and who long for more precise indications for the other ten remedies than Schüssler himself gives, the book will be most welcome.

A Materia Medica. Containing Provings and Clinical Verifications of Nosodes and Morbific Products. By Samuel Swan, M.D. Collected, Arranged and Prepared for Publication by E. W. Beridge, M.D. New York: Press of Pusey & Co. 1888.

The question as to the ultimate divisibility of matter, which necessarily comes up in any discussion of the effects of homœopathic attenuations, is one concerning which THE RECORDER has not taken any side. From some calculations made by the writer of this notice twelve years ago, based upon the molecular weights of bromine and water, the last molecule of bromine would have disappeared from the water used for attenuation somewhere between the tenth and thirteenth potency (if our memory is correct), if the *dicta* of Clerk Maxwell, Sir W. Thomson, Helmholtz and others, as to the number of molecules in a cubic millimeter of hydrogen gas, be taken as true. But we know that cures have followed upon the administration of attenuations much higher, and hence we can-

not agree with the views of the physicists and mathematicians as to the ultimate constitution of matter. These opinions we had expressed in writing in 1875 or 1876. We believe in a material drug-influence. But there are others in our school who, possibly because they hold to the views of Thomson and Maxwell, are driven, so to say, to what they call a dynamic or spiritual state of matter as a means of explaining cures with 30ths or 200ths or higher potencies. A contribution on this subject appears in this number of THE RECORDER,—the writer, by the way, having been a U. S. army surgeon for a good many years, and hence under circumstances, surroundings, etc., more likely to make him a materialist than otherwise.

There has been for a good many years within the homœopathic ranks a small but active body who employ extremely high dilutions. The numeral notation of fluxion potencies chiefly used by them was attacked successfully by Dr. Burdick in the *Hahnemannian Monthly* eight or ten years ago, and then Dr. Skinner, of London, employed a machine to make these ultra-potencies in a purely Hahnemannian scale. From these he claims, we believe, to obtain as good or better results, for with such potencies, provings and cures have been claimed. Dr. Samuel Swan, of New York, has been long known for his advocacy of the ultra-high potencies, and has been severely criticised for also employing remedies obtained outside the usual sources. His advocacy of the use of potencies of different kinds of milk is one instance, of potentized morbid products, such as pus, is another. But he has the courage of his convictions, and we have before us the proof sheets of his first fascicle of a *Materia Medica* embracing the provings of *Saccharum Lactis*, containing 785 symptoms (many clinical) from eleven provers, and *Lac Caninum*, containing 1321 symptoms (including clinical ones) from seventy-three provers. There is also a fragmentary proving of *Trifolium pratense*. The fascicle makes 121 octavo pages, and is preceded by this notice: "This first fascicle of a materia medica is placed before the profession as a feeler—if the demand for it shows that it meets a 'long-felt want,' the publication will be continued—if not, this will be the first and the last." Now, as our experience with these remedies is *nil*, we have no criticism to make, and we have done our duty to our readers in calling attention to the work.

The Homœopathic Therapeutics of Rheumatism and Kindred Diseases. By D. C. Perkins, M.D. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1888. Cloth, 8vo., pp. 180.

This work is said by the author in his preface to be the result of twenty years' experience and study and to be largely compiled from other sources. The remedies given in the book are 105 in number. Each remedy is considered by itself, and under it are given the special indications for its use, classified by differences of type in three degrees

of importance. The work is well done, and is a good companion to other monographic studies which have enriched the literature of our school during the past decade. A full clinical repertory completes the volume. As a labor-saving help to the physician the book ought to have a wide sale. Its make-up is in all respects good.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Twenty-third Annual Session, 1888.

Besides the usual reports of officers this volume contains reports from the different bureaus, of which that on *Materia Medica* especially interests us. Here we find a complete repertory by Dr. Theodore J. Gramms of the symptoms of the urinary organs as found in Hering's Condensed. It covers 57 pages. Also a repertory of the heart symptom, found in the same textbook, by Edward R. Snader, M.D., covering 64 pages. Additional section-repertories are promised by the Bureau of *Materia Medica* in future volumes of the *Transactions*, and will be undoubtedly of the greatest service to those who may be fortunate enough to possess copies, but would it not be a greater good to publish these section-repertories in one volume to be sold for the benefit of the State Society? The reports of other bureaus are full of good things, and we hope to give some instructive cases from them in the next number of THE RECORDER.

Proceedings of the Twenty-third Annual Session of the Homœopathic Medical Society of the State of Ohio. Held at Cleveland, May 10 and 11, 1887.

The routine reports of officers take up a small part of the present volume, the greater portion being filled by the reports from the bureaus of Clinical Medicine, Insanity, *Materia Medica*, Sanitary Science, Ophthalmology, Obstetrics, Gynæcology, Surgery, etc. The papers presented and the discussions following show a keen perception of the important medical questions of the day. Our Ohio colleagues are upholding the banner of our cause with enthusiasm and success.

Fever Nursing: Designed for the Use of Professional and Other Nurses, and especially as a textbook for Nurses in Training. By J. C. Wilson, A.M., M.D. Philadelphia: J. B. Lippincott Company. 1888. Cloth, 12mo., pp. 210.

This admirable little work gives a thoroughly good presentation of the course of what we know as fevers, with the hygienic and other regimen usually called for in the same. The section on disinfection is worthy a physician's reading, as are the remarks upon clinical thermometry. Apart from its use by professional nurses for whom it is chiefly intended, the book will, we are sure, prove to do a real service to the physician in the country if placed in the hands of the women relatives of the sick, as it is upon these the country practitioner has to rely as nurses for fever patients. The book deserves the heartiest commendation.

PUBLISHERS' DEPARTMENT.

Hair Dyes Containing Lead.—By *Mr. Hermann Eudeman* of New York; translated for the *RECORDER* from the February number, 1888, of the *Pharmaceutische Rundschau*.—From time to time warnings were given in the daily press, as well as in professional journals, against the too well-established use of hair dyes containing lead. These dyes were widely spread about twenty years ago, during the flourishing trade of the drug stores in secret medicines, and have maintained themselves as an article of trade, in spite of their composition and the danger of their continued use having been repeatedly published. Dr. Hoffmann, in the year 1876, inserted in the “*Popular Health-Almanac*” an article cautioning against these preparations, and giving a list of the most popular of them, together with a statement of the quantity of Sugar of lead contained therein, as shown by the investigations of Professor Chandler and other chemists. These preparations contain, as revealed by those investigations, the following amounts of Sugar of lead to the fluid-ounce:

Barrett's Vegetable Hair Restorative,	1½ grains.
American Hair Restorative,	2¼ “
Pearson's Circassian Hair Rejuvenater,	2¾ “
Ayer's Hair Vigor,	2¾ “
Wood's Hair Restorative,	3 “
O'Brien's Restorer of America,	3¼ “
Gray's Hair Restorative,	3½ “
Wolf's Vegetable Hair Restorer,	4½ “
Phalan's Vitaler,	4½ “
Ring's Vegetable Ambrosia,	4½ “
Sterling's Ambrosia,	4¾ “
Allen's World's Hair Restorer,	5½ “
Chevalier's Life for the Hair,	6 “
Hall's Vegetable Sicilian Hair Renewer,	7 “
Tebbet's Physiological Hair Regenerator,	7¼ “
Revivum Hair Restorer,	8 “
Martha Washington's Hair Restorative,	9¾ “
Parker's Hair Balsam,	13 “
Singer's Hair Restorative,	16½ “

Through the publication of their recipe the consumption of these mediums (which are generally sold in 6–8 ounce bottles and consist of a perfumed solution of Sugar of lead in a mixture of water, glycerin, and alcohol, with the addition of precipitated Sulphur) might have been

diminished somewhat, but otherwise their manufacture has been taken in hand by the apothecaries and druggists themselves out of pecuniary considerations, and the public avail themselves of the simplicity of the formulæ, and the easy and cheap "*modus operandi*" to make the hair dye *ad usum proprium*. Our State Boards of Health have so far utterly ignored these undoubtedly very dangerous preparations and our physicians have paid too little attention to them, perhaps, because there is not so much to gain by their prosecution as by that of rich merchants, such as brewers, druggists, liquor dealers, butchers, etc. It can only result in benefiting public health to especially point out to physicians, from time to time and when opportunity offers, the danger of lead containing hair dyes. I therefore, and only for this purpose, make known a case which lately came to my knowledge, and which is particularly interesting, because it proves that these preparations have apparently found also a market in Germany, a country famous for its wise and strict sanitary regulations.

Mrs. S— returned a few months ago to New York from Germany, having in her possession a bottle of hair water said to be highly recommended in the latter country and to have been used by her for years. For some time the health of this generally robust woman suffered considerably and she observed a steady decline in flesh. She was treated by several physicians, apparently for rheumatism, without satisfactory results. As a friend of the family I learned that some time ago her hair had become gray and that she restored it to its original color and beauty by the use of a hair dye. Presuming the illness and hair dye to be connected I proposed to subject the latter to a chemical test. The analysis, which was made by Mr. F. Zahn in my laboratory, showed 150 grams. of this preparation to contain 1.69 grams. of Lead, corresponding to 3.299 grams. of Acetate of lead. The Acetate of lead was found dissolved in perfumed water, containing a large amount of Glycerin, with the addition of a certain amount of Sulphur, which formed a sediment at the bottom of the bottle. The bottle was labeled as follows:

MEDICINAL.—DRUG STORE OF THE RED CROSS.

ORIENTAL HAIR WATER.

Directions for Use: Wet the hair, after it has been well washed with soap and water, once every day with this Hair Water, which should be shaken well before using. The effect will be noticed after 1–3 weeks. After that the water is to be applied only twice a week.

X. ZISKA,

At Myslonitz (Prussian Silesia.)

The form of the disease in this case is known as *astralgia saturnina*, the symptoms of which resemble those of rheumatism, especially the periodical nightly attacks of pain.

Lactated Food.—We call the attention of our readers to the change in the advertisement of Messrs. Wells, Richardson & Co., which has something new to say of their famous Lactated Food. This "food" is undoubtedly a good one—wholesome, nourishing, and apparently very palatable to the rising generation. It contains no cane-sugar, so common in inferior foods, to sour the child's stomach which is something very much in its favor. Those who wish a fuller knowledge of it can obtain the necessary pamphlets from the manufacturers and those who want to buy will find the article at all of B. & T.'s pharmacies.

Phosphorus.—Phosphorus is one of the oldest and most potent remedies in the homœopathic armamentarium. It is but sparingly soluble in alcohol, somewhat more soluble in ether, more so yet in fatty and some essential oils, readily soluble in bi-sulphide of carbon. Chemical authorities make no special mention of the degree of its solubility; but it is known that one part dissolves in about two hundred parts of ether, and that olive oil dissolves several per cent. of it.

Within the last decade it has also come into use with the old school, and they chiefly use its solution in olive oil, that being its most stable form.

Hahnemann recommended the trituration of Phosphorus for the preparation of which he gave minute directions; he also used a solution of one part in two hundred of ether.

Dr. Sorge in his celebrated Monograph on Phosphorus advocated a saturated solution in heated alcohol which, he maintained, contains about one grain to a thousand drops of alcohol, and ever since this saturated alcoholic tincture seems to have been generally adopted as being equivalent to the 3^x dilution. This preparation has been sold as mother tincture for many years, but some pharmacists appended to the θ (3^x) in parentheses, thus indicating more nearly the proportion.

Some text-books give exact proportions, and state that it is soluble in 350, according to another in 550, parts of *absolute* alcohol. But, as anhydrous alcohol is practically not to be obtained, such statements have no real value. The inflammable nature of phosphorus, and the obvious danger attending experiments with it, seem to have rendered an accurate determination of its solubility in various strengths of alcohol unattainable at the present date.

Phosphorus in alcoholic solution is subject to constant changes, as it is steadily being converted into phosphoric acid, and a tincture or trituration which has lost to a considerable extent the characteristic smell should be discarded. The conscientious pharmacist should prepare it very frequently, and only in small quantities. The 4x trit., or 1 to 10,000, of milk-sugar, still retains the characteristic smell, but only for a short time. We have also frequent calls for the 3x trit., from certain localities. But these triturations deteriorate more quickly than the solutions.

Sugar of Milk.—On previous occasions we mentioned that many of the homœopathic pharmacies in this country buy the powdered imported milk-sugar, *i. e.*, milk-sugar which is imported already powdered from Europe. This article is made of all mouldy pieces or pieces which contain the sediments of the crystallizing vats, and which, in their impure form, cannot be disposed of in crystals. Formerly, the casks of milk-sugar very often contained about two-thirds of the first crystallization of very fair quality, and one-third of the inferior second crystallization. Dealers always found it difficult, however, to dispose of these mixed lots, and finally hit upon the expedient of pulverizing this unmarketable second quality and sending it over in powder. The finer the powder the whiter it will look; and only by comparing this with the pure re-crystallized article can the difference be detected by the unpracticed eye. These powdered sugars are offered by the importers at the same price, and sometimes even one or two cents cheaper per pound than the crystallized sugar, which, of itself, is sufficient evidence of its inferior quality. However, such sugar is *cheap*; but dissolved in its weight of boiling distilled water its true inwardness can readily be demonstrated.

Fresh Plant Tinctures.—It is of not infrequent occurrence that we are asked to explain why it is that some of our tinctures throw down a sediment after a time, while those of others fail to do so. Our answer is, that were we to make our mother tinctures from dried roots and herbs we would have no difficulty of the kind. But tinctures made of fresh, succulent herbs and roots, will precipitate a sediment after a time. Such tinctures as Bryonia, for example, will do so for several years, no matter how often it may be decanted or filtered. These precipitates consist of the mucous and amylaceous constituents of the plants, and experience has demonstrated that the efficacy of the remedy is not affected thereby. Indeed, as high an authority as Dr. C. Hering maintained that mother-tinctures, like wine, improve with age. There is yet another cause, which will make tinctures turbid and thick, and this is cold. If the temperature falls below 50° F. in a room, Calendula becomes thick and cloudy; Cocculus, has a bulky white sediment; and Trillium pendulum throws down a copious, mealy, white sediment; while many others will become turbid. All of these changes, as a rule, pass away as soon as the temperature again reaches 60° F., or over; the tinctures become clear, the sediment redissolves, and there are only a few preparations which will stay turbid for some time; we mention among these: Sanguinaria, Caulophillum, Iris versicolor, and a few others. Glonoin $\frac{1}{10}$ will separate the pure "oil" from its solution if subjected to a temperature of 50° or less; and it is of importance that at all times a dilution of this remedy be shaken up before using, as the heavy liquid will gravitate towards the bottom though it may still be held in solution. This may explain the lack of effect in some cases when the remedy is used in a low dilution in winter.

Boericke & Tafel's Laboratories.—For several years the students of the Hahnemann College in Philadelphia have visited our laboratories in squads, on recommendation of the Professor of Homœopathic Pharmaceutics. They thus get an insight into the practical workings of a homœopathic pharmacy which no theoretical instruction merely can supply. We invariably advise them to pay a like visit to other homœopathic laboratories, whenever they visit other cities, for there is nothing so instructive as comparisons.

Boericke & Tafel's Pile Suppositories, and how we came to make them. A friend of ours, a physician of note, one day mentioned in conversation that he met with such unusual and uniform success in curing piles, both of the blind and the bleeding variety, that he had begun to have a regular run of such patients, who, much to his disgust, would persist in inquiring for the "pile-doctor." On inquiry, we learned that the suppositories he used consisted mainly of cocoa-butter, into which were incorporated two drops of *Æsculus hipp.* tincture for non-bleeding piles, and two drops of *Hamamelis* tincture for the bleeding variety. At the same time, he gave *Æsculus* 30th inwardly. We made some of these, and mentioned them to personal acquaintances among the profession, who would take along a box occasionally to give them a trial; and from these small beginnings a very brisk trade has sprung up, for we have now to make gross upon gross of these suppositories, which seem to meet a large majority of cases. Generally, three or four will do the work, but exceptional cases sometimes require a whole boxful for a cure.

Unfermented Grape Juice.—This still holds its sway, and bids fair to become one of the indispensables of the sick-room. There are very few invalids who cannot take it *ad libitum*, and we do not believe that any one fails to enjoy its refreshing taste. In all wasting diseases it is of paramount importance; and it has also been found especially useful in diphtheria and all febrile diseases. We know of many an attack of nervous headache cut short by a timely wine-glassful of the juice. If ladies before going shopping, ministers before engaging in their exhausting Sabbath duties, lawyers before pleading in court, and doctors before starting out on their daily visits of mercy, would take one wine-glassful of pure unfermented grape juice regularly, they would, indeed, be surprised at its wonderful effect. Care should be taken not to take it too near the dinner hour, for it will interfere with one's appetite. There are a great many different makes offered for sale, of more or less merit, but we were the first to offer a juice preserved without chemicals of any kind, without boiling, and without the addition of sugar. It is a curious fact that if sugar is added, such sweetened juice is very apt to sour the stomach, and to disagree in other ways, but if the natural proportion

of grape-sugar in the juice is not interfered with, it is of rare occurrence that it disagrees with invalids. In Washington City many physicians use Bovine and Grape juice mixed together; the latter disguises the taste of the former, and the mixture is very effective.

Mullein Oil Again.—“*Are there not a few Counties yet to hear from, in the matter of Mullein Oil vs. Deafness?*” writes the new editor of the *American Homœopath*. To judge from the sales, Doctor, we doubt if there are. And what is more, it does seem to reach nine cases out of ten of otorrhœa, and not too ancient deafness. Trouble was, that for a time some pharmacists sought to take a short cut in its preparation, for that does take time, by digesting mullein flowers with olive oil, and sending that out, to their customers’s disgust and disappointment. And that, although time and again the proper mode of preparation had been published, which yields a dark-colored liquid smelling similar to rose-scented snuff. But this remedy seems to be as efficacious in painful renal troubles as in affections of the ear and of the auditory nerves. It surely deserves a full proving, for the leaves and flowers of the mullein plant were popular remedies since Hippocrates’ time. B. & T. would willingly supply gratis ^θ, and dilutions up to the 30th for such a purpose to a provers’ society.

Green Tinctures.—Certain pharmacists, we are told, exhibit their samples of mother tinctures, and point with pride to their decided green color as proof of freshness. The RECORDER takes pleasure in pricking this little bubble of humbug, as it does all others of a like nature. The green color in question is obtained by digesting the dried plants with strong alcohol, by which means the coloring matter or chlorophyll is dissolved and held in solution.

In fresh-plant tinctures the alcohol is much reduced in strength by the juice of the plants, and many are prepared with dilute alcohol, hence the chlorophyll, an inert substance, is not held in solution, or, if dissolved at all at first, is soon precipitated, while tinctures prepared from dried plants hold it in solution for several years.

There are only a few exceptions to this general rule. *Rhus tox.* *Oleander*, *Sabina*, *Thuja*, and a few more, made with stronger alcohol, retain their vivid green color.

Another distinguishing sign is the fragrance present in green-plant tinctures. The smell of alcohol is completely disguised, even in plants devoid of special fragrance. While with the spurious tinctures, prepared from dried plants, the smell of alcohol is quite apparent.

Real Cream.—From over the water comes Loefflund’s “*Cream-milk*,” as he modestly calls it; modestly, because, we fancy, had it been made in this country the manufacturer would have left off the

later part of compound word, as we have in the beginning of this note. We have tested the cream-milk at the breakfast table and find it to be as represented, and not like the white, ropy stuff that is familiarly known as "condensed milk." With Loefflund's cream-milk in the house every man can be his own dairyman and luxuriate in rich cream, or rich milk, or the watery milk of the matutinal milk-man, *ad lib.* The following, which we clip from *The Druggists' Bulletin*, is interesting:

"PRODUCTION OF STERILIZED MILK.—Dr. Nachtigal, of Stuttgart, has recently published in the *Deutsche Medicinal Zeitung*, October 6th, page 907, an article on the above subject, which, in view of the great importance of obtaining pure milk for children and invalids and the hospital service, well deserves being made known to a wider circle.

"After dwelling on the serious disadvantages of the Swiss condensed milk, the author states, that though containing 50 per cent. of its weight in sugar, this quantity, which may prevent the further development of micro-organisms in the milk, does certainly not destroy them. In other words, condensed milk is not sterilized. Microbes are present in all milk, and are the source of the numerous diseases, such as scarlet fever, diphtheria, typhoid fever, and even tuberculous, which arise from its employment. Professor Soxhlet, of Munich, the well-known authority on this and similar subjects, expresses the same idea briefly in the following manner: 'It is immaterial what the cows are fed on, provided that the excreta can be entirely excluded from the milk while milking, which is, however, impossible, as the bacteriologist's lens can in all cases detect them. Nevertheless, a great improvement may be obtained by scrupulous care and cleanliness, though antiseptics here finds its limits. Thus the milk of a cow, cleaned by all possible antiseptic agents, only fermented after 96 hours, but finally it did ferment, and this is positive proof of its impurity. The sole safeguard against micro-organisms lies in a thorough sterilization of the milk, and it is this which is at present successfully conducted on a large scale in Germany, by numerous establishments, of which the most extensive is that of E. Loefflund, in Schnettendobel (Bavaria). This establishment is situated near Lindau, on Lake Constance, in a country remarkably well-adapted for agriculture and cattle-raising.

"The cattle are under continual and strict medical surveillance. The process employed there consists simply of a condensation followed by an equally simple sterilization process.

"After the milk has been tested chemically by the microscope it is weighed and cooled, and evaporated in vacuo, and at a low temperature down to one-third or one-fourth of its volume. The concentrated product thus obtained is filled into clean tin cans, which are soldered and heated for some time in a sterilizing apparatus at a temperature exceeding the boiling point by several degrees.

"Thus the process is completed, lasting about eight hours. But for the sake of security the cans are kept for about a fortnight in rooms heated to a tropical temperature. In this manner defective ones are disclosed by their change in shape, and separated from the remainder which are now ready for shipment.

"This milk has been analyzed by Professor Soxhlet and found to contain in 100 parts: 10.85 fat, albumen 10.27, sugar of milk 3.78, ash 2.23, and water 62.87. It was entirely free from any adulterations, such as cane sugar, glycerin, boracic, salicylic, benzoic and other acids and diluted with the necessary amount of water equals in appearance and taste the best milk. It is, in fact, nothing else but pure milk and hence its value.

"Besides this, Mr. Loefflund produces a special milk preparation for children, consisting of the above mixed with extract of wheat, and also a cream preparation, to be used instead of cod-liver oil, to which it is preferable, owing to its pleasant taste. It may also be added that this milk has been extensively employed in numerous hospitals, and has always given the best results. For the nourishment of infants it is particularly commendable, as it does not produce colic or dyspepsia, as does the Swiss condensed milk, which causes an acid condition of the stomach, owing to its excess of sugar.

"The evident virtues of this preparation will at least commend it for trial."

From the foregoing it will be seen that Loefflund's Cream-milk is better for children than even fresh cow's milk; it is free from microbes and those who use it have the satisfaction of knowing that their milk is uniform at all times and that they run no risk of diseased cow's milk, such as comes to the market from filthy dairies or from cows fed on the slops and offal of distilleries. Loefflund's Cream-milk is rapidly coming into use in this country.

A Letter from Dr. Hathaway.—

MARYVILLE, TENN., January 11th, 1888.

Glancing over some back numbers of the RECORDER last evening I came upon page 95, Vol. ii., No. 2, remarks in response to some strictures by the *Chironian*.

I have made it a point to encourage all my families to procure and use some reliable domestic guide and to keep on hand a few of the most frequently used remedies and to learn to employ them in simple cases.

Three important advantages naturally grow out of this policy.

1st. The families themselves become thoroughly acquainted with homœopathy; learn to rely implicitly upon it, even in the most severe cases, and learn to appreciate more fully the difficulties of a physician and never desert him when in a strait.

2d. They are centres of influence for the spread of the gospel of better therapeutics. They often give medicine in slight ailments to their neighbors, who otherwise would never try homœopathy, and thus help materially to introduce it when I would never have a chance.

3d. So far from this policy cutting off practice, I think it actually increases it, for it teaches my patrons to value the "stitch in time," and the practice thus becomes more in the nature of prevention, by being called earlier than I would otherwise be likely to be in all cases that give any token of serious nature, with resulting better success and reputation.

I wish you would flood this country with your "materia medicas," little and big. Help me to convert the people to homœopathy and I'll risk my reaping my full share of the result.

Prejudice lingers when knowledge is wanting; and knowledge is lacking in woful measure in "this neck of the woods."

I have tried to induce our local druggist to order that "bugaboo," a

"counter case," and promised to send him as many purchasers as I could, but he is afraid of his trade with the other M.D's. and don't dare to do it. I'd like to create a demand here that would compel him to do it. I'd like to whisper in the ear of the *Chironian*: "Don't you be afraid lest somebody else shall find out something about homœopathy. The more they know the more they will appreciate you, if you only furnish yourself with a "right smart" of love and are really able to help them in the time of need.

Yours, sincerely,

W. E. HATHAWAY.

Springs.—There is something fascinating about a spring and few of us can pass one and behold its translucent waters without wishing to drink of them, even though we have to get down on our hands and knees and plunge our faces into the water; which of us has read the judge's blarneying remark to sweet Maud Müller, as she modestly stood by the wayside spring, "a sweeter draught from a fairer hand was never quaffed," and not felt a desire to drink from the same spring—especially if we could have the pretty haymaker fill the cup for us? Indeed there seems to spring eternal in the human breast—or in some part of the human organism—a desire for spring water. Think of a bucket of ice water and a crystal spring and note how your spirit goes out to the latter! Poetry and utility cease their quarrels as they stand in sisterly affection by the spring, for it satisfies them both. But, alas! like many other good things of this life there are not enough springs of water to go around among us all and so—pardon the bathos—the next best thing is a good filter. But after all there is a good deal to say in favor of the filter, provided it is a good one. Man must go the spring, but he can tote his filter about with him and put it where it is most convenient.

A *real* filter is practically a spring. There are filters and filters. Nearly all of them are artificial—mere strainers which soon become foul and really make the water worse—the exceptions or exception (for we only know of one) is the Gate City Stone Filter. Its construction is very simple, consisting of two stone jars, one upon the other. The bottom of the upper one is made of a natural stone, through which the water percolates and drops into the lower jar or crock, pure and sweet. No matter how foul the water, none of its impurities go into the stone, but are deposited on its surface, and may be washed out each morning, and when this is done each man may have a spring of pure sweet water in his house. We have been using one of these Gate City Filters in our office for a long time, and if any one can find purer, clearer or sweeter water outside of one of Dame Nature's prize medal springs we would like to know it.

To the Point.—The following extract from a business letter addressed to B. & T., by a physician is to the point: “The immediate occasion of my writing to you was that recently I had failed in getting satisfactory results from some of my drugs. I began to grow skeptical of their purity and activity, which was confirmed by a friend giving me a preparation obtained from your pharmacy and which I exhibited with a prompt and gratifying effect.”

Perhaps physicians, as a body, may some day open their eyes to the very obvious fact that the wares of the “cheap” pharmacist are doing them and homœopathy infinite harm.

Baldness and Arnica Oil.—We clip the following from Dr. Ussher’s “Notes by the Way,” in the *Homœopathic World* (London, January 2): “Baldness in children, in its circular patches, is common enough; they are generally set right by a constitutional remedy, and the hair takes care of itself. *Calc. carb.* 12, and *Calc. phos.* 12, alternate weeks, mostly succeed. Occasionally, they are more obstinate; such a case now in hand. A note in the HOMŒOPATHIC RECORDER set me thinking. *Arnica* [*Arnica Oil*, see RECORDER, p. 142, vol. ii] applied to the knee of a lady gave rise to a crop of hair. I thought it might do so elsewhere, though it came not from the pharmacy of Boericke & Tafel. With a first decimal, made with oil, I rubbed it well in; the hair is growing rapidly, and faster in the first-rubbed spots than in the second; so the constitutional remedy is not hindered by it and the patient looks all the better.”

We are glad that Dr. Ussher was able to get a good article of Arnica and oil in England, because there is a very marked difference in Arnica, and a good deal is sold that might be decidedly improved upon; as for oil—olive oil—the biggest part of it on the market is largely adulterated with cotton-seed oil. Now the Arnica oil (B. & T.’s) used in the case of the lady noted, is made from the freshest Arnica-root, digested in olive oil which is pure beyond question, being tested by an experienced chemist. This is something quite different from a mixture of Arnica tincture and oil.

When we wrote the note to which Dr. Ussher refers, we were inclined to regard the growth of hair as a mere freak of nature; but now it looks as though there might be something more in it, and that Arnica oil may possess properties which, in certain conditions, may be powerful in promoting the growth of hair. What those conditions are, we do not know, further than those given in the foregoing extract. Perhaps the oil may be useful in arresting the loss of hair and preventing baldness; that it will bring back the hair to a bald head we doubt, but if any gentleman thinks it worth a trial, the RECORDER would like to hear the results. In addition to being the possible Great Hair Restorer, Arnica oil, when compounded from *pure* olive oil, is a most wonderful

remedy for chafed and irritated skins, such, for instance, as have been scratched almost raw on account of intense itching.

To Advertisers.—As a means of reaching and addressing the great homœopathic medical profession of the world, the RECORDER has not an equal. It goes everywhere; its advertising pages are handsomely printed, are read, are kept fresh, and last, but not least, known quacks and humbugs, and shady advertisers, are excluded. An advertisement put in its pages will travel far and wide, and reach good company. For terms address the publishers.

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To the parson's question, "whether her pig was ready to kill," the old lady replied, "Lauk! I wish I was half as fit to die as he is, bless him!"

Professor Mehaffy has written a book on "The Art of Conversation." A good companion to it would be "The Art of Suppressing Some Talkers."

The hyper-critical maintain that it is a sweeping insult to the most of us to say of any one that he is "poor, *but* honest."

Julius Caesar's *Veni, Vidi, Vici*, is now pronounced "Yulius Keyser's Wayny, Weedy, Weekly." Sounds sort of weaky to an old 'un.

A dignified religious paper advocates a "grave simplicity" at funerals.

Mr. Donnelly is trying to save Shakespeare's Bacon.

Realistic Mr. Howells writes of "connoisseurs" of love.

A student of human nature says that as a rule a man's wedding day is his most uncomfortable.

"Network:—Anything reticulated or decussated, at equal distances, with interstices between intersections." Samuel Johnson's dictionary.

"Network:—A lot of square holes tied together with strings." Another definition.

"He was not very agreeable—few men are," says Sacharissa the female cynic.

"For the paradox is true," writes a novelist. Well, in the name of the dictionary, what else could it be?

"My dear Jack, you stammer ten times more in London than you did in New Castle." "Yes, but London is ten times bigger." Chestnut by Du Maurier.

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THE
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No. 3.

THE INSTITUTE'S MEETING IN JUNE.

IN another part of this issue of *THE RECORDER* we give a letter of the Secretary, Dr. Pemberton Dudley, concerning the coming meeting of the American Institute of Homœopathy at Niagara Falls.

The sketch of the work for this meeting is extremely attractive in promise, and it is to be hoped that the efforts of those in charge of the various departments will be crowned with success.

It is a matter of extreme regret that the roll of this body, which ought in every sense to be a representative one of the homœopathic members of the medical profession in the United States, is much less in number than it should be. For this state of affairs there are many reasons assigned, some of them good in part, some bad, but none wholly justificatory. Whatever be the differences between individuals concerning the questions of high potency, low potency, or no potency, there ought to be none as to the absolute belief in the law of similia. As long as we believe in the truth of that law we are homœopaths; the moment any one of us loses his belief in the existence of that law, in that same moment he ceases to be a homœopath.

The work already done by the Institute in developing our *materia medica* and in advancing our therapeutics has been great, but not nearly so great as it would have been had there been unanimity among the members of the profession concerning the duty of joining the Institute. But even greater than introducing provings or discussing treatment, is the function of defence which the Institute should discharge in the matter of protecting our profession in general and its members in particular in all their rights, whether inherent or acquired.

Some of us fondly believe that our "friends, the enemy," are coming over to our views, are, in fact, only waiting for the word to start on the

march that will bring them half-way to us. This is sheer delusion. There is no evidence of the existence of such a movement. The signs point entirely the other way. The words of the lamented McClatchey come back to us repeatedly. He wrote of the allopaths: "They are adopting a homœopathy and ignoring Hahnemann and us." And to-day these words are even truer than when they were first penned. Our opponents do not propose to yield to us one jot or tittle more than they are forced to.

In union there is strength. Let us then be united. Whatever may be the differences, personal or professional, among us, let them be buried for the time, at least. Let those of us who are not already members of the Institute join at once, and let the coming meeting be the assembling of the *Grande Armée* of truth and right.

PROVING OF HOMARUS (Lobster).

By A. M. CUSHING, M.D., OF SPRINGFIELD, MASS.

REMEMBERING that our most valuable remedies in diphtheria are animal poisons, and knowing the general fear of being poisoned by eating lobster, I decided to test the poison upon myself. I obtained a live lobster (they are generally cooked when we get them) and took from the sack just back of the mouth nearly a teaspoonful of a thick, reddish, offensive liquid. This is the digesting fluid. I poured it on sugar of milk, and made decimal triturations to the 5th.

I began on *January 1*, 1888, and at 12.15 P.M., took 5 grains; at 10 P.M., took 5 grains.

January 2.—At 7 A.M., took 5 grains; 5.45 P.M., took 5 grains; 10.45 P.M., took 5 grains.

January 3.—7.30 A.M., took 5 grains; 10.45 A.M., took 5 grains; 10.30 P.M., took 5 grains; 11 P.M., took 5 grains. In preparing the remedy, two of us smelled the liquid and had headache almost immediately.

January 4.—7 A.M., took 5 grains; 11.45 A.M., took 5 grains; 10.45 P.M., took 5 grains; tingling in throat soon after.

January 5.—7.30 A.M., took 5 grains; tingling in throat soon after, lasting more than an hour; inclined to cough; raise white mucus; 9 A.M., took 5 grains; 11 A.M., 10 grains; 10.45 P.M., took 10 grains.

January 6.—7.30 A.M., took 10 grains; 10.45 A.M., took 10 grains; 10 P.M., took 10 grains.

January 7.—5 P.M., took 10 grains; 11 P.M., took 10 grains; throat smarts.

January 8.—8 A.M., took 10 grains; 10 P.M., took 10 grains.

January 9.—7.30 A.M., took 10 grains; 11.30 A.M., took 10 grains; 10.30 P.M., took 10 grains.

January 10.—8 A.M., took 10 grains; 10.45 P.M., took 10 grains.

Irritation of throat; watery discharge from left nostril.

January 11.—7.30 A.M., took 10 grains; 9.45 P.M., took 10 grains.

January 12.—7.30 A.M., took 10 grains; 9.45 P.M., took 10 grains.

I took good weight, as in twelve days I had taken 300 grains. During this time I had pains in head and other places, at various times, which I did not record, as I felt they *might* have been produced by something else. There were pains in the head just above the eyes; at times worse on left-side temporal region. Pain that seemed to be in the diaphragm. Sneezed often. Dizzy at times.

Fourth x Trituration.

January 14.—Took 5 grains 4x trituration, at 8 A.M.; 11 P.M., took 5 grains.

January 15.—9 A.M., took 10 grains 4x; 10 P.M., took 10 grains; followed by restlessness; sleepless first part of night; during day and night, frequent itching in various places. In morning of 16th, severe pain in centre of right scapula. Sneeze often.

January 16.—7.30 A.M., took 10 grains; 11 A.M., took 10 grains; 5 P.M., took 10 grains; 9 P.M., took 10 grains; 10.45 P.M., took 10 grains. After retiring, restless; burning in stomach; pain in right thigh and leg; aching pain in centre of right lung, and through to scapula.

January 17.—11 A.M., took 10 grains; 9 P.M., took 10 grains; 10 P.M., took 10 grains. After retiring, pain in right lung and right thigh.

January 18.—7.30 A.M., took 10 grains; 11.30 A.M., took 10 grains; 3 P.M., took 10 grains; 6 P.M., took 10 grains; 10 P.M., took 10 grains. Continued irritation of throat, and pains in head and various places, not severe.

January 19.—8 A.M., took 10 grains; 11 A.M., took 10 grains; 1 P.M., sharp, aching pain in right eye-ball; 9 P.M., sharp pain in region of liver, lasting some time, worse drawing a long breath; severe pain in right arm, just above elbow, seemed in the bone; pain, seemed in diaphragm; headache.

Third x Trituration.

January 20.—8 A.M., took 10 grains 3x; 10.30 P.M., took 10 grains 3x; pain in liver.

January 21.—Sharp pain in the liver in the morning; *sore* pimple on left thigh, outside. 9 A.M., took 10 grains; 9 P.M., took 10 grains; 9.30 P.M., took 10 grains.

January 22.—8 A.M., took 10 grains; 4 P.M., took 10 grains; 10 P.M., took 10 grains. At 12 M., *sharp*, severe pain in front portion of left temple, same in afternoon; pain in right eye; sharp pain in region of liver; aching pain in both hypochondria; sharp pain in liver; throat feels sore and raw.

January 23.—8 A.M., took 10 grains; 11 A.M., took 10 grains; 2.45 P.M., took 10 grains; 6 P.M., took 10 grains; 10 P.M., took 10 grains.

Pain in liver worse in the evening; throat irritable. A few minutes after taking medicine, each time, pain and distress in stomach, and burning in throat. After retiring, was so sleepy my eyes ached but could not go to sleep for a long time.

January 24.—7 A.M., took 10 grains; 11 P.M., took 10 grains. During day had pain in right lung; pain in right eye, also just above left angle of right eye; sharp pain in left temple; burning in throat, œsophagus, stomach, and bowels.

January 25.—7 A.M., took 10 grains; 11 A.M., took 10 grains; 9 P.M., took 10 grains; 11 P.M. took 10 grains. During day, pain in liver and spleen; every day throat irritable and filled with mucus.

January 26.—8 A.M., took 10 grains; 11 A.M., took 10 grains. In fifteen minutes after taking last dose, severe pain from left side of right eye to occiput. 2 P.M., took 10 grains; 8 P.M., took 10 grains; 11.30 P.M., took 10 grains. After a short sleep, awoke and could not go to sleep for an hour or two; could not sleep in morning; long-continued sexual excitement every morning; frequent inclination to stool during day, but soon passes off; alternate diarrhœa and constipation, changing every three or four days; headache.

January 27.—7 A.M., took 10 grains; 9.15 A.M., took 10 grains; 9.30 A.M., hard, dull pain in left wrist and forearm.

Second x Trituration.

January 28.—10.15 A.M., took 5 grains 2d x; 2 P.M., took 10 grains; 8 P.M., took 10 grains; 10.30 P.M., took 10 grains. Several times during day, dull, distressing pain through the epigastrium to back, worse near spine; pain through centre of right lung; pain in bones, left leg, after going to bed; dull headache over eyes.

January 29.—At 5.15 A.M., was called up; took 20 grains 2d x; returning to bed, had dull distress through stomach to back; severe irritation of left side of throat; pain in arms and legs; severe pains in knees. 7.30 A.M., took 10 grains 2d x; followed by distress in stomach; soon after, severe, dull pain in both temples; for several days much troubled with cold feet, in doors and out. 11 A.M., took 20 grains 2d x; 2.45 P.M., took 10 grains; 10 P.M., took 20 grains. Pain in lung, liver, and legs; dull pain in head, frontal and temporal regions; at 3 P.M., sharp, severe pain over the left eye, so had to scowl and rub the parts. Burning in right side of throat.

January 30.—In night and morning, long-continued, even unpleasant sexual excitement; hard pain over eyes to occiput; sharp pain in left eye; dull pain in head; throat is irritable and sore, smarts much of the time. 7 A.M., took 20 grains 2d x; in ten minutes dull distress in stomach, quite severe.

January 31.—10.30 A.M. Throat feels sore, and burns. 10.45 A.M., took 20 grains 2d x; posterior fauces look gray and covered with a mem-

brane or tough mucus; arteries show very plain where there is no mucus or appearance of deposit. 3 P.M., took 10 grains; 6.45 P.M., took 10 grains; 10.30 P.M., took 10 grains.

First x Trituration.

February 1.—7.30 A.M., took 10 grains 1 x; 9 A.M., took 10 grains 1 x. Throat smarts, and back of it looks as if covered with tough mucus; one doctor said I had cold and bad catarrh; dull headache. 7 P.M., took 10 grains; soon after smarting of throat, worse on right side; knees weak; constant accumulation of mucus in fauces; sensation of mucus in left nostril all the time; 11 P.M., took 10 grains.

February 2.—7 A.M., took 10 grains. In morning, nose is stopped up; throat, sore and burning, looks mottled, arteries show very plain; sticky mucus in mouth and throat. 9 A.M., throat smarts badly, worse on left side. Took 10 grains; in five minutes chilly all over, so that I trembled; dull headache nearly all the time, from over eyes to occiput; dizzy at times; had more trouble with cold feet for the last week or ten days than for ten years. One doctor said he never saw a throat look like mine; such a throat cannot come from a cold. Another doctor says: "never saw a throat look like it; such large bloodvessels; take Belladonna; will have diphtheria in two days!" When rising, pain in left eye; later, pain in right eye, as if something had been blown in the eye suddenly; less of mucous deposit in throat to-day; stomach burns and feels badly, so I dare not take more medicine now; feet cold, and legs ache, worse above knees; aching pain in back side of right lung; knees weak, and tremble all the time for days; sharp pain in left lobe of liver; feet ache with cold in a room at 73°; arms and legs ache; feel decidedly bad and *nervous*. 11.30 A.M., *severe* pain in right temple; after dinner felt better, except knees weak; went to sleep in my chair (unusual), awoke with throat dry and very sore; headache in temples. Feel dull and bad; throat sore all day; don't dare to take more medicine to-day. 7 P.M., pain in right side of back near kidney, *sharp and sudden, had to sit down it was so severe*, but lasted only one or two minutes; always better after eating; weak, worse when walking; feet feel *damp* and cold; a gentleman (not a physician) said my throat looked granulated, and that word describes it well; sharp pain in back side of left lung; expectoration tastes salty; after retiring, severe dull pain through centre of left lung.

February 3.—Before rising, severe dull distress around body at epigastric region, extending down back to region of kidneys; nose stopped up; dull headache, at times sharp, mostly in temporal region, worse on left side; throat red and smarts, but not as dry as yesterday; pain in chest, both sides; feet cold, quite troublesome; not so much discharge from nose as two days ago; another doctor says I have a curious looking throat, such a network of bloodvessels; urine normal in color and quantity, gravity 1022, acid, no albumen or sugar; in afternoon, pain

in left wrist, aside from that and smarting in throat and weak knees, felt quite well.

Third x Dilution.

9.30, took 10 drops 3 x dilution (first prepared with water, second half-alcohol, third alcohol). After retiring, pain in centre of left lung and around body at diaphragm; throat smarted; before and after retiring, *itching* of various parts of body and limbs, relieved by scratching, but would appear in another place.

February 4.—Awoke early, and could not go to sleep on account of severe pains all over, especially at epigastric region and back and arms and legs; legs very lame and painful, as from severe exercise and cold; expected to be very lame on rising, but felt nicely; feet were hot instead of cold as they had been. 2 P.M., took 10 drops; 7 P.M., took 20 drops; 9 P.M., took 10 drops; 10.30 P.M., took 10 drops. After retiring, severe, sharp pain under ends of floating ribs, left side, appeared to be in the spleen, but in same locality on the other side, or little higher up, may have been in lower border of liver; severe but not very sharp pain in head from over eyes to occiput, worse on left side; burning distress in chest, both sides, with difficult breathing; eyes ache.

February 5.—Awoke very early with dull headache; burning pain all over chest, seeming to be in the pleura; hard, aching pain through lungs to scapula; aching in back part of shoulders, outside of upper portion of scapula; pain in both hypochondria, extending down the back, a dull, aching pain; burning pain in legs and feet, so could not go to sleep; the pain was mostly below the knees; feet so hot had to put them out of bed to cool them (never had that symptom before), then the pain extended to the thighs; the pain was so severe that I felt as though I trembled all over, but think I did not; *I felt as though I could not move, but on moving there was no pain, and I felt better by moving*; could not go to sleep again; awoke about two hours earlier than usual, usually slept till about seven; after rising, had severe burning in nasal passages extending to the throat; dull headache; distress of stomach; belching of tasteless wind; eyelids stuck together; felt nervous, but dreaded to move; stinging in nasal passages; sharp pain over and back of left eye; knees weak, for several days knees have been so weak that at times have not been able to walk straight, not on account of dizziness, but because my knees were so weak; dull, burning distress at the right of the lower end of the sternum; pain in left forearm, severe; after a light breakfast, severe, sharp pain in stomach; had to omit eating fruit after breakfast, and take a remedy to ease the pain (took Calc. phos., but without effect); pain in stomach all the forenoon, with occasional hot flashes. At 12.30 P.M., severe pain in left side of throat, high up near the ear, but not in the ear, and not affecting the ear. 1 P.M., pain in right eye, not very sharp; in night and to-day, pulse about 65 (usual number), but beats slow, a sort of full, rolling pulse, have not

noticed it before; no medicine to-day; aching pain in left ankle; frequent sudden attacks of darting itching on various parts, worse on legs; sharp pain in head at times.

February 6.—Awoke early (two hours earlier than usual) and could not go to sleep again, though I did not suffer much pain. Through the day, occasional sharp pain in right eye; throat better, but painful; severe lame pain in right knee. In afternoon, had pain in left arm; no medicine for two days. After retiring, pain in eyes and various parts of body and limbs.

February 7.—Awoke early and could not go to sleep again. Had dull headache; pains through chest, and arms just above the elbows, worse in right one; feet burn; felt sick, unable to move, yet felt better by moving; throat sore after rising; constipation has all disappeared; sharp pain in left side of throat, extending occasionally to the ear, comes suddenly and is of short duration. During forenoon, had pain through centre of right lung; throat painful, left side worse; sharp pain to ear; inclination to cough; get tired easily. 11.30 A.M., sharp pain in left temple; throat aches badly; feel sick all over. 11.45, frequent acute, severe, stabbing pain through the lower lobe of left ear, had to pinch it with thumb and finger; back, just below diaphragm, aches; suffered pain somewhere all day; at times, left foot very lame through the metatarsophalangeal joints; head ached all day; left side of throat and ear and neck sore and ache; pain in left temple and occiput; knees ache; left eye painful; feel bad generally. The soreness of left side of throat seems to be in the muscles rather than in the mucous membrane; pain in lower border of liver; back aches; dull, grinding pain in arms, just above the elbows. After retiring, difficult breathing; pain in various parts of the body; pain inside of scapula, more on right. During the day, the pain in left side of throat, ear, and head were very severe; had to hold the side of my head with my hand which seemed to give relief.

February 8.—Suffered pains in various parts all day, but was away from home and could not record them; but the throat was sore; head ached, and had a sharp, sudden pain just at the anterior superior spinous process of the ilium, left side.

February 9.—Awoke in the middle of the night, feeling very badly; think I must have been dreaming; but went to sleep in a little while. Awoke very early, and could not go to sleep; suffered from pain in lungs and liver. Less pain through the day than the past few days.

February 10.—In night awoke with severe distress in the stomach; better in the morning; about the same through the day as yesterday, but in the evening had severe distress in stomach, so had to take medicine to go to sleep; then had a good night's rest. During the forenoon, had pain over right eye, severe for a little while; no severe pain the rest of the day.

February 12.—Throat aches on left side; for a few minutes had a *severe, sharp* pain at the superior spinous process of left ilium; pain much of the day in the stomach; dull headache; eyes smart.

February 13.—Retired at 10 P.M., and for nearly two hours was restless and could not go to sleep. Had headache, pain in back, stomach, and bowels. At 3 P.M., ate a plain dinner, and at 7 drank a little milk; at 12 (night), after a few minutes' sleep, awoke with *hurried desire for stool*, and was relieved by passing a large amount of wind. After much effort passed a large, long, tenacious stool.

February 14.—In morning, headache; dull pain in stomach, back, and bowels; feet burn and ache; throat sore and smarts, worse on left side, less on right than posterior parts; bowels regular; throat better by cold air; when throat smarts, and have an inclination to cough, opening the mouth wide and inhaling very cold air relieves at once.

February 15, 16, 17, 18.—Pain in head gradually disappearing; pain in lungs better; throat better; less pain in stomach and liver, but more pain in lower portion of liver than in stomach; knees weak, worse afternoons, right worse than left; feet burn night and day. On retiring, go to sleep and in five or ten minutes awake and lie awake one or two hours every night. In daytime, and more at night, sudden itching; worse on limbs; got up at night and lighted the gas to see if there were not bugs in the bed.

February 19.—Pain in liver and spleen. For some time there has been mucus in eyes, and inclined to stick together, and at times painful; to-day, aching pain in left eye nearly all day; seems in the ball of the eye; not much affected by the light; feet burn.

February 20.—Pain in left eye-ball. Every night go to sleep, and in five or ten minutes awake and cannot go to sleep for one or two hours; earlier in the proving the wakefulness was in the morning; later, it was both the first and last part of the night; in the evening, left eye so sore and painful, took Belladonna.

For several days, my right knee was very weak, and left eye so sore to touch and painful I feared I would lose the sight if not the eye; still, the eye was not red, and light did not seriously affect it, and the sight was not affected. Of the three doses of medicine I took, I received no benefit so far as I could observe.—END OF PROVING.

Knowing that people die from eating lobster and then drinking milk, I began experimenting, and found that the gastric fluid above mentioned, such as I used for the proving, if put into warm milk would solidify it in ten minutes—a solid coagulum much harder than cheese-curd. Post-mortem of those who have died after eating lobster and then drinking milk, reveals a solid ball of milk in the stomach similar to that I produced in a vial. After considerable experimenting to find a solvent for this substance, I tried Papoid, and in three minutes this solid mass was like bownaw-

clawpaw (pronounced bonnyclabber), or a mucilaginous mass readily diluted by the addition of water. Pepsin does it in about twice that time or a little less, about five minutes; but it takes Trypsin, from which I expected much, one hour. The soft green part, unboiled, affects milk about the same as the gastric fluid, while the white meat, unboiled, does not affect it at all. Neither does the poison affect *cold* milk, showing, I think, why ice-cream is eaten with impunity, the gastric fluid mixing with it before it gets warm preventing the coagulum. In a three-pound lobster that has not been feeding you will get a teaspoonful or more of a thick, dark-red offensive-smelling liquid. In one that has been feeding, you will get less or none, and, if any, it is thin and much lighter color and with less odor. They eat sea-weeds, and other lobsters, and I don't know what else.

March 3.—I spent several hours in afternoon and evening experimenting with Papoid, Pepsin, and Trypsin. The poison had been kept till it was more offensive than when taken out. It irritated the throat.

March 4.—Awoke feeling badly. Head, stomach, and bowels ached, and felt bad. Felt strange all over; was not dizzy, but when I tried to take hold of the door-knob I could not readily do it, but put my hand all around it; I guess I was a *little* scared; distress in stomach before and after a light breakfast; head ached badly; feet cold. After a plain dinner, followed by a little ice-cream, had such distress I had to drink warm water and throw off my dinner. Was sick all the evening, and had a restless night. Feet cold, afterwards burning, the burning lasting for a week or more; eyes painful, and lids agglutinated in the morning.

Two weeks later, spent some time experimenting with the poison and milk, and it produced serious irritation of the throat. After the poison has been corked tight for a few days it is very offensive, and smelling it makes my nose run and throat feel irritated, and makes me feel dizzy and bad, more so than when it is fresh; and then it will not harden the milk but only make it thick like sour milk.

Since making my proving of *Homarus*, I have had only one patient where I thought that remedy clearly indicated. She had the headache, sore throat, loss of appetite, and when she awoke in the morning felt as if she could not move at all. I gave *Homarus* 4x, a small powder dissolved in a half-glass of water, a teaspoonful once in two hours. One week later I met her, and her first words were: "I guess you gave me something to give me an appetite and make me work, for I have a dreadful appetite, and can work all the time." In answer to my questions, she said her throat was well and her headache all gone.

A PROVING OF QUININE.

[THE following abstract and review from Dr. Sulzer, one of the editors of *Zeitschrift des Berliner Vereines Homöopathischer Ärzte*, is, we think, of sufficient importance and interest to be given in full. It marks a step in the mental development of old school therapeutists; but even in it it is shown that their illogical notions have not been wholly dissipated. The director of the proving, Professor Hugo Schulz, wished to know the real action of Quinine upon the healthy human organism, but why, in the name of common sense, was he not content to let the Quinine administered have full sway? why did he give, on the tenth day of the proving a laxative containing a grain and a half each of extract aloe and extract rhei, with three-quarters of a grain of jalap, to be repeated, if required, every morning on an empty stomach?

If the effect of the Quinine, either direct or indirect, was to cause constipation, the action of this drug in this regard was evidently counteracted by the laxative, so that, in this respect, the Quinine—and perhaps in others—was not given a fair trial. If the discomfort caused by constipation was great enough to demand relief this could have been obtained by mechanical means.

Still, we greet the appearance of the proving with its remarkable introduction as a good sign, and only make the above criticism to show that even the advanced ones of the old school must study the philosophy of homœopathic provings a little longer.—ED. H. R.]

In Virchow's *Archiv. f. Path. Anat. u. Phys. u. f. Klin. Med.*, Bd. 109, 1887, we find a proving of a remedy upon the healthy human individual which is calculated to arouse in the highest degree the interest of every physician, but especially of the homœopath.

The paper is entitled: "Studies of the Action of Quinine upon the Healthy Human Being," by Professor Dr. Hugo Schulz, of Greifswald.

In his introduction the professor brings out in marked relief the lights and shades of provings of medicines on the healthy and emphasizes especially that in opposition to experiments on animals, a whole series of disturbances in the general bodily state, lighter functional disturbances of the central nervous system, neuralgias of different kinds, etc., can only be discovered by experiment on man, who is able (unlike the lower animals) to give information and explanation concerning them.

In the next place the author emphasizes the fact that frequently experiments are made upon the human being with doses too large, even toxic, in amount, and thus the results are brought out through the intensity of drug action rather than through its extent and exhaus-

tiveness. For us homœopaths such pictures of drug action as depend on toxic influence are only of value in isolated cases, a large territory of medicinal power remaining then absolutely closed to us.

The essayist, estimating correctly the inutility of provings with toxic doses, that bring out an intense but rapidly passing drug pathogenesis, experimented with small doses, and verified the truth of the old saying, *gutta cavat lapidem non vi sed sæpe cadendo*. The provings were made with every precaution, upon ten men, senior students of medicine. Observations of pulse and temperature were made three times daily during the proving, as well as during the eight days preceding.

[Observations of temperature appear in the following only morning and evening.]

The provings were begun usually with 5 milligrams (.075 grain) of hydrochlorate of quinine, twice a day, and this amount was doubled later, so that during the period of the proving the whole amount of the drug taken equalled was not less than 2 decigrams, nor more than 5 (3 grains to 7.5 grains). The results observed were so interesting that I cannot help giving, *in extenso*, one of the provings.

As a model of the provings the following is given, showing a remarkable action upon the trigeminus nerve and its territory of distribution.

HERR D., age 23; of medium size; moderate strength. Being of very nervous temperament he is readily affected by external impressions. His constitution has but little resisting power. He is a moderately good eater and smokes a moderate amount. Tolerates alcohol well, taking on an average 3 to 4 glasses of beer a day.

July 5th.—Pulse, 64, 72, 80; temperature, 36.5, 37.

July 6th.—Pulse, 68, 76, 76; temperature, 36.4, 37.1.

July 7th.—Pulse, 60, 72, 80; temperature, 36.8, 37.2.

July 8th.—Pulse, 72, 80, 76; temperature, 36.5, 37.1.

July 9th.—Pulse, 68, 80, 76; temperature, 36.6, 37.3.

July 10th.—Pulse, 68, 76, 76; temperature, 36.6, 37.2.

On July 11th the Quinine was first taken—5 milligrams each night and morning.

July 11th.—Pulse, 60, 72, 72; temperature, 36.6, 37.

July 12th.—Pulse, 64, 68, 72; temperature, 36.7, 37.1.

July 13th.—Pulse, 64, 100, 84; temperature, 30.4, 37.4.

Towards 3 P.M. there occurred suddenly, without any evident external cause, increased activity of the heart, together with a slight feeling of agitation. The pulse, which in the morning was 64, increased in the afternoon to 100. The condition quieted down gradually. In the evening the pulse was 84. The general condition of the prover was, as it was on the previous day, good. Bowels, regular.

July 14th.—Appetite increased. The urine lessened in quantity; is dark colored and contains sediment.

July 16th.—Urine the same as yesterday.

July 17th.—Slight confusion of the head that, however, soon disappeared. Diuresis very profuse, the urine being bright colored. Towards 6 P.M. tolerably severe itching on chest, back, and arms, which lasted about an hour. Redness of the skin was not perceptible.

July 18th.—Pulse, 64, 76, 68; temperature, 36.8, 37.01.

July 19th.—Pulse, 80, 88, 84; temperature, 36.7, 37.1.

In the morning, on getting up, a somewhat intense pain in the left temple and supraorbital region, which disappeared during a walk. The stool, which appeared regularly once a day, was absent to-day. Towards evening itching on chest and back.

July 20th.—Pulse, 72, 84, 76; temperature, 36.9, 37.3.

Stool resulted from a laxative (extract Aloes, extract Rhei, āā 10 grams; Jalap, 5 grams; to be divided into 100 pills. One to be taken every morning on an empty stomach).

The supraorbital pain, left side, recurred this morning about an hour after getting up, remained within the limits of yesterday and disappeared during the forenoon.

The dose of Quinine was doubled from this day on, so that the amount taken was one centigram every morning and night.

July 21st.—Pulse, 72, 104, 88; temperature, 37.1, 37.2.

Towards 3 P.M. palpitation of the heart, together with præcordial anguish. It lasted about half an hour.

July 22d.—Pulse, 68, 72, 76; temperature, 36.8, 37.3.

No stool. The pain in the left temporal region, not observed on the day previous, occurred this morning and continued nearly the whole day. In the afternoon a slight buzzing in the ears, in connection with a moderate degree of deafness. Sounds that usually were perceived clear (as the striking of a clock) became dull and indistinct. This condition passed away in half an hour.

July 23d.—Pulse, 64, 72, 68; temperature, 37, 37.1.

The sleep during the previous night was unquiet. The general condition which up to this time was tolerable, is now one of uneasiness or discomfort which continued the whole day. The stool in the morning came without aid.

July 24th.—Pulse, 60, 72, 76; temperature, 36.9, 37.1.

The headache recurred in the morning worse than before. The general condition is not good; felt used up; aversion to mental work; irritable mood; stool absent.

July 25th.—Pulse, 76, 80, 80; temperature, 36.8, 37.1.

After the above-named cathartic there followed, in the morning, a profuse, thin stool. Urine very profuse, clear; no headache. General condition tolerably good, only the irritable mood continuing. In the afternoon, notwithstanding a plentiful dinner taken with a good appetite, a great deal of desire for acid food, which although not yielded to, passed off in about half an hour.

July 26th.—Pulse, 64, 84, 80; temperature, 36.8, 37.1.

The sleep during the previous night was very unquiet; frequent awakening with præcordial anguish. In the morning felt used up. Renewed appearance of the pain in the left half of the head; especially distinct in the supraorbital region. It lasted until near noon when the general condition also improved. No stool; urine profuse and clear.

July 27th.—Pulse, 60, 72, 76; temperature, 36.9, 37.1.

Slept well; general condition tolerable. Stool occurred spontaneously; urine continues profuse and clear; redness and swelling of the right upper eyelid.

July 28th.—Pulse, 72, 72, 72; temperature, 36.9, 37.2.

Apart from a somewhat irritable state the general condition is tolerably good. The swelling of the right upper lid increased. In external auditory meatus of each ear great itching and crawling, lasting the whole day, slight indications having been present for several days. Urine profuse and clear.

July 29th.—Pulse, 76, 80, 72; temperature, 36.7, 36.9.

The sleep was poor, in consequence of violent toothache, on the left side, in both upper and lower rows; not limited to any one tooth. Consequently, in the morning, when the toothache had disappeared almost entirely, there was bodily weakness. This exhausted and used-up feeling lasted the whole day and increased in the evening. The urine was scanty and turbid during the day. Before going to sleep took two powders of Quinine (.3 grain).

July 30th.—Pulse, 60, 68, 72; temperature, 36.8, 37.

