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PREFACE.

THE arrangement of this third volume of the ~~Annual Record~~ is the same as that of former years.

The corps of colaborers, however, has partly been changed, inasmuch as some of the American Editors themselves have kindly furnished the extracts of their journals, or have suggested gentlemen to perform this task.

To DR. C. HERING I am under obligations for the arrangement of the Materia Medica part, and to DR. M. MACFARLAN for that of Surgery; the rest has been done by myself.

The following are the Journals and Periodicals which have been excerpted for this volume:

- Allgemeine Homœopathische Zeitung of 1871, and Monatsblatt, by C. G. Raue.
- Neue Zeitschrift für Homœopathische Klinik of 1871, by C. G. Raue.
- British Journal of Homœopathy of 1871, by E. Farrington.
- British Homœopathic Review of 1871, by T. S. Hoyne.
- Homœopathic World of 1871, by A. Korndoerfer.
- North American Journal of 1871, by S. Lilienthal.
- United States Medical and Surgical Journal of 1871, by E. Mussina.
- American Observer of 1871, by C. G. Raue.
- New England Medical Gazette of 1871, by E. U. Jones.
- Medical Investigator of 1871, by T. Bacmeister.
- Ohio Medical and Surgical Reporter of 1871, by J. Pettet.
- Hahnemannian Monthly of 1871, by R. J. McClatchey.
- American Journal of Homœopathic Materia Medica of 1871, by A. R. Thomas.
- Transactions of the American Institute of Homœopathy of 1870, by C. Wesselhoeft.
- Transactions of the Homœopathic Medical Society of the State of New York of 1870, by C. G. Raue.
- Transactions of the Homœopathic Medical Society of the State of Pennsylvania of 1870-71, by R. J. McClatchey.
- Transactions of the Homœopathic Medical Society of the State of Ohio of 1871, by Charles Cropper.
- French and Spanish Journals, as far as translated in other Journals.

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MATERIA MEDICA.

POISONINGS and provings and the reported characteristics have here again been arranged according to their natural order, because it has been the longer the more proved that all the nearly related drugs correspond to nearly related affections, and families to families; in treating the sick the nearer drugs are related the more ought we avoid giving them one upon the other to the same person.

They do not follow well after each other, neither act complementary, nor best as antidotes unless the direction of symptoms is opposite. The general order is:

1. Chemical Preparations.
2. Plants.
3. Animals.
4. Nosodes.
5. Comparisons.
6. Toxicological Observations.
7. Remarks on Materia Medica.



CHEMICALS.

SULPHUR GROUP.

Carburetum sulphuris. Poisoning, by Dr. M. Bernhardt, from Berl. Kl. Wochenschr., 8, 2, 1871. (H. Kl., 1871, 143.)

Hepar sulph. calc. Great desire to be warmly covered, even during hot weather, or in a warm place: intense desire for vinegar, condiments, and strong-tasting articles of food and drink. (N. A. J. H., 1871.)

PHOSPHOR GROUP.

- Phosphorus.** Poisoning by Dr. Bathmann. (Mntsbl., Aug., 1871, 16, from Arch. d. Heilk., 12.)
- *In inflammations, and especially in pneumonia.* By Dr. W. Arnold. Phosphorus does not produce a genuine inflammation either in the parts with which it comes in immediate contact, or ~~also~~ in any other organ, though we may observe after death redness, and hyperæmia in the stomach, intestinal canal, and in the lungs. There is only a mere accumulation of blood in the veins, and extravasation of fluid blood in the tissues of the organs. It is, therefore, not indicated in pneumonia crouposa; but where dissolution of the blood and passive stagnation of the blood in the lungs takes place, in passive hemorrhages, or bloody effusion in the tissue, in tuberculous deposits, and in typhoid pneumoniæ. (N. A. J. of H., 19, 504.)
 - 4^o, *Involuntary stool while coughing. Chelie. (A. J. H. M. M., 4, 80.)
 - 19^m, *Feeling of sand in left eye, relieved by rubbing. (E. W. B., A. J. H. M. M., 4, 81.)
 - 19^m, *White pustule in outer segment of left cornea. (A. J. H. M. M., 4, 84.)
 - Headache every other day. (C. Hg., A. J. H. M. M., 4, 141.)
 - All day sleepy, and all night restless.
 - Restless before midnight.
 - Acts more in the glands than in the bones. (H. N. M., A. J. H. M. M., 4, 155.)
- Phosph. acid.** Chronic congestions to the head, caused by fright and grief. (Haynel, A. J. H. M. M., 4, 136.)
- Hysteria, in women of dark hair, eyes, and complexion, during the change of life. (W. Williamson, Transact. Penna. Soc.)
- Arsenicum album.** In asthma of old people, who have occasional attacks of morning diarrhœa, rheumatism, scanty secretion of urine, and too violent impulse of heart sound. (W. Williamson, Trans. Penna. Soc.)
- Tearing in the brain, as if it were being torn to pieces. (Haynel, A. J. H. M. M., 4, 141.)
 - Water tastes badly (bitter). (Moore, Tr. H. M. S., N. Y., 1870, 152.)

— Its action upon the skin by Prof. Imert-Gourbeyre. (A. H. Z., 83, 114.)

Arsenicum hydrogenisatum. Mrs. A., aged 67, generally well and hearty, has been suffering the whole fall and winter from great prostration and general malaise; loss of appetite; sleeplessness, and a stupefying feeling in head, as of a load there; constipation, with a feeling of heaviness and stiffness, like a weight, in abdomen; coldness of extremities, and general chilliness on slight exposure, or change of temperature; discharge at times of large quantities of pale urine, and much heat and burning in different parts of the body, particularly over the renal region. There is a dark-brown sallow look of the skin; the face looks old, and bears an expression of pain. Gave *Arsenicum hydrogenisatum*³. In seven days she declared herself nearly well. (F. W. Payne, N. E. M. G., vol. 6, p. 533.)

Antimon. crudum. Nursing children throw up a little sour milk, as soon as they take the breast or bottle; stool white, dry, irregular in shape. (W. Williamson, Trans. Penna. Soc.)

Antimon. sulph. aurat. Congestion (not active) of the upper lobe of left lung. Dry, hard cough, no expectoration. (W. Williamson, Trans. Penna. Soc.)

Antim. tart. Proving. Master Kiger, æt. 3, swallowed half an ounce of crude Tartar Emetic, mixing it with sugar. Previous health good. In ten or fifteen minutes vomiting set in lasting several hours. The sputa caused by the proving was always white and frothy. Expectoration at times abundant. He has been asthmatic ever since the proving. The diarrhœa was slimy and of the appearance of yeast, with a marked cadaverous smell. Excessive peevishness and quarrelsomeness was produced, which still continues. (Dr. Kiger, O. M. & S. Rep., v. 5, p. 171.)

— (3^m, Fincke), given in water, thrice daily, produced at the end of a week symptoms like acute conjunctivitis, with much lachrymation; soreness in the calves of the legs and shoulder-blades. (Macfarlan, A. J. H. M. M., 4, 60.)

CARBON GROUP.

Graphites. *Burning in left hypochondrium internally worse when lying on it. Graph. 2^m (Jen.), one dose cured. (A. J. H. M. M., 4, 126.)

— *Thin scalding stools, light brown. (J. C. M., A. J. H. M. M., 4, 76.)

— *Piles with pain on sitting down or on taking a wide step, as if split with a knife, also violent itching and very sore to touch. (J. C. M., A. J. H. M. M., 4, 77.)

— *Urethra blocked by viscid (lymph?), surrounded by excess of cuticle. (J. C. M., A. J. H. M. M., 4, 77.)

— *Stricture of urethra with sudden arrest of flow, then oozing of snuff-colored slime in a long thread, or, instead, a few drops of bloody water. After micturition (five to thirty minutes) sudden peremptory urging near glans (1 inch), or seems to run back (when costive). (J. C. M., A. J. H. M. M., 4, 75.)

— *Eruption first like very light-colored elevations under the skin, increasing without areola; becoming pitted like early vaccine scab; then itching and gets larger; picked forms ulcerous scab; ceases itching and dries up. (J. C. M., A. J. H. M. M., 4, 76.)

Carbo vegetabilis. The pale face of a thin lady flushed to the roots of her hair after taking a little wine mixed with water. This is a symptom of *Carbo vegetabilis*, says Bœuninghausen, which will also cure her asthmatic affection from which she appears to suffer, judging from her slowness of breathing. (A. J. H. M. M., 4, 130.)

Carbo animalis. After catamenia throbbing headache, worse in open air. (Neidhard, A. J. H. M. M., 4, 53.)

— 3^m, Soreness in abdomen while coughing (Jen.), several doses. (E. W. Berridge, A. J. H. M. M., 4, 94.)

Petroleum. Proving by E. W. Berridge. (N. A. J. f. H., 20, 51.)

— Proving by Dr. P. O. C. Benson. (A. H. Z., 82, 80.)

— Proving by Dr. F. Schelling. (A. H. Z., 83, 189.)

Silicea. Silica, or Silicic acid, exists in two isomeric forms; in one condition it is quite insoluble, while in the other it is to a certain degree soluble in water. A modification of the standard process has been tried with apparent success. A certain quantity of milk-sugar is rubbed to a thin paste, with distilled water; to this a proper amount of moist Silica

is added, the whole being now triturated as in preparing Phosphor., adding water occasionally to replace that lost by evaporation. This process is to be repeated with the two succeeding triturations, when the fourth attenuation can be made by aqueous solution, and so on, as far as may be desired.

This method certainly has the merit of extending the range from the water covering the Silica (or even the gelatinous mass itself), to the higher attenuations. When prepared in the usual manner it is commonly considered efficacious only in the higher potencies. Moreover the moist form is probably that in which Silica is assimilated by plants, and, as a preparation, it is less like the silicious particles rubbed off the surface of the mortar in all processes of trituration. (E. P. Colby, N. E. M. G., v. 6, p. 121.)

- Symptoms cured and produced by it. (H. Goullou, Jr., A. H. Z., 83, 5.)
- *Vertigo with sleepiness. (C. Müller, A. J. H. M. M., 4, 134.)
- *The aching head must be warmly covered.

Hekla lava in *Exostosis*. It is described in a letter of Dr. J. J. Garth Wilkinson, of London, to Dr. Wm. H. Holcomb, of New Orleans. He writes: "Its known pathological effects on the sheep in the vicinity of Hekla are immense exostosis of the jaws. It also produces drying up of the milk in both sheep and cows. The finer ash, which fell on the pastures in distant localities, was particularly deleterious, while the gross ash near the mountain was inert. In cows, post-mortem examination showed intestines filled with ashes hardened to a mass, and stomach coated over with a pitch-black membrane, spotted with brown, and difficult to remove by washing. The jaw teeth were covered with a shining metallic crust. Several young horses died from lumps on the jawbones, so large as to cause dislocation. The sheep, when butchered, were found to be of a bluish hue internally, and the intestines were friable. In many cases worms from two to three inches long, with pale gray bodies and brown heads, and a little thicker than a horsehair, were found in the bronchiæ. In sheep the osseous and dental systems were much affected. The headbones, and especially the jawbones swelled and became so friable, that when boiled they fell to pieces. The thigh, and especially the

chinbones, swelled and bulged. The jaws were sometimes covered with large swellings, which spread and were loose of texture, and darker in color than the bone. These could be separated from the bone without injuring it; but in some fatal cases a hole in the bone going down to the marrow, was discovered under the swelling. These particulars are from a Danish account of the eruptions of Hekla, and their consequences to nature, to man, beast, and vegetable. Hekla lava, according to Prof. Morris, of University College, London, has for general constituents, combination of Silica, Alumina, Lime, Magnesia, with some Oxide of Iron. Sometimes it contains anorthite and other minerals. In this imperfect pathogenesis we have undoubtedly symptoms pointing to diseases of teeth and bone. I have used the Lava in toothache and in swellings about the jaws, with magical effect in several cases; also, in gum-abscess from decayed teeth, and with apparently good results in difficult teething."

Case of swelling of jaw cured with Lava. A girl of 10 years had enlargement of maxillary bone, from injury of the jaw by falling upon an upright stick. Hekla lava 3d given for several days had no effect; but the swelling which Dr. H. apprehended would prove serious exostosis, disappeared rapidly after Lava 31st in pellets. (Wm. H. Holcomb, Tr. Am. Inst., 1870, sec. 3, p. 441.)

OXYGEN GROUP.

Nitri acidum. Poisoning, by E. Adams. (H. Kl., 1871, 24, from The Lancet, 1, 16 Apr., 1870.)

- 6 removed a fœtor oris, which was very much like the odor of heated glue. There was, at the same time, much *gurbling in the left side of the abdomen*, and cold feet; these symptoms passed off with the fœtor oris. Intermittent, which had been suppressed by Quinine four years previously, returned. (G. F. Matthes, N. E. M. G., v. 6, p. 6.)
- Long-lasting, cutting pain in rectum after loose stool, with hæmorrhoidal troubles. (C. G. R., A. J. H. M. M., 4, 50.)
- Old pendulous hæmorrhoids, that cease to bleed, but become painful to the touch, especially in warm weather. (W. Williamson, Trans. Penna. Soc.)

- Nitrous oxide.** Hysterical symptoms caused by it on a woman always healthy before its use. (E. A. Farrington, A. J. H. M. M., 4, 105.)
- Nitrate of Amyl.** Experiments by Edw. F. Blake, Monthly H. Rev., 1871, March. (Am. Ob., 1871, 188.)

HALOGEN GROUP.

- Fluoricum acidum.** Falling out of the hair, new hair dry and breaks off. (W. Williamson, Trans. Penna. Soc.)
- Iodine.** *Poisoning.* (S. Lilienthal, H. M., April, 1871, p. 434.)
- Muriaticum acidum.** Stomacace of nursing children; patch on the right side of tongue, large and irregular, but very deep. (W. Williamson, Trans. Penna. Soc.)
- Hydrate of Bromal.** Its effects upon the animal and human organism, by Dr. E. Steinhauer. (Monatsbl., May, 1871, 46, from Virchow's Arch., 50, 2.)

ALUM GROUP.

- Alumina.** Vertigo when closing the eyes. (C. Hg., A. J. H. M. M., 4, 134.)
- 2c. *Spasmodic constriction of the throat, which interferes with swallowing; feels the food the whole length of œsophagus.* (Verified.) She was obliged to have the food liquid or semi-solid. (H. L. Chase, Tr. Am. Inst., sec. 2, p. 247.)
- Leucorrhœa, discharge like starch, lasting about a week after each menstrual period, then disappearing. Must sit down to pass water. (G., Trans. Penna. Soc.)
- Alumen.** Alumen (al. and potassæ sulphas), *long-lasting pain in the rectum after each stool. (C. Hg., A. J. H. M. M., 4, 50.)
- Plumbum** in eighty-one cases of poisoning caused abortion, menorrhagia, premature birth or death of child, within first three years of life. Fœtus tainted, whether *father or mother* was under its influence. (D. Dyce Brown, B. J. H., v. 29, No. 118.)
- Poisoning (in fashionable forms). (Mrs. Chase, Proc. Hom. Med. Soc., Ohio, 1871, p. 29.)
- Its action upon the uterus, by D. Dyce Brown, Br. J. H., Oct., 1871. (Am. Obs., 1871, 529.)

- Chronic poisoning, by Heubel, Monatsbl., August, 1871, 12, from Centralbl. für d. Med. Wissenschaft, Mai, 1870. (Am. Obs., 549.)
- Has been successfully employed by Prof. Traube in circumscribed pulmonary mortification and in cheesy pneumonia; also in necrotic inflammation of the bladder, caused by a decomposition of the urea and the formation of carbonate of ammonia, brought on by catheterization and the introduction of bacteride-germs. (Monatsbl., Juli, 1871, 5, from Sitzungs Cor. d. Berl. Med. Gesellsch., v. 25, Jan., 1871.)

* IRON GROUP.

- Ferrum** caused in some cases, in others increased, already existing goitres. (E. Seitz, Monatsbl., Jan., 1871, 8, from Allg. Med. Centr. Ztg., 1870, 103.)
- Ferrum phosphoricum.** A styne on the lower lid of right eye has been the result following the administration of phosphate of iron for debility in two if not three cases. (R. T. Cooper, Mon. Hom. Review, v. 15, p. 39.)
- Kobalt.*** Headache when getting up from sitting. Lippe. (C. Hg., A. J. H. M. M., 4, 141.)

* The rule for using the C or the K is evidently: all words we got from the Roman are written with the C; all from the Greek, the Arabian, or the German with the K.—C. Hg.

AURUM GROUP.

- Aurum.** Pain in eye relieved by blowing nose. (E. W. B., A. J. H. M. M., 4, 92.)
- Mercurius.** Dr. W. Roche reports a case of chronic tonsillitis in which Merc. sol. 6 caused soreness of the mouth, pains in the teeth with feeling of looseness and slight salivation. (Mon. Hom. Review, v. 15, p. 177.)
- Wakes with nervous trembling, thumping of the heart and agitation as if he had been frightened. (J. C. M., A. J., H. M. M., 4, 144.)
- Mercuric-methide.** A fearful poison, proving fatal even from inhalation. It seems to cause mercurial paralysis with dementia. Its constant symptoms are, hydrargyrosis; de-

bility; hebetude; enfeebled circulation; impairment of senses, *especially hearing*; dull vacant expression; pupils dilated; numb hands; cold feet; clonic spasms; breath offensive; progressive muscular paralysis. (E. T. Blake, B. J. H., v. 29, No. 105.)

Cuprum. Poisoning (twelve cases). (Ch. W. Breyvogel, Med. Inv., v. 8, p. 481.)

— An engraver in copper, aged 28, presented himself with a semi-eczematous eruption on the back of right hand and arm as far as the elbow; on the left it is confined to the wrist. The irritation is great, aggravated at night in bed and near a fire. Oozing occasionally. A dark greenish-blue line is present on the teeth; the gums are soft, with patches of purplish-red at their junction with the cheeks. Hep. sulph. 2^x was given, and the eruption disappeared in two months. (R. T. Cooper, Mon. Hom. Review, v. 15, p. 392.)

Cuprum sulph. Poisoning. (Prof. Mosehka, H. M., Sept., 1871, p. 66.)

Argentum nitric. Epileptic convulsions, coming on in the night. The pupils were always permanently dilated for a day or two before the fits. (W. Williamson, Trans. Penna. Soc.)

MAGNESIA GROUP.

Magnesia citrica. Symptoms from abuse. (Monthly H. R., September, 1871.)

Zincum. Engraver, aged 36, presented himself with roughness of the skin on back of right hand, accompanied by very intense irritation when rubbed, that seems to go through the whole body, and by discharging vesicles; worse when he catches cold and in cold weather. Memory weak; continual aching, gnawing pain in the upper part of the back of the head. The symptoms yielded to Hep. 2^x on three occasions, but the fourth I was compelled to give Mezer. (R. T. Cooper, Mon. Hom. Review, v. 15, p. 392.)

— Unconscious proving. (C. S. Middleton, H. M., April, 1871, p. 436.)

— Poisoning. (B. W. James, H. M., Dec., 1871, p. 232.)

— Poisoning from galvanized water-pipes. (T. Fitz Gatchell, Med. Inv., v. 8, p. 444.)

CALCAREA GROUP.

- Calcarea phosphorica**, in its physiological and therapeutical relations, by L. Dusart and Prof. F. W. Beneke. (Monatsbl., Nov., 1871, 44. From Schmidt's Jahrb., 1871, 8.)
- History of the provings of. (C. Hering, H. M., March, 1871, p. 382.)
- Résumé of, by C. Hering. (N. A. J. of H., 20, 232.)
- Practical observations on, with illustrative cases. (C. P. Verdi, N. E. M. G., v. 6, p. 100.)
- Calcarea ostrearum Hahnemanni**. *Fear of being alone; he must see that his wife is in the room. Calc.^{107m} (F.) (E. M. Berridge, A. J. H. M. M., 4, 84.)

ALKALI GROUP.

- Natrum muriaticum**. (Hering, A. H. Z., 83, 107.)
- (A. H. Z., 83, 123.)
- Remarks on, by P. J. Liedbeck. (A. H. Z., 83, 172.)
- (v. R., A. H. Z., 83, 211.)
- Proving by E. W. Berridge. (N. A. J. of H., 20, 51.)
- 5^x and 5^m caused in two provings, pain like a cutting cramp through the left chest to the scapula.
- 5^m. Sensation of coldness in the joints, a feeling, as if *water were trickling over the joints*, in the open air.
- Canine hunger, especially for supper, with weakness of body and depressed mind. The longer he sat the more hungry he seemed. Stronger after eating. (E. A. Farrington, A. J. H. M. M., 4, 102.)
- Tormenting sleeplessness after gnawing grief. (Bute, A. J. H. M. M., 4, 112.)
- *Salty taste; dry tongue; loss of appetite; thirstlessness. (Haynel, A. J. H. M. M., 4, 143.)
- Borax**—*Natrum boracicum*. Headache worse after nose bleeding. (C. Hg., A. J. H. M. M., 4, 141.)
- Lithium**—*Gettysburg water*. Proving by S. Swan, M.D. (H. M., March, 1871, p. 389.)
- Kali carbonicum**. 1^m removed a dyspnoea of long standing and was followed, in the evening of the day on which the dose was taken, by the following symptoms. 10½ P.M., severe

pain in right side of chest preventing deep breathing, with stitching over the chest. Next day, in the open air, felt exceedingly despondent, all trace of which passed off on entering the house. (B. F. Underwood, A. J. H. M. M., 4, 72.)

- *Nose bleed when washing the face. (A. J. H. M. M., 4, 143.)
- *Frequently recurring paroxysms of cough, excited by tickling in the throat, larynx, bronchi, with a *dislodgment of tenacious mucus or pus, which is not expectorated but is swallowed.* (S. Lilienthal, H. M., Sept., 1871, p. 62.)

Kali bromatum—Bromide of potassium. Proving and compilation, by E. H. Hale, M.D. (Tr. Am. Inst., 1870, sec. 2, p. 299.)

- By E. M. Hale, M.D. (Tr. H. M. S., N. Y., 1870, 253.)
- Remarks on, by Dr. Camille Lederer. (H. Kl., 1871, 41.)
- Constrictive sensation in the brain, as if too tight, with a feeling of anæsthesia in the brain. (A. K. Hills, N. A. J. of H., 20, 287.)

Kali bichromicum. Proving by Dr. F. Schelling. (A. H. Z., 83, 189.)

- Sensation of choking on lying down. (I. D. Johnston, H. M., Sept., 1871, p. 96.)

Ammonium bromatum. Proving by A. M. Cushing. (Tr. Am. Inst., 1870, sec. 2, p. 354.)

Causticum. (Fincke.) *Giddy at stool and after it; sick at stomach; no appetite. (M. M., A. J. H. M. M., 4, 78.)

- *Can only pass the stool while standing; a woman. (W. Wesselhæft, Sr., 30.)
- *Stool passes better while standing. 6^m, Jenichen. (A. J. H. M. M., 4, 84.)

ORGANIC COMPOUNDS.

N. B. Peculiar vegetable alkalies and acids are given with the plants.

Alcohol. Its pathogenic character and therapeutic uses, by J. P. Dake, M.D. (U. S. M. and S. J., January, 1871.)

Glonoine. Proving. Dr. E. W. Berridge. (Mon. Hom. Review, v. 15, p. 298.)

- From the French of Roth, translated by A. H. Beers. (U. S. M. and S. J., January, 1871.)

— Its sphere of action, by Dr. C. Wesselhœft. (A. H. Z., 82, 135. From Medical Jour., November, 1870.)

— Blood seems to rush to the heart and mount rapidly into the head. (C. H., A. J. H. M. M., 2, 144.)

Carbolic acid. Poisoning, from dressing an ulcer with. Pulse very feeble and flickering; breathed with much difficulty; countenance pale and anxious; feet and hands cold. (T. C. Duncan, Med. Jour. v. 8, p. 479.)

— Poisoning. Even the smell of it gives me congestive headache. (T. C. Duncan, Med. Jour., v. 8, p. 507.)

— Poisoning. (Am. Ob., 1871, 522.)

— Proving. On making a solution of Carbolic acid crystals in alcohol, Dr. W. M. Williamson was almost immediately attacked with pain over the right eye, which continued for an hour after being out in the air, then passed off, but returned upon returning to the room and smelling the acid again, but passed off again in open air. The following symptoms were likewise observed: Pain extends to temple with sense of soreness of eyeball; decrease of quantity and increase of color of urine; prickling pains through glans penis and in urethra; straining at passing urine, and uncomfortable feeling for two hours afterward; loss of sexual desire for thirteen days. (Transac. Penna. Hom. Med. Soc., 1871, p. 180.)

— Provings, by S. Lilienthal. (Tr. H. M. S., N. Y., 1870, 232.)

— Proving, by E. C. Price. (Am. Ob., 1871, 148.)

— *Intensely bad smell from the mouth; diphtheria. (B. F. Underwood and A. R. Thomas, A. J. H. M. M., 471.)

— *Dr. Kitchen gives the following as a characteristic of Carbolic acid: "When urinating, always an involuntary discharge of mucus from the anus." (Transac. Penna. Hom. Med. Soc., 1870, p. 80.)

— By Dr. Kemster and Dr. Eichel, from Centr. Z., 1869, No. 17, and 1870, No. 30. (H. Kl., 1871, 160.)

Aceticum acidum. Proving, by E. W. Berridge. (Mon. Hom. Review, v. 15, p. 297.)

Lacticum acidum. Proving, by S. Swan. (N. A. J. of H., 19, 569.)

— Morning sickness, in pale, anæmic women, who lose large quantities of blood during the menses, which usually last from five to eight days. (W. Williamson, Transac. Penna. Soc.)

Chloral. Death from it. A lady dissolved what was supposed to

be more than a dozen full doses, in half a goblet of water, and drank the whole. We know no more of the case for twelve hours. At nine in the morning she was called, and found to be insensible. Drs. J. K. Warren and William Holbrook were immediately summoned. They found her respiration stertorous, her eyes set and glassy, the pupils contracted and insensible to light; the conjunctiva congested. The motion of the heart was quite rapid, but so feeble as to be scarcely felt. The pulse of the right arm—she had lain on that side—was not perceptible; that of the left small and thready. The blood had settled under the finger-nails, and there were purple spots on the side on which she had lain. The extremities were cold. Frothy mucus flowed from the mouth, and it seemed filled with a membranous substance not unlike that of membranous croup.

Heat was applied to the sides and down to the soles of the feet; sinapisms were applied to the abdomen, and to the whole length of the spine. Twenty drops of the aromatic spirits of ammonia were given every fifteen minutes. For an hour the heart's action increased in strength, and the pulse in volume, then they gradually declined till death, at a quarter past twelve. There was no return of consciousness. No autopsy was made. (N. E. M. G., v. 6, p. 120.)

- *Intoxication.* After its use, the eyesight becomes weak and dim, with congestion of the globe and swelling of the lids, and sometimes partial paralysis of them. *A black streak along centre of tongue, as though ink had been rubbed over it.* Delirium tremens symptoms often appear when trying to break off from its use. (B. W. James, H. M., June, 1871, p. 565.)
- In one case it produced idiocy; in two cases spasm of the throat; in a professional man, overtaxed, it produced temporary ptosis; a lady became delirious, hurling a hot-water bottle at an imaginary figure at the foot of the bed. It may be useful in insanity. (B. W. James, H. M., October, 1871, p. 136.)
- *A producer of hemorrhage.* It will favor the production of hemorrhage; it tends to reopen recently cicatrized ulcers of mucous membranes. It might produce metrorrhagia if

given at the menstrual period in females subject to a copious flow; useful in the hemorrhagic diathesis, in typhoid cases with epistaxis, in hæmoptysis, in hæmatemesis. (B. W. James, H. M., Dec., 1871, p. 231.)

— A number of cases showing the effects produced by the chloral hydrate on the skin, conjunctiva, heart, &c. This drug was given for whooping-cough, in doses of 10 grs., and in three patients produced an urticarious eruption. Other cases are mentioned in which the same eruption followed its exhibition. This would suggest chloral hydrate as a remedy for urticaria. The scarlet flushing of the face which it causes reminds one of Bell., and it would probably prove valuable in erythema and erysipelas of the face and neck. Chloral occasions conjunctivitis, furthermore proving its resemblance to Bell. Two cases are mentioned in which it caused acute purpura. Fourteen cases are related showing its action upon the heart; from these the author deduces the following facts: That chloral acts upon the nervous supply of the heart and not on its muscular fibres. 1st. It seems to paralyze the vagus, since we have found that the heart-beats become feeble, often irregular, and very rapid. 2d. Either stimulates the accelerating nerve, or does not act on it; this nerve, then, endeavoring by rapid action of the heart to make up for the paralysis of the organ—rapid action of the heart being a symptom of debility. 3d. Paralysis of the sympathetic. 4th. Paralysis of the intrinsic motor ganglia. Chloral will prove useful, 1st. In muscular debility, fatty degeneration, and dilatation when there are evidences of nervous deficiency, as shown by irregularity or intermittency of action, palpitation, &c. 2d. In feebleness or irregularity of the heart's action (functional disorders). 3d. In actual region, dose advised, 3 to 5 grs., three times a day. (D. Dyce Brown, Mon. Hom. Review, v. 15, p. 347.)

- Injurious effects from. (E. M. Hale, H. W., 6, 170.)
- Causing purpura. Dr. Dyce Brown, from Mon. Hom. Review, June. (Am. Ob., 1871, 508.)
- Its application in surgery. Proving by W. Eggert, M.D. (Tr. Am. Inst., 1870, sec. 2, p. 372.)
- Its nature and properties. (W. T. Helmuth, N. E. M. G. M., 6, p. 449.)

- Of some of its effects in insanity, by W. F. Elstun, M.D., from Inst. Am. Journ. of Med., Jan., 1871. (Am. Ob., 1871, 140.)
- Remarks on the clinical use of, with cases. (J. C. Neilson, N. E. M. G. M., 6, p. 157.)
- By E. M. Hale, M.D. (U. S. M. and S. J., April, 1871.)
- By Dr. Leviustein, from Med. Centr. Z., 1869, No. 81. (H. Kl., 1871, 159.)
- (Roth, H. Kl., 1871, 27.) •
- Benzine.** Accidental proving. (Heber Smith, M. E. M. Gazette, Nov. and Dec., 1870.)
- Nitro-Benzine.** Poisoning, by Dr. Trinlich. (H. Kl., 1871, 24, from Wiener Med. Presse, 11, 13, 1870.)
- Methyline**, used as an anæsthetic, produced speedy death in a woman, æt. 44; the quantity given was small. (B. W. James, H. M., Dec., 1871, p. 239.)
- Diastase** has been advised as favoring the assimilation of feculent principles, and acts on the amylaceous food as *Pepsin* does on the meats. It may substitute the *ptyalin*, when the latter is defective in its conversion of starch into sugar. (Drysedale, B. J. H., v. 29, No. 116.)

P L A N T S.

F U N G I.

- Bovista.** In bleeding gums after extraction apply pieces of the fungus to the cavity. "Two or three applications will cure the worst case" (of hemorrhage). For any other description of wound a piece large enough to cover in the wound, held firmly on, or bandaged on, will arrest the flow of blood. In epistaxis, hold a good-sized piece of the fungus close to the nostrils, and direct the patient to inhale with all possible force the fumes arising from it under pressure of the hand. (H. M., Sept., 1871, p. 85.)
- Agaricus muscarius.** Proving of 2° by I. Schelling. (A. H. J., 82, p. 80, H. M., Aug., 1871, p. 28.)
- 2° given to a patient caused the *same aching along spine and in limbs* as was caused by "toadstools" in above case. (E. A. F., A. J. H. M. M., 4, 103.)

- Characteristics by H. N. Guernsey. (A. J. H. M. M., v. 5.)
Muscarine, the alkaloid of *Agaricus*, by Schmideberg and Koppe.
 Leipzig, 1869. (H. Kl., 1871, 161.)
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FILICES.

- Lycopodium**. Proving by E. W. Berridge. (N. A. J. of H., 20, 51.)
 — Proving by Dr. I. Schelling. (A. H. Z., 82, 121.)
 — Wind gurgles under apex of heart, in left hypochondrium;
 with oppressed breathing. (J. C. M., A. J. H. M. M.,
 4, 144.)
-

AROIDEÆ.

- Arum triphyllum**. A corrosive, yellow discharge from the nostrils of children, in diphtheria (G). A sensation of something hot in the throat, more particularly during inspiration. (W. Williamson, Trans. Penna. Soc.)
-

SARRACENIÆ.

- Sarracenia purpurea**. A contribution for its study, by Dr. T. Cigliano. (Am. Obs., 1871, 467.)
-

IRIDEÆ.

- Iris versicolor**. Proving by E. W. Berridge. (N. A. J. of H., 20, 51.)
Iris foetidissima. Proving by E. W. Berridge. (N. A. J. of H., 19, 358.)
-

COLCHICACEÆ.

- Colchicum autumnale**. Historic, therapeutic remarks, by C. Dunham. (A. H. Z., 83, 6, from Am. Hom. Rev., v. 6.)
Helonias dioica. Proving by S. A. Jones, M.D. (Am. Obs., 1871, 178.)
Veratrum album. Proving by Dr. I. Schelling. (A. H. Z., 83, 19.)

LILLIACEÆ.

- Lilium tigrinum.** Extensive proving by Wm. E. Payne and others. (Tr. Am. Inst., 1870, sec. 2, p. 260.)
- Additional observations by W. E. Payne, M.D. (Am. Obs., 1870, 186.)
- Proving by W. E. Payne, M.D. (Am. Obs., 1871, 239.)
- By E. M. Hale. (Am. Obs., 1871, 39.)
- Symptomatology, by E. M. Hale, M.D. (H. W., 6, 30.)
- Proving by L. M. Kenyon, M.D. (Tr. H. M. S., N. Y., 1870, 326.)
- Produces and removes marked disturbances of the heart, and will be of service in dilatation. In some cases there was relief while resting on the left side, a circumstance quite in contrast with the majority of remedies that act prominently upon the heart. (C. H. Burr, N. A. J. of H., 20, 194.)
- Allium sativum.** Proving. (A. H. Z., 83, 184.)
- Enables the body to bear great muscular exertions. (A. R., A. H. Z., 82, 46.)
- Cepa.** Spring coryza; tingling and itching in right nostrils. (W. Williamson, Trans. Penna. Soc.)
- Aloes.** Violent burning in the rectum, and tenesmus; constant urging to stool, with only a few drops of foul-smelling, bloody mucus being passed. (W. Williamson, Trans. Penna. Soc.)
-

SMILACEÆ.

- Sarsaparilla.** *Eruptions. During the long, hot summer months a great many children and some grown persons present themselves with cutaneous affections; their name is legion. Last spring (see C. Hg.'s proving, J. of M. M.) I gave to all such cases small doses of Sars. 3d trit., three doses per day, and never before have I practiced among skin diseases with such satisfaction and such triumph. (Wm. H. Holcombe, Med. Inv., v. 9, p. 4.)
-

DIOSCOREÆ.

- Dioscorein.** Characteristic "cramp-like pain in the region of

sigmoid flexure of the colon, extending to the back, with vomiting." (W. P. Gambell, N. E. M. G., v. 6, p. 252.)

CONIFERÆ.

Thuja. Chewing the green core it caused scalding on making water; urethra swollen and inflamed; stream of urine splint and small; burning; next day urethral discharge yellow, lasted six days. (Dudgeon, B. J. H., v. 29, No. 105.)

— Proving. (B. J. of H., A. H. Z., 82, 207.)

SALICINEÆ.

Salix purpurea (red willow). By T. C. Duncan, M.D. (Tr. H. M. S., N. Y., 1870, 328.)

URTICACEÆ.

Urtica urens. Annual recurrence of symptoms from poisoning by it. (Am. Ob., 1871, 522.)

Cannabis Indica. Proving. (W. A. D. Pierce, A. J. H. M. M., 5, 11, &c.)

ARISTOLOCHEACEÆ.

Asarum Europ. Constant, short, hacking cough of consumptives. (K.) (W. M. Williamson, Tr. Penna. Soc.)

MYRISTICACEÆ.

Nux mosch. Proving by Dr. Hart. (Tr. Penna. H. M. S., 1870, p. 72.)

— Proving by Dr. H. N. Martin. (Tr. Penna. H. M. S., 1870, p. 71.)

LAURINEÆ.

Camphor. Poisoning. A. G. Beebe. (Med. Inv., vol. 9, p. 17.)
 — Proving. Dr. E. W. Berridge. (Mon. Hom. Review, vol. 15,
 p. 298.)

MENISPERMINEÆ.

Cocculus Indicus. Poisoning. By Dr. A. Puma. (H. Kl. from
 Gaz. Lomb., 21, 1870.)

VALERIANACEÆ.

Valeriana. Notes on. (H. Kl., 1871, 117.)

LONICERÆ.

Triosteum perfoliatum. The berry of the *Triosteum perf.* has a direct tendency to the lungs; relieves congestion of the lungs. It produces aching pains in every part of the system, sometimes produced sweating. Has been used with good effects in bilious fever. Controls neuralgic pain and quiets the nervous system like *Coffea*, *Hyos.*, *Stram.* In coldness without sweat, better than *Veratrum*. Very efficient in influenza and common colds; almost specific in ozaena. Relieves pain of a pleuritic character in right antero-inferior portion of thorax. Relieves bilious colic like *Colocynth*. Is excellent in frontal headache. Quiets labor-pains in threatened abortions. In a case of asthma, with tumultuous action of the heart, where death seemed near, it acted like a charm. Acts best in the sixth potency. (Dr. Talmadge, *Med. Inv.*, vol. 8, 219.)

— New observations on. (*Am. Ob.*, 90.)

RUBIACEÆ.

Ipecacuanha. Patient despises everything. Has muscular awkwardness. Full of inexpressible desires. Screams and howls violently. Face pale, and body cool. Fine stinging pain in the forehead; bruised feeling of the head, down to the roots of the tongue. Difficult deglutition; and taste in the mouth as of rancid oil. Gripping and pinching in the abdomen, as if from the ends of the fingers; relieved by rest. Cutting colic near the umbilicus.