During the night, from 10 to 1 o'clock, the sleep was quiet and deep. At the latter hour awaked with rather marked feeling of anxiety and intense pain in the left temporal and supraorbital regions as well as under the left ear. The pain, especially in the latter region, was sharp in character, extended deeply inwards and was uncommonly annoying. The toothache which disturbed the sleep during the previous night was also present. It was on both the right and the left side, and especially occurred when bringing the upper and lower teeth together, and still worse, when biting. Besides, there were great thirst, noises in the ears, feeling of vertigo, the latter, especially, occurring when sitting up in bed or when getting up on his feet. For about an hour there was sleeplessness, then half-slumber filled with confused dreams and phantasies. This lasted till towards 7 o'clock in the morning, with frequent wakings up in affright. From 7 till 9 A.M. deep sleep. On getting up great weakness and used-up feeling and the feeling of vertigo was still present. Besides, there were eructations, nausea, and tendency to vomit, without result. Towards 10 o'clock thin, profuse stool.

The pain in the temporal region had gone, but the toothache continued, making chewing extremely difficult. The pain under the left ear especially intense and tormenting. No appetite; great aversion to the

Quinine. The urine is scanty, cloudy and contains urates. After a two hours' sleep at noon the pains gradually disappeared, except a moderate amount under the left ear. The general condition was better in the evening. The Quinine was not taken on this day.

July 31st.—Pulse, 68, 80, 72; temperature, 36.8, 37.

The sleep of the night just passed was better, although there was a spell of sleeplessness, followed by headache and toothache. The body still very weary; the mind apathetic. The headache, as also the toothache, disappeared, all but a slight amount; the pain under the left ear continued. When reading it was noticed that the eyes became readily tired. The small furuncle on the right upper lid was opened and discharged a considerable quantity of pus. The Quinine was not taken on this day.

August 1st.—Pulse, 72, 80, 80; temperature, 37, 37.1.

The sleep was tolerable. Headache in the morning hardly perceptible. The pain under the ear has disappeared, but has given place to a moderately severe cutting pain in the left external auditory meatus. The toothache is also scarcely noticeable. In the morning a powder of Quinine was taken. A quarter of an hour afterward there followed vomiting; stool absent; general condition tolerable.

August 2d.—Pulse, 72, 76, 76; temperature, 36.7, 36.9.

Slept well. The sharp pain in the left external auditory meatus increased in intensity in the morning and continued all day. In the evening a powder of Quinine was taken. In the morning, as well as on the evening previous, the drug was ejected.

August 3d.—Pulse, 72, 76, 76; temperature, 36.9, 37.2.

The sleep of the foregoing night was again very poor. The night was passed almost without sleep an account of violent toothache of the same character as already described, accompanied by severe pain in the left frontal and temporal regions. In consequence, the general condition was bad in the morning. The face appeared puffed and red. The pains gradually disappeared during the day. Stool, profuse, followed the use of two of the cathartic pills.

At morning and noon, each, a powder was taken. There occurred in the afternoon a disagreeable feeling in the ears, as if they were stopped with cotton. In the evening there were empty eructations and at the same time a severe pain in both temporal regions, combined with a tensile drawing feeling in the skin which made any work impossible. Irritable mood. After a two hours' walk the pains disappeared almost entirely.

August 4th.—Pulse, 68, 62, 76; temperature, 36.5, 37.1.

The sleep was better. The pains, almost completely quiet during the night, returned in the morning but in a slight, bearable degree. The general condition is tolerably good. Still, in the morning a peculiar feeling in the eyes was observed, as if they were not sufficiently open and

as if something resting on the lids pressed them down, thus hindering distinct vision. This sensation occurred several times during the day. The Quinine was taken in the morning for the last time. Altogether 37 centigrams were used (5.7 grains).

August 5th.—Pulse, 64, 76, 72; temperature, 36.7, 37.

The general condition was tolerable; pains in the left supraorbital region present in slight degree. Likewise, the already mentioned sticking pain in the external auditory meatus. Toothache had disappeared. In the eyes there was still the peculiar feeling of yesterday.

August 6th.—Pulse, 72, 80, 76; temperature, 36.9, 37.1.

August 7th.—Pulse, 64, 72, 72; temperature, 36.8, 37.2.

August 8th.—Pulse, 72, 80, 84; temperature, 36.7, 36.9.

August 9th.—Pulse, 60, 76, 76; temperature, 37, 37.2.

August 10th.—Pulse, 60, 72, 80; temperature, 36.8, 37.1.

August 11th.—Pulse, 68, 76, 76; temperature, 36.9, 37.2.

August 12th.—Pulse, 68, 80, 72; temperature, 36.7, 37.2.

Regarding the week in which no Quinine was given (August 5–12), it may be remarked that the trigeminal neuralgia still recurred now and then, and in fact a slight supraorbital pain was present usually in the morning. The toothache was at times noticeable during the night. Both reached a much less degree of intensity than formerly and they influenced the sleep and general condition only to a slight degree. The sticking feeling in the external auditory meatus disappeared suddenly one morning. The peculiar feeling in the eyes lasted several days, but decreased gradually until gone. The digestion was always regular.

After this time Herr D. noticed the susceptibility of his gums to injury, a thing that he had not observed before. The gums bled considerably on the slightest touch, especially when brushing the teeth.

This condition, as was said before, lasted for about two weeks. The irritative phenomena in the trigeminus, that during the first week after stopping the Quinine became less and less, gradually disappeared entirely, so that in the second half of August the general condition might be said to be, throughout, good. Towards the end of this month the neuralgia reappeared quite suddenly one night. There was no conceivable cause for it. The pain was in every respect of the same type as that observed during the use of the Quinine, and extended over the left supraorbital and temporal regions and in the upper and lower rows of teeth of the same side. There was this difference, however, that now the headache was put more in the background by the extreme violence of the toothache. The latter was aggravated by pressing the teeth together, was not quieted by rubbing with chloroform and was somewhat ameliorated for a short time by pricking the gums, as well as by rinsing out the mouth with cold water. The night's rest was repeatedly broken till towards morning when the pain somewhat lessened.

After this prodromal stage the neuralgias assumed a periodicity.

Every night towards 3 o'clock, they came on, and disappeared only towards morning. They were of that kind that the time from 3 to 6 A.M., regularly, was spent awake with torturing pain. During the day they were absent. This exhausting condition lasted for a week and a half. As there was some suspicion that it was somehow the after effect of the Quinine, Herr D. and I agreed upon Arsenic as a remedy. We argued that in certain intermittent neuralgias which Quinine could not affect Arsenic comes in as a remedy, and with success. We had a success, but not so great as we had hoped.

September 5th.—At night, before going to bed, 10 drops of dilute Fowler's solution (2:20 Aq. dest.) were taken. The pains returned at the regular time.

September 6th.—During the day 20 drops of the same solution were taken. Towards 3 A.M. the pains reappeared, but with less intensity than hitherto and they did not last as long.

September 7th.—Fifteen drops of the solution were taken in the morning and again in the evening. The pains did not appear until towards morning; continued about an hour and then disappeared.

September 8th.—Same dose of Arsenic. Results same as yesterday.

September 9th.—As on previous two days.

September 10th.—No Arsenic taken to-day. The pains appeared only towards morning and in moderate intensity.

September 11th.—No Arsenic taken to-day. The pains returned towards 3 A.M., the usual time, but so slight in intensity that sleep was only temporarily interfered with.

September 12th.—To-day 30 drops of the Arsenical solution were taken. Towards 10 P.M. the headache and toothache came on. Continued about an hour and a half and then disappeared for the night.

September 13th.—Same dose of Arsenic, with same results as yesterday.

September 14th.—Twenty drops of Arsenical solution. Results same as on previous two days.

September 15th.—Same dose of Arsenic. Towards 3 A.M. the pains appeared but did not reach their former intensity.

September 16th.—Same dose and same result.

We came to the conclusion that the Arsenic influenced the neuralgia in a slight degree only, and with the exception of changing the time of the recurrence of pain and a slight lessening of its intensity, the Arsenic exhibited no real action, and as Herr D., as might be supposed, was much reduced, we turned, as an experiment, to Iron as a remedy.

September 17th.—Herr D. took in the forenoon a knife-point-full of soluble saccharated oxide of Iron. In the succeeding night, towards 3 o'clock, moderately severe pains came on that disappeared in the course of an hour.

September 18th.—Iron again taken in the same dose. On the following morning a slight attack of neuralgia lasting only a short time.

September 19th.—Same therapy; same result.

September 20th.—Same therapy; no attack.

The Iron was taken until September 23d. The trigeminal neuralgia did not return, nor has it returned since ceasing to take the medicine. Herr D. entirely recovered during the following weeks from the exhausting influence of his experiment.

From the critical *résumé*, given in the original paper, Dr. Sulzer selects the following:

1. *Central Nervous System*.—"The chief influence of Quinine upon the brain, shown in all the provers—even in Herr F., whose power of resistance is usually very great—consisted of: An initial indeterminate feeling of pressure and heaviness in the head, from which developed apathy, mental depression, aversion to every activity, melancholic mood and the change resulting from these, an irritable condition increasing to attacks of anxiety. The attacks of anxiety were especially noticeable in Herr K., who was compelled in consequence to leave his house and to walk about, all without relief. Attacks of vertigo, that in one case (J.) increased to fainting, were observed in S., D., E., and F. In most of the provers disturbance of the night's rest in different intensity was characteristic, the dreams being of an anxious tinge causing the subject to repeatedly start out of sleep in affright.

"The, at times, great general sense of fatigue and weakness leads us to think that the spinal cord was affected in sympathy with the brain.

"Especially prominent in certain experimenters was the distinct nauseous aversion to taking the Quinine, as also in Herr K. against the use of tobacco in the first part of the Quinine action, and in H. and G., after taking a moderate quantity of alcohol,—the habitual smoker reacting differently to tobacco than usually, having retrograded I might say to the condition of children in this respect, a similar condition existing in the accustomed beer drinkers. A quantity of tobacco or beer, that ordinarily produced no remarkable effects, now acts as if it were used for the first time."

2. *Eyes and Ears*.—Here symptoms of the highest interest appear which are not identical with the typical noises in the ear produced by Quinine—clear evidence, indeed, how necessary it is to prove a drug in constantly small doses in order to disclose the province of its action.

3. *The Trigeminal Nerve*.—With the exception of one prover, trigeminus symptoms appeared in all, and mostly on the left side.

4. *Skin*.—Symptoms of the skin were plainly evident in two cases.

5. *Stomach and Intestines*.—"In the action of the digestive tract of single experimenters under the influence of Quinine characteristic disturbances gradually developed. At first slight symptoms of irritability, to be considered as due to increased activity, especially of the

stomach. After a time, however, these changed to the opposite condition, such as is generally termed gastro-intestinal catarrh."

6. *Urogenital Apparatus*.—In eight cases evident action of the Quinine upon the urinary secretion or upon the functions of the bladder was observed.

7. *Body-Temperature*.—"We cannot observe any direct relation between the behavior of the circulatory apparatus and the body-temperature when a healthy organism is kept for weeks at a time under the influence of Quinine."

We, homœopaths, have never considered Quinine as an "anti-febrile." Disturbances observed in the circulatory apparatus and illustrated by numerous pulse-curves are striking. In general they show a lessening of pulse-frequency.

In conclusion the author says: "The method of experimenting on a large number of healthy individuals with repeated small doses of a remedy is calculated to bring useful contributions to the study of the action of drugs."

For us homœopaths this thesis has long been proven true, but we should not underestimate the importance of support to our old truth from the other side and with it the withdrawal of the props to the hostility which provings on the healthy have met until recently.

Whether the further result will be to draw from the provings a curative principle, based upon the law of "similars," time will show. But here, too, it is to be hoped the old saying will be verified: *Gutta cavat lapidem non vi sed sæpe cadendo*.

HOMŒOPATHIC THERAPEUTICS.

The Toxic Amnesias.—By *Dr. Marc Jousset*.—[Translated by *Helen Cox O'Connor, M.D.*]

We take from M. Cacarrié's thesis (Paris, 1887) a few observations on toxic amnesias, which will enable us to outline the action of several substances on the memory.

This author divides these poisonous substances, acting on the memory, into two groups, the *mineral* and the *vegetable poisons*. The first mentioned produce a primary amnesia when they are employed alone; the second lead generally to an intoxication, at the beginning of which the memory is over-excited; "it is only if this intoxication be pushed too far, or if the poisoning become chronic, that the amnesia appears and takes a progressive course." The "occupation-intoxications" are nearly always produced by the mineral poisons; the vegetable poisons, on the contrary (alcohol, chloroform, tobacco, opium, Indian hemp) are used for pleasure.

We shall proceed to study these different poisons successively.

LEAD.—The encephalic symptoms of lead have been carefully studied, and are outside of our subject; they are invariably accompanied by more or less severe amnesia. Frequently there has been noticed among workmen in lead a very considerable loss of memory without other appreciable cerebral trouble.

In his Observation I., M. Cacarrié gives the history of a house painter, 27 years old, now having his second attack of lead colic, rapidly improving under treatment at "La Charité," but in addition, those around him have remarked his having grown very irritable during the last few days. "His memory is much altered; he is at a loss for words in speaking, and irritated by not finding them. He seems especially to have forgotten proper names, for he doesn't even remember the name of his employer, nor the name of the street where he is employed, nor the names of the men with whom he worked when suddenly attacked with colic. He forgets recent events just the same; does not remember whether he has taken my medicine or not, although he attaches great importance to it. I made him three visits in two days, and not once did he recognize me!" Intelligence is undisturbed. "Eight days afterwards, I met L—— in the street, and had a talk with him. His memory is returning: nevertheless, he is at a loss every moment for the most common words in conversation. He has forgotten my name, and is not sure he has seen me."

OBSERVATION II. has for its subject a man 52 years of age, who has had several attacks of colic, saturnine paralysis, and a decided weakening of intelligence. "His speech is halting, embarrassed. He loses his way in the streets that he knows best; twice has not been able to find his own house; goes out on an errand and comes back some hours later, having forgotten it."

We see, from these facts, that lead produces a failure of the memory for words, names, actions, and places.

MERCURY.—The effects of mercury on the memory are similar to those of lead; but they are usually isolated, with no concomitant intellectual trouble, while in those poisoned by lead there may often be simultaneously observed dementia or a species of general paralysis.

"In 1579, Fernel wrote a book on the treatment of venereal diseases. While discussing the action of Mercury, he reports the case of a workman who, while engaged in gilding, became stupid, dull, and almost mute, and even forgot his own name, from having breathed the vapor of Mercury. We should bear in mind Fernel's assertions, and for the following reason: his observations were made on a patient poisoned at his trade, whose symptoms could not be from syphilis.

"Ramazzini, in 1700, in his work, 'De Morbis Artificum Diatriba,' charges to mercurial vapors the production of troubles of the memory, delirium, and paralysis."

It is most especially in the chronic hydrargyris of workmen who

have handled Mercury for a long time, and of miners, that one meets with disorders of memory.

“From its beginning, an extreme emotionalism may be noticed in patients. On being spoken to, or questioned as to their malady, they become troubled, can hardly find answers, which are often unfinished; the smallest event disturbs them far more than in the normal condition. H. Roussel and Kussmaul have insisted on this phenomenon, and have given it prominence. After hydrargyrisms has lasted a long time, the patients are frequently attacked by symptoms of dementia; they laugh, they weep without cause, generally talk very little, and have lost their memory.—(*Tardieu*).”

OBSERVATION III. has reference to a man 50 years of age, who keeps a rifle-range, and who has been poisoned by the vapors produced by the fulminate of Mercury. This man shows, and as a constant symptom, a slight trembling of the upper extremities, and salivation; he even had, six months ago, a true stomatitis. “He has a remarkable weakness of memory, forgetfulness, during the day from morning to evening, and is continually making mistakes in his accounts.”

OBSERVATION IV. relates to a metal-gilder, 42 years old, who presents the following symptoms every time that he has worked in a certain badly-ventilated room: “Trembling and stomatitis appear, and of a severe type; he has noticed that at the same time there supervened considerable weakness of memory. He forgot events of the day, or the preceding days, without, however, losing the remembrance of important and earlier facts. He had even got lost going out of the workshop, and was obliged to ask his way home. While at the hospital his memory was noticed to have become decidedly weaker; on several occasions he had to ask the number of his bed.”

In his pathogenesis of Mercury, our friend, Dr. Piedvache, noticed especially these disorders of the memory: “Weakness of memory, and difficulty in collecting one’s ideas; a conscious powerlessness of doing anything. One can neither understand questions, nor read, nor express one’s-self, nor answer correctly, and there is a consciousness of this state.”

NITRO-BENZOLE.—Nitro-benzole will produce decidedly pronounced cerebral disorders, accompanied by weakness of memory.

OBSERVATION VIII. relates to a woman, 35 years of age, free from any taint of hereditary insanity. She was employed six years ago in a perfumery manufactory, in which she handled essence of mirbane (nitro-benzole) for one month. She was seized with violent pains in the head, vertigo, etc., then an attack of acute mania, at the termination of which she was sent to Ville-Evrard.

“Her memory is much weakened. Mme. L. has forgotten the name of her employer and those of her companions. When questioned as to her home, she gives the address of an apartment that she left four years

ago. She knows, indeed, that she is married, but is ignorant of the fact that she has two children. It is quite impossible for her to tell how she came here."

On inquiry, it was learned that in the same establishment four workmen had mental disorders, especially of the memory: "They forgot commissions, and did not know where to find their tools at the workshop."

TOBACCO.—Disturbances of memory caused by tobacco may be taken as a type of these toxic disorders. When tobacco is the only poison absorbed, if there be no cerebral or mental disorder originating elsewhere, it produces effects on the intelligence. Tobacco causes no delirium, in spite of what has been said by certain writers, and the amnesia is, in these cases, the only symptom. "When tobacco is either smoked or taken as snuff in large quantities, there is a primary stage of exaltation, at first mild, somewhat resembling the excitement observed at the beginning of drunkenness. It is this hyper-ideation, this not very intense hyper-amnesia without depression, which is sought by men given to intellectual labor. If persevered in, the use of this habitual excitant leads to an enfeeblement certainly of the memory, if not of all the intellectual faculties.

"For a long time, authors have pointed out the amnesia of tobacco. Magnenus, in 1658, expressed himself as follows: 'I aver that tobacco, in whatever way it be smoked, injures the memory.' Buffon says: "All that has been said against tobacco has not been proven; but what can be said with more foundation is, that an over-use of this drug enfeebles the sense of smell and the memory."

We have collected a host of facts that it would take too long to detail here. All the subjects, for the most part men of the world, who have been able to analyze their condition with intelligence, have presented the same symptoms, forgetfulness of words, forgetfulness of substantives, above all, of proper names; never, or rarely, forgetfulness of facts or images. After great abuse of tobacco, verbal amnesia becomes complete, and the patient finds his vocabulary reduced to a few common expressions; every moment he makes use of the words "machine," "thing," to designate persons and objects whose names he cannot remember. This is the type so well described by Alphonse Daudet in his book, "The Nabob." Verbal amnesia may even result in aphasia. The following case is a good example of this:

"I have at times," says M. Gilbert Ballet "brought on myself true attacks of transitory aphasia by means of tobacco. In one of these attacks, an account of which I shall some day publish, I noted with the greatest minuteness what followed. I could make use of only a very limited number of words, and by way of analyzing myself in it, I tried to name the objects that I saw about me. A lady passed by at the time holding an umbrella; I made an effort to pronounce the name of this

object, of which I had the clearest notion, but I could only manage some incoherent monosyllables. I could evoke, however, the auditory and visual image of the word with a certain degree of facility; I saw especially at a given moment the word 'umbrella,' very distinctly written. At this moment, I lacked absolutely nothing except the ability to pronounce the word. I attempted to coördinate the syllables that composed it, and, while I articulated well 'parapet,' 'obelisk,' my tongue made a fruitless appeal to my motor memory. Then, all at once, as I held my eyes fixed on the mental visual image of the word, the word broke out, so to speak, and with a jerk; the visual image had brought to life the motor image, effaced for the time being."

CANNABIS INDICA.—Hashisch in moderate doses will produce an exaltation of the memory, and in strong doses complete amnesia.

Observation XIX.—"Dr. Munaret, after finishing an oriental cigar containing hashisch, had lost his recognition of places while preserving that of people. On going home in a public conveyance, he thought he was in a faubourg of Lyons; he failed to recognize his house, although he recognized his wife very well, and his servant, and the inhabitants of Brignais. He was astonished that all these people were at La Mula-tière as well as himself. This singular phenomenon vanished immediately on the administration of a hot cordial."

Dr. Cacarié's thesis also contains disorders of memory caused by carbon-disulphide, oxide (*sic*) of carbon, alcohol, and narcotics; we have given only the toxic action of certain drugs that we can easily utilize according to the law of similars.

In conclusion, we have presented in this summary only those drugs necessary to complete our pathogeneses.—*L'Art Médical*, November, 1887.

The American Institute Session—Preliminary Notice.—**EDITOR HOMŒOPATHIC RECORDER:** The American Institute of Homœopathy will convene in its forty-first session, and celebrate its forty-fourth anniversary at the International Hotel, Niagara Falls, New York, commencing Monday evening, June 25th, and closing Friday noon, June 29th. The local Committee of Arrangements has secured suitable rooms for the general and sectional meetings, as well as for committees, etc. The capacity and accommodations of the hotel are ample for all members and other physicians and their friends who may be in attendance. The Committee on Railroad Fares expects to secure reduced rates over all the trunk lines and branches. Full particulars of hotel and railroad rates will be announced hereafter.

Among the general subjects to be considered during the session, may be mentioned the following: "Results from Homœopathic Medication"; "Provings and Verifications of Provings of Zincum met. and its Salts"; "Indications for Zincum in Nervous and Uterine Diseases"; "Surgery of the Intestinal Tract"; "Operation upon the Gall-bladder"; "Acci-

dental Complications of Gestation"; "Uterine Therapeutics"; "Nervous Diseases of Infancy and Early Life"; "Acute Inflammations of the Eye, Ear and Throat, and their Consequences"; "Influence of External Agents in Causing Disease"; "The Relation of Nutrition to Nervous and Mental Disorders," etc.

Reports of great interest will be presented upon the subjects of "Statistics of Homœopathy," "Pharmacy," "Drug-Provings," "Medical Education," "Medical Legislation," "Medical Literature," "The Colleges," etc.

Any member of the Institute engaged in the preparation of a paper, and who has not already reported its title to the appropriate bureau chairman, should do so at once. Papers should be completed at the earliest possible day, and those likely to consume more than fifteen minutes in reading should be accompanied by an abstract.—See Article VII, Section 11 of the By-Laws; also see resolution adopted July 1st, 1887, *Transactions*, p. 848.

It is very desirable that all requests for statistical and other information sent out by Dr. T. F. Smith, of New York, Chairman of the Bureau of Organization, Registration and Statistics, should be responded to *without the usual delay*—a delay that always makes it difficult for him to complete his report in time for presentation to the Institute.

Any physician, having special knowledge of the life, labors and character of any Institute member who has died during the year commencing July 1st, 1887, will confer a favor by communicating with Dr. Henry D. Paine, the Necrologist, No. 134 Madison Avenue, New York.

Each State or Inter-state society is entitled to be represented at the session by two delegates, and one additional delegate for every twenty members; each county or local society by one delegate; each hospital, asylum, dispensary and journal, one delegate; each college, two delegates, to constitute the Intercollegiate Committee of the Institute. It is not necessary that delegates be members of the Institute; they are entitled, however, to all the privileges of membership except voting and eligibility to office.

The "sectional" plan of scientific work, inaugurated last year, proved a step in the right direction, and the committee, having the matter in charge, is working earnestly to improve and perfect it. Under the operation of the new method last year, while the aggregate text of the essays was diminished, the amount of "discussion" was increased about sixty per cent., requiring for its publication ninety-four closely printed pages of the *Transactions*. The *quality*, also, of the discussion was of a higher order than heretofore. Under the improvements likely to be instituted this year, it is reasonable to anticipate a session successful, in some respects, beyond all precedent.

It is suggested that, in those States and localities in which the Institute membership is small, the officers of the State and local societies should

provide for a canvass of their respective districts for the purpose of increasing their representation in the national society. Especially should the "active members" of local societies be induced to identify themselves with the Institute and its work. The terms of membership are: Initiation fee, \$2; annual dues, \$5. Blank applications for membership may be obtained by addressing the undersigned.

The General Secretary's Circular, including the entire programme, will be issued some three weeks prior to the sessions. Full details will be furnished to all the homœopathic journals in time for publication in their June issues.

PEMBERTON DUDLEY, M.D.,

General Secretary,

S. W. corner 15th and Master streets, Philadelphia, Pa.

Headaches and other Neuroses in their Relation to Errors of Refraction.—At a meeting of the British Homœopathic Society held November 3d, 1887, a paper bearing the above title was read. In the discussion, Dr. Dyce Brown said that he had found Santonine 1x and 2x, one or two grains once or twice a day, of great use in headaches connected with eye-symptoms.

Dr. Clarke said it was possible for medicine to relieve both eye-symptoms and headache. Mr. Shaw had mentioned a case in which the instillation of Atropine had done this. It might have been by relaxing ciliary tension; but it also might have been by the specific action of the drug. Dr. Blake had said we sometimes cure eye-symptoms by accident. Dr. Clarke had done this recently; Baptisia given for gastric symptoms, had cured eye-symptom—inability to do fine work at night.

Dr. Hughes sympathized with those who advocated the use of remedies, and he regretted that Mr. Shaw had not used Physostigma to relieve ciliary tension, instead of Atropine. He called attention to Epiphegus and Onosmodium in headaches like those of errors of refraction. In the case of an old gentleman, who needed glasses but refused to use them, Epiphegus gave great relief.

Dr. Edward Blake said that Epiphegus 1x and Gelsem. were the only medicines that had given his (possibly astigmatic) headaches relief.

Mr. Knox Shaw said he had frequently used Santonine, especially when there was congestion of the discs.—*Month. Hom. Rev.*, Dec., 1887.

Physiology and the Law of Similars.—By *Dr. Martiny.*—*[Translated by Helen Cox O' Connor, M.D.]*

A physiological experiment in the laboratories has just given new proof of the law of Similars, our great law of therapeutics; we find the fact recorded in an article published in the *Clinique* of December 8th, on the subject of *Strophanthus*, a new cardiac remedy. Dr. Lepine, of Lyons, states that having administered *Strophanthus* to twelve pa-

tients, he has proved that in three of them the cardiac energy was increased, while in the others the heart's impulse was lessened. Dr. Lepine then adds the following observations :

“This may be explained by saying that the tincture employed by Dr. Haas, as well as my own, was not irreproachable as to quality, and as I have previously indicated, the results which I have obtained in animals are favorable to this interpretation. Or must it really be admitted that the effects of *Strophanthus* differ according to the state of the heart, that it quiets an excited heart, and strengthens the cardiac force only in those cases in which it is diminished? This hypothesis is not without physiological basis; I have found in the dog that the excitation of the peripheral end of the divided sciatic is followed by increase of temperature in the foot *if already cold*, while the usual effect is, as is well known, the cooling of the foot, ordinarily warm. This experiment has always seemed to me to explain many results in pharmaco-dynamics, and especially, what is called the *contrary action* of drugs. As to *contrary action*, such a thing cannot exist in the eyes of any one who is imbued with the reality of fixed laws. But there are *effects contrary* to those one expects, should the state of the organism be radically different from what one supposes.”

Could a better proof be found of the law of Similars, and at the same time a better criticism of the law of contraries? To be consistent, after having repudiated the action of contraries, Dr. Lepine should have added that all could have been explained, and fully, by the law of Similars. But had he dared to avow this law, whose terms were at his tongue's end, he would have been treated as a *miserable homœopath* by his *confrères*.

The experiment recorded by Dr. Lepine may perhaps some day serve as a model for the experimental demonstration of the law of Similars before students of medicine, when Europe like America will have homœopathic universities.

We may in this connection remember the surprise of the physiologists who investigated the influence of different substances on the secretion of bile in healthy animals; if there be one remedy which has given to the sick many clinical proofs of its action on the biliary secretion, it is, without doubt, *calomel*; all hepatic affections with retention of bile are treated with calomel, and clinical annals prove that *calomel* succeeds very often; but what was the astonishment of the experimenters in discovering that given to an animal whose liver was healthy, *calomel* decreased and even suspended the biliary secretion; always the law of Similars. Since *calomel* in a healthy organization moderates and even arrests the secretion of bile, it should reëstablish and stimulate this secretion when decreased by illness, and this is confirmed every day at the sick-bed.—*Revue Hom. Belge.*, 14, No. 8.

Blisters.—By *Dr. Martiny.*—[Translated by *Helen Cox O'Connor, M.D.*]

The following lines are worthy the consideration of our allopathic *confrères*; they are on the employment of blisters on children; cantharides blister is to-day proscribed in infantile therapeutics, but it would not be difficult to prove that it should also be frequently interdicted for adults.

It cannot be too often repeated, writes Dr. Comby in *Progrès Médical*, 1887, No. 21, that the blister is one of those agents to be used, in treating children, with extreme caution. Dr. Archambault says concerning the employment of blisters for children: "I am not sure that I have ever seen them do good, but I am certain that they have frequently done great harm." The traditional use of the blister in cases of cutaneous or mucous scrofulides, etc., continues the author, has its inconveniences; it keeps up a suppurating wound which exhausts the child, and often gives rise to eczematous and impetiginous eruptions, which are precisely what it is intended to remove.

But at other times, the unseasonable employment of the blister has not only its great inconveniences, it may even endanger life. This is the case for example in certain acute diseases of childhood: thus, "the physician who prescribes a blister for a child attacked or threatened with diphtheria, is culpable." Next to diphtheria, measles is the acute disease which seems to the author to be most intolerant of the blister; should it be desirable to produce local revulsion in broncho-pneumonia, recourse should be had, he says, to tincture of iodine. (*Revue Médicale*, Août, 1887.)

With regard to the tincture of iodine for children, doubtless the author of this article has not well considered; or has he forgotten the singular discovery of Dr. Jules Simon at the Children's Hospital, in Paris? This physician has demonstrated the presence of albumen in the urine of children who had been painted with tincture of iodine. What physician, after this, would dare to use tincture of iodine in the diseases of children?

Beware of blisters, allopathic *confrères*, beware of tincture of iodine! —*Revue Hom. Belge.*, 14, No. 8.

Curious Clinical Observation.—By *Thomas Simpson, M.D.*, of Glasgow.—A girl of about eighteen summers, of sallow complexion, but cleanly appearance, applied for relief from a loathsome condition which had "embittered her life," she said, "for three and a half years." Constant irritation of different parts of the body, day and night, compelling her to scratch the spots affected, disturbed her rest at night and interfered with her comfort by day. I examined the skin with a lens and found numerous pediculi corporis tenaciously clinging to the neck, back, and shoulders.

She declared she was careful to change her linen frequently, and her habits appeared cleanly; but *menstruation* had never once occurred. She was anxious, depressed, and tearful; the inner angles of her eyes were filled with gummy mucus, and heat and itching in them troubled her *in the evening*. The corners of the mouth were sore.

Sulphur 30 was prescribed for the delaying menses and eye symptoms, and strict cleanliness enjoined. Having taken one dose every alternate day (12 doses), she reported herself no better; more minute comparison suggested Psorinum as likely to relieve her. It was prescribed (every fourth day), three globules of No. 12, *to cease* as improvement showed itself. A month after she called to tell me the "courses" had come on, and her troublesome itching and every source of discomfort had vanished, and certainly her healthy and happy appearance justified the assertion.

I have often found Sulphur in a high power restore delaying menses, but never heard of Psorinum being capable of effecting such a result.—*Hom. World*, April, 1887.

Spinal Paralysis.—*Arg. Nit.*—*Cured.*—By *Dr. John H. Clarke.*—J. H., æt. 46, married, was admitted into the London Homœopathic Hospital on September 29th, 1887, under the care of Dr. Clarke. She states that she enjoyed good health until her last pregnancy. During the last three months of this pregnancy the legs swelled very much and were very painful. She was unable to walk, and for some weeks before the legs became swollen she was unable to walk up-stairs. She was confined thirteen weeks ago. After her confinement she was able to walk about and continued to do so until five weeks ago, when the legs became very painful, and she gradually lost power in them and was unable to stand. She at this time had pain in the sacrum and coccyx. She also complained of the arms and hands being painful, and of having a tingling sensation in them like "pins and needles."

On admission her temperature was normal; organs healthy; in urine there was a trace of albumen. The legs were markedly hyperæsthetic. There was no swelling of the joints. There was no ankle clonus, and the patellar tendon reflex was normal. There was slight wasting of the muscles of the legs. She was quite unable to stand. The arms were painful and the fingers stiff, so that she was unable to feed herself. No paralysis of the sphincters. She was put upon *Argent. nit.* 3, gtt. iij. t. d., and massage applied to the legs and arms.

On October 5th she was able to sit up much better than on admission, and could move the legs and fingers more freely. She still complained of pain in the lumbar region of the spine. The pulse was exceedingly small and only sixty to the minute.

She gradually improved until the 26th, when she could stand with a little help. On November 12th she could get out of bed alone, and on December 3d was discharged, being able to walk perfectly.

NOTE BY DR. CLARKE.—I have seen this patient quite recently, and she declares herself much better than she has been for eighteen months. She walks without difficulty and is able to do all her work. I consider the paralysis to have been due to a congestive condition of the spinal cord. The improvement in the paralysis and in the joints was speedily noticed under the *Argent. nit.* before the massage was given. She had no other medicine.—*Hom. World*, March, 1888.

Facial Erysipelas.—*China φ.*—*Cured.*—By *Dr. John H. Clarke.* H. H., æt. 22 years, a children's nurse, was admitted to the London Homœopathic Hospital on December 14th, 1887, under the care of Dr. Clarke. She states that she was in very good health until the evening of the 11th inst., when her throat felt dry and sore. When she awoke on the morning of the 12th the nose was painful, swollen, and there was difficulty in breathing through it. The left side of the face was also swollen. Dr. Neatby, who saw her before admission, states that her temperature on the evening of the 12th was 104°, on the morning of the 13th 99.4°, and on the evening of this day 103.8°.

On admission, the nose and left side of face were much swollen, of a glazed and dusky red appearance. The erysipelas extended to the back of the neck behind and about half-way down the neck in front. The right side of face was also swollen, though not to the same extent as the left. She had headache and photophobia, and could not breathe through the nose. The throat was injected and of a dusky red appearance.

Previous History.—She had a similar attack to the present at the age of ten. No other serious illness.

On the evening of the 15th the temperature was 103°.

16th.—Morning temperature, 99.6°; pulse 100, full. Face not so painful; right side less swollen; nose still swollen and unable to breathe through it; tongue clean. Evening temperature, 101°.

17th.—Morning temperature, 97.8°; pulse, 88. As the temperature and pulse show, she was rapidly improving. The erysipelas was not spreading. The right side of face was normal and left side less swollen. The skin on face was desquamating and the dusky redness had almost disappeared. The throat was quite well and she could breathe through the nose, showing the swelling had subsided here. Evening temperature normal.

18th.—Morning temperature normal. Face very much better. Evening temperature normal. Pulse 68, full.

19th.—Temperature has remained normal; pulse 68; swelling quite subsided. She is practically well.

Treatment.—She was put on *China φ* gtt. v, every two hours. The face was dusted with starch powder, and light diet (milk and beef-tea) given. This treatment was continued throughout.

NOTE BY DR. CLARKE.—This case, like the former, was treated throughout with one medicine. China is strikingly homœopathic to erysipelas in many of its forms. The hint of the dosage I took from Dr. Jousset. He gives it in the mother-tincture in half-drachm doses at some hours' interval. I have given the mother-tincture in five-drop doses at more frequent intervals. I rarely give any other medicine in acute cases, and have never had so much success with other drugs.—*Hom. World*, March, 1888.

Gleanings by the Way.—By *Mr. J. W. Carter.*—*Diarrhœa* profuse and painful; stool all colors, seldom twice alike. *Euonymin* 1 cured.

Vomiting of pregnancy; gastric attacks only. Otherwise in good health. Several remedies failed. *Symph. R.* 1x cured (several cases).

Colic.—Paroxysms of severe pain; must bend double, which does not ameliorate much, though slightly does. *Warm drinks give most relief*—cold drinks much aggravate. *Nux vom.* 1 cured (several cases).

Cough.—Barking, harsh, croupy; aggravated outdoors, but worse at night in bed. Tonsils enlarged, fauces congested, dry and glazy-looking. The boy had had this cough for at least two years, as soon as damp cold weather put in an appearance. *Phytol.* 1x cured.

Mr. McD—, Whitby, æt. 40. Inflammation of outer canthus of eye; did not say which, as it was done by correspondence. It began in the inner canthus, and left there and went to the outer side. Cold does not affect it in the least. Could not bear least covering, except in bed; headache now and then. *Borax* 3x.

He wrote me seven days after that, to report eye almost well, and a return of virile power, which he had almost lost for a long time—six or twelve months.

I sent on a small vial of same, and the subsequent report was that he was quite well in both complaints.

The treatment was suggested by Hering's "Materia Medica," and Lippe's "Repertory," also the "Cypher Repertory."—*Hom. World*, March, 1888.

ITEMS OF GENERAL INTEREST.

Histological Examination of a Case of Rabies.—An investigation made by Carl Schaffer, student of medicine, in the laboratory of the Psychiatric Clinic of the University of Buda-Pesth, in the case of a woman aged 40, who was bitten on the right hand, September 15th, 1886, and who died, November 19th, following, of rabies, the disease having lasted four days, gave the following results: The examination was limited to the spinal cord. In it was found an acute myelitis, decreasing in intensity from above downwards. A diffuse infiltration, especially of the gray substance, with migrated blood corpuscles (white),

was very noticeable. Around the vessels in the anterior gray horns and corresponding to the groups of ganglion cells were accumulations of colorless blood corpuscles. The central canal was obliterated throughout its whole length by migrated cells. The ganglion cells were richly pigmented, isolated ones atrophic, and all of them surrounded by pericellular spaces—results of inflammatory disturbances of nutrition. The fine fibrillæ of the anterior horns were, even with Weigert's staining, indistinct.

In the posterior horns were found only a few nerve cells. Some bundles of nerve fibres were without their myeline and with degenerated axis cylinders. In one place was a circumscribed apoplectic focus. The posterior columns exhibited rounded gaps, cribriform in appearance anteriorly, and similar appearances were seen in the lateral and anterior columns, next the gray. The neuroglia showed evident hyperplasia in spots.

Peculiar bodies, diffusely distributed, were seen and were considered as products of degeneration. They were not corpora amylacea.

From the investigation of this case, as well as three others, the essayist considers that he had to deal with a sharply marked myelitic process.—*Neurolog. Centralblatt*, February 1, 1888.

Ill Effects of Antipyrin.—At a recent meeting of the Académie de Médecine, M. Germain Sée denied the report circulated in the lay press that, on account of the disagreeable effects sometimes produced by Antipyrin, the Académie had condemned that substance as a therapeutic agent. He stated that these accidents were comparatively rare, and were of a mild and transient nature, and that if medical men, in such cases, would abstain from rashly administering atropine, which often caused symptoms of poisoning, the ill effects of Antipyrin would soon disappear, and recovery would ensue in the course of two or three days. M. Sée read a letter from M. Daremberg, in which that gentleman stated that he had obtained good results with Antipyrin in patients suffering from migraine and tuberculosis. M. Hardy remarked that although he had found that Antipyrin generally gave good results, he had met with patients who had proved refractory to its action. In certain cases it caused vomiting or signs of cerebral depression, amnesia, syncope, etc., consequently he did not consider this remedy so marvellous as it was generally held to be.—*Brit. Med. Jour.*, March 21, 1888.

Idiosyncrasy to Antipyrin.—I administered to a lady on two different occasions 8 grains of Antipyrin for attacks of migraine, and on each occasion, very shortly after taking it, a tight feeling of constriction was felt across the chest, with a burning sensation in the pharynx. These symptoms were immediately followed by sneezing, by intense suffusion of the eyes, and by quantities of mucus flowing from the nose,

giving her all the appearance of having a severe attack of coryza ; there was also great irritation in the larynx, causing severe fits of coughing, but unattended with expectoration. After a quarter of an hour, these uncomfortable symptoms gradually subsided. There was no urticaria. I followed it up on each occasion with an equivalent dose of Antifebrin (3 grains) which (with one repetition in the course of an hour on the first occasion, but which was not required on the second), completely relieved the severe hemicrania, as it has done on subsequent trials without using the Antipyryn at all. It appears, therefore, that Antifebrin may be used equally with Antipyryn in migraine as in febrile conditions, and may replace it with advantage when the latter disagrees.—H. Coupland Taylor, M.D., *Brit. Med. Jour.*, March 31, 1888.

Impure Antipyryn.—The extraordinary demand for Antipyryn is very much in excess of the supply, and great pressure is put upon the manufacturers to increase the amount of the manufactured article in the market. The consequence has been that due care has not been shown in the purification of the drug, a certain proportion of benzine having been detected in samples submitted to analysis, according to Dr. Dujardin-Beaumetz. This impurity may account for some of the toxic symptoms which have been reported, such as cutaneous eruptions, gastric troubles, and even grave cerebral symptoms, more particularly in the aged.—*Brit. Med. Jour.*, March 31, 1888.

A Remedy for Toothache.—By Dr. *Gustave Hofmann*, of Bär-rigen, Bohemia.—In my opinion, Antipyryn which, since Germain Sée's statement that it controls pain, has been used in all kinds of painful affections, does not act as well in toothache as does Salicylate of soda. The latter remedy not only does good service, as might be expected, in the form designated "rheumatic" toothache in which the offending tooth shows no diseased condition, either when examined in the mouth or after extraction, without the presence of the classical signs of a neuralgia, but it has also, in my hands, been of value in caries and periosteal inflammation of the root. How it acts in these cases is hard to say, but it is enough that it does act.

The Salicylate of soda is not a radical remedy. It helps only for the moment, it relieves only the present attack of pain, and after a time the suffering reappears if the cause (caries or pericementitis) is not removed. Nevertheless, it should not be underestimated. For it is difficult to persuade patients to submit to the extraction or filling of a painful tooth, and both doctor and patient rejoice if something helps, even for the moment. The dose usually employed is .75 gram (11.5 grains), repeated every half hour. As a rule, after two or three, rarely more, such doses, the pain ceases for one or more days.—*Prag. Med. Wochens.*, No. 12, 1888.

Glycerine as a Purgative.—Dr. Otto Seifert, of Würzburg, found that a very active purgative sold as a proprietary medicine contained glycerine in large proportion. Vámosy has used the glycerine in 150 cases, and with the following results:

A syringe holding 2 c.c. is filled with pure glycerine and the latter is injected into the rectum. The application is the simplest possible, is entirely painless and the result is surprising, as the evacuation occurs in the course of one or two minutes after the injection, the fæces being "formed." Only in isolated individuals whose peristaltic action was very sluggish or who had a cerebral hæmorrhage was the stool delayed one or two hours. In these cases it was more profuse and was followed by one or two further evacuations.

The greater the accumulation of fæces within the rectum the more energetic was the action of the glycerine injection.

The whole process was painless and there were no after-effects.

Concerning the question, "How does a glycerine enema act as a cathartic," Anacker's explanation is: Glycerine, as is well known, has a powerful affinity for water. When thrown into the rectum it produces, through its withdrawal of water, a local hyperæmia in the lower portion of the gut, which, again, on its side causes an irritation of the sensory nerves of the rectal mucous membrane and by reflex action peristalsis is provoked.

As in delicate individuals there remains a burning sensation at the anus after an evacuation caused by the glycerine enema, Vámosy recommends in such cases the use of a less quantity of the glycerine or even diluting it with one-third of water. Seifert has used the method in twenty hospital cases and in six private ones. He uses from 3 to 5 c.c. of glycerine, and has not yet found any disagreeable after-sensation. He does not find that the patients get used to the glycerine enema with consequent failure of its action, but he thinks that dilution with water makes it but little if at all better than an ordinary enema of water.—*Münch. Med. Wochensch.*, No. 9, 1888.

NEW PUBLICATIONS.

The Soul: or Rational Psychology. By Emanuel Swedenborg.
Translated and Edited by Frank Sewall, A.M. From the Latin Edition of Dr. J. F. Immanuel Tafel, Tübingen. 1849. New York: New Church Board of Publication. 1887. Half morocco. 8vo. Pp. 388.

The duties of the book-reviewer of a medical journal are limited usually to the consideration of publications appearing within the province of his own profession or, at times, in territories outlying but contiguous thereto.

To expect in a medical journal a *critique* of any book professedly dealing with theology as such, is more than even the most exacting reader can demand, and when it is known that, in the work before us, a very large portion of it deals with such questions as Free Will, or the choice of moral good and evil, The Influx of the Soul into the Animus, Immortality and the State of the Soul after Death, it will be seen that such criticism does not properly belong to us.

But more than this, to even review the indeterminate field of psychology as presented by a writer whose studies have been as extended and as deep as Swedenborg's, would require a comparison of the systems of other thinkers in this department, at a length far too great for the space at our disposal and, we fear, for the patience of our readers.

As a thinker and a philosopher, Swedenborg has made an enduring impress upon his, and even our own time, if only by the construction of a system of theology to which some of the best and highest minds have given their adherence. By many he is looked upon as a seer, by others as a man of great mental power but without authority, while he has also been considered as insane. The latter charge has been indignantly denied.

It may be of interest to examine the physiological basis of his psychology as it is presented in the book before us, and see in what aspect it appears when viewed in the light of the recently acquired anatomical and physiological knowledge of the brain.

On page 22, Sec. 30, he lays down the proposition :

"There is nothing innate in the human mind except a perception of order and of harmonies and of truths in forms and in substances, in forces and in modes; by which the rational mind is affected in so far as they concern the preservation of self. But other things, even the forms themselves, the substances, the forces, the modes, the truths, are to be learned by the aid of the senses;"

The, at first sight, apparent contradiction can be obviated by omitting the word "even" in the second clause, and then the author's meaning is practically in accord with that of Meynert, who scouts the notion of innate ideas. The perception of order and of harmonies as such, is due to a sense of pleasure when an impulse or influence sent into the automatically acting centre or locus for such reception is in agreement with the modus of its composing structures—and *vice versa*.

Sec. 31 says :

"The external senses are very obtuse, gross and feeble, and thence fallacious, so that they deceive the internal senses themselves in innumerable phenomena taken for truths and appearing to be truths."

This proposition, apart from the condemnatory adjectives applied to the organs of sense, must be held as true by the physiological psychologist, for no one of our senses (including in that term the proper sensory areas in the cortex) has the means of checking or exposing deception, resulting from, say, some disease-irritation of the sense organ. The victim of an optical illusion (the latter being actually based upon the ex-

istence of a real object in the line of vision), or of a sensory delusion (resulting from irritation in the occipital lobes) has no means of correcting the falsity except by using the faculties of judgment and reason and the aid of the other senses.

Sec. 37 says :

"The organs of the sensation of Touch correspond to their cortical glandules in the spinal medulla and the oblongata, as also to their cortical glandules in the covering of the brain."

By changing the author's terms into others more in unison with the terminology of to-day the passage would read : "The peripheral organs of the sensation of touch are in connection with cells in the spinal cord and in the oblongata and with special cells in the cortex of the brain." As far as this goes it is in strict accord with modern physiology but it does not go far enough. Our sense of touch, using the conventional word, is complex or more properly there are at least four and probably five, viz., the tactile sense, and the senses for pain, temperature (possibly to be subdivided into heat-sense and cold-sense), and the muscular sense. Now the connection of the fibres carrying inward impulses from the peripheral organs of muscular sense is first with the cells of the nucleus gracilis and the nucleus cuneatus at the top of the columns of Goll and of Burdach respectively. Here the impulse may undergo some modification or possibly be reinforced as from a relay battery, and thence, by new fibres forming a continuation of the same line, it goes up to the cortex of the parietal lobe *via* the lemniscus and the sensory portion of the internal capsule. As to the paths of conduction of sense-impulses of touch, temperature and pain we know so little that the views of our author may stand for the present unchallenged.

Sec. 18 :

"The sensations do not arrive at any special glandules or glandular congeries in the brain but at the universal cortex, so that there is not a single cortical glandule in the entire brain which does not become a participant of each sense and of its least movement, degree and difference."

The author's views rest upon his study of the older anatomy, and, although the proposition just given cannot be supported in the face of our better knowledge of the functions of different areas of the brain-cortex, it may be worth while to remember the aspect of the matter as seen from his standpoint of a century and a quarter ago.

He says of the brain (p. 10) :

"For one fold is continually connected with another, . . . and the sensation . . . is not able to press solely upon a single fibre, or any particular fibres, as far as to their origins, but is compelled also to pursue its journey through all that is continuous from the fibre." "The same appears from the special investigation of each sensory fibre; for the optic nerve diffusing itself in the beds of the optic nerves cannot help pouring itself upon the entire circuit of the brain, since the fibres drawn forth from this circuit and concentrated on a firmer base unite upon the beds of the optic nerves; and if the sensations follow the flux of these they cannot but terminate in the common surface of the brain."

Now, any one who has seen a brain dissected according to the cleavage method of Meynert cannot help being struck with the remarkable radiations in all directions above, behind and below of fibres apparently connecting the optic thalamus with the cortex of the hemisphere. But while the thalamus is, in part, by some of its nuclear masses the point of origin of the optic nerve in front and of the optic radiations of Gratiolet behind, there is reason to believe it is the seat of other functions unconnected with the sense of sight, so that our author's arguments based upon the existence of radiating fibres from the thalamus cannot be upheld. At the same time, while his language cannot remain uncorrected, there is something of truth in his idea that the whole brain participates in the impressions brought in by each sense. But not absolutely as a whole. The association-fibres of Meynert do connect each convolution with those contiguous to it and with others at a distance, and such connections can be demonstrated by the methods of this anatomist, instances of which can be seen in the *fasciculus uncinatus*, extending below from the cortex of the lower part of the frontal lobe to the sphenotemporal, or the *fasciculus arcuatus*, sweeping around above the corpus callosum from the frontal lobe to the temporal, and giving off fibre-masses to the occipital.

Experimental researches upon the brains of the lower animals, as well as the results of disease in the human individual, prove that a part of the cortex can be put out of function without impairing the discharge of function in other portions, but we must admit that a patient, suffering from word-deafness by reason of a lesion in the sub-Sylvian portion of the temporal lobe, has undergone a real decrease in his mental power.

Sec. 106 says :

"Memory is all that which is produced by the imagination, or it is the mutability of state itself. For the sensory itself possesses by nature nothing but a potency of changing its state; but that it assumes various states is the result of sensations which constrain the sensory and by a kind of force bring it into these changes. The particular mutation thus acquired remains, and its quality is known by the images impressed. Hence a particular mutation which exists in potency is a part of the memory, while a particular mutation which is in act is a part of the imagination. Therefore the ideas of the memory are the same as the ideas of the imagination, but they are not reproduced except by an actual mutation; hence the imagination may in a certain sense be called the active memory."

Sec. 107 :

"These changes of state are to be acquired by use, culture, custom, in the flowing in of sensations."

These views are in practical accord with the teachings of the physiology of to-day, substituting for Swedenborg's term "sensory" the word "cortical-cell." Still, these views have in essentials been advanced centuries ago, and modern investigation has merely located definitely in the cell what had been already credited as a function to the brain as a whole, or to some limited locality in it.

The distinctions of soul and mind and animus, as brought out by Swedenborg, would, if we followed them out, lead us far beyond the limi-

tations prescribed at the beginning of this article, while his use of the terms "ether," "spiral" and "vortical" motion of "the subtile spirit," or what has been called by some the nervous fluid, is, to say the least, extremely curious. His conceptions concerning these may have been the outcome of his great mathematical acquirements.

In presenting the foregoing selections from Swedenborg, with comments thereon, we believe we have done a service to those who are interested in psychology, for no matter what opinion one may hold upon the great questions involved in this science he ought to know the conclusions of a deep and earnest thinker.

Salient Materia Medica and Therapeutics. By C. L. Cleveland, A.M., M.D., Lecturer on Materia Medica in the Homœopathic Hospital College, Cleveland, Ohio. Philadelphia: F. E. Boericke. 1888. Cloth, small 8vo, pp. 171.

This little work gives the "salient" indications for 197 remedies, arranged under the headings, Temperament, Location and Nature, Objective, Causal, General, Characteristic, Aggravation, Amelioration, Therapeutic Range and Dose. A good presentation is made of the chief points in the symptomatology of each drug, but we do not find the promise given in the author's instructions, p. viii, borne out by an examination of the remedies themselves. He says: "We know that the 'temperaments,' so termed, of the remedies are particularly important. In the arrangement of the remedies in this work, it will be seen that this word 'temperament' includes," etc. Now, upon turning to the section "Temperament" under each remedy, we find that of the first seventy remedies, the word "temperament" is in thirty-four followed by a dash. We do not mean to say that every remedy can be differentiated by some quality of temperament, but merely note the non-achievement of what was promised. A very good clinical index gives increased usefulness to the work, whose typographical appearance is marred in a few instances by errors—"Coffea couda," twice on p. 45, and "Leptandria" on p. 70, being the most glaring.

Specific Medication and Specific Medicines. By John M. Scudder, M.D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute. Cincinnati, 1888: Published by the author. Small 8vo, cloth, pp. 432.

This handbook of the Materia Medica of the Eclectic School gives the uses of several hundred remedies, in, for the most part, very general terms. Under some remedies we find many special indications as they exist in the Homœopathic Materia Medica. Except as offering sources of drugs for future provings, we do not think the work will be of any service to the members of our school.

PUBLISHERS' DEPARTMENT.

A Case of Dodging.—About a year ago (see RECORDER, May, 1887), a certain “cheap” pharmacist wrote of his establishment, after practically condemning all others:

“By the aid of a two-horse power gas-engine and improved triturators, the cost of making one pound of trituration—one hour to each one hundred grains—is reduced to seven cents for power and eighteen cents for skilled attendance, a total of twenty-five cents for labor.”

We replied:

“At ‘one hour to each hundred grains’ it would take seven days, of ten hours each, to make one pound of trituration, and the ‘skilled’ attendant would get 2½ cents per day for his labor, and the gas-works 1 cent per day for power. The alternative is, that to earn even the pittance of \$1 per day the ‘skilled’ attendant would have to supervise something over thirty-five machines, and the cost of running all this machinery would be about 30 cents per day.”

Had this vendor of “cheap” goods been satisfied to rest his claims for business on his prices, we should have had nothing to say, for there are other establishments that sell even “cheaper” goods than he. But he was not satisfied. He girded at all other pharmacists; spoke of “specious pretences,” and of the “degradation” of the art of pharmacy, because they triturated more than one hundred grains at a time. So we analyzed the figures given by him to explain the manner in which he is able to triturate each hundred grains one hour, and yet sell at the prices quoted. The result was to put him in a most uncomfortable position, for, if he believed his calculation to be an accurate one, he is incapable of figuring, and hence incompetent to run a pharmacy: the other horn of the dilemma is, that if he was not deceived he has been guilty of something very much akin to trying to deceive the medical profession. We are simply taking his own statements, signed by himself, in the public prints, and deducing their logical conclusions. In the last of these statements he claims that we

“Ridicule the idea that it is possible to make triturations, one hour to the one hundred grains at anything like the prices I ask.”

Look at our calculation and note if there is any ridicule in it, although it leaves the one who furnishes the data in a ridiculous position, something quite different.

“They even go further, and declare that at these prices (with their facilities) they cannot ‘see the cost of goods’ made in their ‘old-fashioned way,’ meaning, of course, the five-minute way.”

In this the peculiar style of the writer shows plainly; we are made to declare that at “these prices (with our facilities),” etc. Now, we

said nothing about our "facilities," and the writer knew it, but he saw an opening to insinuate a false impression, and did so. Just here, we might remark that the less comparison there is of "facilities" the better it will be for the insinuator.

"For the information of those who do not see how I can make a living profit in selling one-hour triturations at lower prices than others ask for five-minute triturations, I will briefly say the reasons are: First, because my triturators are superior in efficiency to any others in use, for, with them, one man can do the work of a hundred men in the old-fashioned way, while the cost of gas is less than one cent a day for each man."

To get the full force of this—reactive force—it must be borne in mind that the problem before him is to explain how it is he can devote an hour to each hundred grains, *as he repeatedly and emphatically says he does*, and sell at the prices he quotes. Now, the merits or demerits of the triturator have nothing to do with the question, for the question *now* is, not of quality but of cost, and be the triturator good or bad the *cost* of running it one hour is practically the same; hence, his "First" reason is no reason at all, but merely dodging. Now for the other:

"Second, Making certain of the preparations, which are in frequent demand, in very large quantities, the cost of weighing and other attendance is very greatly reduced."

Well, we may ask, what has this to do with the question? How does this explain how one hour can be devoted to each 100 grains—70 hours to the pound and the pound be sold for the price advertised? And what is meant by making "in *very large quantities*"? This is a queer explanation from one who has been writing of the "degradation" of pharmacy involved in the departure from Hahnemann's rule of triturating 100 grains at a time, and informing the profession that he alone, among pharmacists, goes on the rule of one hour to each 100 grains; very queer, indeed. Again we quote:

"Third, I find my sales so much increased that even a small margin of profit is satisfactory."

Again, comes our refrain: What has this to do with the question? The assertion is made that the cost of producing a pound of trituration is twenty-five cents for labor and power, and that the triturations are better than others selling at higher rates, because they are made on the rule of "one hour to each 100 grains." Now, on this rule, at the figures quoted, the cost would be a shade over $\frac{1}{3}$ of a cent per hour for labor and power. This is a palpable absurdity, and when it is pointed out, the explanation, in effect, is:

Because of superior triturators; because of the saving of time in weighing; and because of increased sales.

It certainly looks as though there had been a "degradation" of the art of pharmacy somewhere, and some most "specious pretences" and most undignified dodging.

The Pharmacopœia.—The pharmacist whose figures say that he is able to get gas and skilled labor at $\frac{1}{3}$ of a cent per hour—John Chinaman should see to it, or the tables will be turned on him—does not like the British, and especially not the *American Homœopathic Pharmacopœia*, which latter, in fact and in the words favored by R. Wilfer, Esq., “not to put too fine a point on it,” seems to act on him as a bit of red color does on a bull. About a year ago, he wrote :

“So, under the specious pretence of increasing the time devoted to trituration, a new rule had been adopted by the ‘leading’ (*sic*) pharmacists, which allows 1000 grains to be made in forty-four minutes, or one pound in five hours and eight minutes, thus reducing the cost of the labor to fifty-one cents for each pound. See *British Homœopathic Pharmacopœia*, 3d ed., page 27. The *American Homœopathic Pharmacopœia* goes even further in this reduction of cost, by throwing off all limits of quantity in making the decimal triturations. That this error has obtained a considerable following is proved by the fact that fourteen ‘reliable’ (*sic*) pharmacists sold, in 1886, *Mercurius vivus* 2^x which had not received the equivalent of five minutes’ grinding according to the method of Hahnemann.”

These be words of bale, indeed, for reliable pharmacists—for fourteen of them. Perhaps, if the reliable pharmacists were to take it into their heads to demand that this other kind of pharmacist make good his *ex cathedra* assertion, he would have a weary time of it; but the five-minute question can, for the present, remain in abeyance, for we have other fish to fry now.

In his last bulletin he takes the rather unnecessary trouble to inform the reader that “There is nothing Funny in this Advertisement.” There is not. To the moralist there is the reverse in both. Let us put two things side by side.

He says in his ads. :

“The *American Homœopathic Pharmacopœia* goes even further in this reduction of cost by throwing off all limits of quantity in making the decimal triturations.”

This is what the *American Homœopathic Pharmacopœia* does say, *verbatim et literatim* :

“For the triturations to be prepared according to the decimal scale, we follow the same method in trituration as is given under the centesimal scale [which precedes and is a translation of Hahnemann’s own words], except that the first ten parts, by weight, of the crude substance are triturated with thirty grains of Sugar of milk for twice six minutes, and each time scraped together for four minutes. We then add thirty grains more of Sugar-of-milk triturate again, twice six minutes, etc.”

There are the two in juxtaposition. There is certainly nothing funny in seeing a man so unanswerably convicted of falsehood. What could have prompted him to indulge in so recklessly an untrue statement, and under his own name at that, passes our comprehension. Even if he has any concealed interest in bringing the *American Homœopathic Pharmacopœia* into disrepute, this is not the way to do it—for this way is a boomerang, in sooth. That he wants to find a market for his cheap goods, is quite natural and against which we have not a word to say, and, indeed, we are quite willing that he should find a market for them; there is always a certain demand for that class of goods, and he might

as well supply it as others, but to make statements which are so absurdly false is not the way. And, also, to speak of a work as "suppressed," as he did of the *American Homœopathic Pharmacopœia*, when every one in the profession knew—even the cheap one himself, as his next production showed—that it was a live and selling book, well through its third edition; to do this was not an evidence of much strength, but rather tended to give rise to floating conjecture that some of the gas, which does such wonderful things, was escaping freely, and had got into his head.

By way of addenda it might be interesting to quote the opinions of this work given by men whose names are not unknown or without weight in the intelligent world of Homœopathy.

In behalf of those who may prefer to make their own triturations, we could wish that a little more space had been devoted to the description of mortars, and the advantages and disadvantages of larger and smaller mortars, as very different results are obtained by want of attention to the quantity to be triturated in proportion to the size of the mortar. . . . We heartily congratulate the publishers on the successful issue of their book, and gladly recommend it to the profession and medical colleges.—*C. W. (Conrad Wesselhoest, M.D.), in the New England Medical Gazette.*

The American Institute of Homœopathy made repeated efforts to have the work done by its members, but failed; and three chairmen abandoned the task as hopeless. . . . The first part, confined to general homœopathic pharmaceutics, embraces first the cleansing of utensils, the vehicles to be used, the preparation and dispensing of drugs, the procuring of medicinal substances and their manipulation, the preparation of potencies and a most important account of "the proportions of measure and weight in the preparation of tinctures, solutions, potencies and triturations." This topic, which occupies only eight pages, is by far the clearest and most accurate account of our posology we have ever read.—*F. F. Allen, in the North American Journal of Homœopathy.*

The publishers have placed the profession under a lasting debt by furnishing so elaborate, accurate and convenient a work on the important subject of Pharmacy.—*Hahnemannian Monthly.*

Even a careless reader finds on every page evidence of great care in the preparation of this book, and a thorough examination only strengthens our belief that the work is destined to be for many years to come the homœopathic pharmacopœia of the English-speaking people.—*Medical Counsellor.*

It is a work which every homœopathic physician in the United States requires and has long desired, and the efforts made by our lamented Dunham to have the work prepared by the American Institute, though unsuccessful, showed his idea of its importance.—*J. T. Talbot, Boston.*

It is a great satisfaction to me to be able to refer my assistants and my professional friends to this book, with the feeling that *at last* we have a pharmacopœia which is correct, reliable, and complete.—*C. S. Halsey.*

Of the Second Edition.

From a close comparison of this edition with the first, I must testify to the fidelity of Dr. O'Connor's revision. He has given us a correct nomenclature, old-fashioned though it be. It is the tongue of early homœopathy—may it never be forgotten. . . . This edition is better than its predecessor; it has had errors corrected, verbose description curtailed; it is more concise, really more precise; has been augmented in needful places, and is now ready to perform the functions of a pharmacopœia fully and faithfully. It should, therefore, take rank as the first *National Homœopathic Pharmacopœia*.—*S. A. J. (Samuel A. Jones, M.D.), in American Observer.*

The want of a practical, complete, and reliable pharmacopœia has been seriously felt by all those having to do with the homœopathic mode of preparing drugs. Now we can conscientiously say, that the demand has been fully and quite satisfac-

torily met, all the subjects being treated with sufficient detail to enable the uninitiated to proceed with that precision absolutely necessary in the preparation of the delicate agents employed in this department of pharmacy.—*The New York Medical Times*.

A word now from other sources.

It is compiled with a degree of care that will make it a text book almost indispensable to homœopathic pharmacists.—*The Druggists' Circular*.

Homœopathic tinctures are noted for being good, and they are good because care is used in gathering the crude material in the right season, in the right place, and in preparing it for use without loss of virtues. The directions to these ends are very explicit in the work before us, and I think we cannot afford to neglect them.—*Dr. J. M. Scudder, in Eclectic Medical Journal*.

Such are a few of the opinions, hastily gathered, of the first and second editions of this work, which for no other apparent reason that we can see than malice has been referred to as "suppressed," and as teaching things which are a "degradation" to Homœopathy. Though in its third edition the work still sells steadily.

Pure Sugar Pellets.—The sale of our pure cane sugar globules and pellets has assumed such unlooked-for proportions of late as to severely tax our ample facilities. It is gratifying to perceive that our unremitting endeavors to improve in every way possible the preparation of our goods meets with such ready acknowledgment.

About two years ago we made known that we had succeeded at considerable expense in lining the three huge copper-kettles used in making our pellets, and stated at the same time that only thus could any pellet manufacturer guarantee his product to be free from copper. Very soon after another establishment made haste to give a like assurance, but was satisfied with simply stating that its pellets did not come in contact with copper. Its proprietor was careful not to state what kind of kettles he used, and had his kettles been lined with wood he surely would have made the point.

We always maintained that more or less of copper was abraded in the course of time by the pellets, but we were not prepared to see such a striking illustration of the correctness of our assertion until we had the first one of three kettles lined with wood. It was the one longest in use, and it appeared that the middle portion or the part most exposed to attrition in the process of the manufacture had been worn out as thin as paper, although it originally was as heavy as the other kettles, and a moderate estimate put the quantity of metal actually worn away and inevitably incorporated into the pellets at not less than from 18 to 20 ounces. The same careful and experienced workman who made our first pellets about fifteen years is still superintending that department, and he it was who drew our attention to this singular practical demonstration of the correctness of a theoretical objection. When it is known that *all* pellets are made in copper kettles, without exception, and that our pellets are absolutely free from copper or any other avoidable impurity, and can be bought at the same price that the common article is furnished

for, it ceases to be surprising that our sale of these is keeping pace with the general increase of all the rest of our preparations.

Tablet Triturates.—This form of dispensing medicines is steadily gaining favor. Not only are triturations dispensed most expeditiously and satisfactorily in this form, but also all tinctures as well as dilutions. Many practitioners use tablets altogether. One of the chief advantages of these tablets is their porosity and consequent easy diffusibility. Unscrupulous pharmacists, desirous of obviating the expense of an extensive plant of glass moulds, etc., indispensable to the preparation of pure tablets, resort to all kinds of substitutes, chief among which are machines for manufacturing the so-called compressed tablets or lenti-triturate tablets *et id omne genus*. With these appliances tablets can be produced without moisture, it is true, but no machine, used in compressing tablets, can be properly cleansed, an insurmountable obstacle to their adoption for homœopathic remedies.

As it is known to the trade generally that we are making tablets in large quantities, all new appliances for making the compressed variety have been offered to us. And while we would gladly avail ourselves of a short cut in this matter, we were unable to make use of any of them, on account of their complex machinery which would compel a conscientious man to use one machine for every remedy, and as those for the "lenti-triturate," for instance, are held at \$500 each, this is out of question. Every physician who inspects that machine, if such a thing is allowed, will see at a glance, that its complex construction does not admit of a thorough cleansing, while perforated glass plates are not open to that objection.

A Case of Deafness Cured.—Mrs. A. D. M., æt. 40, called at my office, March 4th, saying that she could not hear at all in her left ear, and had not for several weeks, complaining of a feeling of fulness in her ear. I dropped 3 or 4 drops of Mullein oil, as prepared by Boericke & Tafel, into her ear, and then left for home. Two weeks after, I saw her, when she stated that she could hear as well as ever the next day after visiting me, and continued to do so. I write this as it may influence others to use in a similar case, for I believe this remedy to be valuable.

D. D. COLE, M.D.

MORRISVILLE, N. Y.

A Straw.—"Until two years ago, I bought all my remedies of your pharmacy; since that time I have tried some of the cheap remedies. Now I want to get an order filled from the old reliable house—*pure drugs*. Please send the following," etc. The foregoing is an extract from the letter of an old practitioner, addressed to Boericke & Tafel. Quality will tell.

An Exposure.—Our readers may have noticed the advertisements of an article called "Scotch Oats Essence," which is being thrust on public attention with all the arts of printer's ink. This article has been analyzed for the *Druggists' Circular*, by R. G. Eccles, M.D., and that journal editorially says, "it will be seen that the inventor is possessed of more than common ingenuity, but ingenuity unfortunately of a most diabolical character—with a refinement of cruelty he lays a trap for the unwary, and under the bait of oats, places the bane of opium." When an article of this sort is being blazoned abroad it is well for physicians to know something of its nature in order that through them the public may, when occasion offers, be warned. The press is silent for obvious reasons.

Stiff Muscles and Arnica Oil.—Mr. John A. Wells, editor of the *American Athlete* and himself a well-known wheelman, called on us the other day and in the course of conversation said that he had never found anything to equal Arnica oil as a preventive of stiff and lame muscles arising from the extra exertion put upon them in training, or in long trips on his "wheel." His method is to vigorously rub the oil on the parts of his body subjected to the strain.

Lore vs. Love.—Dr. W. E. Hathaway, whose interesting letter we published in our last number, writes us that we turned his sentence "'right smart' of lore" into "'right smart' of love." We will pass the blame along to the genial compositor, whose shoulders are broad and who is used to this sort of thing.

A "Lost Art."—The guilelessness of some reporters, or their ability to lie glibly, is illustrated in the following clipping from *The Pacific Medical and Surgical Journal*:

"There is some unfermented wine," said a wine importer, "that will keep as long as is desired."

"Is there anything peculiar about the method of keeping it?"

"Oh, yes. The pure juice of the grape is pressed into the bottles. Then some olive oil is poured in at the top of each bottle. This effectually excludes the air, and none can work down into the wine to ferment it. At the same time any air that was in the juice finds its way up through the oil."

"Is this a new discovery?"

"Yes; it has been brought into use within a few years."

"But one would suppose the oil would flow into the glass when the bottle was put in use."

"That is prevented by sopping up the oil with cotton when the bottle is uncorked. The cotton absorbs it little by little. All that is needed is a little patience."

The reporter mentioned the matter to a doctor of divinity noted for his researches in ancient history and the manners and customs of nations.

"That is a real discovery," said he. "That is one of the lost arts that Wendell Phillips did not mention in his celebrated lecture. This art of keeping unfermented wine was practiced by the Egyptians many years before Christ. But it was lost. It has now been rediscovered and is coming into general use."

We are in doubt, whether the reporter is getting off a hoax on the public ("pressed into bottles" looks like it), or the wine merchant was guying the reporter. As for the D.D. (granting his existence), he evidently gets his erudition from Dr. Sampson's book. It is pretty safe to make assertions of what the Egyptians did several thousand years ago, but when the skeptic comes to inquire into the learned one's knowledge his skepticism is apt to be confirmed. If any one believes the Egyptians preserved grape-juice (strictly speaking "unfermented wine" is a thing which cannot exist) by "pressing" it in a bottle and pouring on it a little olive oil, he can readily make the experiment; but don't try more than one bottle, for it is a pity to waste good oil and grapes. If any modern man offers grape juice with oil on it, the buyer can rest assured that the oil is merely a pretty ornament and that the real power which holds the juice from fermentation is *Salicylic acid* or some other chemical.

Leucorrhœa.—*Leucorrhœa, its Concomitant Symptoms and its Homœopathic Treatment*, by A. M. Cushing, M.D., is one of those books which are time and labor savers. About all there is to say on the subject is compacted in its pages, and room is left after each remedy for remarks.

Beef.—Messrs. Robert Shoemaker & Co. make their bow to the RECORDER'S readers this month and have something to say anent Johnston's Fluid Beef. We know the article to be a good one; for making beef-tea, among other things, it is excellent. "Bovinine" is also out in a new dress in our pages, and Messrs. Otis Clapp & Son have something to say on the beef question. Among them all the most critical ought to find what he wants.

Bi-Monthly.—The RECORDER bears on its title-page the words "A Bi-Monthly Journal"—which means that it is published every other month and not twice a month, or monthly, as some of our subscribers seem to think.

Sensible.—A well-known Philadelphia physician writes: "Please send a dollar's worth of the malt bonbons. If they come in larger quantities at reduced rates, let me have some. My folks have thrown all other confectionery to the winds."

A Complaint.—A new customer of a prominent California pharmacist complained not long ago that the triturations purchased of him lacked the sweet taste of those he had been getting from pharmacists further east. A little investigation, however, by the pharmacist, "showed that many triturations sent out to California are made with common starch and sugar without a trace of sugar of milk. Of course the price

asked excludes all thoughts of their being triturations at all—probably mere mechanical mixtures of the drug with sugar and starch. Hence their cheapness. Hence, too, the frequent disappointment in therapeutical results.” *Verbum sap.*

A Burnt Hand.—In March the owner of the hand that pens these lines was sitting by a stove conning a bit of MS., when he had a vague notion that something was happening followed by a sharp realization that something had happened—the front leg of the chair had given way and the left hand, involuntarily thrown out to prevent a fall, had been pressed against the hot stove and severely burned in three places. It had a decidedly uncomfortable feeling. A jar of *Urtica urens* cerate was opened and applied to the burn, and then Dr. J. C. Raue happening in and learning the trouble said “Take a dose of *Cantharis*, that is what you want now.” The medicine was taken. Fifteen minutes after the treatment just described the pain had all gone and never returned, and the burns healed rapidly.

Dr. Farrington's Book.—The following review of *A Clinical Materia Medica* appeared in *The Homœopathic Review*, London, England, January, 1888:

“The work before us is one of the most valuable, because the most practically useful, of any that has issued from the medical press for some time. It differs from any treatise of *Materia Medica* that has hitherto been published in that it is essentially of a clinical character. The author, in the opinion of those best qualified to judge of him, was a born teacher. He possessed the power of communicating knowledge to others in a more simple and effective manner than any of his contemporaries. His method of setting forth the properties and uses of a drug, as portrayed in these lectures, largely justifies the estimate his friends had formed of him. Few men have given longer or more thorough study to the effects of drugs upon the human body, few have possessed a keener or truer insight into the nature of those effects than Dr. Farrington, while no one has presented the results of his study and research in a manner better adapted to the wants of the practitioner than he has done.

“We have in our volume for 1886 published two of these lectures, the one on *Apis mellifica* and that on *Sepia*, so that it is unnecessary for us to illustrate Dr. Farrington's method by a quotation. In the course of a lecture he first of all describes the general action of a drug, pointing out its influence on the blood and bloodvessels, the lymph and lymphatics, the various parts of the nervous system, of the muscles, tendons, ligaments, bones and cartilages, the serous and synovial membranes, mucous membranes, connective tissue, skin and the several organs of the body. This he does in tracing home to their several sources in the tissues and organs of the body the symptoms to which taking it has given rise. Then he describes the states of disordered health which resemble the perturbations of function or alterations of structure he has shown the drug to create. And now—and here it is that the special value of Dr.

Farrington's book is so prominent—when pointing out the indications for the special uses of the drug he is studying in a given form of disease, the author shows the varying circumstances in which other medicines are indicated in the same class of cases, and the points of difference in instances of the same class in which each medicine is called for. It is in his power of differentiation, which nothing but an extensive and intimate knowledge of drug-symptomatology and a wide clinical experience can give, that the excellence and practical utility of Dr. Farrington's book appear so striking.

“We have had other works on *Materia Medica* better adapted for the use of the neophyte in homœopathy, but not one which so fully meets the requirements of the physician who is thoroughly convinced of the truth of homœopathy, and is anxious and determined to carry it out in practice to the fullest possible extent.

“It is a book which should not merely be in the library of every physician, but which should have a permanent position on his study table, one of which a lecture might be advantageously read every day by the most experienced amongst us, one by the light of which cases may be studied more usefully, perhaps, than by any other on the same subject.”

Oidium Medicum.—The famous controversy in the *London Times*, just closed, conducted by Lord Grimthorpe and many others, has been collected and issued in book form—paper, 126 pages—under the title *Oidium Medicum and Homœopathy*. There is a good deal of spicy reading in it. Price, 40 cents.

The second edition of Dr. Drysdale's *Wintering Abroad* may be had at 25 cents. “A most useful little work,” says the *Saturday Review*.

Personal.—Dr. Edward H. M. Sell, of Allentown, Pa., has returned from an eighteen months' foreign tour.

Dr. John W. Cooper, Jr., of Elkton, Md., has been appointed physician-in-chief of the Insane Asylum and Almshouse of Cecil Co., Md. Another homœopathic victory.

Kali cyanicum.—The small supply of this new remedy for carcinoma (see RECORDER, No. 1, vol. iii, p. 10) we had on hand was soon exhausted after the publication of Dr. Tyrrell's paper, but we have since then imported a fresh lot, and can meet all calls for it.

Loeflund's Sterilized Condensed Milk.—This superior preserved milk is sold at a somewhat higher price than the ordinary kind, which contains nearly one-half its weight of cane sugar; if this be taken into consideration it must be admitted that as a nutrient it is worth almost double what the ordinary article is sold for, and in addition to this, it does not contain the cane sugar so deleterious to infants.

Liebe's Leguminose.—This article is prepared from pulse, without any addition, and, it is claimed, possesses the largest amount of

blood-generating matter of any vegetable substance obtainable. It is recommended for convalescents, weak children, nursing-mothers, and emaciated old people. Two tablespoonfuls will make a plate of nutritious soup, and this with scarcely any trouble at all, as the flour is already cooked; mix it with a little cold water to form a paste, add a little boiling-water, let the whole boil up a moment, and a plate of nourishing soup is ready for the spoon.

Schussler's Twelve Tissue-remedies. Arranged and compiled by William Boericke, M.D., and Willis A. Dewey, M.D. Full octavo, pp. 303. Cloth, \$2.50 (net price to physicians, \$2, by mail, \$2.14); at Boericke & Tafel's Pharmacies.

The preface to this fine, new edition, or translation and compilation, of Schussler opens as follows: "The following treatise on the Twelve Tissue-remedies contains all that Schussler himself wrote on the subject, and embodies as well the whole published experience of the homœopathic school in their use, besides much original matter from some of our homœopathic practitioners now published for the first time. Our aim has been to give to the profession a complete work on the subject, because we recognize the great value and importance of the Tissue-remedies; and in doing this, our work necessarily was one mostly of compilation and arrangement."

From this it will be seen that this new work embraces about all there is to say on Schussler's Twelve Tissue-remedies, or rather, about all that has been said. The work contains a Repertory of 77 pages and an Index.

The *Hahnemannian Monthly*, February, 1888, says, in its review of this work:

"After a careful examination of the book before us for review, we find expression in the words of Dr. C. Hering, 'Schussler has stumbled upon a great truth,' and hope that this comprehensive work on the subject may prove an impetus to a more thorough investigation of the claims of the tissue-remedies. . . . These tissue-remedies have not all been proven as yet, but all that is known and has been written regarding them is included in the work under consideration, which we hope will be as widely read and highly appreciated as it deserves to be."

Kinder-Milch.—Which, translated, means "milk for infants." It is a new article, of which we have imported a small lot on trial; a combination of Loefflund's cream-milk and malted-wheat extract. It is an article of undoubted merit, and one calculated to give the babies lusty strength.

Recorder Advertising.—Physicians wanting to buy or sell anything which renders it necessary for them to address the profession, will find the pages of the RECORDER almost invaluable, and the specialist's card inserted will make his name known throughout the homœopathic world.

The RECORDER's constituency is not local, but world-wide, and is gaining numbers each issue.

FOR AN IDLE MOMENT.

One way of taking cold is stealing ice.

"Pleasure" is said to be the seed of doctor-bills.

The greatest bore in this world is a 100-ton rifled cannon—perhaps.

When the doctor called with his bill he sent word that he was too unwell to see him.

"Darn such sympathy," said the granger when the dentist told him the other tooth ached from that cause.

The "eleventh cause" of monstrosities of birth, says a Chirurgeon of 1579, is "the craft of and wickedness of the devil."

"Schlüssleropathy" is a word minted by the *N. American Journal of Homœopathy*.

A chromo with every \$5.00 order, is the siren song of a cheap pharmacist. Fact, this; not joke.

"Too thin" isn't slang, but Shakspearian. "Such flatteries now, and in my presence; they are too thin." *King Henry VIII.*

"What do you take me for," too. "But whatsoever thou takest me for." *King Henry VIII.*

The recent unpleasantness in England has given us "homœopathicoalopathic machia."

Huxley compares the oyster to "a flash of gustatory summer lightning."

The subject most talked about and least understood—The Weather.

Though many women bare arms, none of them go a soldiering.

A good many men are so cool in the presence of danger that their teeth chatter.

A wrathful old gentleman's barometer rose while it was raining, and was flung through the window with "Perhaps you'll believe now — —!"

Now the doctor who wants to arouse a patient's mind can talk base ball.

"There is a seedless, coreless apple-tree," says a newspaper farmer.

They say you can get all the tick you want in a clock store.

One gentleman, after calling another an "ass" in a letter, concluded with "Yours, Fraternaly."

Scientists say the damage by insects each year is \$150,000,000. Accurate to the cent.

"If you hate a man let him live" is a cynical Japanese proverb.

"There is nothing lost" is scientific comfort for the merchant.

What is the plural of a tailor's "goose"?

No, George McDonald's *Letters from Hell* were not written on asbestos paper.

"Madam, in the morning you will be better, or you will be worse, or you will remain as you are." A *Hurper's* doctor.

"You forget yourself," said she, reprovingly, but innocently, when he said some one else was the biggest fool living.

Those who want nothing are nearest like the gods, says wise old Socrates.

THE
HOMŒOPATHIC RECORDER.

VOL. III.

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No. 4.

HOMŒOPATHY ABROAD.

THE position of homœopathy, both in England and on the Continent of Europe, is frequently represented by allopathic writers as one of decadence. The number of homœopathic practitioners in England and Germany is said to be constantly decreasing, but nothing is said by the prejudiced authors of these statements as to the real cause of this state of affairs, which lies chiefly in the governmental direction of the universities. As the chairs in the universities and in advisory boards are all filled by allopaths, there is no possibility of students hearing anything of homœopathy except contemptuous allusions from the lecturer's desk, and although modern theories of treatment with drugs are, as far as curative power is concerned, but little better than rank pessimism, the young medical graduate leaves the university with at least one firm conviction—that homœopathy is a fraud.

Now, this state of affairs is intolerable to the people, especially the higher classes. They have seen the advantage of homœopathic treatment, they want it, but from the scarcity of homœopathic practitioners they are deprived of it except in the larger and more fortunate cities and districts. In Germany they have formed societies of lay-homœopaths and in this way they have come to recognize, even more thoroughly than if they were well supplied with homœopathic physicians, the immense advantage of homœopathic treatment. But they are doing more. Their influence has been great enough in Würtemberg during the past few years to cause some changes in the statutes of that kingdom, and in February of this year the Chamber of Deputies received and referred a number of petitions from lay-homœopaths. In the speeches following, the representatives of so-called scientific medicine were covered with scorn, and apparently could make no fitting reply. A counter-petition from the

National Medical Board to the Cabinet, charged that homœopathy had no scientific claim and urged that no aid should be given to it. The answer to this was a ministerial order requiring that candidates at the "physikats" examination should be examined in the principles of homœopathy. Another petition, asking that apothecaries be examined in the elements of homœopathy, has been presented and would be favorably acted on but for existing laws.

On the other hand, it is stated that the medical faculty of Tübingen has taken a stand in opposition to the movement outlined above and has resolved to grant no degree in future to any homœopathic practitioner, so that a conflict seems imminent.

To offer an opinion as to the advisability of the proposed changes in favor of homœopathy, without a better acquaintance with the real state of affairs in Würtemberg, is out of place. At first sight it would appear that to demand of every candidate for an official medical position a knowledge of the principles of homœopathy is far too radical, but those on the ground must know best what the situation demands. For our part, we think that simply freedom of teaching the principles and practice of homœopathy by sufficient chairs, in addition to the usual ones, would be all that is required. In our own country this has been done in the State University of Michigan and of Iowa, and on another page of this issue of THE RECORDER, it will be seen that in Minnesota a separate medical school has been erected in connection with the university of that State.

What the outcome of the conflict in Würtemberg will be, time only can tell, but we fear that the resistance on the part of the University faculties will be too powerful in view of the extreme changes proposed. Compulsory measures in favor of even truth are, we think, to be deprecated; all that we should ask for is "a fair field and no favor." Our information concerning the measures under way in Würtemberg comes from the allopathic *Berliner Klinische Wochenschrift*, and it is possible that its prejudice has magnified the scope and intensified the character of the ministerial order referred to.

ARSENICUM BROMATUM.

BY DR. TH. CLEMENS, FRANKFORT-ON-THE-MAIN.

(TRANSLATED BY PROF. S. LILIENTHAL, SAN FRANCISCO.)

ARSENIOUS acid, Arsenic blanc, Arsenic oxide, Flowers of Arsenic (AsO_3) is commonly used as the only preparation in which it could be assimilated. In the Solutio Fowleri we find a combination with Kali carbonicum e Tartaro, a combination which allows to the Arsenious acid its full destructive power. Now comes Spiritus Angelicæ comp. and the pure chemical preparation smells like Theriac, but it ought hardly

ever be allowed to add something to a pure chemical preparation in order to give it taste, color, and use. This Spir. Angel. comp. is made up of Angelica, Siordium, Juniper berries, Valerian, Camphor, and Alcohol, and Solutio Fowleri is prepared even to this day in the same manner, and ought therefore be expelled from every pharmacopœia, especially as it is sure to spoil in the pharmacies if kept too long on the shelves. Looking, therefore, for a better preparation, I prescribe now for the last decade: R. Arsen. albi. depurat. pulv., Kali carb. e Tartar. āā ʒj., coque cum Aqua destill. lb ½ ad perfect. solutionem, refriger., adde aqua destill. q. s. ut fiat solutio ʒxii., Dein adde Brom. pur. ʒii. This solution, which during first eight days is frequently shaken, becomes colorless in the fourth week, and is then ready for use. It must be kept in a dark, cool place. I will give now my reason for choosing Bromine as a combination. The study of mineral waters is an old pet of mine; many of them contain Arsenic in combination with Bromine, and are well known for their roborating and alterating qualities. I begun, therefore, my experiments with minute doses of Brom. arsen.; gradually these were increased, and I felt astonished what large doses were well borne, and how long I could use this preparation without injurious consequences. After a few drops of my solution I could prove Arsenic in all secretions, an experiment easily made by Marsh's test. Experiments on animals with toxic doses of either solution (Clemens and Fowler) showed that the same quantity Arsenicum brom. is less poisonous (one has to be careful with the selection of animals, as many of them, especially ruminants, bear very large doses of Arsenic without injury). My preparation gives a rapid, not destructive, but roborating action on every part of the body. In doses of two to four drops daily, always to be taken in a full glass of water, it always shows its specific action as an antipsoricum. Herpetic eruptions and syphilitic excrescences or exanthemata dry up and heal up, while simultaneously the relaxed and thoroughly infected body steadily increases in turgor vitalis. Glandular tumors and indurations of dyscrasic origin, where any other treatment has failed, are scattered by the long-continued use of my preparation. I have in suitable cases given it for years without noticing any hurtful sequelæ, and after my patients were cured I kept them under observation for years afterwards, and know, therefore, that nothing injurious followed. This cannot be said of the usual arsenical preparations, and old Heim, a great admirer of Arsenic, opposed a lengthy use of it; he rather preferred larger doses, which is rather a dangerous procedure. Given for a long time for carcinoma, it stops the rapid progress of this fearful disease, and though at the same time Chloride of arsenic was used externally, a real cure remained an impossibility. My best successes were in obstinate cases of lues inveterata, in the first stages of tabes dorsalis (ataxie locomotrice), in the convalescence from exhausting acute diseases, in gastric suppurations, inactivity of bowels, tardy

digestion, constipation. In cases where *Chininum sulph.* failed in intermittent fevers, I prescribe *Brom. arsen.* twice daily, four drops, each time in a full glass of water, gradually diminishing it to one daily dose, and in four weeks even the most obstinate cases yielded to this treatment. The patient feels encouraged by his increasing vigor, the fever-cakes disappear, the bowels move regularly, and appetite leaves nothing to be desired. Those mean obstinate cases of *intermittens larvata*, often appearing in the form of unbearable neuralgiae, yield more rapidly to it than to the Quinine. It is often quite astonishing what good results can be obtained by the daily use of only one drop of my solution, kept up for a very long time in dyscrasic constitutions, who spent a fortune to regain their health and failed with every other treatment. Its full solubility and rapid assimilation are the reason that it can be used without injury, but it must be taken largely diluted. Let me give you a few cases for elucidation.

St., 46 years old, contracted syphilis several years ago and was relieved of it by mercurial treatment and Zittmann's decoction. About six years ago he felt out of sorts, and a papular eruption appeared on forehead, temples, and especially at the root of the nose. Though treatment was immediately instituted, still in a few weeks the face of the patient was covered by an ugly, foul-smelling crust. Cod-liver oil was now taken internally, and applied externally till the scurfs fell off and the eruption concentrated on three points. For six months that treatment was kept up, but after being omitted for a few weeks, the eruption spread again to its former extent. Every treatment was tried in rotation without the least benefit. In the spring 1856 he entered my clinic. In the centre of the forehead, at the root of the nose, on both eyebrows, on the temples and right cheek there are moist herpetic eruptions covered with crusts, exuding on least pressure an acrid ichor and easily bleeding. Around these eruptions the skin is injected, reddened, interspersed with a large network of veins. Cough and expectoration hint to a beginning tuberculosis, an heirloom in the family. Little appetite, disturbed digestion, tardy defecation, and evening fever. He is ordered *Solutio arsen. brom.* twice a day, four drops in a glass of water, and already after two weeks the eruption begins to dry up, appetite returns, and bowels are regular. A generous diet and fresh meat several times a day are accessories to an arsenical cure. After two months two crusts fall off and the skin under them is soft, shining, somewhat red. About July all eruption had gone, and the cough greatly improved. A few months ago I saw the patient again, and I feel sure that the disease is eradicated.

Miss W., 42 years old, passed her childhood in the West Indies, and brought from there a peculiar skin disease. When I saw her for the first time her features looked old for her age, skin gray and sallow, hair gray, rough, full of dandruff, and moisture oozing from the ears and

forehead. The scalp feels hard and thickened. The cervical glands are indurated all around the neck. On the left chest an herpetic eruption of the size of a dollar, and on the mamma a hard tumor of the size of a fist. For a year past this tumor began to be painful and sensitive to pressure, and my advice was sought for relief of all her ailments, especially as her hands were also in a fearful state, where the eruption looked as if she had the itch. The nails were discolored, knobby, easily bleeding, and covered with a gluey eruption. She had to wear and to change gloves every day. For nine years she never entered society, as the exhalation from her body disgusted even herself, and was hardly bearable, though sponging the whole body and daily renewal of linen was strictly adhered to. In such an obstinate chronic psoric case treatment with small doses is at first necessary, and *Arsen. brom.*, two drops twice daily, ordered, and her cold bath continued. After four weeks the dose was doubled, and after nine weeks the first glimmer of improvement could be seen. The tumor in the mamma was smaller and painless, and where before it was so sensitive as to be covered with oil-silk, she could bear now the pressure of her clothing. After four months steady continuation of four drops twice daily, she was able to go without gloves. The scalp also was cleaner, less hard, and the ears more dry. But with the return of spring the eruption gained new vigor. The head and hands became covered with suppurating nodules and small exuding herpetic spots, which became confluent and itched terribly, a most classic picture of the herpes of the ancients. Though for years she had been accustomed to an aggravation in the spring, she never witnessed it in such severity. I now omitted the drug and ordered head and hands frequently washed with cold water. After eight days the storm calmed down, and it was remarkable to witness the steady decrease of the induration in the cervical glands and mamma. After four weeks the old treatment was renewed. During the summer months she took regularly her four drops twice daily, and in the beginning of autumn the dose was reduced to two drops, and so continued during the whole winter. The following spring crisis was the mildest one she ever experienced. During the summer she took her four drops, during fall and winter two drops. The third spring aggravation came with full severity, but lasted only three days, when desquamation followed. Another year of the same treatment and the fourth spring eruption showed itself slightly only in small papules behind the ears and between the fingers, and were hardly worth noticing. She now felt a slight weakness in right arm, which from childhood up was rather weaker than the other one. After the disappearance of the induration in the mamma the arm seemed to regain its former strength and the patient felt therefore rather astonished at the reappearance of the weakness when its cause seemed removed, but it yielded readily to a mild constant current applied a few times, and some faradic shocks each time from the shoulder through the arm,

and in September she went to Nizza in order to use sea-bathing, with the advice to take for a whole year yet one drop daily of her solution. She considered herself now well, but still her skin was flabby, especially on the hands where the epidermis often desquamated, and the nails remained hard, brittle, and without lustre.

I may here remark that I found repeatedly Arsenic in the urine of such patients. A case of obstinate intermittens larvata, characterized by vomiting of chyme, also yielded to Arsen. brom. One case more must suffice. A young man went to America but failed in his trade, and became bar-keeper on a Mississippi steamer, which place he had to give up on account of intermittent fever. We find him then as hostler in Chicago where he was laid up with an attack of cholera, and as he did not fully recover his strength, he returned to the old home again. When I saw him for the first time the diagnosis seemed to be first stage of Bright's disease. Anamnesis, ætiology, and present state, albumin in the urine, justified the diagnosis. Patient is pale, bloated, œdema pedum, no appetite, white tongue, thin feverish pulse, swollen spleen, watery diarrhœa alternating with constipation. Every drug produced vomiting, and he perfectly abhorred the old Quinine powders. I ordered four drops Arsen. brom. and a full meat diet. Improvement followed with the continuance of the treatment. After three weeks the spleen was reduced in size, his face showed better color, hardly any œdema. To strengthen the skin he was advised to take pine-needle baths, and after three months' treatment he could be discharged, a well man. He was advised to take for a few months one drop daily of his solution, and to take often an airing in the pineries which abound around Frankfort. Though he returned to America the latest reports from him are that he feels again as well as ever, but he keeps his drops about him.

Arsen. brom. is also a powerful remedy in diabetes mellitus and insipidus, for I cured cases with it where the patient had already been reduced from 138 pounds to 98, and where the urine could be condensed, by boiling, into syrupy consistency. Mixed diet may be allowed, though I insist upon large quantities of fresh meat during treatment with Bromide of arsenic. Let the patient take three drops thrice daily in a glass of water, and after a week the insatiable burning thirst will be quenched, and these doses must be continued till the quantity of sugar in the urine is reduced, when the drug might be taken twice a day and continued for a long time. A diabetic patient needs fresh pure air if he wishes to get well; confinement in a room or in the office prevents the action of any treatment, for it needs ozone to reduce the sugar of the blood into carbonic acid and water.—*Deutsche Clinic*, March, 1859; *Allg. Med. Cent. Z.*, 4, 82.

Since then Clemens made some remarkable cures of epilepsy of long standing with his Brom. arsen., and as soon as I get at these journals the remainder will be sent.

S. L.

HOMŒOPATHIC THERAPEUTICS.

Phellandrium aquaticum in 2x dilution is a much neglected cough remedy. This designation sounds unscientific, even unhomœopathic, for we should as a rule not generalize but individualize, but this is something which cannot always be strictly observed in practice.

Phellandrium merits our confidence whenever we have to treat a harassing cough. How often must we acknowledge that the famed remedies such as *Bryonia*, *Bell.*, *Kali carb.*, *Sepia*, *Nux.*, *Phos.*, even *Drosera*, *Hyos.*, *Spongia*, *Squilla*, *Digitalis*, etc., leave us in the lurch, in spite of seeming indications.

Phellandrium, on the contrary, can in truth be regarded as a universal cough remedy. It is said to be particularly useful in phthisicky coughs. However, this must be accepted with some allowance, and the following case will give more precise indications:

Mrs. E., of spare build, has almost always a slight cough, and has been repeatedly afflicted with attacks of influenza of weeks' and even months' duration. Of late she suffers early in the morning with continuous cough for an hour or more accompanied by dyspnœa and prostration. Here a few drops of *Phellandr. aq.* 2d dil. in half a wine-glass full of water, of which three teaspoonsfuls were taken a day, effected a rapid cure. Its peculiar solvent properties were extolled by another patient, a young teacher, who also was harassed by a chronic persistent cough.

G., Jr. (Goullon).

In another number of this Journal we find the following:

Phellandrium aquat. has of late been often used with success in bronchial catarrhs. Dr. Gross also used it with success in allaying the intolerable pains in the breasts succeeding the nursing of the baby. The pains extended towards the milk-ducts.—No. 24, vol. xiii., *Pop. Hom. Zeit.*

Practical Hints.—*Sleeplessness*, occasioned by vivid dreams in young persons with pronounced sexual irritability, is often remarkably benefited by *Lactuca sativa*, 2d dil., a dose of 3 to 4 drops in afternoon and evening.

PERSISTENT FLATULENCE which fails to yield to *Carbo veg.*, *Bryonia*, etc., is benefited by *Raphanus sativus*, 3d dil., from 4 to 5 drops every two hours—the more so if patient is troubled with stomach-ache, better after a meal, also by liability to diarrhœa.

CRAMPS IN CALF AND SOLES OF FEET will yield to *Strontiana carb.* 3, after the usual remedies such as *Bell.*, *Veratr.*, *Cupr.*, *Rhus*, *Camph.*, etc., failed. The celebrated Dr. J. Ev. Veith recommended this remedy in the *Allg. Hom. Zeit.* over forty years ago, especially in persons who suffer with cold feet.

HÆMORRHOIDS, with stitching, burning pains at the anus, are relieved by *Thuja* 30. It is often indicated instead of the usually prescribed *Nux v.*

HYSTERICAL WOMEN who weep on even slight provocation should receive *Viola odorata* 3.—P. in No. 23, vol. xiii., *Pop. Hom. Zeitschr.*

DISTEMPER OF DOGS.—The majority of cases will readily yield to repeated doses of *Arsenicum alb.*, 6 dil., followed by a few doses of *Nux v.* where constipation remains.—*Ibid.*

EUPHORBIVM OFF. in nocturnal cough.—Dr. Munninghoff, Borken, found this remedy highly efficacious in attacks of violent cough which commenced as soon as patient touched her bed on retiring. Cough continued as long as patient stayed in bed. Accompanying symptoms were pain in right temple, cold feet, and pain in the heel. After giving many remedies in vain, one drop of *Euphorb. off.*, tinct., in glass of water, to be sipped occasionally, gave immediate relief. But whenever she left off taking the remedy the cough returned. After three months' use of the remedy her general condition was very much improved, but she still takes the remedy every night.—*Ibid.*

Prurigo.—In the April number of the *Revue Hom. Belge*, Dr. Bernard of Mons reports the following cure of prurigo by *Rumex crispus*, which deserves to become more widely known, as well on account of the characteristic indication, as of the good results following its exhibition. The case is that of a farmer who suffered with this ailment for over three years, and who had been treated allopathically during that time without success. The eruption covered uniformly the several regions of the skin with the exception of the face. The itching had more of a pricking than a burning character, was aggravated by cold and ameliorated by warmth. Dr. Bernard had prescribed *Croton 12* without success, and then gave *Rumex crispus 12*, which ameliorated the conditions speedily. Four weeks after patient returned and reported that after having been relieved for fully three weeks he had experienced a relapse about a week before. He again received *Rumex 12* twice in two weeks, and was perfectly cured. In the following year another relapse was speedily cured by *Rumex 12*, and no recurrence followed.

Dr. Bernard mentions as chief indication for *Rumex crispus*, aggravation by cold and amelioration by warmth.—*Pop. Zeit. f. Hom.*, No. 15, vol. xiii.

Ledum Palustre. Marsh Ledum.—(Wild Rosemary).—By *Em. Seutin*, pharmacist, and *Dr. L. Seutin*, Brussels. Translated by Helen Cox O'Connor, M.D.

Rosmarinus officinalis.—Calyx tubular with 2 lips, the superior entire, and the inferior bifid; tube of the corolla longer than the calyx, and the limb divided into 2 lips, the superior shorter and bifid, the inferior in 3 divisions, 2 stamens with awl-shaped filaments arched towards the superior lip above which they extend, and bearing one linear, unilocular anther; style with very short superior lobe. The rosemary is a shrub from 10 to 12 decimetres in height, very branching, and well

provided with leaves opposite, sessile, narrow, linear, persistent, glabrous and shining underneath, whitish and downy above; the flowers are pale blue, arranged in little clusters in the axils of the upper leaves. It possesses a strongly aromatic odor due to a volatile camphor-like oil.

It is cultivated in our gardens, and grows wild in Southern Europe, and to the great abundance of this plant, in the neighborhood of Narbonne, the honey of this region owes its aromatic flavor.

Animals do not browse upon it, with the exception of the goat, because of the strong resinous odor of its leaves, which drives away moths and cockroaches, and prevents floors from moulding.

An essential oil may be extracted from it by distillation. There may also be made from it an aromatic wine, a distilled water formerly used to prevent whooping-cough, and employed in lotions for the itch and scald-head; it was even claimed that it would cure dysentery.

This remedy, like so many others, is to-day almost entirely unused.

To the illustrious founder of Homœopathy was reserved the honor of giving to this drug the place it really deserves, namely, in the homœopathic materia medica. In the pathogenesis which he has given in his *Materia Medica Pura*, vol. ii, pp. 550 to 568, are found only 150 symptoms. This is an incomplete pathogenesis, as Hahnemann himself recognized, but the symptoms reported show certain affections to which it is really applicable. Drs. Teste and Roth have studied it from different points of view; the latter, by consulting original authors, has made some additions to Hahnemann's pathogenesis.

Homœopathic preparations.—Hahnemann prepared the mother-tincture of this drug by drying the *small* shrub which was reduced to powder, and submitted to the action of alcohol, one part of the powder to twenty of alcohol, agitating the mixture from time to time, and then filtering; at the end of eight or ten days, this was the mother-tincture.

It is certainly preferable to make the mother-tincture of the leaves, flowers and stalks in the fresh state; they are pounded in a mortar with a little alcohol, or reduced to a paste and placed in a vial with a large opening with twice their weight of alcohol; this is allowed to macerate for eight days, being stirred from time to time, then expressed and filtered.

Note.—We give the preference to this latter method, because if the dried plant be used there is always a sensible loss of the volatile principles.

Therapeutics.—*Dr. L. Seutin.*—Before Hahnemann's day, the decoction only of *Ledum* was used and as an insecticide; later, the lotion was employed in scald-head and the itch. Its use in homœopathy is more extended.

In punctured wounds *Ledum* is better than *Arnica*, and prevents inflammation of the tissues.

Dr. Teste advises *Ledum* for the stings of gnats, bees, wasps, etc.; a

few doses of the remedy will stop the pain. Rheumatism and gout are within its sphere of action, when the small joints, of either the foot or hand, are the seat of the morbid manifestation. Our remedy produces a cutaneous pustular eruption with pruritus, recognized by the special characteristic of the cessation of the itching at night. It is one of the remedies for the cure of eczema.

Dr. Jousset considers *Ledum* one of the chief remedies for hæmoptysis, accompanied by a severe cough.—*Revue, Hom. Belge.*, March, 1888.

The Treatment of Rabies and Homœopathy.—By *Dr. P. Jousset*.—Translated by Helen Cox O'Connor, M.D. Two years ago I wrote to M. Pasteur suggesting to him to seek in the Hahnemannian dilutions of the virus of rabies, a more efficacious treatment of the disease as well as its more certain prophylaxis, and to-day M. Högyes reports to the Academy of Sciences at Buda-Pesth a plan of prophylactic treatment for rabies by injections of liquid prepared according to the homœopathic method. The injections are of increasing intensity.

The first was composed of one part of the spinal cord to 5000 parts of water containing a thousandth part of hydrochloric acid.

The second, of one part of the spinal cord in 2000.

The third, one part in 500.

The fourth, one part in 200.

The fifth, one part in 100, 1st centesimal dilution.

The sixth, one part in 10, 1st decimal dilution.—(*Semaine Médicale* 23d Nov., 1887, 478).

Instead of injecting, as M. Pasteur does, a virus of constantly increasing strength, M. Högyes injects the same virus in different dilutions. Thus may be seen not only the prophylaxis of rabies according to the law of similars, but also by Hahnemannian dilutions.

But still better:

“M. H. Peyraud (*de Libourne*).—After having in two former communications studied successively, 1st. The biological effects of essence of tanacetum developing, after injections of this substance into the veins of the rabbit, the phenomena of pseudo-rabies as compared with those of true rabies; 2d. The preventive action of chloral hydrate in tanacetum rabies and true rabies, I wish to make known to-day the results of experiments on the preventive action of essence of tanacetum in true rabies. If rabbits, previously treated for 6, 7 or 8 days with injections of essence of tanacetum, be exposed to the action of the virus of rabies, the development of rabies will be prevented in these animals. Not one of those, in fact, which I have placed under this preventive treatment, has during eight months been attacked by rabies, while two rabbits, which I have inoculated with the virus of rabies without having previously subjected them to the preventive tanacetum

injections, have both succumbed to true rabies; one very rapidly, the other more slowly. From this I believe that we may hope to prevent perhaps the development of the virus of rabies by the use of injections of tanacetum."

Thus injections of tanacetum which produce a condition very *analogous* to rabies, would have the property of preventing the development of rabies, and this is true *Homœopathy*; in this case as well as in inoculations of the virus of rabies, one has no right to speak of *vaccination*.

Vaccination, we forget too often, is practiced on the healthy individual; it is really a prophylactic measure consisting in developing a disease *analogous* to small-pox, and, by virtue of this analogy, preserves from small-pox just as a first attack of small-pox, even discrete, is preventive of a second. But in making inoculations to prevent the development of rabies in individuals already bitten, the action is upon organisms under the influence of rabies, on the sick, the incubation of a disease being considered a stage of the same.

Should the experiments of M. Peyraud be confirmed, we shall thereby have not only a prophylactic but also a cure for rabies. This remedy would have the enormous advantage of being within reach of every physician. But what would become of the "Pasteur Institute?"

In the first place, it might serve henceforth the purpose of verifying and perfecting the method of M. Peyraud. M. Pasteur could experiment in the dose of essence of tanacetum which would the most frequently cure undoubted rabies, and in this case let M. Pasteur *have no fear* of passing for a homœopath by trying small doses!

After which M. Pasteur would always have the honor of being among the foremost in the right path, and, we may also hope, of having perfected the treatment of rabies. The "Pasteur Institute" becoming useless, could be made a homœopathic hospital under the name of the Pasteur Hospital.—*J'Art Médical*, Dec., 1887.

Involuntary Homœopathy.—In the supplement to *Centralblatt f. Klin. Med.*, No. 24, is the following statement of Dr. Möring, of Strasburg: A year ago I said, concerning diabetes mellitus, that my investigations showed that dogs became diabetic under the influence of Phloridzin even when the glycogen had, as much as possible through long-continued hunger, been removed from the liver and muscles; the same result was produced in animals deprived of the liver (geese); and, further, that animals plentifully supplied with nutriment exhibited, after the use of Phloridzin, only a small amount of glycogen in the liver.

Since then I have continued my researches, and find in Phloridzin a means by which in animals the glycogen is made to disappear from the organs;—in other words, by which the body is freed from carbohydrates (apart from the slight amount of sugar in the blood, amounting

to 1 in 1000, and which is continually being produced and used up). In conclusion I must remark, that I have often been able to determine, in the urine of phloridzin-diabetes, a considerable amount of acetone and once some oxybutyric acid, as well as to cause in man urine containing 6 to 8 per cent. of sugar, by administering 15 to 20 grams of Phloridzin, without interfering with the general health.—*Allg. Hom. Zeit.*, No. 2, 1888.

Cure with Coccionella.—By *Dr. H. Goullon*, of Weimar.—This remedy is seldom prescribed by us. To my own knowledge it was often used by Rademacher, and his opinions have in general been substantiated. We are not too plentifully blessed with kidney-remedies, and for this reason Coccionella ought not to be neglected. It has often done good service for me when Lycopodium has left me in the lurch.

The following clinical illustration is not without interest because for weeks other remedial measures had been used in vain.

The patient was a laborer from the country. Having been formerly a cabman he was inured to exposure, but on a cold October day, having been profusely sweating, he became thoroughly chilled while making his breakfast seated on the cold ground. He suffered pains all over, and at the time when the patient's wife sought medical aid the affection might be termed coxalgia (aching in the hip and loins). The stomach was also affected, severe burning pain, and the region of the stomach was swollen.

After a thorough examination I was satisfied that the kidney-region was the seat of most of the trouble, and this decided me in favor of Coccionella as the remedy. I had two grams of it rubbed up with ten grams of sugar of milk, and ordered a pinch of this to be taken three times a day. Although the disease had lasted more than three months, the use of the Coccionella for eight days was sufficient to restore him to health.—*Allg. Hom. Zeit.*, No. 17, 1888.

Melancholia. Cure by Aurum Mur. Natr.—By *Dr. Kunkel*, of Kiel.—Mrs. M., aged 62, has for two years been suffering with a menta, depression. She had had repeated attacks of pneumonia, many years ago had had intermittent fever, and about 14 or 15 years ago had had scabies. The remedies used for the latter could not be determined. Her symptoms now were melancholia, weeping mood, sleeplessness, aversion to any activity, thirst at times, headaches in the occiput (beating or knocking), and pains in the limbs under different conditions. At times she was sleepy during the day, complained of heaviness around the heart; at others there were attacks of weakness so that she could hardly keep on her legs. The feet are always cold, mostly the left.

On December 8, 1885, Natrum mur. 10 and Sulphur were prescribed to be taken in alternation, a powder every fifth evening.

On January 21, 1886, she reports: sleeps better. For the first eight days was quite ill. Mental state still depressed. Headache in the forehead on awaking, and when violent accompanied with nausea. Feels better by moderate exercise. Prescribed *Sepia* x and *Natrum mur.* x in alternation, one every fifth evening.

March 27.—After some improvement since the last prescription there was worsening. Beating and singing in the head are the most pronounced. Anxious dreams. Prefers to be in the open air and in company. Lies with the head high, because she is uncomfortable with it low. Heaviness around the heart, with some dyspnoea; frequent urination. Ordered *Arsen.* x, every seventh evening.

May 15, 1886.—Sleeps well, but the beating and noise in head and ears are unchanged. Is worse when the head gets cold. Prefers to be in the open air. No appetite. Pressure in the region of the heart. Spontaneous palpitation. Ordered *Aurum fol.* x, a powder every seventh evening. The patient did not return until

February 28, 1887.—She had been in good health until the beginning of the year, when the old trouble returned, was despondent, heavy-hearted, the sensation extending from the heart-region to the neck, was sensitive to cold and had the noises in the head; is weary of life. She is very comfortable in the summer, but the noises and pulsation in the head never leave her. Ordered *Aur. fol.* x.

April 27.—General condition very good, including the mental state; but the noises continue. Ordered *Aur. fol.* 4, one drop every morning and evening.

All the symptoms disappeared until the end of November. Then the noises returned, which were only finally removed by *Aur. mur. natr.* 3.—*Allg. Hom. Zeit.*, No. 16, 1888.

Euphrasia in Ophthalmia Blenorrhoica.—By *Dr. Kunkel.*—Emma B., aged 7, had formerly an eruption on the face which lasted ten days. A brother had previously suffered from the same eruption for four weeks. She has had for four weeks a well-marked ophthalmia blenorrhoica. There were nightly accumulation of pus and a severe degree of photophobia. No œdema, and no signs of an infectious character in the affection. Sneezing, with ulceration of the nasal mucous membrane.

On February 22, 1875, she received one dose of *Euphrasia* x, with the result that on March 1st the photophobia was wholly relieved, and the suppuration in great part.

On March 25 I was informed that for two days her eyes had been weak again. She received one dose of *Sulphur* 200, after which the symptoms disappeared in a few days.

I report this case because I have often used with good effect *Euphrasia* in benignant ophthalmia.—*Allg. Hom. Zeit.*, No. 16, 1888.

Cure of Fistula in Ano.—By *Dr. Hesse*, of Hamburg.—The following case I consider a cure, as the fistula has remained closed for five months :

Mrs. Sch., aged 44, has had for three years a fistulous opening, one inch from the anus. For days it would stay closed, and then, after swelling and pain, it would discharge pus, blood and fæces. She had been advised by physicians to submit to an operation as the only means of cure, but she preferred to try a bloodless method before doing so.

Her appetite was good. She had aversion to fat. No thirst. Stool regular. Slept well, and fell asleep easily. Menses moderate in amount, but recurred a few days too early. She was subject to cold in the head and cough on slight cause, and is especially sensitive when bad weather is approaching. She sweats very much in the axillæ. For a year she has had pain in the right knee, worse when moving and when going down steps.

She came under treatment August 17, 1886, and received *Silicea x*, a dose every day, increased later to twice, and finally to thrice a day. As this remedy had no effect, *Silicea 6*, several times a day was given; on November 10, *Merc. sol. 3*, in like manner, and on December 21, *Silicea x* was again prescribed. All without result.

On January 19, 1887, *Sepia x*, a powder once a week, was ordered, and on February 28 *Sulphur x*, a drop every morning and evening.

On March 15, for the first time I found a change in her condition; it was a slight improvement; from this time she received *Sulphur x* and *Sepia x*, alternately. A dose every evening.

April 5.—Improved. Continue.

April 20.—Condition tolerable. Continue.

June 21.—Condition good. Continue.

October 10.—For a long time no fæces have passed from the opening, and it secretes seldom and little. Her knee is fairly well. Continue.

December 20.—Reports herself quite well. The fistula has been closed for ten weeks.

I avoid as much as possible the giving of two medicines in alternation, but seeing that both *Sepia* and *Sulphur* were indicated by the symptoms and their use was followed by improvement, I did not risk changing the prescription.—*Allg. Hom. Zeit. No. 16, 1888.*

Staphisagria in Ovarian Pains.—By *Dr. Kunkel* of Kiel.—Mrs. S. aged 26, mother of four children, was, as a girl, anæmic and troubled with styes. In the pregnancy before her last, four weeks before her confinement (three years ago), she had diarrhœa, or, at least, abnormally frequent stools. Abdominal pain preceded every stool. In the last pregnancy, for thirteen weeks before the confinement (a year ago),

she had diarrhœa. She is anæmic. Has palpitation without any cause. Her face is pale yellowish; yellowish especially about the mouth. She is apparently free from pain, but has great weakness. Sleeps well, but is very restless when lying on the right side. Before falling asleep she has jerkings in the arms and hands. Creeping chills, stomach weak. During the last eight weeks could only take the lightest food, not any meat. Menses profuse, with abdominal pain before and during. Vertigo. At times shortness of breath. Headache over the left eye with, at times, vanishing of sight. Between her periods fluor albus during the whole time; before her marriage she had continuous leucorrhœa two weeks after the menses lasting three days; had hæmorrhoids formerly. Since the last confinement she has not been free from diarrhœa.

April 24, 1884, ordered Magnesia mur. x, a powder every seventh evening.

July 9.—The diarrhœa gradually lessened, and since taking the last powder has entirely ceased. The patient is considerably stronger and can take all kinds of food. Leucorrhœa much lessened, but not entirely gone; it is most profuse during the eight days following the menses and is least from the fourteenth to the twenty-first day after. Remedy continued.

August 16.—Before the menses there is still some pain of a tearing, sticking character, seated specially in the region of the right ovary. There is some swelling with sensitiveness to pressure. Breathes freely. Irritable mood about trifles. Tearing toothache, now on the right side, now on the left. Gums sensitive. Ordered Staphisagria x, a dose every seventh evening.

October 2.—General state and mental disposition better. The swelling has disappeared. Sacral pain during rest and when moving, and pain in the region of the ovary. Ordered Staphisagria 3, 1 drop twice a day.

February 3, 1885.—The pains in the ovary had quite disappeared, but returned some time after ceasing to take the medicine. Ordered Staphisagria 2, with the result that every trace of sensitiveness as well as of spontaneous pain disappeared. For the abdominal pain, which again occurred before the menses, she received with good result Sepia x, and then as the menses were absent, with other usual Pulsatilla symptoms, she received Pulsatilla and Sepia in alternation.

These pains were distinctly different from the earlier ones. She could not localize them; they affected the whole abdominal region, but disappeared after the first dose of Sepia.

The influence of Staphisagria in ovarian affections I have proved repeatedly, in one case where the swelling was visible externally. As a rule, when there is considerable structural change, the lower preparations must be used, perhaps even the tincture.—*Allg. Hom. Zeit.*, No. 15, 1888.

Indications for Arsenic.—By *Dr. Hesse* of Hamburg.—F., a 15-year old, thin boy, had intermittent fever eighteen months ago and has now had it for some weeks. The paroxysm begins in the evening between six and seven o'clock, with a slight chill; the fever is severe, the temperature going to 104° F., lasts an hour and is followed by a sweat which continues an hour. In the beginning of the fever there is hunger, desire for acids, and for air; ringing in the ears, headache, vertigo on becoming erect, moderate thirst. Dreams and phantasies during the night.

According to Bönninghausen noises in the ears during the fever stage are found only under Arsen. and Nux vom.; desire for acids during the heat only under Arsenic, which also has the other symptoms.

On *January 9, 1887*, Arsenic x was ordered to be taken several times a day. The fever slowly disappeared during the next two weeks.—*Allg. Hom. Zeit.* No. 15, 1888.

Sepia in Jaundice.—By *Dr. Hesse* of Hamburg.—Mrs. R., aged 51, black hair and thin, has had jaundice for three months; has been for some weeks confined to bed. When pregnant, seventeen years before, she had the same illness for several months. Appetite poor. No thirst. Stool every day, whitish in color. Urine like dark tea, with a greenish sediment. Sleeps badly and has difficulty in falling asleep. Heat, sweat and twitchings, especially in bed. Upon examination the liver was found to be much enlarged, smooth and not sensitive. About every two weeks she has an attack of gall-stone colic. She lies upon her back. Looks wretched. Face is yellowish-gray in color; she is uncommonly apathetic and silent; it required some trouble to get answers to necessary questions. Her relatives told me that her previous physician had stated that she had cancer of the liver, which diagnosis is proved to be incorrect; in consideration of the unfavorable prognosis he advised their calling in another physician.

February 4, 1887.—Ordered Sulphur x, a powder every evening.

February 11.—No change. Ordered Sepia x, in same way.

February 15.—The patient is more lively, feels herself better. The stool has more color, the urine less. After every powder considerable restlessness. She now received Sepia 3, a drop every morning and evening.

February 21.—Sepia 3 in the evening, Lachesis 6 in the morning.

February 26.—The improvement continues slowly. Same treatment.

On *March 2*, on account of some error in diet, she received Carbo. veg. x. During this month she had a severe colic, upon which I again began with Sepia x, a drop every evening.

The improvement went on steadily but slowly, always under the use of Sepia x. The above-mentioned attack was the last. The appetite increased, stool and urine gradually assumed the normal colors. By

June the liver had decreased to nearly the normal size. The patient went to the country and I saw her in the late summer and winter well and hearty.—*Allg. Hom. Zeit.*, No. 15, 1888.

Ferrum in Rheumatism.—By *Dr. Kunkel* of Kiel.—A powerfully built man between 40 and 50 years old has repeatedly had attacks of articular rheumatism. Now he has been three weeks under allopathic treatment with salicylate of soda. He had used within a week or two 50 grams (more than an ounce and a half) without the slightest effect. There were no characteristic symptoms for the choice of a remedy nor could any help be obtained from the anamnesis. No influence from weather. There was only left the effect of certain food and drinks. I found out that for many years he had been unable to tolerate eggs, the smallest amount taken producing vomiting. Now I had only to choose between Ferrum and Colchicum (according to Bönninghausen). I selected Ferrum x because there was (not mentioned above) a constant aggravation of pain after midnight. The selection was a good one. In a few days the patient was relieved of his trouble.—*Allg. Hom. Zeit.*, No. 14, 1888.

Cure by Sepia.—By *Dr. Hesse* of Hamburg.—Mrs. K. L., black hair, moderately well-nourished, has suffered for three years from cough and dyspnœa, worse in dry air, fog, east and north winds; in stormy weather she is almost suffocated. In walking, the dyspnœa often disappears. Lying on the left side is disagreeable to her; she has to lie with the head high, often sitting in bed. A warm room is oppressive.

The expectoration is yellow or green, with salty taste. Appetite moderate; no thirst; urine often has a blood-red sediment.

Menses regular but scanty; her troubles are always worse before and during the period. Mood depressed and weeping.