And he further said that the following symptoms he could vouch for:

Frequent yellow liquid stools, covered with bloody mucus. Convulsive evening cough. Expectoration of mucus with metallic taste. Inclination to vomit without nausea. Beating in the pit of the stomach. Spasmodic asthma, with contraction and danger of suffocation. Shocks on falling asleep. Rigidity of the body, followed by jerking of the arms towards each other. (E. P. Scales, H. M., June, 1871, p. 562.)

— Diagnosis of disease and drug. (C. Wesselhœft, N. E. M. G., vol. 6, p. 425.)

China officinal. Characteristics by H. N. Guernsey, M.D. (H. M., Oct., 1871, p. 118.)

Chininum sulph., 2°. Buzzing in ears. (E. W. B., A. J. H. M. M., 4, 90.)

— Beating in vertex. One dose in scarlatina. (E. W. B., A. J. H. M. M., 4, 94.)

— Can only see objects when looking at them sideways. (E. W. B., A. J. H. M. M., 4, 95.)

COMPOSITÆ. SYNANTHEREÆ.

Arctium lappa. Acne (pale) of the face; porrigo of the scrotum (dry). (W. Williamson, Trans. Penna. Soc.)

Calendula, 2°. A few globules dissolved in water, cured in two days by lotion, of a mechanical excoriation of mucous surface of prepuce after coitus. (A. J. H. M. M., 4, 116.)

- Eupatorium perfoliatum.** Tertian ague two weeks in a boy fourteen years old; sallow face, with sickly aspect. (Disappeared.) Thirst throughout the night previous to chill. Chill commenced at eight o'clock, A.M. Thirst during chill and heat, with vomiting after each drink of water. Vomiting of bile at the close of the hot stage, which was followed by an inconsiderable amount of perspiration. (Verified.) *Eupat. perf.*, ten drops of tinct. in half a tumbler of water, a teaspoonful every three hours. But one slight paroxysm (without chill) after commencing the medicine. One prescription cured the case. (W. Williamson, Tr. Am. Inst., 1870, sec. 2, p. 249.)
- Remarks on, by Dr. C. Dunham. (A. H. Z., 83,* 82, from Am. Hom. Rev., 6, 228.)
- (A. H. Z., 83, 181.)
- Chamomilla**, by Dr. Karl Hencke. (A. H. Z., 83, 149.)
- Characteristics of, by Dr. H. N. Guernsey. (H. M., 1871, p. 279.)
- Cina.** Shudders after a swallow of mildest Moselle wine as though he had taken the strongest whisky. (Bœnninghausen, A. J. H. M. M., 4, 130.)
- Santonin.** Accidental proving. (B. W. James, H. M., May, 1871, p. 512.)
- *In eye symptoms.* *Benefits the following symptoms: imperfect color vision; chronic headache, with pain in eyes; indistinct vision. Mr. C., æt. 25, for a year has been thus troubled; after reading some time, especially aloud, the eyesight becomes dim; the letters hazy and indistinct; rubbing seems to clear the eyes for a few minutes; a grain of Santonin every night cured him in three weeks. Total cases treated, 42; cured or improved, 31; failures, 7; unknown results, 4. The seven failures are as follows: 1. Syphilitic neuroretinitis, with total blindness, incurable from the beginning. 2. Old retino-choroiditis, incurable by everything else. 3 and 4. Progressive rapid atrophy of optic nerve, incurable by all other means. 5. Rapidly formed soft cataract. 6. Senile cataract. 7. Amaurosis, incurable by all other means. The action of overdoses of Santonin is to produce green vision. (B. W. James, H. M., Oct., 1871, p. 137.)
- Among 42 cases of eye diseases treated with it, 31 were cured or improved; 7 were failures; 4, results unknown. It

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seems most useful when the well-known *color-blindness* is present. Next in importance is hyperæsthesia of the retina, with pain on reading; retinal arteries and veins distended; amblyopia, non-organic, when the confusion of sight is better *from rubbing the eyes* (*Cina*). It may also be useful in cataract, as Ogston noticed opacity of the crystalline lens after death in *young* (never in *adult*) kittens.

In many cases brain symptoms concur with eye diseases, according to Rose. The nausea noticed, with hallucinations of sight, is of cerebral origin, because it comes *with* brain symptoms, no pain, is sudden and does not follow well-known gastric symptoms of stomach-vomiting.

In cases of poisoning cerebral spasms are most marked; shown in muscles of eyes, ears, nose, nape, &c., and not till long after do they extend through the whole body. In medium doses, the optic nerve and par vagum suffer constantly. The centres of the five senses are affected, *except that of the sense of hearing*. (D. Dyce Brown, B. J. H., v. 29, No. 117.)

Arnica. Poisoning. (S. Lilienthal, Am. Ob., 1871, 47.)

— Poisoning. (Albert Schumann, H. M., Sept., 1871, p. 69.)

— *Sick stomach from car-riding, Arn.; two cases. (J. C. Morgan, A. J. H. M. M., 4, 96.)

— *In whooping cough, when the paroxysms are so violent as to produce bloodshot eyes, and nose bleeding. (W. Williamson, Trans. Penna. Soc.)

— *Region of base of heart (auricles); feels as if bruised. (J. C. M., A. J. H. M. M., 4, 144.)

— Clinical experience with, by S. D. Hand. (Tr. H. M. S., N. Y., 1870, 473.)

— Burrowing pus, not painful (absorption occurs after its use). (H. N. G., A. J. H. M. M., 4, 144.)

— "Its true sphere seems to be in painful inflammatory conditions of the cutis vera and subcutaneous cellular tissue, whether traumatic or idiopathic, and its leading characteristic is inflammation of the skin and cellular tissue, with extreme tenderness or painfulness upon pressure. As a remedy for the extreme soreness in boils, its powers are well known; but it is not generally known that it is of equal efficacy in the treatment of phlegmonous erysipelas. For this purpose I use 2d or 3d dec. attenuation ten drops in half a glass of

water, a teaspoonful every two or three hours. If there is throbbing headache, strawberry tongue, or photophobia, I alternate with Bell. 3^x, dose every two hours—cover the parts with dry flour.” (E. J. Fraser, Cal., Hom. World, 6, 14.)

CUCURBITACEÆ.

Bryonia alba. Proving by T. Dwight Stow. (Tr. H. M. S., N. Y., 1870, 334.)

— Rheumatic and gouty tension, drawing, tearing, and stitching, usually in the limb, especially when moving the parts, with intolerance of contact. (A. J. H. M. M., 4, 112.)

— A review of its symptoms, by Dr. Schüssler. (A. H. Z., 82, 124.)

Elaterium. (Momordica Elaterium.) Proving. (A. H. Z., 83, 125.)

Colocynthis. Proving with 2^c on girl 9 years old. (Goodno, A. J. H. M. M., 4, 83.)

— *Intermittent headache. (C. Hg., A. J. H. M. M., 4, 136.)

— Violent tearing pain; she says it digs through the whole brain; aggravated by motion of the upper eyelid to an almost unbearable degree. (Haynel, A. J. H. M. M., 4, 141.)

LOBELIACEÆ.

Lobelia inflata. Extreme *tenderness* over the sacrum. She cannot bear even the pressure of a soft pillow; she cries out if any attempt is made to touch the part. She sits up in bed, leaning forward to avoid contact with the bed-clothes. After each vomiting spell she breaks out all over with *sweat*, followed by a sensation as if *thousands of needles* were piercing her skin from *within outward*. (C. Carleton Smith, A. J. H. M. M., 4, 60.)

Lobelia cœrulea. (*Olim syphilitica*.) Proving by J. Jeanes.

— By C. Neidhard.

— By W. Williamson. (H. M., June, 1871, p. 520.)

— Of this medicine I possess but one pathogenetic symptom, namely: Pain about and under (not below) the short ribs,

in the back, on the left side, and extending outward nearly to the left side. This embraces the posterior aspect of the region of the spleen. Great dejection and weeping without cause, or sometimes with cause. (Jeanes.)

LABIATÆ. VACAT.

VERBENACEÆ.

Agnus castus. Characteristics by H. N. Guernsey. (A. J. H. M. M., vol. 5.)

SCROPHULARIACEÆ.

Gratiola. One dose³⁰. *Throbbing in temples.

— Pain left occiput on sneezing. (E. W. B., A. J. H. M. M., 4, 100 and 111.)

SOLANINEÆ.

Tabacum. Effects of. (Am. Ob., 1871, 561.)

Stramonium. Proving. (E. W. Berridge, Mon. Hom. Review, vol. 15, p. 298.)

— *Rigors during urination. 43^m (F.), one dose. (E. W. B., A. J. H. M. M., 4, 103.)

— A pharmacological study, by Dr. Carl Heinigke. (A. H. Z., 82, 73.)

Solanum nigrum. Pathogenesis of, by E. M. Hale, M.D. (Tr. H. M. S., N. Y., 1870, 299.)

— Symptomatology, by E. M. Hale, M.D. (U. S. M. and S. J., January, 1871.)

Belladonna. Increases and diminishes the quantity of urine by exciting the circulation, which if moderate results in diuresis, if excessive in prolonged congestion and consequent scanty flow. It acts on the Malpighian tufts which give off the water of the urine. In post-scarlatinal renal disease it acts by lessening the congestion of these tufts, and so increases the water of the urine, which flowing through the tubes, indirectly helps in their relief.

It increases the phosphates and sulphates, and in a less degree the urea, and diminishes the chlorine; thus showing its genial action in causing a febrile condition with undue excitement of the nervous centres.

It is indicated in irritation (not inflammation) of the bladder, with strangury and white epithelium in the urine. Conversely it is useful in post-partum retention of urine, and in enuresis nocturna of children.

● It is analogous to *Terebinth.*, but the latter is more intense and inflammatory. It has nocturnal urgent desire to micturate, while *Ferrum* has a similar symptom by day. Like *Eup. purp.* it causes diuresis and vesical irritation, but the *Eup.* has more hyperæmia and vesical inflammation. (R. Hughes, B. J. H., vol. 29, No. 105.)

Atropinum. Proving, by Dr. E. M. Hale. (A. H. Z., 82, 137.)

— Its physiological action, by Dr. P. Veuschel. (H. Kl., 1871, 32; from Inaugural Dissertation, Dorpat, 1868.)

Capsicum annum. Effects of. (E. A. Farrington, A. J. H. M. M., 4, 96.)

OLEACEÆ.

Oleum olivarum. Anointing with the oil. We have for some time held anointing in high esteem, and have found it efficacious, especially in disorders of throat and chest. It appears to be absorbed by the lymphatics, conveyed into the general circulation, feeding the system, and so improving the general condition of the body. At the same time it seems to have a soothing effect on inflamed tissues, reducing them to a normal state. There can be no doubt that the benefit is not due to the friction. In scarlatina the anointing facilitates the desquamation and lessens infection. But on the whole we prefer careful washing in hot water, in which permanganate of potash is diluted. (Hom. World, 6, 11.)

— Inunction has proved very beneficial in atrophy, bronchitis, convulsions, chronic diarrhœa, &c. (From London Lancet, by R. N. Foster, U. S. M. and S. J., October, 1870.)

ERICACEÆ.

- Rhododendron chrysanthemum.** Proving, by E. W. Berridge. (N. A. J. of H., 20, 51.)
- Ledum palustre.** Effects of 2^o (Jen.). (A. Lippe, A. J. H. M. M., 4, 96.)
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APOCYNEÆ.

- Apocynum cann.** Dropsy with great thirst, but water disagrees; causing pain, or is immediately thrown off. (N. A. J. of H., 1871.)
- Gelsemium sempervirens.** Poisoning, by Dr. Jos. G. Pinkham. (Brit. Med. and Surg. Jour., Am. Obs., 1871, 330.)
- Proving by Dr. W. W. Clapp. (O. M. and Surg. Rep., vol. 5, p. 302.)
- Proving. A lady, five months pregnant, took Gels. $\frac{1}{10}$, for hectic chills and fever. She increased the dose, two drops, to twenty drops, repeating every two hours. After the second dose she had the following symptoms, in the order mentioned: 1. Severe pain in the forehead and vertex, with dimness of vision; roaring in the ears; a sensation of enlargement of the head, and a "wild feeling"—a confusion—almost amounting to delirium. 2. The pain in the head, which was of a pressing heavy nature, would at times disappear—the concomitant symptoms being at the same time ameliorated—and severe, sharp labor-like pains would set in, in the uterine region, extending to the back and hips. These pains would in turn leave, and the pain in the head would recur immediately after. Each repetition of the dose, and even smaller doses, would cause the same alternation of symptoms. She described the head symptoms as very similar to those which usually usher in an attack of sick headache. No nausea. (E. M. Hale, Transac. Penna. Hom. Med. Soc., 1870, p. 77.)
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STRYCHNEÆ.

- Ignatia amara.** Aggravation at 4 A.M. and 4 P.M., lasting till evening. (T. C. Duncan, Med. Inv., vol. 9, p. 17.)

- Nux Vomica**, 2000 (Jenichen). One dose cured cough excited by beer, and relieved by warm drinks. (Macfarlan and E. W. B., A. J. H. M. M., 5, 60.)
- Heart feels tired; palpitation on lying down; wind frequently raised from the stomach (J. C. M., A. J. H. M. M., 4, 136.)
 - Symptoms physiologically and clinically considered. (Schüsler, A. H. Z., 82, 57.)
- Strychnos toxifera**. The decoction of its bark *mixed with several other plants* gives the Woorara, Wurara, Whoorari, Wurali. It contains an alkaloid differing from Strychnia, Urari, Schomb., called *Curarin*. Most experiments have been made with the latter.
- Curari is another arrow poison, prepared from *Lasiastoma cirrhosa*, and other plants, and is not in trade. (C. Hg.)
- Curarin** (Fincke). In water, in a man aged 30, produced in four days: pain in back of head; giddiness as if drunk; light head, faintness. Verified in two proverbs. (A. J. H. M. M., 4, 78.)
- 3^o, given in case of vaginitis. (M. O. H. Hardenstein, A. J. H. M. M., 4, 102.)
 - In ulcer of os uteri. (M. O. H. Hardenstein, A. J. H. M. M., 4, 104.)
- Jucaja?** (M. H. R., v. 15, p. 165.)

ASCLEPIADINEÆ.

- Condurango**. According to Scherzer. (Compare A. H. Z., 83, 108, 132, 163, 188, 211.)
- Description of, with clinical cases treated by. (D. W. Bliss, H. M., Aug., 1871, p. 38.)
 - By Prof. E. M. Hale. (Am. Obs., 1871, 405, 518.)
 - Three cases of cancer in which the effect seemed beneficial. (F. Humphreys, N. E. M. G., vol. 6, p. 536.)

STYRACINEÆ.

- Benzoin officinale** (*Benzoicum acid*). Brown urine, smells sour, scalding in passing. (W. Williamson, Transac. Penna. Soc.)

ILICINEÆ.

Ilex aquifolium. For rheumatic inflammation of eyes and gout.
(Hendrichs, A. H. Z., 83, 129.)

UMBELLIFERÆ.

Cicuta maculata. Poisoning, by Dr. C. A. Lee, Journ. of Mat. Med., New Lebanon, N. Y., May, 1871. (Am. Ob., 1871, 412.)

Aethusia cynapium. Profuse vomiting of water of young children, without nausea. (W. Williamson, Transac. Penna. Soc.)

— Characteristics, by H. N. Guernsey. (A. J. H. M. M., v. 5.)

Asafetida. Intermittent, pinching pain in ulcers. (H. B. Fellows, Med. Inv., v. 9, p. 17.)

— Hysteria of young females, complaining of a gone empty feeling in the epigastrium, which is not a pain, but "it hurts them;" pulsations in the same place, which come on about 11 o'clock, and make them feel faint. Offensive otorrhœa, discharge thin and yellow. (W. Williamson, Trans. Penna. Soc.)

Conium maculatum. Spells of tearing headache and nausea. (Haynel, A. J. H. M. M., 4, 141.)

— Sensation as if there was a great big lump in the brain. (Haynel, A. J. H. M. M., 4, 141.)

— Contributions to the study of the effects of, by Dr. L. Pelisard, from the Journ. de L'Anatomie et de la Physiologie. (Am. Ob., 1871, 167.)

JUGLANDACEÆ.

Juglans cinerea. Proving, by L. A. Clark. (Am. Ob., 1871, 174.)

ANACARDIACEÆ.

Anacardium. Digging and throbbing pain in the right side of the head, above the temple and along the border of the orbit; relieved entirely while eating, when lying in bed at night, and

when about falling asleep; worse during motion and work. (Verified.) Tough or sticky mucus in throat in the morning, an attempt to remove which ends in vomiting. (Disappeared.) Symptoms which had continued for five weeks were promptly cured by *Anacardium*²⁰⁰. (W. E. Payne, Tr. Am. Inst., 1870, sec. 2, p. 247.)

— For four or five weeks, drawing pain in cardiac end of stomach on walking fast. *Anac.*²⁰⁰ (Lehr.) cured in three days. (E. W. Berridge, A. J. H. M. M., 4, 125.)

Rhus toxicodendron. Proving, by E. W. Berridge. (N. A. J. of H., 20, 51.)

Rhus tox. Poisoning. (M. Greiner, H. W., 6, 177.)

— Dragging and stiffness of cardiac region, especially on beginning to move. (J. C. M., A. J. H. M. M., 4, 137.)

— Characteristic outlines of its action, by Dr. C. Duham. (A. H. Z., 82, 161.)

PAPILIONACEÆ.

Calabar bean. *Physostigma venenosum*. (H. Kl., 1871, 32.)

Eserine. Alkaloids of the Calabar bean; physiological actions. By Dr. Lewi. (H. Kl., 1871, 33.)

Baptisia tinctoria. Remarks on, by Dr. W. Bayer. (Am. Ob., 1871, 91.)

— Symptomatology. (H. W., 6, 239.)

— Symptomatology of, by E. M. Hale. (Am. Ob., 1871, 415.)

Cytisus laburnum (gold rain). Poisoning. (H. Kl., 1871, 32.)

Melilotus alba. Sweet clover. Is recommended for *sick-headache*, with the following symptoms: Headache accompanied by retching, vomiting, excessive pains in the temples, sense of pressure over the orbits, coldness of feet and hands, pallor, loss of sight, or appearance of black spots before the eyes. (L. H. Willard, Transac. Penna. Hom. Med. Soc., 1871, p. 188.)

Trifolium pratense. Pathogenesis of, by T. C. Duncan, M.D. (Tr. H. M. S., N. Y., 1870, 237.)

Robinia pseudacacia. By T. L. Houatt, of Paris, translated, and with remarks by S. Lilienthal. (Tr. H. M. S., N. Y., 1870, 206.)

CÆSALPINIACEÆ.

Senna. Congestion to the brain with children, even threatened hydrocephalus. (Haynel, A. J. H. M. M., 4, 136.)

Copaiva has proved itself one of the best remedies for hæmoptysis, as well as for tenesmus of the bladder and urethritis. It has repeatedly been employed with great advantage in bronchial catarrh, soreness of the chest, and cough. (A. E. Small, U. S. M. and S. J., April, 1871.)

CACTINEÆ.

Cactus grandiflora. *Heart feels as if grasped and compressed. (Rubini, A. J. H. M. M., 4, 144.)

CHENOPODINEÆ.

Chenopodium vulvaria. Proving. (E. W. Berridge, Mon. Hom. Review, v. 15, p. 297.)

Chenopodium anthelminticum. Of this, an important local symptom is, a slight dull pain a little lower than the inferior angle of the right scapula, but nearer the spine. The record of my proving of this medicine by chewing the seed, made in March, 1842, reads as follows:

Pains through the breast, under the right scapula, and in the right shoulder; pain in the head and eyes, neuralgia.

Of the above symptoms it is only the infrascapular pain which has been proved to be important. (Jeanes.)

RIVINACEÆ.

Phytolacca decandra. Poisoning. Five cases reported by Wm. L. Gilman. (Med. Inv., v. 9, p. 21.)

— Proving by Dr. E. Cooley. (Tr. H. M. S., N. Y., 1870, 332.)

— Proving. From chewing and swallowing the juice of a small piece of the fresh fleshy root, Dr. W. M. Williamson obtained the following symptoms:

General disturbed feeling in stomach, with dulness in head; better in open air. On sitting down to tea, symptoms returned; could eat nothing. Three hours after head and stomach symptoms had nearly all disappeared; dry sensation in upper part of pharynx; disposition to hawk and clear the throat, without affording relief; sensation in right nostril as if tickled with a stiff feather.

Next morning dryness of pharynx and hawking continued; raised several small pieces of tough, sticky mucus; sensation in nostrils is smarting and stinging.

Had two natural stools in addition to the usual morning stools. Very unusual.

Symptoms return in warm room and are relieved in open air. (Trans. Penna. Hom. Med. Soc., 1871, p. 179.)

- *Bluish cast of the tonsils. (D. Haggart, Med. Inv., v. 8, p. 161.)
- *Important in constipation. (O. B. Gause, H. M., April, 1871, p. 452.)
- The pains fly from one part and go to another like an electric shock; always worse at night. (M. Preston, Med. Inv., v. 8, p. 306, Trans. Penna. Hom. Soc., 1871, p. 132.)
- Very useful in cases marked by pains running from the hip down the limb. (Dr. Lovejoy, Med. Inv., v. 8, p. 307, Trans. Penna. Hom. Soc., 1871, p. 133.)
- Sphere of application. (H. W., 6, 119.)

ONAGRACEÆ.

Œnothera biennis in diarrhœa, recommended, with several clinical cases, by J. S. Douglas. (H. W., 6, 37.)

MYRTACEÆ.

Melaleuca cajuputi. Oleum cajuputi. Proving by Dr. C. Ruden. (Trans. Penna. H. M. Soc., 1870, p. 74.)

Myrtus communis. Observations on, by Dr. Wahle, in Rome, Italy. (H. M., Sept., 1871, p. 62.)

CRUCIFERÆ.

Raphanus sativus. Involuntary proving of. (Henry Noah Martin, A. J. H. M. M., 4, 154.)

POLYGALACEÆ.

Senega. Urine frothy, dark, scanty, passed only night and morning. 2^o Leipzig, several doses. (E. W. B., A. J. H. M. M., 4, 126.)

PAPAVERINEÆ.

Chelidonium majus. Ticking like a watch in right temple. Chelid.²⁰⁰ (Leipzig), one dose. (E. W. B., A. J. H. M. M., 4, 95.)

— Dry cough through the day with pain and stitches in right side, with severe hoarseness each evening at five o'clock, so that her voice could scarcely be heard. (C. C. Smith, A. J. H. M. M., 4, 60.)

— Characteristics of, by H. N. Guernsey. (H. M. Aug., 1871, p. 24.)

Sanguinaria canadensis. Fragmentary proving, by M. A. Tinker. (Tr. Am. Inst., 1870, sec. 2, p. 340.)

— Clinical provings, by Mrs. E. G. Cooke, M.D. (Ohio M. and S. Rep., v. 5, p. 300.)

Opium. Poisoning. Dr. Spooner. (H. M., Aug. 1871, p. 43.)

— Notes on, by Dr. C. Dunham. (H. Kl., 1871, 115, from Am. Hom. Rev., v. 6, p. 437.)

Morphium aceticum. Poisoning by, resulting in paralysis of right arm and leg, relieved by Nux v. 2^o. (Dr. Gooduo, A. J. H. M. M., 4, 60.)

— Intoxication, by Dr. M. Teller. (A. H. Z., 83, 40.)

BERBERIDEÆ.

Podophyllum peltatum. Total loss of taste, continuing for hours; could not tell sweet from sour; restlessness and sleeplessness all night. From a teaspoonful of the tincture made with whisky. (T. C. Duncan, Med. Inv., v. 9, p. 15.)

- Sour taste of everything. (A. G. Beebe, Med. Inv., v. 9, p. 15.)
 - A study and observation on, by Dr. H. B. Fellows. (Med. Inv., v. 8, p. 529.)
 - Notes on. (H. W., 6, 32.)
 - Podophyllin.** Proving. (E. W. Berridge, Mon. Hom. Review, v. 15, 298.)
-

DROSERACEÆ.

- Drosera.** Proving. (E. W. Berridge, Mon. Hom. Review, v. 15, p. 299.)
-

RANUNCULINEÆ.

- Clematis erecta** 2°. (Leipzig.) Dull pain in hollow tooth relieved by cold water, or sucking it. (E. W. B., A. J. H. M. M., 4, 94.)
- Pulsatilla.** Chills *in spots*, now here, now there. (J. C. Morgan, A. J. H. M. M., 4, 58.)
- Cloudiness of vision, with a kind of flashing of fire as though she had received a slap on the face. (H. Robinson, A. J. H. M. M., 4, 117.)
- Its symptoms, by Dr. Schüssler. (A. H. Z., 83, 11.)
- Hydrastis Canadensis.** Proving. (Dr. H. N. Martin, Trans. Penna. Hom. Med. Soc., 1870, p. 76.)
- The symptoms which seem to be characteristics of Hydrastis, are similar to those of Lycopodium, especially the gastric symptoms. When Lyc. seems to be indicated in indigestion, and does not relieve, Hydrastis is likely to accomplish good results. (Dr. H. N. Martin, Trans. Penna. Hom. Med. Soc., 1870, p. 77.)
- Its therapeutic uses. (H. W., 6, 73.)
- Ranunculus bulb?** Proving. (E. W. Berridge, N. A. J. of H., 20, 51.)
- Ranunculus bulbosus** (Radix), which, for a long time I thought had been obtained from its pathogenesis, but which I now regard as having been only attained by observation of cure. This is a pain, sometimes very severe, along the inner edge of the left scapula nearly its whole length, and often extending a little below its inferior angle. Sometimes this

pain may also extend through the lower half of the left side of the thorax. (Jeanes.)

Staphisagria 1^m. Left upper tarsal edge itches, better by rubbing.

— 14°. One dose cured. On looking at sun, hot water runs out of left eye, scalding cheek and making eye smart. (A. J. H. M. M., 4, 84.)

— Throat dry and rough, with soreness when talking and swallowing.

— Voluptuous itching in the scrotum. (A. J. H. M. M., 4, 112.)

Aconitum. Return of the lochial discharge, when women commence going about after confinement. (W. Williamson, Trans. Penna. Soc.)

— Characteristics of. (H. N. Guernsey, A. J. H. M. M., 5.)

— Its groups of symptoms by Dr. Schüssler. (A. H. Z., 83, 55.)

Actea spicata. Characteristics of. (H. N. Guernsey, A. J. H. M. M., vol. 5.)

Actæa racemosa, vulgo Cimicifuga. In a lady, æt. 35, who had not menstruated for fifteen years, Cimicif. 9, produced, after she had taken it ten days, "a catching pain in the left side, just where the heart is," which comes on when she bends her body forward, sometimes when sitting at dinner, and after dinner. Also, soreness of throat, and increased flow of clear urine, which makes her feel weak. (R. T. Cooper, Mon. Hom. Review, vol. 15, p. 179.)

— Top of the head feels as if it would fly off, in three cases. (also Baptis. tinct., H. N. M.) (E. A. Farrington, A. J. H. M. M., 4, 85.)

— Excessive impulse of the heart over an extensive portion of left ventricle with dulness on percussion. (J. C. M., A. J. H. M. M., 4, 136.)

— Given for sleeplessness, removed the difficulty, but caused heat in the vertex and a confused feeling in the head, so that she could not promptly answer questions, and was often unable to find the right words in speaking. On visiting a friend in the evening, she fell asleep in her chair, in the midst of the conversation around her. At night when waking from sleep, she had the same confused feeling in her head as in the daytime. (G. F. Matthes, N. E. M. G., vol. 6, p. 7.)

— Notes on, by R. T. Cooper, M.D. (U. S. M. and S. J., Oct., 1871.)

EUPHORBLACEÆ.

- Stillingia sylvatica*. Proving by H. N. Martin. (Tr. Penna. H. M. Soc., 1870, p. 72.)
- Croton tiglium*³⁰ in *Rhus tox.* poisoning. (E. A. Farrington, A. J. H. M. M., 4, 107.)
- Buxine*. Experiments with, by Dr. Barbeglia. (Monatsbl., Mai, 1871, 47, from Allg. med. Centralz., 1871, 32.)
-

XANTHOXYLINEÆ.

- Ptelea trifoliata*. Fragmentary proving by W. Williamson, M.D. (Tr. Am. Inst., 1870, sec. 2, p. 381.)
-

HIPPOCASTANIEÆ.

- Æsculus hippocastanum*. Proving by E. Cooley, M.D. (Tr. H. M. S., N. Y., 1870, 330.)
- Old cases of leucorrhœa; discharge worse after a menstrual period, increased by walking, of a dark, yellow color, thick and sticky; corrodes the labia, with aching in the sacrum and knees. (W. Williamson, Trans. Penna. Soc.)
- Characteristics by H. N. Guernsey. (A. J. H. M. M., vol. 5.)
-

ANIMALS.

RADIATES. Lower type; vacat.

ARTICULATES, OR INSECTS. Middle type.

HYMENOPTERS.

Formica. Useful in rheumatic and aural diseases. Spiritus formicarum is the best preparation.

The entire collection of symptoms will be printed in due

course of time; in the meantime, the annexed key may be of use in giving hints for its administration.

Affections of the spinal cord. Paralysis. Spasms, as in old school for more than a thousand years, with modalities as here given.

Rheumatism appearing suddenly, mostly in the joints, with the character of restlessness; the patients desire motion, although it makes pain more acute.

Pressure relieves the pain.

Sweat without amelioration.

The pains begin with the provers on the left side and then go towards the right; when the reverse is the case with the sick, first right, then left, it acts deeper and more lasting, especially if given in a higher potency. The right side is principally and more severely affected than the left.

Eye diseases, especially the so-called *rheumatic inflammation of the eye*, with their sequelæ, but still more in *difficulties of hearing*, and many diseases of the ear.

Lack of milk with nursing women.

Seminal emissions.

The predominant time of day is from 2 to 4 P.M.

The burning pains are renewed by washing with cold water.

Consequences of cold and wet, cold bath, or damp weather.

Useful when *Cham.* ameliorated, and *Bell.* disagreed. (C. Hering, H. M., Jan., 1871, p. 276.)

— (C. Hering, A. H. Z., 82, 33.)

— Synopsis of provings, by C. Lippe. (N. A. J. of H., 19, 545.)

— Provings, by C. Hering. (N. A. J. of H., 20, 12.)

Vespa—?— *Wasp-sting* on the middle finger of left hand caused prurigo-like, pinkish, lentil-shaped spots upon hand and forearm, on neck and all over down to the feet; hoarseness, entire loss of voice; injection of conjunctiva of right eye; all lasting three days. (Huvelka, Bull. de la Soc. Med. Hom. de France, July 1, 1870.)

Crabro. *Poisoning by the hornet*; two cases, by Z. P. Disbro. (Proc. Hom. Med. Soc., Ohio, 1871, p. 43; Ohio Med. and Surg. Rep., v. 5, p. 347.)

Apis. *Poisoning.* (Z. P. Disbro, Proc. Hom. Med. Soc., Ohio, 1871, p. 43; Ohio Med. and Surg. Rep., v. 5, p. 347.)

— *Poisoning.* (J. B. Bell, H. M., Feb., 1871, p. 360.)

— *Erysipelas of the face*, swelling of the upper eyelids; acute

glossitis; œdematous swelling of the face and hands after scarlet fever. (W. Williamson, Trans. Penna. Soc.)

- Sudden, sharp, circumscribed pains, as from the sting of a bee, only in one place at a time; felt mostly in the joints and ligamentous structures, or in the attachment of muscles; suddenly migrating from one part or extremity to another. (Wm. Gallupe, N. E. M. G., v. 6, p. 286.)

COLEOPTERA.

Cantharides. Poisoning, by Dr. Pallé, from Journ. de Brux., 51, p. 156, Août, 1870. (H. Kl., 1871, 136.)

- 4^e Fincke, given in water three times a day, produced at the end of the second week a discharge from the urethra like gleet, accompanied with a constant desire to urinate. (Macfarlan, A. J. H. M. M., 5, 60.)

- (Fincke.) Makes water continually during the day, especially when walking—not at night; white watery discharge like gleet; urinated one day about forty times. (M. M., A. J. H. M. M., 4, 79.)

ARACHNIDA.

Chenopodii glauci aphid. Characteristics of, by H. N. Guernsey. (H. M., Sept., 1871, p. 69.)

Aranea. Spider bites. Poisoning. (Prof. Moschka, H. M., Sept., 1871, p. 68.)

Diadema. Two cases treated and cured by this remedy. Symptoms: Dejected countenance and pale face; dark circles under the eyes; lips blanched; dull expression of the eyes; deep, melancholy, inexplicable malaise, with a constant desire to lie down, and a crawling sensation over the whole body; after eating a little violent convulsive pains in the stomach, with nausea, oppression of the chest, and repeated griping; the convulsive movements of the stomach in a short time would become general, with trembling of the whole body. Great pain in the stomach, obliging constant motion while sitting; confusion of the mind; the pain

would, at times, return, although with less intensity, in going to bed and in rising in the morning. (*El Criterio Medico*, A. J. H. M. M., 4, 88.)

Tarantula—?—Effects of the bite of one in the hand of a young negro. (*M. O. H. Hardenstein*, A. J. H. M. M., 4, 106.)

VERTEBRATES. Highest type.

Molluscs, First Step.

- Sepia.** Proving by E. W. Berridge. (*N. A. J. of H.*, 20, 51.)
- 6^m (Jen.). Several doses. Great desire for vinegar. (*E. W. B.*, A. J. H. M. M., 4, 82.)
 - 2^o (Lehrmann) cured blood from vagina after coitus. (*A. J. H. M. M.*, 4, 84.)
 - In spasmodic croup. M. A., infant, one year old, has cough, *resembling hooping-cough, for several weeks.* (Verified.) Cough in violent protracted paroxysms, but not frequent; rather dry and accompanied by retching. (Disappeared.) Sep. 200^z, in two doses, were followed by speedy relief. (*C. Wesselhœft*, *Tr. Am. Inst.*, 1870, sec. 2, p. 250.)
 - Ulcers on upper part of joints of fingers and toes. *Sepia.* (*C. Hg.*, 1830.)
 - We all know the value of *Sepia* in these ulcers on the joints which are accompanied by so few symptoms. (*Bœninghausen*, 1860, A. J. H. M. M., 4, 136.)

Fishes, Second Step.

Oleum jecoris aselli. Dr. Buchner in his essay on "Air and Lungs," adverts to the fact that in England they burn cod-liver oil in several light-houses; and that a number of light-house keepers, who had been threatened with phthisis pulmonis before entering upon the duty above-named, and who inhaled, day after day, the air of the lantern, impregnated with the volatile parts of the oil, became fleshy and robust. I have acted on the above hint for five or six years past. In all my prescriptions of cod-liver oil I have directed the inhalations of the vapors arising from gently heated (not burned or scorched), crude cod-liver oil, and have, in more than one case, seen happy results. I direct

my patient to fill a saucer with the crude oil, place the saucer over a tin dish, filled with sand, and heat the bottom of this either by a stove or other convenient means. To some the effect is very soothing and grateful. I remember only one instance in which the inhalation of the fumes was at once very distasteful and nauseating, that of a young lady whose health failed repeatedly whenever she lived in New Bedford (near salt water), and gained on her going west to Illinois. (G. F. Matthes, N. E. M. G., vol. 6, p. 6.)

Reptiles, Third Step.

- Bufo.** Proving. Translation by Ad. Lippe, M.D. (H. M., June, 1871, p. 526.)
- Lachesis,** 6. Given to a girl aged 12, in water, three times a day, produced such a sore and ulcerated throat that she could only with great difficulty swallow (tonsillitis). Gums swollen and spongy. (M. M., A. J. H. M. M., 4, 78.)
- Dr. W. James Blakely recommends Lachesis for the foul smell arising from ulcers, wounds, &c., also for gangrenous processes. (Trans. Penna. Hom. Med. Soc., 1870, p. 16.)
- Heart feels as if too large for the containing cavity. (J. C. M., A. J. H. M. M., 4, 144.)

NOSODES, OR MORBID PRODUCTIONS.

- Secale cornutum.** Collapse from choleroïd diseases, &c., with cold skin, yet unable to bear warmth. (H. N. M.)
- Thirst for acids. (Lippe, A. J. H. M. M., 4, 144.)
- Therapeutic application by the old school. (Mossa, H. Kl., 1871, 130, &c.)
- Dr. Baer says that the true sphere of action of Secale is only between the periods of quickening and delivery, and then *only* during *expulsive efforts*. Dr. Guernsey recommends it for its secondary symptoms, yet the true action is based upon the following propositions:
1. Secale has no curative action with which we are yet acquainted, upon the virgin uterus, or upon the uterus undeveloped by normal or abnormal processes.

The rule is, that whenever the uterine muscular fibre is

normally, or abnormally hypertrophied, then may *Secale* be indicated.

2. The primary action of *Secale* on the healthy uterus is to induce a condition of congestion, and so irritate the muscular tissue and its nervous supply as to cause that tissue to become abnormally developed.

3. The secondary action of *Secale* is a condition of passive congestion, passive hemorrhage, a cachectic or atonic condition, and a paralysis of the motor and sensory nerves of the uterus.

Secale is indicated in hemorrhage arising from conditions simulating its primary effects: Acute and recent irritations of the uterus occurring in previously healthy persons, but of a constitutionally lax and irritable temperament. Hemorrhage of bright red blood, generally clotted, flowing intermittently, with pain, heavy, passive, and remittent, or spasmodic, expulsive, and intermittent. The pulse is hard and quick; there is headache and fulness in the head. The uterus is always larger than natural; its tissues hypertrophied, but *not* relaxed or flabby.

In regard to the dose: For the *primary* symptoms, the curative dose of *Secale* lies in the high potencies, or from the 3d to the 30th,* while for the secondary symptoms and pathological conditions, the first decimal trituration of the recent drug or drop doses of the recent ethereal tincture. Only the recent preparations should be used.† (E. M. Hale, H. M., February, 1871, p. 335.)

Ambra grisea. *Eructations of gas, with cough, so as almost to choke the patient. H. B. Fellow (similar to *Lachesis*, C. Hg.) (Med. Inv., v. 9, p. 17.)

Vaccinum. A young, healthy, and robust-looking lady, for several years past could not eat a mouthful of meat of any kind without having, soon after, bleeding at the nose, preceded by a feeling of contraction above and between her eyebrows. Menses rather profuse and of too frequent occurrence. *Aconite*, and at times *Calcarea*, seemed to improve her condition for a short period. She was revaccinated, and when this operation was performed "she felt a strange sensation

* 3^c and 30^m have decided effects. (C. Hg.)

† Means only triturations; all other preparations undergo no change during scores of years. (C. Hg.)

going all through her," as she expressed it, and ever since that time she eats meat without having any disturbance of her usual health. (G. F. Matthes, N. E. M. G., v. 6, p. 7.)

Psorinum. *Headache preceded by dimness of sight, or spots before the eyes. (Haynel, A. J. H. M. M., 4, 136.)

— *Headache and eruptions increase during changeable weather. (Wm. P. Wesselhœft, A. J. H. M. M., 4, 58.)

— *Is always very hungry during headaches. (Wm. P. Wesselhœft, A. J. H. M. M., 4, 53.)

COMPARISONS AND DIAGNOSTIC REMARKS.

A Comparison between Bryonia Alba and Rhus Tox, by R. E. Belding, M.D.

BRYONIA.

Patients are quarrelsome, irritable, vehement, angry from slight causes, and of a very busy disposition.

Has a confused or distracted state of mind.

Both have vertigo under similar conditions, and each has also its peculiarity, viz.:

Has vertigo with nausea on sitting up after lying.

Both have a pressing pain in forehead and temporal regions, aggravated by stooping. The head then feels as if it would burst.

Has drawing and tearing pain from temple to malar bone, and lower maxilla, especially the right side. Also a sticking, jerking, and throbbing from sinciput to occiput. This is unlike any other remedy in going from before backward (according to Carroll Dunham). These last symptoms are very valuable, as you may easily know by trial.

Affects the occiput far more than Rhus.

Both have a red, hot, swollen, or puffed face; that of

BRYONIA

Is accompanied by burning and itching of the eyelids, especially the margins; more of the right eye and worse in the morning and in warmth.

RHUS.

Patient exhibits more of quiet, sadness, and depression, is easily vexed, but less demonstrative; weeps easily; fears some one will poison him.

Is incapable of continuous thought. Begins a sentence, but fails to complete it.

Has excessive vertigo on lying down, with fear of dying.

Has a swashing and jarring in the brain when walking or shaking the head. (*China.*)

RHUS

Is accompanied by burning and itching, vesicles afterward appearing on the red, swollen surface.

BRYONIA.

Has epistaxis of florid blood in the morning, frequently waking one from sleep; also during a suppressed catamenia.

Has a profuse, watery, burning nasal discharge, with dartings in the head, and intense burning in eye-sockets, nose, and all through the brain, even with delirium. In this case the discharges from eyes and nose are scalding hot.

Toothache is worse from and after eating, in warmth, and in the morning or evening.

Has great dryness of the mouth and lips, with or without much thirst.

Both have sticking pain in throat on deglutition.

Has diminished appetite, with aversion to food, or excessive desire for food, which desire fails on beginning to eat.

Has little flatus in the abdomen, but its movement is painful.

Has nausea after eating, and on sitting after lying.

Has large, hard, dry fæces, as if burnt, without much urging to stool. Or diarrhœa, preceded by pain in the abdomen, worse in the morning, from the least movement, and the desire is felt suddenly.

Both have frequent micturition, of high-colored urine.

Scanty.

Both may be painful, and have a whitish, turbid urine. Both have premature catamenia, but the flow of the Rhus patient is more acrid when premature.

Cough is worse on entering a warm room, talking, or smoking.

Has sticking and jerking from between the scapulæ through to epigastrium; a bruised feeling in lumbar and sacral region; stiffness, tearing, and tenderness of the muscles of lumbar region, preventing motion and stooping, aggravated by standing or sitting, relieved by lying down.

RHUS.

Has the same feeling in the eyes themselves, and at times a sensation of heaviness of the lids, or paralysis of the lids; can hardly keep them open; worse in the evening.

Epistaxis is of dark blood in the night, or when stooping or clearing the throat.

Has stoppage of the nose, worse in the room, and better in the open air.

Toothache is relieved or made better by applying to it the cold hand.

Has sensation of great dryness, not relieved by drinking.

Has loss of appetite, or hunger, with feeling of fulness on eating but a little. (Lyc. Sulph., Nux v.)

Has much distension and flatulence.

Nausea is frequently ameliorated from eating.

Stools are scanty, yellow, watery, or jelly-like, streaked with white, frothy, and often mixed with blood, accompanied by tenesmus and nausea, and burning in rectum before stool. All pains relieved after stool.

More profuse.

Cough is worse during a chill (which, in an intermittent fever, is quite a characteristic).

Has stiffness of the back when moving; stitching and pressing, worse when sitting.

BRYONIA.

Has some pressing and drawing pains, which are relieved by walking; also, stitching about the joints, relieved by warmth, aggravated by motion, with redness, swelling, and great sensitiveness to jarring or being touched.

Both have sleepiness in the daytime.

Sleeplessness until three to four o'clock A.M.

Chill predominates in the evening, and right side; lessened by drinking.

Eruptions, generally dry.

Pulse is quick, full, hard, and tense.

Pains in limbs and fever are worse in the evening.

More often is worse in dry weather, from continued exercise after breakfast, growing warm, lying on the side, and stretching the suffering limb.

Generally better from rest, in cloudy and wet weather, when standing, sitting, or lying, especially on the back, from drawing up the suffering limb, cold diet, empty stomach, growing cold, and in evening twilight.

Over-sensitiveness to pain.

Chinin. sulph. and **Secale cornutum.** Compared by Dr. Monteverdi. (Monatsbl., Aug., 1871, 12, from Giornale Veneto di scienze mediche, 1871.)

Arms continually in movement *except when asleep*; *Helleb.* If confirmed, it helps to differentiate between this and *Hyosc.*, which has moving arms *during sleep.* (Br. J., v. 29, No. 118.)

Ipecac. Arsen. is reciprocal with it and resembles it in suppressed rash, pale face, bluish skin, cold, moist skin, with itching, nausea, scanty urine, coughs, with expectoration during day, with aggravation at night. The two remedies are antidotes to each other. Ipecac. is good for the croupy coughs occurring at night. Dysentery with stools *almost black, and fermented like frothy molasses.* (David Thayer, H. M., June, 1871, p. 562.)

Nux vom. antidotes the neuralgia of Mezereum; Calc. the headache. (J. C. M., A. J. H. M. M., 4, 59.)

RHUS.

Has a similar condition, not only relieved by warmth but also by motion.

Sleeplessness until twelve o'clock at night, with great bodily restlessness; relieved for a few moments by turning over in bed. (Ars. and Acon.; have a terrible mental restlessness and anxiety.)

Chill in evening; more on left side, and increased by drinking; the skin is very painful and sensitive to cold, open air.

More often are moist.

Pulse is weak, soft, and rapid.

Pains in limbs and fever are worse in the morning.

Is better from the same conditions.

Worse, from rest, in cloudy and wet weather, when standing, sitting, or lying, especially on the back, from drawing up the suffering limb, cold diet, empty stomach, growing cold, and in evening twilight.

More disposed to numbness.

—(Tr. H. M. S., N. Y., 1870, 337.)

Differential Diagnosis of Phosphorus and Arsenicum. By S. L. (N. A. J. of H., 19, 508.)

Calendula and Tagetes. Showing the distinction between them. (J. F. Holton, N. E. M. G., vol. 6, p. 167.)

Zizia aurea and Thaspium aureum. Which is which? By F. S. Douglass, M.D. (Tr. H. M. S., N. Y., 1870, 249.)

Vertigo during sleep. *Sil. Sanguin.* (Dr. Haynel, A. J. H. M. M., 4, 134.)

Vertigo when sleeping. *Sep. Lyc.* (Dr. Haynel, A. J. H. M. M., 4, 134.)

Vertigo with sleepiness. *Sil.* (Cl. Muller, A. J. H. M. M., 4, 134.)

Vertigo when closing the eyes. (C. Hg., A. J. H. M. M., 4, 134.)

If the head is affected from taking cold after remaining in hot rooms, or after having the hair cut, *Belladonna* or *Sepia* are indicated. If the feet are affected by cold, *Baryta* or *Silicea*. (Bœninghausen, A. H. Z., 60, 82.)

If these symptoms appear after getting wet, other remedies for the *head* are *Led.*, *Phos.*, *Puls.*, *Sepia*. For the *feet*, *Puls.*, *Rhus*, *Sepia*. (C. Hg., A. J. H. M. M., 4, 131.)

Weakness in head; can scarcely think. *Graph.*, *Sepia*. (C. Hg., A. J. H. M. M., 4, 127.)

Phos. Has acrid leucorrhœa. *Phos. ac.*, not. (H. N. M., A. J. H. M. M., 4, 154.)

All day sleepy, and all night restless, *Phos.* Restless before midnight, *Phos.* Restless after midnight, *Phos. ac.* (A. J. H. M. M., 4, 155.)

Œdematous swelling of the (right) foot, sprained some years ago. *Bovista* in some cases, in others *Strontiana*. (C. Hg., A. J. H. M. M., 4, 60.)

Aggravations from 4 p.m. till 8. *Helleb.*, *Lycop.* (B., A. J. H. M. M., 4, 122.)

Complaints return at precisely the same hour. *Ant. crud.*, *Ignat.*, *Sabad.*, *Selen.*, *Diadema*. (C. Hg., A. J. H. M. M., 4, 58.)

REPERTORIAL.

Symptomatology of the Tongue. By C. K. Hills, M.D. (N. A. J. of H., 19, 455.)

Symptoms of the Larynx. By T. S. Thyne, M.D. (U. S. M. and S. J., July, 1871.)

TOXICOLOGICAL REMARKS.

Milk an Antidote to Poisoning by Nitrate of Silver. Dr. Ernest Hart. (Br. Med. Journ., Am. Obs., 1871, 414.)

Chronic Arsenical Poisoning. China was given, with very happy effect, in a case of arsenical poisoning from the long-continued use of Fowler's solution. (W. C. Doane, Trans. Penna. Hom. Med. Soc., 1871, p. 132.)

Poisoning by Galvanized Iron Pipes. (J. H. Smith, N. E. M. G., v. 6, p. 332.)

Mushroom Poisoning. W. F. Cheney, M.D. (H. M., Nov., 1871, p. 186.)

Case of Poisoning by "Toadstools" antidoted by Puls.³⁰ (E. A. Farrington, A. J. H. M., 4, 83.)

Remedy for Inebriation. In Siberia there is said to grow a fungous plant, known to the natives by the name of "muk-a-moor," which, taken in small quantities, produces all the effects of alcoholic intoxication, but in large doses acts as a narcotic. (B. W. James, H. M., June, 1871, p. 564.)

Rhus tox. poisoning. Cured by *Crot. tig.*³⁰. (E. A. Farrington, A. J. H. M. M., 4, 128.)

Poisoning by Rhus tox. Cured by *Croton tig.* (E. A. Farrington, A. J. H. M. M., 4, 107-4, 128.)

***Verbena hastata* an antidote to *Rhus* poisoning by J. M. Griffin,** M.D. (Tr. H. M. S., N. Y., 1870, 324.)

Notes on the Physiological Action of Certain Poisons. In this article are given the physiological differences in the signs of poisoning by Aconite and Stramonium; the post-mortem appearances in a case of poisoning by *Nerium oleander*; experiments with Cobra poison, and a case of Cadmium sulph. poisoning. (L. Salzer, Mon. Hom. Review, vol. 15, p. 290.)

Alkaline Condition of Blood important. A woman bitten by a *snake* six hours before was insensible, cold, and sinking. After thirty drops of liquid Ammonia, b. p. sp. gr. 959, were injected into her arm, she rallied and recovered.

Again, a man was bitten, and when the doctor arrived, one hour and a half after the bite, the man was perfectly insensible, the limbs paralyzed, the pupil of the eye dilated, the countenance dusky, and the skin covered with a profuse clammy perspiration. Within twenty seconds after injecting the Ammonia into a vein of the arm, the man jumped suddenly up, as if electrified, and stared

about him; his pupils began to act, and his skin to get warm, and in two hours he was removed home. (B. W. James, H. M., Oct., 1871, p. 139.)

Lizzie H., 10 years. Snake poisoning; limb much swollen, with burning heat over whole body; cold extremities; unable to stand; slight eruption over entire body. Two hours later eyes red, protruding, and painful; looked confused around room; dryness of mouth; thirst, but aversion to drink; pulse small and very frequent; face pale, without any expression. Bell. 200, in water, every two hours until relieved. Next day eruption disappeared. Extremities natural warmth; eyes red, not protruding; rested well; dose Bell. night and morning. Next day, extremities very red, with great burning, also burning in stomach and throat; great desire to drink but no thirst; desire to have milk and eat sour food. Ars. alb. 200, one dose on her tongue, in three days well. (E. N. Harpel, A. J. H. M. M., 4, 146.)

Milk Poisoning. By A. E. Small, M.D. (U. S. M. and S. J., July, 1871.)

OUR MATERIA MEDICA.

To insure in our provings greater *certainty*, less *ambiguity* (!) and less *imagination* (!) we need the establishment of a "College of Provers," where medical students, male and female, could be gathered, in the interim of their winter lectures, under the tuition and guidance of a proper faculty, and furnished with uniform and complete sets of rules and tests for the proving of remedies.

In such an institution the objective symptoms would be observed, as they never yet have been, under the use of chemical reagents, the microscope, the ophthalmoscope, the thermometer, &c., &c. Each daily report would be carefully examined in the presence of its author, and compared with the others, so as to secure clearness and uniformity of expression as to locality and kind of symptoms, so that one proving would confirm and greatly enhance the value of another, thus opening the only (!) way of ever arriving at the *comparative value of symptoms*. (J. P. Dake, Med. Inv., vol. 8, p. 254.)

PRACTICE.

MIND.

Intellectual Sphere of the Mind, by C. G. Raue. *Summary*—I. *The Primary Faculties of the Human Soul.* They are the faculties of seeing, hearing, touching, smelling, tasting, and feeling, known by the name of *senses* (§§ 1–3), and they are called *primary faculties*, because they are the first and innate powers of the mind (§ 3), that which the mind consists of at birth, and out of which all further capabilities gradually develop.

They possess three different *qualities* in various degrees :

1. *Acuteness or sensitiveness*, in consequence of which the different primary faculties need for their objective development a smaller or larger quantum of external elements (§ 5).

2. *Energy or retentive power*, in consequence of which the different primary faculties retain in a higher or lower degree external elements which they receive (§ 7); and

3. *Quickness*, in consequence of which the different primary faculties assimilate more or less rapidly external elements, and cause a more or less lively convertibility of latent agencies into conscious ones; in short, a more or less lively activity of the mind throughout (§§ 14 and 21).

The primary faculties, endowed in various degrees with these qualities, constitute the very being, the very essence of the human mind, and foreshadow its entire future development, which, even under the most similar external influences, must nevertheless attain in the course of time an entire subjective character (§ 14). The higher, spiritual nature of the human mind has its foundation in the greater energy of its primary faculties (§ 10, and others). Primary faculties constantly assimilate external elements, and are

thus objectively developed, in which state they remain as vestiges (§ 61). The primary faculties, thus consumed, are always replenished during sleep (§ 13).

II. *External Elements or Excitants.* These consist of those external influences which are capable of affecting either the sight, hearing, touch, smell, taste, or feeling (§ 3); and we have found thus far, that their quantitative relation to the primary faculties may be either *sufficient*, so as to produce *clear perceptions* and a feeling of *satisfaction*, or *insufficient*, causing none, or, at least, no clear perceptions, and always a feeling of non-satisfaction (§ 11). By their assimilation the primary faculties become objectively developed (§ 4), and as they thus remain united as vestiges (§ 6), and constantly become augmented by the afflux of new similar external elements, they cause conscious aggregates (§ 10), and also an excitation of latent agencies into consciousness (§ 12).

III. *The Fundamental Processes of the Human Mind.* 1. *The assimilation of external elements, which is: In the human soul originate sensations and perceptions in consequence of impressions from the external world* (§ 4).

This is the consequence of the nature of the primary faculties; they being life themselves, they strive and tend towards such assimilations (§ 4), and retain what they have assimilated (§ 7); thus *vestiges* originate in the human soul (§ 6), and all that which is commonly understood by *memory* (§ 9). That all which once originates with a sufficient degree of perfection, endures until it again be destroyed, is a universal law (§ 6).

2. *The attraction of like to like, which is: In the human soul constantly unite like with like, and similar with similar* (§ 9).

The new external elements (present impressions) always and unmistakably find their similars which exist as vestiges from former similar impressions; they excite them into consciousness (§ 12), and unite with them. In this way consciousness grows clearer and stronger in the proportion in which similar impressions unite (§ 10). In like manner the like of different perceptions combines to a new mental modification, which we call a *notion* (§ 15); and if again the like of different notions fuses in one, we obtain a *higher notion* (§ 16). Thus we come to classification and generalization (§ 16).

What does the intellect or understanding consist of? (§§ 17 and 21.) When either a similar notion joins a simple perception, or a notion is joined by a similar higher notion, we say, the mind

judges. What is the faculty of judging? (§ 18.) What does the reciprocal influence of the action and perception upon each other during an act of judging consist of? (§ 19.) But also the similar notions of two judgments unite into one conscious act, forming a *conclusion*. The whole process is called a *syllogism*, and denotes what is generally understood by *reasoning* (§ 20). What are the conditions for a successful operation in judgments and syllogisms? (§ 21.) What may be called the light of the soul? (§ 21.) Is the understanding an innate faculty of the mind? (§ 21.)

3. *Not all the assimilated external elements are held fast by the primary faculties; part of them again dissociate and remain as mobile elements only loosely adhering to the formed aggregates* (§§ 5, 7, 8, 12).

This separation from mental modifications of only loosely assimilated elements explains, that these conscious acts sink again in delitescence (§ 12), and that they do not become conscious acts again, until this loss is restored by other similar and mobile elements (§ 13). Thus it explains the constant alternation between conscious and unconscious mental modifications, or, as Hamilton expresses it, the ceaseless vicissitude of manifestation and disappearance of our internal activities (§ 13). Consciousness, then, in this sense, is an excitation by addition, and delitescence a state of rest from loss; there the vestiges are roused into activities; here the activities become vestiges again (§ 6). (N. A. J. of H., 20, 73.)

Doctrine of Insanity in Criminal Law, by Ch. C. Hoovey, LL.D. It is the province of medical experts to explain to the jury the causes, nature, and operations of insanity, its various kinds and degrees, so far as may be applicable to the case in hand, that the jury, enlightened by the results of professional learning and experience, may the better perform the duty committed to their charge. It is not the province of medical experts to take the place of the jury and decide the guilt or innocence of the defendant, and it is most certainly not the province of the jury to allow medical experts to usurp their functions. (N. H. J. of H., 20, 161.)

The plea of insanity as a defence in cases of homicide, by Samuel Worcester, M.D. (Pamphlet.)

Aphasia is, according to Dr. Bateman, a secondary pathologic symptom, the result of single or complicated organic lesions. It shows many variations: 1. It may consist in a total loss of language, or in only an imperfect use of it; it can be a transient, intermittent, or permanent pathological condition. 2. Some persons are not capable of calling their own name, or the name of some

other persons. 3. Others have lost the faculty of calling nouns, so that they try to circumscribe what they mean, for instance, instead of "scissors" they say, "what we cut with." 4. Others have lost the capability of speaking a language which they had learned. A case of this kind is related by Dr. Scoresby Jackson (Edinburgh Med. Journal, February, 1867), where a man, in consequence of a knock upon the head, lost his knowledge of Greek without being disturbed in other knowledges. 5. Others use regularly wrong words for what they wish to express; say, for instance, "boot" for "bread," or "pamphlet" for "camphor," or "poker" for "fire," or use only wrong letters in the composition of words, for instance, say "cozzee" instead of "coffee." 6. Still others have only one and the same answer for all questions. So answered one all questions with, "righteous God;" another with "tan," another with "ta," and still another said always "didoes, doe the doe." In most of these cases the expression of the face shows that the patient understands the question; it is not a loss of the language itself, nor is it an incapability of pronouncing and spelling what others tell them first; it is the want of the "faculty of articulated speech." (Monatsbl., April, 1871, 37, from Wiener Med. Wochenschrift, 1870.)

Aphasia. By Dr. C. B. Kor. (B. J. of H., H. Kl., 1871, 79.)

Undeveloped **delirium tremens**; the mind is enfeebled by liquor, although the patient knows what he is about. *Cinicifuga racemosa* (Bowen, H. M., July, 1871, p. 582).

Mrs. K., nausea of pregnancy (seventh month) relieved by Lactic acid²⁰⁰; then false pains, relieved by *Nux vom.*²⁰⁰; some days later, spells of great nausea; **bewilderment of mind and senses**, increasing to unconsciousness and swoon. Imagines at other times that she sees persons and other objects at her right side; laughs about the illusions, knowing them to be such; drowsiness in the afternoon, and worse after dark; sleepless and restless after midnight; thirst, with dryness of mouth and throat; pain at tip of coccyx; a heavy, dull weight, more felt while sitting; gets up and walks to ease it; flatus accumulates in stomach, with heavy feeling, relieved by eructation after some difficulty. *Hyosc.*²⁰⁰ had no effect; *Nux mosch.*²⁰⁰ helped promptly. (J. C. Morgau, A. J. H. M. M., 4, 78.)

Mrs. K., æt. 35. Has had uterine congestion many years; lost her mother three weeks ago; whatever is effected with regard to any object she *imagines is done in the same way to herself*; thus, if a

handle is turned, she feels a screwing sensation, &c. Photophobia and dread of noise; *flushing of the face*; pain over the whole anterior wall of the chest, with marked hyperæsthesia (relieved by heat), extending next day to infra-scapular spaces; severe palpitation, with feeling "as if a large box were inside," so that she could not inspire; no sense of constriction, but of extreme thoracic congestion; flatulence; pain from nape of neck to vertex; feet cold. *Amyl. nitrit.* 1^z relieved. (Blake, Mon. Hom. Review, v. 15, p. 169.)

Mrs. R., æt. 57. Has had chronic congestion of uterus many years, and a number of slight attacks of hemiplegia. Symptoms: *Nervous repetition of words*; much agitated, with intolerance of light and sound; feeling as if a large nail were being driven from the top of the head to the eyes; lachrymation; *flushing of face*, followed by perspiration; pain in left parietal region, extending down the neck; tongue coated dirty-white; feeling of pressure on sternum; slight palpitation; cutting pain in right ovary; urine frequent, copious, and pale; constipation; partial paralysis of left arm, which feels alternately hot and cold; pain from left shoulder to thumb, which is retracted across the palm; feeling of bruising and bursting in the feet. *Amyl. nitrite.* 1^z benefited the flushing and the head symptoms. (Blake, Mon. Hom. Review, v. 15, p. 170.)

German woman, aged 32 years. Anæmic from nursing and want of food; leucorrhœa; **religious mania**; imagines herself eternally damned; sees the devil coming to take her; world on fire during nights; fear, with occasional outbursts of rage; paroxysms of weeping, followed by lucid moments, but with forgetfulness; cannot follow the course of conversation. *Pulsat.* 3^d did much to relieve. (Rockwith, A. J. H. M. M., 4, 68.)

Melancholy. Painter, æt. 43. Great anxiety of conscience; any crime he read of he imagined to have committed once himself; worse at night, with palpitation of the heart; had to be kept by force in the room; great fear to be left alone; despairs of ever getting well; loss of appetite; whitish-coated tongue; flatulency; constipation. *Arsen.* 3, every evening one dose, for ten days. Much better. Eight more doses. Entirely well since one year. (Stens, Jr., A. H. Z., 83, 128.)

Effect of Colors on the Mind. All plants with red flowers cause an excited, exalted state of mind; those with blue flowers, a melancholic state. (C. Hering, H. M., April, 1871, p. 432.)

A tired headache from **mental exhaustion.** *Iris versicolor.* (B.W. James, H. M., March, 1871, p. 403.)

After *over-study* clicking noise in left vertex, on walking, and during stool; also in occiput on walking, especially in evening, when tired. *Con.* 3^m. (Jen.). One dose cured. (A. J. H. M. M., 4, 126.)

After *over-study*, feeling at times of a foreign body under the skull, in vertex; better *during* reading; worse *after* reading; worse on going to sleep, or from excitement, or thinking of the pain; better by touch; the relief during reading seemed to rise from the mind being diverted from the pain. *Conium* 3^m (Jen.). One dose cured. (E. W. Berridge, A. J. H. M. M., 4, 114.)

A girl, after *excessive study*, uses exalted language; exceedingly particular about the language she uses, often correcting herself after using a word and substituting another of very similar meaning; talks about being under the influence of a superior power. *Lach.* 2^m cured. (E. W. Berridge, A. J. H. M. M., 4, 73.)

Fear, Fright, &c. M. Roth, in an elaborate article, shows that the symptoms of fear, fright, and kindred emotions, are due to their paralytic influence on every organ and tissue of the body. Thus results a cessation, more or less permanent, of every bodily function. Hence there is no disease that may not exacerbate therefrom.

Fright causes paralytic symptoms, not depending on its magnitude, but on the suddenness of the real or imaginary danger or events. Its effects are so general that it may prove fatal.

Joy, when excessive, acts similarly to the opposite states of fear, fright, &c. It is more injurious, when the patient has been previously tormented by the contrary state of fear; when its effects, being so similar, of course intensify the disease.

He quotes from Richardson to prove that the unseen agencies, which excite emotional phenomena, blushing, pallor, &c., &c., act by producing paralysis of the sympathetic power, for if the sympathetic trunk of any organ be cut the resulting phenomena are exactly those of sudden emotions. If the sweet, fruit-smelling *Nitrite of amyl* be inhaled, the same condition results, so that one can, by diffusing a little of its vapor through a room, flush every cheek with crimson and quicken every pulse. Hence Roth advises it as homœopathic to the effects of emotions. (B. J. H., vol. 29, No. 115.)

Chronic congestion to head caused by *fright, grief.* *Phos. ac.* (Haynel, A. J. H. M. M., 4, 136.)

Sarah H., aged 66. Palpitation of heart originated in *grief.*

Pain in left part of chest and in left arm; enlargement of heart. *Digit.*³, discharged restored. (J. H. Nankivell, II. W., 6, 255.)

William S., having lost a brother, can't cry; when he thinks of symptoms is worse; worse when spoken to of his loss; better from diverting talk; feels oppression and palpitation of the heart, aggravated as above; feels without a sense of peril, which makes symptoms worse. Face flushed; could not sleep until the latter part of last night; subdued manner; sensation of *soreness* about the heart. *Gels.*¹⁰⁰⁰, three doses, permanently relieved. (John C. Morgan, A. J. H. M. M., 4, 98.)

Cerebral Pathology. From Dr. Howden's microscopic post-mortem examinations of the cerebrum of lunatics the following points are brought out:

1st. In acute cases we have fatty degeneration.

2d. In long-standing cases, the cells of the gray matter present a granular appearance; also granules of hæmatosin and free granules outside the cells.

3d. These granules are not generally fatty, as alkalis and ether have no effect upon them.

4th. This granular condition may be best studied in the convolutions of the vertex, above the corpus callosum, &c.

5th. Is this granular condition of the gray cells and their surroundings compatible with healthy action?

6th. The value of the microscope in studying this subject.

Fatty degeneration is a condition of brain we would naturally expect to find in cases of mental disease. The consideration of the first two points brings up the whole subject of degeneration. There are two kinds of fatty degeneration, one where the fat is formed outside the cells (interstitial), as in some cases of fatty degeneration of the heart, &c.; the other is where the fat accumulates within the cell, destroying its function, and ultimately its life. We believe that both of these kinds must have been present in these cases examined by Dr. Howden.

Granular degeneration, as we understand it, is but another step in the destructive process, and, as a necessary consequence, it would take a longer time (chronic cases) to reach it. The fatty condition is followed by a further breaking down. The life of the cell is destroyed, the contents begin to disintegrate, and granules within the cell, and granules (free and hæmatosin) without the cell, is the result.

There are three kinds of granular matter, viz.: Fatty, albumin-

ous, and earthy; another might be added, coloring, pigmentary, hæmotosin, &c. Between the three first the microscope reveals no difference. A very high power, as a one-twenty-fifth, often shows that what appeared as granules were minute fatty globules or crystals. Fatty granules are dissolved by ether and acetic acid, but not by alkalies; the albuminous granules are dissolved by acetic acid and alkalies, but not by ether; while the earthy granules (phosphate and carbonate of lime, phosphate of ammonia, and magnesia, &c.) are only affected by acids. If carbonate, they will effervesce; if they crystallize, they are triple phosphates; if they still further subdivide, or remain as granules, they are phosphate of lime. As sulphuric ether (pure sulphuric ether is neither acid nor alkaline, but at times it is found slightly acid) and strong alkalies had no effect upon these granules, we may safely conclude they were earthy, and chiefly phosphate of lime.

This condition of the brain-cells may be brought about by anæmia or hyperæmia. Anæmia results in white softening or drying and shriveling of the cells; while hyperæmia results in red softening as it is termed. When we remember "that new matter is deposited in one definite direction only; namely, from within, from a centre, so that the oldest part of the formed material is that which is the most external" (Beale), we can understand why the free granules and hæmotosin (coloring matter of the blood) are deposited outside, around the cells. In fatty and granular degeneration dependent on hyperæmia, we should expect to find a large amount of hæmotosin about the cells. With these facts before us, we can understand why Belladonna, Hyoscyamus, Stramonium, Aconite, Veratrum, &c., are so valuable in cases of acute mental diseases; why Phosphorus (which causes a fatty degeneration), Sulphur, Calcarea, Mercurius, Silicea, Aurum, &c., in chronic cases.

The question whether this granular condition of the gray cells is compatible with healthy action, is one hardly worth raising. Degeneration (fatty or granular) interferes with normal action, as we know in cases of fatty liver, heart, kidneys, &c. We should expect first aberrations, and finally, suspension of function of each particular cell. In the granular condition, the cells are aged, worn out, from lack of nutrition or from over activity. In Lockhart Clarke's latest researches on the microscopic structure of the convolutions of a healthy brain, he makes no mention of a granu-

lar condition, either intercellular or in the cells. A cell full of granules is, we believe, a dead cell!

“This granular condition can best be studied in the convolutions of the vertex, in those *above* the corpus callosum and in the lower part of the spinal cord.” We should suppose that the latter were in cases complicated with paralysis. Mr. Clarke found the cells in the convolutions of the vertex, and in “those on a line with the anterior extremity of the corpus callosum” “thronged with pyramidal, triangular, and oval cells of considerable size,” “with a multitude of nuclei and smaller cells.” In such cells the granular degeneration could be best studied. An inference might be drawn that these cells and convolutions suffered most; in other words, were the seat of the mental disease.

Dr. Griesinger, a noted German psychologist, first pronounced the maxim, “Diseases of the brain and of the nerves are the source of mental diseases.” This maxim would seem to be corroborated by Dr. Howden’s examinations. Certain mental operations, it is believed, are performed by certain parts of the brain (convolutions), and in aberrations of these mental operations we should expect to find portions of the brain (convolutions) in a diseased (fatty or granular) condition. We must infer from these observations of Dr. Howden, that had each particular case or class of cases been examined in reference to the location of the disease, much light would have been shed on the vexed question of the physiology of the different convolutions.

The following researches on the anatomy of the convolutions will be read with interest in this connection:

“The central stem or axis of the convolution on every side gives off bundles of fibres, which diverge in all directions and in a fan-like manner toward the surface, through the several gray layers (seven layers have been demonstrated). As they pass between the elongated and radiating groups of cells in the inner gray layers, some of them become continuous with the process of the cells in the same section or plane, but others bend round and run horizontally, both in transverse and longitudinal direction (in reference to the course of the entire convolution), and with various degrees of obliquity. While the bundles themselves are by this means reduced in size, their component fibres become finer in proportion as they traverse the layers toward the surface, in consequence, apparently, of branches which they give off to be connected with cells in their course. Those which reach the outer

gray layer are reduced to the finest dimensions, and form a close network with which the nuclei and cells are connected.

“Besides these fibres, which diverge from the central axis of the convolution, another set, springing from the same source, converge, or rather curve inward from opposite sides, to form arches along some of the gray layers. These archiform fibres run in different planes, transversely, obliquely, and longitudinally, and appear to be partly continuous with those of the divergent set, which bend round, as already stated, to follow a similar course. All these fibres establish an infinite number of communications in every direction between the different parts of each convolution, between different convolutions, and between these and the central white substance.” (Mr. Lockhart Clarke in *The Monthly Microscopic Journal*.)

We have now a very clear knowledge of the structure of the convolutions, the results of disease in the same; and now what is lacking is to determine the function of each separate convolution. That they have each an independent (as well as a dependent) function, any physiologist would infer from their peculiar structure. We sincerely hope that Dr. Howden, Mr. Clarke, and other interested observers and microscopists, will continue their researches, with particular reference to these mooted points. (T. C. Duncan, *Tr. H. M. S., N. Y., 1870, 422.*)

BRAIN AND ITS MEMBRANES.

Vertigo during sleep. *Silic. Sanguin.* (Dr. Haynel, *A. J. H. M. M.*, 4, 133.)

— When drinking. *Sepia, Lycop.* (Dr. Haynel, *A. J. H. M. M.*, 2, 133.)

— On stooping and rising from stooping as if he were turning around to the left; with the vertigo, dim sight. *Anac.*²⁰⁰ (Lehr.), one dose cured. (*E. W. B., A. J. H. M. M.*, 4, 125.)

— Of long standing, where the victims are unusually sensitive to cold air. *Agaricus musc.* (A. E. Small, *U. S. M. and S. J.*, April, 1871.)

A lady was subject to serious attacks of *vertigo*, which were

attended with dimness of vision and fever, during which she would appear like one intoxicated. *Gelsem.* 3d, night and morning in drop doses, effected a radical cure. (A. E. Small, U. S. M. and S. J., April, 1871.)

An aged woman; over-sensitive against external impressions; spinal affection (paralysis, fixed pain in spine); habitual constipation (sedentary habit); right half of body the weakest side; periodical fits of *vertigo* intolerable, with intolerable pain in back following; *slightest motion of head*, especially stooping, *increases vertigo*; gastric symptoms; gaping; coated tongue; anæmia; tingling as of ants; jerkings; heaviness of right arm, which had been paralyzed. *Ign.*³. Cured. (H. Goullon, A. H. Z., 82, 47.)

Colored woman; unconquerable *drowsiness* whenever, ceasing from her work, she sat down to rest. *Nux mosch.* 2°, one dose. Cured. (E. A. Farrington, A. J. H. M. M., 4, 91.)

Sunstroke. A patient complaining of burning pain in the cerebrum and violent chills, aggravated by light, and vertigo in the morning. He had been exposed to the burning rays of the sun until sparks flashed before his eyes, and a sense of heaviness and enlargement of the head came over him. *Glonoine* 1st centesimal dilution, soon relieved the patient of all the above symptoms. (A. E. Small, U. S. M. and S. J., April, 1871.)

Coup de Soleil. Sunstroke is a combination of exhaustion and apoplectic congestion. Its symptoms usually are (Braithwaite, 40, 301): "An intensely hot, dry skin, a sensation of constriction of the chest, and labored breathing, with a feeling of a heavy weight just below the ensiform cartilage (pit of the stomach); great prostration of strength, accompanied very frequently with inability to answer questions without weeping; a tumultuous action of the heart, with strong pulsation of the carotids; changeable pulse, but never full and hard; headache, referred more particularly to the top of the head; conjunctivæ injected; countenance pale, or of a leaden hue; the urine never entirely suppressed, but passing off, involuntarily, drop by drop; bowels generally costive; great desire to sleep, passing into coma, with loud moaning during the stage of coma. Death either occurs from convulsions, mostly of an epileptic character, or from coma. Post-mortem examinations showed an excess of venous blood to a greater or less extent in the brain, and congestion of the lungs and liver. Sunstroke is therefore attributable to a suspension of the functions of the organs which purify the blood from noxious matter, as the lungs, liver,

kidneys, skin. The blood is not perfectly oxygenized in the lungs, the bowels are constipated, micturition is nearly suppressed, the skin is pungently hot, dry and harsh, and most patients acknowledge that they have not perspired for days previous to being attacked, that they enjoyed good health as long as they perspired, and that they became dull and listless as soon as the perspiration was checked."

Gordon considers the proximate cause of sunstroke to be a lost balance between the cerebro-spinal and sympathetic nervous power, induced probably by particular modifications in the conditions of atmospherical influences. During a heated term the oxygenating power of the atmosphere becomes impaired as a consequence of the expansion, the blood becomes imperfectly decarbonized; giving rise to the lassitude, want of physical energy and mental vigor, to somnolence, so generally felt in the summer. Exhausted and fatigued from the necessary daily routine of business, any exposure to the sun may produce the attack, especially after a full meal, or at any time in persons indulging in the steady use of alcoholic beverages. The late war showed that among the soldiers most cases occurred during the long marches and under the direct rays of the sun; although some occurred also after the men had bivouacked for the night. A victorious army will show less cases than a routed soldiery. Everything which depresses the mind will hasten the attack; when exposed to the injurious influences of a heated atmosphere, and in malarious countries, the night is as much to be dreaded as direct exposure to the sun.

Naturally, then, during the hot weather, the first precaution will be to keep as cool as possible, in mind as well as body. Avoid exposure; light flannel under-clothing ought to be worn by all means. The skin must be kept in good order, as good perspiration is one of the best means to avoid internal congestion. Whitehill (Medical Archives, 1868, 404) considers the most important part of the treatment during an attack of sunstroke to place the patient in a recumbent position in the shade, where there is a free circulation of fresh air, and disencumber the patient of everything that could in anywise interfere with either circulation or respiration. The nervous energy may be aroused by pouring cold water from a height, and dashing the same over the chest and face, and this should be persevered in as long as there is any tendency to sleep.

Among the homœopathic remedies against the effects of heat

we have Antimonium crudum, Belladonna, Bryonia, Camphor, Carbo veg., Glonoine, Lachesis, Nux vomica, and Silicea.