She had formerly cough, bladder trouble, hæmorrhoids, weakness of memory and melancholic state.

April 18, 1887.—Ordered Sepia x, a powder every morning and evening.

April 29.—Cough considerably better, expectoration less, appetite increased, urine increased and clearer. The perspiration in the axillæ has been greater since she took the medicine. Mental state improved. Continue.

May 16.—Cough has disappeared, shortness of breath is better, expectoration greatly lessened. She can lie lower down in bed, has no longer need to sit up in bed at night.

During the first portion of the time since taking the medicine she awakened always with headache; sleep was unusually deep and continuous. I have noted these remarks of the patient as well as the increased sweating in the axillæ, because I ascribe both to Sepia.

July 6.—Condition very good. Continue.

July 15.—There is no comparison between her condition now and formerly. She can walk and go up stairs.

Later, slight relapses were relieved by the same remedy.

A symptom peculiar and characteristic for *Sepia* is the improvement, even of the difficult breathing, at least in many cases, when in rapid motion. The patient complained of shortness of breath and of palpitation mostly during rest, when sitting or lying, but she could dance or skate without distress, quite contrary to the rule in such cases. I may also observe that palpitation, worse at rest and when lying on the left side, has been relieved by *Sepia*, during rest and when lying on the right side by *Magnesia*—of each a number of cases.—*Allg. Hom. Zeit.*, No. 14, 1888.

Nux Vomica in Colic.—By *Dr. Hesse*.—D., aged 40, has had for a long time, every week several attacks of spasmodic colic with nausea, lasting for hours; constipation. He is worse by motion and by lying on the right side, and by satisfying the appetite for food. During the pain the abdomen is very sensitive to pressure or touch.

April 23, 1887.—Ordered *Nux vom.* x, a powder morning and evening.

May 7.—Has been free from pain since; only a slight attack after eating fresh bread.

Of the remedies which, according to Bönninghausen, have aggravation by satisfying the appetite, only two, *Nux vom.* and *Sulphur*, have aggravation by lying on the right side and upon the back and at the same time by pressure of the clothes. The aggravation by motion decided the choice of *Nux vom.* in this case.—*Allg. Hom. Zeit.*, No. 14, 1888.

Sepia in Fistula of the Cheek.—By *Dr. Hesse*.—R., aged 25, blonde, slender, has two troubles. First, a fistula in the left cheek in the region of the lower molar teeth, with ulcerating circumference the size of a ten cent piece. It is painless, discharges blood and pus and has lasted about a year. The second is a cough, at times with hoarseness, bloody expectoration; this has lasted about two years. On examination, fine vesicular râles were found at the left apex. The cough is worse in a dry, east wind, much more than in damp air or by getting wet. He is worse in the morning and is not so well on Sundays, being then at rest and in the room; he is better while at work. Feels worse when lying on the left side. Appetite good, thirsty in the evening, sleeps well; his feet are sweaty and have an offensive odor.

April 23, 1887.—Ordered *Sepia* x. A powder morning and evening.

May 7.—The fistula began at once to heal, is now diminished and secretes very little. Cough considerably better, the condition in the morning likewise. Continue.

June 13.—The fistula has been closed for four weeks. The cough has nearly gone; foot-sweat less. Examination of the left apex gives nothing abnormal. Continue.

July 25.—The cough is worse in consequence of catching cold. Continue.

October 11.—His condition is good. Sepia 200, a powder every ten days.

A recurrence of the catarrh from the cause given above cannot be avoided, but the remedy always acts well. The fistula had lasted a year, and at the first examination showed no tendency to heal; it closed in about three weeks. Aggravation from east wind (in Germany this is a dry wind—ED. H. R.) is found as an aggravation, according to Bönninghausen under many remedies, but only three of them have the bad smelling foot-sweat, Arsenicum, Sepia and Silicea. Of these only two have aggravation from lying on left side, and of these two Sepia has aggravation in the room and especially while at rest.—*Ally. Hom. Zeit.*, No. 14, 1888.

Nervous Deafness.—By *Robert T. Cooper, M. D.*, of London.—It must be obvious to every student of disease that there are necessarily many more kinds of deafness than are described in books; the difficulty is to differentiate between these and to distinguish the one from the other.

A case came to the hospital not long ago, which not alone shows the power of Magnesia carbonica in this affection (nervous deafness) but which illustrates a peculiarity of the affection itself. It will be remembered that I insisted upon it that the typical nervous deafness comes on from a shock of some kind, and that it is generally a very pronounced deafness. Consequently it is a form of chronic disease with which the homœopath ought to be well acquainted, for it is one in which the patient is so deaf as to render it impossible, if one is hurried, to obtain a description of the symptoms, but even more than this the characteristic feature of the case is that the symptoms having been produced by shock, the cerebral faculties appear stupefied and the patient is unable to describe his symptoms.

This was evidently the case with the Rev. Hy. J. D., who came under me in the end of October. He was 37 years old, thin, of darkish colored hair, of active and intelligent appearance. He began by telling me he could not hear, especially in the pulpit, that he had been deaf for six months, and that the deafness came and went. Beyond this and that he had occasionally buzzing and sometimes whistling, especially in the left ear, and that his general health was good, I could get nothing out of him. He had been six months under good homœopathic treatment and without the slightest benefit, so that evidently during that time the deafness had not come and gone. Taking this latter

symptom as my principal guide, I told him plainly he was suffering from nervous deafness, and that he had had it for much longer than six months, and that it had come on originally from a shock.

Hearing distance $\frac{3}{4}$ inch in right, $2\frac{1}{2}$ inches in left. Prescribed 1 pilule of Magnesia carbonica 200, every morning.

On 12th November (after a fortnight) he returned, and stated that after the second pilule he began to feel distinctly and decidedly better, has fluctuated since the improvement began, but is very much better, hears the voices and tunes of the hymns in the chapel quite distinctly, which he has not done for months, and in no instance has his hearing been defective except when exhausted, as, for example, on Monday morning. The buzzing is quite gone. General feeling much improved. Watch hearing, right 1 inch, left 8 inches. Tuning fork very dull on right, fair on left.

Mr. D. told me that on mentioning to his friends what I had stated, they wondered at his forgetfulness, as three years back he had been taken out of the sea at Eastbourne in a half drowned state, when I replied, "Yes, and your deafness must have dated from then," his reply was, "Very likely it did;" showing how obviously the mind had been clouded by the condition into which it had been thrown.

He has since written me a capital account of himself.

In another patient, a middle-aged woman, who has been under me off and on since Nov. 1880, I detected the nervous character of her deafness only by the way in which medicines acted upon her.

In November, 1880, she came saying she had been deaf "from cold" for one month in both ears; inquiring, I found the left had been deaf four years. Phosphorus 3d cent. and 200 had cured her the first time; in Sept., 1885, Ferrum brom. 1x, was given, but in Oct., 1887, she again returned, and when I asked her as to the effect of the medicine, her reply was significant. At the time she took it she was nursing a baby, and each time she took the Ferr. bromicum the baby's motions became green. She tried it several times with the same result. I again, on 15th Oct., 1887, gave her Ferrum bromicum 1x, and on 22d Oct. she complained of hearing worse than ever. On 15th, hearing was 15 inches on right, and 1 inch on left. On 22d, watch was only heard on contact on both sides, and the prominent symptom was a heavy dragging weight at the ears for the last three days. Gelsemium 3d was now given, and on Nov. 5th hearing was very much worse, "could hardly hear at all." I now gave Strych. pur., 12th dec., and on Dec. 10th, she returned hearing very much better, in fact as far as conversation went, quite well; and watch hearing was 40 inches on right and 4 inches on left.

Seeing this marked improvement in such a short time, and taking count of the action of the remedy, I taxed her with having had a shock in the first instance.

“Oh, yes! It was after the sudden death of a favorite child I at first became deaf.” And yet she had led me to suppose when I first saw her that it had come on from cold. Truly we have in her an example of disease being known by its remedy.

Strychnine in Ear Disease.—M. A. C., a woman aged 59, a hospital case, came under me May 21st, 1887, with deafness that she had had since the November previous, in the left ear. The right ear she seemed to despair of altogether; it had become deaf twelve years previously, quite suddenly, and hearing had never returned. On examining the ears I found much more hearing in the right than her description led me to expect, namely, 10 inches for ordinary 60-inch watch, and but 1 inch in left ear. Tuning fork fairly heard.

Associated symptoms: tinnitus incessant, day and night, subject to bronchitis and rheumatism, coughs much phlegm in the morning, whitish sticky phlegm, pain in left side catching her breath, pain in front of chest, sleep restless, bowels regular but much troubled with dry piles. Strych. pur. 12x, gr. 1, three times a day.

June 4.—Has been much better of the tinnitus, piles less, bronchitic tendency much better, but the left eye has been much inflamed, with much lachrymation and pain up the side of the head; the hearing is wonderfully better, 28 inches on the right and 8 on the left. Continue the same night and morning.

June 17.—Hearing quite good, 60 inches on right, 55 inches on left; tinnitus gone, phlegm less, piles better, pains about body, which she was subject to, much better, but has a good deal of pain about the heart if she takes much exercise, and this comes even when sitting down. Were it not for this she would be quite well.

Strychnine competes with quinine in its beneficial effect in chronic ear diseases; in the above case I look upon the tendency to bronchitic symptoms with rheumatism as in every way indicative of it, and then the chronic unvarying tinnitus is also characteristic of it.—*Month. Hom. Rev.*, May, 1888.

Cases from Practice.—By *Dr. H. E. Carter*, of Falls Village, Conn.

CASE I.—*Rhus in Sciatica.*—Henry B., 55 years. A strong, large, muscular farmer, has been a sufferer from sciatic rheumatism, which was contracted in the army during 1862–63. He would have severe attacks every few weeks, induced by overwork and exposure—attacks so severe as to make him a cripple for days at a time. The “regulars” gave him to understand that there was no help for him except in goodly doses of morphia. I was sent for when he had one of these attacks, and saw him July 9, 1886. I prescribed *Rhus tox* θ ϵ n the following grounds: *Sciatica* of the right thigh and hip, pains worse when keep-

ing still and on attempting to move, symptoms all worse in wet, damp weather. The pains were relieved after moving around, and by warm applications. The patient rapidly improved under *Rhus* θ ; made a complete recovery. Has had no return since, except last winter when a few doses of *Rhus* stopped it short, so that he was not even hindered from working.

CASE II.—*Nux Vom. in Post-Diphtheritic Paralysis.*—On Nov. 27, 1887, I was called nine miles over the mountains to see Mary K., 22 years old, married, one child. This lady had just recovered from a very severe form of diphtheria, and had taken cold, and complete paralysis resulted. Could not even raise a finger. There was no particular pain. The symptoms which guided me in the choice of a remedy were—the heavy, numb feeling of the feet and limbs, a headache, which came on only in the morning, and the dark eyes, hair and sallow complexion. I gave *Nux vom.* 3 x in water, every 4 hours. For the first two weeks there was no improvement whatever, but I was satisfied in the choice of a remedy, so kept on with it, and had the pleasure of seeing the case make a complete recovery under *Nux* by the middle of January, 1888.

CASE III.—*Partial Paralysis; Cure by Nux Vom.*—I was called to the city of Hartford, April 19, 1888, to see Nellie M., unmarried, aged about 28 years. Dark hair and eyes. Had suffered during latter part of winter from a severe quinsy. Had two relapses, which finally resulted in partial paralysis. Could walk a little around a room, but had no control over her limbs. As she expressed it, her legs seemed to be dead. Felt worse in morning; after being up some hours felt better. Appetite poor. These symptoms led me to prescribe *Nux vom.* 3 x, Boericke and Tafel's tablets, one every four hours. In a week's time the patient came out to see me. I continued same treatment. Wrote me again May 19, 1888; said she felt as well as she ever did.

CASE IV.—*Cure by Arsenicum.*—Maggie T., single, 19 years, rode to my office May 5, 1888. She had been working in a rubber shop two years. She had diarrhœa which commenced last Thanksgiving. Had been under the treatment of three allopaths since then, but kept growing worse all the time. Bowels moving from 6 to 12 times every day. Stools watery, light yellow, aggravation in latter part of day. Much pain in bowels, griping at times. Very thirsty, but a very little water satisfied. Patient was thin and emaciated, and very weak. I prescribed *Ars. alb.* 30, a powder morning and night. On May 15, was called to see this lady at her house; found her with considerable fever and headache. The cause was that the *Ars.* powders had lessened the number of stools to one a day, and feeling so much better, she had gone to the woods the day before after trailing arbutus, and completely tired herself out. Some *Bell. θ* relieved the congestive headache, and on May 20 she called to thank me, saying her bowels were natural, and she was going back to work again.

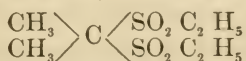
Proving of Antipyrin.—*Mr. U. K. Dutt* writes to *Brit. Med. Jour.*, May 26, 1888: Having heard of a complaint from one of my patients with regard to the taste of antipyrin tabloids, I took one before going to bed. The taste was a little bitter, but not at all disagreeable. I let it gradually dissolve in my mouth. No sooner had I finished it than a violent itching, tingling and burning sensation was felt on the hard and soft palate, and the mucous membrane of the back and top of the nose, followed by sneezing. This I attributed to a cold draught and took no notice of. But before it had disappeared I felt considerable itching and burning over several spots on the arm and forearm; then on the abdomen, chest and back; on the penis and foreskin, in successive order; later on the thighs and then on the hands; and then on the legs, and finally on the feet, back, and lastly on the soles. This was the order of manifestation, and the intensity at one particular spot lasted for two or three minutes, and when it began to diminish there, it began to increase elsewhere in the order indicated. The whole thing subsided in about half an hour. I thought an urticarial rash was coming out, but on the most careful examination I could discover no rash. I always have had urticarial rash a little after eating tinned lobsters, crabs, etc., and the sensation before the rash appears was almost identical.

I have tried another dose of five grains with the same result. No appearance of a rash to be seen, even by daylight.

This seems to me to suggest an explanation of the anodyne effect of antipyrin in very large doses as used by Prof. Germain Sée. This drug probably exalts the function of sensory nerves, or, at any rate, makes them more irritable in small doses, and then exhausts their irritability or function of feeling pain, and thereby the anodyne effect is produced.

ITEMS OF GENERAL INTEREST.

Sulphonal. A New Hypnotic.—Under the title "Sulphonal," A. Kast has lately recommended as a hypnotic, the body first produced and described by E. Baumann in 1886. It belongs to the disulphoniums, organic compounds containing sulphur, having the composition of 2 of the univalent SO_2R united to carbon. The disulphon can be in turn united to a hydrocarbon radical, and thus is formed Sulphonal. Its composition is represented graphically



And its scientific chemical designation is diethylsulphon-dimethylmethane.

The method of its production is as follows: Into a mixture of two molecules of ethylmercaptan and one molecule of acetone, dry HCl

gas is led. The resulting dithioethyl-dimethylmethane is shaken with a 5 per cent. solution of potassium permanganate, the mixture being tested from time to time by a few drops of acetic or sulphuric acid. When the color of the permanganate mixture is no longer discharged the oxidation is complete. The mixture is placed on the water bath and is filtered while hot. After the water is evaporated down to one-half the Sulphonal crystallizes out in the cold, and is purified by recrystallization from hot water or alcohol.

Sulphonal forms thick, colorless prisms, that are soluble in from 18 to 20 parts of boiling water; of cold water more than 100 parts are required for solution. It is readily soluble in alcohol, ether, chloroform and benzol. The crystals melt at between 130° and 131° C. (266°—267.8° F.), the melted mass boiling at 300° C. (572° F.) at the same time undergoing slight carbonization. A very remarkable property of Sulphonal is its resistance to the strongest reagents. Concentrated sulphuric acid acts similarly to boiling but more slowly. Concentrated nitric acid, nitro-muriatic acid, chlorine, bromine and caustic alkalies are without influence upon it even when warm. Sulphonal is absolutely without smell or taste.

The reports of Kast and Rabbas (*Berlin Klin. Wochensch.*, 1888, Nos. 16, 17) as well as those of Langgaard and Rabow (*Therap. Monatshefte*, May, 1888) unite in giving it a high place as a simple hypnotic, increasing the natural desire for sleep where such exists, and when it is not present calling it into existence. Whether patients become habituated to its use cannot yet be determined; its freedom from danger has been established, with tolerable certainty, by experiments upon man and the lower animals; even in heart affections it is, according to Langgaard and Rabow, not contraindicated.

The dose of it for full narcotic effect is from 1 to 2 grams (15 to 30 grains); in individuals of large and powerful physique 2 grams may be used. The insoluble powder may be washed down with water, or the drug may be taken in wafers. The drug has not yet appeared in commerce in this country.

On the Treatment of Hæmoptysis by Iodoform.—By G. Chauvin and G. Jorissenne, of Liège.

The great variety of different remedies for hæmoptysis of tuberculous origin during the past few years, should not deter physicians from the unintermitting search for the surest and most expeditious. A number of the drugs now in use succeed but slowly, fatigue the stomach, are inapplicable under certain circumstances, and very frequently fail even in the most skilful hands. We have used iodoform for some time, and our success has been so unvarying and so rapid that we think it our duty to communicate our observations to the medical public.

Ten months ago one of us gave up entirely the use of the old remedies

and employed iodoform exclusively. Having observed that in combination with different drugs, notably tannin, ergotin, and opium, which had all formerly failed, iodoform produced an immediate effect, he hastened to prescribe it alone. The success continued.

After this first case, which served as a point of departure for later experiments, it was observed that the cessation of the hæmoptysis was not only temporary, as often happens after the use of ergotin, but remained permanent. The first cases were treated with iodoform combined with tannin, the succeeding cases by iodoform alone, without changing its dose. We have heretofore prescribed it in the form of pills, but we expect to try it in subcutaneous injections.

(Here follow details of six cases.)

Iodoform had now stood the trial and was indeed the active agent; it succeeded quite as well in profuse hæmoptysis as in slight hæmorrhages. The necessary dose was very small; the effect, so to speak, immediate. It was advisable to find out the minimum quantity which would arrest hæmorrhage. In the first cases we prescribed five pills daily, rather because of uneasiness as to the efficacy of our medication, but it seemed evident that three pills were frequently sufficient, and we have since generally held to this.

(After giving statistics of eight cases, the authors proceed.)

Other cases have been treated according to the same method, but statistics are wanting, as the patients did not return. We have every reason to believe that the results were quite as conclusive, the hæmoptysis being slight, without other grave symptoms, and in young persons tolerably robust.

While the labors of Bruns seem to demonstrate the efficacy of the local treatment of tuberculous lesions with iodoform, the experiments of Filleau and L. Petit on the rabbit tend in the opposite direction, and apparently show that the bacillus is not destroyed by this agent. It is a remarkable fact that the residual blood-clot, which is met with at the cessation of all hæmorrhages, either those ceasing spontaneously or under the influence of ergotin, perchloride of iron, etc., is not found after treatment with iodoform. The mechanism of hæmostasis from iodoform seems to be altogether different. Wishing to publish these results as soon as possible, we have not had time to make a series of experiments on this mechanism as we had planned.

From all these cases we may draw, it seems to us, the following conclusions:

1. Iodoform is an excellent hæmostatic, very rapid, and certain in slight as well as in grave hæmoptysis, as is proved by each of our cases.

2. A most important point; relapses are very rare, and then only after a long time, and they have never been, up to the present observation, so profuse as the first hæmorrhages.

3. Iodoform acts in a small dose, a few pills of five centigrams

($\frac{3}{4}$ grain) each being sufficient. It is rare that more than eight or nine pills are requisite. This is a great advantage over less rapid remedies, such as ergotin, etc., which offer in addition other inconveniences, as in the case of pregnant women, etc.

4. No case of death from hæmoptysis, or recurrence of hæmoptysis, has been noted during this period of ten months, although one of us is physician for the *Bureau de Bienfaisance* in a quarter which is very populous, very poor, and very deficient in hygienic protection. The patients have all declared themselves delighted with the rapid, convenient, and harmless treatment, which enabled them to resume their several occupations immediately afterwards without danger.

5. Iodoform has succeeded in cases where ergotin, although in a stronger dose, had failed, and where the relapses had diminished without ever entirely ceasing. In view of the small dose, it does not exhaust the stomach, as ergotin, which is efficacious only in tolerably large doses, frequently does.

6. Cupping has been resorted to only in those cases of hæmorrhage which were too grave to allow of exposing the patient's life to experiments with a new method of treatment.

7. While we have in the greater number of these cases prescribed iodoform in combination with tannin, several of them prove that the iodoform is the active agent. In addition to this, the dose of tannin was too minute to be able to act with such rapidity.—*Le Progrès Médical*, May 19, 1888.

External Medicinal Treatment of Cancer.—The remedies recommended in later times for cancer are summed up by a writer in *Deutsche Med. Woch.*, 1888, No. 3, as follows:

Chian turpentine; introduced some years since by Dr. John Clay. He has reported cures by it in two cases of carcinoma of the tongue; one, epithelioma of upper lip; ten of cancer of os and cervix uteri; one of uterus and vagina; one of nose and face. A number of cases of well-advanced cancer were treated for a short time by the remedy—the worst symptoms were improved, the patients dying of anæmia.

Tannic acid; in subcutaneous injection. Recommended by Strobinder, a Russian army surgeon, in 1887. He prescribes a hypodermic (Pravaz) syringeful of a solution of tannin in glycerin, 1 in 24, to be given every day at first. He reports four cases of cure.

Carbonate of lime—following Dr. Hood's recommendation [already given in the RECORDER for 1887].

Alveloz juice. Recommended by Dr. Velloso. [Appeared in the RECORDER for 1886.] Six cures of carcinoma of face and lips have been reported. The remedy acts as an irritant, and destroys the affected tissues, which are quickly replaced by healthy granulations. The most active is the female plant, found at Pernambuco.

Resorcin was recommended by Dr. Antonio Mazzaro del Vallo Maggio (1885). In one case the bones of the face were attacked, the tissues strongly infiltrated, and an operation was considered to be of no avail. An ointment of resorcin, 225 grains, vaseline, 300 grains, used twice a day, is said to have cured the case completely, a white scar only remaining.

Nerve Transplantation.—Of late we have often witnessed many successful cases of nerve suture, where, even after the lapse of many years, the peripheral extremity of a severed trunk has been proved to be still capable of exercising its function, with the restoration of motor power and of sensibility to the parts that it supplied. It is, however, a new and most encouraging departure that has been successfully carried out, by Dr. Gersung of Vienna, on the illustrious physiologist, Professor Von Fleischl. Sixteen years ago Professor Von Fleischl sustained a post-mortem wound in the right hand which resulted in the loss of the terminal phalanx of the thumb. The stump became painful, and amputation higher up was succeeded by the formation of painful neuromata on the divided nerve. In spite of repeated excisions the condition continued to recur, until two months ago Dr. Gersung decided to transplant a portion of the sciatic nerve from the rabbit and to suture its trunk to the trunk of the median nerve, and its popliteal divisions to the distal ends of the branches supplying the thumb and forefinger. The portion thus transplanted and sutured, under strict antiseptic precautions, measured six centimetres in length. The result so far must be most gratifying to the subject of the operation, both as a patient, and as a physiologist; for he is regaining sensation in the fingers, which afford sufficient evidence that the rabbit's nerve has not only become organically united with the human, but that it is performing its function normally. Moreover—and this is a very interesting feature of the case—it has not shown the tendency to “neuromatous” degeneration which marked the original nerve. The case demonstrates the well-accepted fact that the nerves themselves, or rather their axis-cylinders, are remarkably prone to degeneration, and that physiologically, they are simple conductors of stimuli.—*Lancet*, May 26, 1888.

Treatment by Licking the Cornea.—At the recent meeting of the Soc. Française d'Ophthalmologie, Dr. Costomiris of Athens drew attention to a therapeutic method, the origin of which goes back to mythological times. He stated that this method consisted in the action of licking the cornea as dogs lick the eyes of their puppies. He had employed it for the first time in a hopeless case of adherent leucoma with hypertonia and complete cecity, where all rational intervention was systematically refused by the parties interested. Surprised at the marvellous result which was produced, he recommended this treatment for

specks of the cornea, pannous and parenchymatous keratitis, chronic ulcers and keratoconus. Dr. Costomiris added that, to this day, in Greece, where it is a popular remedy, one of the members of the family of the patient is employed for the purpose; but before the operation of licking he chews a bit of rue.—*Lancet*, May 26, 1888.

Unripe Oranges in Metrorrhagia.—Dr. Justino Valdés Castro, of Havana, states in *Cronica Medico-Quirurgica*, that having heard Dr. del Valle some years ago recommend the use of unripe oranges, boiled in their skins and well sweetened, in metrorrhagia when independent of organic disease, he has since that time employed this simple remedy largely in his practice with excellent results. Indeed, he finds it more efficacious than more powerful drugs.

Saccharine.—It is only a few months ago since saccharine was introduced into France, and there is already a reaction against it. At a recent meeting of the Academy of Medicine (Paris) Dr. Worms communicated the result of his researches with this new drug from both a therapeutical and an alimentary point of view. It is known that saccharine communicates to liquid to which it is added a sweet flavor similar to that of cane sugar. Its sweetening power is much more considerable, and is 280 times greater than that of ordinary sugar. As this substance so closely resembles sugar in taste, though without possessing its chemical and physiological properties, it was considered a very good substitute for it in diabetic cases. Dr. Worms, in wishing to verify the results indicated by Leydac, performed certain experiments which showed that in general the animals experimented upon did not suffer by the addition of this substance to their food, although some of them refused it after a few days. Certain insects, such as the common fly, wasps, and bees, absolutely refused to taste those substances to which saccharine was added. It has been ascertained that saccharine is not a sugar and that it passes through the organism without undergoing any modification. The entire quantity ingested is found in the urine, to which it communicates a sweet taste. Dr. Worms administered saccharine in divers forms, and in doses of ten centigrams per day, to four persons affected with diabetes in different stages. Only one has been able to support it, who has been continuing it for the last two months; whilst the other three had to give it up, as they suffered from serious troubles in the stomach. In one of the three patients its employment was resumed after a month's suspension, and it caused identical troubles at the end of ten days. From this, Dr. Worms concludes that there is certainly a risk in introducing saccharine in the alimentation of diabetics, and if used at all it should be done with the greatest caution, one of the essential conditions of the treatment of these patients being to preserve intact their nutrition.—*Lancet*, May 5, 1886.

Fugitive Iodism; Œdema of Eyelids.—F. Hewley, M. B., F.R.C.S., reports the following case to *Brit. Med. Jour.*, June 2, 1888. —W. J. H., aged 30, on May 7th complained of frontal neuralgic headache, which had varied in intensity during the preceding ten days. He could not bring to mind having had headache before, but had been during several years, inconvenienced by an irritable, catarrhal condition of his fauces and naso-pharynx. Having applied a chloroform preparation of aconite root with a camel's hair pencil horizontally to the forehead from side to side, a full inch above the eyebrows, I prescribed as follows: R. Liq. ferri iodidi, ℥ij; aquæ, ℥vj; ℥j ter. Soon after the second dose the patient felt a severe cold had come upon him quite suddenly—sneezing, a very copious and steady flow of watery fluid from the left nostril, sufficient to saturate two handkerchiefs. This ceased in one hour as abruptly as it had occurred. Coincident with its cessation a puffiness of the eyelids on the corresponding side ensued; this increased, and on retiring the patient's lids were completely closed. He slept well, and the morning following, his eye presented the appearance of having been stung by an insect. The left eyelids, both upper and lower, were equally tumid, with a semi-transparent rosy fulness, which the patient said was less than on retiring the night before. There was neither subconjunctival œdema nor any discharge from between the lids. The conjunctiva presented a diffuse pinkness. Over both cheeks, but nowhere else on the body, was an urticarial erythema, fainter on the left than on the right cheek. He felt well; his headache had gone.

Treatment of Sebaceous Tumors.—T. Murray Robertson, M.D., writes to *Brit. Med. Jour.*, June 2, 1888: Many people, the subjects of congenital sebaceous tumors and "wens," object to having them removed, on the score that the remedy is worse than the disease, and the after-consequences may be serious.

The following is the method I have adopted in such cases, and with marked success. With a cataract knife (Graefe's) puncture the cyst and gently squeeze out the contents; then introduce a very small piece of nitrate of silver. On the following day, by means of a pair of forceps, the capsule of the cyst can be withdrawn, just like the shell of a bean, without any portion being left adherent. In no case has there ever been any return of the growth or any ill effects.

Solution of Boracic Acid.—It is known that it has not hitherto been possible to dissolve, more than 4 or 4.5 parts of boracic acid, in 100 of water, which is not strong enough to destroy all micrococci. Cabanez has discovered a method of increasing its solubility, as follows: R. Boracic acid 120 parts, Calcined magnesia 10 parts, Aqua destill. 750 parts (by weight). It is possible that baborate of magnesia is formed; at

any rate there remains in solution a considerable excess of boric acid.—*Brit. Med. Jour.*, June 2, 1888.

Cineraria Maritima in the Treatment of Cataract.—A member of the profession in a letter addressed to the Superintendent of the Botanical Gardens, Trinidad, asking for a supply of the juice of *Cineraria maritima* gives a wonderfully interesting account of its curative effects, and its therapeutic action in the treatment of cataract. It appears from the letter that Dr. Mercer, the gentleman referred to above, formerly practiced his profession at the Port of Spain. Six years ago he came to London and submitted to the right eye extraction. This operation appeared to be a failure, and at the same time the cataract in the left eye was rapidly advancing, so much so that he decided on returning to his friends at Trinidad. There a friend persuaded him to make a trial of the juice of a plant extolled by the natives—*Cineraria maritima*. Being, he says, without any hope of saving even a glimmer of sight, he at once assented, and commenced by instilling a drop or two into each eye three times a day. It proved most efficacious, and “whereas he was blind,” in the course of a few weeks he was able to see and read the hour of the day by his watch. The improvement in four weeks was very marked, and he can now count fingers with the eye operated on, and which he thought was totally lost. All this has come about in the short space of two months. The application produces no irritation beyond a slight burning sense of pain which lasts only a couple of minutes, and is followed by a profuse lachrymal discharge. The juice of the leaves of the mature plant acts better than that from younger growth, and there appears to be some difficulty in keeping up the supply.—*Medical Press*, May 30, 1888.

Antipyrin and Sea Sickness—the other side.—Dr. Rollet, with a numerous company, crossed from Marseilles to Oran in March last, on his way to the Congress for the Advancement of Science. M. Bonnet, having just called attention in the French Academy of Medicine to its effect in subjugating sea-sickness, a large number of intending travellers resolved to put its virtues to the test. As soon as the vessel began to roll and pitch, the passengers on the quarter-deck manifested the first symptoms of the dread visitor, and sixty of them at once took from 15 to 45 grains of antipyrin. The movement of the vessel increased and many of them became giddy and sick and disappeared down stairs. At dinner only 15 out of 120 passengers put in an appearance, and many of them continued to suffer until they set foot once again on *terra firma*. Many of the persons who tried antipyrin had dieted themselves for some days previously, and some had even antedated the antipyrin treatment. On the return journey the weather was finer, but a certain number still retained enough confidence in the drug to give it another trial, but without any better results. In many

instances the ingestion of the drug appeared *per se* to give rise to nausea and vomiting, and the sufferer could not be prevailed upon to take any more. The officers of the ship had seen antipyrin tried before, and they were unanimous in their depreciation of its value. They relate that on one occasion a passenger had taken six grams (100 grains), with the effect of stopping the sickness, it is true, but with the result of inducing a very alarming degree of prostration. On the whole, this extensive trial of antipyrin as a specific for sea-sickness proves that Neptune has not yet abdicated his empire over our alimentary canal when we venture on his domain.—*Medical Press*, May 23, 1888.

The Toxic Symptoms of Strophanthus.—Dr. H. V. Evans, of Philadelphia, writes to *Medical News* of June 16, 1888: On May 22, 1888, I was called to see a female child of five summers who had thirty minutes previously been given by mistake of the mother twenty drops of strophanthus hispidus.

The face was flushed, lips scarlet, eyes brilliant; elevated temperature, skin dry, tongue normal. Pupils quivering, dilating and contracting alternately every few seconds; pulse 140, arteries distended; left ventricle contracting with unusual vigor; aortic valves closing with a loud and distinct "tup;" a slight mitral regurgitant murmur; intellect clear. The child was precociously loquacious during the five hours in which the toxic symptoms were apparent.

The treatment was half drachm doses of fluid extract of ipecac with copious drinks of warm water, repeated every ten minutes until the child had vomited five times, then half a drop of tincture of aconite and one drop of the ipecac every half hour until the skin moistened and the pulse became normal. No urine was passed for ten hours after taking the drug.

Ptomaines and their Action.—At the Congress of German Surgeons held in Berlin in April last, Brieger, of Berlin, demonstrated the action of three toxins (ptomaines). He showed preparations of ptomaines, which are poisonous decomposition-products from bacilli of typhus, cholera, etc. Some ptomaines which are not to be reckoned as poisonous are nevertheless injurious, as, for instance, cadaverin or putrin, whose action causes necrosis. The symptoms produced by the action of ptomaines are to be classed either as paralysis or spasms. Brieger demonstrated on three rabbits the action of tetanin, neurin and mytilotoxin. Tetanin, from the tetanus bacillus, produced the characteristic phenomena of tetanus, while neurin (from putrid decomposition) caused first, moistening of the nasal openings and the fissure of the upper lip. Then a very energetic secretion of saliva, disturbances of respiration, paralysis, dribbling of urine, discharge of feces and clonic convulsions.

The third, mytilotoxin, is the active principle of the poisonous mussel, and is the most fearful poison which Brieger has isolated. After it is injected there follow dyspnoea, stooping down by the animal and then paralysis. Mytilotoxin shows some therapeutic promise as an antidote to tetanin.—*Therap. Monatshefte*, May, 1888.

Antisepsis at la Salpetriere.—By *Dr. Terrillon*.—After a short preamble, in which he shows that all surgeons agree on the necessity of antisepsis, but not on the means to be employed, M. Terrillon reviews the precautions which he takes to ensure antisepsis in his own service. These precautions should apply to the operating-room, the hands of the surgeon, the instruments he uses, and the patient himself.

M. Terrillon especially insists upon the disinfection of instruments with boiling water; the experiments of Pasteur in the first place, then of Roux, have shown that water at 100° C. (212° F.) destroys all pathogenic microbes; germs, it is true, resist this temperature, but they lose the faculty of developing rapidly, and, on the other hand, a second immersion in boiling water some days later, will kill the microbes to which the germs may have given rise. Finally, from a practical point of view, all the surgeons who have used this method have had marvellous results. Then, after each operation, the instruments, after having been cleansed, are to be plunged into boiling water for ten minutes, and at the beginning of the next operation they should be again immersed for ten minutes.

Water at 100° C. (212° F.) will also disinfect silk thread; after a bath of from five to ten minutes, it is placed in jars filled with Van Swieten's liquor or a carbolyzed solution; it is kept there until just about to be used, and at that very moment it is dipped into boiling water.

With regard to sponges, which are difficult to prepare and keep clean outside of the hospital, M. Terrillon recommends the use of small bits of toilet-sponge carefully disinfected. In conclusion, he draws attention to a slight modification in dressings introduced by himself. In order to avoid contact of the air with the points of suture and small abscesses resulting from time to time from the removal of the stitches, he covers them over again with a layer of iodol or iodoform ointment. We cannot encourage students too much to follow these instructions, from which they will find real benefit.—*Le Progrès Médical*, May 12, 1888.

Lanolin in Cuts and Burns.—A recent article in *Pharm. Rundschau* states that experience has shown that Lanolin is an excellent dressing for cuts and burus. Prof. B. Fränkel finds that it prevents the formation of scabs, and that burns under this treatment do not desquamate so much as under most others. In cases where it is desired to irri-

gate a wound, in order to reduce heat and irritation, Lanolin may still be applied, as it is not readily washed away. If a small wound is immediately dressed with this ointment basis, hæmorrhage is stopped.—*Brit. Med. Jour.*, May 19, 1888.

NEW PUBLICATIONS.

Pathogenetic and Clinical Repertory of the Most Prominent Symptoms of the Head, with Their Conditions. By C. Neidhard, M.D., formerly Professor of Clinical Medicine in the Homœopathic Medical College of Pennsylvania. Philadelphia: F. E. Boericke. Cloth, 8vo. Pp. 188.

Dr. Neidhard's long experience as a practitioner of homœopathy naturally gives rise to the hope that a repertory, issued under his name, will be of especial service in lessening the labor of comparing and choosing a remedy. The confirmatory value of clinical experience with our remedies has been recognized since the time of Hahnemann, and every addition to the list of confirmed symptoms is too precious to be kept buried in the case-book of the prescriber.

Hence, we welcome this work, in so far as it adds Dr. Neidhard's experience to the rapidly-increasing literature of homœopathic practice. At the same time, we think it would have been a real advantage if the work had been made up exclusively of the author's observations and verifications. In his preface, he says: "I have transcribed the most prominent symptoms from Allen's *Encyclopædia of Materia Medica*, that is, those printed in italics and bold type. Whatever doubt might exist about the others, these must undoubtedly be genuine. To them I have added my clinical experience of a fifty years' extensive homœopathic practice. This very laborious work was undertaken principally with a view of assisting me in my own practice. On considering, however, that it might be of benefit to the profession generally, it is herewith presented to the public."

Now, all of this material, apart from the results of the author's own experience, is to be found in Allen's *Symptom Register*, and any one could make up a repertory by recasting the arrangement and by giving new order to sections on aggravations, modalities, etc.

In the ten pages, beginning with 32, there are 193 symptoms, and of these only 12 are from the author's experience, 4 of them being, as we judge by the type, new. Thus, in these ten pages but little over 6 per cent. could be properly included in a repertory claiming to be by him. We do not mean to say that the proportion of the author's own share in the whole book is as small as that just given, for, in the section

on "Pains in the Occiput," out of 78 symptoms 21 are from his own observation, that is, a little over 25 per cent.; in other sections, as "Concomitants," etc., the proportion is very much higher, for, on page 146, out of 33 symptoms, all but 8 are from the author, the proportion being nearly 77 per cent.

We are glad to have every one of Dr. Neidhard's confirmations and clinical symptoms. Our criticism is against the presence in a repertory claiming to be his, of symptoms and observations which he has not confirmed by his own experience.

The Physiology and Pathology of Diabetes. By Prosper Bender, M.D., Boston, Mass. Pamphlet. Pp. 26.

Address on Hospital and Dispensary Clinics, and the Art of Prescribing. By Prosper Bender, M.D., Boston, Mass. Pamphlet. Pp. 12.

In the first of these pamphlets the author gives a thoroughly good description of the physiology and pathology of diabetes. His views accord with those of most recent writers as to the nervous disturbances being in immediate relation to the special symptom of the disorder.

In the second pamphlet Dr. Bender shows the great value of clinical instruction. In regard to prescribing, he emphasizes the importance of closely individualizing the patient and his symptoms, and he urges upon his audience the need of making a full record of each case. We wish that this address could have a wide circulation.

The University of Minnesota. Catalogue for the year 1887-1888, and Announcements for the year 1888-1889.

In the catalogue and announcements of the University of Minnesota, we find the following which will, we know, be of interest to our readers.

"In March, the Board of Trustees of the Minnesota Homœopathic Medical College made a formal proposal to the Board of Regents to waive its charter as a college and cease to teach, provided homœopathy should have a fair representation in the new Medical Department of the University.

"A special committee, consisting of President Cyrus Northrop and Professor D. L. Kiehle, was appointed to nominate a faculty for the College of Homœopathy. The persons nominated by the above committee were unanimously elected members of the faculty of the College of Homœopathy," as follows :

Professor of Theory and Practice, Dr. Henry Hutchinson, St. Paul; Professor of Materia Medica and Therapeutics, Dr. W. E. Leonard, Minneapolis; Professor of Obstetrics, Dr. H. C. Leonard, Fergus Falls; Professor of Gynecology, Dr. A. E. Higbee, Minneapolis; Professor of Principles and Practice of Surgery, Dr. R. D. Matchan, Minneapolis; Professor of Pædology, Dr. H. W. Brazie, Minneapolis;

Professor of Clinical Medicine, Dr. George E. Ricker, Minneapolis; Professor of Ophthalmology, Dr. J. F. Beanmont, Minneapolis; Professor of Clinical Surgery, Dr. W. S. Briggs, St. Paul; Professor of Dermatology, Dr. H. C. Aldrich, Minneapolis; Professor of Physical Diagnosis and Laryngology, Dr. E. L. Mann, St. Paul; Professor of Nervous Diseases, Dr. S. M. Spaulding, Minneapolis; Professor of Genito-Urinary Diseases, Dr. H. B. Ogden, St. Paul; Professor of Otology, Dr. D. A. Strickler, Duluth.

The Curriculum of the Medical Department is practically an exact copy of that of the Harvard Medical School. The entrance examinations will be conducted by a committee of the faculty of the Department of Science, Literature and Arts, and the dean of the Department of Medicine and Surgery. All students will take the lectures in anatomy, physiology and chemistry, and will be required to pass in all these branches, after which they will be permitted to go on into the full college, homœopathic or old school, whose course they may elect to pursue.

The Physician's Bedside Record. By Gideon C. Segur, M.D.
Published by the Plimpton Manufacturing Company, Hartford, Conn.

The advantage of ruled blanks for keeping records of pulse, temperature and respiration variations, is self-evident to every practitioner. The arrangement of this little blank-book of twenty-eight pages is such that each page represents one day, and is ruled so that the observations may be recorded for every hour, while a form of ruling enables the observations to be charted in the last two pages as curves of temperature, pulse, etc.

Odium Medicum and Homœopathy. Reprinted from the *Times*.
New York and Philadelphia: Boericke & Tafel. Paper. 8vo.
Pp. 126.

Mr. Kenneth Millican, a London surgeon, was dismissed by the committee of management of The Queen's Jubilee Hospital, from his position on its staff, for the offence of being connected with the Margaret-Street Infirmary, of which the governors had lately prevented their committee and the majority of its doctors from turning out a minority who had dared to treat their patients homœopathically. He was not charged with practicing homœopathy, or even with consulting with homœopaths, but simply of retaining his position in an institution in which some of the staff did so practice. Mr. Millican brought suit against the committee for wrongfully and improperly suspending him from his office as one of the medical men who constituted the medical staff. The hearing of the case before Mr. Justice Manisty and a special jury, took place on December 14th, 1887, and an injunction was granted, restraining the defendants from interfering with the plaintiff in the performance of his duty as one of the staff. On appeal, a decision adverse to Mr. Millican, was given on the ground that the relation between the plaintiff and the committee was a personal one, and not subject to injunction.

Before the appeal had been heard, indeed a few days after the first decision, Lord Grimthorpe, in a communication to the *Times*, called the

attention of the public to the case and to the medical intolerance involved in the matter. This letter opened a long and, in some respects, bitter and many-sided controversy in the columns of the *Times*, concerning homœopathy, eminent allopaths attacking, eminent homœopaths defending; the battle waged until the *Times* closed it on January 20th with an article favoring the right of homœopaths to hold their own views. The pamphlet before us is a reprint of all the letters. It is mighty interesting reading, and is worth owning.

Essentials of Diet: or Hints on Food, in Health and Disease. By the late E. Harris Ruddock, M.D. Second Edition, with Corrections and Additions. By E. B. Shuldham, M.D. London: The Homœopathic Publishing Company. New York and Philadelphia: Boericke & Tafel. Cloth. 16mo. Pp. 264.

It does not require long experience with the sick to recognize the value of properly selected and well prepared foods as an aid to the curative action of the rightly chosen drug, while a dietary, ill-suited to a case of sickness, may neutralize the best efforts of the skilled prescriber of medicine. Physicians who attend to the commissary department of their own households, learn by personal experience much that they ought to know about articles of diet, and concerning which they learn little or nothing as a special branch of knowledge in their student days.

The small volume before us will fill many a hiatus in medical knowledge. It is not a physiology, but it treats at some length of the digestibility of many articles of diet. It is not a purveyor's manual, but it gives valuable rules for guidance in selecting fresh and good food materials. It is not a practice of medicine, but it has dietaries for many different diseases. It is not a cook-book, but it describes the mode of preparation of many palatable and digestible dishes for the invalid, recipes hard to find in even high-class cookery books. In short, it is a *multum in parvo* of a great many items well worth the physician's knowing, and it is all well done. Some of the author's views may be a little out of date, but this is more than offset by the service the book will do as a model collection, to which more recent discoveries and methods can easily be added. It is not an expensive book (\$1.25), and is well printed and bound.

OBITUARY.

DIED.—In New York, on May 11th, Mrs. Frances A. Dowling, wife of Prof. J. W. Dowling.

DIED.—On April 26th, Dr. Clemence S. Lozier, Dean of the New York Medical College and Hospital for Women.

PUBLISHERS' DEPARTMENT.

We send specimen copies of THE RECORDER this month to a number of physicians who, probably, have never seen one before. We hope they will appreciate the journal sufficiently to fill out the inclosed subscription blank, and let us add their names to our large and growing list of subscribers. We believe THE RECORDER is well worth the price (\$1.00) to every physician, regardless of school. It is published, so to speak, right in the midst of medicine, and anything new of that nature gravitates naturally to us—comes from all sources—and THE RECORDER's subscribers may easily pick up a point or two in any number that may repay the trifling subscription a hundred fold.

Sterilized Milk.—The interest which this milk, as yet rather new in this country, excites, is increasing and we have noticed a number of articles in various journals strongly commending it, especially for infants. Augustus Caille, M.D., visiting physician to the German Hospital, New York, writes the *Dietetic Gazette* a long article on the subject in which he says: "1. Sterilized milk should be administered to all children deprived of the breast. 2. It may be given to children suffering from diarrhœa or convalescent from cholera infantum, when milk boiled in the ordinary way is not tolerated. 3. A supply of sterilized milk is of the utmost importance for children while travelling."

Professor Soxhlet, another great advocate of sterilized milk, says: "During the process of milking, particles of manure and other forms of dirt get into the milk, and, during the transportation and general handling, fermentation sets in, so that much of our milk is really unfit for consumption before it gets into the hands of the consumer—i.e. into the stomachs of infants and children." He also refers to the fact that calves fed on milk from a trough frequently suffer from diarrhœa. On the other hand the condensed milks on the market are even worse for children than the milk of commerce (the milk-man's), as was demonstrated by Professor H. B. Cornwall who analyzed sixteen of the most used brands for the New Jersey State Dairy Commission, which were found to contain on the average 38.84 per cent. of cane sugar, glucose or molasses (43.25 per cent. was the maximum), and to be condensed 2.74. He says: "The very large amount of cane sugar necessary to preserve them renders them an unwholesome food for infants," and, we should fancy, none too good for adults. In another place he says emphatically,

“condensed milk preserved with sugar can never be a fit food for infants.”

Loeßlund's Condensed and Sterilized Cream Milk seems to be the only condensed milk on the market that is entirely free from the objections urged against the other condensed milks, and to have in addition positive merits. We know it to be preserved without sugar or antiseptics—to be, in fact, *a pure milk* condensed to about one-fourth its original volume, and that in Germany and other parts of Europe it is largely fed to infants deprived of the breast in preference to any other food, and that no bad traits have been found in it or bad effects from its use; indeed we do not see how it would be possible for there to be any in view of the fact that it is simply a pure and wholesome mountain milk sterilized and reduced to one-fourth its natural volume and nothing more.

Pine Pitch Ointment.—For several generations there has been, and is still, a family in Bohemia supported in what is considered luxury in that country by the merits of a certain Pine Pitch Ointment, the fame of which has spread widely throughout the country. People go to this woman and offer her a fat cow or pig or something else, if she will cure them, and as she generally does so, and they are a people who have not learned the art of breaking their word, she and her family live now, as they have for several generations past, in affluence. The diseases she cures are old indolent ulcers and sores which defy the science of the physician. She was under great obligation to a fellow-countryman who lives in New York, and to him she imparted the mode of preparation of the ointment and he brought it to our notice. Its chief medicinal virtue lies in a peculiar fresh raw pine pitch quite difficult to obtain; but last fall we procured a supply and put the ointment on the market and its success in the hands of the profession has been marked. We have no direct reports of cases but the indirect evidence of physicians having first purchased a four ounce pot and afterwards returning for more, in some instances taking as much as two pounds, from which we infer that the purchaser is meeting with very gratifying success in his treatment of these difficult cases.

The ointment, which will keep sweet and efficacious for an indefinitely long time, is applied by spreading a *thin layer* on an old linen rag and binding on the ulcer, renewing twice a day until healed. It produces a smarting, burning sensation. One objection to the healing of such sores by external means is that they are apt to break out in other places on the patient and in worse form; but this does not seem to be the case where the cure is made by Pine Pitch Ointment; the sore heals permanently and the health of the patient is not affected.

Succus Calendula stands foremost as a vulnerary and is used by preference by most homœopathic surgeons as a dressing in bloody oper-

ations. It is also frequently employed in inflammatory conditions of the ears and as a vaginal injection for acute or subacute inflammations of the mucous membranes of the female reproductive organs.

It is made by expressing the juice from the bruised and comminuted blooming plant which is then mixed with sufficient alcohol to keep it from fermentation.

It will be found that this preparation will bear to be largely diluted with rain-water without impairing its healing qualities.

The immediate cause of preparing our *succus calendulae* was due to the fact that the market was fairly flooded several years ago with a so-called non-alcoholic fluid calendula, the preparation of which is thus set forth in letters patent granted October 6th, 1885.

"This medical compound is a non-alcoholic fluid preparation of calendula.

In making the preparation, to each twelve ounces of the officinal decoction of calendula, four ounces, by measure, of glycerine, and two drachms of burnt alum are added. The addition of these ingredients destroys all turbidity without in any way affecting the chemical action of the decoction; but if the preparation is kept for any length of time it is liable to become spoiled by fungous growth and souring. To prevent this without the use of alcohol, to each fourteen ounces of the cleared decoction I take of boracic acid two drachms, and of crystallized borax four drachms, dissolved in two ounces of boiling water and mix; or if therapeutically more desirable, in place of the boracic acid and borax solution I mix with each gallon of the clear decoction three drachms of crystallized carbolic acid as a chemical equivalent for the purpose stated. There are other chemical equivalents to the above, the essentials being that they shall be non-alcoholic, shall not affect the chemical action of the calendula, and shall prevent fungous growth and souring of the decoction.

I claim—

The medical compound of decoction of calendula, glycerine, and burnt alum with the addition of boracic acid and borax, substantially as and for the purpose set forth."

Now the funny part of this consists in the fact that there is no such thing as an "officinal decoction of calendula." For neither the U. S. nor National nor the American Dispensaries mention such a preparation, nor any of the allopathic or homœopathic pharmacopœias. The effect of this *mixtum compositum* of decoction of calendula, glycerine, burnt alum, boracic acid and borax, is surely not due to calendula, for this is evidently only used as a coloring matter and to give the child a name. However, this preparation had a large sale for a while.

"Something Good."—We have nothing particularly new to say on the subject of our unfermented grape juice, unless it is that we have received very lively proof that the new vintage is free from *salicylic and sulphurous acids*; the grape-juice preserved with those chemicals never gives any trouble; it is beautiful to look at and in every way quiet, and respectable, waiting to get into the stomach before it gets in its insidious work; but this juice of ours is something quite different; one day last fall thirty bottles got on a spree, and the way the corks flew would have done honor to an aldermanic feast. This sort of fun has its

seamy-side in lost profits, but it infallibly evidences the pure and unsophisticated character of the juice, unspoiled by chemicals or rendered insipid by boiling; an article welcome in every sick-room and pronounced to be "something good" by all who taste it. There is nothing in it to interfere with the action of medicine; it is very palatable, and very nourishing. Invalids can be sustained on it for weeks at a stretch, and we doubt if there is another food in the world, natural or artificial, at which the palate or stomach would not revolt if put to the long tests of this nature, to which our unfermented grape-juice has been subjected, and through which it has come with the patient relishing the last glass fully as much as the first. This is a great point for the grape-juice and one which every physician, if troubled about the diet of his patient, would do well to recall: it seems to indicate that there is something in this pure juice which the system needs in sickness, else there would soon be a revolt, for every one knows that the stomach in sickness is a very fastidious member.

Turnpike, N. C.—O. B. Gause, M.D., for many years one of the faculty of Hahnemann College, will spend the summer at Turnpike, Buncombe County, North Carolina. This is said to be a delightful mountain resort, 2400 feet above the sea-level, free from fogs, with free-stone and chalybeate springs and, lastly, a good hotel which accommodates guests at very reasonable terms.

Passiflora Incarnata.—*Passiflora Incarnata* (white passion flower) has never been proved, says Hale, "but deserves to be." It is a peculiar remedy—almost a mysterious one. It is used in a number of affections which will be found mentioned in the exceedingly interesting paper by L. Phares, A.M., M.D., quoted in *Hale's New Remedies*, but the peculiar characteristic to which we wish to call attention is its sleep-producing power. Dr. W. B. Lindsay, of Louisiana, wrote concerning this remedy a few days before his death—he, by the way, drew attention to it and used it for thirty years: "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 ask me, what in the world it was that had such a sweet influence over them." Dr. Phares says of his own experience: "I have never seen the least unpleasant effect from it in any dose, however large, although I have given it in quite large doses."

We know of several persons who have "tried" *passiflora* for sleeplessness with success. One of these said that after taking about five

drops of the mother tincture he would in a very short time fall into a deep sleep which would last through the night, and that for several succeeding nights his sleep would be of the same character. Another, a rather heavy smoker at times, and who on the evening in question had been indulging in too much tobacco and foresaw the consequences, took five or six drops on going to bed. For a time he was restless and tossed about, but at last it seemed to him he tossed into a most restful position in which it was a luxury to lie or to move in. He slept soundly and dreamed of the country and of a crystal spring of water and awoke next morning feeling very well indeed. From Dr. Stacey Jones's work, *The Medical Genius*, we quote: "*Sleeplessness—Neuralgia—Convulsions—Spasms—Tetanus.*—*Passiflora Incarnata*, adult, 30 drops of the tincture every hour, produces quiet, pleasant sleep, altogether different from the stupor of morphia. Even in the worst forms of sleeplessness, as that associated with suicidal mania, the drug produces quiet slumber, from which the patient awakes with a clear mind. In ordinary doses given every $\frac{1}{4}$ to $\frac{1}{2}$ hour it completely controls convulsions, spasms, lockjaw. It never fails to cure lockjaw in a horse. In the treatment of erysipelas there is no remedy acts better than *Passiflora*, given in ordinary doses, as often as occasion seems to require."

A Physician writes from Maine: "I have suspended all my journals except the RECORDER. I am in love with it for its valuable hints from practice, new remedies, etc."

A Good Record.—The demand for our vaccine points during the small-pox scare in Philadelphia last spring was very heavy, and the following extract from a letter shows that their quality is of the same standard of excellence which characterizes all our goods: "The virus I obtained from you proved effective; nine points were used upon nine primary cases, all of whom took nicely."

Oxytropes Lamberti.—The provings of this article, commonly known as "Loco Weed," by N. S. Gee, M.D., appeared in the RECORDER, September, 1887, p. 191. After considerable trouble we have procured a supply of it from New Mexico, and can now furnish it in the mother tincture if desired. Hitherto we could only supply the first dilution.

Sunstrokes.—During the summer of 1887 there were thirty-one cases of "heat fever" treated in the Pennsylvania Hospital (Philadelphia), and twelve deaths, not quite 40 per cent. The treatment was by packing ice about the body and, generally, digitalis administered hypodermically. It would be interesting now to know the results of some of our homœopathic hospitals in sunstroke.

A Bargain.—*Hay-Fever: Its Causes, Treatment and Effective Prevention*, by Chas. Harrison Blackley, M.D., Manchester, England. London, 1880. 281 pages. Second edition. Cloth.

This valuable work sold largely for \$4.00 when it first came out. We have a number of copies left, and will close them out at \$1.50 net. Postage, 12 cents.

Rowntree's Elect Extract of Cocoa.—This article, made in England, is "guaranteed" by the manufacturers "to be half as strong again as the cocoa essences and cocoa extracts ordinarily sold," and a half a pound "will make 50 cups" of cocoa. A good deal of the cocoa in the market is said to be liberally adulterated with farina, or something similar, to make it cheaper. The aim of the manufacturers of Rowntree's is to make a cocoa that contains no adulterations and one that in all other respects is the best possible to be made where no regard is paid to first cost; they claim that at even much higher rates theirs is the cheapest, as it will make so much more to the pound owing to its strength and purity. This new claimant for public favor may be had at any of our pharmacies.

Abdominal and Uterine Supporters.—The instrument manufactured by G. W. Lutz is decidedly the best we have yet met. The abdominal supporter is the most perfect fitting in the market, having a large concave front so as to fit perfectly the convexity of the abdomen, and is so arranged with rubber webbing as to expand and contract with the breathing, the entire arrangement being such as to afford the greatest ease and freedom to the patient.

For the Babies.—There may be as good foods in the market as Boericke & Tafel's "Improved Liebig's Food for Infants and Invalids," but there are none better and some certainly not so good. It will do no harm to call attention again to the fact that this food is entirely free from insoluble matter, and in that, and in a slight change in the formulæ (see RECORDER, vol. ii., p. 47), is wherein the "Improved" comes in. The materials are first dissolved at a temperature of 150°, which is afterwards raised to 170°, and then strained, and the liquid is afterwards dried, *sub-vacuo*. There is nothing in it to irritate the most sensitive bowels, and babies will thrive upon it finely.

Ozone.—Ozone as a remedial agent in the treatment of disease is, of late, attracting a great deal of attention, and we feel assured that our readers will be interested in the paper on the subject by Aug. Korndorfer, M.D., which we reprint this month. We might state here that Dr. Korndorfer assures us that after two years' further trial since the paper was written, he is more confirmed in the belief and views therein set forth, and has continued to use the Ozone Generator with gratifying

results ever since. The instrument he uses is largely one of his own invention, and it has the great and essential advantage of furnishing Ozone pure, while that furnished by all other instruments heretofore used was very liable to be mingled with deleterious chemical gases.

We have made arrangements with a manufacturer to furnish these instruments, and full particulars will be furnished on application.

We would state here that Dr. Korndoerfer, although the inventor, has no interest whatever in the instrument saving the interest of a physician and man of science in the healing of disease.

OZONE AS A REMEDIAL AGENT IN THE TREATMENT OF DISEASE.

BY AUG. KORNDORFER, M.D., PHILADELPHIA.

(Read before the Hahnemann Club.)

This agent, so far as relates to the treatment of disease, has until recent date been relegated to the field of the charlatan, and in consequence, a most useful remedy has been neglected by the profession.

I will not occupy your time by dwelling upon its chemical or electrical nature, nor will I tax your patience by detailing the theories pro and con regarding its usefulness in disease; but will confine myself to a few practical remarks which I hope may lead to a more thorough study of Ozone in relation to its therapeutic use.

Under all ordinary conditions in which Ozone is found in the atmosphere, its action upon the animal organism appears to come almost if not entirely within the range of physiological accommodation, little or no perceptible effects being produced. If used in large quantities it, however, develops serious symptoms even to the prejudice of life; nevertheless Ozone, in common with a few of our most potent remedies, is remarkable for the paucity of symptoms which it seems capable of producing upon the healthy.

One of the first symptoms observed during the inhalation of this agent, is a tingling sensation in the nose, soon extending to the posterior nares and pharynx. The eyes also are similarly affected, accompanied, however, by a sense of burning and dryness.

If the inhalations are continued, this irritation extends to the larynx, trachea, and bronchi, inducing cough, which at first is dry, but soon becomes moist and is accompanied by an expectoration of a somewhat viscid mucus.

Such symptoms continue for some hours or even days after removal from an atmosphere overcharged with Ozone.

In some cases, especially those in which Ozone acts curatively, a comfortable sense of drowsy ease, though unaccompanied by actual sleepiness, occurs after a few inspirations of air charged with Ozone.

In a few instances, I have observed, immediately following the first few inhalations, an uncomfortable sense of goneness or weakness, which continued for several minutes. Within less than an hour, sometimes within a few minutes, this was followed by a feeling of increased strength which continued for one or more days.

In an occasional case, it appears to promote the peristaltic action of the bowels, affording a degree of relief in cases suffering from constipation.

These comprise the most important symptoms and changes which I have observed after the use of Ozone by inhalation.