Veit Meyer says of *Glonoine* (A. H. Z., 64, 49): "The blood is driven to the upper parts of the body with greater rapidity and increased force. The capillaries are overfilled and distended, the reflux of the blood is impeded, and a hyperæmic condition arises." Thus, we find loss of consciousness, fainting, increased warmth and abnormal sensations, heaviness, fulness, relaxation of muscular tone, indications of spasm, and finally, a paralyzed condition, painful feeling, constriction of the heart, sensation as if all the blood had ascended to the head, as if something had distended the brain in all directions, and as if the head would burst with dizziness; worse on stooping, shaking the head or inclining it backward. All the mucous membranes are affected by this hyperæmia, as is shown by their abnormal dryness at first, and subsequently by increased secretion. In the chest we see oppression and constriction, with dyspnœa and sighing; in the abdominal organs constipation followed by diarrhœa; and, according to this authority, glonoine has already accomplished remarkable results in cerebral apoplexy and sunstroke.

Belladonna.—Presents great similarity to Glonoine, producing dulness of the brain, congestion of blood to the brain with whizzing in the ears, distensive headache, as if the contents were about to protrude, with aggravation when stooping, great anguish, tearful disposition and cries; paroxysm of dyspnœa with anguish, constipation as from inertia of the intestines.

Lachesis.—Is well known to be especially adapted to the nervous element, and to palsies depending on an apoplectic condition of the brain, produced by exhaustion from extremes of temperature, either heat or cold. Its headache is a burning pressure from within outward, especially on the top of the head, dizziness with paleness of the face, tendency to faint and numbness; cadaverous, sunken expression or bloated red face, attended with heat, headache, and coldness of the extremities; excessive dryness of the throat; tightness and oppression of the chest.

Carbo veg.—Universal debility, obtuseness of nervous sensibility; attacks of vertigo, heaviness of the head, with pulsative pains and pressure above the eyes, especially when a highly electrical state of the atmosphere produced the attack.

Camphora.—Produces most severe headache, congestion of the brain, fainting, delirium, and convulsions; the skin is icy cold,

covered with cold sweat. Dr. Gray remarks, that the sufferings which eminently indicate camphor are those usually called "sinking of the forces," paroxysms of embarrassment of the respiration and circulation with coldness of the surface and extremities, attended by tremors or even severe cramps in the muscular system, and cold sweats, especially about the head and neck.

Antimonium, Bryonia, Nux vom., and Silicea may be indicated when the heat of summer is found to be insupportable, when the slightest exertion produces fatigue with sleepiness and gastric ailments.

With such means, and plenty of cold water on hand, we should be able to save most persons who should be struck down during the hot season. We know full well that stimulants are highly recommended to keep the flickering flame from being extinguished; but still it is better to do without them as much as possible, especially as so many liable to such attacks belong to the pitiful class of habitual toppers. (S. Lilienthal, Tr. H. M. S., N. Y., 1870, 427.)

Meningeal Tuberculosis. It is a difficult disease owing to the confusion existing among authors concerning it. This paper is to illustrate it, occurring as a secondary disorder. Nomenclature: Meningitis Basilaris Granulosa; Meningitis Basilaris Tuberculosa; Tubercular (granular) Inflammation of the Meninges; Hydrocephalus acutus; Tuberculous Meningitis; Scrofulous Meningitis; Meningitis Basilaris Exudativa.

COMPARATIVE PATHOLOGY.—I. *Encephalitis*, or *Cerebritis*; Inflammation of brain substance (idiopathic); attended with exudation; may lead to softening, or terminate in reabsorption, or in abscess, with increased sensitiveness of the organs of sense.

II. *Meningitis*, simple, *Cerebro-spinal*, may be idiopathic or secondary *traumatic*, for instance: seated primarily in the pia mater of the convex portion of the brain; with exudation of a jelly-like consistence, which may become plastic or *pseudo-membranous*. In fatal cases there are, in order, delirium, convulsions, paralysis—death.

III. *Meningitis Basilaris*, granular, *Tuberculous Meningitis*, may be a secondary affection, seated mostly in the base of the brain, with meningeal granulations, analogous to tuberculous granulations of other serous membranes, which may be associated with tubercles elsewhere. This is termed, in this paper, *Meningeal tuberculosis*.

IV. *Prostration*, *Cerebro-spinal*; a secondary affection, from

active exhaustion, with spasm, as in the last stage of pertussis, and in puerperal convulsions.

V. *Collapse, Cerebro-spinal*; from passive exhaustion, as in diarrhœa, innutrition, &c., without possibility of spasm. The "Hydrocephaloid disease," of Dr. Marshall Hall, which may be termed a cerebral typhus, is a remarkable example. Another instance may be seen in the collapse of cholera, in which the organs of sense and perceptive faculties finally succumb, after maintaining themselves unimpaired to the very last.

ETIOLOGY.—The general cause is scrofula; whatever tends to produce a disproportionate development of the encephalon over the other organs in scrofulous children, will tend to produce it. This bad development results from the union of a robust father with a delicate mother. With such a condition it only needs some favoring cause to result in *Meningeal tuberculosis*. Contractions of the thumb into the palm, and laryngismus stridulus, indicate brain trouble.

SYMPTOMATOLOGY.—The books give a variety of symptoms, but without distinguishing between the acute or chronic form, the primary or secondary. It is important to diagnose acute secondary meningeal tuberculosis at once; this can best be done by observing the following prominent symptoms:

I. *Intense Pain in the Forehead*. This pain, originating in the base of the brain, is felt at the farthest and most sensitive portion of its convolutions. It may be the first symptom noted; or it may be preceded by a season of somnolence, or by vomiting. This intense pain is the immediate cause of the *sudden starting up*, from sleep, or when going to sleep, which characterizes the beginning of meningitis; and it also causes the *sharp cry, cry encephalitique*, which, while occurring in the earliest stages, is equally characteristic of the later periods of the disease.

II. *Periodical exacerbations of pain, with screams and sharp cries*; sometimes with loss of vision and of consciousness, the patient being sensible in the intervals.

III. *Intermission of paroxysms of pain*, less distinct as the disease advances. The corresponding tuberculosis of the bronchial glands, *laryngismus stridulus*, is characterized by similar aggravations, resulting from greater pressure of the enlarged gland upon a branch of Nerve; the tubercles and tuberculous glands temporarily growing larger. Its remissions are more or less complete.

During the exacerbations the child wants to be carried. Its cries are less sharp and violent than in meningitis.

IV. *Good appetite* in the intervals or absence of pain; *the child eats with a relish*, even within two or three days of its death. This symptom is peculiar to meningeal tuberculosis.

V. *Convulsions without loss of consciousness*.

VI. *Somnolence*. Great drowsiness by day, with severe fever at night (in bilious remittent), or fever with continued sleepiness. The obstruction of the liver vitiates the blood, causing a pressure of blood on the encephalon. This condition causes in older children and in adults, epistaxis (left nostril). *Ferrum acet.* should be given internally, and in bad cases pledgets of cotton soaked in 1st dec. dilution of *Monssel's Solution of Iron*, should be put into the nostril. In young children this condition causes a tubercular deposit in the meninges.

VII. *Vomiting*. Is not peculiar to this disease, and in some cases is not seen.

VIII. *Sudden starting up* from sleep, or when going to sleep. This symptom, very common in temporary hyperæmia, acquires its diagnostic value, in tuberculous meningitis, from its persistence and increasing prominence.

IX. *Sharp Cries—Crie Encephalitique*. This symptom, associated with the preceding, or with the paroxysmal exacerbations of pain—analogue to the lancinating pains of pleurisy—directs attention to the serous tissues of the encephalon; and, when persistent, indicates the operation of pathological changes which may result in serous effusion, in plastic formations, or in tubercular deposits.

X. *Convulsions*, with loss of consciousness. This symptom is so common to the advanced stages of intracranial disease, the principal exception being what I have termed *cerebral typhus*, that its absence becomes more significant as a diagnostic indication than its presence. (J. H. P. Frost, H. M., Dec., 1871, p. 201.)

Cerebral Meningitis. A child, two years old, began to vomit watery matter from the stomach, and to suffer from colic and spasms, having much heat in the forehead and intense thirst. Cold water would temporarily prevent the vomiting, but not a distressing hiccough that seemed certain to end in a convulsion, after which the child lay in a comatose state for twenty-four hours. Belladonna did but little in the way of relief. The heat in the head was great, and, while the child was in a deep sopor, there were twitching and jerking of the limbs, coldness of the hands,

and a bluish appearance of the fingers. A dose of *Cuprum* ʒd, was put into the child's mouth. After an hour the heat of the head began to subside, the hands became warm, the twitching ceased; the child awoke and soon returned to consciousness. The remedy was not repeated; the single dose sufficed to bring about the complete recovery of the child. (A. E. Small, U. S. M. & S. J., April, 1871.)

Last Stage of Tuberculous Meningitis and Inflammation of Dorsal Portion of the Spine. Had been treated allopathically. Chloroform had been tried in vain, to relieve the convulsions. Found the child's face bloated and highly congested; convulsions incessant. *Bell.* ʒ0th relieved the bloat and congestion in an hour; the convulsions intermitting with gradually increasing intervals for twenty-four hours, when a very heavy death-rattle supervened, announcing the expected termination. Gave *Puls.* 200th, two pills, in an ounce of water, a few drops to moisten the tongue. The rattle ceased in a short time, and the thorax, which had been drawn anteriorly, returned to its normal position. After three hours the rattle returned; medicine given as before; rattle immediately disappeared; the convulsions and all indications of distress subsided from the first dose, and the child passed away as quietly as it would go to sleep. My experience leads me to believe that the best palliative is the truly curative remedy, and the nearer death the higher we may go, and the smaller should be the dose. (John Moore, U. S. Med. and Surg. Jour., January, 1871.)

Congestion to the brain with children, even threatened hydrocephalus. *Senna.* (Hayuel.)

Hydrocephalus. Boy, æt. 8. After several days' headache, weakness, loss of appetite, &c., was attacked with convulsions, followed by sopor and occasional screaming; unconsciousness; lies upon the back, with low respiration; occasional sighing; gnashing of teeth; eyes shut; pupils enlarged; slow pulse; unconscious discharge of feces and urine. All kinds of things used without effect. *Extractum Gratiolæ*, 8 grains in two ounces of water; every hour one teaspoonful. Improvement at once; well in a short time. (Altdorfer, H. Kl., 1871, 60.)

A boy, four years old, a son of German parents, was given up by the attending allopathic physician as a case of hopeless *hydrocephalus*. When first seen, the child was lying on its back, with eyes wide open, extreme squinting, dilated pupils, rolling of eyeballs without winking. He gave no evidence of seeing when the

finger was thrust toward the eye; when pricked with a pin, no sign of feeling; when water was put into his mouth, no effort at swallowing was made. The left side had been entirely motionless for two days, but he moved the right arm and leg occasionally. He had passed no water for forty-eight hours, and the region of the bladder showed very slight distension. Drugs had produced no stool for several days. At the commencement of his illness he complained of pain in the occiput, with occasional sharp shrieks. He had been blistered with cantharides from the nape of the neck to the lumbar region two days previously, since which time he had passed no water, and given no evidence of seeing, hearing, or feeling. *R. Apis*³⁰. After five days he had so far recovered that he sat bolstered up in bed; he moved both sides of the body equally well, and all his senses were restored. (W. P. Wesselhæft, N. E. M. G., v. 6, p. 165.)

Encephalitis. My youngest son, aged 12, was taken with pains in the head on the 11th of March. March 15—symptoms: Face pale or flushed, with eyes half-veiled; cannot open eyes, though insensible to light; unconscious; delirium, with fear and fright, or visions of wild beasts biting, and demons; great agitation, incessant talking, with paroxysms of shrill cries at short intervals, with great muscular strength; has to be kept in bed. Pulse 120 to 130, small and thread-like; difficulty of passing water, which is abundant; pap-like diarrhoea; tossing about the bed. *R. Hyos.*²⁰⁰ every two hours. Some improvement up to the 18th, when the symptoms changed. Short intervals of consciousness, during which he complained of great sensitiveness of the back of the neck and the whole spine; the light did not affect his eyes, the sight being gone; lips parched and dry, but slight thirst; angry and indignant form of delirium; when roused he complained of dizziness and cephalalgia, as if the head were tightly compressed; soon falls again into a murmuring stupor, with tossing of the head and incessant trembling of the hands; has not slept an instant since the 11th. *R. Cocc.*²⁰⁰ instead of Hyos. Improvement followed on the third day, and a recovery soon took place. (Malan, Mon. Hom. Review, v. 15, p. 308.)

Miss M., æt. 25, had *encephalitis* six years ago, and ever since has had flushes of the head and face and vertical hammering. *Nitrite of amyl* 3^x benefited. (Blake, Mon. Hom. Review, v. 15, p. 169.)

SKULL AND SCALP.

All the sutures pressed asunder, not a single border of a bone touches its neighbor; even the eyes appear unusually protruded. *Merc. sol.*¹²; a dose every three or four days; about ten doses. After ceasing the remedy, size of head gradually decreased, and in several weeks sutures perfectly united. (Haynel, A. J. H. M. M., 4, 136.)

Cephalhæmatoma. Almost the whole left parietal bone is covered with a large, soft, elastic swelling; the characteristic ring of the bone can be traced by the finger. *Silic.*³⁰ for eight days. Cured perfectly in a short time. (H. Goullon, Jr., A. H. Z., 83, 151.)

Eczema capitis. Patch of eruption on scalp, exfoliating thin, dry, furfuraceous scales, with some itching; enlarged cervical glands; headache, with shooting pains from nape of neck to vertex; leucorrhœa; backache. All removed by *Silicea*³⁰, except the two last symptoms, which needed *Sepia*³⁰ for their eradication.

Eruption of dry scales upon the scalp, scattered in spots throughout the head. Pale, cachectic hue; severe frontal headache; worse in forenoon. *Silicea*³⁰ cured.

Scaly eruption on scalp; better in summer, but worse upon approach of winter; cervical glands enlarged. *Silicea*³⁰. (Ph. E. Arcularius, N. A. J. of H., 20, 285.)

Porrijo capitis. Girl, æt. 12. The whole scalp is covered with black, hard, thick, badly-smelling crusts, extending into the face and down to the neck, arms, and legs. The itching is not so bad any more as it was at first. Poultice of bread and water. *Calc. mur.*¹, three drops, every four hours; continued over one month, with two interruptions, once for *Graph.*³, and another time for *Sulph.*³, cured. (C. H. Butler, A. H. Z., 83, 58; from B. J. of H., July, 1871.)

Impetigo calvities. Upon the forehead, between the eyebrows, small patches of a pustular eruption, with greenish-yellow scabs. Cured by *Merc. sol.*³⁰. (Arcularius, N. A. J. of H., 571.)

EYES.

IN GENERAL.

Pain in eye relieved by blowing nose. *Aurum*¹², several doses. (E. W. B., A. J. H. M. M., 4, 92.)

Eyes feel as if pulled outwards from the nose (ext. rectus musc.); photophobia; vertical pain in head worse in open air; often has to leave school from a sensation coming over her, an overpowering giddiness; long-sighted. *Conium* 3^r. (R. T. Cooper, B. J. H., vol. 29, No. 118.)

Feeling of sand in left eye relieved by rubbing. *Phos.* 19^m (Jenichen). (E. W. B., A. J. H. M. M., 4, 81.)

Triplopia. Sees a second dim representation of the object on each side of it with left eye. *Bell.*³⁰⁰⁰ (Jen.) cured. (E. W. Berridge, A. J. H. M. M., 4, 108.)

From the candle proceed rays of the same color as the flame, and outside the rays there is a variegated halo, the inner circle being green, the middle red, the outer white, with the left eye. *Bell.*³⁰⁰⁰ (Jen.) cured. (E. W. Berridge, A. J. H. M. M., 4, 108.)

When walking sees a round black ball a little larger than a pea hovering before left eye. *Bell.*³⁰⁰⁰ (Jen.) cured. (E. W. Berridge, A. J. H. M. M., 4, 108.)

Can only see objects when looking at them sideways. *Chin. sul.*²⁰⁰ (Leipzig) one dose. (E. W. B., A. J. H. M. M., 4, 95.)

Pulsatilla. Cloudiness of vision, with a kind of flashing of fire as though she had received a slap in the face. (H. Robinson, A. J. H. M. M., 4, 117.)

*Objects appear oblique. *Stram.* 1^m.

When looking into light of day sees white spots like bottles of water moving about. *Thuja*²⁰⁰ (Lehr.), one dose cured. (A. J. H. M. M., 4, 126.)

LIDS.

*Left upper tarsal edge itches; better by rubbing *Staphys.*¹⁵⁰⁰ (J.) (E. W. Berridge, A. J. H. M. M., 4, 84.)

Blepharitis. Sewing woman, aged 60. Has frequently suffered with arthritic pains; now eyelids swollen; edges and canthi red; caruncula red and swollen; lachrymation and pain on seeing in bright light; pressing pain in front of head and temples into the eyes, with heat in face and head; loss of appetite; after eating pressure in stomach; belching; nausea and emptiness in stomach; gagging and vomiting up slime; pressure and anxious feeling in chest; chilliness; cold feet; evening fever, with thirst; weariness and heaviness in limbs; face pale, dirty gray; restless

sleep; great deal of yawning through the day. *Kali carb.*³, three doses. Well in a few days. (J. Schelling, A. H. Z., 82, 199.)

Styes. Sulph., Staph., Valer., Ferr., Rhus, Ars., Canth., Dig., Elec. Galv., Menyan., Coloc., Ambr., Con., Puls.

Stye on upper lid. Alum, Caust., Phos. ac., Merc., Ferr., Sulph.

Stye on lower lid. Rhus, Phos., Senega.

Stye on corner of eye. Nat. mur., Stann., Sulph. (J.)

Stye on right side. Nat. mur., Calc., Canth.

Stye on left side. Staph., Puls., Lye. (C. Hg., A. J. H. M. M., 4, 143.)

Tarsorrhaphia for Ectropion. (N. E. M. G., v. 6, p. 97.)

Encysted tumor on the eye in a boy of 10 years old. Calc. carb.³⁰ one dose. No change after six weeks; four weeks later, however, the tumor had disappeared. (v. d. Heyden, A. H. Z., 83, 153.)

LACHRYMAL.

Swelling of the Lachrymal Gland. *Graph., Agar.* (C. Hg., A. J. H. M. M., 4, 138.)

*On looking at sun, hot water runs out of left eye, scalding cheek and making eye smart. *Staphys.*¹⁰⁰ (J.). (E. W. Berridge, A. J. H. M. M., 4, 84.)

On staring or writing, very hot lachrymation from right eye from within outward. *Rhod.*²⁰⁰ (Lehr.), one dose. (E. W. Berridge, A. J. H. M. M., 4, 108.)

CONJUNCTIVA.

Traumatic Ophthalmia. A man got a drop of boiling sugar in his eye; the agony he suffered was distressing to witness. I mixed half a drachm of *Ham. virg.* with an ounce of water, and put a few drops in the eye, which relieved the pain in a short time. The eye became congested, but without pain, and was well in three days. Have often derived benefit from Ham. in cases of traumatic ophthalmia. (J. K. Newton, Mon. Hom. Review, v. 15, p. 477; A. J. H. M. M., 4, 151.)

• **Ophthalmia rheumatica.** *Ilex aquifolium*¹. (Hendrichs, A. H. Z., 83, 128.)

Ophthalmia neonatorum. Zwingenberg orders a light infusion of *Chamomilla vulgaris*, and in this lukewarm fluid we moisten very fine small sponges, and draw softly the tarsal edges one from another, in order to remove with the sponge every vestige of mucus. Internally *Merc. ruber*³, morning and evening, and during the day *Bell.*³⁰. (N. A. J. of H., 20, 290.)

Scrofulous Ophthalmia. Girl, 7 years old, cured by *Calc.*¹². No symptoms given. (G., A. J. H. M. M., 4, 76.)

Julius, aged 7. Since four weeks the left eye began first to turn red, then the right; great sensitiveness to daylight; a kind of nyctalopy. Eyelids swollen, conjunctiva injected, and pupils dilated and dim; excessive lachrymation; lachrymal points look normal. *Acidum nitr.*, nine powders, followed by *Sulph.*, cured in two weeks. (Goullon, Jr., A. J. H. M. M., 4, 112.)

Gonorrhœal Ophthalmia. Diagnosis of; not metastatic; dangers of; case of; treatment. (H. C. Angell, N. E. M. G., vol. 6, p. 197.)

Phlyctenular Conjunctivitis. M., aged 15, of a scrofulous diathesis, frequently suffers from sore eyes; has now great photophobia and lachrymation, and at the junction of the sclerotica with the cornea in both eyes are several slightly raised vesicles on an injected base. *Ant. tart.*³ improved the photophobia. Threw into each eye a small quantity of finely levigated *Calomel*, and gave *Merc. dulc.* 3^x, three times a day. Well in a week. (J. Lawrence Newton, Mon. Hom. Review, vol. 15, p. 211.)

November 10, 1870. Mr. N. N., violent sclerotic congestion with severe photophobia; epistaxis, cerebral congestion, and hyperæsthesia so excessive causes him to rave; full hard pulse; frequent cold horripilations along spinal column. Cause: a cold taken after a dose of blue pills and Epsom salts. *Bell.* 2^o, Dunham, every two hours, cured over night. (Rockwith, A. J. H. M. M., 4, 65.)

Pterygium. *Ratanhia* 1^x, cured a case in two months. (J. L. Newton, Mon. Hom. Review, vol. 15, p. 210.)

Pterygium. *Spig.*, *Arsen.*, *Chimaphil.*, *Nux mos.*, *Zinc.*

Pannus. *Cannabis.* (A. J. H. M. M., 4, 143.)

Pterygium. Female, 40 years old. In right eye just encroaching on cornea; in left eye extending to the pupil from internal cauthus; had a breadth of one and a half lines, and was thick and vascular; the interior portion of conjunctiva much injected; the inner surface of lids contracted, and lashes inclined to turn inward; though they do not rest against the ball, the external cauthi

are sore and cracked. The eyes feel sore and hot on going into cold air; better in warm room. At night the itching and heat is great, and lachrymation profuse. She sees a green *halo* around the evening light with left eye; only counts fingers at ten feet. She has attacks of rush of blood to the head and over face, followed by perspiration over the body. *Zinc*.²⁰⁰, three doses, first in September, second in October, and last in March. The green halo disappeared first, then lachrymation, and aggravation nights, &c. (T. F. Allen, A. H. Z., 82, 6, from U. S. M. and S. J., July, 1870.)

CORNEA.

Keratitis vasculosa. The cornea appears dull and grayish in spots like clouds or evenly all over, with vascularity, commencing on different points of the periphery and progressing towards the centre; in rare cases it takes an opposite direction. The alteration of the deeper layers shows itself only exceptionally as delicate red vessels underneath. The conjunctival vessels of the bulbus are usually strongly injected, forming a dense network around the cornea. The vessels of the episcleral tissue are likewise injected, and form a pink circle, which shines through the superficial network of the conjunctival vessels.

The pain is mostly acute and periodical, radiating to the frontal, at times to the infraorbital nerve.

Photophobia, dacryorrhœa, blepharospasmus, and spasmodic contraction of the pupil, are usual attendants. Vision varies according to the position or intensity of the corneal opacity.

Vascular keratitis is frequently the consequence of herpetic (exanthematic) processes of the cornea or of trachoma, rarely of syndesmitis. Primarily it may be caused by mechanical irritation, foreign bodies, dust, inverted eyelashes, &c., chemical irritations, or continual irritating influence of the atmosphere in case of ectropium, exophthalmus, &c.

Its duration after successful removal of cause, eight to fourteen days; in stubborn cases several months. In protracted cases it may leave opacities, maculæ, or pannus. Excoriations in consequence of loss of epithelium may induce a parenchymatous inflammation.

TREATMENT.—*Aconit.*, if traumatic, after removing the irritating substance.

Atropin externally, and *Merc. sol.*, 2d or 3d trit., internally, where there is great opaqueness, violent pain, dacryorrhœa, photophobia, swelling of lids.

Sulphur after *Merc.* if resorption does not satisfactorily go on.

Apis, *Arsen.*, *Bell.*, *Euphr.*, *Hepar*, *Sulph.*, if trachomatous. (Payr, A. H. Z., 82, 17.)

Herpes Corneæ. They consist of small papules, of the size of a poppy-seed, which have on their top a little vesicle filled with a watery fluid. This bursts after a short time, and leaves either a superficial excoriation upon the cornea or a deeper ulcer. In cases where vesicles do not form, the papules change to ulcers, surrounded by turbid infiltration, which again may ulcerate, and thus form irregular ulcerating patches. The ulcers frequently cleanse themselves of matter, and present then merely an excavation surrounded by smooth, transparent walls, without a sign of inflammation; they are called resorption-ulcers. The efflorescence may take place on different parts of the cornea, either as single papules or in groups, and frequently combined with herpes conjunctivæ, and may be seen in different stages of development. Its eruption is always attended with congestion of the conjunctiva in form of a network of enlarged vessels, and of the episclera in form of a pinkish circle around the cornea. The simple hyperæmia increases often to a real inflammation with thickening of the tissues affected, and assumes the character of a keratitis vasculosa. It is attended with burning, stinging pains, with photophobia, dacryorrhœa, and blepharospasmus. Vision is more or less disturbed according to the location of the eruption, and by the frequent overflow of tears. It is caused by external irritation of the ciliary nerves, or secondarily by a transfer of irritations of other branches of the quintus to the ciliary nerves, which explains its frequent coexistence with eczema and impetigo.

We find herpes cornea in all ages, sexes, and conditions of life; most subject to this complaint are so-called crethic-scrofulous constitutions. It is frequently attending exathematic processes, and then usually during the stage of exsiccation. It takes on the whole a typical course—first burning, stinging pains, with photophobia, then injection of the vessels, then pimples with their gradual changes; now diminution of irritation in vessels and nerves, and finally disappearance of all traces. However, such a course takes place only in the most favorable cases. In others follow crops after crops; extending further and further, and com-

binning with eczema of the lids and cheeks. Its consequences may be perforations, hypertrophy, opacity of the cornea, pannus, iritis, trachoma, and in children amblyopia ex anopsia and strabismus.

TREATMENT.—*Ign.*³ in the commencement before pimples have formed, where there is only slight injection, pain, dacryorrhœa, and photophobia.

Bell., in children, even after pimples have formed with the above symptoms.

Arsen., recent cases after the vesicles have burst, with burning pain and aggravation after midnight.

Rhus tox., same conditions with contemporary eczema and swelling of the glands of the nape of the neck.

Merc. subl., chronic ulceration of cornea.

Hepar, torpid ulceration of cornea.

Calc. c., in serofulous subjects, with unproportional large heads, open fontanelles, pot-belliedness, slowness of dentition, frequent catarrhs in nose and intestines, paleness of face, and nervous erethism.

Sulph., complication with eczema, otorrhœa, affection of bones.

*Graph.*³, when combined with a chronic eczema, which covers face and eyelids like a mask.

Atropin, externally for blepharospasmus.

Coniine, if Atropin is not sufficient. (Payr, A. H. Z., 82, 25.)

Keratitis Punctata is characterized by small, roundish, grayish spots in the different layers of the evenly turbid cornea, which gives it a dotted appearance. It is attended with little congestion, except a small circle of injected vessels of the episcleral tissue; vision, however, is much disturbed, not only on account of the dulness of the cornea but much more on account of intraocular disturbances. For almost always is this affection a part of parenchymatous iritis in leucophlegmatic subjects, or the consequence of constitutional syphilis. Its course is slow, new spots frequently making their appearance. If combined with iritis, the prognosis must be made cautiously, and concomitant affections of the retina and choroidea tend mostly to atrophy of the bulbus.

TREATMENT.—*Hepar*, main remedy, corresponds to the anomalies of the reproductive sphere, and to the lymphatic, torpid constitution with relaxed muscles and indolent character.

Bell. might be a good intermediate remedy, and *Nitr. ac.* might be indicated, especially after abuse of mercury. (Payr, A. H. Z., 82, 43.)

Keratitis parenchymatosa. A jelly-like, gray, or even yellow-white dulness of the substance of the cornea more or less extended, which only after some time and by a high degree of inflammation becomes apparent. In some cases the surface of the cornea retains its lustre; in most cases, however, it appears dull, and as if porous, or it is covered with injected vessels, thus presenting the appearance of a keratitis vasculosa. The disturbance of vision is greatest when the infiltration is central; pain, photophobia, hyperæmia of conjunctiva, and episclera are not proportionate to the intensity of the disturbance in the former. Primarily, it may be caused by the most various external influences; it is found in all ages, sexes, and different constitutions. Secondarily, it is often the consequence of inflammatory processes in neighboring organs, and sometimes appearing without being traceable to any cause. Its course is sometimes acute, at other times slow; five to seven days may end the process, and then it may run as many weeks and months.

TREATMENT.—*Merc.* main remedy; it prevents best suppuration.

Hepar or *Sulph.* are best adapted for the promotion of resorption. (Payr, A. H. Z., 82, 44.)

Keratitis suppurativa. Infiltration of the cornea to a greater or lesser extent; the substance of the cornea degenerates; puriform detritus forms either between the deepest, middle, or superficial layers, assuming usually an irregular roundish shape. If in external layers it assumes the form of an *open ulcer*. *Vortex purulentus* is its severest form, by which the whole membrane is converted into pus. *Onyx* or *Unguis* is an abscess incased between the lamellæ of the cornea.

Its causes are, chemical and mechanical influences; paralysis of the branches of the quintus, which go to the eye; general blood diseases, as typhus, pyæmia, puerperal fever, acute exanthemata; even sometimes in the last stage of phthisis. Secondarily it is found as a consequence of mortification and necrosis of the cornea; of collections of pus and blood within the eye; of diffuse and vascular keratitis; of hepatic infiltrations; of conjunctival blennorrhœa; of diphtheritic and membranous syndermitis. The secondary forms take often a very rapid course, destroying the cornea in a few days, or even hours. A more chronic course take the neuro-paralytic forms, whilst those caused by external injurious influences are of a changeable nature. Abscesses break mostly outside; sometimes they discharge into the anterior cham-

ber and form hypopyon; they may form cicatrices and atrophy of the bulbus. Ulcers leave often maculæ behind, and large ones may cause keratectasia, perforation of the cornea, or staphyloma.

TREATMENT.—*Merc.* in the neuro-paralytic form with *Belladonna* extract applied to the superciliary region.

Hepar, where there is a want of lachrymal secretion; in chronic ulcers which are torpid.

Sulphur, after *Merc.* has diminished the inflammation, and resorption is slow in coming. (Payr, A. H. Z., 82, 51.)

Pannus. It consists of an opacity of the cornea, caused by a thickening of the epithelium. Under it and Bowmann's membrane, which in light cases is yet intact, forms upon the real corneal surface a new stratum of numerous cells interwoven with bloodvessels. In severe cases (*Pannus crassus*) Bowmann's membrane disappears entirely, and the connective tissue underneath fuses with the subepithelium, showing great vascularity; then the cornea assumes a blood-red aspect, wherefore it formerly was called *Pannus scarlatinus*. Characteristic of *Pannus* is its freedom from pain and photophobia; merely impaired vision is the complaint of the patient. Its most frequent cause is trachoma, but it may also be brought on by chemical and mechanical irritations of the cornea, as in cases of en- and ectropium, lagophthalmus, and exophthalmus, and by long-continued herpetic processes. *Pannus* rarely ever gets well by itself. Under unfavorable conditions the vascular growth usually changes to a fibrous, tendinous membrane, and the conjunctiva, too, degenerates to a dry, asbest-like membrane, known under the name of *Pannus siccus*. Repeated inflammation may soften the corneal tissue, and cause *keratectasia ex panno*.

TREATMENT.—The herpetic pannus requires: *Calc. c.*, *Hepar*, and *Sulph.* as main, *Nitr. ac.* and *Euphr.* as intermediate remedies; whilst *Arsen.*, *Bell.*, *Coniine*, *Rhus tox.*, and *Merc. subl.* may be indicated for intercurrent acute attacks.

In trachomatous pannus external application of *Arg. nitr.*, and by great relaxation *Cupr. sulph.* to the conjunctiva. (Payr, A. H. Z., 82, 82.)

Maculæ corneæ. *Apis*, *Calc. c.*, *Cann.*, *Euphr.*, *Hepar sulph.*, *Nitr. ac.*, *Phos.*, *Puls.*, *Silic.* (Payr, A. H. Z., 82, 100.)

Staphyloma of Cornea. It is a morbid distension of the corneal tissue. A protrusion of but a small portion of the cornea is a *keratectasia*. When the cornea, little opaque, protrudes like a

cone, it is called *keratocomus* or conic staphyloma of the cornea. The highest degree is the *keratoglobus*, which consists of a globular protrusion of the transparent cornea, the basis of which exceeds in width the natural size of the cornea, so that the scleral opening appears widened, and the anterior chamber enlarged. This state of things is identical with what is known as *Hydrops cameræ anterioris* or *Hydrophthalmus anterior*. Partial protrusions cause irregularities in the reflection of light, and make the eye myopic and astigmatic. In some cases the cornea remains transparent, in others it is opaque; the conjunctival and episcleral vessels are injected, and the tension of the ciliary nerves causes frequently acute pains. Vision is either entirely lost or limited to the mere perception of light. Common keratectasias are caused by intense inflammations of the cornea and the trachomatous and herpetic pannus. The keratoglobus has most frequently been observed after traumatic lesions, also in consequence of choroïditis and conjunctival pyorrhœa; and lastly in company with caco-plasms within the eyeball. Common staphylomas grow slowly; pause sometimes for months and even years, and suddenly take a new start; sometimes, however, they remain for life in a certain stage of development. Staphylomas ex panno and keratoglobi develop rapidly, and are attended with a great deal of pain. Keratoconi grow opaque on their tops if they have not been so from the commencement, on account of the exposure to the atmosphere, the lids being not capable of covering them. Only the keratoglobus has been observed to burst. This leads to phthisis bulbi; only seldom the perforated spot closes by a cicatrix to reappear afterwards as a staphyloma.

TREATMENT belongs to surgery. The prevention of staphylomas, however, finds its remedies in *Apis*, *Nitr. ac.*, *Bell.*, *Merc.*, *Hepar*, and *Sulphur*. (Payr, A. H. Z., 82, 107.)

Inflammation of the Cornea. Euphras., Spigel.

Dimness and opacity of the cornea. Arg. nit., Cinnab., Colch., Croton, Nitr. ac. (A. J. H. M. M., 4, 143.)

*White pustule on outer segment of left cornea. Phos. 19^m. (E. W. Berridge, A. J. H. M. M., 4, 84.)

Corneitis. Effects of small-pox. *Silic.* removed the opacity in a fortnight. (H. W., 6, 67.)

Mrs. P., aged 35, while exposed more than usual to the wind, felt a sensation in the right eye as if it had come in contact with some hard substance, and from this time her sight began to grow

dim; sensation, as-of sand in the eye, with slight pain, sometimes darting through the ball; had been treated allopathically, and was getting worse. I found the conjunctiva slightly inflamed, while the *cornea was thickened* and of a whitish-gray color, partially injected; smarting and burning in both eyes, with small raised spots on the cornea of the affected eye; the pupil was contracted and the sight nearly obliterated.

Gave *Bell.* every two hours, also applied a compress to the eye wet with a solution of Bell. and water, ten drops to the half pint of water; continued treatment two weeks, and the sight was nearly restored, but the vesicles remained. Gave *Sulph.*³⁰ every three hours for one week. The burning sensation of the ball remaining was removed in three days by *Ars.*³. (F. B. Sherburne, O. M. and Surg. Rep., v. 5, p. 146.)

Keratitis. Eliza H., aged 16, had small-pox three years ago, since which time she has suffered off and on with keratitis. Left eye is much inflamed, and there is photophobia, with slight haziness of the cornea, particularly the upper portion of it, and it is traversed with red vessels; zonular redness. *Calc. phos.* 3^x cured in three weeks. (R. T. Cooper, Mon. Hom. Review, v. 15, p. 46.)

Keratitis Pustulosa. Child. *Euphrasia* had nearly cured him; but a persistent redness of conjunctiva remained, without any discharge. It was worse towards evening and in the cool air. *Zinc.* Soon well. (T. F. Allen, A. H. Z., 82, 7, from U. S. M. & S. J. of July, 1870.)

Keratoconus. In consequence Keratitis, with great photophobia. *Calc. jodata*³. (H. Goullon, A. H. Z., 82, 165.)

Euphrasia. In a case of what I supposed to be "hydrophthalmia anterior," the irritation of the conjunctiva, resulting from the bulging of the cornea, and the circumjacent sclerotic, was cured in a few days by *Euphrasia* tincture, in pellets. There has been no recurrence since. (D. Hunt, N. E. M. G., vol. 6, p. 13.)

Hypopyon. Stonecutter had gonorrhœa one year ago. Had taken much mercury. Struck in the eye by small piece of stone, followed by violent inflammation; used tea leaves, laudanum, and acetate of lead. Sclerotica looked like raw beef; light was intolerable; feeling as if sand in the eye. Examination revealed in the anterior chamber a collection of pus apparently about two lines in diameter. Patient meditated suicide, especially in evening. *Hcp.*³⁰, a few doses followed by absorption of pus and removal of the opacity, with return to normal vision in about ten

days. (E. A. Farrington and A. Korndorfer, A. J. H. M. M., 4, 72.)

Wound of the Cornea. P., æt. 42, shot in the eye. The abduction of the lids is very painful and difficult from great photophobia; the cornea is split into equal halves by a sharp piece of lead 1" wide and 5" long; the camera anterior is gone; the foreign body wedged firmly in. The iris is uninjured. Carefully extracted the lead with fine pincers, then tried to produce by careful palpebral movements a retraction of the iris, an equalization of the hiatus, an approximation of the corneal edges; after drawing down the upper lid softly a solution of Atropia was put into the inner corner of the eye, and the lids fully closed over the bulbus with court plaster and lint, and adhesive strips over the whole. Ordered perfect rest on the back; placed an ice-bladder on the superciliary region. *R.* *Arnica* ʒd, internally, every three hours. In thirty-six hours the pain was gone; the ice left off; the position and *Arnica* continued. On the fifth day removed the bandage; there was perfect agglutination of the edges of the wound, restitution of the camera anterior, complete retraction of the moderately dilated iris. Closed the eye as before, with rest, *Arnica*, and bland diet. On the seventh day all inflammation was gone, pupil was of a normal width, only a filiform gray stripe remained cutting the cornea, and indicating the place of the former separation. The trial of his sight was satisfactory, as the patient only remarked that a hair must hang over his eye, which he cannot remove. More for his satisfaction than because really necessary, he took now *Euphrasia*³ two doses daily for a week, so that four weeks after the accident not a trace remained to be seen, and his sight was as good of one eye as of the other. (Payr, H. M., Oct., 1871, p. 132.)

IRIS.

Iritis. *Clem., Merc. cor.* Redness of iris. *Sulph.* (A. J. H. M. M., 4, 143.)

Syphilitic Iritis. The pains did not come on until he lay down at night, and then there would come profuse, hot, scalding lachrymation. The pains were dull; involved balls and brows; cannot sleep over ten minutes; he must wake with eyes full of burning water; no discharge of mucus or pus; indeed, rather dryness of

conjunctiva, and ball and lids are very much inflamed. The aggravation on lying is marked. *Stillingia* had removed the pains in the forearms and legs, but had not relieved the eyes. Arsen., Merc., had not benefited him. Nux vom. gave some relief; but the first dose of *Zinc.*²⁰⁰, worked wonders, and his eyes got rapidly well; and, in three weeks could see No. 20 type at twenty feet, showing vision normal, though his eyes were weak after exercising them, and some slight adhesions of the iris to the capsule of the lens remained. (T. F. Allen, A. H. Z., 82, 7, from U. S. M. & S. J., July, 1870.)

RETINA AND OPTIC NERVE.

Amblyopia. For mere dulness of sight, brought on by taxing or straining the eyes, *Ruta graveolens* will generally effect a cure; but the patient must not continue the cause. When the sclerotic coat is congested, and there is a fiery redness of the eyes, *Belladonna*. When there is inflammation of the conjunctiva and lids, *Euphrasia*.

In the case of inveterate drunkards, *China*, says Jahr, is an excellent and reliable remedy, besides *Sulphur* and *Bell.* For dimness of sight, as if seeing through a veil, *Calcarea*, *Lycopodium*, and *Sepia*. When whilst reading the letters appear to run into each other, *Drosera*, *Natrum mur.*, or *Silicea*. Where the vision is interrupted by dark points or misty appearances, *Causticum* and *Phosphorus*; when by luminous or fiery appearances, *Culc.* and *Sepia*. When the vision is frequently obscured, and this is manifestly the result of biliary derangement, *Sepia*. A lady subject to attacks of sick headache and sudden obscuration of sight, at each attack was cured by *Sepia*. In a case where the patient had indulged in the habitual use of the blue pill, until her system suffered from mercurial erethism, which produced extreme weakness of vision, one or two doses of *Aurum met.* followed by *Nitric acid*, effected a cure. When incipient amaurosis results from any constitutional irritation or erethism, and especially if there is evidence of cerebro-spinal irritation, *Belladonna* may be given first, and afterwards *Gelsem.* or *Conium*. When the optic nerve appears to be torpid, and partial blindness besets the patient, the remedy may be found in *Aurum*, *Opium*, or *Phos. ac.* Should the weakness of vision result from external causes, such as fine work, *Bell.*, and

if necessary, *Ruta*. If caused by age, *Aurum*, or *Baryta carb.* When obscuration of sight follows the suppression of any bloody discharge, *Belladonna*, *Nux vomica*, *Pulsatilla*, or *Sepia*. If from the suppression of any eruption, like measles, small-pox, scarlatina, &c., *Calcarea*, or *Sulphur*. When the vision is obscured or interrupted by metastasis of gout or rheumatism, which is frequently the case, *Pulsatilla* and *Rhus* are indicated.

A young gentleman, aged 22, who suffered for several weeks with inflammatory rheumatism, which finally fell into his eyes and produced temporary blindness, was cured by a few doses of *Pulsatilla*. He was at the same time a sufferer from stiffness of the joints, which *Rhus tox.* completely cured. A remarkable case of obscurity of vision, produced by masturbation, was cured by a few doses of *China*; and in such cases, generally, a dose of *Sulphur*, followed by *Cina*, *Nux vomica*, or *Phos. ac.*, are, for the most part, curable. In the case of a scrofulous child, threatened with amaurosis, *Calcarea c.*, effected a favorable change, and afterwards the employment of *Dulcamara* and *Mercurius*, a radical cure. A clergyman, who contracted a severe cold, which produced obscuration of sight, was cured by *Belladonna* and *Mercurius*. A young man was violently thrown from his carriage; for several days he was senseless, and in convulsions. On recovering partly from the shock, was unable to distinguish persons and objects about him; *Arnica* was the principal remedy. *Conium* afterwards removed the spinal irritation consequent upon the shock, and restored also the sight. When amblyopia is attended with nervous headache, *Aurum*, *Bryonia*, *Calcarea*, *Nux vom.*, and *Rhus*. When the weakness has been produced by *coup de soleil*, *Glonoine*, which may be followed by *Belladonna* and *China*, until the eye is able to bear the light. If there is a tendency of blood to the head, *Belladonna*, or *Opium*, or else *Aurum* and *China*. When the hearing is affected simultaneously, *Glonoine*, *Cicuta*, and *Pulsatilla* may be consulted. If there is gastric or abdominal derangements, *Nux vom.*, *Pulsatilla*, *Cocculus*, or *Sulphur*. If there are serious uterine ailments, *Aurum*, *Calc.*, and *Sepia*. When amblyopia is attended with pulmonary derangements, *Calc.*, *Lach.*, *Lycopod.*, and *Phosphorus*, are remedies. In case of disease of the heart, *Digitalis*, *Lach.*, *Puls.*, and *Spigelia*. In case of epileptiform difficulties, *Ignatia*, *Hyoseyamus*, and *Stramonium*. (A. E. Small, U. S. M. and S. J., Oct., 1870.)

Amblyopia amaurotica with stitch pain in the eyebrow, of nine

months' standing and treated by eye doctors, was cured by *Acon.*³⁰ in the evening and *Bell.*³⁰ in the morning, within nine days. (v. d. Heyden, A. H. Z., 83, 153.)

Post-diphtherial Amaurosis with Patellar Bursitis. Mrs. B., æt. 45, after an attack of putrid sore throat lost her sight. The pupils of both eyes were dilated and sluggish; can distinguish between light and darkness with the right eye; field of vision with left eye very limited; the right palate appeared slightly paralyzed, and the uvula was deviated to the left. Gelsem. O, every three hours. In three weeks eyes nearly well, but is lame through an attack of inflammation in the right patellar bursa, which has been enlarged for some years. *Bell.* O, subdued the inflammatory symptoms, leaving the bursa hard and painless. *Sil.* 3^x completed the cure of the eyes and knee. (J. L. Newton, Mon. Hom. Review, v. 15, p. 474.)

Dr. Nagel considers hypodermic injections of strychnine a most valuable remedy in the treatment of anæsthesia retinae. (N. A. J. of H., 20, 148.)

MUSCLES.

Dr. C. Le Beau produced great improvement in a case of long-standing *ptosis* by one dose of *Rhus tox.* 75^m. It produced a red vesicular rash, itching and burning terribly, especially in the joints, worse at night, and angina with enlargement of the maxillary and parotid glands. (N. A. J. of H., 19, 572.)

Paralysis of the Nervus Abducens Left Eye. A young man, 29, was suddenly taken on leaving the cars, after several hours' railroad ride, with *indistinct and double vision*. An oculist, after examining, pronounced it to be a paralysis of one of the eye nerves, in consequence of which the eyeball was drawn towards the inner canthus, causing thus *diplopia*. This diagnosis was further confirmed by other oculists, but nothing advised to cure it. He tried afterwards electricity and iodide of potash. After three months no change. No other symptoms except a headache in forehead, of which the patient had been suffering for years. *Sulph.*³⁰ cent., one dose every day for five days. The eyeball can be a little moved outwards. *Rhus tox.*³⁰ did no good. *Cuprum acet.*, first 3, then 6, and afterwards 30, in repeated doses and in gradually longer intervals, cured the case within a few months. (C. Heinigke, H. Kl., 1871, 121.)

Oculo-motor Paresis. Mr. A., æt. 33. Four years ago his eyes began to be weak with difficulty in seeing clearly; drooping lids, was obliged to pull them open; he then began to see double with the right image obliquely above the real one; stopped using eyes and improved. This summer he "did" Mammoth Cave, followed by a return of the double vision. He walked into the room with his head thrown backwards (occasionally shutting his left eye and holding his head straight), this position relieving the confusion of vision; double vision caused him to take missteps, &c. Diagnosed *paresis of the left oculo-motor nerve, with paralysis of the superior rectus muscle*; upper lid very weak, falling half over the eye; difficult convergence; weak back; deficient muscular power; subject to bilious headaches.

I found in the antipsoric part of Bœnninghausen's Repertory, "vision, relieved by bending the head backward, *Senega*;" and in the proving as recorded in the Archiv, I found this symptom: "On walking toward the setting sun, another smaller sun seemed to float beneath it. On turning the eye outward, it changed into a compressed oval. On bending the head backward, or closing the eyes, it disappeared."

R. *Senega* 2^o, a dose every twenty-four hours. Double vision better in a few days. Cured in a few weeks. (T. F. Allen, H. M., Oct., 1871, p. 106, A. H. Z., 83, 195.)

Asthenopia. Mrs. B., æt. 32. Sick several months; has abused eyes by reading, writing, sewing; trouble began in right eye, which is the worse; sensation as though the eye was gone, and a cool wind blew out of the empty socket; severe pains and itching around the back of the eye; when closing the eyes flashes of light; mist like a veil or cloud before the eye; aggravation from strong light; using the eyes causes intense headache over them; desire to spasmodically close the eyes, which gives relief; menses regular, accompanied by severe bearing-down pain, with pain in the hips and back, and sexual excitement. R. *Platina* 2^o. Reports in three weeks, no better, with feeling of weight or heaviness of the upper lids, as though she could not raise them, worse in the morning. *Sepia* 2^o, followed by improvement for fifty days, when the *Sepia* 2^o was repeated. Thirty days later *Sepia* 6^m, followed by nine months of improvement, when the old symptoms returned with these new ones: using the eyes causes nausea, heartburn, faintness at the stomach, with a desire to eat between meals. *One*

dose of *Sepia* 6^m, and in one week, one of *Sulph.* 6^m, which cured her. (J. B. Bell, H. M., Jan., 1871, p. 289.)

Circles pleasanter than Angles to Vision. In looking at figures bounded by straight lines only two muscles of the eye can be used, while in circles we use all the muscles more equably, rendering it less tedious than in using only two, hence more agreeable. (Related by B. W. James, H. M., Oct., 1871, p. 139.)

E A R S.

Otitis. Boy, 12. Face pale, sometimes flushed; head and right ear hot; pain stitch-like, drawing, especially behind the ear; cheek swollen. Little appetite; mouth dry; strong fever with dizziness; chilliness, shuddering, some thirst but little desire to drink; anxiety in chest; pulse accelerated, uneven; weary in all the limbs. *Kali carb.*²⁰⁰. Better next day, on third day well. (J. Schelling, A. H. Z., 82, 198.)

W. B., aged 5 years. *Otorrhœa*, left ear; also bad cough after scarlet fever. *Silic.* cured in a fortnight. (J. H. Nankivell, H. W., 136.)

Aural Itching. Mr. B., aged 50. For four years has had intolerable itching in both ears; irritable throat, which is broken out with red blotches about half the size of a pea, extending over the soft palate and sides of the cheeks, and bleeding easily. *R. Fluoric Acid* 30th, a powder, dry, each night. In two weeks the itching ceased, and a watery yellowish discharge began. *R. Elaps coralinus* 2^c, a powder dry each evening, every other week. Cured in four weeks. (C. A. Cochran, H. M., March, 1871, p. 936.)

Girl, aged 9, had syphilitic deafness; teeth wedge-shaped; old-looking; snuffles when a baby; attacks of vomiting. From Testes' assertion, *Kreosote* 3^x was given. Cured in six weeks. (B. J., vol. 29, No. 118.)

Mr. Casey, aged 28. Since several weeks *partial deafness*, with dry wax in left ear; noise in ear like tea-kettle; sensation of numbness about ear and down the left cheek. Sense of hunger every day at eleven o'clock. *Sulph.* 1^m. Sept. 4th, no better. Symptoms same. *Lach.* 2^m. Sept. 7th, all symptoms gone. (H. N. Martin, A. J. H. M. M., 4, 149.)

Mr. —, aged 22. Gradual loss of hearing since eleven years,

following scarlatina. Can hear loud noises, but only with great difficulty can be made to hear the voice. At times slight purulent discharge from ears. Feels faint about 10 A.M. *Sulph.* 55^m. One dose cured in three weeks. (Goodno, A. J. H. M. M., 4, 118.)

Deafness to human voice, *Phos.*, *Rhus*.

Deafness with dry external meatus, *Graph*.

Deafness with moisture in external meatus, *Mercur*. (A. J. H. M. M., 4, 154.)

Deafness. Mrs. A., aged 49. Deaf in right ear for twenty years, in left ear for five years. Hears no conversation except upon a high key, and that only when very near. Sensation of heavy pressure and heat at the vertex, extending to both ears, with soreness of the brain. Soles burn at night; hot flushes on the face followed by a cold sweat; constipation; faintness at ten or eleven, A.M. *R.* *Sulphur* 5^c, four powders, one every other day. Twelve days later but little improvement. *R.* *Sulph.* 6^m, followed by restoration of left ear, and relief from soreness and pressure at the vertex. The hearing in the right ear was slowly restored. (H. V. Miller, H. M., Aug., 1871, p. 44.)

NOSE.

Nasal Catarrh is a simple, acute inflammation of the nasal membrane, ending in resolution, chronic inflammation, or suppuration, and similar to any other mucous catarrh, and similarly curable. It should be treated symptomatically in an order inverse to its development. Tepid water is the best palliative.

INDICATIONS FOR REMEDIES.—*Aconite*.—In the commencement, dry state; from dry, cold, west winds. *Raue*. (*Hepar*.)

Allium cepa.—Profuse, watery discharge from the nose, with sneezing, acrid burning, excoriating the nose and upper lip. (See *Arum tri*.) Fluent coryza, with running of water from the eyes, headache, heat, thirst, cough, trembling of the hands; worse in the evening and in a room, better in the open air. *Lippe*. Head and eye symptoms, worse on the left side. (See *Euphrasia* and *Puls*.) *Hering*. Violent sneezing; must take a long breath, and then sneezes correspondingly. *Guernsey*.

Alumina.—Soreness and scabs in the nose, with discharge of thick, yellow mucus; ozæna. (L.)

Ammon. c.—Stoppage of the nose, especially at night; he can only breathe through the mouth, with long-continued coryza. Discharge of sharp, burning water from the nose; congestion of blood to the point of the nose when stooping. (L.)

Ammon mur.—Coryza with stoppage, great soreness and tenderness of the nose, and loss of smell. (L.)

Anacard.—Fluent coryza; frequent sneezing and frequent inclination to sneeze. The sense of smell is too acute or illusory; smell like pigeon dung or burning tinder. (L.)

Antim. cr.—Sore, cracked, and crusty nostrils and corners of the mouth. (Cocc., Graph.) Sensation of coldness in the nose when inspiring air. (L.)

Argent. met.—Violent, fluent coryza with much sneezing. (L.)

Argent. nit.—Coryza with chilliness, lachrymation, sneezing, and stupefying headache. Discharge of pus with clots of blood. Violent itching of nose. (L.)

Ars.—Profuse fluent coryza of sharp, burning, excoriating water, with hoarseness, sneezing, and sleeplessness. Swelling of, and burning in, the nose. (L.) Not much fever, heat, or thirst; restless, particularly at night; drinks often, though but little at a time; is very weak, and easily agitated; violent burning of the nose, both internally and externally. Exercise and warmth are agreeable, and exposure does not aggravate the disease. (H.)

Arum tri.—"Nostrils raw and bloody." (G.) Discharge of burning, ichorous fluid from the nose, excoriating nostrils, upper lip, and corners of the mouth. Nose stopped up, can only breathe with mouth open. (L.) Bores and picks at his nose.

Asaf.—Ozæna; discharge of very offensive matter from the nose. (L.)

Aur. fol.—Caries of the nasal bones. Discharge of fetid pus from the nose. Fetid odor from the nose. . Very sensitive smell. (L.)

Baryta carb.—Formation of scabs in posterior nares and behind the base of the uvula. (G.) (H. M.)

Bell.—Headache, worse from motion; dull pain in frontal sinuses. (R.) Epistaxis with red face. Over-sensitiveness of sense of smell. Putrid smell from the nose. (L.)

Berberis.—Chronic form; left side, extending into the High-

morian cavity; purulent, yellow or greenish discharge. (R.) Dryness of the nose. (L.)

Borax.—Dry scabs in the nose. (L.) Vertigo from going down stairs. (G.)

Bovista.—Scurfs and crusts about the nostrils. Stoppage of the nose with fluent coryza. Epistaxis early in the morning (during sleep). (L.)

Bufo.—Mucus descends into the posterior nares. Sneezing in the evening when going to bed.

Brom.—Coryza with sneezing; the margins of the nose and the parts under the nose are corroded (Kali b.), with stoppage of the nose. Soreness of the nose with scurfs. (L.) Epistaxis relieving the chest. (L.)

Bry.—Extending into the frontal sinuses, or into the chest; stitch pain. (R.) Swelling of the nose with very sore pain when touched. (L.) (Hep.)

Cal. c.—In children of scrofulous tendencies (Jod.); great liability to catarrhs; stoppage of nose, or fluent coryza succeeded by colic. (R.) Nose inflamed, swollen red; dryness of the nose; nostrils ulcerated and scabby; morning epistaxis; polypus nasi; stench before the nose, as from manure, gunpowder, or putrid eggs. Stench from the nose; sense of smell diminished. (L.)

Camphor.—Dry coryza. (L.) Catarrhal affections, with headache, from sudden changes of the weather. (Annual Record.)

Carbo veg.—Coryza with hoarseness; itching around the nostrils. (L.)

Caustr.—Continuous dry coryza, with obstruction of both nostrils. Coryza with hoarseness, preventing loud speech. Itching in the nose, and of the nostrils. Old warts on the nose. Pimples on the tip of the nose. (L.)

Cham.—Catarrhs with ulcerated nose, chapped lips, one cheek pale and the other red, with chills and thirst. (H.) Rattling cough on the chest. (R.) Sensitive smell. (L.)

Chelid.—Dry coryza with *one-sided stoppage*. (L.) (Staph., violent, fluent.)

Chenop.—Sensation of soreness of nostrils. Violent sneezing with soreness of the larynx. Coryza, with burning and biting on the margins of the nostrils, particularly of the septum. Fluent coryza, with secretion of thin mucus; with accelerated pulse; with coldness of the feet up to the knees, and a chill over the back. (L.)

China.—Redness and heat of the nose. Tearing in the dorsum. Frequent hemorrhage from nose and mouth. Epistaxis after blowing the nose. Dry coryza, with toothache and lachrymation. Suppressed coryza (headache from it). (L.)

Cicuta.—Yellow discharge from the nose. Scurf in the nostrils. Frequent sneezing without coryza. (L.)

Cimex.—Fluent coryza, with pressure in the frontal sinuses. Constant sneezing in the forenoon. Dryness of the nostrils. (L.)

Cina.—Disposition to bore in the nose. The child rubs it constantly, and bores with the fingers until blood comes out. Violent sneezing, with stitches in temples. Stoppage of the nose in the evening (Ammon. c.); fluent coryza at noon; the nose burns. (L.) Cough, with running catarrh and violent sneezing, which makes child cry. (H.)

Cinnab.—Coryza, with lameness of the thighs and aching pain in the small of the back; lumps of dirty yellow mucus are discharged from the posterior nares. (L.)

Clemat.—Violent coryza, with sneezing; the secretion is streaked with blood. Dryness of the nose, with heat.

Coccus c.—Dryness of the nose, with inclination to sneeze. Swelling of the nose, with itching, violent sneezing, and increased secretion of mucus: redness of edges of nostrils; crusts on the edges of the nostrils.

Colch.—Coryza, fluent, with thin, tenacious discharge from the nose. Tingling in the nose. Sense of smell painfully acute.

Coloc.—Coryza, fluent; worse in the open air, better in the room. (Euphr., Lith., Thuj.)

Con.—Purulent discharge from the nose. Excessively acute smell.

Coral.—Violent coryza; discharge resembling molten tallow. Profuse secretion of mucus through the posterior nares, obliging to hawk frequently. Bleeding of the nose, from one nostril at a time (at night). (Calc., right.) Painful ulcer on the inside of the right wing, with the sensation as if the nasal bones were pressed asunder. (L.) (Gumming.)

Crocus sat.—Discharge from the nose (one nostril at a time) of tenacious, thick, dark black blood, with cold perspiration on the forehead. (L.)

Cyclam.—Fluent coryza (morning). Diminished sense of smell. (L.)

Dig.—Coryza, with hoarseness (Caust., Eupat. perf., Zinc, Tell., Nit. ac.). Pain above the root of the nose. (L.) (Petrol. at root.)

Dulc.—Dry coryza, aggravated in the cold air. (L.) Better when in motion, worse when at rest, and the slightest exposure renews the complaint. (H.)

Elaps.—Stoppage of the nostrils; coryza from the least current of air (Natr. c.). (L.) White and watery mucus is discharged from the nose. Bad smell from the nose.

Euphorb.—Discharge of a quantity of mucus from the posterior nares. (L.)

Eupat. perf.—Hoarseness; roughness of voice; cough worse in the evening; aching in all the bones. (R.) Much sweat; lassitude; pale; sensitive; secretion passive.

Euphras.—Profuse coryza, with smarting, lachrymation, and photophobia, or with sneezing and discharge of mucus from the anterior and posterior nares; profuse fluent coryza, with cough and expectoration in the morning; soreness and painfulness of the inner nose; eruptions on the wings of the nose. (L.) Worse in the open air; head and eye symptoms worse on the right side. (H.)

Fluoric acid.—Red, swollen, inflamed nose; obstruction of the nose; fluent coryza.

Gels.—Sneezing, followed by tingling and fulness in the nose. Sneezing, with fluent coryza; profuse watery discharge excoriates the nostrils. Sensation of fulness at the root of the nose, extending to the neck and clavicles. (L.) Disposed to catch cold in the head from any change in the weather. (Dulc.) Sore throat in the upper part of the pharynx; pain on swallowing, shooting up into the ear; deafness. (R.)

Graph.—Frequent discharge of thick, yellowish, fetid mucus from the nose. Coryza as soon as he becomes cold. (Dulc.) Painful dryness of the nose. Epistaxis. Black watery pores on the nose. Dryness in the nose. (Lycop., Merc. v., Mag. m.) Smell too sensitive. Cannot bear the smell of flowers. (L.)

Gummi gutti.—Ulceration of the right nostril, with burning pain. (Coral.) Dryness of right nostril. Sneezing in daytime. Much mucus in the nose, smelling like pus. (L.)

Gymnoc. can.—Frequent violent sneezing, originating very high up in the nose. (L.) (Sil., Stan.)

Hepar s.—Coryza, with inflammatory swelling of the nose, which feels as sore as a boil. (Bry.) Very sensitive smell. Sore

pain on the dorsum of the nose when touching it. The nose feels sore, as if bruised. Redness and heat of the nose. Bruised soreness. (L.) Exposure to cold west winds (Acon.); croupy cough. Disposition to take colds after abuse of Merc. (R.) Catarrh renewed by every breath of wind, or *one nostril* affected. Headache worse from every movement. (H.)

Ignat.—Soreness and sensitiveness of the inner nose, with swelling of it. Ulcerated nostrils. Stoppage of one nostril. (Chel. Niccol.) Dry coryza. (L.)

Ipec.—Coryza, with stoppage of the nose. Loss of smell. Epistaxis. (L.)

Jacarand car.—Sneezing and fluent coryza. Coryza, with heaviness and weariness at the vertex, forehead, and eyes. (L.)

Jodium.—Dry coryza, becoming fluent in the open air. Small scab in the right nostril. (Gum. g., Coral.) (L.) Chronic, fetid discharge; nose swollen and painful. (Hep.) Scrofulous habit. (Calc.) (R.)

Kali bich.—Coryza fluent; worse in the evening (Puls., Cepa), in the open air (Euphras.); obstruction in the morning, and bleeding of the nose (right nostril). (Calc.) Profuse secretion from the right nostril; a spot in the right lachrymal bone is swollen and throbbing. Flow of acrid water from the nostril, excoriating the nostrils, and burning the upper lip (right). (Cepa, Arum tri., Brom.) (Tight) *pressure at the root of the nose*. Nose is stuffed up. *Nose is painfully dry*; the air passes with ease through it. Tickling, like a hair moving or curling itself in the top of the left nostril. Sneezing in the morning. The sensation of a hard substance compels one to blow the nose, but there is no discharge from the dry nose. (See Sticta.) When blowing the nose, violent stitches in its right side, and a sensation as if two loose bones rubbed one against the other. The exposed air feels hot in the nose. *Scab on the septum*. The *septum ulcerates*. *Round ulcer on the septum*. Small ulcers on the edge of the (right) nostril (Coral.); violent burning when touched. Discharge of large masses of thick clean mucus from the nose; if that ceases he has *violent headache*; *pain from the occiput to the forehead*. Watery secretion, with great soreness and tenderness of the nose. Discharge of tough green masses from the nose. Discharge of hard elastic plugs (clinkers) from the nose. Sensation of fetid smell before the nose. (Puls., &c.) Loss of smell. Fetid smell from the nose.

Kali carb.—Fluent coryza, with excessive sneezing (Merc. con-

stant., Ceba, Euphras.); pain in the back and headache. Obstruction of the nose. Dull smell. Redness and swelling of the nose, with internal soreness. Burning in the nose. (*Ars.*) Sore scurfy nostrils. Ulcerated nostrils. Bloody red nostrils every morning. (L.)

Kali chlor.—Violent coryza, with much sneezing and profuse secretion of mucus. (L.)

Kali hyd.—From the least cold, repeated attacks of violent acrid coryza, with bloated eyelids, stinging pain in the ears, redness of the face, white-coated tongue, *nasal voice*, violent thirst, alternate heat and chilliness, dark hot urine, headache, and great soreness and tenderness of the nose (in persons who have previously taken much mercury). (L.)_c Watery nasal discharge feels cool. No excoriation. Inflammation of the mucous membrane of the nose and the eyelids. Redness and swelling of the nose, with constant discharge of watery, acrid, colorless liquid. Chronic catarrh of frontal sinus in scrofulous people. (Burt.)

Kalm.—Coryza, with increased sense of smell. (L.)

Kobalt.—Thin discharge from the nose; water from the nose. Nose feels obstructed. Putrid sweetish smell before the nose. (L.)

Lach.—Coryza, with discharge of thin water, and red nostrils. Scabs in nose. (*Ranunc. b.*, *Thuja*, *Stict.*) Redness of the point of the nose. (L.) Soreness of the nostrils and lips. Useful after a suppression of a cold in the head. (R.)

Lauroc.—Nose feels stopped up; no air passes through the nose. Coryza, with sore throat. (L.)

Lith. c.—Nose obstructed above and in the forehead in the morning and forenoon. Blows his nose very much in the evening; much mucus remains behind in the choana. Dropping from the nose in the open air. (*Coloc.*) Nose swollen, red, especially on the right side, sore internally, shining crusts form in it; it is dry, and as if inflamed (at the same time, frequent urinating at night, disturbing sleep). (L.)

Lycop.—Violent coryza, with swelling of the nose. Coryza, with acrid discharge, making the upper lip sore. (*Ceba*, *Arum tri.*, *Brom.*, *Kali bich.*) Dryness of the posterior nares. Obstruction of the root of the nose; *can only breathe through the mouth*. Dryness of the nose. Nightly closing of the nostril by pus. Scurf in the nose. (*Graph.*) Over-sensitiveness of smell. (L.) Catarrh of frontal sinuses (after Bell), especially when there is a yellowish

color of the face, and a yellow discharge from the nose. (Annual Record.)

Magnes. c.—Dry coryza and obstruction of the nose, waking one at night. (Ammon. c.) (L.)

Magnes. mur.—Coryza, with loss of smell and taste (Puls.), and discharge of yellow fetid mucus. (Puls.) Discharge of acrid corrosive water from the nose. At night the nose is obstructed. Distressing dryness of the nose. Ulcerated nostrils. Scurf in the nostrils painful to the touch. Sore pain and burning in the nostrils. Redness and swelling of the nose. Swelling of the wings of the nose. (L.)

Magnes. sulph.—Fluent coryza, with rough voice, pain in the chest, and frequent flow of water from the nose. Pain in the posterior nares, as from air pressing through with violence when coughing or talking. (L.)

Mang.—Violent dry coryza, with entire obstruction of the nose. Painful crampy tearing between the root of the nose and the eyebrow. (L.)

Marum. v. t.—Coryza, with stoppage of the nostrils. Stoppage of both nostrils often through the day. (L.) Polypus.

Merc. v.—Profuse fluent coryza, with profuse discharge of watery corrosive mucus. Scurfy nostrils, bleeding when cleansed. (Compare *Magnes. mur.*) Greenish fetid pus is discharged from the nose. Red shining swelling of the nose, with itching. (L.)

Merc. subl.—Swelling and redness of the nose. Fluent coryza; loss of smell. Ozæna; discharge from the nose like glue, drying up in the posterior nares. *Perforation of the septum.* (L.) (Compare *Kali bich.*)

Merc. proto.—Stitch at root of nose. A great deal of mucus in the nose. A great deal of mucus descends through the posterior nares into the throat. The right side of the septum and right nostril are very sore and much swollen. (L.) (Compare *Merc. subl.* and *Kali bich.*)

Merc. sulph.—Swelling and soreness of tip of nose. (L.) (*Niccol.*)

Mez.—Fluent coryza, soreness of the nose, scabs in the nose, and soreness and burning of the upper lip. Sense of smell diminished, with dryness of the nose. (L.)

Muriatic ac.—Continuous epistaxis. Sore nostrils with stinging pain. Obstruction of nose. Coryza, with thick, yellow, or watery corrosive discharge. (L.)

Nat. carb.—Ulcerated nostrils, high up in the nose. Coryza,

with cough, from the least current of air, only going off with sweat. (Elaps.) Obstruction of the nose; hard, fetid clots come out of one nostril. Thick, yellow, or green discharge from the nose. Coryza on alternate days. (L.)

Nat. mur.—Left-sided inflammation and swelling of the nose, with painfulness to the touch. The nose feels numb on one side. Soreness of the nose, with swelling of the interior wings. Scabs and scurfs in the nose. Loss of smell and taste. (L.)

Nicol.—Dryness of the nose. The nose is stopped up (right side) at night. Coryza, fluent during the day, and dry during the night. (Calc., Nux.) Stinging, tearing, and soreness at the root of the nose. Redness and swelling at the tip of the nose with burning. (Merc. s.) (L.)

Nitric ac.—Stitch in the nose, as from splinters, where touching it. Disagreeable smell in the nose on inhaling air. Fetid, yellow discharge from the nose; fetid smell from the nose. Soreness, burning, and scurf in the nose. Unsuccessful attempt to sneeze. The nose is dry and stuffed up; complete obstruction of the nose; water is dropping out. Dry coryza, with dryness of the throat and nose; the wings of the nose are inflamed and swollen. Fluent coryza, with obstruction of the nose; the mucus is only discharged through the posterior nares. Coryza, with dry cough, headache, hoarseness, and stitches in the throat. (L.)

Nux vom.—At the commencement, nose dry; or fluent only through the day, and in the evening stopped up again (Calc., Nicol.); dry cough; constipated bowels. (R.) Same symptoms as Ars. when the latter causes no improvement in twelve hours. *Mouth dry and parched, without much thirst*; tightness of chest; alternate fever and chilliness, especially at eve. Also great heat of head and face. (H.)

Petrol.—Dryness, and sensation of dryness in the nose. Fluent coryza with hoarseness. Swelling of the nose, with discharge of pus, and pain at the root of it. (L.)

Phytol.—Flow of mucus from one nostril while the other is stopped. (Compare Hep.) Total obstruction of the nose when riding. (R.)

Plumb.—Fetid odor before the nose. Much tough mucus in the nose, which can only be discharged through the posterior nares. Cold nose. (L.)

Puls.—Thick, yellow, greenish discharge; loss of smell and appetite; no thirst; feels better in the fresh air, worse in the warm

room; epistaxis; affection of the frontal sinuses. (R.) Nose feels sore internally and externally. Ulceration of the exterior wing (Cor.) of the nose, emitting a watery humor. Epistaxis,—blood coagulated; with dry coryza. Green fetid nasal discharge, like an old catarrh. (Sulph.) Smell before the nose as from an old catarrh. Coryza, with loss of smell and taste, or chronic, with a heavy yellowish-green discharge. (L.) Coryza worse in the evening. (Cepa.) Coryza fluid or dry, with loss of taste, sore nostrils; later a yellowish-green discharge. Or not so much soreness of nose, but the patient is at once deprived of appetite and smell. (H.)

Ran. bulb.—Scabs in the nostrils. (L.)

Ratanhia.—Dryness of nose. Dry coryza with complete stoppage of nostrils. Epistaxis. (L.)

Rhus tox.—Redness of the tip of the nose, with soreness when touched. Inflammation of nose. Nose sore internally. Nose bleeds at night or when stooping (coagulated blood). Discharge of green offensive pus from the nose. (L.) Thick, yellowish mucus; fever-blisters and crusts under the nose, after getting wet; aching in all the bones, worse in rest. (R.)

Rumex.—Violent sneezing, with fluent coryza, worse in the evening and at night. (L.)

Sanguin.—Fluid coryza alternating with stoppage of the nose; eyes painful when touched; soreness in throat; cough, and finally diarrhœa. (R.)

Scilla mar.—Nostrils painful as if sore, with violent coryza (in the morning). (L.)

Selen.—Yellow, thick, jelly-like mucus in the nose. Inclination to bore with fingers in the nose. Itching in the nose and on the borders of the wings. (Cin.) (L.)

Sep.—Nose swollen and inflamed, especially on the tip. Scurfy tip. Ulcerated nostrils. (Staph., Puls., Sil.) Stoppage of the nose; dry coryza. Violent epistaxis and blowing of blood from the nose. Loss of smell or fetid smell before the nose. Ozæna; blowing of large lumps of yellow-green mucus or yellow-green membranes, with blood, from the nose. (Compare Kali bich.)

Sil.—Painful dryness of the nose. Gnawing pain and ulcers high up in the nose, with great sensitiveness of the place to contact. Acrid, corroding discharge from the nose and stoppage of the nose. Loss of smell. Scabs and ulcers in the nose. Bleeding of the nose. Frequent, violent sneezing. Long-continued stop-

page of the nose from hardened mucus. (L.) Long-lasting or frequent-returning catarrh, nose either running or stopped up. (H.)

Spig.—Secretion of large quantities of mucus through the posterior nares, the nose being dry. (L.) Same badly tasting and smelling; do. at night; choking. (R.)

Stan.—Dry coryza on one side, with soreness, swelling, and redness of the nostril. The nose is stuffed up high up. (L.)

Staph.—Ulceration of the nostrils with scabs deep in the nose. Violent coryza. One nostril is stuffed up, with much sneezing and lachrymation. (L.)

Stict.—Constant need to blow the nose, but no discharge results. (Kali b.) (F.) Excessive dryness of the nasal membrane (mucous). (Boyce.) Secretions dried quickly and discharged after great effort in the form of hard scabs. (L.)

Stront. carb.—Dark, bloody scabs are blown from the nose. (L.)

Sulph.—Swelling and inflammation of the nose. Dry ulcers or scabs in the nose. Smell before the nose as from an old catarrh. (Puls.) Burning coryza in the open air, obstruction of the nose in the room. Dryness of the nose. (L.) Chronic form; stoppage; or, thick, yellowish, greenish discharge; sore nose; deafness. (R.) If other remedies fail. (H.)

Tellur.—Coryza with hoarseness, while walking in the open air. (L.)

Thuj.—Blowing from the nose of a large quantity of thick, green mucus, mixed with pus and blood; later of dry, brown scabs, with mucus, which comes from the frontal sinuses, and firmly adheres to the swollen upper portion of the nostrils. (See Stront.) Painful scabs in the nostrils. Accumulation of mucus in the posterior nares. Swelling and induration of the wings of the nose. Smell in the nose as of fish-brine or of fermenting beer. Fluent coryza in the open air, and dry coryza in the room.

Zinc. m.—Nose feels sore internally. Swelling of one side of the nose with loss of smell. Coryza with hoarseness and burning in the chest. (L.)

Zingib.—Dryness and obstruction of the posterior nares. Ozæna. (L.)

Bufo, Euphorb., and Plumb. give discharge through posterior nares. Spig. and Nit. ac., do., with anterior obstruction. Euphras., do., with sneezing. Merc., Jod., and Coral, profuse, do. Cinnab., dirty lumps. Thuj., accumulation in posterior nares.

In the "Annual Record" for 1870, p. 130, the following general statement is made:

"In general, *fluent coryza* requires especially: Acon., Arsen., Bell., Calc. c., Hepar, Iodium, Kali hydroj., Mercur., Sulphur.

"*Dry coryza*: Calc. c., Graph., Lyc., Puls., Petrol.

"*Dry and fluent coryza alternating*: Kali c., Natr. m., Nux vom., Phos., Silicea."

COMPARISONS. *Stoppage of Nose*.—Ipecac., Kal., Lauroc., Magnes. c., Magnes. mur., Mang., Nit. ac., Sil., and Sulph. Magnes. c. (waking at night). Ammon. c. and Magnes. mur. (at night). Cin. (at eve). Marum v. t. (by day). Phytol. (riding). Niccol (right side at night). Lycop. (nightly closing of the nostril). Sil. (long-continued from hardened mucus). Sang. (alternating with fluency). Elaps (from least current of air). Lycop. (can breathe only through the mouth). Ammon. c. and Arum tri. (can only breathe with open mouth).