Regarding the change in the physiological status resultant from the use of Ozone, Day says, "If a warm-blooded animal be placed in a glass chamber and be subjected to a stream of ozonized air, the oxygen of that air having been ozonized to the 12th part and the influence of carbonic acid being entirely excluded, special physiological phenomena are quickly displayed. The first sign or symptom is an irritability of the mucous surfaces of the nostrils and of the conjunctivæ; there is often free secretion of saliva and even profuse sweating in those animals that exhibit sweating and there is also thirst and dryness of the tongue and nostrils. These symptoms are succeeded by great rapidity of respiration, and soon by violent action of the heart. When the chest is auscultated in this stage, there is always dry bronchial breathing, and a whistling sound, as in the first or preliminary stage of acute bronchitis in the human subject.

"The effect of the Ozone being sustained, cough manifests itself, followed by secretion of frothy fluid from the bronchial surface; this is equivalent to the congestive stage of bronchitis. Finally, there is lividity of the skin of the nose, of the nostrils and of the lips, great coldness of the surface, gasping respiration, jactitation and death, the death being often sudden. This may be said to resemble, most perfectly, the exudative stage of bronchitis. This order of symptoms, or phenomena, as they, perhaps, had better be called, has been recognized by all experimentalists; and my own experiments have been attended with corresponding results."

Regarding the morbid appearances presented after death from Ozone in warm-blooded animals, Day says that such "are principally confined to the respiratory passages. If the animal be killed during the *first* stage, the bronchial membrane will be found dry—deeply congested at spots—the lung-structure ecchymosed and both sides of the heart full of blood. In the second stage, the whole lung is congested, the bronchial surface being red, the right side of the heart engorged, the left side of the heart empty. In the *third* stage, the lungs are also intensely engorged, the bronchial surface paler and filled with frothy fluid, the right side of the heart full, the left side empty. In cases where animals are removed from the chamber at the beginning of the second stage, and, after some exposure to the air, subsequently die, the morbid anatomy is rather that of pneumonia than bronchitis. In one experiment that I performed the stage of hepatization was so distinctly marked that I could not have recognized it, by the lung itself, from hepatization of the lung in the human subject after pneumonia.

"It is, I think, worthy of remark, that very young or very feeble or very old animals suffer much more readily from bronchitis produced by breathing Ozone, and succumb much more easily to its effects, than do full-grown, vigorous animals."

Such are some of the symptoms and signs in man and in the lower animals resulting from the inhalation of Ozone. Acting so markedly as a local irritant, when used in large quantities, great caution is needed in studying its effects, and still greater care should be exercised before deducing theories in explanation of its action in disease. Yet, we as homœopaths may promptly and intelligently apply such known facts, relative to a remedial agent, through the law of cure; again utilizing the facts developed during such use of a remedy.

Feeling assured, from its action in smaller quantities, that it must prove useful in removing the tendency to frequent and easily excited *congestion* of the mucous surfaces of the respiratory tract, I began its employment several years ago.* The results were sufficiently successful to make me wish for a more convenient form of apparatus than any which I have been able to procure.

About this time, Dr. Shemp, a graduate of the Hahnemann Medical College, called my attention to an apparatus which he had constructed, after the pattern of one described by one of the English investigators. He, however, modified it in so far that he used a mechanical fan-wheel instead of the bellows employed by the original inventor.

During the past two years, I have employed Ozone in the treatment of various forms of disease, and from the results feel warranted in thus calling the attention of the profession to it, as a useful though neglected agent in the treatment of disease.

In anæmic and chlorotic states, Ozone acts markedly. While treating this class of cases I have observed a property exhibited by Ozone, which, while not curative in the ordinary sense of the term, yet made possible the accomplishment of a cure where otherwise failure seemed assured: the property referred to is that of positively increasing the duration and intensity of the reactive force of the patient; or in other words increasing the curative effect of the drug. Let me illustrate by *but* a single example, as I have already extended my remarks beyond what I contemplated when I sat down to write.

Miss —, æt. 18 years, tall, slender, intensely pale, chlorotic, had been under medical treatment for about two years—homœopathy and later allopathy had been employed, but without any good results. Found the patient suffering from great weakness, scarcely able to walk a hundred yards. Greatly prostrated by the slightest exertion—loses breath easily. Severe palpitation of heart from even slight exercise. Frequent violent headache, worse after any exertion, especially after going up stairs. Pains along the spine, especially aching about the small of the back. Rheumatoid pains in the lower limbs. Desires motion, yet owing to exhaustion dares not indulge the desire. Stooping gait. Appetite poor. Menses much delayed, and, when appearing, scanty, watery, brownish. All her symptoms worse during wet weather and on change from clear to cloudy weather.

Homœopathy having failed to relieve her, she had for about one year been under allopathic treatment—quinine, iron, arsenic, etc., had failed to afford even temporary relief; in fact the patient was steadily growing worse. At this stage I first saw her. On account of the disposition of the patient in combination with the other symptoms, and the fact that she had taken large doses of quinine and iron, I was led to prescribe Pulsat. Slight improvement only followed its use. Rhus symptoms becoming more marked, it was given in various potencies, with but indifferent results. Frequent aggravations of all the symptoms occurred, though short intervals of relief followed each change of potency. Sulphur was now given, but failed to do aught save relieve the headache which occurred on "going up stairs." Carefully reviewing the case, I

* In such cases if used by daily inhalation for but a few minutes, much benefit is often derived, and a power of resistance developed far beyond that which results from the use of drugs alone. This may be owing in part at least to a property of which I shall speak in a moment.

was fully convinced that Rhus indeed covered all the symptoms better than any other known remedy, though from some unknown cause the system had formerly refused to react favorably to its influence. Rhus tox.³⁰ was again prescribed. Guided, however, by other experiences, and especially on account of its property to act upon the red blood-corpuscles, I was led to employ inhalations of Ozone. The result was most satisfactory. Improvement was prompt and continued; the patient recovering without the intervention of other treatment. The experiment of doing without one or the other, Rhus or Ozone, was several times tried, with the result of retarding improvement each time. Ozone was continued about three times weekly for a number of months; inhalations averaged about ten minutes each.

One such case will fully reward an earnest student for many months of study and research.

Another important result which I have frequently observed as following upon the use of Ozone is the re-establishment of regularity of the menses. I have at present several patients, who for years suffered from retarded and scanty menses, in whom, under the action of Ozone, menstruation has become both regular in time and sufficient in quantity.

In lung diseases, though I have seen some favorable results, they have not been sufficient to warrant, as yet, any special report upon the action of Ozone in either tuberculosis or bronchial catarrh, save in so far as previously remarked that the action of the remedies appears more fixed through the use of this agent; much care, however, must be exercised that the quantity be sufficiently dilute, else irritation instead of relief follows its use.

In June we sent out postal card notices to all our subscribers who so far have failed to pay up for Vol. III. The response has been very generous, but there are still many in arrears, and we hope this hint will be sufficient. These postal cards unearthed several testy gentlemen who seemed possessed by the idea that the way to discontinue a subscription is to keep silent; but publishers regard the continued receipt of a journal after the time it is paid for expires, as evidence that the subscriber wishes to continue the subscription; and furthermore, it would be rather discourteous to peremptorily stop because the money for the new volume was not forthcoming between the issue of the last number of the old volume and the first of the new. As THE RECORDER is (or was) a new journal, we have been in the past very liberal in the matter of sample copies since the issue of its first number, but in the future this will be greatly changed, and those who wish to keep up their files will have to become subscribers.

There is a new dry-cell, chloride of silver galvanic battery out (the Barrett) which is, by all odds, the best thing of its kind ever offered. Many physicians have experienced the annoying troubles which accompany the use of the ordinary electric battery; the trouble with the current being too weak or too strong, of its short duration, and the disagreeable work of re-

newing the cells. Well, here is a battery in which there are none of these troubles, or any other. Its current is as strong the last day as the first, it will do the work of a busy practitioner for full two years or longer, and may then be renewed by lifting out the box containing the hermetically closed cells and replacing it with a new one at trifling cost, which is sent in the place of the old one; and that is all the trouble this battery will ever give. The force of one cell may be applied or of all combined. Another advantage is that it can be taken about as easily and safely as a medicine case, the weight of a fifty-cell battery being but little over ten pounds, and it may be carried in any position. The old battery required the patient to come to it; the new one goes to the patient—if required. If desired, a powerful Faradic coil is put in with the galvanic battery, though, of course, entirely independent of it, which gives a powerful current. It adds but little to the weight and when exhausted can be lifted out of its place and a new one slipped in with no trouble, and but little expense. The undoubted superiority and very great convenience of these batteries are causing them to displace all others. We shall be glad to send physicians an illustrated and descriptive catalogue containing full particulars and to answer any inquiries. Address letters to Boericke & Tafel, Baltimore, Md.

A writer has called attention in the *Pharmaceutische Post*, Vienna, to the fact that a large number of commercial pills, provided with elegant resin, glue or sugar coatings, are deficient in desirable solubility, and that for this reason, the efficiency of such products of the *pharmacia elegans* seems at least to be questionable. The world is full of these fancy pills, designed to please the eye and humbug the palate into the belief that it isn't taking medicine; but of what avail is all this? what use? We believe that the tablets we prepare according to Dr. Robert M. Fuller's directions, which may be read in *The Medical Record* of March 9th, 1878, and March 25th, 1882, are by all odds the cheapest, most accurate, and effective means of dispensing medicine in large doses known. It requires but a very slight examination to see they are well triturated, as is evidenced by their thorough uniformity of color and by their sharp, clean-cut form, which cannot be attained by poor triturating and inferior goods. If the patient's system requires a certain drug, what good is done by sending it to its destination accompanied with resin or glue, or some other "elegant" application. Sugar of milk is admitted to be the best vehicle of medicine; these tablets, made on Dr. Fuller's method, contain the best refined sugar of milk and the medicine, and nothing more. In manufacture they come in contact only with the porcelain mortar and the glass moulds; hence, it will be seen that our claims for them are well founded.

SHORTS.

A lady excused her loud dressing on the plea of her husband's deafness.

A superficial question often arises after the first course.

The Emperor of China, when an infant, was attended by thirty doctors. Lucky boy—to live.

Wedlock is a sort of combination lock.

"Have you ever gone through George Eliot's works?"

"Eliot's? What are they, iron?"

"Did you ever read *She*?"

"No, I never read her."

The small boy has a sonny life.

Man seeks office but dodges the officer.

Copyright bothers the publisher, copy wrong the typo.

The dogwood may easily be known by its bark.

If man has descended from protoplasm, how wise the protoplasmic state must be.

"I have been astonished," said a French lady, "whenever I think that no one is always right but myself."

There is a big dollar's worth a year in THE RECORDER for any physician. Send in the little dollar.

The fly is almost as familiar as the advertisers "you."

"Kind of" has been kind o' sat upon by the purists.

Batteries are in demand by baseball clubs.

"Darn my stockings, mother," isn't necessarily cussing.

They say in New York that Anthony Comstock intends to arrest Winter the next time he is caught in the lap of Spring.

A West country Englishman's idea of a gentleman was one who could "sit in the chimbley corner, drink zider and cuss."

Children are the coupons of the matrimonial bond.

An Irishman sat down on a feather on a rock and remarked: "If one is so hard what would a whole bed of them be?"

"Keep the window open; I want the air even if I do have to have a little sun at the same time," said a young married lady.

"A man might smoke a worse segar—if he were brave."

If poets were not "born," there would be another high license racket.

"Stockings? What number, ma'am?"

"Two; do you suppose I'm one-legged!"

A bad scrape—shaving with a dull razor.

A crank defines "innocence" to do it and look as if you didn't.

There is a very necessary duty of 20 per cent. levied on foreign performing monkeys. It is a large home industry.

Now that electricity has superseded hanging, "shocking" will have to take the place of "hang it."

Auburn is probably a red-headed city after all.

Down go 24,000 bacteria every time a New York man takes a glass of water. Rough on the bac.

Hypodermic syringes are plentiful just now—'skeeters, don't you know?

THE
HOMŒOPATHIC RECORDER.

VOL. III. PHILADELPHIA, SEPTEMBER, 1888. No. 5.

ANOTHER STEP FORWARD.

THE advances which our old-school friends, at least the more observing and logical ones among them, are making towards a practical adoption of homœopathic methods, is encouraging to the lover of truth. The employment of minute doses and the use of indications which, however positively the fact be denied, are plainly homœopathic, have for years found acceptance in standard and authoritative old-school works on therapeutics. In the journal literature of Germany and France we have seen, not infrequently, recognized homœopathic writers quoted as sources of information, and in a recent number of the RECORDER we have given place to a proving carried on to a remarkable extent by an allopathic professor. Provings, however, by old-school investigators, are by no means new, but when made have, as a rule, consisted in determining the gross action of large doses. In the proving of Quinine referred to, the doses were quite small, and exact observations of temperature and pulse-rates were kept, together with a record of the special symptoms with their time of aggravation, little or nothing being noted of conditions of amelioration.

In the present issue of the RECORDER will be found an article by Professor Rosenbach, of Breslau, upon the method of proving hypnotics. It will be found extremely interesting. He lays down the rule that the prover should not know anything of the expected result, and that when sleep follows the administration of the drug, a control experiment is to be made by giving the prover some indifferent substance, informing him then of the action of the real drug. The dose of the latter is to be changed from time to time so as to establish the most effective amount for the purpose. Here he varies from homœopathic methods, but that is to be expected under the circumstances, for the purpose of the exper-

iment is to determine the existence or not of hypnotic power, and also the most advantageous dose in which this power is exerted. The check-experiment of giving an inert substance to the prover is one that, as far as our memory serves us, has not been followed systematically in homœopathic provings, but we think it ought always to be done where possible. If it had been done in years gone by, perhaps we would not hear so much as we do nowadays of untrustworthy symptoms.

PYROGEN.

A REMEDY FOR THE TREATMENT OF FEVERS AND BLOOD-POISONING.

A FEW years ago Dr. Drysdale was attracted by some observations of Dr. Burdon Sanderson on the fever-producing power of "a chemical non-living substance formed by living bacteria, but acting independently of any further influence from them, and formed not only by bacteria, but also by living pus-corpuscles, or the living blood or tissue-protoplasm from which these corpuscles spring." Dr. Burdon Sanderson named it Pyrogen. His observation showed that the febrile state it produced was strictly analogous to that which is characteristic of typhus, typhoid and pyæmia. In a little pamphlet Dr. J. Compton Burnett gives clinical evidence which, in his opinion, tends to show that Pyrogen has the power to break up fevers of this type. He used it in the 6th centesimal dilution.—*Monthly Hom. Rev.*, June, 1888.

In the same *Review* for July, 1888, Dr. Drysdale says he has read with interest and pleasure Dr. Burnett's pamphlet, and "I am encouraged thereby to give my experience with this remedy as far as it goes, and to explain that the reason why I have not continued my experiments with it was that the preparation itself became decomposed, and our chemists have not succeeded in furnishing me with a trustworthy specimen since, so I have been waiting for the stuff, and also in the hope that some colleague would take it up. This has now been done by a very competent hand, so I think it well to publish my cases, as they may be of some service when added to those of Dr. Burnett, and I hope this may be the beginning of a more general use of this powerful medicine. I have used only the lower dilutions and the matrix, while Dr. B. found very good results from the 6th dilution, which I feel inclined to try when next the medicine is prepared. It is well, however, to have experience with all dilutions. With respect to typhoid fever, it may be noticed that all the cases in which it was given recovered. This is well so far; but the number is as yet too few to show that the average mortality is lowered by this medicine. Let me also call attention to the fact that, as anticipated in my pamphlet, the beneficial action is

not shown by an immediate fall of temperature alone, but by a general improvement in the essential febrile process in which the heat after a time also participates." Seven cases are then given *in extenso*: tabes mesenterica, with mucous enteritis and hæmorrhagic tendency; chronic ulceration of the colon and hectic fever; pernicious anæmia; vomiting and fever from drain smells. In all of these the use of Pyrogen was of great value, the remedy being given by the mouth in ϕ or 1x. In case 6, a severe febrile condition simulating typhoid, with inflammation of the cellular tissue of the neck, the remedy was given hypodermically in two-drop doses of ϕ , but there were marked variations of temperature, on one occasion rising eight-tenths of a degree after a dose of Pyrogen given subcutaneously; the case recovered. Case 7 was one of typhoid fever. The remedy was for the most part given in alternation with some other.* The result was favorable. An additional case of pyæmic fever is given. The drug was administered subcutaneously, other remedies being also given. The case ended fatally, but there was evidence that the fever was favorably influenced by the remedy. Dr. Drysdale says with respect to the preparation, "I think it would be well if the matrix, when once obtained, should be tested as to its power of killing mice, at intervals of a month or oftener, to ascertain how long it will keep perfect, and that fresh dilutions may be made whenever that period is overstepped." For the lower dilutions and for the preservation of the pure Sepsin (Pyrogen) glycerine must be used, as alcohol precipitates Sepsin; dilutions up to the 3d cent. to be made with water, beyond that with alcohol.

It is possible that the pure Sepsin might be preserved in the dry state, in closed bottles over calcium chloride, and dilutions made with water when required.

Some cases from Dr. Burnett's pamphlet are: A boy of 13 with febrile symptoms, in which the giving of Pyrogen was followed by a distinct drop of the temperature of nearly three degrees. One of typhoid fever, in which Pyrogen 6 in five-drop doses every two hours was begun on the sixth day and continued alone till convalescence. The temperature went down already in a few hours, becoming practically normal in three days, and the patient slept for three hours after the sixth dose.

Cases V. and VI. "The young ladies had been under allopathic treatment and the fever would not lessen. Having them both in adjoining rooms, and both cases being clearly of common origin, whatever that may have been, I gave the worst patient Pyrogen, and Baptisia to the less bad one. In three days the patient taking Pyrogen was feverless; and the one on Baptisia? Her temperature had gone on steadily rising and was 104 or thereabouts. 'Why did you not give them both Pyrogenium?' said the mother. I did not enter into the question, but

ordered Pyrogenium then for the other, and down went the temperature as in the previous case."

Dr. Shuldham adds his experience of the lowering of temperature in a consumptive case repeatedly by Pyrogen. Also the favorable effect of Pyrogen 6 in a case of diphtheria in a boy. In twenty-four hours the temperature had fallen from 102.5 to 99, and a speedy recovery took place.

Dr. Drysdale goes on: "While my attention was recently directed to this subject, I found in my cabinet the product of the mode No. 2 of obtaining Sepsin, described in my pamphlet above alluded to, so I gave it to Mr. Isaac Thompson, of Thompson & Capper, with the request that it should be carefully tested. I have just received the report that this was done on the 7th June, 1888, with the most satisfactory results. This was unexpected after the comparatively early loss of power of the Sepsin prepared by No. 1 method. But it is extremely gratifying, as we have thus secured a more pure and staple preparation of Sepsin, which has stood the test of nine years kept in a stoppered bottle in the strength of one per cent. solution in glycerine with one-third water. I propose, therefore, to adopt this as the standard first centesimal dilution of Sepsin or Pyrogen, and that dilution should be carried up from this to the sixth centesimal. The dilutions up to the third centesimal should be made with glycerine and one-third water. Beyond that, proof-spirit will be better, as more convenient to dispense and carry in our pocket-cases than glycerine.

"For those who may not have access to my original pamphlet on Pyrogen I transcribe process No. 2, which was prepared by Mr. George Paterson, analytical chemist, of Liverpool, and may be therefore called 'Paterson's Process,' as it yields a more pure and staple preparation of Sepsin than Panum's process, which I followed in making No. 1.

"Pyrogen by Paterson's process: A maceration of half a pound of lean beef, after standing fourteen days in July, 1879, was strained through a linen cloth and measured 12 oz., of a deep and clear solution. This was at once precipitated with 12 oz. of strong spirits of wine (98°), mixed thoroughly by stirring, and set aside to stand all night. The precipitate was buff-colored and very bulky, taking up nearly half of the glass beaker. The supernatant alcohol was decanted off and the precipitate drained upon a filter, then washed off into a beaker with boiling spirit, made up to 12 oz. and boiled over the lamp, with constant stirring. Filtered and washed with boiling spirits. The precipitate was removed to a clock-glass and kept in *vacuo* over strong sulphuric acid for thirty-six hours, during which time it shrivelled into a small compass and became blackish. It weighed 42 grains. Now treated with ten parts of cold water for an hour in a mortar, triturating constantly. Then filtered and washed twice over. The two filtrates and washings were then evaporated in a water-bath to dryness,

and weighed 1.5 grains. This was triturated in an agate mortar with 150 minims of a mixture of one part of water and two parts of glycerine. This was marked Sepsin or Pyrogen, 100 minims = 1 grain. Of this, 3 minims are fatal to mice."—*Month. Hom. Review*, July, 1888.

THE TISSUE REMEDIES IN HIGH POTENCIES.

BY E. H. HOLBROOK, M.D., BALTIMORE, MD.

FOR several years I have been using these remedies with great success and satisfaction. During the first two or three years I seldom went higher than the 6th centesimal. After reading a few very striking articles on the use of high potencies, I ventured to procure a set of the 200th (B. & T.), and used them right along. With these I made some very pretty cures. One especially I will here mention.

On the evening of the 28th of June, 1886, a gentleman brought his little son to my office. He was feverish and labored terribly in breathing. His chest was bowed out like a bird's, in his effort to breathe. I examined his throat and found both tonsils inflamed, and so much enlarged that there was scarcely space enough between them to push a slip of writing paper. I gave *Kali mur.* 200, a powder every half hour for three hours, and then every hour through the night. The next morning I called quite early, and I was astonished to find the little fellow greatly relieved in every way. I left more powders, and the next morning he met me down in the parlor, comparatively well.

Since last April, I have been using considerably the CM. (Swan), and with what result may be seen from a few cases:

1. Miss C. L. B.—Left eye greatly inflamed and somewhat painful. Nervous and exceedingly displeased with everything and everybody. Nothing is as it ought to be. "Life is not worth living." Morose, irritable, low-spirited and feels horrid generally. I gave four powders of *Kali phos. cm.*, one to be taken every two hours. The next day I found her quite a different person. The eye was nearly well, only a slight redness remaining. She said that after the second powder her eye was considerably relieved and she "felt at peace with all the world."

2. Woman.—Severe headache, eyes inflamed, running water, sneezing, feverish. Headache from the day before. *Nat. mur. cm.* in water. Teaspoonful every two hours. Was greatly relieved after the second dose, and was up and about the next day, apparently well.

3. Mrs. G.—Complained of bearing-down pains, with desire to urinate every few minutes. Gave *Calc. fluor. cm.*, but it gave no relief. As she was pregnant, I thought it might be a threatened miscarriage, and gave *Kali phos.*, and if this did not relieve in a few hours to take *Ferr. phos.* Neither of them gave the slightest relief. *Mag. phos. cm.* was now given, and in a little while she was greatly relieved, and remarked when I saw her the next morning, that she was another woman.

4. Mrs. S.—Rheumatism. Scarcely able to move. Pains all over her, but especially through the hips, aggravated by movement. As she belonged to a gouty family, I gave *Nat. sulph. cm.*, but after two days' trial she sent me word she was no better, but a great deal worse. I sent her *Kali mur. cm.*, to be taken in water, and saw her a few hours later, when she said she was feeling better already. Two days afterwards I found her up and almost well. She said she never saw anything act as much like magic as that medicine did.

5. E. S.—Child about three years old. High fever, cheeks very red, slightly delirious, twitches, eyes watery, throat inflamed. Gave *Nat. mur. cm.* in water, a teaspoonful every hour for two hours, and then every two hours. He was considerably better in two hours, and was up playing when I called the next morning. I first saw him at seven o'clock the previous evening.

6. Miss S.—July 7, 1888. Dysentery. Stools bloody and purulent. Gave *Calc. sulph. cm.* in water, a teaspoonful every hour. The next day she was much better. On the 9th her menstruation had appeared, and she was suffering great pain from it. *Mag. phos. cm.* gave some relief, but on the 10th I found the dysentery had changed to a bilious diarrhœa. Gave *Nat. sulph. cm.* in water, teaspoonful every hour until better, then every two hours. On the 11th, she was sitting up relieved of both disorders.

In dysentery, I have found *Calc. sulph.* about a specific for the bloody discharges. I have used it almost entirely in the *cm.* for this disease. It may not in all cases be sufficient to cure. Where there are bilious symptoms, it will need to be alternated with *Nat. sulph.* Other symptoms will have to be met with the indicated remedy. •

In the above and many other cases, I have proved, to my own satisfaction, that when the proper remedy is selected for a case, it will act and cure in the high potency, in the majority of cases, as well as, if not better than, in the low. In the following case this is illustrated:

7. Baby.—Constant rattling of mucus in the lungs. Drooling. *Nat. mur. cc.* was given for two or three days without any improvement. The same remedy was now given in *cm.* in water. After a few doses there was very decided improvement, and he was entirely relieved in a few days.

HOMŒOPATHIC THERAPEUTICS.

Some Examples of Grauvogl's Hydrogenoid Constitution. —By *Dr. Heuser, Leipsic.*—It is important, in my opinion, that we homœopaths make ourselves acquainted with Grauvogl's theory of the bodily constitutions. We meet on all sides, at present, efforts to make the choice of the similitum easier and surer. The number of homœopathic remedies is continually increasing, and even the best memories shrink from the colossal work of holding the complex of symptoms of

the different drugs. Schüssler invented his Abbreviated Therapy, Weihe discovered his painful points and Peczely his eye-diagnosis with this in mind.

Each of these methods finds appreciation. Each has some justification for its existence, but the matter as a whole is not so simple. We see in our repertories, even in those which are worked out with unceasing diligence, that often the characteristic, indeed even the simplest, action of a remedy is broken up into endless disruption as single symptoms. The whole is built up like a vast repository in which the compartments are so innumerable that the seeker is unable at times to find anything at all on account of excessive order.

Of course the chief problem of the practitioner is to acquire the most complete knowledge of the materia medica, but it must be evident that the one best acquainted with the latter will complain most of such patch-work.

In my opinion the principle of Grauvogl's bodily constitutions is the most important discovery in homœopathy since Hahnemann's time. It gives a sure basis for the diagnosis and therapy. I believe, therefore, that the more we physicians regard the indications, not only of single objective and subjective symptoms, but also the general ones in their constitutional meaning, the more satisfaction we will have in our work.

By studying Grauvogl's theory and applying it in observing our patients, we will be surprised frequently at the ready solution of a difficult case. The hydrogenoid constitution of Grauvogl is, as is well known, the result of a previous malarial infection. Intermittent fever, as it is described in the books, with chill, fever and sweat, is only the mildest form of the disease, and the therewith constantly observed decrease of corpuscles and albumen in the blood is by no means, as erroneously assumed, the result of a high or a protracted fever, but is an effect of the malarial poison which initiates at once a regressive metamorphosis of the coloring matter of the blood and albumen. If the malarial infection is very intense, the reactive power of the organism is exhausted through different influences, and there follows not a feverish reacting storm but simply those changes in the organism in all its parts, expressed by those forms of disease which Grauvogl has pictured under the heading of the hydrogenoid constitution.

From this time on, all conditions of disease not only occur suddenly, often after a long-continued state of good health, but these attacks reappear suddenly after a longer or shorter period of more or less good health, and more violently when the first attack has run its course without proper treatment.

The characteristic, more or less regularly appearing, morbid symptoms peculiar to the hydrogenoid constitution are found at every period of life, even in infants and children, but are not, for the most part, recognized, and go on to a fatal ending. All possible forms of inflammations,

algias, hyperæsthesias, anæsthesias of the eyes, ears, general nervous system and of all the organs of the body can develop in the hydrogenoid constitution. The sudden appearance, severe type, the relatively sudden disappearance and varying of the symptoms point to this cause, and if not recognized may lead to all possible chronic affections, to phthisis, complete paralysis, incurable heart disease, etc.

It is very important to bear in mind that this constitution is not so characterized by external habitus that its existence can be at once recognized in a patient, and it is therefore all the more needful to know the objective signs peculiar to it. Besides the periodicity of the symptoms there is, even in children, a peculiar melancholic state, often misinterpreted as bad behavior, and a feeling of chilliness that, in a well-marked case, annoys the patient even in a warm room and in bed, accompanied by constant coldness of hands and feet. Most forms of anæmia, especially that termed pernicious, depend upon the hydrogenoid constitution. Losses of blood and of other fluids of the body are relatively well borne (in the carbo-nitrogenoid constitution badly, in the oxygenoid very badly). At the approach of a storm and during it—for days its coming is recognized by the sensations—the condition becomes worse; indeed a relapse into a periodic disorder may thus come on, lasting weeks or even months. (In the carbo-nitrogenoid constitution the reverse is found, for during a storm the patient is better; in the oxygenoid constitution the patient is restless and worse before a storm, but amelioration occurs as soon as the storm breaks, often with the first flash of lightning or the falling of the first drops of rain.)

Rain in general, cold, damp weather, damp dwellings, warm or cold baths, the use of watery fruits, drinks, especially acidulated ones, even milk, food from plants or animals that flourish in the water or swamps, such as oysters, crabs, fish, mushrooms and even eggs, are more or less badly borne.

Still there are cases in which single ones of the above-mentioned list are well tolerated but others not at all; many can use without inconvenience fresh-water fish but not sea-fish, and *vice versa*; many can use eggs and milk but not any fish.

In most patients of the hydrogenoid constitution there is a positive repugnance to meat; improvement in dry warmth, as for instance during a hot, dry summer, and aggravation in cold and dampness; thus at times warm or hot baths are well borne but rarely cold, or cold washings.

In regard to the genesis of this constitution the cause may be stagnation of water, long residence in damp dwellings, or in moist, swampy regions, near standing or even flowing water. In many cases it is the product of gonorrhœa or is inherited. I have observed some cases of well-marked hydrogenoid constitution in persons who have lived for a long time in dwellings apparently dry but in which there was a luxuriant growth of fungi.

The hydrogenoid constitution is not only prevalent in Russia, as Dr. Bojanus has shown, as well as throughout Germany, but is combined with the carbo-nitrogenoid constitution; thus there follow forms of disease recognizable only with the greatest difficulty and not readily treated.

As to treatment, the circumstance that the hydrogenoid constitution suffers during cold, or wet, or damp weather, directs us in the choice of a remedy to those drugs which produce increased warmth or lessen the influence of water—first of all, Glauber's salt, because not only does it lessen the influence of water, but it also essentially contributes to the retention of constituents rich in nitrogen.

Further, as the influence of the alkalies really aids the action of oxygen inhaled, we find, in comparing the localization of the morbid process in this constitution and its specific forms, with the results of homœopathic provings, that *Natrum nitricum*, *Natrum aceticum* and *Ammonium muriaticum* belong here. And as nutrition remedies: *Calc. carb.*, *Magn. carb. et phos.*, *Sil.*, as also Iodine, Bromine, Chlorine, Nitric acid, *Natr. mur.*, Borax, Antimon., Alumen, Thuja, Carbo, Aranea, *Aranea diad.*, Puls., *Nux vom.*, with *Ipec.* or *Arsen.* in alternation, *Conium*, *Apis*, *Spigel.*, the law of similarity always deciding. In pneumonia, in this constitution, *Tartar emet.* is indispensable. In disease of the connective-tissue elements of the body in the hydrogenoid constitution, basic quinine and strychnia are needful, while their salts, such as the sulphate or arsenite of quinine, are only relatively rarely required and then in complications with chlorotic conditions. *Aranea diad.* rapidly relieves the continual chilliness with anæmia and extreme exhaustion in this constitution, but it must be carefully prescribed, as in many cases it causes hæmorrhages, especially hæmoptysis. Daily rubbing of the whole body with rectified alcohol is very beneficial.

The chronic diseases appearing in the hydrogenoid constitution are all increased reduction-processes and for this reason the lower attenuations are requisite. (In retention-processes and for the cure of functional disorders the higher potencies are needed; the first case may be put beyond cure in the carbo-nitrogenoid constitution by the use of lower attenuations.)

The diet should be nutritious, and should be continued for months after the cure has taken place. Residence in damp dwellings, in swampy regions or those well watered must be avoided *in toto*; baths, the use of water and a diet prepared from organisms living in water, watery, juicy vegetables and fruits, such as pickles, etc., even eggs and sour milk, ice, etc. are forbidden. The patients should avoid much mental exertion or emotional disturbance.—*Allg. Hom. Zeit.*, Nos. 20-21, 1888.

The Allopath's Progress — Lycopodium Discovered.—Messrs. Thomas Christy & Co., wholesale chemists, are very energetic in their endeavors to teach the profession how to use homœopathic

drugs. They send round every now and then "to the profession" little lectures "on the therapeutics of" this, that, and the other drug well known to the homœopathic pharmacopœia. We have received such an one on "The Tincture of Lycopodium." It begins in this way:

"Not having any notes on the Therapeutics of Tincture of Lycopodium, we applied for information to Mr. E. Hurry Fenwick, surgeon (out-patient), St. Peter's Hospital for Urinary Diseases, and assistant-surgeon to the London Hospital, and by his kind permission, our shorthand reporter was enabled to take down the following excerpt from a lecture upon 'Therapeutical Innovations,' which he delivered at St. Peter's Hospital on March 21st, 1888.

"Since my last lectures upon the "Therapeutical value of the more recent additions to the Genito-Urinary Pharmacopœia," in 1887, I had so many inquiries about Lycopodium, that I wish to bring the drug, and my increased experience of its powers, before you to-day, citing cases as illustrations of its value. It has been said that the Lycopodium which I have used was the ethereal tincture: this is, however, a mistake. The Lycopodium which I have employed for the past three years has been obtained through Messrs. Christy & Co., and is, so I am given to understand, a tincture, made by the homœopathic process. I usually administer it in 30-minims to teaspoonful doses three times a day, and have found it of real benefit in quieting functionally irritable bladders. But, first, let me remark parenthetically that the indiscriminate and empirical employment of Lycopodium in all cases of irritable bladder—no matter what the cause for the frequency may be—will only prove unprofitable and disappointing. The value of Lycopodium, as is the case with every drug, depends upon an accurate knowledge of the extent of its powers and just appreciation of the importance of the symptoms for which relief is attempted. Lycopodium can have no more effect upon the imperious desire to pass water experienced in cancer of the prostate or bladder, in deposit of tubercle in the mucous membrane of the same, in acute cystitis or atony, than the administration of small doses of water. There is, however, a class of cases in which, without any apparent reason, the patient is tormented by a frequency of micturition. He passes water often and only a little at a time. No disease is detected. No cause can be discovered. In *some* of these cases Lycopodium is of use. I say "*some*," for I have been disappointed more than once. It is of sufficient value, however, to advise its trial, and to bring before you cases from my out-patient note-book to justify this recommendation.'"

The lecturer then goes on to detail cases of the kind he has described in which great benefit was observed from the use of Lycopodium. One patient said it had done for him what nothing else was able to do; and Mr. Fenwick adds that the substitution of *Bromide of Potassium* for Lycopodium soon brought back the symptoms.

Thus much, Mr. Hurry Fenwick; Messrs. Christy & Co. have more to add. They specially insist that medical men should use *their* tincture, which is prepared by a "special process." Mr. Fenwick calls it a "homœopathic process;" but he merely "understands" that it is so made, and is allopathically ignorant of anything else that is homœopathic about the drug. Messrs. Christy & Co. know more. Although they are without "notes on the therapeutics of Tincture of Lycopodium," they courageously recommend it in "the enteritis of children, chronic passive bronchitis, chronic pneumonia, boils, carbuncles and papular eruptions." Mr. Fenwick was disappointed in *some* cases, and he did not know why. Other practitioners will also be disappointed when they recognize that, as Mr. Fenwick says, "the value of Lycopodium, as is the case with every drug, depends upon an accurate knowledge of the extent of its powers and just appreciation of the importance of the symptoms for which relief is attempted." But this "accurate knowledge" is not possible to any one who ignores the homœopathic *materia medica*; and if the use of Lycopodium among allopaths is not to die of disappointment (as has happened with so many of our drugs), the adopters of Hahnemann's offspring must eat humble pie, and come to him to learn how to bring it up.—*The Hom. World*, August 1, 1888.

Uterine Fibroid Cured by Kali Brom.—By *Dr. Chancereel*.—Madame D., aged 54, living in Paris, Rue Claude-Bernard, has always had good health. Rather stout, never had any children, and her menses had ceased in July, 1886. Since that time, she had had a most troublesome sensation of weight in the uterus, which she compared to the presence of a paving-stone in the uterine region.

When I saw her for the first time, on April 25th, 1887, she had been suffering for about two months with more or less profuse metrorrhagia. The blood had no fetid odor. The patient had kept her bed for six days, not from pain, but by way of precaution, as she had noticed that walking, or the upright position, or even a sitting posture, aggravated the hæmorrhage. On examination, I noticed a fibroid polypus, of large size, soft consistency, shaped like an elongated cone, about ten centimetres long; the base being inserted into the neck of the uterus, filled the entire cavity of the vagina, while the apex was just appearing at the vulvar orifice. Touch was not painful, but caused bleeding. General health good, also appetite and sleep. The patient had consulted no physician, nor had she carried out any plan of treatment. I prescribed *Calcarea carbonica*, 30th dilution, one drop in 150 grams of water, two desertspoonfuls daily (at noon and in the evening). On the 30th inst., the hæmorrhage ceased in the evening, being replaced by a white, serous discharge. The patient experienced a sensation of expulsion through the vagina. No medicine.

On May 9th, the tumor was somewhat smaller. The patient lost

blood only on leaving her bed and then only in small quantity. *Calcarea*, 30.

On the 1st of June the hæmorrhage had reappeared for forty-eight hours, but it decreased again very promptly under *Calcarea*.

On July 11th, the tumor was the same size. It was perceptible at the vulva during the effort of defecation, or when standing, but upon the patient's returning to the horizontal position, it re-entered the vagina. A slight serous discharge from the vagina, and a little blood from time to time. *Kalium bromatum*, 6th dilution, 2 drops in 240 grams of water, 2 dessertspoonfuls daily, morning and evening.

On September 2d the tumor, instead of being of a conical shape, with its base above, now showed in its upper two-thirds only a pedicle three centimetres in length by one in diameter; the lower third was a soft tumor, apparently fissured and easily bleeding. The pedicle was of rather firm consistency, which felt on examination like a tube of hard caoutchouc. The leucorrhœa had become very watery. *Kalium bromatum*, 6.

November 4th, the tumor had greatly decreased in size. It was now only five or six centimetres in length, and no longer showed a pediculated form, but once more that of a very elongated cone, irregular and of soft consistency. The patient had left Paris for several weeks, and had been able to go about in moderation with neither loss of blood nor serous discharge. A few drops of blood at intervals. General health excellent. *Kalium bromatum*, 6.

On January 7th, in the evening, what remained of the polypus was spontaneously detached in the form of a small, elongated mass, fibrinous, soft and fissured. At the insertion of the tumor, on the lower surface of the cervix, there remained only a small, round tumor, of the size of a large pea. A little blood on touching it. *Kalium bromatum*, 12.

February 24th. The small pedicle had disappeared. No bleeding on touch. *Kalium bromatum*, 18.

On April 21st, no trace of the tumor.

The curative effects of *Kalium bromatum* were very evident, as the tumor had not changed until its use. The metrorrhagia had certainly diminished under *Calcarea*, but the size of the tumor had not sensibly altered. Immediately upon the administration of *Kalium bromatum* the tumor diminished in size regularly, and during the three months since its spontaneous detachment, there has been no return, and the cervix uteri and the vagina are in a perfectly normal condition.—*Bib. Hom.*, July, 1888.

The Contrary or Paradoxical Action of the Antipyretics.—By *Dr. G. Nimier*.—The old school has at last decided to recognize the contrary effects of remedies. It would doubtless seem curious to the reader to see how its most authentic representatives interpret the facts

that the administration of the sulphate of quinine is followed by an increase of fever; that antipyrin causes eruptions and a considerable rise of temperature; and that salicylate of soda produces an exacerbation of the febrile condition, with rapid pulse, exaggerated respiration, noises in the ears, cephalalgia and slight œdema of the forearms and legs.

Prof. Lépine, of Lyons, in one of his clinics, gives the explanations suggested by various writers.

Herlich thinks that the administration of sulphate of quinine to a patient attacked with malaria may cause the germs accumulated in the spleen to enter the blood.

Fraenckel, who gave thirty-six grams of salicylic acid in eight days without bad effects, and afterwards saw half a gram cause an exanthem resembling scarlatina in the same patient, with a temperature of 40.2° C. (104.4° F.), believes that the fever depends upon the exanthem. Erb, in a similar case, admits that the remedy, by virtue of its cumulative action, produced a vaso-motor disturbance. Thompson holds that such an occurrence goes to show the existence of a vascular lesion extending to the thermic centre in the corpus striatum. M. Lépine agrees with Leichtenstein, who sees only a dynamic disturbance in contrary action, and explains it by calling to mind that the same irritation of a nerve gives opposite results according to the state in which this irritation finds the centre.—*L'Art Medical*, July, 1888.

Glonoin.—By *Dr. Piedvache*.—[Translated by *Helen Cox O'Connor, M.D.*]

I. *Action on Arterial Tension in a State of Health.*

1. It is hardly needful to recall in this connection the classical fact of elementary physiology, that the kidney is, properly speaking, not a gland; it elaborates no new product, having for its sole mission the separation and elimination, after selection, of pre-existing products, formed in their entirety in the blood. It is excretory rather than secretory, and it is not to be wondered at that physiological experiments should have demonstrated the subordination of the urinary functions, in a state of health, to the variations of arterial tension. This last being most frequently dependent upon peripheral vaso-motor influences, we are no longer astonished at the production of polyuria, albuminuria, or glycosuria, by lesions at certain points in the floor of the fourth ventricle, since it is known that these points are vaso-motor centres of the highest importance.

This much for the justification of the utility of studying the changes of arterial tension in materia medica. But we must not lose sight of the fact that pathological conditions may, at times, disturb and reverse the *direct* habitual relations of the intensity of the arterial tension to the quantity of urine. Therefore, let us study separately the action of

Glonoin on arterial tension, and the quantity of urine, both in the physiological and the pathological state.

(a) *Action of Glonoin on Arterial Tension in a State of Health.*—Huchard, W. E. Green, W. Murrell—to mention only the most conscientious workers—all admit that in *therapeutic doses* tri-nitrite (dynamite, glonoin) *lowers* the blood-pressure in the arteries, at the same time increasing (perhaps in consequence) the force of the cardiac contractions, and they give no contradictory experiment.

I propose to go back to some investigations, which I was able only to begin, having thus far experimented on only one subject, 39 years of age, apparently free from arterial lesions, cured for a long time of a surgical affection.

First sphygmographic tracing on December 15th, 1887; it is normal and well developed.

On the 16th, ten drops were given of the 1st centesimal dilution in 200 grammes, to be taken by spoonfuls. The whole was taken in 18 hours, and the second tracing was immediately made, which gave the following: The ascending line has one-third the height of that of the first tracing; it is very oblique instead of being almost vertical; the line of descent nearly horizontal.

After five days of the same dose, always well divided up, the effect is still more pronounced; greater obliquity again of the ascending line; the apex of the curve is lost, and from the beginning to the end of the pulsation it is regularly rounded, perfectly parabolic (small ascending limb, long descending limb).

On the 21st, that is to say on the sixth day, 20 drops were given; but an atrocious, characteristic headache, well known in our school, necessitated the suspension of the drug.

On the 24th (48 hours later) the tracing had become exactly like the first, entirely normal.

The conclusions from this experiment are, therefore: 1st. *The arterial tension was considerably increased.* 2d. *The cardiac impulse lost much of its normal force.* This is the reverse of what was shown by the observers whom I have cited. But it may be said, "What does *one* fact prove against *many*?" It may as well be passed over in silence." This is not our opinion; and any fact whatever, even alone, possesses a certain value which should be usefully interpreted. Is it only to create a new word that Claude Bernard invented *determinism*? Should each system continue to accept the facts which agree with it, and reject others? Our day willingly boasts of absolute scientific strictness. To convince ourselves of it, let us specify. Tri-nitrite having been more often employed in those cases where arterial tension is commonly increased (anginas, arterio-sclerosis) it suits the allopathic school, in order to justify its theories, that the sole physiological effect of the drug should be to lower the blood-pressure in the arteries. We must add—for we must

always be just—that it suits the homœopathic school, on the contrary, in order to confirm the law of similars, to have the physiological effect of dynamite that of increasing the blood-pressure in the arteries. And this is why our homœopathic *confères* are far more disturbed at our observations than at all the others, since, in the patient whose history we have given, as we shall soon see, a prolonged treatment with Glonoin resulted in lowering the pressure, cessation of the treatment being followed by a return, and definitely, to the original level. Where is the truth?

In our humble opinion, quite as much from a pathogenetic point of view as in a therapeutic relation, no one is right and no one is wrong. To be convinced of this, let us try a little *determinism*, and ask ourselves if the conditions of the experiments we have cited, and those under which we have ourselves taken observations, were identical. This is far from being the case. Murrell, for example, engrossed in comparing the effects of nitro-glycerine with those of amyl-nitrite, gave unquestionably a moderate dose, but gave it all at once; he states that in six or seven minutes the sphygmographic tracing was modified, and that in thirty minutes the modified tracing had returned to the normal. We, on the contrary, divided the dose, and observed under these quite different conditions a slow modification of the pulse-curve, and not until eighteen hours had elapsed did we note it. It is quite evident, then, that if the trial be prolonged, it is less severe; it is, in short, the effect from a smaller dose and a less energetic physiological action.

Do we not know, moreover, that in functions susceptible of variation in two opposite ways, that is to say, in an increase or a decrease, medicinal substances interfere in the two ways successively, and the order of this succession is constant: 1st effect, functional stimulation; 2d effect, functional depression. Claude Bernard had already laid down this law, that Brown-Séguard has formulated still more concisely: 1st, *dynamogenetic* effect; 2d, *inhibitory* effect. Why then should not Glonoin, in its action on arterial tension, be in accord with the usual law, borne out by this experimental corollary—with a small dose (infinitely variable, according to the substance), the dynamogenetic effect only is produced; with a large dose, the inhibitory effect may appear first. As for ourselves, we have seen only the dynamogenetic effect, and our predecessors have found only the inhibitory effect. In short, observation teaches us that the limit of the two successive actions is often extremely delicate and easy to pass over, hence the different conclusions, if the observations be not made, even by ever so little, under conditions absolutely the same. To sum up, the law of contraries and the law of similars have the field free for their own interpretations in a narrow, exclusive sense, and this holds, I repeat, for all phenomena susceptible of changing in two contrary ways.

II. *Action of Glonoin on Arterial Tension in Diseased Conditions.*—The drug acts, according to the case, under two opposite conditions;

either the arterial tension is increased by the disease, or it is diminished. What will result?

In the first place, we must believe that the physiological effect will be sometimes produced in the very conditions in which it results in a healthy man. While giving to our patient of Observation X. the same dose, and in the same way, as to the patient of our physiological experiment, we see a slow increase of arterial tension in the first few days. Hence the necessity for great prudence and moderation in the dose. Then follows the therapeutic effect, which is the reverse, and shows itself during the short intervals of suspending the drug (a rule essentially Hahnemannian). Of the five tracings taken, the fourth shows a less tension than the third, because the treatment had been continued longer. Finally, the nitro-glycerine was stopped, and some time afterwards the tension returned to its first figure.

What is there astonishing in this? Is not their reproduction in the sick the very confirmation of its effects in the healthy? Neither the dose, nor its mode of administration by us, had differed, it is true, but the drug had accumulated; after the effect of small doses (increase of tension), that of strong doses (diminution) was felt and maintained until a suspension of the drug. But the question is not so simple, perhaps, as would appear at first sight.

Take another patient, with a cardiac asystolic affection, in which the arterial tension is necessarily much lowered, there being no asystolism without this depression. Would not Glonoin sometimes effect a rise, in such a case, to exactly the mean blood-pressure in the bloodvessels? This is proved when there is produced an abundant diuresis, which coincides with the rise in blood-pressure. This is the therapeutic effect precisely opposite to the first that we have studied, and with the same dose, ten drops of the first centesimal, that we had found to be the most generally efficacious. We are not the only ones to admit that Glonoin succeeds in a rather large number of asystolisms—it is true, somewhat imperfectly defined. Green expressly says, not without exaggeration (and this is the case with all those who have treated of the subject), that nitro-glycerine is indicated in *all* cardiac affections, including fatty degeneration of the myocardium, in which we believe the pressure is not increased. Huchard has used it with advantage in syncope and tendency to lipothymy. To these contradictory facts, the last-named observer replies that the entire physiological action of Glonoin resolves itself into a simple vaso-motor dilatation, and its therapeutic indication in ischæmia of the organs. This is a theory not justified by the two opposite conditions in which the remedy may be useful, and contradicted as well by the success obtained in asystolisms with visceral congestion; hence the importance of keeping to the facts.

What must we conclude, to sum up, except that the therapeutic effect of a drug does not always have the same result as the physiological

effect, and that—to cling to the plain fact—the same dose is susceptible of provoking two opposite effects in two different patients? Is this conclusion peculiar to Glonoin? We shall see later that it is not, and that there is a parallelism in all *cardiac remedies*—in those, at least, which have been most carefully studied.

III. *Action of Glonoin on the Urinary Secretion in a State of Health.*—Here again, let us proceed without interference, and resign ourselves to a complexity which we cannot shake off without making mistakes. Huchard says that, theoretically, the urine should decrease, considering the lowered arterial tension within the organs. But no one has experimented on the healthy individual. Up to this time, we ourselves have done so only in our one case, at the same time we followed the changes of arterial tension. This study is always difficult, because of the difficulty in uniformly regulating the daily quantity of food and drink, whence result considerable daily variations.

We have measured the urine of our patient without the administration of any drug for a week. The quantity ranged from 1 litre 200, to 1 litre 750, giving an average of 1 litre 485. During the six days following (Glonoin 1st cent., 10 drops) the variations were from 1 litre 125 to 1 litre 800—average, 1 litre 470. No result.

Allen's pathogenesis (Vol. IV., 446) gives the experiments of Lippe, whose original work we regret we do not possess. He attributes to the remedy an enormous increase of urine. Were his subjects free from renal lesions? Without doubt, all were not, since it is said of one of them that he had scanty urination for months. In another experiment, by T. Dwight Stow (*Hahn. Monthly*, 4, p. 117), the urine is said to be dark, without mention of the quantity, but it is presumably diminished.

To sum up, there may be no quantitative modification in the urinary secretion from our *usual therapeutic dose*.

IV. *Action of Glonoin on the Urinary Secretion in a State of Disease.*—The same dose will frequently cause diuresis in the sick, when the arterial tension is previously increased as well as when it is previously diminished, as in asystolic patients, as we have often observed. The proportion to the state of the arterial tension then, would cease to be constantly verified in the sick, while it remains a law for the physiological state,—an additional proof that in therapeutics one should never draw conclusions from one state to the other. What was the result in the case of our patient? Diuresis was rapidly established and to a considerable degree (up to $4\frac{1}{2}$ litres), while the arterial tension was slightly augmented rather than diminished. On one day only, the usual dose was doubled (20 drops instead of 10), and perhaps by coincidence, perhaps by reason of this modification, the quantity of urine decreased, to increase again the following day, with the usual dose. Later, when the blood-tension diminished in the arteries, the secretion

remained almost constantly above two litres, and it is known that excessive diuresis, four litres for example, never lasts for any length of time. After the entire suspension of the drug, the blood-pressure having returned to its original high level, the amount of urine continued to be about 2 litres. The usual concomitants of arterial tension seem to be commonly reversed in *interstitial nephritis*, as seen by the labors of Mayo-Robson (*Brit. Med. Jour.*, 1880, p. 803) and Rossbach. Who does not see from this, the imprudence of applying to the sick man the conclusions drawn from the action of drugs on the healthy man?

This much is certain, on the other hand, that in cardio-vascular affections, diuresis is provoked by a dose of tri-nitrite incapable of modifying the quantity of urine in the healthy. In accordance with a tolerably general law, diuresis is frequently exaggerated during the temporary suspension of the drug.—*L'Art Médical*, February, 1888.

Epilepsy Cured by Cuprum Met.—By *Dr. Schwenneke*, of Cöthen.—In December, 1885, I was requested to treat Heinrich G. for epilepsy. Mindful of the remark of Hippocrates in his Aphorisms, that an epileptic over forty years old is incurable, I refused, but after repeated requests I undertook the case as a matter of experiment.

On January 3, 1886, the patient came personally to me and stated that he was 45 years old, had had epileptic spasms for two years, and had been under treatment without result. The spasms begin suddenly towards morning, without any warning, with chewing motions of the lower jaw; gnashing of the teeth; he becomes upright and rigid in bed, shrieks, and the limbs are convulsed. Under the use of *Belladonna v.*, and later of *Hyoscyamus v.*, the attacks became somewhat less severe, but he was not freed from them. Then I found that he had given way to violent anger, and since then every remedy was without effect, and I was about to give up treatment as useless. But one day his wife came to tell me that a very violent attack had left him so weak that he was unable to come to me. Upon questioning her I found that not only were the arms and legs convulsed but also these members were thrown outwards and the trunk was arched upwards. I now prescribed (November 8, 1886) *Cuprum met. vi.* The attacks continued at first severe, but gradually became lighter, so that by the middle of March, 1887, they had entirely ceased. Up to date of writing they have not returned.

On March 24, 1879, Christian J., aged 38, came to me and stated that he had epilepsy for seven years, and since the first he had been under treatment, but in vain. A pressive headache preceded the attacks, ascending from the nape of the neck and extending to the forehead, then there was a profuse flow of saliva, the head was turned to the left, the eyes were closed, the tongue was in active motion in the open mouth, the trunk was arched upwards with slight spasms of the

right arm outward. After the attack there was dulness of the head and a feeling in the body as if beaten. Under the use of Cuprum met. vi. they gradually disappeared. For some time the dulness of the head continued, but this also disappeared, and the man is up to this time free from the disease.—*Allg. Hom. Zeit.*, No. 21, 1888.

ITEMS OF GENERAL INTEREST.

Antipyrin in Hay Fever.—Dr. Adolph Bloch, formerly physician to the Havre Hospital, has used Antipyrin with excellent results in a case of spasmodic rhinitis (hay fever). The patient was a man, aged 33, who complained of cold in the head, from which he had suffered for two years. The affection manifested itself in the morning on rising, and in the afternoon when the window was opened, by painful attacks of sneezing with copious discharge of watery mucus. There was severe itching and pricking in the eyes, which watered incessantly, and pain in the head over the frontal sinuses. These symptoms completely disappeared during the interval between the attacks. The throat and the nasal fossæ were normal. After unsuccessful treatment by different remedies for a month Dr. Bloch ordered 2 grams (31 grains) of Antipyrin daily at the hours at which the attacks usually came on. After the first dose the affection ceased. During eight days only two slight attacks occurred. One gram (15.4 grains) of Antipyrin was then administered daily before breakfast. The treatment was discontinued from September 20th to October 3d. On November 8th the patient stated that the hay fever had disappeared since the early part of October, although he had ceased to take Antipyrin. M. Bloch considers that the anæsthetic action of this substance was not confined to the sensory and secreting nerves of the nasal fossæ. It is highly probable that the special action of the Antipyrin on the encephalic nerve-centres caused the hyperæsthesia of the Schneiderian mucous membrane to disappear.

Antipyrin as a Substitute for Morphine.—M. Germain Sée was the first to call attention to the very marked influence of Antipyrin over pain, whether administered by the mouth or hypodermically. Since he published his series of cases, the drug has been employed tentatively in most civilized countries, and the reports are now coming in. With very few exceptions the experiments have been successful. Fränkel, of Berlin, in order to test its anodyne properties, substituted Antipyrin for morphine injections in all the cases under his care. In not a single case did he fail to give relief. He employed it in five-grain doses, repeating the injection in an adjacent spot if necessary. He proved that the local action of five grains of Antipyrin was about the equivalent of a thirtieth of a grain of morphine. The influence of the drug was mani-

fested in about fifteen seconds and lasted from six to eight hours. He expresses the conviction that Antipyrin may be used with advantage in many cases in which morphine is at present employed. It produces no disagreeable after-results apart from the slight pain of the injection itself. Hirsch, of Hanover, is not less affirmative after a trial of the drug in seven cases of severe rheumatic and neuralgic pain. It has been used successfully in the United States in a series of cases of neuralgia, muscular rheumatism, sciatica, etc. In the treatment of sciatica the relief was more prompt and at least as marked as could have been obtained from the use of morphine, in doses of from two to five grains. Dr. Arca, Professor of Medicine in Buenos Ayres, himself a sufferer from chronic rheumatism, was treated by M. Sée by means of a hypodermic injection of fifteen grains of antipyrin, together with from thirty to sixty grains by the mouth daily. The result was marked relief, though the pain returned directly he discontinued the treatment. There seems no reason to doubt that in Antipyrin we possess a powerful anodyne for pain of nervous or rheumatic origin.—*Brit. Med. Jour.*, Jan. 7, 1888.

Simple Tests for Poisonous Candies.—The *American Analyst* of March 15, 1888, says: "To test candy, with respect to poisonous colors, one needs a few ounces of alcohol, about an ounce of bleaching powder in solution (hypochlorite of calcium), a little white woollen yarn, and a small bottle of aqua ammonia. See first whether the color can be dissolved out by alcohol; if it can, immerse the woollen yarn in the solution, and should the color adhere to the yarn and dye it, the probabilities are that it is a coal-tar color; if a red it may contain arsenic. If the alcohol produces no effect, apply a drop of the bleaching powder solution to the surface of the sweetmeat; if the color fades out it is probably of vegetable origin and harmless.

"The poisonous color most frequently used is chrome yellow, a compound of chromium and lead. Its presence may be strongly suspected if the following tests have shown that none of the harmless yellows have been employed. The harmless yellows most frequently employed are turmeric, a vegetable color made from the root of a certain herb, fluorescein, a coal-tar yellow and a number of vegetable yellows. Turmeric turns red when treated with ammonia. The other vegetable yellows fade when treated with the solution of bleaching powder. To detect fluorescein, dissolve the candy in a tumbler of water and view the water in the sunlight against a black background. If fluorescein has been used, the green fluorescence will then be seen. When the tumbler is held between the eye and the light, the color of the water appears yellow. If no results are obtained by any of these tests, the suspected candy is probably colored by chrome yellow and is poisonous. Burnt umber, an iron-bearing earth frequently used to adulterate chocolate confections, may be detected in this way: Dissolve the con-

fection in a glass of hot water; if a brown gritty residue remains undissolved on the bottom the presence of the umber is indicated."

Menstrual Bleeding from a Laparotomy Scar.—At a recent meeting of the Kiev Obstetrical and Gynæcological Society, Professor George E. Rein showed (*Vratch.*, No. 7, 1888, p. 136), a menstruating woman from whom he had, about three years before, removed a cyst of the right ovary weighing 37 pounds, fixing the pedicle in the abdominal wound. The patient soon recovered, and the wound healed, but, at one part of the scar, there remained a diminutive slough, which fell off just before the beginning of menstruation, its separation being followed by a constant flow of blood from the denuded surface during the whole catamenial period. The phenomenon has regularly recurred monthly ever since. As a rule, the scar begins to bleed somewhat earlier than the uterine flow makes its appearance. The menstrual blood from the cicatrix has a characteristic odor. It is difficult to explain such an occurrence. Possibly, a Fallopian tube or one of the uterine cornua had been stitched together with the pedicle into the abdominal wound. However, Professor Rein hopes soon to ascertain the nature of this interesting but rare case, as the patient must undergo a second laparotomy for disease of the left ovary.—*Brit. Med. Jour.*, March 31, 1888.

On the Antiseptic Properties of Naphthol-a.—By *M. J. Maximovitch.*—This paper gives the result of experiments carried out in the laboratory of M. Bouchard. The author has studied the antiseptic value of Naphthol by cultivating fourteen different microbes in nutritive mediums, to which has been added Naphthol in different proportions, and determining the quantity of Naphthol which retards, impedes or prevents the development of each microbe.

The doses of Naphthol vary a little according to the nutritive substance employed. For liquids like ordinary broths, 10 centigrammes of Naphthol per 1000, completely prevent the development of the microbes of glanders, infective mammites of sheep, of chicken cholera, the anthrax bacteria, the microbe of pneumonia, the two suppuration organisms (*staphylococcus aureus* and *staphylococcus albus*), the microbe of the Biskrabutton, the *tetragenus*, bacillus of typhoid fever and of the diphtheria of pigeons.

In a dose of 6 to 8 centigrammes per 1000, Naphthol retards the development of the same microbes (three to eight days), and in some cases prevents it completely.

In a dose of 20 to 25 centigrammes per 1000, it entirely prevents the germination of the tubercle-bacillus, and in a dose of 10 centigrammes, it impedes it.

In a dose of 20 centigrammes for broths and 35 to 40 for solid mediums, it completely prevents the development of the pyocyanine bacillus and

chromogenous bacillus found by Charrin and Roger in the intestine of the rabbit.

Finally, we must add that Naphthol-*a* is less poisonous than Naphthol-Bitu, that its antiseptic properties are greater, and that the poisonous dose of Naphthol-*a* for a man weighing 65 kilogrammes (145 lbs.) is 585 grammes.—*Bulletin Général de Thérapeutique*, May 8, 1888.

Antipyrin in Dentistry.—Dr. Martin uses the following solution :

Chlorhydrate of cocaïne,	0.04 parts
Antipyrin,	0.40 “
Aqua dest.,	1.00 “

It is injected between the gums and the tooth.

The effect is less prompt than that of a more concentrated solution of cocaïne ; but, on the other hand, the duration of the anæsthesia is greater.

This solution may also be of service in pain from dental periostitis.—*Bulletin Général de Thérapeutique*, May 8, 1888.

Danger of Antiseptics.—At a recent meeting of the Berlin Medical Society, *Dr. Emil Senger* read a paper on the influence of antiseptic remedies on the organs of the body, with special reference to operations on the kidney. It is well known that after nephrectomy or even nephrotomy, many patients die with symptoms of uræmia or anuria, even when it had been ascertained beforehand by careful examination that the other kidney was quite healthy and capable of secreting the necessary amount of urea. Dr. James Israel, Chief Surgeon of the Berlin Jewish Hospital, has propounded a very complicated theory as to certain nervous sympathies between the two kidneys, whereby an operation on one may give rise to degeneration of the other. Senger has now proved by experiments on rabbits and dogs that our antiseptic remedies are the cause of these complications. He injected into the animals, when in perfect health, one-tenth or twelfth part of the quantity of corrosive sublimate, carbolic acid, etc., which is sufficient to kill them. He then extirpated one kidney and examined it microscopically, with the result that in all cases he found glomerulo-nephritis. There was exudation between the glomerulus and the capsule, and the epithelium of the tubuli contorti was almost entirely destroyed. He found also fatty degeneration of the liver, the spleen, the heart-muscle, etc. The various antiseptic agents were found to be injurious in different degrees, corrosive sublimate being the most dangerous, then the others in the following order: iodoform, carbolic acid, salicylic acid, boric acid.

Senger, therefore, recommends surgeons to avoid antiseptics in operations on the thorax and abdomen, and urges them either to employ sterilized water after the manner of Mr. Lawson Tait, or a solution of salt. By bacteriological and pathological researches he proved, first, that this kills the streptococcus pyogenes aureus in twenty-eight minutes,

and that the effect is independent of the degree of concentration, for a 5 per cent. solution is just as effectual as a 20 per cent. Secondly, he claims to have shown that chloride of sodium does not in any way injure the organs, and that no dose is strong enough to kill any animal.—*Brit. Med. Jour.*, May 19, 1888.

Antipyrin in Nervous Drowsiness.—M. Bloch also obtained good results with Antipyrin in a case of nervous drowsiness. The patient, a man aged 21, with a neurotic family history, complained of an irresistible inclination to fall asleep every day after lunch. The complaint showed itself after he had recovered from typhoid fever two years previously. His digestion was impaired; he was subject to nightmare. The three last cervical and the three first lumbar vertebræ were painful when touched. The patient complained of weakness in the legs and itching in different parts of the body. He was relieved by *nux vomica*, but eight months later he again complained of persistent sleepiness, accompanied by headache and debility. Two grams (31 grains) of Antipyrin were administered daily—one when the patient awoke in the morning, the other at 11 o'clock. Four days afterward the drowsiness and headache disappeared. The dose was reduced to one gram (15.4 grains) which was administered every morning at 10 o'clock. The treatment was alternately discontinued and resumed during ten or eleven weeks. On January 10th the patient stated that the drowsiness had entirely disappeared. He had not taken Antipyrin for three weeks.—*Brit. Med. Jour.*, Jan. 7, 1888.

A Case of Aniline Poisoning.—Dr. Karl Dehio, of Dorpat, reports in *Berlin Klin. Wochenschr.*, No. 1, 1888, the following case: Lisa Koppel, aged 23, was delivered of a child at full term and made a good recovery. Unwilling to leave the hospital, on the night of 12th–13th February, 1887, she took the contents, amounting to 10 grams (154 grains), of a bottle of Anilin oil, such as is used for staining tubercle bacilli. She went to bed and fell asleep and two hours later the nurse noticed her rattling breathing and groaning. There was a deep cyanotic color to the face and of the extremities; pulse and respiration rapid, pupils dilated and a penetrating odor of Anilin oil was noticed from her mouth. Milk was forced into the stomach and then vomiting occurred. The vomited matters were yellowish-brown in color, smelled plainly of Anilin oil, and were sent to Professor Dragendorff for examination. In the morning she was transferred to the medical clinic. At 9 A.M. her condition was as follows: Loss of consciousness, with closed eyes; could not be aroused by loud calling or by needle-pricks; pupils reacted well to light and were midway between dilatation and contraction. Voluntary motion completely in abeyance.

Nose cool, hands and feet warm; color of face and skin pale; mucous membranes likewise pale and traversed by small venous branches.

On the face, hands and feet, and lower abdominal region was a peculiar grayish-blue coloration, especially noticeable about the *alæ nasi*, lips, and chin. The lips, gums and conjunctivæ were of an intensive grayish-blue color. The tinted portions of the body were not distended, the skin of the extremities being thin and easily lifted and put into folds. The coloration did not disappear on pressure, the tint becoming then somewhat paler. The coloration was a clear leaden gray, readily distinguishable from the lividity of cyanosis.

Breathing (25 in the minute) was accelerated, irregular and unequal. Inspiration unusually deep; expiration long drawn out and at times accompanied by groaning. There was no pause between inspiration and expiration. The voice, in groaning, clear; no cough. The outlines of the lungs normal. At the lower posterior part were moist, moderately vesicular *râles* and sibilant ronchi. Vesicular breathing all over; no dulness on percussion.

Pulse 132, the pulse-wave being slight.

In the first twenty-four hours the patient's condition remained unchanged. The body temperature sank to 35.7° C. (96.25° F.).

Fourteen hours after taking the poison the bladder was emptied by means of a catheter and 585 c.c. (19.5 ounces) of urine were obtained. Sp. gr., 1019, somewhat turbid; of deep yellowish-red color; strongly acid, containing neither albumen nor sugar; biliary coloring matter could not be detected in it. Microscopically, there were found some leucocytes and bladder epithelium. Chemical examination showed the presence of anilin and toluidin, especially paratoluidin, as well as derivatives of both.

Twenty-one hours after the poisoning 320 c.c. (10 $\frac{3}{4}$ ounces) of urine were drawn. Sp. gr. 1020; transparent yellowish-red, darker than the first and free from albumen. On shaking with Chloroform the latter was colored dark-yellow and Gmelin's test showed the presence of biliary coloring matters.

One hour later 80 c.c. (2 $\frac{3}{4}$ ounces) of blood were drawn from a vein. It was dark-brown and coagulated in ten minutes. The serum was of an intensive yellow-red and contained Anilin and toluidin. It was unfortunately not examined for biliary coloring matters. During the night the breathing was quieter and external sensory irritation produced slight reflex response.

On February 14th, in the morning, thirty hours after taking the poison, temperature was 37° C. (98.6° F.); pulse 112 and weak; the body, including face and forehead, covered with profuse sweat, consciousness slightly greater. The livid, grayish-blue coloration of the skin was the same as on previous day, but during the night there had developed an undoubted yellowish coloration of the body, especially of the sclera, at

the same time the urine drawn showed with Gmelin's test an intensive biliary color-reaction, but test for bile acids gave no evidence of increase.

On the third day consciousness had completely returned, but there was extreme bodily weakness. On the fifth day the icterus had increased in intensity, the whole surface of the body being of a lemon-yellow color.

On the sixth day the bluish color of the skin had disappeared and the icteric condition was somewhat less. The urine was turbid, acid, brownish-red, and deposited considerable sediment. Testing showed no amount of biliary coloring matters, but did show hæmoglobin. On the seventh-day the urine was blackish-brown; on filtering, it was Burgundy-red in color. It contained numerous round cells, having one nucleus and fine brown granules. There were also casts of moderate size, made up of dark-brown granular masses and a few hyaline casts, covered with finely granular brown masses. Blood taken from the end of a finger showed in addition to evidences of destructive changes in the red corpuscles, a great decrease in their number.

The patient recovered.

It shows that Anilin oil acted during the first twenty-four hours immediately upon the central nervous system; next, that the peculiar bluish-gray coloration was due to oxidation-products within the blood, and hence to injury to the blood cells. On this depended the icterus, which, the author thinks, notwithstanding the absence of bile acids in the urine, was of hepatogenous nature, and not hæmatogenous. The hæmoglobinuria was directly due to the destructive changes in the blood. The enumeration of the red blood corpuscles showed a decrease from the normal, 5,000,000 to 5,500,000 in a cubic millimeter, to 2,700,000 on the seventh day and to 1,400,000 on the eleventh day.

He concludes that Anilin oil belongs to the group of poisons (*Kali chloricum*, *Arseniuretted hydrogen*, *Hellebora esculenta* [*sic*]), which can produce at the same time both icterus and hæmoglobinuria.

Quinine as a Poison.—Th. Husemann, of Göttingen, in *Therapeutische Monatshefte*, January, 1888, contradicts the statement made by Binz, who considered that the drug never killed any one except when given to a weakly individual in very large doses.

A case reported by Baills: A soldier received by mistake, instead of a solution of Bitter salt, a 5 per cent. solution of sulphate of quinine containing 12 grams. (185 grains). As he complained of the disagreeable taste and ringing in the ears the hospital assistant thought it incumbent on himself to take a similar dose. Both were made very ill in half an hour, a condition of great apathy and heart weakness coming on. The soldier recovered, because through spontaneous vomiting the greater portion of the drug was ejected, while the assistant died within four hours in syncope. This fact of the fatal result in a healthy man shows quinine to be a dangerous substance.

In children much smaller doses can cause death. The author has already shown (*Pharm. Zeit.*, December 15th, 1885) that not only quinine but also amorphous chinoidin is a poison. A case reported to him by Siemerling and Marcuse was of a child aged 10, who took a dose, amount not determined, but between 5 and 10 grams. (77 and 154 grains) after a meal. At once violent vomiting came on and in a half hour the child was dead. The child had for a long time been suffering from intermittent fever, yet it is fair to presume that even without the weakness from that disease his death would have resulted.

In the apothecary's department of a hospital in a large city two prescriptions for sulphate of quinine, 2 grams. to be divided into two doses, were put up about 1 P.M. The two patients, recovering from typhus, received one powder each and in half an hour each was dead. It was evidently a case of poisoning and an effort was made to place the blame on the dispenser, as having by mistake substituted morphine. As two of the powders were still remaining they were chemically examined and were found to contain pure sulphate of quinine in the proper amounts.

Cases are reported from the U. S. A three-and-a-half year old daughter of a St. Louis attorney died in less than an hour and a half from a dose of Quinine that could not have been more than 45 grains.

Another child, aged $2\frac{1}{2}$, died within $2\frac{1}{2}$ hours from a dose between 16 and 20 grains. She died in a convulsion which was preceded by a chill.

The Detection of Saccharin.—This product, prepared from that apparently never-ending source of new compounds, coal-tar, has now found its way into so many therapeutic preparations that the identification of its presence has become important. Its composition is expressed by the formula $C_6H_4 \left\{ \begin{array}{l} CO \\ SO_2 \end{array} \right\} NH$, and the name given to it by chemists is, therefore, benzoyl-sulphonic amide. It combines easily with bases—indeed, even with alkaloids; and displaces the carbonic acid in alkaline carbonates, salts being formed, which are very much more soluble in water than Saccharin itself, and which do not lose in any degree the well-known powerful sweet taste. It is on account, in fact, of its poor solubility in water that most of the Saccharin preparations of commerce contain it combined with a base—carbonate of soda being very generally used. If to such a solution a little sulphuric acid be added, Saccharin is thrown down as a white, amorphous powder. With alkaloids, such as quinine and morphia, the reverse is the case; they are soluble in acids, forming salts from which the alkaloid may be precipitated by the addition of a base or alkali. Hence the following simple method for the separation of Saccharin from preparations said to contain it, such as biscuits, bread, cakes, etc. The sample is macerated thoroughly

with water to which a little solution of carbonate of soda has been added. The liquid mass is then filtered, and the clear liquid made acid with a little sulphuric acid. It is then shaken up with ether. The ether will readily dissolve the Saccharin which has been freed by the acid. The ether is then drawn off and evaporated, and if Saccharin is present a white residue of intensely sweet taste will be obtained. The residue may be examined further. When Saccharin is fused with a mixture of nitre and carbonate of soda the fused mass contains sulphuric acid. Accordingly, if the mixture is dissolved in water and acidified with hydrochloric acid, the addition of barium chloride gives a precipitate of barium sulphate. Saccharin, when heated with a small quantity of caustic soda at 250° C. for half an hour, is converted into salicylic acid, which can be separated by the addition of acid and ether, and detected in the usual manner, an aqueous solution of salicylic acid giving a beautiful blue coloration with perchloride of iron.—*Lancet*, July 14, 1888.

Origin of Simple Ulcers of the Stomach.—An evident correlation, M. Letulle asserts, may be observed between the evolution of an infectious malady and the development of ulcerating lesions of the stomach and intestine. At the necropsy of a case of puerperal septicæmia two recent hæmorrhagic ulcerations were found. The subjacent venules were thrombosed, and the fibrinous clot contained a large number of streptococci and the venous sinuses were stuffed with colonies of the same micro-organism. Experimental proof has been forthcoming, on the guinea pig, of the production of mucous and submucous lesions, not only with pure cultivations from cases of dysentery, but also with the staphylococcus pyogenes aureus. The lesions have ranged from ecchymoses to vast rounded ulcerations threatening perforation of the experimentally dilated stomach. It is thought that some cases of simple ulceration of the stomach and duodenum may be ascribed to local growths of micro-organisms.—*Lancet*, July 14, 1888.

Accidental Swallowing of a Nail.—**Treatment by Hydrochloric Acid.**—A carpenter in falling from a scaffold accidentally swallowed a nail which he was holding in his mouth. He immediately felt severe pain down the course of the œsophagus, and afterwards there was constant pain and tenderness at the pyloric end of the stomach. His diet was limited to bread and milk, and large quantities of hydrochloric acid dilute were given with the object of acting on the nail and forming a soluble salt of iron. He was kept more or less under the influence of chlorodyne, relieving his bowels occasionally by injections. The motions after the first two days were blackened, and the stomachic pain and tenderness gradually subsided. The patient recovered. The nail was two inches long.—*Brit. Med. Jour.*, July 14, 1888.

Domestic Animals and Infectious Diseases.—That domestic pets are capable of taking and spreading infection has been amply demonstrated. That diphtheria is particularly liable to be so conveyed is shown by the experimental researches on diphtheria made by Dr. Renshaw in 1884, who was successful in inoculating cats with diphtheria from the human subject. Dr. Turner last year presented an interesting report on diphtheria in animals to the local government board. A further illustration is offered by the following example, the record of which is taken from the *Sanitary Record* for June: "In his report on the recent sustained prevalence of diphtheria in Enfield, Dr. Bruce Low, of the medical department of the local government board, incidentally states that during the continuance of the epidemic cats were observed to suffer in considerable numbers from illness; and in December, 1887, and January, 1888, there was large mortality among these animals, so much so that the attention of the dust contractor was directed to it. He stated that never in his previous experience had he seen so many dead cats in the dust heaps. Some households, seeing their cats ill, destroyed them. Though there were no known cases of diphtheria occurring in the practice of the veterinary surgeons at Enfield, yet they saw many cases of 'influenza' at this time among animals. The following is an illustration of the possible connection between diphtheria in children and in cats. A little boy was taken ill with what turned out ultimately to be fatal diphtheria. On the first day of his illness he was sick, and the cat, which was in the room at the time, licked the vomit on the floor. In a few days (the child meanwhile having died) the animal was noticed to be ill, and her sufferings being so severe and so similar to those of the dead boy, the owner destroyed her. During the early part of its illness this cat had been let out at nights in the back-yard as usual. A few days later the cat of a neighbor who lived a few doors further off was noticed to be ill. It also had been out in the back-yards at night. This second animal, which however recovered, was the pet and playfellow of four little girls, who, grieved at the illness of their favorite, nursed it with great care. All four girls developed diphtheria, their mother being convinced that they got it from the cat; and, indeed, no other known source of contact with infection could be discovered. It is easy to imagine cats catching an infectious illness like diphtheria, when we remember how often milk and other unused food from the sick room is given to the cat, or by some people thrown out in the back-yard for the benefit of the neighbors' cats, if they have none of their own. It is a frequent occurrence to see children carrying cats in their arms, and even kissing them. It is obvious that if the cats were ill with diphtheria the children under such circumstances would almost inevitably contract the disease.—*Brit. Med. Jour.*, July 14, 1888.

Treatment of the Umbilical Cord.—Dr. Fagonski publishes in *Vratch* some observations on the different methods of dressing the umbilical cord after it has been tied. He employed four different methods in a hundred cases each; in the first series gypsum, in the second tale, in the third Runge's mixture (salicylic or boracic acid with potato starch), and in the fourth hygroscopic cotton-wool. In the first series erythema and intertrigo occurred five times, ulceration around the umbilicus four times, slight hæmorrhage from the cord seven times, and slight suppuration twice, dry gangrene or mummification of the cord occurring in every case. In the second series ulceration occurred five times, slight hæmorrhage ten times, suppuration forty-eight times, moist gangrene thirty times, and dry gangrene seventy times. In the third series erythema and intertrigo were noted three times, ulceration twice, hæmorrhage eight times, suppuration fifty-one times, moist gangrene sixty-five times, and dry gangrene thirty-five times. In the fourth series erythema and intertrigo occurred twice, ulceration three times, hæmorrhage four times, omphalitis followed by death twice, suppuration twenty-nine times, moist gangrene twenty-eight times, and dry gangrene seventy-two times. With regard to the time of falling off of the cord: in the first series it was usually on the fifth day (never later), in nineteen cases on the fourth, and in four cases on the third day; in the second series separation occurred in the majority of cases later than the sixth day, in four cases on the fifth, and in one case on the fourth; in the third series the cord fell in four cases on the fifth day, and in the remaining ninety-six cases after the sixth; in the fourth series it fell on the fourth day in one case, and after the sixth in the remaining ninety-nine. It will thus be seen that the safest and best of these dressings is gypsum, but it must not be applied too liberally, for it is quite possible for it to set up erythema. Dr. Fagonski recommends that all cases should be dressed simply with 10 grains of gypsum on cotton-wool.—*Lancet*, July 14, 1888.

Boldin, the Latest Hypnotic.—According to Juanville, in *Progrès Médicale*, Boldin exceeds in value both opium and chloral. It is a glucoside obtained from boldo leaves. It is not disagreeable to take, has no bad after-effects, increases the appetite, and has a strengthening influence upon the patient. The dose varies between 5 and 10 grams (75 to 150 grains) per day, given in doses of 3 grains in capsule or in 20 parts of water. Sleep comes on in a natural manner and the breathing is regular and quiet.—*Wien. Med. Wochensch.*, No. 21, 1888.

Thuja Occidentalis as a Palliative in Laryngeal Epithelioma.—Baratoux reported at the meeting of Société de Médecine Pratique, May 3d, 1888, very favorable results in a series of tumors in the nose, pharynx and larynx in which he used the tincture of Thuja.

It was rapidly beneficial in twelve patients suffering from the last-named trouble, complete disappearance of the fetid exhalation with lessening of the discharge and a remarkable shrinking of the epithelial masses following. Its employment lengthens life for two years in cases not suitable for operation. In the discussion Dujardin-Beaumetz remarked that tincture of Thuja taken internally, in doses of 20 drops, acts well in cases of dermoid growths, and especially warts. Reliquet saw good results in cases of papilloma of the bladder.—*Wien. Med. Wochensch.*, No. 25, 1888.

Exanthem Produced by Phenacetin.—Prof. Valentin of Berne reports, in *Therapeutische Monatshefte*, July, 1888, a case of anæmia and insomnia with attacks of headache, for which bromides and antipyrin had been used without success. She then received Phenacetin in doses of 6 decigrams (9 grains) at night. After taking two doses on successive evenings she felt during the first half of the night great heat in the face, which kept her from sleeping. The remedy was stopped and eight days afterwards a dose of 1 gram (15 grains) was given in the evening; about two hours after the feeling of heat was so great that she was fearful of some serious result, and during the whole night had to have compresses of ice applied to the head. During the night the body was covered with red spots.

At 8 A.M. the body temperature was 38.6° C. (101.5° F.); in the afternoon it had fallen to 37.9° C. (100.2° F.). The spots were thickly distributed on the arms and legs, more sparsely on the body; most of them were no larger than a pea, raised in the centre, the elevated centre being considerably darker than the edges. Single ones were quite flat and all paled under pressure of the finger. The headache was still present, as well as the annoying feeling of heat in the face and forehead, but less than during the night. On the body there was neither pain nor itching. Urine dark, but free from the coloring matters of the blood. The exanthem disappeared completely on the following day, a feeling of tiredness with loss of appetite remaining.

Phenacetin, as well as salicylates, quinine, and other antipyretics, cause a purpura-like affection in predisposed individuals in doses that are well borne by the average patient.

The Action of Sulphonal.—This new hypnotic continues to receive in Germany the high praise already indicated in the previous number of *THE RECORDER*; but the enthusiasm with which the advent of this remedy has been hailed must be modified, as has been the case with many similar old-school specifics, by the observations of more extended trial. The case below shows its unfavorable action.

Dr. Schmey of Beuthen reports, in *Therapeutische Monatshefte*, July, 1888, as follows: A patient, aged 61, had been suffering, as the result

of arterio-sclerosis, from angina pectoris and insomnia. Through the employment of a suitable regimen and the use of amyl nitrite the condition was so far influenced that the attacks which formerly came on several times a day and lasted for hours, now occurred once or at most twice a day and were easily controlled. The insomnia was met by the administration of amylene hydrate, which in doses of 3 grams (45 grains) produced a sleep lasting five or six hours without any injurious action. As the patient, after some time, declared he could no longer take the amylene hydrate on account of its disagreeable taste, which remained with him the next morning, recourse was had to Sulphonal, as, according to Kast, it was especially said to be without unfavorable influence on the heart.

A dose of 2 grams (30 grains) was prescribed. The action was frightful. Soon after taking it the attack of angina pectoris came on with great violence, and was only relieved by strong inhalations of amyl nitrite. The relief lasted only a few minutes, and then a new attack would recur. In this way the whole night was spent. No real sleep occurred, but two hours after taking the dose a kind of half-slumber came, which lasted about two hours, interrupted by frequent attacks of angina. The attacks occurred during the next two days with unwonted violence and frequency.

It is advisable, from the above experience, to not prescribe Sulphonal in angina pectoris and arterio-sclerosis.

Antipyrin as a Local Application to Hæmorrhoidal Ulcers.—By *Dr. J. Schreiber* of Aussee-Meran.—Neudorfer's publication on the analgesic and antiseptic action of Antipyrin led me to employ this remedy in a case of obstinate hæmorrhoidal ulcers. Herr L. v. B., aged 72, well preserved, has suffered for ten years from hæmorrhoidal "folds," between which, without intermission, sore, moist spots existed. Years ago a prominent surgeon had used energetic cauterization with silver nitrate in substance. The remembrance of the extreme pain caused by this procedure prevented its employment again. The usual remedies were resorted to to cause cicatrization of the numerous sore places around the anus and within the sphincter, as well as to relieve the tormenting itching.

Alum, zinc sulphate, zinc oxide with morphia, suppositories of cocaine, morphia, belladonna, etc., gave only temporary relief. It was now resolved to try the Antipyrin. It was rubbed up to a fine powder and applied to the sore spots. To reach those inside of the sphincter a powder-blower was used, the sore spots being brought into view by widely separating the nates.

The application of the Antipyrin caused a moderate smarting, lasting, however, only half a minute. The powder dissolved upon the sore, moist places, which for this reason remained wet for ten minutes longer.

After this time there was a marked lessening of pain. The patient felt comfortable, and the application of the Antipyrin in the evening ensured a quiet night, the itching being reduced to a minimum. After twenty days of this treatment the sore places had cicatrized, and there was no subsequent outbreak.

Antipyrin, Acetanilide and Solanin.—Dr. G. Sarda of Montpellier gives the following conclusions: Antipyrin, Acetanilide and Solanin are excellent nerve remedies. The first is of decidedly more value in acute articular rheumatism, migraine, neuralgias of recent date, and in pains recurring in attacks.

Antipyrin and Acetanilide act equally well in chronic articular rheumatism and in the lightning pains of tabes.

Acetanilide is to be preferred to Antipyrin in old neuralgias and in overcoming motor excitement. Both remedies are free from secondary injurious results.

Solanin is an excellent analgesic. While it is less active in acute articular rheumatism, it appears to be of more service in old neuralgias than the two former remedies, especially if a neuritis is present. It quiets the gastric phenomena and the lightning pains of tabes, and is especially valuable in controlling motor excitement; here it is superior to Acetanilide. In daily administration of .025 to .03 gram (.38 to .46 grain) it rapidly quiets the tremor of disseminated sclerosis, psychical reflex irritability and epileptoid tremor. It appears to act with difficulty where the sensory or motor symptoms are in connection with an anatomical lesion.—*Bull. Gen. Thérap.*, May 30, 1888.

On the Action of Sulphonal.—In order to establish whether a remedy really causes sleep or only favors by its sedative action, a physiological tendency to sleep already existing, Prof. Rosenbach recommends a proving of the remedy under the following conditions: The prover must not have any knowledge of the nature of the remedy, which is to be given in the forenoon, in the afternoon after the mid-day meal and in the evening. The dose may be changed from day to day, according to the effect on the prover as to whether a feeling of weariness or of real somnolency be produced, so as to establish a positively active dose. If a real hypnotic action has been determined, the prover ought to be informed of the action of the remedy, but then instead of the hypnotic, some indifferent substance should be given. If now, there is no hypnotic effect, the remedy is to be substituted on the next day, and if the result is the same as that obtained at first, we know that it is due to the drug. It is important that the provers should be kept in ignorance as to the nature of the drug to be proven, and they should not be permitted to keep in bed, as under these circumstances, evidences of weariness and sleepiness have a double value.

Under these precautions 138 single trials of Sulphonal were made on 82 patients. The results given by Rosin are as follows: In doses of 1 gram (15 grains) the drug produces sleep, but not with certainty. In doses of 2 grams (30 grains) it is more surely hypnotic without causing disagreeable secondary symptoms, and in hypnotic influence is equal to .01—.015 grm. (.15—.28 grain) of morphia. Only in the rarest cases does the remedy in the above-named doses leave us in the lurch. Patients with heart disease take it without injurious result. [See another report in this number.—Ed. H. R.] Habituation to its use has not been observed. Secondary symptoms have not been noted after 3-gram (45-grain) doses; after 4 grams (60 grains) a deep sleep lasting from 8 to 12 hours followed, and on the next morning the prover complained of a feeling of giddiness which continued the whole day. Hence such large doses should be prescribed only exceptionally. Even in the succeeding night the sleep was more profound than usual. Besides its hypnotic effect, Sulphonal has an anæsthetic influence upon the sensibility of the bronchial mucous membrane. In phthisis, the irritable cough is lessened and sleep is thus permitted. Still, in this regard, Sulphonal in doses of 2 or 3 grams is of less value than Morphine in doses of .01 gram (.15 grain), and the latter is therefore to be preferred in sleeplessness resulting from irritable cough.—*Therap. Monatshefte*, July, 1888.

Hyoscyamine and Atropine.—When Mein sixty years ago, and independently of him, Geiger and Hesse, isolated Atropine from the plant belladonna, it was believed that this alkaloid already existed in the plant, and this view is still current to-day. Through a contribution from a chemical manufactory in Berlin (formerly Schering's), it is now learned that this is not the case, that the belladonna root contains no Atropine but only its isomer, Hyoscyamine, and that Atropine is nothing else than a transformed product of Hyoscyamine. According to the method of treatment, there can be obtained from the belladonna root only Atropine or only Hyoscyamine, or, finally, a mixture of the two. The transformation of Hyoscyamine into Atropine is readily caused by keeping the former for a long time at the temperature of 110° C. (230° F.), or through treatment with alkalis.

Atropine, so much used during a long series of years, is only the result of an insufficient and false method of production. We must be prepared to receive in the near future, similar declarations concerning other alkaloids. The following precautions in the production of alkaloids ought to be held in view: Avoidance of strong mineral acids, avoidance of high temperatures, evaporation at the lowest possible temperature in vacuo, and avoidance of strong bases in freeing the alkaloid.—*Therap. Monatshefte*, July, 1888.

A Case of Cocaine Poisoning.—Dr. P. Stadler, of Straelen, reports in *Therapeutische Monatshefte*, July, 1888, the case of a young woman aged 25, who, preparatory to the extraction of a carious tooth, received a local application of a 20 per cent. Cocaine solution. Shortly after the extraction she fainted, and almost at once there came on long-lasting clonic spasms.

Visual power was, in the beginning, completely lost, as also was the sensation of taste; the pupils reacted normally. Pulse full and regular. Slight feeling of pressure in the head, and constriction of the chest. Restoratives were given. Gradually the spasms lessened and the visual power slowly returned, the sensation of taste being restored somewhat sooner. During each attack of the spasms the visual power disappeared. By being quiet in bed all the symptoms disappeared, but were brought back in full power by the slightest motion. After three hours 45 grains of chloral were given; this was followed by quiet sleep. On the next morning there were only slight weakness and headache, which disappeared in the course of the day. The preparation used had been employed on other patients without any injurious effects, and it is known that the patient could not have swallowed any of it. It appears then that there must have been some idiosyncrasy in the patient towards the drug.

Poisoning of a Family with Vanilla.—Dr. Kupke, of Posen, reports in *Therapeutische Monatshefte*, July, 1888, the history of a family, consisting of six persons, who, in the morning of May 8, were all taken with the same illness, consisting of vomiting, diarrhœa, crampy pains about the umbilicus, cool extremities, and a small, slightly accelerated pulse. The two servant maids were most severely affected. They appeared very ill, were groaning and seemed weak. It was now discovered that the supper of the previous day was the cause of the sickness, one of the dishes being *blanc mange* with vanilla sauce, and it was taken with great appetite by all. The suspicion of metallic poisoning could be eliminated, as no metallic vessel was employed in preparing the dish.

Medicinal treatment consisted of small doses of chloral hydrate, by which the pain was quickly relieved. On the following day all the patients had recovered.

Poisoning by means of vanilla ices has been frequently observed, but this is the first case known to Dr. K. of poisoning by another vanilla-flavored dish.

NEW PUBLICATIONS.

Homœopathy in Venereal Diseases. By Stephen Yeldham, L.R.C.P. Ed., M.R.C.S. Eng. Fourth Edition. Edited, with Additions, and an Original Chapter on Spermatorrhœa, by Henry Wheeler, L.R.C.P. Lond., M.R.C.S. Eng. London: E. Gould & Son. New York: Boericke & Tafel. 1888. Cloth, 16mo. Pp. 192.

A Repertory of Gonorrhœa, with the Concomitant Symptoms of the Genital and Urinary Organs. Compiled by Samuel A. Kimball, M.D., I.H.A. Published for the International Hahnemannian Association, by Otis Clapp & Son. Boston and Providence. 1888. Cloth, 8vo. Pp. 53.

The treatment of venereal diseases is, in our opinion, the subject of the most diverse views within the homœopathic ranks, and the extremes of opinion are fairly presented in the two works above named.

Dr. Yeldham's treatise has been well known for twenty-five years. He believes in the use of internal remedies in gonorrhœa, his chief drugs being Acon., Merc. corr., Canth., Cannabis, Copaiba and Thuja, and of secondary rank, Agnus, Argent. nit., Cubeba, Ferrum, Mezer., Petrosel., Puls., Rhus tox. Of these latter he says: "I have occasionally employed some of these, but not with any very decided results, excepting from Cubeba, which, in the form of powder, or the mother-tincture, may be employed in some cases with advantage when Copaiba fails." As to injections, he thinks that local applications in this form, although repudiated by some homœopathic authors, are indispensable in the treatment of many cases of gonorrhœa. He also considers injections to be truly homœopathic. "Gonorrhœa being an inflammation of the urethra, the injections should be weak and unirritating solutions of medicines, which, in their concentrated form, will, when locally applied, produce inflammation of the urethra." If this is not homœopathy, he says, what is it?

In regard to primary syphilis the author recognizes soft and hard chancres, but he says, page 72, "the soft chancre . . . seldom, if ever, infects the constitution." He ought to be positive about it; if it ever infects the constitution we ought to know in what manner such systemic infection is shown, and in what way it differs from the systemic infection subsequent to hard chancre.

In the treatment of syphilis, using the word in its broadest application, the author burns the initial sore with fuming Nitric acid, and gives internally some of the Mercuries (preferably Merc. sol.) and Nitric acid. For secondary syphilis he uses the compounds of Iodine with Mercury and Potash. Nitric acid in the earlier secondary eruptions has not, in

his experience, inspired him with unbounded confidence. Other results of the syphilitic poison, such as gummata, iritis, bone affections, etc., are dilated upon at sufficient length. The work is satisfactorily written from the author's standpoint. A very sensible chapter on spermatorrhœa by Dr. Wheeler closes the book.

Of Dr. Kimball's repertory there is little to be said beyond a mere statement of what it is. The compiler, in his preface, says he has taken the "gonorrhœal discharge as a basis, and included the concomitant symptoms of the genital and urinary organs, but excluding purely sexual as well as renal symptoms and those of the quality, etc., of the urine." He also asserts that urethral injections *never* cure gonorrhœa, but only suppress the discharge, and that such suppression is *always* followed sooner or later by manifestations of disease in one form or another. Who is to decide between Dr. Kimball and Dr. Yeldham? He adds, for the benefit of bacteriologists, that the gonococcus is simply the result, never the cause of the disease. Both books are well printed.

The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera Morbus, Cholera Infantum, and all other Loose Evacuations of the Bowels. By James B. Bell, M.D. Third Edition. Philadelphia: F. E. Boericke. 1888. Cloth, 8vo. Pp. 191.

We remember very well the extreme delight with which we received the first edition, nearly twenty years ago, of Bell on Diarrhœa, its every page showing evidence of pains-taking labor and close study by the author, and representing just so much labor-saving and time-saving to the purchaser. And we remember, too, with gratefulness, the great help that it brought us in a good many difficult cases. In the preface to the first edition the author says: "The carefully collated experience of ten active years, which it contains, would, indeed, be better if they were twenty or thirty, but perhaps the Lord in his goodness will permit this to be added also." Nearly twenty years have gone by since those lines were written, and the author's wish is granted.

The new edition contains 141 remedies as against 108 in the first, the indications for each are vastly extended, the more positive ones being in black type. The result of the added twenty years' experience with such remedies as Iris, Leptandra, Nuphar, Cornus, etc., all find place here. The repertory, of 65 pages, is very full.

The work is deserving of the highest commendation; to the recent graduate it will be of the greatest service not only in guiding him to the selection of the truly homœopathic remedy, but also in keeping always before him a stimulus to the deeper and wider study of drug-provings.

PUBLISHERS' DEPARTMENT.

Pyrogen or Pyrexin in Typhoid Fever.—From a small treatise by J. Compton Burnett, M.D., of London, England, entitled *Fevers and Blood-Poisoning and their Treatment, with Special Reference to the Use of Pyrogenium*, we gather the subjoined particulars concerning this remedy, the importance of which is indicated in the words of Dr. Drysdale: “The most summary indication for *Pyrogen* would be to term it the Aconite of the typhous or typhoid quality of pyrexia.” From Dr. Burnett’s preface we quote :

“For several years I have been using *Pyrogenium* in typhoid fever and in cases of presumably septic blood-poisoning. . . . Experience teaches that over-praise is the bane that blights new remedies, and I would, therefore, be very chary in praising *Pyrogenium* too much; still I have more than half a conviction that the action of *Pyrogenium* in the pyrexia from blood-poisoning comes very near to one’s conception of a specific; however, let it go forth and fight its own battles, which I think it is well able to do.”

Further on in the treatise he says :

“The allopathic treatment of continued fevers is hopeless helplessness,” while “the homœopathic practitioners get the best results yet obtained, and bad they are. To conduct a case of typhoid to its termination, we often need the aid of a dozen different remedies for the different symptoms and syndromes as they arise, and then the patient will often die at the end, either of diarrhœa and hæmorrhage, or otherwise.”

Pyrexin (which is *Sepsin* freed from all bacterial self-reproduction, or transmissible cause of disease) when administered to dogs causes the animal to shiver and move about restlessly; “the temperature rises from 2° to 3° C., the maximum being reached at the end of the third hour. There is great muscular debility; thirst and vomiting come on, followed by feculent and thin mucous, and finally sanguinolent diarrhœa and tenesmus. These symptoms begin to subside in four or five hours, and the animal recovers its normal appetite and liveliness with wonderful rapidity.” (This is quoted from Dr. Drysdale.)

The first case recorded by Dr. Burnett is that of a young girl, aged 12. Her temperature ran up to 104.4°. The case is reported with great detail and closes as follows: “The febrifuge and otherwise the curative action of the *Pyrogen* was soon manifest, and the normal temperature was reached within a week, and then came the subnormal reaction. Whether others will believe that *Pyrexin* here acted curatively I do not know. I personally am satisfied that the remedy broke up the fever, and, humanly speaking, saved the young lady’s life.” We should here state, that the case was six days old when Dr. Burnett took charge of it, and in that time several of the usual remedies had been administered, and the patient’s temperature had risen to nearly 105. The nurses were sure the fever was typhoid until *Pyrexin* had been administered, and then changed their minds merely because they thought typhoid could not be cured in the time it was. We will now quote Dr. Burnett in full :

CASE II.—Subsequently a middle-aged gentleman had an attack of fever, but it was complicated with, or arising from an enlarged liver with old peritonitic adhesions and adhesions of Glisson's capsule. In this case the hepatic and other remedies of a more constitutional action did not seem to act, and so I fell back upon *Pyrogen* with the result that the other remedies then acted well, and the patient made a quick recovery. Looking back on this case, I am disposed to think it was a mild septic fever supervening upon chronic hypertrophy of the liver, and the liver was not able to right itself till the continued fever had been quelled by the *Pyrogen*. This case I will not dwell upon, as the evidence it affords does not count for much.

CASE III.—This case, K. W. A., occurred subsequently in the same house as Case I., and the patient was at the time about 13 years of age, and he is brother of the subject mentioned in Case I. I will not dwell long on K. W. A.'s case, or give any particulars further than to say, that the giving of *Pyrogen* was followed at once by a distinct drop in the temperature of nearly three degrees, and it did not again go up, but remained at 99.0° for many weeks, when the patient got well, and is now a strong fellow. For the sake of making the case comprehensible, I will just add, that from the course of the case, from the remedies that helped, and from those that did not, I am of the opinion that the patient had continued fever which started mesenteric mischief, and that the pyrexia 102.6° was cured by *Pyrogen*, whereas the slight febrile movement that went on for so many weeks—nearly nine—was consequent upon chronic inflammation in the mesenteric glands. There was much obstinate diarrhœa. However, whatever the nature of the case was, the exhibition of *Pyrogen* was followed by a drop of three degrees in the temperature. Still I would not attach much importance to this case either.

CASE IV.—William R. A., æt. 19, oddly enough of the same family as the foregoing, but residing in Kensington. He came home (to Kensington) early from office, complaining of neuralgia, on the afternoon of Wednesday, the 17th of February, 1886. Did not sleep that night, and so did not get up to breakfast next morning, when his temperature was found to be 100.6°. As he seemed to have a feverish cold, complained of pains in his bones, he was ordered *Aconite* and *Bryonia*. Temperature at 5 P.M. 101°, when Dr. ——— was sent for and the patient was got up stairs; he had been sleeping in the smoking-room adjoining the water-closet since February 2d. The Doctor ordered *Actæa* and *Bryonia*. Did not sleep much on Thursday night. *Friday*.—The doctor saw him in the morning and changed the medicine to *Merc. viv. 3x trit.*, as much as would lie on a sixpence, every four hours. On *Saturday*, *Aconite* was alternated with it every hour. Slept indifferently. On *Sunday*, the patient was removed to higher ground, viz., close to Cavendish square. Patient bore the removal well, but profuse perspiration broke out from time to time, great aching in his limbs, headache from time to time all over forehead, great thirst, breath foul, tongue not much coated but brownish, gets depressed if left alone, and breaks out in perspiration; pain in the stomach at times, bowels rumble a great deal, nose bleeds readily, throat sore and congested, gum ragged where wisdom tooth has lately come through, gets a pain if he drinks cold milk, jaws very stiff, so much so that he cannot separate his teeth but a very little. The physician in charge was very positive that it was a case of true typhoid, and I may say that the gentleman in question has had special experience of typhoid, and knows it better than many physicians. There was a regular staff of hospital nurses in attendance, experienced in fevers, and they were quite sure it was real typhoid. The young man's mother having seen the effects of *Pyrogen* in continued fevers—the cases I have already related—told the physician in charge about it, and wanted him to give *Pyrogen*, but he refused, saying that it was quite impossible to stop typhoid fever, and that, therefore, this case would have to run its course. But the lady was so sure that she had seen *Pyrogen* break up fever, that she did not feel it would be right to go on without at least trying it, and the doctor thereupon withdrew from the case. And as I had long been the ordinary medical adviser of the family, and being, moreover, the foster-parent of *Pyrogen*, I was asked to take up the case, which I was sorry to do on the one hand, but rather keen to try my friend *Pyrogen* again all the same. This was Monday morning, February 22d, 1886. Up to this date the temperature markings were [here full table, lowest 100°, and highest 101°]. At two o'clock on the afternoon of 22d *Pyrogen* was begun, five drops of No. 6 in water every two hours, and I saw the patient in the afternoon for the first time. The very pose of the patient, his mode of lying in bed, spoke clearly in favor of his complaint being typhoid; he lay on his back in listless indifference, as if his body were not his and it were sinking almost through the bed. The temperature went down already in a few hours, becoming practically

normal in three days, and the patient slept for three hours after the sixth dose. [Here complete record of temperature.] I do attach *very* great importance to this case, as it was most manifest that the *Pyrogen* acted curatively even though we had taken no notice of the temperature at all; the patient soon got sleep, picked up, took an interest in his surroundings, wanted food; kidneys, bowels and skin all told that the fever was not being treated merely by it, but jugulated, snuffed out, if I may so say. No doubt I may be inclined to think too much of it, but my duty is done when I give my evidence and my opinion.

CASES V., VI.—The young ladies had been under allopathic treatment and the fever would not lessen. Having them in adjoining rooms, and both cases being clearly of common origin, whatever that may have been, I gave the worse patient *Pyrogen* as in the last case, and *Baptisia* to the less bad one. In three days the patient taking *Pyrogen* was feverless, and the one on *Baptisia*? her temperature had gone on steadily rising, and was 104 or thereabouts. Why did you not give them both *Pyrogen*, said the mother. I did not enter into the question, but ordered *Pyrogenium* then for the other, and down went the temperature as in the previous case.

This is my experience of *Pyrogenium*, not, indeed, all of it, but the bulk of it. Now, let those who have more fevers to treat than I have put it to the test, but not in low dilutions, or hypodermically, but in the 6th centesimal by the mouth, as I have done.

Dr. Burnett's pamphlet closes with a letter from Dr. E. B. Shulldham, from which we extract the following:

In August, 1887, I was attending a little boy for a diphtheritic sore throat, and the boy was not racing his way to recovery. Indeed, matters were at a stand-still, when I thought of *Pyrogenium*, and gave it in the sixth dilution—centesimal. But let me first say, by way of parenthesis, that the boy's temperature was 102½° F. There were patches on both tonsils, the breath was offensive, the tongue thickly furred, and the complexion muddy. The *Pyrogenium* was given on a Tuesday, and by Wednesday morning there was a marvellous change for the better. The temperature had fallen to 99° F., the throat was less inflamed and less covered with membrane. The tongue was cleaner and the complexion less muddy. The next day matters improved still more, and by Friday I had taken leave of the patient.

This was not all. The little boy's sister was seized with chills, headache, aching in the limbs, and soreness of the throat. The clinical thermometer marked 102½° F. in her case. Suspecting that I had another case of blood-poisoning to deal with, I gave *Pyro.* 6, and by the next day all these uncanny symptoms had vanished like a dream.

I fear, my dear Burnett, I weary you, but at the risk of being thought a dreadful bore, I will add one more experience. The mother of my little boy patient nursed her son, and was infected by the same blood-poison. False membrane was deposited on both tonsils, the patient had a foul breath, a furred tongue, and a look of weariness and illness that betokened serious trouble. But she only remained in bed two days after having taken the first dose of *Pyro.*, and made a good recovery.

Messrs. Boericke & Tafel have prepared this remedy according to the published formulæ, by which that producing results so favorable in the hands of Doctors Burnett and Shulldham was prepared. (See page X).

Clinical Materia Medica.*—The death of Dr. Ernest A. Farrington, cut off before he had completed his 39th year, is a loss not to his country only, but to homœopathy. America has produced many brilliant exponents and practitioners of Hahnemann's system, and among the most brilliant of them all the name of Farrington will always have a place. The faculty of expounding the *Materia Medica* in a way at once

* *A Clinical Materia Medica*, being a course of Lectures delivered at the Hahnemann Medical College at Philadelphia by the late E. A. Farrington, M.D. Reported and edited by Dr. Clarence Bartlett, and revised by Dr. S. Lilienthal; with a memorial sketch of the author by Ang. Korndörfer, M.D. Philadelphia: Sherman & Co. London: Homœopathic Publishing Co.

interesting and profitable is given to few. Whilst there are thousands of able men and women practicing homœopathy with distinguished success, the number of those who have the gift of imparting to others the art they have acquired may be counted on the fingers. This is quite a separate faculty, and the possessor of it needs a combination of faculties that amounts almost, if not quite, to genius. Such a genius was Farrington's. He possessed an indomitable industry which enabled him to master the dry details of our materia medica to a wonderful degree, and he also possessed the power of selection and condensation which enabled him to bring out the character of a drug and reduce the disorder to an orderly whole. It is a fortunate thing that the lectures of Dr. Farrington, which were largely extempore, have not been lost. Thanks to the proficiency in shorthand of one of his pupils, Dr. Clarence Bartlett, the lectures are preserved very much in the form in which they were delivered, and the result is that we have in this volume the most interesting literary event in the homœopathic world that we have been called upon to notice for years past. There is a freshness about this work which is quite remarkable and very pleasant. Dr. Farrington's method of dealing with medicines in groups has great advantages. We always *think* of things in their relations, and hence we are much better able to grasp and retain in the memory facts which are presented to us thus ordered. In an art like ours, where the memory is so severely taxed, the grouping together of medicines, when it is done by a master, is of the greatest advantage. We need only refer to the opening chapter on the Animal Kingdom for proof of this. It is not easy to do justice to the work by making extracts, and therefore we must refer our readers to the work itself, which should find a place on every practitioner's shelf.—*Homœopathic World*.

Tuberculosis Transmitted by the Milk of a Phthisical Cow.—A remarkable case has been recorded by Denune, of Berne, in which an infant became infected with tuberculosis through the milk which had been obtained from a phthisical cow. The details of the case are as follows: An infant, aged four months, belonging to a family whose history was absolutely negative in regard to tubercular affections, died of tuberculosis of the mesenteric glands, a fact which was confirmed at the post-mortem examination. The glands alone contained the characteristic bacilli; the latter were not even to be detected in the intestinal mucous membrane, and no bacilli were found in any other part of the body. The child was fed with the milk of a cow which was especially kept for the purpose. The cow for the purposes of examination and inquiry was slaughtered, and a careful post-mortem made of its carcass. The left lung and pleura of the animal were found to be studded with tubercle, and in the tubercular nodules, bacilli were easily found. The milk was then submitted to a minute investigation, but bacteriological examination at first yielded negative results. Finally, however, tubercle bacilli were detected in portions of the liquid expressed from the deepest parts of the mammary gland. The case is an important one from several points of view, and claims attention by reason of its bearing upon the so-called hereditary transmission of tuberculosis. If, instead of a human infant, a calf had in a natural manner fed itself, with milk from its mother's udders, we can hardly conceive otherwise than that the calf would have similarly become infected with tubercle. Assuming such to have occurred, the case would obviously have been regarded as one of

the hereditary transmission of tubercle. But taking the supposition that a woman suffering from phthisis suckles an infant, there seems to be no reason why the same result should not occur, and why, like the infant and the cow, to which reference has been made, the mother should not transmit the bacilli by means of her milk to her offspring. All this appears to be possible enough, and has, perhaps, even occurred in some cases without the fact having been proved by demonstration.—*Medical Press and Circular*, June 27th, 1888.

Again does the moral of much we have been writing lately shine out. Had the milk of even this unhealthy cow been sterilized, the chances are the infant would have lived. The testimony in favor of sterilized milk is so strong and from so many sources, that we think when the physician has a persistently sickly infant on his hands, he would do well to put it on a diet of this milk.

Personals.—B. Clemens, M.D., Easton, Pa., sailed for Germany on July 14th, to be absent two years.

S. L. Eaton, M.D., has removed from East Orange, N. J., to Watkins, N. Y.

On a Certain Class of Articles.—There is a certain class of advertising which every one finds peculiarly irritating; we refer to that which is smuggled into the part of a publication supposed to be occupied exclusively by reading matter. We do not refer to the "business managers" or "publishers" or whatever other name the department goes by, for there it is mostly the business man speaking, and he speaks business; but when matter which properly belongs in his department gets among the articles of the editor, the reader is duped, or if he isn't he is annoyed at the attempt made to dupe him. This sort of thing is getting to be quite common. Before us is a very respectable medical journal, the August number of which has for one of its leading papers a palpable advertisement of an "infant's food." We have nothing to say against the food, and the editor may claim that the article has so striking merits as to deserve a place among his "original" papers, but we fancy his readers will take this *cum grano salis*, and not only this but the writer's erudition on food generally as shown in this paper, or advertisement, will be received with considerable skepticism by many. He says, as a prelude to the portion of his paper referring to the merits of "——— food:" "We need the *whole* wheat, the *whole* of the corn or rye! To get the calcareous matter in our grains we need their *bran*, the immediate outside substance." (The italics are sprinkled in plentifully.) The bran of wheat or corn is nothing but woody matter, and while a stout stomach may pass it along towards the natural outlet without trouble, there are others to which it will give trouble, if taken in too great quantities, in the same way as would so much saw-dust. We know of a number of people who once concluded to get strong in teeth and bone

by eating nothing but bran bread; but in a few weeks nature created so strong a distaste for the article that it could be no longer forced down, which is not the case with a wholesome food. Get hold of a grain of corn, peel off the bran and examine it; try to chew it; then conclude whether pure bran can have any good effect in the stomach. There are three general grades of flour in the market to-day, "Patent," "Clear" and "Straight," as they are known to the trade. The "Patent" contains most of the gluten of the wheat, its strongest and most nourishing part, and has all the good qualities of bran flour without its objectionable saw-dusty property. "Clear" is flour made at the same time as the patent; it is mostly starch, very white, but has little strength. "Straight" is the two combined in one flour. The "Patent" is the highest priced, "Straight" next, and "Clear" the cheapest. Sometimes, if prices justify, a fourth grade is made known as "Low Grade" or in some quarters as "Red Dog" from its reddish color; of late this is mostly thrown in with the offal for cattle-feed. Eating wheat bran has always seemed to us akin to eating grape-skins, rice-hulls, or nut-shells.

This same journal, among its quoted articles, has one of a column and a half booming up another "food," which is so superior that it has "a host of imitators." These articles may not be advertisements, but they have all the ear-marks, and some of the phraseology of them.

Mullein Oil in Enuresis.—"It is not probable that it will prove a specific in every case, but it should be added to the list as an agent liable to do good work in time of need. The *U. S. Medical Investigator* says that Dr. Cushing, of Lynn, Mass., made a proving of it a number of years ago, and found dribbling of the urine a prominent symptom. Since that time, he writes: I have treated many cases of enuresis, mostly nocturnal, some of which had resisted years of treatment both by old school and new, and I do not know one that has been thus treated that has not been cured." The dose will vary somewhat with the caprice of the prescriber. We would suggest a solution of the oil in alcohol—one part oil to fifty or one hundred parts alcohol. Of this give five or ten drops at a dose, repeating four or five times daily."—*New York Medical Times*.

The *Times* might also have added that Mullein Oil has made some remarkable cures of deafness, when a few drops of it have been put in the ear.

The fact has been brought to our notice again quite recently that a number of pharmacists and drug stores are selling an article to physicians and labelling it "Mullein Oil," which is not Mullein Oil, but a preparation of which the seller alone knows the ingredients. The true Mullein Oil is easily known and cannot be counterfeited. It is *not* an oil at all, but a rather dark-colored liquid with an odor somewhat resembling rose-scented snuff. It will mix with water perfectly. Any

article sold for Mullein Oil which contains oil of any sort is not Mullein Oil, whatever else it is. Dr. Cushing introduced it to the medical world and gave it the name it had borne for years among the country people.

Epiphegus Virginianum in Nervous Headache.—*Epiphegus*, once known as *Orobanche*, is no doubt the great remedy for that disease so peculiar to American women, "sick headache." This is the way Dr. Jones sums up those for whom this remedy is useful. "The victims of this species of headache are not equal to any unusual demand upon their energy; any slight departure from the 'even tenor of their way' determines an attack. It is the headache of exhaustion—*neurasthenia*, as it is termed, hence the slight excitement of a visit, or a day's shopping, or an unwonted over-exertion exhausts their limited capital of energy and precipitates an attack." We have a reprint of an article by Dr. Jones giving a history of this most valuable medicine. We will mail it free to any physician.

Adonis Vernalis in Dropsy and Heart Disease.—This remedy was first used in Russia by the peasantry as a cure for heart disease and dropsy, and later has been used by physicians with marked success. Observations made by Dr. Botkin showed that under its influence in cases of dropsy the cardiac contractions increase in force, the pulse becomes less frequent, more regular, and fuller, the urinary secretion increases from 200 to 2000 or 3000 centimetres, and albumen and casts disappear from the urine. In cases where the dropsy was due to a disturbance in the compensation and activity of the heart, this remedy acted very satisfactorily. The heart-beat increased in force, and the size of the heart rapidly diminished; the heart sounds and murmurs, especially the presystolic and systolic murmurs in stenosis were more marked and distinct. The urine increased from 300 to 3000 cubic centimeters, or tenfold, was of pale color, and all deposits disappeared. In the largest number of cases great relief was experienced at the end of the first day. These clinical results were obtained in hospital cases. Here is one more quoted by Arndt: "A common laborer with chronic valvular disease, with dilation; after the use of *Adonis* the heart diminished in size, the congestion of the lungs, well marked, almost disappeared, the œdema of the legs and ascites disappeared entirely, palpitation of the heart and dyspnoea diminished so much that the patient was discharged from the hospital and returned to work." The dose of *Adonis vernalis*, when given in the tincture, is 5 to 10 drops every 4 hours.

Pine Pitch Ointment.—Pine Pitch Ointment, a note of which will be found in our advertising pages, is somewhat new in this country, but has been used in Bohemia for about a century with the greatest success in healing old ulcers and running sores that resist all treatment. See

RECORDER, July, 1888. Its medicinal virtue lies in a peculiar raw pine pitch. It is applied twice a day by spreading thinly on a linen rag and binding on the ulcer. It has been used with gratifying success by a number of physicians in this country.

Dr. Ussher, in *Homœopathic World*.—"Boericke & Tafel, I find in the RECORDER, are pleased that good arnica and oil can be had in England. The former was so good, that the youngster had to be sent to a distant W. C. as a sanitary expedient." [Now what on airth dew you mean by that anyhow?] "Surely B. & T. do not expect our household loaves to bear their imprint." [?] "It reminds me of a high personage who asked his tailor in London how he liked a certain sea-side place; the tailor replying that the society was *rather mixed*, when he got the naive reply, 'Did you expect to find them all tailors?'" [Again we are wrapt in Egyptian darkness; are we the tailor or the high personage?] "We sometimes get very good medicine and oil not made from cotton-seed in this poor country, nor do we swallow all Jonathan says." [Right, doctor! for Bro. Jonathan sometimes indulges in very tall talk.] "Remember the man in the boat." Thus the doctor concludes, and assuredly we would remember the gentleman in the boat if we had the pleasure of his acquaintance, but we havn't. Whether the genial doctor is getting off a joke in the quotations which we have taken the liberty of breaking slightly, or is ironical, or complimentary, we really cannot fathom you know.

Arnica Oil, doctor, has grown immensely in favor lately. The calls for it are repeated and numerous. In fact we may say that Arnica Oil is enjoying a mild little boom. The young men whose minds lightly turn to athletics have found that Arnica Oil rubbed on their joints and muscles has a tendency to make them supple and to prevent stiffness and soreness.

Arnica Oil is a beautifully clear golden-colored liquid, which develops a pronounced odor of the drug on rubbing, whereas a mixture of olive oil—even if pure—with arnica tincture produces an opaque liquid, which if allowed to stand will show a separation, the oil settling to the bottom.

Unfermented Grape Juice.—We call attention to the advertisement of this article, this month showing a reduction in price. The sellers guarantee the quality to be the same as that which has met with so much favor the past three years. It is preserved without *salicylic acid* or *sulphurous acid*, and is not boiled. It is as pure as when it ran from the wine press and will ferment generally about three days after opening. Grape juice preserved with chemicals will not ferment, and owing to the cheapness of preserving can be sold at very low rates. It is, however,

not a good diet for invalids or any one else. There is a great deal in the market so preserved.

A Laic's Report.—Until we looked into the matter, we did not realize to what extent condensed milks are fed to children, and plainly to their detriment. For all these are preserved with cane sugar and there is no need of us telling our readers what bad effects follow the continuous feeding of this to infants. A lady, quite a young mother, was buying a supply of Loefflund's Sterilized Cream-Milk the other day, and the following is an abstract of the gossipy little report of its action which she gave the pharmacist who was waiting on her. Her first child had been raised on —— (mentioning a pretty well known brand of condensed milk, which is preserved with sugar), and though it lived it was always fretful, pale and puny; never seemed to enjoy life as a healthy baby does. Well in due time she was the mother of another baby; and this too she began to feed on the same milk and it too was pale, puny and sickly and had sour stomach, and was generally an infantile misanthrope. At last, she said, a doctor told her that she ought not to feed her child with that kind of milk, and he told her to get some of Loefflund's, try it for a week or two, and see if it made any difference in the baby's health. She did so and said the effect was really amazing, as it required but a short time for the baby to evolve from the puny, fretful and crying state of ill health, into the laughing, crowing state of all little ones whose stomachs are in good order. *She* said this cream-milk of Loefflund's was the cause of the beneficent change; and we incline to believe her; we know Loefflund; we know how he preserves this milk, and the character of it originally; and we firmly believe that there is many a sickly baby to-day, made so by being fed sugar preserved milk, who would be brought to good health by having Loefflund's Sterilized Cream-Milk fed it instead.

Ferrum Picricum.—Dr. E. Mende, of Zurich, Switzerland, paid us a visit recently, and during the course of conversation said that he had never met a case of nose-bleeding that *Ferrum picricum* would not relieve. The Doctor, by the way, was on his way home from Pittsburgh, Pa., where he had been called by a patient.

Malted Milk.—We call attention this month to the card of the Malted Milk Company in our advertising pages. The formula of this article is as follows: Wheat flour, rich in gluten, 23; Barley Malt, 23; Wheat Bran, 3.25; Bicarbonate of soda and bicarb. of potass. .75; Solid constituents of Fresh Cow's Milk, 50.

The first four ingredients are mixed with water, and brought to the temperature of 150° F., and kept at that temperature till all the starch of the flour is transformed into soluble dextrine and grape-sugar by the

diastatic action of the malt; it is then pressed and filtered and the solution mixed with the grass-fed cow's milk, and then evaporated to dryness at a low temperature in vacuo. Malted milk is meeting with good success, and forms a part of the stock of all pharmacies.