Violent Sneezing.—Acon., Ars., Coccus, Rhus, Sab.

Ineffectual Effort to Sneeze.—Carbo v., Galv., Mez., Plat., Raph., Zinc. ox.

CONCOMITANTS. (*Curie's Jahr.*)—*Asthmatic sufferings*, Calc., Bov., Kal., Lach. *Bored nose with finger*, Arum tri. and Cin. *Pains as if beaten*, Hep. *Erosion in chest*, Carbo v., Kreos., Meph. *Oppression of chest*, Calc. *Colic*, Acon. *Humming in ears*, Acon. *Epistaxis*, Ars. *Nervous excitability*, Ignat. *Fever*, Hep., Lach., Merc., Natr., Spig. *Alternately with griping*, Calc. *Heat in head*, Lyc., Nux. *Anguish of heart*, Anac. *Heat*, Spig. *Lachrymation*, Euphras., Lach., Staph. *Pains in limbs*, Sep. *Eruption on lips*, Mez. *Dryness of the mouth*, Nux. *Nausea*, Graph. *Scraping in nose*, Nux. *Odontalgia*, Lach. *Trickling of mucus from posterior nares into fauces*, Coral. r. (Burt.) *Otalgia*, Lach. *Sleeplessness*, Ars. *Embarrassed speech*, Magn. *Loss of taste*, Magn. m., Natr. m., Puls., Rhod., Tart. *Roughness of throat*, Caust. *Sore throat*, Nit. ac., Phos., Phos. ac. *Flow of urine*, Verat. *Painful weariness*, Hep. *Disposition to weep*, Spig. *Yawning*, Carbo an. (H. V. Miller, H. M., August, 1871, p. 1.)

Nasal Catarrh; fluid seems to drop from nose into mouth.

Ferrum.

Nasal catarrh; posterior nares clogged with mucus. *Hydrastis.*

Nasal catarrh; coryza, anterior, dry and fluent; membrane visibly swelled. *Mercur.* (J. C. M., A. J. H. M. M., 4, 154.)

Coryza. *Camphor*²⁰⁰, I have found very effectual in the coryza

which frequently precedes a very bad cough and cold. (Wm. H. Holcombe, *Med. Inv.*, v. 9, p. 4.)

Experimental Researches on Hay Fever. (*B. J. H.*, vol. 29, Nos. 116, 117, 118.)

Chronic Inflammation of the Mucous Membrane of the Nose. Since 10 to 18 years. Dryness of nose; constant feeling of being stopped up; disagreeable feeling of burning and swelling, and at times actual swelling of the nose; tensive feeling as if it must burst; hot upper lip; eyes affected; worse in warm, better in cool temperature. *Kali bichr.*², every other day. Eight days afterwards nose moist and much better and still improving. (H. Goulton, Jr., *A. H. Z.*, 83, 65.)

Catarrh of Frontal Sinus. Mrs. B. Violent pain in forehead, worse over left eye; sensation of pressure over left eye and root of nose. Nose seemed stuffed up, yet there was discharge, sometimes yellow and again watery; loss of smell; taste imperfect; heaviness of head as if brain would pass out of forehead, with violent, almost unbearable headache, worse in left side; worse from motion; better when lying; at 9 P.M., *Cupr. m.*³⁰, in water every hour, several doses; next morning pain all gone; fluent coryza remained for several days. (A. Korndoerfer, *A. J. H. M. M.*, 4, 128.)

Ozæna. Mrs. J. Fetid lumps of pus; scanty menses; pain in os uteri; slight, watery, starchy leucorrhœa. *Curare*³⁰, every ten days, morning. After six weeks ozæna well, but increased leucorrhœa, acrid and thicker. (M. O. H. Hardenstein, *A. J. H. M. M.*, 4, 100.)

An offensive yellowish-green discharge from the nose, of several years' standing. The patient was a fair-haired, blue-eyed girl of eighteen, of sensitive, lachrymose disposition, with tardy and scanty menstruation, ushered in with agonizing abdominal pains. *R. Pulsatilla*⁶. A severe aggravation followed; all medicine was discontinued, and in two weeks the patient was not only well of her ozæna, but never had a return of menstrual cramps. (W. P. Wesselhœft, *N. E. M. G.*, vol. 6, p. 164.)

Polypus (of nose or ears). *Calc. c.*, *Calc. iod.*, *Sanguin.*, *Phos. Teucrium*. (*A. J. H. M. M.*, 4, 155.)

A boy, aged eleven, had both nares filled with *polypi*, apparently attached to spongy bones, of three years' standing. Breathing difficult, cannot close his mouth during exercise; snores and chokes in sleep. Attacks of nose-bleed during past few years,

from slight causes; constant secretion of watery mucus from nose. Sept. 13th, 1869, *Teucrium mar. v.*³⁰, twice a week first, then once a week. Oct. 21st, there was decided improvement. *Teucrium*²⁰⁰, once in seven days. In January, 1870, quite well.

A boy, aged fifteen, had fleshy *polypi* hanging from both nares, especially during damp weather; entire obstruction of nose at times; much discharge of water and mucus from nose. *Teucrium m. v.*³⁰, every four to seven days. Made three prescriptions in five months, with marked benefit, and subsequent entire relief for fifteen years, excepting slight relapses. (Wm. Gallupe, Tr. Am. Inst., 1870, sec. 3, p. 451-52.)

Nose bleeding, with tickling and crawling sensation in the nose. *Argent.*

— With dry cough. *Indigo.*

— When washing the face. *Kali carb.*

— Every morning at nine o'clock. *Kali c., Carb. v.* (C. Hg., A. J. H. M. M., 4, 143.)

Sore Nose; its mucous membrane swollen, covered with pimples and brown crusts; tip and wings red, swollen, with sore stinging pain; headache; pain in stomach; nausea; belching; pulsation in abdomen; pain in all the limbs. *Kali carb.*²⁰⁰. Well in eight days. (J. Schelling, A. H. Z., 82, 68.)

Freckles on nose. *Phosph.* (N. L.)

Pimples (sore, acrid) on end of nose. *Lycop.* (J. C. Morgan, A. J. H. M. M., 4, 155.)

F A C E.

Freckles on Face. *Nitr. ac.* (A. L., A. J. H. M. M., 4, 155.)

Acne Rosacea. Girl, 24; since about one year on the chin single red spots, spreading upwards to nose and adjacent parts. The nose is swollen, disfigured, red, and covered with nodes of various sizes; also cheeks and forepart of head. Getting heated makes it worse. It is attended with burning pain; dryness of nose; disposition to hoarseness; constipation; sweaty feet; violent pain, before the otherwise regular menstrual flow. *Caut.*², three drops every morning. Within one month redness and swelling of the nose were diminished. *Arsen.*⁶, two drops night

and morning relieved constipation, painful menstruation and dizziness of head, but had no influence upon the eruption. Again *Caut.*¹, two drops night and morning. First great aggravation, which soon was followed by steady improvement and cure. (H. Goullon, Jr., A. H. Z., 83, 111.)

Pimples (sore acne) on face. *Eugen. jamb.* (A. J. H. M. M., 4, 155.)

Acne Faciei. *Conium*, *Natr. mur.* In obstinate cases baths with one-half to three-quarters of a pound of *sea-salt*, twice a week. (Hirsch, H. Kl., 1871, 109.)

Erysipelas. Stinging, pricking pains; puffiness below the eyes; skin dark blue. *Apis mel.*²⁰⁰, in water, morning, noon, and night. Cured permanently. (C. Carlton Smith, A. J. H. M. M., 4, 130.)

To soothe the inflamed surface and to relieve the intense burning pain of *Erysipelas*, mix equal parts of the fluid extract of *Verat. viride* and *Glycerine*, and apply locally two or three times per day. (G. F. Hand, Med. Inv., vol. 8, p. 211.)

Eczema Faciei Chronicum. An old gentleman suffered several years, especially during the winter, with a vesicular eruption on the face. The vesicles burst, form crusts, and peel off. The skin is red and swollen. The eyelids are œdematous; the conjunctiva is red; the caruncula lachrymalis is swollen; lachrymation. The eruption extends to the ear, especially to the right one, upon which he lies; it itches and burns, especially nights, disturbing sleep. *Sulph.* and *Sass.* did no good. *Merc. præcipitatas albus* (*S. hydrargyrum ammoniato-muriaticum oxydatum*), 3d trit., every three days one dose; cured entirely. (Mossa, H. Kl., 1871, 163.)

Eczema Frontalis. There is a form of eczema that attacks the forehead, along the roots of the hair. It comes on after catching cold, and itches when the patient is warm, or its surface dry; oozes after being washed. *Hydrastis* 1^x, cured after *Hepar* 2^x, *Sulph.*³⁰, and *Mezer. O.* had failed. (R. T. Cooper, Mon. Hom. Review, v. 15, p. 393.)

Eczema Faciei et Capillitii. Child two years. Face and scalp covered with a thick crust, underneath of which pus exuded; bad smell; swollen cervical glands. *Merc. præc. albus*, 3d trit., every evening one dose. Cured in four weeks. (Mossa, H. Kl., 1871, 163.)

Eczema Impetiginoides. Surface raw and excoriated, covered with yellow scabs and eliminating a sero-purulent discharge; in-

filtration of the areolar tissue, with much swelling. Cured by *Rhus tox.*³⁰.

Eruption on face, neck, and arms. Yellow scabs cover thickly the diseased surface, while fissures, especially on the elbows, occasion soreness and bleeding; there is much itching. Cured by *Sulphur*³⁰. (Ph. Arcularius, N. A. J. of H., 20, 146.)

Ulcer on the Chin perforating to the gums. *Condurango*³⁰ was followed by decided improvement. (E. A. Farrington, A. J. H. M. M., 4, 127.)

Flat Cancer of the Face situated above the left zygomatic arch. Mr. J. T., aged 61. Pains shooting and burning with occasional twinges as if seized with pincers. *Ars. alb.*¹¹⁰⁰ F., in four weeks improved; repeated *Ars.*^{61m}. Seventh week still better; cancer diminishing in size. *Ars.*^{61m} at end of three and a half months. Fifth month cancer entirely disappeared. (A. Thompson, A. J. H. M. M., 4, 80.)

Cancerous Tumor on the lower lip, size of large garden-pea; discharge of acrid watery ichor, making the surrounding parts sore; pains burning and smarting as if scalded. *Kreos.*¹⁴⁰⁰ (F.). After four weeks discharge nearly gone. *Kreos.*¹⁴⁰⁰ (F.). At the end of ten weeks pains changed to burning exclusively. *Ars.*¹¹⁰⁰ (F.) finished the case in two months. (A. Thompson, A. J. H. M. M., 4, 81.)

M O U T H.

TEETH.

Shooting from right lower teeth up to right side of head. *Agaricus*^{30m} (F.) cured. (A. J. H. M. M., 4, 126.)

*Arnica*³⁰ by olfaction cured the following symptoms after the failure of *Bell.* and *Puls.*: Excruciating pains, cutting, tearing in all the teeth of the right maxilla superior, radiating to the ears and aggravated by external heat, and by inspiring the fresh air. The right side was neither swollen nor red. (J. Perry, A. J. H. M. M., 4, 147.)

Dull pain in hollow tooth relieved by cold water or sucking it. *Clematis*²⁰⁰. Leipzig. (E. W. B., A. J. H. M. M., 4, 94.)

Boy 15, since four days violent toothache and headache; stitch pain and tearing from a new molar into the temple, front

of head, and eye, with dizzy heaviness of head, bad, alkaline smell from mouth, constant chilliness, dry skin, can't perspire. Toothache worse from chewing. *Kali carb.*²⁰⁰; well in three hours. (J. Schelling, A. H. Z., 82, 199.)

For six weeks dull toothache in left upper molar; worse two hours after dinner (2 p.m.), and at night by lying on painful side, and by cold drinks; better while eating and from warm drinks. *Nux vom.*^{9m} (F.) cured in four days. (E. W. B., A. J. H. M. M., 4, 125.)

The pain leaves during eating and reappears afterwards; it is attended with palpitation of the heart. *Spigel.*³⁰. (Dr. Stens, Sr., A. H. Z., 83, 136.)

A woman suffered from dull toothache, the pain concentrating in the right eye-tooth, which hurts her when eating and on pressure, but now and then *the pains begin slowly to increase and to become more general, and when they reach their highest point and become almost unbearable, they all at once suddenly cease.* *Sulph. acid*²⁰⁰ removed all pains after the third dose. (Bruckner, N. A. J. of H., 19, 417.)

Abscess at Root of Tooth. Symptoms: External swelling on left lower jaw, painful to touch and on stooping. Cured by two doses of *Petroleum*²⁰⁰. (Lehrmann.) (E. W. Berridge, A. J. H. M. M., 4, 54.)

Ranula. M. A. has been troubled for several months with an enlargement of a gland under her tongue. The tongue was pushed upwards and to the left side by a globular, semi-transparent, fluctuating tumor of the size of a pigeon's egg. *Calc. carb.* 3^x 1 cured in about a month. (J. L. Newton, Mon. Hom. Review, v. 15, p. 477.)

Ptyalism. J. H., aged 58. Cough and shortness of breath and constant discharge of thin saliva from the mouth. *Merc.*³, three times a day, cured. (J. H. Nankivell, H. W., 6, 135.)

Excess of Saliva, fluid. *Mercur.*

Excess of saliva, tenacious. *Lach.* (A. J. H. M. M., 4, 155.)

Dry Mouth and Lips. *Bry.*

Dry Mouth and Throat. *Mercur.*

Dry Throat at night. *Cinnab.* (A. L., A. J. H. M. M., 4, 155.)

Inflammation of the Mucous Membrane of the Mouth and Tongue. The tongue is in different places denuded of its superficial membrane and raw and sore. *Ranunculus sceler.*³⁰ cured in twenty-four hours. (S. R. Rittenhouse, A. H. Z., 83, 59, from Med. Inv.)

Stomacace. Thos. H., 4 years. Enlarged glands in his neck on both sides and his mouth full of blisters; hard palate was thickly studded with vesicles and small ulcerations. *Merc. sol.* followed by *Sulph.* cured in a few days. (J. H. Nankivell, H. W., 6, 136.)

A lad, 14 years of age, had large *swelling of submaxillary glands of right side*; not tender to touch; painful only when turning the head; throat neither swollen nor sore inside. Considerable fever for a few nights past with some thirst, hot, dry skin, &c. Has been in the country hunting and skating, getting his feet and legs very wet every day. The symptom, "bad effects from long-continued working in water," decided in favor of *Calc. carb.*³⁰ in water, teaspoonful every two hours. Less fever through the night; otherwise no change. *Calc. carb.* continued; next day found he had had no fever the preceding night; swelling almost entirely disappeared. The next day well as usual. (H. H. Baxter, Proc. Hom. Med. Soc., Ohio, 1871, p. 45.)

Stammering. Let the stammerer take a sentence, say this one, "Leander swam the Hellespont," and pronounce it by syllables, scan it, keeping time with his finger if necessary, letting each syllable occupy the same time, thus, Le-an-der-swam-the-Hel-les-pont, and he will not stammer. Let him pronounce slowly at first, then faster, but still keeping time with words instead of syllables, and he will find that, by very little practice, he will read without stammering, and nearly as rapidly as persons ordinarily talk or read. Then practice this in reading and conversation until the habit is broken up. Perseverance and attention are all that is necessary to perform a perfect cure. (B. W. James, H. M., Oct., 1871, p. 136.)

FAUCES.

Feeling of a *ridge in both sides of throat*; constant desire to swallow saliva; sides of throat externally tender. *Lach. C^m* (F.), one dose. (E. W. Berridge, A. J. H. M. M., 4, 108.)

Feeling of *swelling in throat*, worse on left side, and extending up into ears; the feeling of swelling caused frequent empty swallowing which seemed to make the lump descend; the feeling of swelling caused nausea. *Calc. 107^m* (F.) cured. (E. W. Berridge, A. J. H. M. M., 4, 108.)

Ulcerated Sore Throat. Mrs. C. Two ulcers in back part of

throat over one-half inch in diameter, deep, filled with cheesy-looking matter, edges elevated and well-defined borders. Also one ulcer which had eaten through the velum palati, from which continually oozed matter like that of the others. Had been under allopathic treatment; was pale, emaciated; no appetite and very weak. Expressed herself as "miserable all over." *Kal. bichr.*³⁰ and ²⁰⁰ healed ulcers in three weeks; patient well in six weeks. (E. B. N., A. J. H. M. M., 4, 80.)

Enlarged Tonsils and Uvula. *Phytolacca.*—Harassing, hawking cough after every cold; the tonsils are of a bluish cast. (D. Haggart, *Med. Inv.*, v. 8, p. 161.)

Tonsillitis Ulcerosa. Mrs. D. has been suffering since morning with a severe sore throat. Feels very weak; pulse 120; skin hot and dry; deglutition very painful; has frequent pains darting from throat to ear and head; tonsils greatly inflamed and enlarged. *R.* *Acon.*³, *Bell.*³, alternately every hour. Next day fever was a little diminished, but tonsils very much ulcerated. The ulcers are deep, and many of them filled with a greenish-yellow pus. The pain in swallowing is still very severe. Gave *Merc. cyan.*, two grains in half a tumbler of water, two teaspoonfuls every two hours. In two days the case was quite well, had a good appetite, and the tonsils free from ulceration and of a normal size.

A boy who has had for several years chronic enlargement of the tonsils. They are now very red, swollen, and covered with superficial ulcers. *Merc. cyan.*¹, one grain dissolved in a tumbler-half full of water, one teaspoonful every two hours. In two days the ulcerated condition of the tonsils had disappeared, and they were restored to their normal size and appearance.

No drug has, in our hands, equalled *Merc. cyan.* in controlling ulceration of the tonsils. It has also been one of our most efficient remedies in diphtheria. (Geo. W. Richards, *N. E. M. G.*, v. 6, p. 116.)

Diphtheritic fungi are invariably found in all diphtheritic membranes, unless the latter are in some way altered. They appear in the epithelia of the adjacent borders, where a diphtheritic membrane has not yet formed; they penetrate deep into the tissues alongside of the minute channels and lymphatic vessels, without previous changes in these tissues. It follows, therefore, that the formation of the fungi is the primary process, upon which, as a consequence, necrosis and other diphtheritic alterations of the tis-

sues ensue. (Nassiloff, Mtsbl., Jan., 71, from Virchow's Archiv, 50, 4, 1870.)

Carbolic Acid. Intensely bad smell from the mouth in *diphtheria*. (B. F. Underwood, A. J. H. M. M., 4, 71.)

Urine, after standing, turbid, dirty, *gray*, with a little tint of yellowish; somnolence, with constantly waking up and changing position; sawing, snoring breathing; exudation dirty-grayish. *Conium*. (Kunkel, A. H. Z., 82, 5.)

Diphtheria. Cases cured by *Kaolin*. (W. S. Searles and H. E. Morrill, Am. Ob., 1871, 129.)

Diphtheritis phlegmonosa. Dec. 11th. A. D., æt. 29; has had inflammation of the tonsils and fauces for four days; *much swelling and pain, amounting to spasm on swallowing*; white diphtheritic patches on the tonsils; constant desire to swallow, *accompanied by spasm and violent stinging pain*; rigors; rapid pulse; *swelling and pain* most marked on the right side; fetor. *Lyc.*²⁰⁰, two doses, night and morning. Improvement commenced after a few hours, and recovery took place without formation of pus or abscess. (C. Wesselhoeft.)

Diphtheritis membranosa. Dec. 4th. Miss M. C., æt. 20; teacher; had diphtheria, for which Lach., Merc. sol. and Protiod. were given in vain. Dec. 8th. Symptoms were: Diphtheritic membrane on tonsils and fauces much increased; *fauces are red*, and covered with whitish patches; tickling, irritation, and stinging in the throat on going to sleep, followed, after coughing, by *smarting, burning, and throbbing*; *worse on the right side of throat and fauces*; nausea, loss of appetite, great weakness and depression; pulse 90, hard; considerable fetor. *Lyc.*²⁰⁰, in two doses, produced an immediate improvement, and recovery (slight paralysis of velum palati remained for some time). (C. Wesselhoeft, Tr. Am. Inst., 1870, sec. 2, p. 252.)

Diphtheritis. On both sides of the tongue are raw and denuded spots, like islands, surrounded by a thick coating of the remaining parts; both tonsils swollen, and covered with diphtheritic exudation. *Ranunculus scel.*³⁰. Next day the denuded places of the tongue were covered with a new membrane, and the diphtheritic spots disappeared under the action of *Lachesis*. (S. R. Rittenhouse, A. H. Z., 83, 59, from Med. Inv.)

Diphtheritis. Paralysis of one arm and the muscles of deglutition as sequela. *Caust.* (v. d. Heyden, A. H. Z., 83, 153.)

Post-diphtheritic Numbness. In the summer of 1869 had diph-

theria, leaving her very weak. Nov. 22d, 1869, she writes: "I was taken, about five weeks ago, with *numbness* in the ends of my fingers and toes, and on rubbing them it would produce a sensation something as they would feel after being asleep. It soon extended over my feet and hands. My fingers feel *so clumsy* and lame, and my ankles feel *so big*, and as though the *skin was drawn tight* as it could be. I should think if I could not see them that they were swollen, but they are not. And my legs and arms are so weak I can hardly use them. My legs give out when I go up or down stairs. A part of the time there is a *dull pain in my wrists and ankles*. I have been *so weak and sick*, and every joint was so lame, I could hardly use my hands and feet. It was the *strangest* feeling; part of the time *it did not seem as though my feet belonged to me*. When I could step down any stairs, and get to the bottom one, and step on to the floor or ground, they did not *seem-like feet*, but *more like stuffed cushions*, and yet were so sensitive when I rubbed them would prickle and *feel as though there were ten thousand hemlock splinters in them*; would feel just as bad in the morning as at night. For five weeks there was not a moment's relief. I feared that I should become perfectly helpless. It was the greatest effort for me to dress and undress, I was so weak; and then my fingers were so clumsy I could not tell whether I had hold of the head or point of a pin; could not find the button-holes in my clothes unless I could see them." R. *Phosphorus 2°* in water, followed by a cure in four weeks. (C. A. Cochrau, H. M., March, 1871, p. 398.)

NECK.

Right side of neck stiff and head drawn to right side. *Lachman-tinc.*³⁰ cured (E. W. B., A. J. H. M. M., 4, 125.)

Cases of Morbus Basedowii, by Dr. Hirsch and Prof. Chisholm. The first prominent symptom is rapid and forcible cardiac action with tumultuous palpitation from the least excitement, and most of our patients are young chlorotic women with irregular or suppressed catamenia. Nutrition of the body is low, and faulty innervation follows. *Calc., Baryt., Jod., Phos., Sil., Sulph.*, are the remedies for it. (N. A. J. of II., 19, p. 304.)

PHARYNX.

Diseases of the Pharynx, by Prof. Ruehle. The pharynx is nearly always affected in acute diseases, in all emotional affections, in narcotic poisoning, caused by important nerve-tubes, which either produce such effects or become irritated or paralyzed by the local morbid state of the pharynx. Pharyngeal diseases also are of great diagnostic value; scarlatina, scrofula, tuberculosis, syphilis, may be recognized by their pharyngeal symptoms. Aside from general acute as well as chronic diseases, local irritations frequently cause and keep up pharyngeal affections, and tobacco, wine, and the constant use of the voice, are many times to blame for it, or the direct and indirect ways of catching cold. Dyspepsia is very often not a morbid state of the stomach, but caused by the accumulation of secreta in the pharynx, of which large quantities are carried into the stomach. Pharyngeal diseases also extend themselves to the Eustachian tubes and respiratory organs, and thus cause affections of the middle ear, and laryngoscopy reveals us many sequels of pharyngeal affections. (N. A. J. of H., 19, p. 289.)

Stricture of Œsophagus. Habitual drinker and smoker; loathing of food; what he swallows don't go down, remains half way in œsophagus, causes gagging and vomiting; the pressure in the middle of the chest is followed by gulping or coughing up watery phlegm; fever; chilliness all day; dry mouth; feels all the time sickish in stomach; looks badly, pale yellowish, and is emaciated. *Rhus tox.* did no good. *Kali carb.* 9 trit. in water, every two hours one teaspoonful, relieved quickly; well after some days. (J. Schelling, A. H. Z., 82, 199.)

Miss —, 21, when swallowing liquid, still more on swallowing solid food, a pressing, tensive pain in the middle of the chest, as of a hard body which could not go any further, with burning, stinging pain in the corresponding vertebræ. These vertebræ are sensitive to touch; she can't lie on the back; habitual headache in front and vertex; pressing as if from a stone every morning, with dizziness; sleep restless; nose swollen, hard, red from tip to root; nose wings red, swollen, suppurating, covered with yellow and gray crusts, with some burning pain. *Kali c.*²⁰⁰. On April 25th, all better. May 4th, nose worse again; another dose of *Kali*

carb.²⁰⁰. Four days after nose well and all other symptoms. (J. Schelling, A. H. Z., 82, 62.)

Stricture of the Œsophagus declared incurable after considerable allopathic treatment cured by *one dose, dry upon the tongue, of Phosphorus 70^m*. Symptoms: Great weakness and emaciation, owing to inability of taking nourishment; a very weak and empty feeling across the abdomen, with occasional shooting pain in the same region; a sensation of heat extending up the back; great nervous irritability. Young lady tall and slim in stature. (H. N. Guernsey, A. J. H. M. M., 5, 19.)

LARYNX.

Laryngitis. Miss W., uses voice incessantly in singing last two years, *hoarseness*, sensation of *dryness* and *soreness* in throat; aggravation *after talking or singing, constant hawkling* of yellow mucus, especially after meals, in damp weather; inclines to sweat; small red pimples and pustules on chin, neck, and forehead; many articles of food produced nausea; membranes of throat and mouth pale, left fauces injected after singing; considerable pain in lumbar region at time of menstruation; leucorrhœa. *Lach.*²⁰⁰ (Jen.) relieved all these symptoms so that she used the voice without pain or hoarseness. Feb. 18. A slight return of throat symptoms with *a cough always coming on after eating sugar*; cough dry. *Spong.*²⁰⁰ (Jen.) removed these complaints, with no return. (C. F. Nichols, H. M., Oct., 1871, p. 114.)

Subacute Laryngitis. Miss L., aged 20. Great pain in larynx and epiglottis, especially when swallowing food; pain aggravated by attempts to depress the tongue; voice hoarse; sensation in throat as though a knife was cutting it; no redness or inflammation of fauces. *Merc. cor.*³ cured. (J. H. Nankivell, H. W., 6, 272.)

Malignant Laryngitis. Mr. F., æt. 26, was suddenly attacked with sore throat and difficulty of breathing and swallowing; could not speak above a whisper; fever and headache; wild expression of eyes, with stiff neck admitting no lateral or rotary motion of head; great prostration; heavy pain *deep* down in throat; all the membranes of the fauces were deep purple, almost black; epiglottis, rima glottidis and chordæ vocales were œdematous. Gave *Bell. tr.*, one drop in a pint of water, a teaspoonful every half

hour. In two hours the intervals were doubled; in three hours more improvement was discernible, and in seven hours more the patient spoke, saying he felt "quite comfortable." The cure was complete in ten hours more. (P. T. Valentine, Ohio Med. and Surg. Rep., v. 5, p. 215.)

Laryngeal Cough. A young man of strumous habit, and prone to take cold easily, had suffered for many weeks with tickling in the larynx, and cough. He expectorated considerable mucus, and nearly all the time he suffered from coryza. After trying several remedies, with little effect, *Baryta carb.*⁵ was prescribed, with good results. (A. E. Small, U. S. M. and S. J., April, 1871.)

Gentleman, aged 60, of full habit, ruddy complexion, full chest, has been afflicted many years with shortness of breath and cough. When taking cold the distress becomes severe, and the attack resembles croup. His cough was *wheezy-whistling*, beginning with a wheeze and ending with a whistle; worse at night and when lying with the head low. *Sanguinaria* 2^c gives immediate relief in every attack, and renders them less and less frequent. (J. B. Bell, H. M., Jan., 1871, p. 290.)

Laryngeal Cough and Great Emaciation. Rose, æt. 11 months, had been treated for three weeks without benefit. Now has severe cough, which prevents her from swallowing food in sufficient quantity to nourish her; great emaciation; always hungry, but the cough, which is of a croupy character, is excited by every attempt to satisfy the appetite; temperature of the scalp high. *Phos.*³ produced some improvement, but the child cried incessantly. *Cham.* relieved the crossness. *Phos.*³ again, improved the appearance of the child and the cough; but as the larynx was irritable, *Spong.* was given, and recovery took place. Under treatment five weeks. (J. H. Nankivell, Mon. Hom. Review, v. 15, p. 137.)

Laryngismus Stridulus. By W. S. Searle, M.D. 1. It is a disease often difficult to diagnose; 2. It is a deceptive and often suddenly fatal disease; it is a disease of the laryngeal nerves. After giving the anatomy of the larynx, he adverts to the following principles of general nerve-pathology: 1. If injury or disease affect the trunk of a nerve, the principal effects will be observed at the remote extremities of its filaments. 2. Morbid affections of the nerves resolve themselves into those of excitement, and those of defective energy—spasm and paralysis. 3. Excitement and consequent spasm may result from mechanical impulse, vascular congestion or inflammation, structural disease, reflected

irritation, and simple functional disorder. 4. Defective energy, and consequent paralysis, are results of extraneous pressure upon a healthy nerve, of atrophy of the nerve itself, or of reflected influence. 5. A constant cause affecting a nerve may produce intermittent peripheral phenomena.

The phenomena of the closure of the glottis may be traced, 1. To a condition of excitement of the superior laryngeal nerves, with consequent spasms of the crico-thyroid and arytenoid muscles. 2. To a condition of depression of the recurrenents with consequent paralysis of the opening muscles of the glottis.

Predisposing causes are: infancy, a hereditary tendency, scrofulosis, difficult dentition, derangement of the digestive organs.

Therapeusis may be divided into the treatment of the paroxysm and that of the disease as a whole. Remedies are *Chlorine*, *Mephitis*, *Sambucus*, *Moschus*, *Lachesis*, and for the paralysis, *Plumbum*, *Cuprum*, *Jodium*, *Spongia*, *Ignatia*, *Gelseminum*, *Corallia*, &c. (N. A. J. of H., vol. 19, 1871, p. 324.)

Therapeutic hints for **Croup**, by C. K. Hills, M.D. (N. A. J. of H., 20, 153.)

Croup. Child, aged six months. Had been treated by *Phos.* and *Spongia* in alternation, without any relief. Symptoms: Much prostration, breathing very labored, at times almost impossible; face of a bluish tinge, turning purplish at each effort to cough; light complexion and blue eyes. *Bromine* 2^o, one dose, dry, gave immediate relief, and one or two other doses, in water, cured the case. (A. Korndoerfer, A. J. H. M. M., 4, 128.)

Kali bichr. in the early, formative stage of croup; hoarse cough, child strangles when coughing, unable to detach mucus, worse two to three, A.M. Light hair and eyes.

Kaolin. Husky voice, metallic, rasping breathing, and suffocative cough.

N. B.—The law for the selection of the individual remedy is as unerring a guide in membranous croup as it is in Asiatic cholera. (T. C. Duncan, Med. Inv., vol. 8, p. 277.)

Croup. *Kaolin*, confirmed by W. S. Searle and J. B. Elliott. (Am. Ob., 1871, 128.)

Kaolin, 3d dec. trit., empirically, with success. (G. W. Parker, H. M., Jan., 1871, p. 291.)

Croup with *whistling* cough, or metallic sounding, as though coughing through a metallic tube. *Sanguinaria*. (Clark, H. M., Jan., 1871, 290.)

THORAX.

BRONCHI.

Sound when coughing as if cough re-echoed in stomach. *Cupr.*¹⁰⁰⁰ (Jen.), one dose cured. (E. W. B., A. J. H. M. M., 4, 113.)

Cough on going into cold air. *Phosph.* (A. L.)

— On going into warm room. *Natrum c.* (A. L.)

— On changing rooms. *Rumex.* (J. C. Morgan, A. J. H. M. M., 4, 155.)

Cough excited by beer; relieved by warm drinks. *Nux v.* 2^m (Jen.), one dose, cured. (E. W. B., A. J. H. M. M., 4, 92.)

Babe, skin very hot; cold sweat on forehead when coughing; eyes half open during sleep. *Verat. alb.* 2^m (Jenichen). One dose. Immediate relief. (E. W. Berridge, A. J. H. M. M., 4, 73.)

Cough causing cutting pain in left lower abdomen; black difficult sputa; cough better when lying with head high; worse when lying with head low, on left side, or moving. Cough shakes her. *China*¹⁰⁰⁰ (Jenichen), several doses, cured. (E. W. Berridge, A. J. H. M. M., 4, 108.)

Miss L. C., aged 17; dark complexion; excitable; of consumptive family; has cough for three weeks, *particularly violent in the morning; raises a little after coughing some time.* Also cough in the evening, painless. *Alum*^{1m} (F.) two doses. Was much improved in six days, and rid of her cough in several days more.

Mr. S. W., aged 37; spare habit; teacher of singing; has chronic bronchitis, worse since three weeks, and characterized by sudden, violent, irrepressible paroxysms of coughing in the evening, while sitting; talking and singing makes him cough, but coughs particularly and *habitually about six o'clock in the morning.* After severe dry cough, there is a little expectoration. *Alum*²⁰⁰, in rarely repeated doses, and with perceptible improvement after the first, procured entire relief. (C. Wesselhoeft, Tr. Am. Inst., 1870, sec. 2, p. 254.)

Sept. 22. M. E., aged 10. Since six years, following measles and lung fever, rattling, asthmatic breathing, always aggravated by coughing. Every morning a long attack of dry cough, which ends with difficult raising of a little white mucus. *Arsen.* did no good. *Alum* 2^c, two doses cured. (C. Wesselhoeft, A. J. H. M. M., 4, 50.)

Cough for several months daily, soon after waking in the morning. Much of the time the cough had been dry, and came on in paroxysms, not unlike those of hooping-cough; occasionally catarrhal symptoms, and expectoration early in the morning; some soreness of the throat and considerable emaciation. The pulse was not irritable, neither was there an appreciable loss of strength. A dose of *Alumina*, 3d trit., every night for a week, effected a cure. (A. E. Small, U. S. M. and S. J., April, 1871.)

A lady, aged 32, had been afflicted with *cough*, *hoarseness*, and *night sweats*, very fetid and debilitating, following a slight chill and considerable fever, every evening for many weeks; during the day she complained of coldness and aching in the lumbar regions and lower extremities. *Carbo animalis*, 6th, a dose, morning and evening. She soon evinced signs of convalescence, and finally recovered without resort to any other remedy. (A. E. Small, U. S. M. and S. J., April, 1871.)

Mrs. W., aged 37. Her appearance was that of a consumptive, thin in flesh, with a *hollow* and *racking cough*, which occurred at all hours of the day. Medicines availed nothing in this case until the following symptoms were elicited. At two o'clock every morning she awakes from a sound sleep, springs from her bed to the floor, and screams on account of the cramp in her heel-cord. Her jaws are so stiff and lame that she has not been able to eat much for weeks. *R. Causticum*^s in solution, a dose every two hours. She did not have the cramp in the heel again; the stiffness of the jaws disappeared in a few days, and in a short time there was no cough. (Wm. B. Chamberlain, N. E. M. G., vol. 6, p. 10.)

Miss M., aged 18. Repelled itch, succeeded by chest troubles, deep, dry, wheezing, hoarse cough; bloody pus-like mucous expectoration; rheumatic pains in the limbs and joints; pulse hard, full, accelerated, and at times intermitting. Symptoms all aggravated at night, and from cold air; improved by wrapping up and keeping warm. *Hepar s. c.* (14 powders), one night and morning, which were followed by relief of cough and development of an itching eruption on chest. *Hepar s. c.* (7 powders), one each night. Eruption appeared all over the body very thickly, on extremities with intense itching. Took no more medicine; has become quite well. (R. M. Lytle, A. J. H. M. M., 4, 145.)

B. D., girl, aged 6 years. After measles, short, teasing cough, two or three paroxysms in rapid succession; dry, as if a membrane

prevented breathing in the trachea, or as if some tough membrane were moved about by the cough without being able to expectorate it. Eating or drinking increases cough, so that it lasts even a quarter hour, and even produces vomiting; pain in lower part of chest, where percussion is dull; no appetite; dry stool; pale face; small and irregular pulse; skin always dry. *Kali carb.*²⁰⁰, two doses; cured. (J. Schelling, A. J. H. M. M., 4, 90, from A. H. Z.)

An old woman; asthma with habitual cough; paroxysms worse during exertion, or when walking; return every two or three hours, especially during evening and night; only partially relieved by Arsen. For several weeks it alternates with nightly diarrhœa, combined with loss of appetite, headache, nausea, dry cough, restless sleep, pressure in the epigastrium, hands and arms are covered with bluish-red places like ecchymoses, the extremities very tired. *Kali carb.* cured in three days. (J. Schelling, A. J. H. M. M., 4, 94, from A. H. Z.)

Miss E. B., aged 26, tall and slender; tuberculous tendency of family; cough for more than two months; frequent, dry, short, and sharp or harsh sound; loss of appetite and strength; considerable emaciation; prominent clavicles; *there was no respiratory murmur in the posterior superior half of left lung.* *Lachesis*²⁰⁰, in water, night and morning for six days; in eleven days the respiratory sound was again heard as in health. (P. P. Wells, A. J. H. M. M., 4, 122.)

Cough from Bronchial Irritation. May 4th. W. K., aged 14, *remarkably feeble and lean*, and of weak muscular development, *but of sensitive mind* and excellent intellect, whose mother died of consumption; has coughed for more than a week, *dry and hoarse, day and night; coughs also in his sleep, then violent dry cough in the morning, great emaciation*; auscultation and percussion elicit no signs of serious lesion of lungs; respiration and action of heart abnormally rapid from nervous excitement. *Lyc.*²⁰⁰, two doses, produced immediate improvement and subsequent rapid recovery.

The same symptoms were corroborated soon afterwards by another case (*dry cough, day and night, in feeble emaciated boys*). (C. Weselhoft, Tr. Am. Inst., 1870.)