A Genial letter from Ohio inclosing subscription for RECORDER as far ahead as 1890 concludes: "Send her along; she's a good one and I cannot get along without her. Success to the RECORDER." This reminds us that we don't want to send out another batch of postal card reminders to our delinquent friends; we know their failure to remit is the result of forgetfulness, hence this little jog.

Spree Candy.—M. Jean Desbouvrie thinks he has discovered a means by which all the bad effects of taking too much alcoholic drink may be obviated; all that is necessary, he claims, is to fortify the stomach beforehand with an appropriate food containing an adequate proportion of albuminous and fatty material and he has prepared a chocolate containing those proportions, and forwarded it with his paper to the Paris Academy of Medicine. Whether any members of that body have experimented with it yet we do not know. It would be serious if these grave gentlemen were to experiment in the interest of science, and then find the candy wouldn't work. For a little while, probably, they wouldn't care.

Like all other journals, the RECORDER is very glad to receive advertisements, but it does not want them so badly as to take those of a certain class. Lately, we have received offers of two—one for a page, and one for half a page, cash in advance at our own rates, and which can be found in a number of other journals—but rejected them both. There are a great many things which, while not in the homœopathic category, are not conflicting or antagonistic, and these we welcome to our pages, and will give good return, if a good return be possible from advertising them. This is especially true of specialists' addresses or cards; we will give them a wide circulation, and a big one; also, "For sale," or "Wanted" advertisements, where the object is to reach the homœopathic medical profession.

Heaven and Hell.—In our advertising pages this month will be found the card of the American Swedenborg Printing and Publishing Society, offering a goodly amount of literature for a very small sum. It was Emerson, we believe, who pronounced Swedenborg to be a Leviathan among the writers of his day, and they, 'tis whispered, were no smaller than those of to-day. Any of our readers who would like to have a description of heaven, and also of hell, from an eye-witness, can have his laudable curiosity gratified for a very small sum by writing to the A. S. P. & P. S. (and mentioning RECORDER, of course).

Yale University conferred the degree of LL.D. upon Dr. William Tod Helmuth in June of this year. It is well deserved.

Another pioneer has gone: Dr. O. P. Baer, of Richmond, Indiana; born August 25th, 1816; died August 10th, 1888. He was the first homœopathic physician to make his home in Indiana. He practiced as an old-school physician ten years before becoming a homœopath.

The *Oidium Medicum* fight has been transferred from the columns of the London *Times* to the pages of *The National Review*. Those who have read the reprint, *Oidium Medicum*—and every one should (it only costs forty cents)—will remember the doughty "R. B. C." of the losing side. Well, "R. B. C." is at it again, and Dr. Dudgeon is after him and also "E. P. T. (M. D. Cantab)." If this goes on, we may soon welcome another peppery pamphlet.

The famous Dr. Lauder Brunton has taken another step, and warmly praises triturations and tablets; he discovered them in the United States and has prescribed them since his return to England with "such good results that I am encouraged to pursue my investigations." Of tablets or "tabloids" as he calls them, he has very high praise; they are not only accurate, but exceedingly convenient for both patient and physician. He hopes that it does not "savor of immorality" to thus praise our homœopathic pharmaceuticals, but he found them used by so many "distinguished physicians," east and west, etc. Not at all, doctor, not at all!

The *Homœopathic World* hints that the great charm of Schüsslerism lies in the fact that there are but twelve remedies to study; but for all that, it has a very good word for the new edition, compiled and arranged by Drs. Boericke and Dewey.

On the first of July of this year, a homœopathic hospital was opened at Leipzig, No. 46 Sidonien strasse, under the medical superintendence of Dr. Carl Heinigke. The accommodations for patients, it is said, are excellent. The building stands at the corner of a street, and has a large shady garden attached.

There is that list of old books up front among our advertising pages still, and it is worth looking over.

They have, it seems, a Society for the Prevention of Blindness in England; physical, we presume, for the other kind is something no one will confess to.

LITTLE TRIFLES.

A great many books are nothing but leaves—and ink.

But the saddest sight of all is the last man in a long procession.

Few people neglect the I.

Cold tongue is liked, but the cold shoulder isn't.

According to Dr. Dufestel, girls are more apt to be malingerers than boys, in proportion of two to one.

"You are an intelligent man," said the lawyer. "Thank you," replied the witness. "I would return the compliment were I not under oath."

The boot-black gazes sadly at the new style shoes. Well, we all have our troubles.

The tale of the bee is sharp and painful.

"Corn dynamite" is not, as one would infer, bad whiskey; its use is chiropodical. Again: The "Royal Dauber" isn't a princely amateur painter, but a boot black's tool.

"Phosphate" is one of the most overworked words in the scramble to-day. It ranges from manure to soda-water.

Though it is the "Sugar Trust" its motto is that same old coon—"no trust."

Implicit in "The Romance of Science" is the romancing scientist.

"A baby," quoth a deep philosopher, gazing on one with his toe in his mouth, "is a good financier, because he can make both ends meet with ease."

THE HOMŒOPATHIC RECORDER is One Dollar a year. It's worth it.

Mother—"What have you been doing to your little sister, to make her cry?"
Eldest—"Nothing. I told her she must die some day, and she said she wouldn't."
—Boiled down from *Harper's*.

An English doctor says that habitual temperance increases the risk of death from old age.

Aroused "apothecary," in *Druggists' Circular*, says there are more bad doctors than bad patent medicines let loose on the world every year.

"Banana-juice" is said to fill a "long-felt want." Cracker-juice is what we long for now.

A New York State advertiser has discovered that his article "fills a want long wished for."

The Mind Cure doctor doesn't want any mind-paid bills in his.

In Japan they speak of animals, as Mr. or Mrs. Mr. Dog, Mr. Cat, Mrs. Hen.

"Them in pol'tics ez 'feard o' the truth ez a toper o' cold water. Jes gin em the fac's an' they'll see snakes," says one of Charles Egbert Craddock's people.

A poet gets his license *ex officio*—the rest of us—when we get them—by paying hard cash.

The soft drinks of temperance, 'tis said, are hard on the man.

Who knows the lady who could not sit for her picture until she had sprinkled herself with *Eau de Cologne*?

When the red-headed girl sees the white horse, she shyly glances about to see if there are any donkeys near.

What argument does an "intelligent people" find torchlight parades?

We suggest sterilized milk for the infant industries.

Ancient history—the joke column.

THE
HOMŒOPATHIC RECORDER.

VOL. III.

PHILADELPHIA, NOVEMBER, 1888.

No. 6.

DISCREDITED WITNESSES.

FOR many years the enemies of homœopathy and of homœopaths have employed as a chief weapon against us the charge of ignorance of even the primary branches of medical knowledge. Reports of homœopathic cures have been coolly brushed aside with the remark that the diagnosis was incorrect, and within two years a prominent allopathic journal, in noticing the opening of a new homœopathic hospital, sneeringly used the interrogation mark after the words "homœopathic surgeon," as if to say a believer in the law of *similia* could not be a surgeon. Quite recently a writer in one of the New York dailies, while employing his sarcasm against the whole medical profession, incidentally wrote of the homœopath as one who had never seen the inside of the human body.

Such charges have, for the most part, remained unnoticed by the homœopathic press as being too puerile for refutation.

The swift witnesses against us have, however willing they may have been to abuse each other, been of one mind in the warfare against the followers of Hahnemann, but within a few months some very prominent allopaths have been impeaching not merely each other's veracity, but, *mirabile dictu*, each other's diagnostic ability.

It is extremely interesting to review the charges and countercharges made by the two factions under whose unfortunate ministrations the late Emperor Frederick passed away. The German physicians charge the foremost laryngologist in England with inability to diagnosticate cancer when it was in sight, with bungling awkwardness in attempting to remove a portion of an intra-laryngeal growth, and with having actually removed a healthy part and that from the wrong side.

The Englishman, in his turn, says the malignant character of the growth was hurried into activity by the repeated cauterization of an

inflammatory spot in the larynx by a prominent German professor. He also charges one of the foremost surgeons of Berlin with mistaking hepatic dulness on percussion for the dulness of a lung invaded by cancer, and that the same surgeon did not know enough to pass a canula into the trachea, and that he forced it into the tissue between the trachea and the front of the neck.

Equally grave charges of incompetency in using the laryngoscopic mirror were made against physicians holding official positions, and hence presumably "well up."

It is not our purpose to review the conflicting testimony, but to call attention to the fact that men like Mackenzie and Hovell have been condemned as ignoramuses or worse by the German attendants on the late emperor, while Gerhardt, Bergmann, Bramann, Schrötter and other prominent physicians are, in Mackenzie's "retort *uncourteous*," censured in terms that are simply amazing.

As allopathic testimony has hitherto been accepted without challenge in allopathic journalistic courts, it follows that each side in condemning the other must be right. And, as we have said, both factions are made up of representative men, the fond illusion that existed in the lay mind as to a shadowy but still, somehow, real superiority of the allopath's diagnosis—is now rudely shattered.

CUPHEA VISCOSISSIMA (Lythrum petiolatum, Linn.).

Common Names.—Waxweed. Fluxweed. Red Pennyroyal.

ICOSANDRIA MONOGYNIA.

Natural order.—Lythraceæ—Loosestrifes.

FLOWERS bright purple; flowers from June till August. Stem woody. Flowers are in the axil formed by the leaf and stem, and terminal.

This plant varies much in growth, often but a single slender stalk five or six inches high, but in a favorable situation it will attain a height of twenty inches or more, and often quite shrubby (suffruticose).

The entire plant has a clammy or sticky feel when handled, and this sticky property is quite sufficient to catch and retain the light down of the thistle or other plants that may be wafted against it. To this viscid property it is indebted for its specific name (*Viscosissima*) and for one of its vulgar names "Waxweed."

The flowers are not large enough to be conspicuous, but they are nevertheless quite noticeable on account of their lovely bright purple hue.

It is found plentifully around Frederick, but it seems to luxuriate in the sunny spots of woods or in a rich nook of neglected fields.

Some of this family of plants so abound with tannic acid as to be used, where plentiful, in tanning leather, etc.

MEDICAL PROPERTIES.—Tonic, seccernant, stimulant. Vulnerary. Astringent.

When used in domestic practice the plant, recent or dried, is boiled in milk or water, and the decoction administered in convenient doses.—Botanical description by *Prof. J. C. Engelbrecht*, Botanist.

CLINICAL EXPERIENCE.—By *A. A. Roth, M.D.*, Frederick, Md.—Two years ago, whilst battling manfully for the life of a child, ill to death from cholera infantum, I was persuaded by a lady friend to use red pennyroyal tea; and to my delight, I had the pleasure of seeing a marvellous change in less than twenty-four hours. The vomiting ceased promptly and the bowels gradually became normal. Impressed by this fact, and also the fact that it was used very extensively in home treatment by country people, I procured the fresh plant and prepared a tincture as directed in the *American Homœopathic Pharmacopœia*, under article Hedeoma. This made a beautiful dark-green tincture, having an aromatic odor, and slightly astringent taste. Of this I gave from five to ten drops according to age, every hour until relieved, and then as often as needed, and found it act promptly and effectively. Feeling loath to add another remedy to our already overburdened materia medica, I deferred any mention of the fact; but now, after a fair trial for two seasons, I feel justified in believing that the *Cuphea viscosissima* will prove a treasure in the treatment of cholera infantum. Out of a large number of cases treated, I had but three square failures, and they were complicated with marasmus to an alarming extent before I began the *Cuphea*; one died and two finally recovered. *Cuphea* does not act with equal promptness in all forms of cholera infantum. Two classes of cases stand out prominently; and first, those arising from acidity of milk or food; vomiting of undigested food or curdled milk, with frequent green, watery, acid stools, varying in number from five to thirty per day; child fretful and feverish; can retain nothing on the stomach; food seems to pass right through the child. I have frequently had the mother say after twenty-four hours' use of *Cuphea*: "Doctor, the baby is all right," and a very pleasant greeting it is, as we all know. A second class is composed of cases in which the stools are decidedly dysenteric, small, frequent, bloody, with tenesmus and great pain; high fever, restlessness and sleeplessness. In these two classes, *Cuphea* acts promptly and generally permanently. It contains a large percentage of tannic acid, and seems to possess decidedly tonic properties, as children rally rapidly under its use. It utterly failed me in ordinary forms of diarrhœa, especially in diarrhœas from colds, etc., but in the classes mentioned, I have frequently had it produce obstinate constipation after several days' use.

Western Maryland seems its proper habitat, as here it frequently

grows to the height of two feet, forming quite a bush, whilst elsewhere it rarely grows higher than from four to eight inches. It flowers from June to September, but the best time to collect is in July and August. For me, *Cuphea viscosissima* has become the remedy for acidity of stomach and bowels as developed in cholera infantum.

HOMŒOPATHIC THERAPEUTICS.

Disease-Conditions after Fright, and their Homœopathic Treatment.—By *Dr. Mossa*, of Stuttgart.—The following case came lately to me for treatment: A family had gone to bed, when suddenly from a room near the sleeping chamber there came a crash, awaking a two-year-old boy out of sleep in affright. The cause of the disturbance was the giving way of an oaken table-leaf. The boy, a blonde, light-haired child, with prominent forehead, lively and intelligent, was a considerable time in getting quieted and to sleep again. On the next day the parents observed that the boy, who had formerly spoken with correctness, now stuttered, and that his tongue was in involuntary motion in different ways. Towards evening he appeared fearful and anxious and thought that some one was under the bed. This fearfulness disappeared after a few days, but the stuttering and the disordered movements of the tongue continued.

The above history was given to me by the grandfather with the inquiry whether homœopathic remedies could do anything for such a condition. My answer was affirmative, and I sent to the parents a powder of *Stramonium* 30, to be dissolved in a glass of water, and a teaspoonful to be given every morning and evening. This was done, and with such good result that the boy was soon able to speak properly and to control fully the action of the tongue.

Simple as the above clinical history is, it has a deeper meaning than appears on the surface. It shows that homœopathy has its influence on both body and mind, and especially in the early years when the human constitution is so easily affected. I do not know what would be done by allopathy under such circumstances except to give bromide of potassium, which is uncertain in action and injurious in its consequences.

What caused me to give *Stramonium* in the above case is evident to any one who knows in some degree our *materia medica*. *Hahnemann* and his provers observed that this remedy influenced the mental and emotional states very similarly as a fright does.

Further, spasmodic motions of the tongue and stuttering are produced by the action of this remedy, and I, with many other homœopathic physicians, have succeeded in relieving stuttering in the time of child-

hood by Stramonium. This trouble may be much oftener caused by fright than we think.

After a fright, a girl was affected by involuntary motions of the left arm and leg, that in time became a real chorea, until finally she could not keep a single limb still. As long as she was awake all parts of her body were in the most extraordinary movement, even the tongue not being under control, so that often she was unable to utter a word. After the unsuccessful use of different remedies, Cuprum, repeated several times, brought a slow but decided improvement.

Not infrequently, the sight of a person in spasms produces a fright that, especially in children, brings on spasms.

Thus, a twelve-year-old girl, who had recovered from whooping-cough, got a kind of chorea after repeated frights at seeing an epileptic. To the remarkable muscular movements there was added silly behavior. Her tongue in speaking was heavy, so that her speech was very slow; her gait became unwieldy, she was constantly coming in collision with objects about her, and in taking anything from a table she swept all away. At night she was frightened. Great greediness in eating and drinking. Ignat., Stram. and Sulph. had but little effect. She now became ill-natured. Cupr. met., a dose every four days, quieted her; the involuntary movements ceased, but the speech remained awkward. Under the continued use of the remedy for three months, a complete cure resulted.

In the following case, Ignatia was curative. The patient, a girl aged eleven, of weakly constitution (she had formerly suffered from an eruption upon the head), became ill in consequence of a fright. She made the most remarkable movements and contortions of the limbs, the head also taking part. After fourteen days she became so bad that she could no longer walk or use the hands to any purpose. In other respects she was normal. Several remedies given with the causal fright in view were without effect, but Ignatia 12, a dose every three days, first relieved gradually the contortions, and after four weeks' use of the remedy she was cured.

Not only children, and especially girls, are affected by fright, but even strong men react to the same cause when it is of a high degree.

A dark-complexioned man, aged twenty-three, of middle stature, was condemned to death as a spy. The emotional state was here a mixture of anxiety, fright and fear; it brought on a kind of epilepsy which had continued in weekly attacks for four years. The attacks lasted from fifteen to thirty minutes. Then the blood would ascend to the head and face; he had vertigo and trembling of the limbs, and a sweat broke out. Upon lying down, he felt a painful pressure in the pit of the stomach and he began to cry out. His head was affected, he raved; he threw his head from side to side; the eyes rolled about or were fixed on one point. At other times the spasm affected the lower limbs, but

then consciousness was not lost. He thrashed around him with arms and legs, the thumbs were drawn in or the limbs became rigid. At times, the head was drawn backward and the spine arched backward. Ignatia 18, continued for a long time, kept off the attacks, but signs of their appearance were evident upon emotional excitement. The cure was completed by Calc. carb. 30.

A man, aged forty-eight, of compact build, had the itch eleven years ago, which disappeared under the use of tobacco applications. For seven years he has suffered from epileptic attacks, recurring twice a month, as a result of fright. Allopathy had been employed in vain. The homœopathic remedies Nux vom. and Ignat. had also been used without effect. Bellad. 15, ten drops in six doses, cured. Later he received Sulphur 30, which brought out an itching eruption. He remained well.

As the remedy Stramonium, already mentioned as possessing such remarkable influence upon the brain and spinal cord and upon the emotional and mental conditions, and from which I have seen the most remarkable results, especially in alcoholic insanity, is still too little recognized, I will conclude this list of cases with one cured by Stramonium.

A boy, aged eleven, had, in consequence of a fright fifteen weeks previously, fallen into a condition so near insanity that his relatives were thinking of placing him in an insane asylum. From being a good docile boy he had become obstinate and self-willed and was frightened at the presence of strangers. His face showed stupidity and he was only slightly affected by external impressions. His eyes fixed and tearful, the pupils dilated and reacting slowly to light.

His memory had failed so that he forgot sentences which he had known by heart and he could not recall occurrences happening but a few days previously. In reading, which he would only do after repeated requests, he stammered with evident exertions, the facial muscles being greatly distorted and the mouth being drawn at times to the right and again to the left.

His gait was reeling, so that he had to be led. The head was retracted, the arms and legs trembled and the muscles were in involuntary motion. He placed the arm frequently upon the sacrum and bent himself backward with the expression of having been seized by severe pain. Appetite good, indeed increased; thirst excessive. Abdomen hard and tense; after several days' constipation a diarrhœa came on. Urine scanty; respiration accelerated and shallow. Frequent hawking with vomituration, without vomiting. Pulse small and tense; hands and feet cold with increased redness of the face; generally great chilliness. Sleep restless, with motion of the arms in different directions, with snoring, groaning and production of inarticulate sounds.

For the above condition, involving brain and spinal cord, emotional and mental states, Stramonium 3 was prescribed, a drop every morning.

By the next day its action was evident, as he spoke without being urged, and dressed himself. On the third day he sat at the table and was able to use his hands; his gait was still swaying; the mental state approaching the normal.

In three days the *Stramonium* was repeated, after which all the spasmodic symptoms disappeared, a dose of *China* relieving some few remaining symptoms. The boy remains well.

We see from the above how deep the influence of fright is upon the nervous centres, and it is remarkable that the same remedies, such as *Bell.*, *Hyos.*, *Stram.*, *Caust.*, *Nux v.*, *Ignat.*, *Cupr.*, and also *Opium*, which cause spasms and, according to the law of similars, cure them, also produce paralytic conditions and likewise relieve them. It is just so with electricity, which in slight intensity causes muscular contractions, but in great intensity, as in the lightning flash, paralyzes.

Of paralyzes directly caused by fright and cured homœopathically, there are but few examples in our literature. The following are such:

A girl, aged 21, strong and hearty, had a severe fright, as a result of which she became dumb. The motor activity of the tongue was impaired, and in it there was a feeling of numbness. The motions of chewing and swallowing were properly performed. She had frequent sticking pains in the head. *Belladonna*, for eight days, was without influence. Then *Hyos.* 12, a tablespoonful every day. After the fifth dose there occurred at night a spasmodic trembling of the whole body, and at once the power over her tongue returned and speech was restored.

The cure of two cases of paralysis following a fright is very interesting. The remedy was a tea of *arnica* flowers. (In paralysis after apoplexy *arnica* tincture and dilutions have proven curative, but the tea of *arnica* flowers has almost never been used by us.)

An eleven-year-old girl was frightened ten days previously and became hemiplegic. The voice was gone, swallowing was impaired; evacuation of bladder and rectum retarded and lessened. Pulse small and weak. She was taken to a hospital, where for two weeks she was under treatment without effect. She now received an infusion of *arnica* flowers (2 drachms to a litre of water) to be used during the day in several portions. Four days afterwards she began to speak, to swallow better, and to move the fingers somewhat. The urine became more profuse, the stool easier; seventeen days later she was able to sit upright in bed without assistance and to stand. The remedy was continued for four weeks, although before the end of that time all signs of her disorder had disappeared.

Worthy of remark were the painful tremors occurring from the eighth to the eleventh day, accompanied by a slight but involuntary motion of the lower limbs. For five days the patient had penetrating, stitching pains extending from the shoulder and the sacrum to the thigh, and

even to the toes, and then went in the reverse direction—decided symptoms of Arnica.

An equally good result followed the administration of the arnica infusion in the case of a twenty-year-old girl, who had had a severe fright, from which she fell unconscious, and on coming to was paralyzed in both arms.

From these cases we can see how severe the results of a fright may be upon the human organism, especially in women and children.—*Pop. Zeit. f. Hom.*, August 1st, 1888.

The Action of Highly Diluted Matter upon the Organic Cell.—Professor Schulz, of Greifswald, has made a series of investigations to find what substances would increase the activity of yeast-cells above the normal. His results were remarkable. It is proven that substances such as corrosive sublimate, iodine, bromine, chromic acid, salicylic acid, formic acid, etc., in somewhat strong solutions (one per cent. is in most cases more than sufficient), destroy all vital activity in cells of different kinds, so that every process of fermentation is brought to a standstill by the addition of the above-named materials, which kill the specific yeast-cell. But it is also demonstrated that extremely dilute solutions of the above-named substances increase the vital energies of the cells beyond the normal on coming in contact with them. With iodine an increase of the cell-activity was attained when the dilution reached $\frac{1}{1000000}$ th, and with bromine $\frac{1}{4000000}$ th. In conclusion, Professor Schulz gives the following dictum: "Every irritant exercises an action upon the living cell, the effect upon cell-activity being inversely proportional to the intensity of the irritation."

This is just about what Hahnemann asserted almost a hundred years ago concerning the action of potentized remedies, but expressed above in the terms of modern physiology. The representatives of University medicine will soon be brought to acknowledge, although by a round-about way, that homœopathy is neither foolishness nor knavery, and they will bring the testimony themselves.—*Dr. Heinigke in Pop. Zeit. f. Hom.*, August, 1888.

Causticum in Mimic Spasm of the Face.—Paralysis of the facial nerve is a welcome case for homœopathic treatment when it is rheumatic in nature and recent. In our experience the latter is not so often the case as might be wished; patients rely on the disease getting better of itself, and after waiting for weeks are astonished that even the skilful application of electricity does not cure. The physician in such cases finds it difficult, or even impossible, to discover the original cause, especially when not only the branches of the nerve are involved, but its trunk within the petrous bone or even within the skull cavity. As caries of the petrous bone, in spite of the chronic character of the pro-

cess, can cause a sudden paralysis of the facial nerve, it is evident that in doubtful cases, that is, in which positive evidence of bone disease is wanting, the diagnosis can be made by prescribing the specific remedy for recent rheumatic paralysis. *Causticum* 3 is such, and cured in a few weeks a case in a military invalid, who had suffered for eight days from mimic spasm of the face, and in which the impairment of hearing pointed to an affection of the nerve within the petrous bone.—*Pop. Zeit. f. Hom.*, September, 1888.

The Curative Power of *Berberis Vulgaris*.—By *Dr. Hegewald*, of Meiningen.—*Dr. Ch. Ozanam*, of Paris, reported lately the cure of a polypus by means of *Berberis vulgaris*. The patient was a man, aged 45, the polypus being on the right vocal cord.

Berberis has a specific action in laryngeal affections. The ancient Egyptians held the plant in high repute in malignant fevers, as *Prosper Alpinus*, physician and botanist, writes. But its sphere of action is far greater. The physiological proving of it by *Dr. Hesse*, of *Wechselberg*, has enlightened us here.

Berberis acts upon the venous system, upon the mucous membranes of the whole digestive apparatus, and upon the uropoetic organs. In chronic abdominal affections, usually accompanied by conditions of weakness, in affections of the anal structures, in laryngeal diseases, it is inestimable and often indispensable.

Under long-continued use it produces papular eruptions on the face, a peculiar cold feeling in the skin, and some difficulty of breathing on ascending. With this remedy, as with every other, the golden rule must be followed—to not have too much of a good thing. Just in this, *Hahnemann* showed himself the master. He allowed each dose to exhaust its action. The neglect of his precaution by us has brought many drugs into discredit, notably *Drosera* in whooping-cough.

Among the active constituents of *Berberis* are malic, citric, and tartaric acids. The nitrogenous constituent of the drug is *berberin*, bitter tasting and crystallizable. *Berberin* has been used successfully in liver affections, icterus, renal colic, and hæmorrhoidal troubles.—*Allg. Hom. Zeit.*, No. 4, Bd. 117.

[We are glad to give place to *Dr. Hegewald's* encomiums on *Berberis*. Those who have used it in a number of cases know its value in troubles of the liver, kidneys, bladder, and probably muscles. It covers some of the ground occupied by *Cantharis* and *Rhus*, and in rheumatic aches and pains in the loins, with implication of kidneys or bladder, we have found it almost specific.—*ED. H. R.*]

Capsella or *Thlaspi Bursa Pastoris*.—By *R. E. Dudgeon, M.D.*—The *Art Médical*, for July, 1888, contains a paper on this plant by

Dr. Imbert Gourbeyre, displaying all his well-known ability and erudition. Although an unproved remedy, its sphere of specific action is pretty accurately known, and in former days it was frequently employed by many eminent medical authorities. In our own days, though almost unknown to "scientific" medicine, it enjoys a considerable reputation in popular medicine, chiefly for hæmorrhages, and profuse menstruation, and metrorrhagia. According to Dioscorides, it is emmenagogue and abortive, anti-hæmorrhagic, and a remedy for sciatica. In Salmon's *Doron Medicum* (1683) it is said: "The seed provokes urine and the courses, kills the *fœtus*, resists poyson, breaks inward apostems, and, being taken in ʒij, it purges choler." In Vogel's *Historia Materiae Medicæ* we read of the seed: "Ischiaticis infusum prodesse, et menses ciere (Dioscorides). Sudorem pellere, et ad scorbutum posse, si ex vius teratur, adiecto saccharo (Boerhaav)." It was called by the old herbalists *sanguinaria*—"quia sanguinem sistet." Murray, at the end of last century, pronounced it useless; but De Meza, arguing against this opinion, relates a case of metrorrhagia cured by it, applied as a cataplasm to the loins, on the recommendation of an old woman, after the doctor had tried several medicines without effect. Lejeune (1822) says he has seen good results from its employment in hæmoptysis. Rademacher has a great opinion of it. He says: "This plant was held to be an anti-hæmorrhagic medicine by the ancients. The superior wisdom of later physicians has pronounced it to have no such power, *because it contains no astringent principle!* (Carheuser's *Mat. Med.*) A second property attributed to it was that of stopping diarrhœa; a third, that of cutting short agues. I have lately used it repeatedly in chronic diarrhœa, when this is purely a primary affection of the bowels, with surprising benefit; but it is useless in consensual diarrhœa. I have not yet used it in ague, but would not dissuade others from trying it. But the most important remedial power of this common innocuous plant I learned from no medical author; the knowledge of it was actually forced upon me by the following case: I was called to see a poor woman from whom, eight or ten years before, I had brought away a large quantity of urinary sand by means of magnesia and cochineal, and thereby cured her. Now, the tiresome sand had again accumulated in the kidneys, and the patient was in a pitiable state. The abdominal cavity was full of water, the lower extremities swollen by œdema, and the urine of a bright red color, which formed, on standing, a sediment unmistakably of blood. I prescribed tincture of *Bursa pastoris*, 30 drops, 5 times a day, solely with the intention of stopping the hæmaturia as a preliminary; but imagine my astonishment when I found that the tincture caused a more copious discharge of renal sand than I had ever witnessed. Paracelsus's words occurred to me: 'A physician should overlook nothing; he should look down before him like a maiden, and he will find at his feet a more valuable treasure for all diseases than India, Egypt, Greece or

Barbary can furnish.' I should certainly have been a careless fool had I, with this striking effect before me, changed to another medicine. I continued to give the tincture; I saw the urinary secretion increase with the copious discharge of sand; the water disappeared from the abdomen and extremities, and health was restored. I went on with the tincture until no more sand appeared in the urine, and I had every reason to suppose that the deposit of sand was completely removed. Since then I have used this remedy in so many cases with success that I can conscientiously recommend it to my colleagues as a most reliable remedy. Among these cases was one which appeared to me very striking. It was that of a woman, aged 30, who came to me for a complication of diseases. I examined the urine for sand, but found none. I gave her the tincture of *Bursa pastoris*, and a quantity of sand came away. On continuing the tincture much more sand came away, and her other morbid symptoms disappeared."

It was stated some time ago that Mattei's *anti-angioitico* was a tincture of *Thlaspi bursa pastoris*, but, if we are to credit the statement of a periodical lately published, entitled *General Review of Electro-Homœopathic Medicine*, this is not so, for *anti-angioitico* is there stated to be a medicine compounded of *Aconite*, *Arnica*, *Belladonna*, *Nux vomica*, *Veratrum album*, and *Ferrum metallicum*. I mention this inadvertently, but I do not suppose it is of much consequence, and my first experience of the remedial action of *Thlaspi* was anterior to the information that it was one of Mattei's remedies. In the 3d volume of the *British Journal of Homœopathy*, page 63, there is an observation taken from the *Berlin Med. Zeit.*, to the effect that Dr. Lange found the greatest benefit from "a decoction of the whole plant in cases of passive hæmorrhage generally, and especially in too frequent and too copious menstruation." In the *Zeitsch. f. Erfahrungsheilk.*, the periodical published by the followers of Rademacher, Dr. Kinil relates the case of a woman who, three weeks after accouchement, was affected with strangury. She could not retain her urine, which dribbled away, drop by drop, with constant pain in the urethra. The urine was turbid and had a deep red sediment. She got 30 drops of the tincture of *Thlaspi* five times a day. The strangury disappeared at once, the urine could be retained after a few days, and after eight days it became clear and without sediment. Dr. Hannon (*Presse Med. Belge*, 1853) mentions that he had found *Thlaspi* very useful in hæmorrhage when the blood was poor in fibrine. Dr. Heer (*Berlin Med. Zeit.*, 1857) found *Thlaspi* efficacious in the dysuria of old persons, when the passage of the urine is painful and there is at the same time spasmodic retention of it. On giving the medicine, a large quantity of white or red sand is discharged, and the troublesome symptoms disappear. Dr. Jousset (*Bull. de la Soc. Hom. de France*, 1866) had a case of hæmorrhage, after miscarriage, at three months. He tried *Sabina*, *Secale*, *Crocus*, tampons soaked in chloride of iron, but all in vain. He

consulted Dr. Tessier, who recommended him to try *Thlaspi*, 20 drops of the mother tincture in a draught; at the second spoonful the hæmorrhage ceased. He found it useful in hæmorrhage with severe uterine colic, with clots of blood, in that following miscarriage, in the metrorrhagias at the menopause, and in those associated with cancer of the neck of the uterus. He found good effects from the dilutions in some of these cases. Dr. Jousset, in his *Elements de Méd. Prat.*, repeats his recommendation of *Thlaspi* in hæmorrhages.

My own experience of *Thlaspi* is very small. In one case Dr. Rafinesque, of Paris, cleverly "wiped my eye," to use a sporting term, with this medicine. A young French widow was treated by me for a severe attack of jaundice, from which she made a good recovery. But after this she suffered for a couple of months from a very peculiar discharge after the catamenial flux. It had the appearance of brownish, grumous blood, and was attended with obscure abdominal pains. The cervix uteri was swollen and soft, but not ulcerated. I tried all I knew to stop this discharge, but without success. She went back to Paris and put herself under the care of Dr. Rafinesque, who was her ordinary medical attendant. He tried several different medicines without any effect on the discharge. At last he gave *Thlaspi*, 6th dilution, and this had an immediate good effect. Afterwards he gave the mother tincture, 10 drops in 200 grms. of water, by spoonfuls, and again in the 6th dilution, and after keeping her on this medicine for some weeks the discharge was completely cured. The full details of the case will be found in the *Brit. Journ. of Hom.*, vol. 32, p. 370.

One other case I have had illustrative of its action in the presence of excessive quantities of uric acid in the urine: A lady, æt. 76, was under my care for a very curious affection. She had considerable rheumatic muscular pains in various parts, and constant profuse perspirations day and night. Along with this she had the most abundant secretion of uric acid, which passed away with every discharge of urine. Sometimes the uric acid formed small calculi, which gave much pain in their passage down the ureter, but it generally appeared in the form of coarse sand, which formed a thick layer at the bottom of the utensil. This sand continued to pass after the cessation of the sweats and rheumatic pains, which lasted six or seven weeks. I tried various remedies—*Pulsatilla*, *Picric acid*, *Lycopodium*, etc., but without effect. At last I bethought me of Rademacher's recommendation of *Thlaspi*, and after a few doses of the 1st dilution the sand diminished very much, and, indeed, sometimes disappeared altogether, and when it did return, it was in insignificant quantity.

On the whole, I think this medicine deserves a thorough and complete proving. It is evidently a powerful anti-hæmorrhagic, and its influence on the urinary organs, more particularly in bringing away and in curing

excess of uric acid in the urine, is very remarkable.—*Month. Hom. Rev.*, October, 1888.

Tabacum.—By *R. E. Dudgeon, M.D.*—On the 13th June, 1888, I was called to see a lady, æt. about 70, who told me that she had been ailing for upwards of a year, but had never seen a doctor during that time. She is always sick, has constant pains in the stomach, throws up all food, and often mucus and blood. She lives entirely on biscuits and champagne. During my visit she moaned incessantly, telling me that the pain in her stomach caused her to do so. She used to suffer from chronic diarrhœa, but now the bowels are not open freely, and the motions, which are very small, are light-colored. Urine, she says (I did not see it), is the color of blood. She sleeps very badly. I prescribed *Arsen.* 3, a drop every 3 hours. I visited her again on the 16th, and found her in no respect different, except that the pain was rather better; the sickness and vomiting continued, and she could take nothing but a small quantity of biscuits and champagne. The feeling of sickness is intense and constant. I prescribed *Tabacum* 2, a drop every three hours. I saw her again on the 20th. She looked much better, no longer moaned, and said the pain had left her. She was still unable to take more food than before. But she complained that ever since I last saw her she was tormented by a strong smell of tobacco, which seemed, so she said, to be all through her. No one in the house smoked, and she had had up the servants, who all declared that no one had been smoking in the kitchen or elsewhere, and none of them noticed any smell of smoke in the house. She had to abandon the idea that any one smoked, but still she could not divest herself of the strong odor of tobacco she constantly perceived, and which was very disagreeable. She confessed to being considerably better, but the tobacco odor was extremely odious to her. This was a remarkable effect of a very small dose of tobacco, and was not an effect of the imagination of the patient, who did not know what medicine she was taking, as I sent it in, direct from the chemists, without the intervention of a prescription, and, moreover, she was not aware that tobacco was one of our medicines.

Another illustration of the remedial power of this medicine I may mention, as it occurred lately in my practice. An elderly lady, whose bowels for the last twenty years had always been a source of trouble to her, and could not be moved without an enema, and very often not with one, and when they were moved the stools generally proved to be of a clay color, or, at least, mottled clay color and brown, got from me *Tabacum* 3, in pilules. She was delighted with its action, and informed me at my next visit that it was the first medicine I had given her that seemed to have a distinct action on the bowels and liver, for since taking it her motions had been easy and invariably dark colored. She continued to take the *Tabacum* for months,

not continuously, but when the bowels seemed to require it, and invariably with satisfactory effect. The laxative effect of a pipe or cigar after breakfast is stoutly believed by many smokers, but I do not remember to have seen our small doses used for this purpose.—*Month. Hom. Rev.*, October, 1888.

Jaborandi.—By *R. E. Dudgeon, M.D.*—I was lately telegraphed for to see a gentleman, æt. 45. On my arrival, in the afternoon, at his house, I was told by his wife that he had risen at an early hour and gone to the other side of the room to take a dose of *Nux vomica* 3 for some fancied derangement of the stomach, but he was not feeling otherwise ill. On coming back to bed he was seized with violent flushing of the face, followed almost immediately by profuse perspiration, beginning in the face and head and soon extending all over the body. This was rapidly followed by extreme coldness of the extremities and sickness, terminating in the vomiting chiefly of sour mucus. He had had repeated attacks since the first in the morning. They occurred about every quarter hour; in short, as his wife said, he had hardly rallied from one when another came on. On my arrival he had just come out of an attack, and I had not long to wait before witnessing another. His face and neck suddenly flushed crimson, and the perspiration broke out in drops all over forehead and face, extending to the body, which literally dropped with moisture, as if he had emerged from a bath. Soon the face grew pale and the extremities icy cold, though still wet with the perspirations. He felt intensely sick, and vomited some acid mucus. The pulse was 60, regular and strong, and the temperature under the arm below the normal. I had just been translating for the *Cyclopædia of Drug Pathogenesis* some interesting experiments with *Pilocarpium muricatum*, and the effects of the substance on the provers struck me as being precisely similar to the attack I had just witnessed, except that there was in my patient no profuse salivation as is generally found in *Pilocarpin* poisoning. Having, luckily, a small bottle of tincture of *Jaborandi* 1 in my pocket (*pilocarpin* being, as is well known, the active alkaloid of *jaborandi*), I put about ten drops in half a tumbler of water, and gave at once a dessertspoonful of the mixture, and directed that a similar dose should be administered every half hour or oftener if the attacks were more frequent. Next morning, in making my visit, the patient came into the room apparently quite well. I should have mentioned that the previous day he not only could not get out of bed, he could not even raise himself up in bed, or lie otherwise than on his right side, without the most distressing giddiness and a feeling, as he expressed it, as if he should die. He now said that he was all right, that after the second dose of the medicine the attacks ceased, and he was able to take a little bread and milk without sickness. He had had a good night's rest, had eaten a good breakfast, and had not a trace of illness remaining.—*Month. Hom. Rev.*, October, 1888.

A Phosphorus Case.—By *Walter Dunn, M.R.C.S.*—On the 29th of May I was called to see William Bloxham, a farmer, 50 years of age, residing at Moa-Flat, near Roxburgh, Otago. Twenty-three years ago (he told me) he had an abscess in the lower lobe of the left lung; when he was very ill and his life in great danger. In the end he vomited the contents of the abscess; the matter was described as resembling rotten goose-eggs. This was corroborated by a farmer who also owns a gold claim, who was at Bloxham at the time.

On visiting him I found great dulness over the lower lobe of the left lung below the apex of the heart. His temperature was 110° (*sic*) and pulse 90. He was in great pain and unable to move himself, and sleepless. I ordered him *Acon.* 2x and a steaming blanket.

May 31.—The sputum consisted of thick matter mixed with blood.

I now gave him one drop of *Phos.* 3, every four hours, in a tablespoonful of water, and directed him to have strong broth, but no milk.

June 1.—The first dose of Phosphorus was followed by cessation of pain for two hours, and after subsequent doses, for three hours.

June 2.—Coughing up a quantity of blood and pus.

June 3.—Only thick solid matter expectorated; has had no pain since the first few doses of Phosphorus. Can move without pain; says he could “jump over a gate.”

He has a thick roseate rash all over his back.—*The Hom. World*, September, 1888.

Ophthalmia and Keratitis cured by Mercurius Protoiodatus.
—By *A. Midgley Cush, M.D.*, Edinburgh.—Mrs. W., a lady of 70, of phlegmatic temperament and rheumatic constitution, sent for me last October, complaining of a “sudden blight of cold in the eye,” which she had first felt while at the railway station. I found the eye in a state of very acute inflammation, but no foreign body present to account for it, though I carefully examined the inner surface of both upper and lower lids. *Aconite* and *Belladonna* with hot bathing and compresses were carefully used for several days, but the inflammation went on into a chronic form, and from the appearance of the eye, and a somewhat asthenic state of the system, I began to fear that keratitis would develop.

During the next ten days fluctuations occurred. The main symptoms were—photophobia, lachrymation, and a sense of discomfort “as though something were in the eye.”

The eye became dull and red, with a glazed condition of the cornea and some chemosis. Gradually several shallow, punctated ulcers began to show, chiefly on the upper part of the cornea. She was in a low, despondent condition, and unable to sleep well, and an old-standing tendency to eczema of the leg began to trouble her afresh. Various remedies were used without decided benefit. *Euphrasia* internally and

as lotion, Arsenicum, China, Mercurius solubilis and corrosivus, and Sulphur were given specially for the eye.

Consulting Norton's *Ophthalmic Therapeutics*, I found, under Merc. iod. flav., "Ulceration of cornea . . . extends, involving only the superficial layers . . . particularly upper part." I began with the second decimal trituration on the 17th. Almost at once my patient began to improve. She felt generally better. Gradually the eye changed also. In six days the ulcers were almost healed, the mucous membrane became pale, and the eye felt much stronger. She discarded the bandage she could not before do without, and took to a shade. Sleep began to return, and a good and complete recovery resulted. Merc. cor. and sol. are prominent eye medicines, but they failed here, while the decided benefit arising from the protoidide was marked, and seems worth recording. It appeared to do as much for the constitution as for the special disease, the general health and mental tone rapidly improving under its use.—*The Hom. World*, September, 1888.

Camphor and the Tobacco Habit.—In a rather extended article in *Populäre Zeitschrift für Homöopathie*, October, 1888, upon tobacco poisoning, the writer gives the principal features of the subject, which, however, have been presented at different times in the pages of the RECORDER.

In the concluding paragraph, he prescribes the cessation of the habit or, at least, its strict limitation, and winds up with the following, which we do not remember to have seen, and which, if true, deserves attention: "The hardest thing in most cases is weaning one's self from the tobacco habit. To make it easier the most suitable remedy is, from the homœopathic point of view, Camphora."

The claim has been made for *Plantago* that its use lessens or abolishes the desire for smoking, one of Dr. Swan's provers having thus been cured of the habit. Whether or not Camphor has such an influence can only be determined by repeated trials.

Sempervivum Tectorum in Certain Affections of the Tongue.—By *Dr. H. Billig*, of Leipsic.—In *Schmidt's Jahrbücher* for 1839, we find under the title "Sempervivum Tectorum as a Remedy for Aphthæ and Scirrhus Induration of the Tongue," the following: Among the different remedies which have attained some reputation for aphthæ, especially in chronic cases in which hæmorrhoidal troubles are present, no remedy is so efficacious as *Sempervivum tectorum*. It is used in the fresh juice from the plant gathered in July and August, mixed with an equal quantity of honey of roses and painted with a camel's hair pencil upon the affected part, or a saturated infusion of the plant, gathered towards the end of May, also mixed with honey of roses, to be used as a gargle.

Shortly before this time, *i.e.*, about the year 1838, a case was reported by Dr. Günther, of scirrhus induration of the tongue, in which a celebrated surgeon had decided that the only relief obtainable was by operation, yet the whole condition was removed by the internal use of Sulphur and Potassium tartrate, the *Sempervivum tectorum* being also given (as above) because of the coexistence of hæmorrhoids.

To the foregoing extract there is added a note which reads: In the Rhine districts this remedy in combination with *Aquilegium* and *Chamædryos* has long been used as a domestic remedy, taken internally, in scirrhus induration of the glands.

This remedy is, at all events, deserving of more attention from homœopaths, and experiences with it ought to be published.—*Allg. Hom. Zeit.*, Bd. 117, No. 11.

Clinical Experience.—By *Dr. Gotze*, of Weimar.—In order to show the advantages of the homœopathic method of cure in comparison with allopathic treatment, there is nothing equal to reading the clinical accounts of cases which have been unavailingly treated by allopathy and which subsequently have improved and finally recovered under homœopathic remedies.

1. Clara G—, aged four, and scrofulous, had recovered from measles six months previously, and since that time had an inflammatory affection of both eyes. She had been treated by allopathic physicians, among them a specialist, chiefly with external remedies, including atropine. As the condition got worse, she was to be sent to the eye clinic at Jena; but before doing so, the parents, upon the advice of a friend, made their first trial of homœopathy. I saw the patient on June 2d, 1887. Her face was buried in the corner of the sofa, a position which she seemed to prefer during the previous few weeks. The photophobia and lachrymation were so great that it was difficult to get a view of the open eye. The corneæ were turbid and velvety in appearance, and in the centre of each was a funnel-shaped ulcer, of considerable size on the right; there were violent conjunctivitis and sclerotitis. The pupils were widely dilated from the use of atropine. I ordered *Bellad.* 6, two drops in fifty grams of water, a teaspoonful to be given every three hours; the eyes to be washed out once daily with pure warm water, as the acrid lachrymation had excoriated the skin below the eyes.

I saw the child three days later; she was sitting at table playing with her brother and sister. The photophobia had almost disappeared, the inflammation had materially improved and the corneal ulcers had begun to heal. The *Bellad.* was continued for some days, and on June 11th, both eyes were well except for the cicatrices left by the corneal ulcers. For the latter, I first gave some doses of *Calc. carb.* 12, and on June 29, some doses of *Sulphur* 30. The cicatrices became more and more transparent, and by the end of August there was left on the right cornea a

slight nebula which disappeared in a short time under the influence of a few doses of Hepar sulph. 11.

2. Hans F——, aged nine, has suffered for three years from caries of the left petrous bone, with suppurative otorrhœa; has been treated allopathically, chiefly with injections. In the last week symptoms of meningitis appeared, with increase of pain in the ear, headache, fever, restless sleep with delirium, etc. As the condition was growing worse, the attending physician proposed opening the bone with the chisel, and for this operation the patient was to be taken to Halle. The parents would not agree to this proposition—or, at least, not until they had tried homœopathy. On August 24th, 1882, I saw the patient for the first time; he was feverish and considerably wasted. He complained of headache and pains in the extremities, especially violent in the left hip joint and left elbow joint, greatly aggravated by the slightest motion or touch. The left leg could not be extended, and the left hip and left elbow were in contraction. The mastoid process behind the left ear was swollen and extremely tender. The tongue was brown and dry, the appetite gone, and there was great thirst. Stools sluggish and, in consequence of the inflammatory condition about the hip, very painful; for the same reason emptying the bladder caused distress. At night, the patient was restless and delirious. There was no doubt that a pyæmic condition existed in the joints from purulent metastasis from the suppurating ear, and that Silicea would be the chief remedy. I prescribed it in the 12th, a dose every three hours. Possibly, Silicea alone might have been sufficient, but the increasing restlessness led me to give an occasional dose of Rhus tox. Under the use of the two remedies, the condition remained about the same until August 29th, when a decrease of the otorrhœa was observed, accompanied with violent symptoms, palpitation, dyspnœa and anxiety, and miliary eruption broke out. On account of the violent feverish state, I gave Aconite, and on August 31st, Bryonia, with good results. During the first week in September, the patient received for some days Rhus tox. and then Bryonia. Every day, also, one dose of Silicea. On September 9th, there appeared a large abscess in the left hip which, under the use of Silicea 3, became more developed behind the trochanter; on September 26th it opened spontaneously and about 40–45 grams of pus were discharged. At the same time the left elbow-joint discharged some. The pain, which up to this time had increased daily, now quickly ceased, the fever disappeared, the appetite returned and the general condition daily improved. The virtually ankylosed leg now became movable. The ear had ceased to discharge, but suppuration still continued in the two joints. For this reason, I continued Silicea as *aqua silicata* for some time, and, by the middle of October, I had the pleasure of seeing this severe illness completely cured. Since then I have had occasion to see the boy and know that he is entirely well.—*Allg. Hom. Zeit.*, No. 14, Bd. 14.

Intercostal Neuralgia.—Pain in the course of the intercostal nerves may arise from different causes. It may occur in connection with disease of the neighboring bones, the inflammatory process affecting the nerves, or pains in this region may be falsely considered neuralgic when they are due to diaphragmitis, muscular rheumatism, etc.

That pain is very often falsely located as to its real point of origin, is shown in a beginning hip-joint inflammation in which the pain is felt in the knee. So that, before making a diagnosis of simple neuralgia, every other condition that could give rise to such pain must be carefully excluded. In regard to intercostal neuralgia, examination of the organs in the chest as well as a surgical examination for disease of the bones will, in most cases, be sufficient.

Rheumatism of the muscles of the chest will be evidenced by the extension of the pain beyond the course of the nerves, that is toward the arm, the great muscles at the edge of the axilla or those from the neck to the clavicle or about the scapula. Besides, in rheumatism of the muscles, pressure and motion increase the pain.

The pure neuralgias are, as a rule, rare, but it is of interest that they frequently are left, after an attack of zoster, some disturbances of nutrition in the territory of the nerve being the common cause of both affections.

In a case of this neuralgia in a patient, aged twenty-five, in whom the track of pain was in the course of the sixth right intercostal nerve, Mezereum 3 was of great service, and a three weeks' use of it brought complete cure.—*Pop. Zeit. f. Hom.*, October, 1888.

Fragmentary Provings of Apis.—By *Dr. Edward T. Blake.*—A medical non-homœopathic friend of mine has sent me the following notes of a slight proving of *Apis*, which he accidentally made.

Feb. 15th, 1887.—Dr. — says: "In the morning I was troubled with a pain as though an oat husk had stuck in the hyoid fossa. Took about 13 minims of mother tincture of *Apis mellifica*, thinking it was *Lachesis* 6, a sample of which I had had colored with the intention of using, and seeing if there was anything at all in infinitesimals. I added a quantity of water, and tossed off the mixture. I was then galvanizing a patient. In about three minutes I felt a violent blow in the suboccipital region and began to feel very strange, and the sensation increased so that I had to stop what I was doing.

"I then sat down and wrote these notes *as the symptoms arose.*

1. Swimming sensation.
2. Sense of constriction in throat.
3. Sudden disappearance of pain in left hyoid fossa.
4. Twitching of muscles and slight trembling.
5. General sensation of fulness and weakness of co-ordinating power, especially in hands.

6. Oppression at bottom of sternum.
7. Pain down left ulnar nerve.
8. Weight and tension at back of neck.
9. Dimness of sight.
10. Sense of weakness in upper limbs.
11. Slight numbness of left hand, particularly of ulnar fingers. This subsequently increased very much, and amounted to complete anæsthesia of left ulnar fingers. Also want of power, with incomplete anæsthesia of both hands.

12. Irritability of bladder, a usual symptom with me, diminished.

“You know what a thorough disbeliever I am in most of the so-called provings.”

This little contribution to the pathogenesis of *Apis* is of the greater value, first, because the doctor is quite the reverse of a credulous man; secondly, because, under the impression that he was taking another drug, he was not on the look-out for special *Apis* symptoms.—*Month. Hom. Rev.*, July, 1888.

ITEMS OF GENERAL INTEREST.

Morbid Dreams.—By *Dr. M. Macario*, of Nice.—Certain dreams may be considered as precursory signs of a disease as yet undeveloped, that is, in the state of incubation; let us study them in connection with disease, that we may see if it is possible to draw some conclusions from them to the advantage of patients.

Sensibility, as we know, increases immensely at times during sleep, more especially in hypnotism. The lightest impression, resulting from the bite of a flea, a fold of the sheet on which we are lying, may give rise to a multitude of dreams, from which the patient observer may draw conclusions of greater or less importance.

Thus, the characteristic of certain dreams is the exaggeration of sensations, the internal as well as the external, hence the bite of an insect becomes a sword-thrust, the bed-covering an enormous weight, the numbness of a limb the paralysis of the same member. Aristotle had already noticed this singular exaltation during the dreaming state, when he says: “In sleep, the slightest motions seem enormous; we imagine we hear thunder, we think we are walking over hot coals and being burnt, because of a pain in some part of the body.” (*De Divinatione ex Insomniis*, chap. i., p. 37.) And he attempted to draw the attention of men of science to this point. But the words of the great stagyrite were without result, as no doubt mine will be.

Count N——, says Moreau (of la Sarthe), in whom I had for several months observed the development of a latent chronic pericar-

ditis without being able to arrest it, was much troubled at first every night with painful dreams; these dreams arrested my attention; they gave me my first perceptions of the true character of his condition, and suggested the sad presentiments which were justified later by the fatal result of the disease.

"Doubtless," adds this noted practitioner, "constriction, obstruction of the chest during sleep, oppression, the mental impression of pain, or of irritation, which may result from latent phlegmonous congestion, from sanguinary congestion, from a rheumatic or neuralgic condition of any of the organs enclosed in the cavity, may be able to cause various kinds of dreams, which an attentive observer should be careful to note." (*Gr. Dict. de Méd., art. Rêves.*)

Many of the ataxic fevers, typhus, typhoid, apoplexy, infantile convulsions, are at times preceded by dreams.

The different morbid affections of the abdominal viscera may be suspected also, before their appearance, by the nature and the subject of the dreams.

Congestion and certain hemorrhages are sometimes anticipated by specific, characteristic dreams of incendiarism, bloody spectacles, scenes of murder, which disturb the sleep of the persons about to be attacked.

Galen declared that a hemorrhagic crisis would appear in a patient who had *red* dreams, if I may so express myself.

Certain women of a sanguinary temperament are also troubled by dreams of this sort at the approach of the menses. Menstruation is in these cases usually difficult and painful. Some periodical hemorrhages are preceded by similar dreams. A physician, mentioned by Moreau (of la Sarthe), had been subject in his youth to hemorrhages of this sort, but without dreams or disturbances during sleep. In advanced life, the hemorrhages which were less frequent, were always preceded by general irritability shown the evening before by the state of the pulse, the heat of the skin, and also in sleep by distressing dreams.

These dreams were almost exclusively of violent actions, in which the patient thought sometimes that he was fighting and wounded, or walking over a volcano or precipitated into lakes of fire. In this manner, pathological processes in the pectoral or abdominal viscera, quite insensible in the waking state, at times give rise to a crowd of dreams to which semeiology should accord a certain degree of importance, as in these cases, the dreams are a valuable indication not to be neglected.

Diseases really begin always by a pathological process none the less certain because hidden in the tissues. This is called the period of incubation. While in this state, the patients enjoy, to all appearance, perfect health, and are far from believing themselves threatened by imminent danger.

During sleep, this latent morbid process in certain cases may become

apparent by the provocation of dreams having more or less direct or reflex relation to the organ affected.

Let us suppose for example that the seat of the lesion is the liver, the heart or the kidneys. The patient will dream that he is pierced by a sword thrust through these organs, and should these dreams be repeated several times at short intervals, it would be allowable to suspect them of being precursors of a more or less severe disease, whose effects could perhaps be prevented by appropriate remedies. The following instances prove the truth of my assertion: Arnaud de Villeneuve dreamed that he was bitten in the leg by a dog, and some days later anthrax developed at the same spot.

Galen mentions a patient who saw himself in a dream with a leg of stone, and this very leg was soon paralyzed. The savant, Conrad Pesner, dreamed one night that he was bitten in the left side of the chest by an asp; and in the same region, a few days later, there was a severe, deep-seated lesion, which proved to be anthrax and ended by death in five days.

Isbrand de Djemberbrock records in his book on *The Plague*, how Røger d'Oxteyn went to sleep in perfect health; towards the middle of the night, he saw in a dream a person with the plague, quite naked, who attacked him in a fury, threw him to the ground in a desperate struggle, and holding him between his thighs, vomited his plague into his mouth. Three days afterward, he was seized with the plague, of which he died.

M. Teste, a former officer of the government under Louis-Philippe, who died at the Conciergerie, dreamed three days before his death that he had an attack of apoplexy, and three days after his dream he really succumbed to this affection.

A young woman, whom I have attended, often in her dreams saw objects look confused as if in a fog, and she became amblyopic.

Another patient of mine dreamed, at the time of her menses, that she spoke to a mute who did not reply, and on waking, she found she had lost her voice.

Since my attention has been drawn to this subject, I have observed a number of these precursory dreams. I had under my care a young woman who was seized with violent palpitation, after distressing and prolonged dreams, and she succumbed later to cardiac disease.

I attended a young person with asthma who had been continually annoyed by painful and frightful dreams for eight days previously.

But, of all the maladies afflicting the human race, it is especially the neuroses and above all mania, that are most frequently preceded by odd and extraordinary dreams, which from their very nature may serve to make known the kind of neurosis or neuropathy threatened. We can not doubt that delirium, and especially the hallucinatory state in the insane, frequently takes its rise, has its primary source in the sleeping condition.

Dreams during the intermediate state between sleep and awaking, sometimes preceded by several months, even by several years, the development of hallucinations.

It is to be noted that in these cases the dreams are more distinct, more pronounced, and more deeply imprinted on the memory than in a state of health. Hence, Leuxet and Baillarger include them in the list of true hallucinations.

In his "Treatise on Dreams," Hippocrates says: "Crossing rivers, fighting with enemies, seeing armed persons, finding one's self in the presence of hideous frightful objects, are precursors of mania."

There is no alienist who has not had occasion to verify this assertion.

M. Saudet published in the *Medico-psychological Annals* (March, 1844) an observation on mania preceded by dreams for a long time before its manifestation. At first these dreams were ordinary, the patient attaching no importance to them. Little by little, they became so vivid and returned so constantly, that A—— accepted them as visions in which he tried to find some mysterious meaning. Soon they were dreams no longer. A—— was deceived as to the real nature of the strange phenomena taking place during his sleep. They were warnings from heaven.

What he saw or heard was above the ordinary and beyond the power of man; but it happened by command of God.

Do not similar visions form one of the bases of the sacred books inspired by God which are truth itself?

M. Moreau (of Tours) cites a number of examples in his book on "Haschish and Mania."

From the facts just given, it follows clearly that from dreams may sometimes be suspected a malady of whose existence there is no sign during the waking hours. Physicians should take up so important a study. It is a new path to explore.—*Gaz. Méd. de Paris*, No. 33, 1888.

Cocaine Poisoning.—In *Wien. Med. Wochens.*, No. 34, 1888, Dr. V. Baracz, of Lemburg, notes four cases of cocaine poisoning following its local application. From these he arrives at the conclusion that after the subcutaneous injection of even so small an amount as one decigram, toxicological effects may be produced, although the patient be in good health, and without cardiac disturbance. Examination of the heart in the four cases above-mentioned gave negative results. An epileptic attack came on in one case after the seventh hypodermic injection of a five per cent. solution, showing that extreme caution should be used in its application to nervous individuals (epileptics). By no means the least important item of the report is Dr. Baracz's statement that in the inhalation of nitrite of amyl, is to be found a quick, ready antidote to the ill effects of cocaine, should these become evident after its local employment.

Treatment of Diphtheria with Perchloride of Iron and Milk.—Dr. Mohammed ben Nekkach, of Inkermann, has treated twenty-one cases of diphtheria with perchloride of iron and milk, with twenty cures and one death, of an infant six months old. All were under treatment from the beginning of the disease, that is, before the stage of asphyxia or poisoning.

In all the cases cured, of whom the greater number were severely attacked, the perchloride of iron was given in doses of 25 to 30 drops in a glass of water (this solution being renewed every time it was exhausted); the dose of milk was 1 litre daily. A spoonful of each was administered by the mouth every five minutes. As adjuvants to this medication emetics were used, and three times a day a pledget of lint wet with a moderately strong solution of perchloride of iron, which, while detaching the false membranes, lightly cauterized the subjacent mucosa as well.—*Bull. Gén. de Thérap.*, July 8th, 1888.

Antipyrin as an Agalactic.—Dr. Salémi, of Nice, writes: Up to the present time I have not heard of the use of antipyrin in causing the disappearance of milk in woman.

I was called to see a young primipara of robust constitution; she suckled her child herself, and neglected to take care of herself at the first symptoms of a mammary disorder; I found her in a pitiable state. Seeing the mother exhausted by her sufferings I determined to stop the secretion of milk. I proceeded to administer during the next ten days every remedy that had formerly succeeded with me under similar circumstances, quite without result; light purges, tisane with nitrate of potassium, a chiefly vegetable diet, compresses soaked in a solution of iodide of potassium and iodine, moderate compression.

The idea then occurred to me of having recourse to antipyrin, with which I had just arrested for the first time a hæmoptysis that had resisted all known treatment. I administered the remedy at first in a daily dose of 50 centigrams ($7\frac{1}{2}$ grains), in three powders. The secretion diminished the first day, and by the third had disappeared to return no more.

But how does antipyrin act in such a case? The explanation may be found, I think, in the theory of metastasis, as antipyrin affects the thermo-inhibitory centre, regulating the heat; dilates the bloodvessels of the skin, increasing their circulation; and lowers the temperature.—*Bull. Gén. de Thérap.*, June 30th, 1888.

Gout in a Child of Fifteen.—M. Gaucher has just seen a child fifteen years old, who, on entering the hospital, complained of a pain at the metacarpo-phalangeal articulation of the left great toe, that had suddenly made its appearance one morning, accompanied by swelling of the surrounding parts. The other articulations were not involved. No

fever nor albuminuria. As personal antecedents, a fall on the left knee; on the parents' side no gouty history, but the mother was arthritic.

The absence of arthropathies in the other articulations, the sudden onset of the disease and its localization, led to the diagnosis of gout, although it is exceptional to find this disease in so young a child. The attack, which was already abating on admission to the hospital, passed off in three days on the application of cataplasms and the administration of salicylate of soda.—*Journal des Soc. Scien.*, June 27th, 1888.

Experimental Researches in Relation to the Action of Remedies on the Biliary Secretion, and their Elimination by this Secretion (Note by J. L. Prévost and Paul Binet, Geneva, presented by M. Charcot).—The question of the cholagogue action of remedies and their elimination by the bile, in spite of numerous researches, is far from being determined. Our experiments have been made chiefly on two dogs, in which we made biliary fistulæ, and experimented for several months. Our experiments have given us in brief the following results:

1. In confirmation of the observations of Röhmnnann the animals with biliary fistulæ were maintained in good health by excluding fats from their food, which pass out almost wholly in the fæces, where we were able to demonstrate their presence.

2. The quantity of bile increases slightly on feeding, especially after the ingestion of peptones. Fat, on the contrary, produced no increase. Cold or tepid water leads to a slight increase only in doses of from 150 to 200 centigrams. Large enemata of cold water, lately recommended for icterus, did not modify the biliary secretion.

3. The different substances taken into the stomach, or injected under the skin, may be divided into four groups, according to their influence on the biliary secretion.

GROUP I.—*Substances that increase the biliary secretion.*

Bile and the Biliary Salts.—Bile is certainly the most powerful cholagogue; prescribed either in the natural state, or as an extract, it quickly causes a considerable increase of the biliary secretion. We obtained similar results with the bile of the cow, the sheep, the pig, and the dog.

We have experimented to some extent on the poisonous properties of subcutaneous injections of bile. With a sufficiently large dose, 3 to 4 c.c. for a rat, 6 to 10 c.c. for a guinea-pig, death in collapse results, and the autopsy shows the intestine to be filled with bile, and very fluid, often bloody, diarrhœic matter. The urine at times becomes bloody. When taken by the stomach, a dose not exceeding 40 to 50 c.c. has always been well borne by a dog without gastro-intestinal disorders; a stronger dose has caused vomiting.

Urea.—The ingestion of urea in a single experiment has caused, in

addition to grave gastro-intestinal disorders, a quite marked increase of bile.

Essence of terebinth and its derivatives, terpinol and terpine; chlorate of potash, benzoate and salicylate of soda, salol; euonymin; muscarine (in subcutaneous injections).

GROUP II.—*Substances causing only a slight or doubtful increase, inconstant.*

Bicarbonate of soda, sulphate of soda; chloride of sodium, Carlsbad salts; propylamine; antipyrin; aloes, cathartic acid, rhubarb; *hydrastis canadensis*, ipecac, boldo.

GROUP III.—*Substances causing diminution of bile.*

Iodide of potash; calomel, which in the absence of bile in the intestine colors the feces green; iron and copper (in subcutaneous injections); atropine (in subcutaneous injections); strychnine (in poisonous doses).

GROUP IV.—*Substances without action on the biliary secretion.*

Phosphate of soda; bromide of potassium; chloride of lithium; corrosive sublimate; arsenate of soda; alcohol, ether, glycerine; quinine, caffeine, pilocarpine, kairine; cytissus, senna, calumbo.

4. So far as elimination by bile is concerned, we have noted in the bile, the passage of the following substances: Essence of terebinthine, terpinol, terpine; salicylic acid (found also after the ingestion of salol); bromide and iodide of potassium; chlorate of potash; arsenic; iron (traces), lead (traces), mercury (traces); caffeine (merely probable result); fuchsin, cochineal.

Bile.—After the ingestion of ox-gall, the bile of the dog shows a more greenish tint, emits on evaporation the peculiar odor of ox-gall; and the presence of glycocholic acid, which does not normally exist in the bile of the dog, may be noticed.

Other substances have been sought with negative results, hence apparently not passing out in the bile, at least under existing conditions and with the doses as administered: antipyrin and kairine; benzoic acid.

Nor did we find in the bile hippuric acid; quinine, strychnine; copper; lithium, or urea.

In conclusion, it may be said that the elimination by the bile of remedies introduced into the organism, is of little importance. They pass out in this way only in small quantities, as one of us has already observed of the sweat and the saliva; these three secretions are very inferior to the urine in this respect, which is of all others the vehicle of elimination. On the other hand, the materials which make up the bile, notably the biliary acids, when introduced into the organism from without, find an elective place for elimination in the liver; hence the intense and constant polycholia to be observed after the ingestion of bile.

There is no constant relation between the elimination of any sub-

stance by the bile, and the action that it may exert on the activity of the biliary secretion.—*Jour. des Soc. Scient.*, No. 25, 1888.

Treatment of Chronic Diarrhœa by Talc.—M. Debove thinks that by filling the intestine with an inert powder, chronic diarrhœa might be arrested. He chose one not acted upon by the digestive juices, finely pulverulent, the powder of talc or silicate of magnesia. He administered it in doses of 200, 400 and 600 grams daily (6, 12 and 20 ozs.!) in a litre of milk; must especially be shaken before taking.

In tuberculous patients with diarrhœa for three, four and five months, there was complete success. Obstinate constipation invariably followed the diarrhœa. As the diarrhœa of tuberculous patients has an organic cause, and is symptomatic of intestinal ulceration, it is well to continue the use of talc, but in moderate doses. M. Debove has not tried talc for the chronic diarrhœa of hot countries, nor for children.

M. Levestre: “Is not the obstinate constipation which follows the diarrhœa, dangerous?”

M. Debove: “I did not fear constipation in those cases that I treated, for the reason that they were attacked with a diarrhœa of organic cause.”

M. Ducastel: “How soon was the talc eliminated?”

M. Debove replied: “One day after the administration of the remedy, the fœces were no longer white.”—*Jour. des Soc. Scient.*, June 20, 1888.

Phenacetin.—M. Dujardin-Beaumetz makes the following communication: I am glad to inform the society that the experiments which I am now making in the Cochin Hospital with phenacetin continue to give the best results. Of the three varieties, ortho, meta and para, only the last, para-acetphenitidine, is worth preserving. It is a more powerful analgesic than antipyrin and acetanilide, with none of the inconveniences of these two remedies. The same doses of three grams continued for a long time cause no disturbance, but most frequently one to two grams will be sufficient to allay neuralgic or rheumatic pains. When I add that phenacetin may be manufactured everywhere, and especially that the firm of Poirrier furnishes excellent para-acetphenitidine at half the cost of antipyrin, the advantages of the substitution of phenacetine or para-acetphenitidine for antipyrin will be seen.—*Bull. Gén. de Thérap.*, July 8, 1888.

On the Action of Sulphate of Sparteine.—(*Gazette Lekarska*, Nos. 1, 2, 3, 1888.)—I.—Pawinski undertakes his investigations with the purpose of determining the influence of sparteine upon cardiac action and its modus operandi. Is it a diuretic, or does it act favorably in cases of insufficient cardiac contractions, in nephritic dropsy, and in the conditions resulting from hepatic cirrhosis? Next he compares

sparteine with other cardiac and diuretic remedies. The learned professor thus sums up his results :

1. The sulphate of sparteine undoubtedly possesses the property of strengthening and regulating the contractions of a weakened and arrhythmic heart, at the same time retarding the pulse if it has been accelerated.

2. Sparteine increases the blood-pressure, causes symptoms of blood-stasis and œdema to disappear, and promotes diuresis. Under its influence respiration becomes slower and more regular.

3. Clinical observations have not yet shown the diuretic action of sparteine, and it is not known whether it has any direct action upon the renal epithelium.

4. Sparteine is less active than the other cardiac remedies, digitalis, adonis and strophanthus.

5. In inveterate cases, those in which the cardiac muscles present the symptoms of degeneration, and œdema is very general, sparteine has no effect. In these cases the other remedies act more or less favorably.

6. Sparteine is indicated in recent heart disorders, when the action is but slightly deranged, and there is little degeneration of the cardiac muscle.

7. Sulphate of sparteine has a permanent, not transient, influence upon the heart, but its action is too feeble to induce very pronounced therapeutic effects.

8. Sparteine acts rapidly on the heart, its therapeutic effects occurring within fifteen minutes.

9. Thanks to this rapidity of action, sparteine has a decided value in acute attacks of heart-weakness, as may be observed during the course of the different infectious maladies, etc.

10. Minimum quantities of sparteine (5 centigrams daily— $\frac{3}{4}$ of a grain) produce a therapeutic effect, but a constant and well-marked action is produced only in doses of from 1 to 3 decigrams ($1\frac{1}{2}$ to $4\frac{1}{2}$ grains) daily. Larger doses have no greater effect.

11. The daily quantity of sulphate of sparteine should be from 5 centigrams to 3 decigrams, taken in three or four doses.

12. The inconvenience of sparteine is, its irritation of the intestinal mucous membrane, and consequently, diarrhœa, vomiting and nausea.

II.—Based upon thirty-three clinical observations carefully collected, the author gives the following résumé on the action of sulphate of sparteine on the heart :

1. In small doses (2-3 centigrams at a time, 6 to 8 centigrams daily), it strengthens the heart's contractions. The pulsations become slower, the blood-pressure increases, the heart acts more regularly.

2. In moderate doses (6 to 8 centigrams at once) it has no perceptible influence on the heart.

3. Doses of from 8 to 12 centigrams at once, or even 1 gram a day, paralyze the heart. The pulse becomes slow, feeble and arrhythmic.

Small doses irritate the pneumogastric nerve; large doses paralyze it.

The action of sparteine is in all cases inferior to that of digitalis. Weak doses increase the tonicity of the vessels. Its effect is shown in from thirty to forty minutes after administration.

No cumulative action has been observed. Contrary to the opinion of Prof. Levacheff, no gastro-intestinal disorders were produced. Its diuretic power is weak and shown only in cases where there are no organic heart disorders.

He gives the following indications for the use of sparteine:

1. Nervous disorders of the heart.
2. In uncomfortable and painful sensations found in cases of valvular lesions.
3. In Graves's disease, in its beginning.
4. In the asthma of bronchitic and emphysematous patients.
5. In all cases where digitalis is not borne.—*Bull. Gén. de Thérap.*, July 15, 1888.

The Last Scientific Report of Dieterich's Laboratory in Helfenberg contains an article upon the indifferent preparations of iron, which will be of interest to physicians.

Under the term "indifferent preparations of iron" is understood those combinations of iron which do not show, or show only in slight degree, the characteristic reaction of iron salts. In this class belong Ferrum oxydatum saccharatum solubile of the Pharmacopœia Germ., and also the albuminate and the peptonate. The making of good preparations is thus far invested with great difficulty. By the use of liquor ferri oxychloridi instead of liq. ferr. sesquichloridi, Dieterich has not only been able to get a Ferrum oxyd. saccharat. which has real advantages over the officinal preparation, but also to bring out a whole series of new iron preparations.

Ferrum oxydatum saccharatum solubile, containing 3 per cent. of iron. It dissolves in half its weight of water, the officinal preparation requiring 20 parts of water for solution.

The new preparations are:

Ferrum oxydatum galactosaccharatum solubile, contains 3 per cent. of iron. It is a bright gray powder, soluble in three parts of water.

Ferrum oxydatum mannasaccharatum solubile. Mannite of iron with 10 per cent. of iron. A bright ochre-brown powder, with weakly ferruginous taste, soluble in three parts of water.

Ferrum oxydatum dextrinatum solubile. Dextrinate of iron with 10 per cent. of iron. A chocolate-brown powder, soluble in one and one-half parts of water.

All the above-named preparations are indifferent towards milk and albuminous liquids.

Liquor ferri albuminati (after Drees). A turbid liquid of alkaline reaction, containing .42 per cent. of iron. It is indifferent towards milk and albumen.

Liquor ferri albuminati. Neutral reaction. Indifferent towards milk but not towards albumen.

Liquor ferri albuminati saccharatus (after Brautlecht), contains .63 per cent. of iron, is weakly alkaline in reaction, and is indifferent towards milk and albumen.—*Therap. Monatshefte*, July, 1888.

The Treatment of Gall-stone Colic.—By *Dr. Th. Zerner, Jr.*—In the presence of gall-stone colic we have two chief indications: 1. To dissolve the stone, or at least to so soften it that it can be readily passed out from the gall-bladder; and, 2, to relieve the often indescribably severe pain. In regard to the latter, opium was always the best remedy, and, better yet, morphia in subcutaneous injection. Pugliese recommends chloral hydrate in enema. Venesection, formerly often employed, should only be carried out, according to Bamberger, when there is great painfulness of the liver. After all, morphia remains our only refuge. But it has an injurious influence on the general condition, and besides this it must be pointed out that morphia has an inhibitory action upon non-striated muscular fibre, and so it in no way helps the extrusion of the gall-stone.

This was the chief reason that led me to look for another remedy which would be without such injurious effects. The experience repeated many times with antipyrin in painful parturition, in which the action of the uterus was in no wise limited while the pains were relieved, directed my attention to this drug and in two cases it has proved itself an excellent remedy.

As to the indication to dissolve or soften the stone. There was no remedy at our command to act in this direction, but a short time before the two cases came under treatment I had read Touatre's success with olive oil. The method was first recommended by Kennedy. Large doses, 200—300 grams (7 to 10 ounces troy), should be taken in a short time and during the following two or three hours the patient is to lie on the right side. Several hours later the stone is discharged in a softened condition.

Several authors have expressed the opinion that the half solid small stones are erroneously considered gall-stones and that in fact they are only masses of soap resulting from the action of the bile and the pancreatic secretion upon the olive oil. Chemical examination of the stone in the case reported by Prentiss (*Med. News*, 1888, 19) supports this view. But as the discharge of the stone took place in from 28 to 48 hours, it is not to be expected that so extensive a formation of soap and

subsequent hardening could have occurred in so short a time. Moreover, in the author's cases a rapid cure followed, and even in Prentiss's case there was no relapse after two years. This is the chief thing, and disproves the claim that all the stones discharged are simply soap.

The method in which the olive oil acts is not yet determined. Touatre believes that the oil penetrates the gall bladder, softens the stone or stones, and so facilitates their expulsion. For the correctness of this view there is the fact, as Touatre says, that the stones pass away in a softened condition, and we know that cholesterine is dissolved by soap, and, further, Wistinghausen has shown that oil will penetrate an animal membrane saturated with bile and holding a bile-containing fluid.

[Recent experience is in favor of the olive-oil treatment as a means of facilitating the discharge of gall stones, and in our opinion a reasonably frequent use of olive oil as a salad dressing tends to prevent the formation of gall-stones. Hence we prescribe it for this purpose to be used at least every other day. But it is important that real olive oil be employed.

As to medical treatment, our old-school friends, even with Antipyrin, have something to learn. The value of *Lycopodium* in the paroxysms of gall-stone colic cannot be overestimated, and we think it also acts as a corrective of the tendency to deposition of the solid matters of the bile. Further, the methodical use of China, as recommended by Thayer years ago, has had many reported successes. ED. H. R.]

Menthol in Diphtheria of the Nose.—Dr. Cholewa, of Berlin, reports in *Therapeutische Monatshefte*, June, 1888, several severe cases of naso-pharyngeal diphtheria in which the employment of menthol as a local application was of the highest service. In one case internal remedies had been prescribed together with syringing the nose and gargling the throat with lukewarm limewater, but through swelling, the nasal passages were totally obstructed, respiration by the nose was abolished and by the mouth was becoming more and more difficult. Remembering the service which menthol renders in acute swelling of the nose, and knowing the anti-bacillary properties of this remedy, Cholewa introduced into the nasal passages as far as possible pledgets of cotton saturated with a 20 per cent. menthol-oil, and allowed them to remain a long time. The action was prompt, and from the next-day the syringing of the nose with the limewater was entirely feasible, the membrane separated and was discharged, the nasal diphtheria ceased, and under a continuation of this therapy the reproduction of membrane in the throat was stopped and that already existing was completely thrown off. Recovery followed.

Toxic Effects of *Lathyrus Sativus*.—The plant sometimes called the "white vetch," the scientific name of which is *Lathyrus*

sativus, has long been known to be capable of producing serious toxic symptoms both in the human subject and cattle when used for a prolonged period as food. This condition, which has been termed "lathyrismus," has recently been studied by Dr. B. Suchard, who has collected a large number of cases which have been published from time to time, some of them as early as the seventeenth century. In the human subject the chief effects produced are on the muscles of the lower extremities, especially on those below the knee. Horses which have been fed on the plant for a considerable period drop while performing the lightest work, in consequence of paralysis of the hinder extremities, and in many cases death has resulted from bilateral paralysis of the laryngeal recurrent nerves and consequent asphyxia. This laryngeal affection does not occur in the human subject, and death very rarely takes place. Cantini of Naples has reported a number of cases in which he examined the muscles very carefully, and noted that the adductors were far less affected than the abductors. The muscles of the face, neck, trunk and upper extremities were not affected at all, only those of the lower extremities. The cutaneous sensibility was not affected even in the legs, and there was no retardation of the perception of an irritant; the reflexes also were good. The descending galvanic current produced slight contractions, but only when the current was closed. These contractions were weaker on the right side than on the left, and weaker also in the flexors than in the extensors. With the ascending current no contractions were obtained either on closing or on opening the circuit.

A fragment of muscle excised and examined microscopically showed a diminution in the transverse markings, and several minute fat globules were visible. In other cases incontinence of urine has been frequently noted, and in some reported by Giorgieri the tendon reflexes were increased. Proust believes that there is first produced a transverse myelitis, or a hæmorrhage of the spinal cord leading to secondary degeneration of the posterior columns. If so, this must be transitory, as patients generally get well, or at all events better, in time, and where post-mortem examinations have been obtained no indications of this spinal cord affection have been found. A. Strümpell believes the lateral columns must be affected, the general symptoms corresponding very closely with those of the so called spastic spinal paralysis. Several attempts have been made by Teilleux, Bourlier and Astier to isolate the toxic principle. The last-named observer obtained from the seeds by Stas' method an alkaline volatile liquid body, which produced all the effects of the alkaloid itself [*sic.*—ED. H. R.].

According to him, this being volatile is not present in preparations such as pressed cakes made at a high temperature, and these are found not to be poisonous. If, however, such cakes are prepared at low temperatures they exhibit toxic properties.—*Lancet*, June 30, 1888.

Parthenicine.—*Dr. Carlos J. Ulrici* has communicated to the Cuban Royal Academy of Sciences an account of a new alkaloid which he has prepared from *Parthenium hysterophorus*. The alkaloid occurs in large rectangular prisms, with four sides terminating in pyramids; it has no smell, but has a bitter taste, and is slightly soluble in water at ordinary temperatures, freely soluble in boiling water, and in alcohol, ether and chloroform. It gives a characteristic color with sulphuric acid and bichromate of potash. From the few physiological and clinical trials that have been made with "Parthenicine" it appears when administered in doses of five centigrams ($\frac{3}{4}$ grain) every hour, to have the power of controlling neuralgia and when given in doses of a gram (15.43 grains) per diem it has cured an attack of intermittent fever.—*Lancet*, June 30, 1888.

Disappearance of Hypertrophy of the Tonsils in Scarlatina.—*Dr. D. E. Corminas* relates, in a Barcelona medical journal, the case of a little girl nine years of age who suffered from very great enlargement of the tonsils, which had been increasing for some years. Last winter, however, she was attacked by scarlatina, which was accompanied by an alarming amount of throat affection. On the fourth day it was found that the tonsillar enlargement had entirely disappeared. The little patient made a good recovery. Here the scarlatinal process produced a more complete cure than any caustic or removal by the knife could have done, the fossæ behind the pillars of the fauces appearing perfectly normal. A somewhat similar case, in which diphtheria had destroyed hypertrophied tonsils, was reported some time ago in *Revista de Ciencias Medicas* by *Dr. Simonena*.—*Lancet*, June 23, 1888.

Advantages of Santoninoxym as an Anthelmintic.—*Coppola* has reported experiments on dogs with Santoninoxym, a body similar in composition to Santonine, and produced from the latter. Given in doses of one gram (15.43 grains) internally, the animal's general condition is not changed, while after a similar dose of Santonine, convulsions ensue.

Coppola has established by experiments upon himself and others that Santoninoxym appears in the urine about four hours after its ingestion, while Santonine appears after half an hour. The Santonine is thus shown to be sooner absorbed than Santoninoxym and produces some toxic effects. Both drugs are about equal in anthelmintic effect, and *Coppola* predicts that Santoninoxym will displace Santonine. Santoninoxym was discovered by *Lanizzaro* in 1885.—*Deutsche Med. Woch.*, No. 28, 1888.

Æsculus Glabra.—*Dr. J. M. Scudder*, in the *Eclectic Medical Journal*, says: "You will be surprised to find how many cases of winter

cough, with great bronchial irritation, hypersecretion, and difficult breathing, are met by the tincture of *Æsculus*. The diagnosis is not difficult—great difficulty in respiration, the patient wheezes but has little or no fever. You will probably remember this as my remedy for asthma, especially those cases in which the difficulty of breathing persists, and is not paroxysmal." The dose recommended is from 10 to 30 drops in a glass of water; teaspoonful every two or three hours.

Poisoning by Boracic Acid.—Dr. George T. Welch, of Keyport, N. J., reports, in *New York Medical Record*, November 3d, 1888, three cases of poisoning by Boracic acid packed dry in the vagina, and kept in by tampons of dry absorbent cotton until liquefaction took place. In the first case after the seventh application there were, on the second day, formication of hands and feet, and later of the face. The patients became low spirited and complained of great depression of the nervous system; the burning of the skin increased, particularly in hands, feet and face; the skin swelled, became charred and all motion was painful. A second case went into a state of collapse after the seventh treatment—subnormal temperature, pulse 60 and feeble, sighing and weeping by turns. The patients were cold, and coldness of the vagina, as great as if ice had been used, was a prominent symptom.

NEW PUBLICATIONS.

Memory as a Power of Knowledge, or Three Months Agreeable Study One Hour per Day. By William L. Evans, M.A.
226 Fifth Avenue, New York.

The teachings of experimental and clinical investigation of cortical brain lesions have put a final and absolute quietus upon the fanciful location of memory in any one part of the brain cortex. But this knowledge, interesting and valuable as it is, does not relieve us from the need of conforming to natural laws if we seek to invigorate the memory-functions of the cortical cells, and so strengthen our general or special memory power.

The work of Professor Evans is a scientifically arranged system of strengthening our memory faculties, and is based both upon the experience of ancient and modern philosophers and the teaching of the new scientific discoveries in brain anatomy and physiology.

The method is, as we know from personal experience, specially valuable as a means of acquiring the faculty of attention, and thereby overcoming the pernicious habit of mind wandering.

Medical students and physicians have to know so many data that a practicable method of doing so will be warmly welcomed, while the homœopath whose undrilled memory recoils from keeping even a thou-

sandth part of the symptoms that he feels he ought to know by heart, will find in Prof. Evans's system a practical and easy means of memory training, as well as a valuable mental discipline.

Report of the Directors of Provings of the American Institute of Homœopathy, Session of 1888. By Charles Mohr, M.D., Chairman. Reprint from *The Transactions*.

We are glad to see that the art of proving, as well as the willingness to prove drugs, has not died out. In the reprint before us, containing presumably all the provings offered at the last meeting of the American Institute of Homœopathy, we find thirteen provings of Chininum arsenicosum by eight individuals, nine of Zincum metallicum by six individuals, four of Zincum iodatum by four individuals, two of Zincum phosphoricum and two of Zincum valerianicum, each by two individuals. Besides these, there are some provings submitted last year, viz.: Eight of Liliun tigrinum by six individuals, and two of Adonis vernalis by two individuals. One proving of Adonis vernalis is, we think, especially valuable in its nervous and spinal symptoms.

Complete List of Homœopathic Medical Journals Published in the United States between the Years 1835 and 1888. By T. L. Bradford, M.D. 1862. Frankford Avenue, Philadelphia, Pa.

This is nearly, if not quite, a complete list of all the serials ever published on Homœopathy in the United States, and is issued as a step toward a complete and exhaustive work on Homœopathic Bibliography.

The Concordance Repertory of the Well Proven and Most Reliable Symptoms of the Homœopathic Materia Medica, by which Physicians are Enabled to Quickly Find the Remedy which Corresponds to or Affords a Similia to any Given Symptom without Requiring a Search of the Materia Medica. Arranged and Published by William D. Gentry, M.D., Kansas City, Mo.

That the need of a repertory that is complete, practical, and correct still exists is shown by the appearance from time to time of specialized codices of pathogenetic symptoms, such as Bell's, Bönninghausen on Whooping Cough, Allen on Intermittent Fever, etc. But no general repertory, even attempting completeness, has appeared since Jahr's Symptomen Codex, unless we except T. F. Allen's Symptom Register to the Encyclopædia of Materia Medica.

Dr. Gentry's proposed Repertory is to be, as we find from the specimen pages before us, a work of six volumes, each containing about 900 pages, and will be put in the printer's hands as soon as subscriptions for the whole work are obtained in sufficient numbers to cover the cost of production. The plan of the work is good, but to our mind the many repetitions, as shown in this prospectus, are unnecessary; but here there is room for differences of opinion. Under the title "Abdomen," the first symptom given, is "loud gurgling in the a., as of water running out of a bottle.—Aloes, Amm. m." The same symptom is given also under the titles "Bottle," "Gurgling," and "Water."

We trust that, under the section for stools, the editor will separate the character of stools that are hard or constipated from those that are diarrhœic. We know of no Repertory in which this distinction is carried out, the color being given as such, and further search being required for the entire symptom of, say, a hard stool and a particular color. It is true that the provers very frequently omit to report the color of the stool if hard, but if diarrhœic the color is rarely unrecorded. We wish Dr. Gentry success in his project.

Domestic Cook Book. A Companion to Pulte's Domestic Physician. Being a Practical Guide in the Preparation of Food for the Well and the Sick, and Containing also Useful Hints for the Household. By Mrs. Dr. J. H. Pulte. Geo. W. Smith: Cincinnati, 1888. Cloth, 12mo. Pp. 370.

A cook-book written for "the sick," in addition to "the well" (especially the sick under homœopathic care), which orders baking-powder in over two-thirds of its recipes for cakes, some of which are recommended as "very good," "excellent," etc., one being called "Doctor's Cake," cannot receive the full endorsement of the profession. Should some of these preparations be intended for those not out of health it may still be objected that any and all of the baking-powders are harmful to many healthy persons and useful to none. The few pages on "Remedies" might well have been omitted, as well as a number of the household "receipts"—why not "recipes," as in the preceding chapters?—for instance, the one "To prevent hair from turning gray and falling out," the efficacy of which we doubt, in spite of the author's assertion that "it has prevented my hair from turning gray," etc.

One is startled at every page by the extremely large type of the titles, out of all proportion to that of the body of the printed page, whose appearance is in other respects pleasing. The recipes may prove to be good on putting them to the practical test, which, of course, lies outside the scope of this notice.

PUBLISHERS' DEPARTMENT.

This number completes the third volume of the RECORDER. There is not, we believe, a physician in practice, who would not find an ample money's worth in a year's subscription. A generous edition of this number is sent out with subscription blanks, and we hope to receive the latter back graced with the names of all our old, and as many new subscribers.

Banquo's Ghost.—It will not down! A year ago, or so, a certain cheap trituration proudly announced that a two-horse-power gas-engine was the author of its cheapness. We replied, among sundry other things needless to recapitulate, there was a certain pharmacy we wot of, that had two engines within its walls, either powerful enough to make short work of a two-horse-power gasser. For many moons thereafter, the latter wandered to and fro through the advertising high-ways and by-ways, crying, there is "nothing funny in this," and we suppose there wasn't—for it.

Another producer of cheap goods has, for years, kept up the mussitation, that the "1x trit. of lycopodium of a prominent Philadelphia homœopathic pharmacy" was found to have "only ten per cent. of the spores broken," while his, to wit, the owner of the "ONLY perfect triturator in use," had "ALL the spores broken" (and in small caps). "The failure," he triumphantly proceeds, "of the Philadelphia product is not only due to their badly constructed tritulators, but also to their use of inferior milk sugar."

As that Philadelphia pharmacy happens to be by far the largest homœopathic buyer of milk sugar in the United States, and buys only the best the European markets afford, the charge of the "use of inferior milk sugar" sinks into sheer silliness—almost, it seems, into spitefulness. On the other hand, the charge of "badly constructed tritulators" rises into the regions of fun, when we recall the fact that the trituration which for years, the "cheap" one has been saying (with the endless iteration of one who cares not to change his electros), had "only ten per cent. of the spores broken" was made on "*the only perfect trituarator.*" We stick this in italics in order to send home the funny fact that the trituration which had "ALL" the spores broken—by the beard of the Prophet, what a magnificent pair of optics was that of the examiner!—and that which had only ten per cent. broken were the product of the same machine. It was given a fair trial by the p. P. p., and then thrown on the scrap-iron pile. The tritulators which followed did so much better work, that the trituration bottles of the p. P. p. had to be increased in size by one third (the better a trituration the bulkier). We will pass by the "cheap" gentleman who offers a chromo to purchasers, and also the one

who goes to and fro selling "green fresh plant tinctures," which any one not "green" himself, on the subject, knows, are *necessarily* made from *dried* plants, for the fresh plant in almost every case makes a brown colored tincture, and come to what, we may call, the latest staggerer.

We were peacefully (and a little drowsily) making our way through the columns of a certain Journal, when a paper "Read Before the Kentucky State Homœopathic Medical Society," by a gentleman with "Ph.G." after his name, awakened us, for verily it seems like a booming ad. Yet it was among the regular articles of this journal, and had been read before a State Society. And such an ad! We were in doubt whether to laugh at "Ph.G." or be amazed at what the scoffers might call his "cheek." The paper purports to describe a new triturator which is "destined to revolutionize homœopathic pharmacy." It is known as the "Multiplex Pestle process;" it "differs radically from anything which has heretofore been constructed." "The mortar revolves instead of the pestle as in the old machines." And the pestles are thirty in number, about the size of a hen's egg, and are "suspended(!) on silver springs." That is about all the ad. contains save the following peroration: "From New York to California, and from Canada to the Gulf of Mexico, physicians say: We get results from the new triturations, characteristic drug action, that we never obtained before."

Now, like a crab, let us go backwards. One cannot help being lost in admiration at the enormous extent of the Ph.G.'s correspondence, and his extensive acquaintance, and, at the same time, amazed that doctors so widely separated should all use the same words and adopt the editorial "we." Back a little further, and black doubt begins to arise. "Suspended on silver springs!" "suspended!" Well. But then pharmacists know that many drugs which are triturated will oxidize silver, and oxidized silver, *or metal in any shape, should in no circumstances whatever* come in contact with a true homœopathic trituration. Thirty pestles! evidently the writer believes or wants the medical world to believe that the use of more than one pestle, in a triturating machine, is something new. But it isn't. In fact it's old, very old. "The mortar revolves instead of the pestle, as in the old machines;" there we have a definite statement, the profession is informed that this is "radically" new. Now, Mr. Ph.G., there never was but one triturator in this country *whose mortar did not revolve*, and yet here are you instructing a State Society on the subject of making triturations. *O tempora! O mores!*

After the foregoing was penned, the latest effort of the "cheap" ones came to our knowledge. The report, it seems, has been industriously spread, that B. & T.'s Chicago branch is about to close through lack of patronage. The wish, most likely, is father to the report. That house won't close, for we have it on the best of authority, that, since the issue of "cheap" *vs.* strictly reliable medicines was put before the profession, its business has decidedly increased and never in its history was it in a healthier condition.

We had hoped, by this time, to have received some reports of the action of Pine-Pitch Ointment, in curing old sores and ulcers, from some of the many physicians who are evidently using it freely, if we may judge by the reports of sales, but none so far have come to hand in shape for printing, though several have spoken very favorably of the article. An account of the Ointment appeared in the July RECORDER (1888). It has been used for about one hundred years in Bohemia, where it is claimed that there is no case of sore or ulcer that it will not permanently cure. Its medicinal virtue lies in a species of raw pine-pitch rather difficult to obtain in this country.

We still have a supply of the reprint of Dr. Samuel A. Jones's valuable paper on *Epiphegus*. Shall be pleased to mail a copy free to any physician sending us his name.

Having received several inquiries as to the cause of certain butter-like lumps, occasionally found in Loefflund's Sterilized Cream-milk, we wrote Loefflund concerning the matter, and received the following reply: The milk originally is exceedingly and unusually rich in fatty matter, and, in the highly condensed state in which it is put up, will at times gather into these little lumps, which, however, may be entirely dissolved by slightly warming the milk. Mr. Loefflund remarks, that he could easily and profitably obviate the "trouble" by skimming the cream off before condensing. We wrote him not to do it. He won't.

That list of old books and pamphlets, on advertising pages xx and xxi of this issue of the RECORDER, is worth spending a little time over. The most of them are out of type, and, when the present stock is exhausted, cannot be replaced, save as they are picked up among dealers in old books.

We have been asked what strength of *Ferrum picricum* is used in curing nose-bleeding, for which complaint, according to Dr. Mende, it is almost a specific. The third decimal dilution is used in this, and also for warts and warty growths. (See RECORDER, p. 71. March number of this year.)

"How is This?"—Under this heading our highly esteemed contemporary, the *Homœopathic Physician*, wastes a page of its valuable space, over what seems to be a hoax or the pranks of a hoaxer. It was told by a physician in New York State, who was told, per letter, by a relative that a "homœopathic physician" stopped with the aforesaid relative overnight, and, apparently from gratitude, gave his entertainers "a copy of Boericke & Tafel's *Medical Index*" and some remarkably queer remedies, or rather potencies, *i.e.* 501 nux-vomica, 716 sulphur, 477 lycopodium, 632 pulsatilla, and others equally odd. "The doctor," goes the letter from the relative of the N. Y. physician, in the *Homœopathic Physician*, "said he was travelling about from pure love of homœo-

opathy, and did not expect to get the confidence of the people until, by use of these remedies, they became satisfied that his advice was right. He also asked that we study the *Index*, suggesting that by a knowledge of it, we might be able to take care of our own family, except in sudden or extreme cases." Who this remarkable physician is, who travels about from pure love, distributing the *Medical Index* and strange high potencies, we are not told, and can form no idea; but from these intangible data as a text, the editor of the *Homœopathic Physician* proceeds to violently denounce the *Medical Index*, calling it among other things "pure trash." Our esteemed contemporary must have written that under the influence of a bilious attack, for it cuts two ways—the *Index* and homœopathy. Let us see: "In the first beginning of a cold, Aconite will in most cases be sufficient" says the *Index*, and if that is "pure trash," why then, gentlemen, as honest men let us shut up shop all around and go back to the "regular" path. That the *Index* is very concise goes without saying, but that it is "trash" and teaches error is not true neither is it true that it is a hurt to homœopathy, or to any physician's practice, for we have indisputable proof that when a neighborhood is "flooded" with them, the result is that the practice of homœopathic physicians there increases. It is addressed to the vast horde of "patent medicine" takers, and it has done good work among them, and we venture to say that but for the work done by it, in past years, the practice of many a homœopathic physician to-day would be much diminished.

While we are on the subject it may be as well to give the history of the *Medical Index*, for the benefit of future critics. It was originally written, and for the very purpose for which it is now used, *i.e.* missionary, by the late Dr. Laurie, of England, a man whose learning and ability, in the practice of homœopathy and as an author, hardly needs defence at this late day. The present publishers of the *Index* compiled it from one written by Dr. Laurie, making no essential changes, but only a few minor ones. Ten years ago it was submitted to a leading homœopathic physician, professor in one of our best homœopathic medical colleges, with the request that he would give it a thorough revision. He did so, made scarcely any changes, and with some surprise pronounced it "an excellent, a remarkably excellent, little work."

Mullein Oil.—The *California Homœopath* once spoke with a certain condescending disparagement of mullein oil,—with a sort of "pooh! pooh!" air, as it were; but for all that a pharmacy on the Pacific slope continues to order, and not seldom, mullein oil by the quart. From this we conclude that the California physicians, like their brethren elsewhere, find it rather handy to have a remedy which cures so many cases of deafness, and that when Dr. Cushing strongly commends an article it has merits.

As there are a good many readers of the RECORDER now who are late comers to its pages, we will make a few extracts from a letter of Dr.

Cushing to BOERICKE & TAFEL concerning this remedy. His description of it is summed in the following words: "It is not really an oil, but a dark liquid, smelling very much like black snuff scented with roses." Also from the same letter, "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 into 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." There are a great many cases of deafness where this oil really works wonders. In otorrhœa, too, it is frequently very successful, especially in cases caused by cold. Another thing for which it has been prescribed with most marked success is "wetting the bed." Also for cases of urgent desire to urinate, accompanied with burning sensation. Internally it is administered in the 3d decimal.

Odium Medicum (pp. 126; 40 cents, paper) is spicy reading. It is a reprint of the best letters, on both sides, that were written during the great controversy in England, last winter and spring. Our English brethren certainly know how to write letters.

"**A Pocket Glossary**" of medical terms, by James Wylde, London, is a very handy little book of 192 pages, containing the definitions of about 3000 words—medical words. It only costs 40 cents, and is well worth it, as a labor saver in handling the big dictionary.

Pyrogenium.—The article on "Pyrogen, or Pyrexin, in Typhoid Fever," which appeared in our last number, excited so wide an interest that we have thought it well to reprint it in this number, which will reach a great many who did not see the last. We have put it as an "inset" among our advertising pages. (See p. ii.) Since it was published we have received the following letter, remarkably confirmative of Drs. Burnett's and Shulldham's experience.

RALEIGH, N. C., October 10th, 1888.

MESSRS. BOERICKE & TAFEL.

GENTLEMEN: I sent you a telegram some days ago, requesting you to send me some Pyrogenium tablets. You may be interested to learn the results of the administration of that remedy.

The daughter of one of my friends, eight years old, had a remittent fever with typhoid symptoms. She had been ill for a fortnight, when Pyrogenium was used. Her evening temperature ranged from 105° – $105\frac{6}{10}^{\circ}$; her morning temperature showed a remission of 1° – $1\frac{1}{2}^{\circ}$. Pulse was from 160–180; tongue *not* heavily coated; slight delirium at night; the patient had from four to six watery evacuations daily, of clayish-gray color. There was a decided tenderness and gurgling in the iliac fossa. The old "standby" remedies had been used, with hardly any perceptible amelioration of the patient's condition. On account of the tender age of the invalid, six Pyrogenium tablets were dissolved in a

one-third tumbler of water and one dessertspoonful given every two hours; this was in the evening of October 1st. Temperature, evening October 2d, 104° , a reduction of $1\frac{6}{10}^{\circ}$ in 24 hours. Loose stools and pressure continued, yet patient seemed brighter. October 3d, temperature 103° , with decided change in fæces, in color and consistency, also less tenderness on pressure. October 4th, temperature $101\frac{5}{10}^{\circ}$; October 5th, temperature $99\frac{6}{10}^{\circ}$, pulse 110; October 6th, temperature almost normal, pulse normal; one evacuation a day. October 7th an evacuation occurred which indicated Podophylum; it was soon corrected. Then Pyrogenium was discontinued, and China substituted for a tonic. Pyrogenium is certainly a wonderful remedy. Yours, truly,
DR. AUG. KURSTEINER.

The action of *Pyrogenium* in diphtheria and scarlet fever is shown in Dr. Shuldham's letter to Dr. Burnett, which we here give in full.

ELMSTEAD, CARLTON ROAD, PUTNEY, Feby. 8, 1888.

MY DEAR BURNETT :

You ask me for a little news about *Pyrogenium*.

Here it is.

First of all I must tell you that the earliest news I had of this medicine was associated with your name. The case was one of typhoid fever, which, according to my patient's account, had been broken up by your timely use of this nosode. The next bit of news in connection with *Pyrogenium* was that it had been given to a poor consumptive girl by before-mentioned friendly patient, and the girl's temperature had been frequently lowered by the medicine.

There was no mistake about the temperature, for the girl's mother, an intelligent observer, had used the clinical thermometer.

I regret to say that there was very little doubt as to the nature of the case, for I attended this very patient in her last sad illness.

The next bit of news comes of your observations of the medicine.

It is in this wise :

In August, 1887, I was attending a little boy for a diphtheritic sore throat, and the boy was not racing his way to recovery. Indeed, matters were at a standstill, when I thought of *Pyrogenium*, and gave it in the sixth dilution—centesimal. But let me first say, by way of parenthesis, that the boy's temperature was $102\frac{1}{2}^{\circ}$ F. There were patches on both tonsils, the breath was offensive, the tongue thickly furred, and the complexion was muddy. The *Pyrogenium* was given on a Tuesday, and by Wednesday morning there was a marvellous change for the better.

The temperature had fallen to 99° F., the throat was less inflamed and less covered with membrane. The tongue was cleaner, and the complexion was less muddy.

The next day matters improved still more, and by Friday I had taken leave of the patient.

This was not all.

The little boy's sister was seized with chills, headache, aching in the limbs, and soreness of the throat. The clinical thermometer marked $102\frac{1}{2}^{\circ}$ F. in her case. Suspecting that I had another case of blood-poisoning to deal with, I gave *Pyro.* 6, and by next day all these uncanny symptoms had vanished like a dream.

I fear, my dear Burnett, I weary you, but at the risk of being thought a dreadful bore, I will add one more experience.

The mother of my little boy patient nursed her son, and was infected by the same blood poison. False membrane was deposited on both tonsils, the patient had a foul breath, a furred tongue, and a look of weariness and illness that betokened serious trouble. But she only remained in bed two days after having taken the first dose of *Pyro.*, and made a good recovery.

My first patient, the little boy, was taking the traditional *Belladonna* and *Merc. biniod.* in low dilutions, and was not making progress till *Pyrogenium* came to the rescue.

I had treated the little patient for a similar attack of sore throat in June, and *Belladonna* and *Merc. iod.* had acted well, so that this masterly inactivity on the part of these medicines made me look for fresh help, which I found, thanks to your previous suggestions, in *Pyro.* 6.

I gave this medicine in a scarlet fever case just before Christmas on the second day of my attendance, and certainly I had a fall of temperature and a case free from complication, but the results were not so striking as in the diphtheritic cases.

I shall look forward with great interest to your own experience of this strong power for good.

With friendly greetings, believe me to be,

My dear Burnett,

Yours very truly,

E. B. SHULDHAM.

Hensel's Tonicum.—There is a wide-spread complaint as to the unreliability of iron preparations and that their prolonged use produces disorders in the digestive organs, and, therefore, it has been the practice generally to combine them with such remedies as would overcome the resulting disturbance of the stomach and the inertia of the bowels.

The cause for these is to be sought, according to Dr. Strobau (in a late communication to the *Pharm. Zeitung*), in the fact that sulphides of iron are formed in the bowels which eventually form concrements the accumulation of which forms obstructions. By these are caused attacks of colic and vomiting which only cease when a diarrhoea carries out large quantities of dark fæces and black sand (those iron sulphides). Dr. Strobau recommends saline purgatives in such cases, the use of which will permit the continuation of the iron and thus effect a cure.

In this connection we beg to draw attention to a new iron preparation which is known as *Hensel's Tonicum*. This does not contain, as others of the Pharmacopœia, only one form of oxide of iron, but equal parts of the ferric and ferrous oxide simultaneously, as they are met with in the hæmoglobin of the human body. For this reason it is more readily assimilated. This Hensel's Tonicum has been introduced for several years, more especially by homœopaths, and is used in all cases where iron generally is indicated, such as all anæmic conditions, including chlorosis. Among the many practical experiences which have been communicated we will give the following as a typical case:

Mr. S., in M., writes: Before my daughter began the use of *Hensel's Tonicum* she was very much run down, very much emaciated, she had no appetite, a sickly look and general malaria; she was very weak, walked very slowly and was totally

unable to ascend mountains on account of dyspnoea. After commencing the regular use of this remedy she soon became decidedly better, and now after a six months' use of the same, her ailments have vanished. Her appetite is normal, she looks healthy and she can now ascend mountains without discomfort even at a rapid gait. In addition to this she is in the best of spirits and every vestige of weakness is gone.

Hensel's Tonicum resembles light-red wine in color. It is no secret preparation, for "Hensel" gave concise directions how to make it in his works as far back as 1880 in accordance with which every practical pharmacist can make the preparation.—*Leipziger Populaere Zeitschr. für Homœopathie*, No. 9, vol. xvii.

BY DR. G. EICHLER.

I have used Hensel's Tonicum for several years in isolated cases whenever iron seemed to be indicated, especially in anæmic conditions.

The results were truly remarkable and induced me to prescribe it as an invigorating beverage, in all cases of very weak patients with sallow complexions, in connection with the indicated homœopathic remedy. I gave it even when iron did not seem to be indicated and independently of their other complaints.

I found this remarkable preparation especially useful in all cases of anæmia and in convalescence from severe illness together with the indicated remedy, no matter whether such conditions resulted from an attack of typhus or scarlet fever, diphtheria, or what not; barring only such complaints as were caused by hyperæmia of the organs.

The effect is truly miraculous and can only be explained by its physiological action. *Hensel's Tonicum* cannot be called an allopathic preparation, for the discoverer, when a student of medical chemistry, compounded it as a result of a careful study of physiological processes in the human body. This also explains its remarkable versatility, for it favors all physiological evolutions which affect chiefly the sphere of nerve-action and the circulatory systems.

The formic acid of the preparation seems to stimulate and vivify the absorbent organs of our body without causing any irritation. At the same time it seems to act as a disinfectant to the elements of our blood-life. The happy combination of equal parts of ferric and ferrous oxide, just as it is found in the hæmoglobin, seems to be taken up and assimilated at once by the blood, thus saving to a weakened organism daily a great deal of resorptive activity, and enables it, with its strength thus husbanded, to more effectually overcome the disease.

I generally order one or two teaspoonfuls to be mixed with half a pint of sweetened water, with which it makes a brownish-looking lemonade, of a refreshing tart taste. It may be taken through the day one hour after taking medicine or a meal, a swallow at a time, in longer or shorter intervals. The above quantity usually suffices for a day, but it may be increased without disadvantage by one-half.

Hensel's Tonicum is, however, not only for the sick, but, as its action is physiological, it may with benefit be used also in health. When-

ever any one is overworked or nervous, or if he suffers with thirst during the great heat in summer, a more delicious beverage cannot be found. After a few swallows of "Tonicum" a renewed life and vigor courses through the veins.

In conclusion I beg to offer several cases from practice, in which I am inclined to ascribe to the *Tonicum* a large share of the favorable results.

Boy S.; æt. 5-6; lives in Danzig; was perfectly run down with malarial infection. Hensel's Tonicum effected a cure and total change in so remarkably short a time that his mother styled it miraculous.

Miss M.; æt. 20; chlorotic in a high degree. Companion to two old ladies. Had been dosed with iron pills by the family physician until her stomach was ruined, anæmia had reached a frightful degree. The physician had remarked to others that she had best return to her parents, as her demise had better take place with them. Although she was overdosed with iron, I gave her "Hensel's Tonicum," one tumbler a day, as mentioned above (one teaspoonful in eight ounces of sweetened water) and a few grains of Chinin. arsen. 5, three times a day. She recovered within three months so perfectly that in her exuberance she carried her delicate mother in her arms.

Miss L.; pernicious anæmia. She was so weak as to be unable to walk about the room. To raise herself sufficiently to give a hand to a visitor perfectly exhausted her. Feet commenced to swell from below. Prescribed "Hensel's Tonicum" and Chinin. arsen. 5, as above, with the effect that the patient on the twelfth day was able to walk the half-mile to my office. To be sure, she walked slowly.

Miss St.; æt. 26; from Magdeburg. Had been treated without success for six years by several physicians for anæmia. Her mother had no hope for her; face and lips like white wax. "Hensel's Tonicum," as above, and Animon. phos. 3, several grains, three times a day, and a six weeks' sojourn at the Beach of Werningerode, effected such a change that she left for home with blooming cheeks and ruby lips.

Mrs. M.; about 50. Given up after three months' treatment by allopaths, for the reason that a diagnosed solidification of the lungs could not be brought to resorption and consequently consumption was declared to be inevitable. Patient resembled a skeleton; sleepless; diarrhœic, without appetite and afflicted with a harassing cough; looked frightful. However, as the expectoration consisted merely of clear mucus, the prognosis could not be considered as hopeless. I prescribed a preliminary treatment of "Hensel's Tonicum," to act on the blood and the nerves, and then gave her in addition Arsenic 5, five drops in five teaspoonfuls of water, a spoonful every three hours. The reaction at first was so violent that her husband expected her demise. But on the third day he came with the surprising news that if her recovery proceeded at the same rate she would be well in a few weeks. It did not go quite as rapidly as that. However, after a few months the patient's lungs were in better condition than within her recollection.

Mrs. N.; æt. 29; milliner. Made for the first time a tour to the "Brocken" (a very high mountain), without having ever been used to mountain climbing. She was afflicted with an attack of high-grade rapid anæmia. Her system seemed to have undergone a perfect disorganization by her over-exertion. Treated allopathically without success. She was colorless and miserable. "Hensel's Tonicum" as above and Arnica 5, in water, brought about an improvement at once and soon restored her former blooming looks.

Mrs. Pastor N.; æt. 64. Suffering with gout in a mild degree, but chronic, slightly bending her fingers. Had had an attack of catarrh of the bladder, which through inattention also became chronic. Her skin looked yellowish; with protruding cheek bones; totally prostrated; continually urging, evacuating but few drops of urine at a time. Hensel's Tonicum and Merc. sol. 5 every three hours soon brought about a turn for the better, and convalescence set in slowly but steadily. As several other complications supervened, it took Hepar s., Spigelia, Amm. phos. and Nux to complete the cure.

Miss Sp.; æt. 17; chlorotic. Allopathy but aggravated her condition. She looked like a corpse, and in presenting her her mother burst into tears; had no hope for her myself. She had been advised to consult me six months before, but allopathic influences prevailed and prevented. Hensel's Tonicum and Chinin. arsen. 5, in alternation weekly with Calc. phos. 5, thoroughly restored the patient within three or four months.

I never observed Hensel's Tonicum to exert a disturbing influence on homœopathic remedies administered at the same time. The influence, on the contrary, was to undoubtedly enhance the action of the remedies, as it stimulates the formation of blood and exerts a most favorable influence on the nervous system. For old people Hensel's Tonicum is indispensable; they attain a remarkable vigor and freshness, and at once observe, on discontinuing it, that a revivifying influence is wanting.

Above I have enumerated a few of numberless cures where I prescribed the Hensel's Tonicum as a daily beverage in connection with homœopathic treatment with the greatest success.—*Populaere Zeitsch. für Homœopathie*, No. 13, vol. xviii.

Dr. Foerster of Zimmerhausen writes as follows on April 12th.

I wish to put the following striking success with this remedy on record. A poor woman in my neighborhood, æt. 50, had become so much weakened by continued hæmorrhages from the womb that her old-school physician remarked, "I cannot help you any more, for you have not got twenty drops of blood left in your body." And, indeed, when I beheld her I was astounded, for her lips and gums were white as chalk. By way of experiment I sent for two ounces of "H. F. Tonicum," of which she took, according to directions, a teaspoonful in half-a-pint of sweetened water during each day. The hæmorrhages soon ceased, her strength returned, the appetite increased, her complexion grew rosy and she attends again to her household. I found this *H. F. Tonicum* also of great use in other cases of weak and exsanguinated persons.

Ozone.—The following paper, by Dr. Hoffmann, on the subject of ozone, was issued in pamphlet form a number of years ago. Ozone as a curative agent is exciting considerable attention in medical circles lately, and no doubt this paper will be read with interest. We also invite attention to the advertisement of the new Ozone-generator which appears in this number of the RECORDER; it is the one first constructed by Dr. Korndoefer, whose paper on ozone we printed in the July number of the RECORDER.

Persons whose occupation permits them to move about in open air have, in general, a more healthy constitution than those whose business confines them indoors, or within poorly-ventilated apartments.

Those persons inhale, on the hills and on the sea-shore, in the open fields and prairies, an atmosphere richer in ozone than those confined in dwellings.

Ozone is the destroyer of such organisms as micrococcus, vibriones, bacteria, etc., which are more or less injurious to our health; indeed, it has been proved by Professor A. Schmidt, Dorpat (Russia), and confirmed by other eminent physiologists, that the inactive oxygen as a part of our atmosphere, when received in the blood by the process of respiration (in the normal state of health) is partly converted into *active* oxygen or *ozone*, and as such it has the power, by the regular heat of the body (at 99 degrees Fahrenheit), to destroy those injurious influences of septic gases, or low organisms, encountered in badly ventilated rooms or marshy places rich in malaria.

Ozone is the purifier of our atmosphere. Observations in marshy countries have proven that when the atmosphere is more highly charged with ozone, or above an average in certain seasons of the year, inter-

mittent fevers rarely prevail; when, however, the air contains an average amount of ozone, scattered cases of fever will occur, while, in seasons where the quantity of ozone in the air is below an average, those diseases will increase to epidemics.

In cholera, yellow fever, and other epidemics, when the atmospheric air is deprived of ozone, artificial ventilation, with ozonized air, will be found invaluable in reducing the death-rates.

The facts show that persons suffering from scrofula find relief near salines; those from pulmonary ailments, on sea-shores; those from chronic intermittents, on high mountains; those from chlorosis, whooping-cough, migraine (sick-headache), debility, find improvement of health in pure fresh air, because in each instance the air is more ozonized than that found in dwellings. According to the statement of Dr. M. Kaposi, Professor of Dermatologie and Syphilis in Vienna, given in a lecture to the medical faculty on the subject of microscopic organisms, it is a settled and undoubted fact that those microscopic organisms, whether of a vegetable or animal nature, to their different classification, are the causes of different diseases, such as scald-head, salt-rheum, whitlows, and a host of skin-affections, coming under the generic name of herpes or tetter. Also in intermittents; typhus, cholera, dysentery, syphilis, cancer, gonorrhœa, diphtheria, scarlatina, measles, small-pox, and many other diseases.

In the ozone we have an active agent for destroying those injurious organisms and checking their progress, thereby restoring health in consequence.

To form an idea of those organisms spoken of, we might imagine, according to the statement of Professor Cohn, that the germ of one bacterium can produce in twenty-four hours seventeen millions; in two days, two hundred and eighty-one billions; and yet thirty-three milliards will only weigh about *one grain*.

Since 1869, clinical observations have demonstrated that diseases of elementary character, as colds, fever, inflammation, pain, spasms, paralysis, etc., have been greatly moderated, or entirely overcome, by the artificial inhalation of ozone.

Cases of lung and heart diseases, debility, gout, kidney affections, or the feebleness of old age, suffering more or less from the want of ozone, caused either by locality or the defective condition of the respiratory organs, will severally obtain great relief from the inhalation of ozonized air. The medical mind is rapidly turning to ozone as an agent of unsurpassed excellence in the cure of a host of bodily affections.

Eckhardt, C. Paul, Birch, Linas, Liveking, Cregy, Bouchardt, and others, report undoubted curative results obtained from the inhalation of ozonized air in diabetes, scrofula, uric acid diathesis, morbus basedowi; its value also has been attested in cases of poisoning with carbonic oxide gas, carburetted hydrogen (light-gas), and opium.

"The inhalation of active oxygen, or ozonized air, will improve the complexion; the pale and sickly face will change into a fresh, lively, rosy hue as the harbinger of health; the face becomes at once an open letter in which one may read that health is returning to bless and beautify the life. The young girl may look to it as the best natural and most lasting cosmetic."

Ozonized air produces a new blood, increases the bodily strength, imparts muscular activity, induces moderation of pulse, supplies power of resistance against rheumatical dispositions, improves the appetite, digestion, and sleep, and benefits the function of mind by strengthening the entire nervous system.

In recognition of its utility localities for inhalation of active oxygen, or ozonized air, have been established in different cities in Europe, and the favorable results obtained by eminent physicians in the treatment of cases where the best medical remedies known had failed, or yielded but imperfect effects, speak loudly in behalf of the application of ozone.

As already adverted to, in various circumstances, such as the different occupations composing the daily business of life, or confinement in the sick-bed, many are deprived of the benefit of inhaling pure or ozonized air as the true hygienic nourishment for our lungs, provided by the All-wise and Eternal Ruler of the Universe; still by the proper regulated use of the ozone generator we are able to supply the deficiency, not only for the normal state of health but also in sufficient quantity as a curative remedy for the sick.

Notwithstanding the objections that may be urged by some in the application of ozone, from motives, either by questioning the purity of the ozone produced (for medical purpose we want ozonized air), or from unscrupulousness, or even selfishness, the good results obtained since the introduction of ozone inhalation as a curative, and which have been confirmed by the best authorities and sanitary societies, cannot be denied or successfully controverted. The epithets invented by knaves, fools, quacks, jealousy, ignorance, or fanaticism, should be held as worthless; and only the clear argument of the truly learned or experienced and impartial man should be regarded.

As a partial mention of diseases where ozone or ozonized air has proven effectual, the following may be cited:

Asthma, Dr. Lender. **Acute Fever, Bronchitis, Chlorosis**, statement by Drs. Lender and Huller in cases where iron was ineffectual. **Gout**, Drs. A. Eckhardt and Garrod. **Rheumatism**, Dr. Lender. **Diseases of Urinary Organs**, Drs. Janvrin and Rossbach. **Bright's Disease**, Dr. Jerome Smith. **Cholera, Yellow Fever, Whooping Cough**, Dr. Frommann. **Chronic Heart Diseases**, Drs. Sander and Peaslee. **Phthisis (Consumption)**, Dr. Janvrin. **Typhus**, Drs. Zenker and Lender. **Apnœa, Asphyxia**, Drs. Rosenthal, Leabe, and Utpensky (even in cases of poisoning with Strychnine, Brucine, Opium, Chloral-hydrate). **Child-bed Fever, Tetanus**, Drs. Ludwig, J. J. Mueller; Allen, Pepys, Preyer, Rosenthal, Reynault, Reiset, W. Mueller in Göttinger, Leyder, Unruh, Parker, Prof. Mohls; treatment: *Inhalation, drinking ozonized water and injections*. **Diabetes**, Dr. Lender, Dr. Guttridge. **Sexual Diseases**.

Croup, Diphtheria; treatment: *Inhalation, drinking, and gargle with ozonized water, application of spray by an atomizer*. **Scarlatina**, Dr. Guttridge. **Measles, Catarrh, and Chronic Catarrh**; treatment: *Inhalation, and drinking ozonized water*.

Scrofula, Catarrhal Ophthalmia, Conjunctivitis; treatment: *Inhalation, drinking, injections, and use of spray*.

For the information of those not fully acquainted with the character of ozone, it might be well to remark that, in comparison with the inactive oxygen of the atmosphere, the ozone is a more powerful agent, even when the respiratory organs are in a normal state of activity; while, when the respiratory organs are in a more or less defective or diseased condition, the ozone is the only active remedy to restore the equilibrium of the respiratory functions. Therefore, ozone is termed, technically, "active ozone," while the oxygen of the atmosphere is termed "inactive oxygen."