Cough. July 13. F. R., boy, aged 12. Cough three weeks, dry and violent, particularly at night, in paroxysms, also in evening and morning; great emaciation and muscular feebleness; no perceptible febrile action; tongue slimy and mottled with whitish slimy spots; diarrhœa last week. Left lower lung dull on percussion;

no expectoration. *Lyc.* 2^e, two doses. July 16th. Cough lessened, but new group of symptoms now appear; large blue spots (yellowish-blue or livid color) covering legs, especially interior side of lower legs; spots resemble ecchymosis; extremely painful, especially on application of water; elevating and resting the legs relieved the pain. *Lach.* 2^e, three doses, night and morning. July 20th. Cough and maculæ had disappeared entirely, yet the patient's condition had assumed still another form, that of gastroenteritis, accompanied by nausea; vomiting of yellowish and brownish substances; thin, brown, bloody diarrhœa, accompanied with much colic, tenesmus, and thirst for very cold water. *Ars.* followed by *China* finished cure in five days, and patient became strong and fleshy. One year later similar attack of cough promptly cured by *Lyc.*, two doses. (C. Wesselhoeft, A. J. H. M. M., 4, 66.)

Mrs. K., large, leucophlegmatic, aged 40 years; burning soreness in right midchest; cough causing no pain; loose, but no expectoration; coldness between scapula constantly; seems unable to give any exact voluntary statement; pain in right rhomboid muscle when sewing or exercising, and in damp weather; moves to opposite side sometimes. *Nat. carb.*¹⁶⁰⁰, three doses, cured. (J. C. Morgan, A. J. H. M. M., 4, 99.)

J. T. H., one year old. *Bronchial cough* with fever; rash-like eruptions, and swollen tonsils at various times; cough since two weeks, constant when lying, violent at night, and accompanied with spasms of diaphragm and larynx, as in whooping-cough. *Sabadilla* and *Pulsatilla*, without relief. One dose *Sepia* 2^e cured promptly. (C. Wesselhoeft, A. J. H. M. M., 4, 67.)

Lizzie G., aged 6, thin, pale, delicate-looking. When three years old had several attacks of convulsions, has not been well since; for some weeks has had a troublesome cough and headache, also troubled with ascarides; frequently wakes at night, and imagines she sees frightful objects. *Sulph.*³, followed by *Cham.* and *Calc. c.*, cured. (H. W., 6, 80.)

Catarrhus bronchi. Young woman, after taking cold, was seized with cough, fever, anxiety in chest. Allopathic doses of *Tart. em.* caused vomiting, hemorrhage, and phthisical symptoms (strong evening fever, night sweats, cough, &c.). Given up by allopaths. She received *Arn.*⁶ in water, and *Acon.*³⁰, and was well in twenty days. (Morello, A. H. Z., 83, 30, from *Rivista Omiopatica.*)

Chronic Bronchitis—Phthisis. E., a girl of 18, has been sick

for the last six months. Symptoms: Frequent cough with mucopurulent and occasionally stringy expectoration, often aggravated on exertion and at night; dyspnoea on exertion, especially on going up hill or up stairs; asthmatic sensations at night, so that she has to sit up in bed to breathe; pulse 88, weak; tongue slightly furred; menses regular; night sweats; flattening and decreased mobility of chest-wall beneath left clavicle; some dulness on percussion; coarse crepitation in the same spot; dry rhonchi and lengthened expiratory murmur over the rest of the thorax. *Ars. iod.* 3^{ss} three times a day, cod-liver oil and generous living for one month nearly cured the patient, when she exposed herself to the night air, and had a return of her old symptoms. *Ars. iod.* 3d had no effect, but the 2d dec. restored her to comparatively good health. (H. Nankivell, Mon. Hom. Review, v. 15, p. 29.)

A. B., aged 20 months. July, 1871. Capillary bronchitis with fever; had castor oil. Gave Gels. 1^m; next day smouldering fever, very frequent pulse, sopor frequent; short hacking cough; unwillingness and evident pain on being lifted from the bed; frequent thrashing with left arm. *Bryonia*²⁰⁰, in water, repeated doses, cured. (J. C. Morgan, A. J. H. M. M., 4, 77.)

Kali bromatum in Respiratory Diseases, by R. Blakelock, M.D. It acts favorably in infantile capillary bronchitis with severe dyspnoea, throwing the arms wildly about, and a spasmodic action of the muscles, throwing the child's body in a state of opisthotonos. (N. A. J. of H., 19, 401.)

Catarrh on Chest. Child, 2 years old; dry cough day and night with vomiting of ingesta and sour phlegm; worse after eating and drinking, and in the forenoon; during the coughing spells the face gets dark red, otherwise it is pale; eyelids are red and swollen; breathing short and anxious; heat; thirst without desire to drink; during day chilliness; cold extremities; crying all day; restless sleep, interrupted with crying and coughing; a great deal of yawning and sneezing; watery diarrhoea; discharge of worms. Bell., Arsen., Veratr., Bry., Ipec., were given without effect. *Kali carb.*; improvement in a short time, and cure in a few days. (J. Schelling, A. H. Z., 82, 76.)

Bronchitis. Night sweats, and cough with copious expectoration of blood-streaked mucus; fever and cough worse before 12 M.; hoarseness; a sensation of *ice* in the chest whenever chilled or perspiration checked. *Sulph.*³⁰ and ²⁰⁰, in alternation, cured rapidly and completely. (C. D. Fairbanks, Med. Inv., v. 8, p. 416.)

Bronchitis capillaris, following a catarrh in an old man, 65; great accumulation of phlegm in the chest; rattling; dyspnoea; sopor; cold sweat on forehead; cold hands and knees; face earthy, with bluish lips. *Tart. em.*³, in water, every hour two teaspoonfuls; only after some thirty hours improvement, and final recovery. (Hirsch, H. Kl., 1871, 108.)

Asthma. September 22d. W. E., æt. 10; had measles six years ago, followed by lung fever. Since then has rattling, *asthmatic breathing*, always aggravated by coughing; *has every morning a long paroxysm of dry cough, which ends at last with difficult raising of a little white mucus.* Arsen. did not relieve, and on Sept. 25th prescribed *Alumina*²⁰⁰, two doses. Sept. 27th. Much improvement, and months afterwards there had been no return of asthma or morning cough. (C. Wesselhoeft, Tr. Am. Inst., 1870, sec. 2, p. 254.)

Dr. George Moore reports a case in which a large number of remedies were tried with but little benefit. Finally *Anthoxanthum* was used with decided benefit. (Mon. Hom. Review, v. 15, p. 175.)

A gentleman subject to catarrh, and a sufferer from frequent attacks of *humid asthma*, was entirely cured by the administration of drop doses of the 6th alternation of *Cannabis sativa* in water, repeated at intervals of three hours. (A. E. Small, U. S. M. and S. J., April, 1871.)

January 5, 1871. Miss L. L., aged 17, blonde, subject to asthma (or bronchitis), chilliness between the scapulæ, and to inflammation of the left tonsil, with pain in right. To-day suffers from an attack; worse from moving about, ascending stairs, walking, &c.; wheezing inspiration, stuffed sound; dyspnoea steady, with oppression about the bifurcation of the bronchi, relieved by a successful cough; sibilant râle most heard on left of back, above, during inspiration, spongy sound in expiration; after successful cough, with slight expectoration of mucus, sibilant changed to the spongy sound. *Caps.*¹⁵ every two hours. Convalescent in twenty-eight hours. (J. C. Morgan, A. J. H. M. M., 4, 79.)

Woman, 65. Spells every two or three hours; worse from motion; in the evening and night; headache; nausea; dry cough; restless sleep; pressure in epigastrium; hands and arms covered with purplish spots, like ecchymoses. Arsen. did nothing. *Kali carb.*²⁰⁰ cured in three days. (J. Schelling, A. H. Z., 82, 93.)

Anna Custer, delicate constitution, aged 20 years. *Asthma* and severe pains in the joints; treated allopathically, but not cured;

since more than a year gastric and other troubles; everything she eats produces continual pressure; tension in stomach and pit of stomach; small portions of coffee or weak soup fill her up, with eructations; nausea and vomituration; frequent headache and toothache; hot flashes with abdominal pulsations; vertigo; continual chilliness; cold feet; internal chilliness, with constant inclination to micturate, but urine flows slowly and causes burning sensation; stool dry, retarded; epigastrium bloated; tense, at the pit hard, and painful to the least touch; respiration heavy, oppressed, especially when walking; when stooping, pain at pit of stomach increases; respiration more oppressed; pain frequently moves over the ribs to the back; face pale, œdematous around the eyes; sleep restless and dreamy; skin dry. *Kali carb³⁰⁰*, and in eight days two more doses. Cured. (J. Schelling, A. J. H. M. M., 4, 94.)

M. S., æt. 61, had a troublesome cough and *oppression* of the chest, and was in a melancholy mood, imagining that but little time was allowed to make his will. A few doses of *Petroleum³⁰⁰* changed the entire condition of his system, and brought about good health. (A. E. Small, U. S. Med. and Surg. Jour., April, 1871.)

Symptoms: rattling in windpipe; frequent feeling as if she could not get another breath; coughing spells several times a day, lasting one hour and a half at a time, and originating in a sense of great accumulation of tough mucus in chest, with increased dyspnoea, and desire to cough it up, causing a general hot sweat half an hour before the spell (increased during it); cough very hard, with feeling of suffocation reaching to epigastrium, as if tough phlegm must work up; severe soreness behind the whole sternum, spreading to each side, constant but worse during cough; much tough mucus is brought up during the spell; during its continuance feels like killing herself in despair; after prostrate and tearful. Promptly relieved by *Rumex crispus³* in water, after the failure of *Graphites^{2m}*. (J. C. M., A. J. H. M. M., 4, 137.)

Asthma. Mr. B., æt. 22. Attack every eight days; rough, harsh hair; stooping posture; hunger and weakness every day at 11 A.M. Gave *Sulphur 1^m* (Fincke's) one dose, and in four weeks one dose *Sulph. 55^m*. (J. B. Owens, Ohio Med. and Surg. Rep., v. 5, p. 348.)

Asthma with little cough, but sensation as if something was

grown fast in the region of the left lower ribs. *Thuja*³⁰. (Stens, Sr., A. H. Z., 83, 136.)

Hay Asthma. Dr. Coté recommends *Lachesis* as a valuable remedy in this disease. (Transac. Hom. Med. Soc. of Penna., 1870, p. 26.)

Hooping-cough. Dr. Bolle's observation of little blisters under the tongue about the frænnulum had been already observed by Prof. Wawruch in 1825; they are also mentioned in Gerhardt's *Lehrbuch der Kinderkrankheiten*, Tübingen, 1871. (A. H. Z., 82, 22.)

S., 4 years. Had *hooping-cough* some time back. Hooping; cough with strangling, red face, watery eyes; strains all over; sometimes wind comes from anus; raises phlegm; mornings much hard coughing, throat seems full of gurgling mucus; impudent, teasing, laughs at reprimands; several hard straining small stools daily. *Graph.* 15°. Cured. (J. C. M., A. J. H. M. M., 4, 137.)

M. A., 1 year old. Cough *resembling hooping-cough* for several weeks; violent protracted paroxysms not very frequent, rather dry, and accompanied by retching. *Sepia* 2°, two doses. Cured. (C. Wesselhoeft, A. J. H. M. M., 4, 66.)

J. T. H., male infant, one year old. Has cough for two weeks; *constant whenever the child is laid down*, particularly violent at night; *with spasms of diaphragm and larynx as in hooping-cough*. (Sabad. and Puls. inefficacious.) *Sep.*²⁰⁰, followed by immediate improvement and recovery. (C. Wesselhoeft, Tr. Am. Inst., 1870, sec. 2, p. 250.)

Child, 3 years old, strongly marked scrofulous constitution. Suffocative cough; obstructed, difficult, rattling respiration; profuse expectoration of purulent matter; great emaciation; frequent, copious, fetid-smelling, papescent stools, with great exhaustion; slight pustular eruption (similar to varicella) upon the forehead. After *Silicia*³⁰, decided relief, accompanied by eruption of great blotches containing pus upon the scalp, neck, shoulders, and portions of the trunk. (T. F. Pomeroy, Med. Inv., v. 8, p. 168.)

Fan-like action of *alk nasi* in a child with hooping-cough. *Ant. tart.*¹⁰⁰⁰ (Jen.) several doses, cured, after several doses of *Lyc.*^m only relieved. (E. W. Berridge, A. J. H. M. M., 4, 108.)

LUNGS.

Infantile Pneumonia. The crepitation of the affected parts of the lungs is characteristic at its very beginning; the cough is dry,

painful, so that the children cry before coughing; such patients as can talk, complain regularly of abdominal pains, hardly ever of the chest, although they cry when their chest is touched, or when they are raised up by the thorax. Soft stools, even diarrhœa, were usual concomitants; hard stools the exception, and only seen in light cases.

*Chelidonium*⁶, two or three times in twenty-four hours, was prescribed. The dry cough became softer, the diarrhœa ceased, and in light cases, where there was only slight exudation, and where its absorption did not quickly take place, *Hepar*¹⁰, four or five times a day, sufficed for the recovery of health in five or six days.

But where copious infiltration, especially in cases of double pneumonia, took place, danger was imminent. We heard, then, coarse, vesicular murmurs; dyspnœa was so great that the child could neither sleep nor drink; slight œdema, with cyanosis of the hands and feet, set in, and the tormenting cough failed to expectorate the tough mucus. Diarrhœa was always present.

R. *Antimon. tart.*¹⁰, *Ipecac*⁶, but *Kali c.*¹⁰ was most useful. In pleuritis, *Calc. c.*¹⁰ diminished the exudation. (F. Sum, H. M., Sept., 1871, p. 60.)

Chelidonium m. In pneumonia of the right side of the body, with dyspnœa, tightness, and anxiety of the chest, violent stitches, with short, dry cough, which increases the pain; pain under the right shoulder-blade, with soft, bright yellow stools, or whitish and costive. (S. Lilienthal, H. M., Sept., 1871, p. 61.)

Pneumonia. Little girl, 6 years old. After measles, dry, hacking cough; fever; headache; stitches and pressing in chest; short breathing, wheezing, rattling; dry skin; great thirst; whitish-gray tongue; loss of appetite. Phos., Rhus tox., Sulphur, merely diminished the fever to some degree. Cough grew worse towards morning, almost choking; from eating or drinking worse, causing vomiting; pain in lower part of chest, with dull percussion-sound; pulse small, and somewhat irregular; face pale; skin dry; stool dry. *Kali carb.*²⁰⁰, two doses, relieved in a short time. (J. Schelling, A. H. Z., 82, 76.)

Idiopathic Pneumonia. Mr. B. drove home from the station in an open buggy, and feeling chilled, took a dose of *Acon.*³, and went to bed. Next day his pulse was 130; tongue coated; skin pungent, with great thirst; pain under the left mamma, as if a knife were sticking there; obscure puerility of the vesicular murmur in the base of the left lung posteriorly. *Acon. radix* 1^r, every hour,

produced free perspiration. The following day the puerile respiration had given place to a small crepitating râle over the left base; slight cough, with scanty prune-juice expectoration; pulse 110. *Phos.* 3^r completed the cure in ten days. (J. L. Newton, Mon. Hom. Review, v. 15, p. 474.)

Infantile Pneumonia. B., infant at the breast, was exposed to a shower of rain. It was feverish, irritable, and sick; respiration hurried; cries on taking a deep breath; small crepitating râles in the bases of the lungs posteriorly. *Phos.* 3^r cured. (J. L. Newton, Mon. Hom. Review, v. 15, p. 475.)

Pneumonia. Miss A., æt. 10. Pulse 140; tongue coated and dry; tremulous; skin hot; bowels regular; sharp, cutting pain under left mamma, as if a knife were sticking through the chest; puerile respiration in the base of left lung. *Acon.* 1^r, every hour, produced perspiration. Next day, slight cough, with bloody expectoration; puerile respiration has given way to crepitation. *Phos.* 3^r every two hours. In five days well. (J. L. Newton, Mon. Hom. Review, v. 15, p. 476.)

Pneumonia typhosa. Feb. 27th. Mr. R. D., æt. 24; horse car conductor. Intense febrile heat; delirium; total loss of consciousness; excessive dyspnœa; almost complete solidification of both lungs. On seventh day case seemed hopeless. Symptoms: Short, rapid breathing, or rather, a mere heaving of the chest, into which the air could be scarcely heard to enter; cough and expectoration were impossible; face almost livid; upper lip drawn up; nostrils dilated; muttering delirium; loss of consciousness; only a most sluggish and faint response to vigorous shaking and calling; pulse 130, small and quick; intense heat of whole body; warm redness of skin; warm, sticky sweat. *Sulph.* 2^o on morning of eighth day, one dose; but one dose more was required; in twelve days patient quite well. (C. Wesselhoeft, A. J. H. M. M., 4, 50.)

Pneumonia. Feb. 1. W. S. H., lady, æt. 60, good constitution. Rheumatic pains for a fortnight. Two days ago seized with violent rigors with thirst, then heat with nausea, retching, and diarrhœa; headache. Next day rigors and heat repeated. To-day nausea with thirst; drinks infrequently but abundantly. Cough and deep inspiration with cutting pain in left chest; great soreness on percussion; general aching pains of the limbs; frequent urination. Dyspnœa; but slight cough; pulse hard, 120; upper right lung severely engorged; restless sleep; lies only on back; expectoration very scanty, white froth streaked with blood. *Bryon.* 6

in water every three hours. Feb. 4. Some improvement; gastric symptoms removed. Still evident slow advancement toward further solidification of lung threatening also left side. *Bryon.* at longer intervals followed next day by *Sulph. 2°*; immediate improvement followed by complete recovery. (C. Wesselhoeft, A. J. H. M. M., 4, 49.)

Miss —, æt. 37, has been out of health for years; has had several hemorrhages; has been treated allopathically; supposes herself incurable. Symptoms: Smothered feeling in left side of chest with sensation of fluid dropping or gurgling. Menses every three weeks, clotted and dark. Flushed face and fulness of head at periods. Hacking cough and soreness of lung, worse at periods. Milk bloats her and causes fulness of head. Cold feet and hands, feeling as of damp stockings. Better in morning and open air. Worse in warm room. Craves acids. Gave *Puls.* 30th. In four months the patient reported herself cured. (G. O. Spence, Ohio Med. and Surg. Rep., v. 5, p. 212.)

Early Diagnosis of Consumption. Dr. Fenwick's plan: The expectoration of twenty-four hours is collected and transferred to a beaker-glass, mingled with an equal bulk of caustic soda (5v of the alkali to Oj of pure water), and the mixture boiled for a few minutes, stirring constantly with a glass rod; if the mucus is not fully dissolved, one-half as much more liquid sodæ may be added and heat applied until the desired fluidity is obtained, when the liquid is poured into a conical glass with four times its bulk of cold water added. In an hour or two the fragments of elastic tissue will have settled to the bottom, from whence they are removed with the dipping-tube to the microscopic slide and examined with a power of two hundred diameters.

The elastic fibres (establishing the diagnosis of phthisis pulmonalis) are of bluish-white color, looking very much like cotton fibres, and having an arrangement, like a capital Y, with two legs united. (F. S., Med. Inv., v. 8, p. 206.)

Phthisis. (Amelioration.) J. L., æt. 29, was affected in 1868 with tubercular disease of the right lung. By change of air and proper treatment he got quite well. In 1870 he again became ill, had severe cough, spat small quantities of blood, and had often a sensation at the pit of the throat as if there was something wanted to come up. Gave *Hep.*³ one week, and for two weeks *Iod. calc.*³, with good result, and since that time he has not had any treatment. (J. H. Nankivell, Mon. Hom. Review, v. 15, p. 137.)

The profuse *sweats* of phthisis have lately been checked in many instances by *Phosphate of lime* in the Hospital St. Antoine.

Phthisical Lung Affections with constipation and too profuse menses. *Kali carb.*³⁰. (Stens, Sr., A. H. Z., 83, 136.)

Consumption. A woman aged 26 years. Multipara. Confined to bed with advanced tuberculosis, pulse being hectic, few night sweats, amphoric respiration, emaciation, pulse 128, respirations 40, cough racking, expectoration greenish and profuse; mental symptoms of bluest remorse. *Natrum ars.*⁸, a powder every six hours. Improvement commenced within twenty-four hours and continued for six weeks, so that at the end of that time she rode on horseback thirty miles in twenty-four hours.

Have used the remedy in a second similar case with marked favorable results. (H. T. F. Gatchell, Med. Inv., v. 8, p. 549.)

Arsenate of Soda in Phthisis. Dr. C. H. Haeseler has had cases in which the patients had all the symptoms, and were very much benefited by the use of this medicine. He gives the lower dilutions. (Transac. Hom. Med. Soc. of Penna., 1870, p. 26.)

T., aged about 40, dark hair and complexion, suffered from capillary bronchitis a short time since. Now, after exposure to inclement weather, almost incessant cough, of a tough hacking character, alternating with loose and splashy cough, worse on lying down; respiration quick, short, and difficult, relieved after a prolonged loose cough with expectoration; sputum, during the hacking cough, white, streaked with gray matter looking like worms in it; as soon as the cough became loose the expectoration became more fluid and of grayish-green color, of fetid cadaverous odor; pulse very frequent, hard, but feeble; great debility and prostration; aversion to all kinds of food; bitter taste; hectic fever at irregular hours. Extremities cold; headache in back part of head. Physical signs showed a cavity of left lung, about fourth rib, infiltrated with exudated matter; size of cavity about three or four inches in diameter. *Spongia* 2d dec. trit. every two hours, and on tenth day patient able to walk; since then attending to business. (Rich. Koch, A. J. H. M. M., 4, 124.)

Highland Air in Phthisis. The reason phthisical patients improve in health in a mountainous country is, they are obliged to draw deep and full breaths to obtain the same amount of oxygen as at the sea-side; and by this enforced process of exercising the breathing power it becomes more developed. And the person who has once become habituated to inhale the air with a full ex-

pansion of the chest, will afterwards on less elevated ground continue to breathe in the same manner, because the capacity of lung-expansion has increased in the same ratio as the power of the muscles of inspiration. (Liedbeck, Mon. Hom. Review, v. 15, p. 539.)

Sea-Air. An American author says: Instead of sending patients with phthisis to Italy, Madeira, or Havana, it is much better to send them on board of a ship to sail over the Atlantic Ocean between Madeira and the west coast of Africa during the winter season. I concur entirely with this author, for I have myself experienced the great beneficial influence of such voyages when I was nearly a victim of chronic bronchial catarrh and cheesy infiltration in the apex and lower lobe of the right lung after a pleuropneumonia. (Dr. Kolomar v. Rochlitz, A. H. Z., 83, 114.)

R. C., aged 38, spitting blood for several mornings, looks ill, pulse 110, thirst, expectorates much phlegm; cough not severe. *Ars.*³ made a rapid recovery. (H. W., 136.)

Emphysema. Boy, æt. 4½, light hair, blue eyes, pale face, of mild mischievous disposition, had pneumonia when an infant; not been well since. Now has pain in right occipital protuberance. Fluent, acrid nasal coryza, swelling at the root of the nose, upper eyelid, upper lip; white ulcers in mouth; uvula elongated, pale; appetite for fat meat and sweet food; thirst for cold water at night; stomach distended after eating; eructations of fluid, then of food, more at night; constipation alternating with diarrhœa; cough constant, moist; moist râles in left lung; feeble vesicular respiration; upper part of left side of thorax dilated backward; curvature of spine between shoulders; agonizing dyspnœa, could not lie in a recumbent position; cough constant from 12 m. till morning; sleeps with head thrown back, restless. The least exposure aggravates all the symptoms.

After *Arsen.* had been given without any benefit, *Hepar s. c.*³⁰ helped at once and permanently in every respect. (W. D. Stillman, Med. Inv., v. 8, p. 350.)

Cancer of the Mediastinum and Lungs; its Pathology and Diagnosis. By Dr. Payr. The form in which this complaint is found in lungs and mediastinum, is the encephaloid, either as infiltration, or as nodes of the size of a pea to that of a walnut. It varies from a half-fluid, creamy, to a cartilaginous consistence. Its texture is sometimes homogeneous, at other times granulated, fibrous, lobulated, or glandulous, &c. Its development is in most

cases slow; sometimes, however, it grows rapidly to a considerable size. If situated in the anterior mediastinum it may cause the sternum and the intercostal spaces to bulge out; according to its size it may dislocate the heart, the diaphragm, and the lungs. If situated in the posterior mediastinum it presses upon the bronchi, the trachea, and œsophagus, and obliterates the arteria subclavia. At times this pseudo-plastic vegetation spreads to the pleura, ribs, and muscles. Almost always cancer of the mediastinum is associated with nodes of encephaloid masses dispersed through the lungs, of different sizes, and so also are they found in the mucous membrane of the bronchi. This is the most frequent form of pulmonary encephaloid, arising especially after extirpation of encephaloid tumors in other organs; but also primarily is it found in the lungs.

Another, but rarer form is the *encephaloid infiltration* either of the whole, or only of a lobe of the lungs, which then degenerates into a lardaceous mass; it usually kills by suffocation before it reaches the stage of softening. All authorities agree that carcinomatous degeneration excludes tuberculosis of the lungs.

The first stage of pulmonary cancer is quite obscure. A small degree of dyspnoea in consequence of hyperæmia, and frequently repeating stitches in the affected place, are the only symptoms of this stage, which may be of various duration. The second stage is characterized by permanent dyspnoea, and more severe and oftener repeating stitching pains, which radiate to back and shoulders, with dry, hacking, tickling cough, and gradually combining with a serous-mucous at first, and then a blood-streaked expectoration. In some cases of rapid growth the tumor within may even cause the corresponding wall of the chest to bulge out; but many large tumors have been found (Stokes and Hughes) where the corresponding side had sunken in. The position of the patient in bed is lying on the back; only in cancer of the anterior mediastinum of considerable size the patient is obliged to sit up in bed and bend forwards, and hold himself in this position by folding the hands over his knees. Percussion yields over the carcinomatous degeneration, if large enough, a perfectly dull sound. Auscultation reveals around the affected place a weak, bronchial breathing and bronchophony; if its surroundings are inflamed we hear the crepitation-sound. There may also, in consequence of internal pressure upon the lung frame, or upon the heart, or upon the large bloodvessels, various respiratory noises, or heart-sounds

be heard. The undulation of the respective half of the thorax ceases only towards the last. Important signs for the diagnosis are also those of carcinomatous dyscrasia in general: debility, emaciation; livid complexion; dirty-yellow, earthy, cachectic color of face; anxious, suffering expression; dry skin like parchment, hot in the evening; small, soft pulse, accelerated, often irregular, and on compressing the ant. subclavia, very weak, or not at all perceptible. The most important and reliable symptom is the *dysphagia*, appearing, however, only towards the end of the second stage. About the middle of second stage is frequently formed a dilatation of the jugular and other superficial veins, and in some cases a weakness of the voice, amounting sometimes to hoarseness, and even aphonia. The stage of softening of the carcinomatous mass seldom takes place, because the patient usually perishes from suffocation before this can set in. In cases, however, it does occur; the expectoration changes gradually into an ichorous, fetid, reddish-brown, thickish mass, in which the cancer-cell may be discovered by the microscope.

To make diagnosis quite sure, we must compare the symptoms with those of empyema, tuberculosis, hepatization, hydropericardium, and aneurisma.

With *empyema* only cancerous infiltration could be confounded. But in cancer, the distension of the suffering side is not so even as in empyema, but nodose, and confined to the region between the fourth and seventh rib; the dull percussion-sound is not changed by any change of position; succussion has no influence; fluctuation and softness of the diseased side is entirely absent; and lying on the back is possible, whereas in empyema the patient lies on the diseased side. Its development is much slower than that of empyema.

The distinction from *tuberculosis* is more difficult at first, but the gradual development of both distinguish them sufficiently. A cancerous infiltration takes place rarely in the upper lobes of the lungs.

Hepatization has altogether different anamnestic symptoms, and none of those of a carcinomatous cachexia. In *hydropericardium* the heart's impulse cannot be felt, and its sounds are heard as coming from a distance. An *aneurisma* has its peculiar purring noises, and disturbances in the circulation. The most important diagnostic signs for cancer in lungs, are, therefore: Continual pain; varicose dilatation of the veins of the neck, chest, and ab-

domen; œdema of one extremity; expectoration, first serous-mucous, and later streaked with blood; dysphagia; external appearance of carcinomatous tumors, and stubborn increase of the complaint in spite of best treatment. (H. Kl., 1871, 123, &c.)

PLEURA.

Pleurisy from Sitting at an Open Window. Stitches at the right side of the chest, through the lungs in different directions, causing her to cry out; the least motion causes much pain; breathing short and rapid; restlessness, although the movement of her body increases the pain. One dose of *Aconite*^{50m}, dry on the tongue, relieved the pain for a few hours, when it returned in all its force. Six pellets of the same preparation, dissolved in water, acted better; after the first teaspoonful she fell asleep, awoke in a profuse warm perspiration, and by next morning felt entirely relieved. (A. Lippe, N. A. J. of H., 20, 171.)

Pleuritis dextra with Infiltration. Pain from the lower part of the chest to the shoulder-blades; abnormal respiratory murmur and bronchial respiration; dull percussion-sound in front to fourth rib. *Cactus grand.*, in water, every hour two tablespoonfuls. Recovered on third day. *Sulph.* finished cure. (Cigliano, A. H. Z., 83, 30, from Il Dinamico.)

Pleurisy. Little girl, aged 13. Dry cough, chill, fever-blisters in mouth, upon tongue, and lips; swelling, heat, and redness of upper legs; thirst; pain in chest; delirium in the night. Bry.¹², *Sulph.*¹⁸; relief to some extent, but there still remains a dry, short cough with pain in bowels, especially in epigastrium; throbbing, pressing, stitching, and tearing pains in the back up to the nape of the neck. *Kali carb.*²⁰⁰; two days afterwards entirely well. (J. Schelling, A. H. Z., 82, 69.)

HEART.

Heart-clots. The formation of fibrinous heart-clots, by impeding the heart's action, interfering with its valvular action, thus deranging the circulation through the lungs, often causes sudden,

unexpected death. This occurs in certain diseases, or during health. The "*fibrinous heart-clots*," "*polypus of the heart*," or "*fatty deposits*," differ from ordinary blood-clots lacking blood-corpuscles, presenting a buff color, ordinary clots being red. They differ in consistency, being soft and jelly-like, or hard and fibrinous, and are mostly found on the *right* side of the heart. The body of the clot is found in the ventricle, extending into the pulmonary artery, or into the auricle, and is entangled in the tendinous cords of the valves and muscular heart-columns, but the formation commences on the chordæ tendinæ. They *may* form before, and be the direct cause of death. Their causes are, increase of fibrin in the blood, diminution of its water, peculiarities in the circulatory apparatus, great circulatory languor, great loss of blood. This condition is found more often on the right or venous side because of the deoxidized condition of the blood, the feebler muscular heart-power on the right side, and of more obstructing points of deposit.

SYMPTOMS.—The symptoms attending the formation of fibrinous clots in the heart are usually sudden in their accession, frequently attended with a chill, and marked by great oppression in breathing, coldness of surface, and *pallor of face and lips*; the latter symptom distinguishing from the dyspnoea attending croup, asthma, pneumonia, &c., when the face is *livid* from venous congestion. The pulse is usually rapid and feeble; the action of the heart labored, palpitating, and sometimes intermitting, while auscultation will reveal a tumultuous churning-like action, the normal sounds being quite undistinguishable.

Pulsation of the jugulars will be present in most cases, and where the clot greatly obstructs the play of the tricuspid valves, a double pulsation will be likely to be noticed. In the last stage, a copious cold perspiration appears upon the whole surface of the body.

Small fibrinous formations are sometimes washed into distant parts of the body, causing circulatory obstruction and various diseases. These inferences are drawn:

First. In some instances the fibrinous clots are the *sole cause* of death.

Second. In other, and a larger number of diseases, as in acute rheumatism, pneumonia, croup, &c., which otherwise would recover, a fatal termination results from the formation of heart-clots.

Third. In still other diseases, which are of themselves necessa-

rily fatal, as in phthisis, cholera, &c., death is often hastened by these formations. (A. R. Thomas, H. M., May, 1871, p. 465.)

Mrs. C., aged 28, tall, dark hair and eyes. Rheumatism of all joints of the extremities, great deal of pain, stiffness, and swelling; worse in the evening, and again in the morning on first rising; aggravation while at rest, on beginning to move, and from a change of weather, especially if the change be a cold damp one; amelioration from continued but gentle motion; since some weeks *constant pain in the region of the heart, with sensation as if the heart were "bound down," or "had not room enough to beat," or "as if bolts were holding it,"* paroxysms of violent, stitching pain in the heart with icy coldness of the limbs; cold sweat, particularly on the forehead; sense of constriction of the chest with suffocation; fainting; pale, death-like countenance; violent, turbulent action of the heart, it beats violently for a short time then ceases entirely; pulse feeble, intermittent, or entirely gone; screaming with the pains, or complete loss of consciousness. These attacks occur several times daily, and are brought on by any emotion, excitement, or upon attempting to exercise; also lying on left side at night excites them; œdema of lower extremities; loss of appetite; restless sleep; emaciation, pale face; despondent; thinks she will not recover; weeps much. Physical examination revealed valvular disease, the second sound of heart being replaced by a harsh murmur. *Cactus*³⁰⁰ (F.), one dose, followed by rapid improvement, since which time has had no return of symptoms. (Goodno, A. J. H. M. M., 4, 70.)

Carditis. A man who had been treated allopathically for a pleurisy (perhaps pericarditis), but had never fully recovered, had remaining an orgasm of the blood, showing itself in palpitations of the heart, visible to the eye. Neither venesection, nor *Aqua Laurocerasi*, *Digitalis*, *Sulph.*, *Chin.* nor *Morphine* had ever done any good. Rest disturbed at night; sensation of weakness, worse in moving; vague tearing pain in the extremities. This last symptom he was accustomed to relieve by *Juniper* berries in fumigations and salves, which, however, increased the oppressive sensation of chest.

There was also a very irregular, intermitting, frequent pulse, weak and empty, and profuse perspiration, becoming cold in a very short time; no cough, but internal heat, anguish and great thirst.

Auscultation and percussion showed no abnormality whatever,

neither in the heart nor pericardium, nor anywhere in the chest. Arsen.^o 2d trit. relieved somewhat, but *Carbo veg.*¹ 5 gr. p. d., every two hours, removed the above symptoms, and also an abnormal ashy-gray color and mushy consistency of his bowels. (S. Schmid, A. J. H. M. M., 4, 54.)

Elderly lady, with heart disease; she would be aroused from sleep by violent throbbing of heart, with flushes over body, profuse perspiration, increased urine. *Cimicifuga rac.*²⁰⁰ acted satisfactorily. (J. C. Morgan, H. M., July, 1871, p. 582.)

Digitalis in Heart Disease. Prof. Traube recommends the fox-glove in all valvular defects where, in the stage of compensatory disturbance, the radial arteries show an abnormally low tension; but it must only be given till the tension is increased. Normal diuresis then sets in, and the dropsy with its concomitants is removed. (N. A. J. of H., 20, 263.)

A lady of 20, suffering with valvular insufficiency and periodical attacks of pain in and about the heart, a sequela to a long fit of sickness, with typhoid endocarditis, also with right ventral dilatation of the heart, with marked projection of the left second and third ribs, was relieved of all her symptoms in three weeks by *Iodium*²⁰⁰. (Rockwith, A. J. H. M. M., 4, 67.)

Mrs. C. Sick for twenty years; is now in bed pale and weak; no appetite; pulse 48; auscultation revealed *enlargement* of the heart with *dilatation*; pain in left shoulder and down the left arm, which felt cold and numb; pain is worse each A.M. at 4 o'clock; faint fluttering sensation in stomach and left chest; sensation of gurgling in heart region, with soreness in the left side; lying on it causes severe palpitation and pain in the heart. R. *Rhus tox.* 2^o, followed by a cure in six weeks. (C. A. Cochran, H. M., March, 1871, p. 397.)

Palpitation of the Heart and Weak Eye. Sarah P., æt. 75, has palpitation of the heart, which comes on after almost any exertion; lasts two hours and goes off by resting. In other respects well, except that her left eye is weak and waters. *Arn.*³, a pill twice a day. In two weeks palpitation cured; eye remains the same. *Sulph.*¹² twice a day helped the eye, but the lids becoming inflamed, sulphur ointment was used successfully. (Bayes, Mon. Hom. Review, v. 15, p. 13.)

S. K., colored woman, aged 48. Change of life; violent *palpitation of the heart*; irregular stools; evening aggravation; worst sleep towards day; beating in abdomen; low spirits; grows thin;

hard tumor in right mammae, which was growing until milk began to be secreted, since then subsiding; pains in shoulders and arms; rumbling in stomach precedes the aggravation of the palpitation. July 7th, 1865. *Cactus gr.* 1^o, one dose. July 8th. No palpitation; crampy pain about navel, with soreness as of a foreign body, worse on motion; good stool. July 9th. Colic worse; loose stool. *S. lac.* July 11th. Dull pain in abdomen, then flashes of heat and tingling; trembling all over, commencing in abdomen, with stiffness and numbness; bowels regular. July 12th. Better. Continued improving. (J. C. Morgan, A. J. H. M. M., 4, 97.)

Palpitation of the Heart. Woman, 32. Pale-grayish color of face; scanty menstruation; spell of palpitation of heart; pressure and heaviness in chest; evening chilliness; stitch pain and great anxiety in pit of stomach and through chest; throat as if squeezed together, as if lungs in throat; good appetite, but after eating pressure in stomach and chest, and gagging; shudders frequently; has dizziness in walking; nausea; cold feet; pulse feeble, uneven. *Kali carb.*²⁰⁰, relieved in a few days. (J. Schelling, A. H. Z., 82, 102.)

Carrie B., æt. 15. Extreme lassitude; *excessive palpitation* of the heart upon the slightest exertion; no desire and scarce ability to move about; emaciation, shown particularly in the hands; cachectic, yellowish, waxen tint; dull dark rings around eyes; the two heart-sounds followed each other in rapid succession; breast heaves at each beat; pulse 95. Gave *Sulph.*²⁰⁰, a dose every morning for three mornings, once in four weeks, and *Pulsat.*³ every morning of interim. Recovery. In this case a cough was developed at every attempt the child made to go to school. (Mrs. E. Y. Howard, Ohio Med. and Surg. Rep., v. 5, p. 292.)

Heart feels as if too large for the containing cavity. *Lachesis.*

Region of base of heart (auricles) feels as if bruised. *Arnica.*

Wind gurgles under apex of heart in left hypochondrium; with oppressed breathing. *Lycopodium.* (J. C. M., A. J. H. M. M., 4, 144.)

Wakes with nervous trembling; thumping of the heart, and agitation, as if he had been frightened. *Mercur.* (J. C. M., A. J. H. M. M., 4, 144.)

Weakness at the heart, as if dying. *Mercur.*

Blood seems to rush to the heart and mount rapidly into the head. *Glonoine.* (C. Hg., A. J. H. M. M., 4, 144.)

Angina Pectoris. Ann H., æt. 63, has frequent attacks of angina

pectoris, coming on when exerting herself, or when she is excited. *Cupr. acet.*⁶ twice a day. Cured. (Bayes, Mon. Hom. Review, v. 15, p. 15.)

Mrs. —, 61. For years neuralgic pains in stomach; suddenly severe pain in middle of sternum; can't move, nor speak; pain extending from chest to both arms and hands; pulseless; action of heart very feeble; breathing laborious; cold, clammy perspiration all over. The attack had lasted for seven hours, and the patient was sinking very fast. Morphine had been tried; I tried several remedies without any success. Finally *Dioscorea vill.* 1st dec. relieved in ten minutes, when she went into a sound sleep. She has had a few attacks since, but one dose of *Diosc.* will stop them immediately. After the attack, her pulse for two weeks intermitted every eighth or tenth beat. (J. E. Brown, Am. Ob., 1871, 423.)

Angina Pectoris. Miss S., æt. 24, dark hair and eyes, pale face, was seized with undescribable agonizing pain in præcordial region, extending up to neck and occiput. Faint almost to syncope; the least motion caused extreme agony; no ease except while sitting with the head thrown back. Palpitation; great thirst for small quantities of cold water. Worse from 1 to 5 A.M. After *Arsen.*³⁰ no recurrence of the paroxysms, but dyspnœa, pain in neck, faintness, and inability to recline remained, with the addition of dry nervous cough commencing towards evening and lasting all night. *Hepar s. c.*³⁰ removed this symptom very promptly. (M. D. Stillman, Med. Inv., v. 8, p. 218.)

BLOODVESSELS.

A carpenter, aged 28, after cholera morbus, in consequence of great loss of fluids, the blood in the femoral artery of right leg coagulated and made the limb pulseless; excruciating pains. Order patient to drink half pint of wine every half hour. After sixteen hours had taken sixteen piuts of Meilbronner, and now slight pulsations can be felt. Cold, wet cloths on head and wine much moderated. In two days saved. (E. Walser, A. J. H. M. M., 4, 133.)

A B D O M E N.

STOMACH.

Hunger after Eating, with gnawing: Alumina, Argent., Stront., Bovista, Lycop.

Hunger after eating, with feeling of emptiness: Lauroc., Calc., China, Cascar., Cina, Gratiol. (C. Hg.)

Loss of Appetite, with clean tongue: Digital., Lauroc. (C. Hg.)

Nausea when thinking of food: Bry., Graph., Mang., Sulph., Mosch., Sarsap. (C. Hg.)

Hasty drinking: Bell., Hep. (C. Hg.) Ars. (Lippe.)

Nat. m. salty taste; dry tongue; loss of appetite; thirstlessness. (Haynel.)

Painful Hiccough: Hyos., Mar. ver., Ratanhia. In epigastrium: Phos. (C. Hg.)

Continual Spasmodic Retching: Bar. mur. (Haynel.)

Incessant Retching, with vomiting of watery fluids and cutting pain in belly: Ipecac. (Haynel.)

Eruclatations like rotten eggs: Arn., Coff., Valerian., Stann., Magn. sul., Magn. mur., Petrol., Sep., Sulph., Brom. (C. Hg.)

Nausea without vomiting: Bell. (Haynel.)

Aversion to Bread during Pregnancy: Sepia. (Haynel.)

Vomiting after drinking, of that which has been drank: Acon., Arn., Arsen., Bry., Cham., Chin., Dulc., Ferr., Nux vom., Puls., Silic., Verat.

Vomiting immediately and with great force: Bismuth. (C. Hg.)

Vomiting when trying to rise: Cicuta. (Haynel.)

Vomiting of bile in the night, with dizziness: Sepia. (Haynel.)

Nausea and Vomiting when thinking of food: Sepia, Dros. (C. Hg.)

Nausea and vomiting when smelling food: Colch. (C. Hg.)

Nausea and vomiting during pregnancy: Acon., Ars., Cou., Ferr., Jatropha, Ipec., Kreos., Lact. ac., Lach., Magn. m., Nat. mur., Nux mos., Nux vom., Petrol., Phos., Puls., Sep., Verat. (C. Hg., A. J. H. M. M., 4, 144.)

Sick Stomach from Car Riding, with and without pregnancy. Two cases reported where *Arnica* prevented sickness. (John C. Morgan, A. J. H. M. M., 4, 96.)

Malacia. A case in which the desire for chalk was cured by *Nitri acidum*. (N. E. M. G., v. 6, p. 8.)

Acidity of Stomach. I have used the *Robinia pseudo-acacia* with almost uniform success in acidity of the stomach, one drop of the tincture after meals. (D. Hunt, N. E. M. G., v. 6, p. 12.)

In children when *nutrition is defective* and the patient begins to emaciate, has vomiting of food, sour-smelling, muddy-looking stools, a few grains of milk-sugar, dry, upon the tongue, every three or four hours, will restore health.

In children brought up by hand, the substitution of milk-sugar for loaf-sugar will frequently relieve excessive sour vomiting. (F. J. Rockwith, Med. Inv., v. 8, p. 547.)

Gastroataxia. Man, æt. 50, keeping the strictest diet, lost his appetite without any cause, is never hungry, or rather has disgust for food with sensation of pain in the stomach; taste not altered, tongue clean, stools every three or four days and scanty; abdomen not painful, soft and flabby. Allopathic remedies, especially purgatives and tonics, Marienbad, &c., increased the stools and the aversion to food. Thus continued one year, then had also emaciation, lassitude, night-sweats, hypochondria, and constipation alternating with diarrhœa. *Nux vom.*¹², every evening one drop in water. After eight days night-sweats ceased, daily small painless stools, no pain in stomach, better humor; other symptoms the same. S. L. for one week. No change. *Ant. cr.*³, quarter grain every evening; improvement in three days, and in a few weeks cured. (Sturm, A. J. H. M. M., 4, 57.)

Dyspepsia. A gentleman, aged 34, was unable to partake of any solid food for many weeks on account of the distress which followed in his stomach and bowels. He suffered all the time from pains in his head, abdomen, upper and lower extremities, that made him very restless. Bowels sometimes loose, passing considerable bloody water; greatly prostrated; craves cold water. *Arsenicum* and *Nux vomica* without relief. *Bismuth*, three doses cured him entirely in four weeks. (A. E. Small, U. S. M. and S. J., April, 1871.)

Girl, aged 20. After eating, pressure in stomach, belching, nausea, gagging. Headache and toothache; ebullitions; pulsations in abdomen; vertigo; constant chilliness, cold feet, internal shuddering; frequent desire to urinate; urine passes slowly with soreness and burning; stool dry, seldom; epigastrium bloated, tense, hard, painful to pressure. Pain extending to ribs into back. Face pale; bloated around eyes; skin dry. *Kali carb.*²⁰⁰,

three doses in eight days. Greatly improved. (J. Schelling, A. H. Z., 82, 93.)

Woman, aged 35, after childbed, pressing, tensive pain in pit of stomach, wakening out of sleep about two or three o'clock A.M. Empty feeling in stomach; little eating or drinking causes fulness and pressure in stomach; loathing, gagging, vomiting. The pressure spreads to left ribs, to the liver and into the back; is attended with belching, nausea, pressing pain in forepart of head into the eyes, and chilliness and shuddering. Face pale; eyelids swollen; tongue pale-grayish; stomach bloated and hard, painful to pressure; pulse weak, uneven. *Kali. carb.*³⁰⁰, two doses. Well in about three weeks. (J. Schelling, A. H. Z., 82, 86.)

A mason, temperament nervo-bilious; for the last year has had *dyspepsia*. For two hours after eating spits up his food, but it is not acid. A few mouthfuls of food seem to fill him to the throat. Stomach bloats a great deal with flatus, which gives him much distress. Bowels constipated. Has much dull frontal headache. Has taken much cathartic medicine, which does no good. In this case, every symptom, excepting the last one, is a most prominent characteristic of *Lycopodium* in its whole pathogenesis. One prescription of the 30th made a perfect cure. (W. H. Burt, U. S. M. and S. J., Jan., 1871.)

Mrs. C., aged 37, complains of aching pain in stomach, worse after eating; bitter taste in mouth in morning; *feels bloated two hours after eating*; cannot bear clothes tight on abdomen; *empty feeling of stomach and bowels*; no thirst; light hurts her eyes and makes her nervous. She feels better in the open air; has bearing down right at anus not relieved by stool; leucorrhœa. Gave *Puls.*³⁰. Nov. 9th. Patient reported herself cured. (G. O. Spence, Ohio Med. and Surg. Rep., vol. 5, p. 47.)

A maiden lady, very tall, spare, black hair and eyes. Can eat no meat; lives mostly on milk and Graham bread; has been so bad that at times she could retain on her stomach only a few drops of milk diluted with water. For years has vomited a great deal of green, bitter-tasting substance, and does not *now* pass a day without vomiting up more or less of the same. I found that she had once suffered from an eruption on the skin behind the ear, which had been cured by ointment.

I left *Sulph.* 2°, one powder dry on tongue, two nights in succession, then omit two nights, then repeat. As a result eruption reappeared within two weeks, and other troubles disappeared. Four

years afterwards this same thing happened. *Sulphur* in low potency had been given without avail. (E. B. Nast, A. J. H. M. M., 4, 71.)

Mr. ——. For a week had pains under scapulæ; loss of sight; vertigo. Took calomel and rhubarb. To-day (Nov. 16th) these are almost gone, but has the following: Urine thick *when passed* and very dark, sometimes, almost black; cold sweats at times; food has no taste; smoking makes throat dry and he does not enjoy it (all these for seven days). For one day craving for food; nausea when eating, so that he cannot get food down without retching; tongue white. *Verat. alb.* 2^m (Jenichen), every four hours, cured in a few days. (E. W. Berridge, A. J. H. M. M., 4, 73.)

Catarrh of the Stomach from grief and worryment. *Ignatia*: gulping up of ingesta or of bitter fluids, and irritation of the duodenal mucous membrane; *Phosph. ac.*: desire for fruit and sour things, which are relished.

Catarrh of the Stomach from cold beverages as fruits, ice cream, &c. *Pulsatilla* in mild and gentle persons, with aversion to meat, and a thickly coated tongue. *Bryonia* in choleric persons with vomiting after drinking. (A. H. Z., 83, 65.)

Catarrh of Stomach, from eating fat and greasy food. *Ipec.*, if much saliva collects in the mouth. *Puls.*, if dryness in the mouth supervenes. (A. H. Z., 83, 64.)

Catarrh of the Stomach. Boy, 6. Since several days fever; drowsiness; vomiting of green slime; lips dry; smell from mouth as of sour milk; urine and perspiration of the same smell, perspiration is only partial. *Acon.* and *Bell.* for several days without effect. *Sepia*⁶ in water, well next day. (A. H. Z., 83, 81.)

Acute Gastritis. Mrs. H., æt. 76. Symptoms: Severe burning pain in epigastrium, followed by vomiting; indescribable anguish at pit of stomach, with nausea, and almost constant vomiting; restless, anxious, and faint; pulse thready; extremities cold; tongue fiery-red; intolerable thirst, but even a teaspoonful of water brought on violent retching. *Ars.*⁶ relieved in a few hours. Well in two days. (Lawrence Newton, Mon. Hom. Review, v. 15, p. 209.)

Gastricism. Woman, 29. Pain in stomach, worse on stooping. Pit of stomach bloated, tense, hard, and sensitive to touch. Eats little, and even this causes pressure in stomach. Stool dry; urine red, three times in night, the more she presses the less it flows.

Chilliness all the time; cold hands and feet, and paleness of face. *Kali carb.*²⁰⁰. Well in eight to ten days. (J. Schelling, A. H. Z., 82, 199.)

Woman, 70. Pit of stomach swollen, tense, sensitive to touch. Deep in that region is felt a lump as large as a fist, quite sensitive to pressure. Feet cold and œdematous. Loss of appetite, cough with anxiousness. Feels empty, gone in pit of stomach, but eating causes fulness, heaviness, tension in pit of stomach with difficult breathing. After this comes on again empty feeling; tingling, nausea with yawning, and throbbing in præcordial region. Stool torpid, dry. Palpitation of heart, ebullition with heat from abdomen to head; pulse weak and uneven, now quick, now slow; pain in back and small of back; weary in limbs; chilliness all day; restless sleep. *Kali carb.*²⁰⁰, two doses relieved in two to three weeks. (J. Schelling, A. H. Z., 82, 188.)

Mr. — perspires easily. After exertion in the vineyard, he drank grape-cider. When coming home felt weak; took a warm foot-bath; soon felt pain and pressure in stomach, with wind and bloating of pit of stomach, nausea, and vomiting of phlegm. The pain increased and extended down to the navel, to both sides in the lower abdomen, to the kidneys and bladder, and down into the testicles; worse from uncovering; chills from any motion; anxious perspiration; constant groaning. The whole abdomen is bloated, painful to touch; the face is bluish-red, covered with perspiration. *Nux vom.*, and later *Sulph.* did no good; gagging and vomiting of ingesta and slime continued; no sleep; great perspiration all night without relief. *Kali carb.*²⁰⁰, relieved at once. (J. Schelling, A. H. Z., 82, 204.)

Boy, 16. Has gradually lost his appetite; all food he likes causes nausea; frequently, empty gone feeling in stomach; dryness of mouth; dry stool; turbid urine. Face pale; eyes dim; pressure in front of head and eyes, with heat in head and flashes of heat. Right ear hot; left ear pale and cold. After washing in cold water, red spots on face. Evening and morning dry cough with burning in the chest. He feels weak, and constantly chilly, and has now and then stitch-pains in the limbs and about the ribs. At times there is an eruption of vesicles on back and thighs, which itch greatly in the evening. Weakness of sight since measles; when reading a fog before the eyes. *Kali carb.*²⁰⁰, two doses. Gradually all symptoms disappeared in the course of a few weeks. (J. Schelling, A. H. Z., 82, 204.)

Woman, 36. Headache, vertigo on motion, nausea, loss of appetite. After eating, pressure in stomach, rumbling in bowels, urging to stool and diarrhœa. Pit of stomach bloated, sensitive to pressure; great throbbing in epigastrium; frequent yawning; urging to urinate, even at night. Pressive stitch pains in small of back, nape of neck, and shoulders. Flashes of heat towards head with vertigo and nausea; oftener chilliness; restless sleep. Nux vom. and Sulph. relieved somewhat, but two doses *Kali carb.*²⁰⁰ in eight days' intervals, cured her entirely. (J. Schelling, A. H. Z., 82, 102.)

Woman, 42. Emptiness in stomach with desire to eat; after eating the lightest kind of food, nausea, gagging, and vomiting. Then again, emptiness with nausea; throbbing in pit of stomach, taking almost her breath, with constant yawning. Stool dry; stomach bloated, tense, and painful to pressure. Awakens early in morning with headache and dizziness, and feels nauseated at the sight of food. *Kali carb.*²⁰⁰. Well in eight days. (J. Schelling, A. H. Z., 82, 93.)

Woman, 45. Bloatedness of stomach, headache, chilliness, heat, nausea, thirst, bitter taste, gagging, vomiting; pressure in front of head and eyes; gray-yellowish tongue; thirst; after eating, pressure and fulness of stomach, and loathing; breathing heavy; anxious; face pale; heat in head; no sleep. *Kali carb.*²⁰⁰. A few doses; soon well. (J. Schelling, A. H. Z., 82, 93.)

Young man, 24. Burning, pressure, and aching in pit of stomach, extending over chest to pit of throat; after eating, cutting in left side of stomach, and very painful grasping, extending over chest; in the middle of chest feeling of a hard ball, with great pressure, extending to the back. Gulping up of phlegm relieves, but the pain soon returns, with heavy beating in the pit of stomach; frequent stitch-pains and tearing in the limbs; heat and ebullitions towards head; frequent chilliness and shuddering. Cough worse evening and morning, with grayish, greenish, lumpy expectoration; pulse small. *Kali carb.*²⁰⁰, two doses. Well in ten days. (J. Schelling, A. H. Z., 82, 174.)

Chronic Gastritis. Gnawing pain after eating, continuing till food is digested; tea relieves him, if in much pain; better and stronger immediately after eating; no headache; eyes and face flushed and hot; tongue generally dry in the morning, large and red; bowels regular, clay-colored; feeling of thickness and dulness of pyloric end of stomach; body well nourished and fat. When the pain is

very severe it is burning, and goes through to a spot on a level with spine of ninth dorsal vertebra, which can be covered with a penny piece. Wet compress, covered with oil silk, on stomach, till skin becomes red; then omit in daytime. Hydras., half-drop doses, in water, three times a day for three days; then *Sulph.*³, 2 grs., night and morning, one day, and repeat. Cured in a few weeks. (Clifton, H. W., 6, 203.)

Mrs. M., aged 50. **Cardialgia** since three years; tried everything but homœopathy; pains begin in abdomen, radiate upwards on the left side to the chest and back, with great dyspnoea; pains are constantly burning; she has an appetite, but throws up her food soon after eating; pains worse at night; unquenchable thirst; constipation; cachectic look. *Ars.*, repeated, from 9^m to 3d dilution; cured in four weeks. (Klinik, A. J. H. M. M., 4, 117.)

Cardialgia, especially at night; cannot remain in bed, nor rest a single minute; throws herself about; cold sweat on forehead; pain begins in stomach with a disagreeable pressure, steadily increasing with terrible anguish and shortness of breath, then pains in bowels and back; vomiting sometimes relieves; no appetite; feels best when stomach is empty. *Ars.*³, in solution, three times daily for two weeks; cured permanently. (Klinik, A. J. H. M. M., 4, 117.)

February. Woman. Burning pain in the stomach, worse in middle of night; had driven her out of bed for several nights past at that time. *Ars.*⁴, four globules dry every four hours. Cured. Developed a salt rheum, which had been suppressed by the use of a wash. (E. B. Nast, A. J. H. M. M., 4, 71.)

Gastrodynia. Anæmia; chlorotic color of face; dysmenorrhœa; constipation; irritable. *Graphites*. (A. H. Z., 82, 112.)

Cardialgia, of four years' standing; treated allopathically. The pain commences in the pit of stomach, and spreads to upper abdomen, back, and especially kidneys; vomiting; constipation; urine scanty, reddish, turbid, and painful to discharge. *Gratiola*, two drops of tincture, several times a day; cured in short time. (K., H. Kl., 1871, 59.)

Cardialgia. The patient, a very talented young lady, brought up in wealth and allopathy. Every year for several years had suffered one to three months with most violent spasms of the stomach. For the last two months she had been confined to her bed. The patient sitting bent forward in bed, giving vent by spells to most fearful screams; emaciated almost to a skeleton; the least

morsel of food would bring on a paroxysm of pain in the stomach, the emaciation being really from inanition; the pain in the stomach she described as if it was drawn up into a knot; bowels obstinately constipated; always vomited or tried to vomit whenever the pain was violent; the matter ejected was generally acid, but sometimes not; her face was greatly jaundiced, and this she said always would come on in twenty-four hours after having pain. This symptom at once made the case look as if gallstones were at the foundation of all the trouble, but the pain was not located in the right place; *extremely irritable*; temperament nervous. The key that led to the choice of the right remedy in this case was *especially* the *extreme irritability*. Between the paroxysms, of the most agonizing suffering, she would give vent to her irritability by the most vindictive expressions at medicine, her mother, or some of her best friends. The constipation and nervous temperament were also key symptoms, all pointing to *Nux vomica* as the true specific in this case. Five or six drops of *Nux vom.*²⁰⁰ on her tongue brought on such an aggravation that she had to be held in bed, but in one hour the pain was gone to return no more. (W. H. Burt, U. S. Med. and Surg. Jour., January, 1871.)

Mary T., aged 47. Had great *pain in her stomach*; had no appetite, and if she did take food was soon after "sick to death." *Nux vom.* cured. (J. H. Nankivell, Mon. Hom. Review, v. 15, p. 135.)

Gastrodynia. A very large, lymphatic lady, aged 28. Has had the disease several times in her life; generally lasts from one to two weeks at a time; always been treated allopathically; was called to treat her in the evening; she was sitting in a rocking-chair bent forward, and constantly rocking, suffering so much that the sweat was running from her face; was in constant pain in the stomach, but every few moments she would cry out from the severity of the pain; had been suffering about two hours, and in that time had vomited frequently, first the food, but now only a slimy mucus, which emitted a most intense acid odor; she said it was so sour that it set the teeth on edge; bowels inclined to be costive. The key to this case, that led to the selection of the true remedy, was the lymphatic temperament, the disease coming on in the evening, and especially the extremely sour matter vomited. These symptoms are a few of the most prominent characteristics of *Pulsatilla*; it was given in the 200th dilution, one dose, in powder on the tongue dry; no relief came in twenty minutes, and another powder of the same was given, and in five minutes after

the pain left to return no more. (W. H. Burt, U. S. M. and S. J., January, 1871.)

Mrs. L. Tight, suffocative, dull, heavy ache in epigastrium, through to the back; clothes seem too tight; weak feeling in the epigastrium; all aggravated by talking; frequent taking long breath; stitching pains in back of right hip; limping walk. *Rumex cr.* 15°. Cured. (J. C. M., A. J. H. M. M., 4, 137.)

Sarah S., æt. 54. For a year has had *attacks of pain in the epigastrium*; pain comes on gradually, first in the epigastrium, and from this radiates upwards and to both sides, reaching to the back between the lowest point of shoulder-blades; it increases in violence till it becomes agonizing, then gradually subsides; as the pain comes on she shakes with cold, and the hands and feet are cold. *Verat.*³. In one week she was well. (Bayes, Mon. Hom. Review, v. 15, p. 15.)

Scirrhus of the Pylorus. Mr. Z., æt. 50. Has of late years had bilious attacks, dyspepsia, for which he has dosed allopathically. Last summer he went to the Virginia Alum Springs. Thought he was better, and bringing home a barrel of the water drunk, in two months, twenty gallons. For a week, inability to retain food in stomach; great desire to eat, but in a quarter of an hour after, throws up the food; when abstaining from food felt a "gnawing" in stomach, as if its sides rubbed together, with this a sharp, piercing, "*stabbing*" pain; burning pain in stomach; great thirst; alternate diarrhœa and constipation; restless and sleepless at night; limbs cold to the touch, but hot to himself. *R.* Arsenic 40^m. During six weeks he took Arsen. 2^m, 2°, 30th and 3d without benefit. Then Podop., Phos., Nux v., Coloc., Ipecac. At last, under Tart. em., the vomiting stopped for three weeks; now Tart. em. 6th, which again stopped the vomiting for a month. Then, in the epigastric region, appeared a hard, solid tumefaction and more vomiting. *R.* Lycop. 6^m. The following night at midnight he was taken with hemiplegia, unable to use the right arm and leg, and speechless; in other respects better. *R.* Sac lac. Improved for two days, but on the third he died in another paralytic shock. Post-mortem showed scirrhus condition of the pylorus, the stomach being like gristle, or like cutting a corn-cob, tending all along the lesser curvature. I made no examination with the microscope; but sent the diseased stomach to the museum of the Hahnemann Medical College.

Query.—1st. Did not this patient, who thus prematurely *corned*

his stomach with *alum-lye*, thereby cause his previously *functional* disturbance of the stomach only, to change the nature of the disease into a *malignant organic* one?

2d. Did *Lycopodium* really cause the symptoms which followed its administration; and if so, might it have wrought a beneficial result if it had been sooner prescribed? (C. H. Haeseler, H. M., June, 1871, p. 545.)

Cancer of Stomach. Miss —, 25, a teacher, was given up by the old school. To the extreme, emaciated; could not stand without support; pit of stomach painful; vomits all she eats; only water with milk stays sometimes at the stomach. *Hydrastis*³ twice daily, three, and later, five drops. After fourteen days the vomiting had ceased. *Hydr.*² in the same way. Well in four to six weeks. (Hendrichs, A. H. Z., 83, 128.)

Arsenate of Soda in Hæmatemesis. Recommended by Dr. C. H. Haeseler as superior to all other medicines. (Transac. Hom. Med. Soc. of Penna., 1870, p. 27.)

INTESTINAL CANAL.

Diarrhœa only by day, not at night. *Conium*, *Kali c.* (B., A. J. H. M. M., 4, 120.)

Involuntary Stool while Coughing. Cured. *Phos.*⁴⁰⁰. (Lillie, A. J. H. M. M., 4, 80.)

Diarrhœa after a rich meal; wakes at half past two for several mornings, and repeats several times through the day; it is slimy, streaked with blood and attended with some tenesmus. *Dulc.*, *Merc. corr.* did no good. *Arg. nitr.*³ relieved at once. (Müller, H. Kl., 1871, 100.)

Intermittent Diarrhœa. Woman, 48. After taking cold, pain in bowels and diarrhœa regularly every morning at four o'clock, with colicky pain and great rumbling in the abdomen; arms and legs go to sleep at the same time; afterwards she goes to sleep again, but feels badly all day. *Cham.* and *Arsen.* did no good. *Aranea Diadema*, three doses, cured. This remedy has colic with borborygmi, diarrhœa, and going to sleep of arms and legs. (Nunez, A. H. Z., 83, 22, from El Criterio Medico.)

Girl, 2½ years old. Since several weeks fluid, foamy, acrid, and extremely foul-smelling stools, several times a day, passing at the same time large quantities of wind; abdomen bloated; appetite

small; eructations of foul-smelling air; restless sleep at night; temperature of skin variable; face sallow; weak and irritable; slight cough. R. Tinct. *Arnica* ex radice, six drops in six tablespoonfuls of water, to be taken during the day. Cured in three days. (Schmid, A. J. H. M. M., 4, 58.)

Boy, æt. 9 years. Diarrhœa and dry cough since several months. Dec. 12th, 1845. Extraordinary emaciation, exhaustion, and lowness of spirits; can hardly stand up; loss of appetite; nausea; thirst; frequent diarrhœa; stools black and foul-smelling, preceded by colic; abdomen tense, hard, and tender to touch; dry cough; normal sounds in chest; rapid, small pulse; skin dry, burning; evening febrile exacerbation. *Calc. c.*⁴, four drops in water, one tablespoonful morning and evening.

Dec. 16th. State the same. *Acon.*⁴ in water, every hour (continued two weeks). Symptoms gradually abating until Jan., 1846; feels well, but still weak. *China*⁴ morning and evening finished the cure in two weeks. (Arnoud, A. J. H. M. M., 4, 58.)

John F. C., æt. 65. Diarrhœa since three weeks, every other day at same hour early in morning; coldness; slight chills; followed instantly by exhaustive, watery, grayish-colored stools, changing toward brown and curdled, resembling coffee settlings; pulse low and intermitting; cold, profuse, thin perspiration all over body. *Digital.*²⁰⁰ (Taf.) Cured. In this patient, cough and bowel affections seemed to alternate; cough at one attack is followed by diarrhœa at next illness, and *vice versâ*; cough worse at night; diarrhœa early in morning. Dropsy had accompanied these conditions; at one time thoracic, at another, abdominal. (Rockwith, A. J. H. M. M., 4, 65.)

Chronic Diarrhœa. Old lady, hereditarily so inclined. The attacks come on suddenly, and the stools are almost always scanty, somewhat slimy, and of a light red color; sometimes bloody; forcible and sudden; sometimes offensive, and at others not. The movements are frequent, and occasionally involuntary stool occurs while passing flatus or urine, or during sleep. The discharges are attended with pain. *Aggravation* from eating vegetables, fruit, or pastry; from 2 to 3 A.M. to 2 P.M., in a warm room, in winter; when taking cold; at night; from cold food or drink; after eating; in damp weather; from exercise. Pains *relieved* by lying down, and from passing flatus. She cannot bear her clothing tight about the waist. The pain is of a "dead, heavy" character, and goes through from the abdomen to the back; much wind in the bowels,

and sickness at the stomach; appetite very poor, and much thirst; is inclined to be chilly; has burning in abdomen accompanying the pain; does not sleep well at nights; after an attack she feels very tired, and "sore across the bowels, sides, and back;" she is very weak; *she has a disgust for bread, of which she was formerly fond*; is subject to rheumatism; and has had, at times, a discharge from the left ear, of a yellow color.

This patient had been treated allopathically by several physicians without benefit. *R. Natrum sulph.* 7th. Cured. (T. Pratt, H. M., Sept., 1871. p. 96.)

Chronic Diarrhœa for the last four months; averages about six stools a day, all of which are *in the forenoon*; the stools are composed of *mucus and a great deal of black watery matter*, accompanied by severe pain in the hypogastric region during and after stool. *Podophyllum*, 30th dilution. Cured. (W. H. Burt, U. S. M. and S. J., Jan., 1871.)

Chronic Diarrhœa and Prolapsus Uteri. A woman, æt. 28, had chronic diarrhœa for eighteen months, always in the morning after rising, until ten or eleven o'clock. Stool slimy, yellow, painful. Prolapsus uteri for many years, sometimes becoming very distressing, and causing the usual train of symptoms. The administration of *Podophyllum*³⁰, followed by *Sulph.*²⁰⁰, gave remarkable relief. (J. H. McClelland, Tr. Penna. Hom. Med. Soc., 1870, p. 57.)

Rumex crispus. Useful in *morning* diarrhœa. (C. Preston, H. M., Sept., 1871, p. 95.)

Dr. Maeschler recommends *Silicea*¹² to ³⁰, in drops, for *chronic diarrhœa* from ulceration of the bowels. The stools are mostly of pap-like consistency, of offensive odor, often containing undigested food, with more or less griping before stool. (N. A. J. of H., 19, 415.)

A woman of 60 had severe diarrhœa from fright. Stools liquid, gushing out with force, and she feels exhausted in consequence of the long-continued diarrhœa; *cold sweat all over the body with every stool*, but especially on the forehead. *Veratrum*²⁰⁰ brought speedy relief. (Bruckner, N. A. J. of H., 19, 417.)

Therapeusis of **Cholera Infantum**, by A. Lippe. (N. A. J. of H., 20, 224.)

Cholera Infantum is less prevalent when fruit is abundant, and earlier. In Philadelphia the following is the death-rate for cholera infantum during the past six years: 1866, 812; '67, 772; '68, 856;

'69, 789; '70, 874; '71, 750. (P. Dudley, H. M., Oct., 1871, p. 136.)

Cholera Infantum. The following inferences can be drawn from the Philadelphia death-rate:

1st. That there are marked and sudden fluctuations in the number of deaths from cholera infantum from day to day.

2d. That these fluctuations correspond very frequently with fluctuations of temperature—the increase of mortality occurring either on the same day as the increase of temperature, or on the day next succeeding.

3d. That these fluctuations are more marked about the time that the epidemic is at its height, than at any other period before or afterward.

4th. That there is a gradual rise in the daily mortality from the beginning of the epidemic, and a gradual falling off towards its close, which are not attended with a gradual increase and diminution of temperature.

5th. That occasionally a very great elevation of temperature occurs without being attended by a perceptible increase of mortality.

6th. That the period of greatest fatality occurs about the middle or latter end of July.

The correspondence between the increase of mortality and the rise of temperature does not entirely disappear at any time during the continuance of the epidemic.

Slight changes in temperature are not always attended by any increase in the death-rate, and sometimes the temperature on a given day rises to a very high point with no increase in the mortality. Such days have been preceded by cool weather. A certain amount of hot weather is needed to create a predisposition to the disease, and when this is once developed, the heat of a single day acts as an exciting cause. This predisposition is not a mere debility, else the worse mortality would be at the end of hot weather, which is not the case. Thus, cholera infantum requires for its development a certain occult systemic condition which acted on by a certain atmospheric temperature induces a predisposition to the disease, and children not thus systemically affected will escape from it, however great the heat or debility. The influence of age is here shown.

Table showing the number of deaths from Cholera Infantum, occurring in each month of Infant Life, from 1866 to 1870, inclusive, reported at the Philadelphia Health Office, between June 1st and September 30th of each year.

Age.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Total.
1866.	24	41	48	47	64	43	59	56	45	46	54	41	74	24	24	18	20	15	36	12	7	9	5	0	812
1867.	36	29	23	42	73	53	65	52	55	54	63	35	68	24	26	17	10	14	17	8	4	2	2	0	772
1868.	29	38	47	62	66	65	72	60	51	63	65	57	52	34	25	16	15	10	13	4	3	6	1	2	856
1869.	50	37	24	54	59	56	79	64	53	46	49	41	54	20	20	21	15	13	21	4	2	3	4	0	789
1870.	27	45	54	61	61	63	60	85	60	60	60	49	52	23	29	21	11	15	20	6	4	4	2	2	874
Average,	33	38	39	53	65	56	67	63	53	54	58	45	60	25	25	19	14	13	21	7	4	5	3	1	4193

These figures show that the disease may manifest itself at the earliest period of infantile life, or at any time, until the process of dentition is completed. The records of the office show scattering cases during the third year or even later, but we have included only those of the first and second years. Some medical writers say the disease rarely manifests itself before the 4th month, but our figures do not seem to confirm the assertion. The most fatal months are as follows, mentioned in the order of their fatality.

- | | |
|----------------------------|-------------------------------|
| 1866,—5th; 7th; 8th, 11th; | 1869,—7th; 8th; 5th; 6th; |
| 1867,—5th; 7th; 11th; 9th; | 1870,—8th; 6th; 5th; 4th; |
| 1868,—7th; 5th; 11th; 6th; | Average,—7th; 5th; 8th; 11th. |

It appears that the 5th and 7th months are the most prominently fatal of all. The 11th month also shows a fatality greater than do the months immediately preceding or succeeding it. In 1867 and 1869, the 1st month exhibits a greater mortality than the 2d and 3d. It will be observed that the 13th month appears to have been peculiarly fatal. This excessive fatality is only apparent, and is explained by the fact that many of these cases are recorded as being "aged one year," the exact number of months not being given. Many of these cases were doubtless 13 or more months of age, and should have been so recorded. So of the 19th month, which includes cases returned to the Health Office at "1½ years old," some of which were probably 19 or 20 months old.

While the fatality of cholera infantum ceases with the first dentition, it does not begin at its commencement. Its fatality is

greatest before dentition commences. At the 11th month, during which no teeth appear, the disease is very severe. The influence of dentition on cholera infantum is connected not so much with the eruption as with the growth of the teeth. (P. Dudley, H. M., June, 1871, p. 513.)

Cholera Infantum, commencing with *violent and sudden vomiting of yellow fluid*, followed by *curdled milk* and cheesy matter, cured by *Aethusa cyn.*²⁰⁰, one prescription. (C. C. Smith, Med. Inv., v. 9, p. 6.)

John C., 4 months, pale-looking, since three days profuse diarrhœa. Child appears to have been fleshy, but fallen away; fontanelles open and depressed; thirsty, craving cold drinks; skin hot, then cold clammy perspiration, sweat more on head; evacuations watery, smelling bad; bowels "come down" sometimes. *Ars.*³ tr. gr. 1 every hour until better. In twelve hours no change except weaker. *Calc. c.*³ gr. 2 every hour. Improvement set in and continued under *Calc. c.* 5^x at lengthened intervals until health was restored. (Clifton, H. W., 6, 204.)

Cholera Infantum. A child cured after the failure of other remedies by *Calc. phos.* 2^s on the symptoms of "*longing for bacon, ham-fat,*" &c. (E. A. Farrington, A. J. H. M. M., 5, 69.)

Cholera Infantum, with coldness of body, blueness of nails and lips, cold sweat on forehead and upper part of chest, with icy-cold feet. *Camphor*²⁰⁰ cured promptly. (C. C. Smith, Med. Inv., v. 9, p. 6.)

M. B., aged 12 weeks, incessant diarrhœa and distressing bronchial cough, also some thrush; great emaciation. *Cham.* followed by *Merc. cor.* restored to very tolerable health in one week. (J. H. Nankivell, H. W., 6, 80.)

K., æt. 7 months, diarrhœa stools watery, yellow, at times slightly green; passed in a single gush; very little prostration; frequent during the day, none at night. *Crot. tig.*²⁰⁰ (Tafel) cured. (Goodno, A. J. H. M. M., 4, 132.)

C., æt. 6 months, vomiting and diarrhœa after taking the least nourishment; stools profuse, watery, yellow, and at times yellowish-green; passed with a single gush; about twenty-five stools during the day, none at night. Extreme prostration and emaciation; boring of head in pillows; fontanelles sunken; body and extremities cool; convulsions. *Crot. tig.*²⁰⁰ (Tafel), two doses cured. (Goodno, A. J. H. M. M., 4, 132.)

- **Croton Tiglium** in drop doses of the 3d or 6th dilution. Exces-

sive nausea and frequent discharges of greenish or yellowish water from the bowels. (A. E. Small, U. S. M. and S. J., April, 1871.)

Bromide of Potassa and Croton Tiglium in Chronic Infantile Diarrhœa, by E. M. Hale, Chicago. The child averaged fifty evacuations daily, causing failure of strength and emaciation. The stools were like *thin rice-water* with a bran-like sediment, without odor, and occurred after swallowing the least portion of food or drink, sometimes with tenesmus and pain, and at other times without; no vomiting, great thirst, and excessive irritability of the nervous system; constant crying and moaning; sleeplessness, bloodshot eyes, hot head, cold feet and hands, and bloated abdomen.

Kali brom.: Great weakness, emaciation, anxiety, nervousness, irritability, sleeplessness, heat in head, fulness with pale face, pupils dilated, eyes sunken, eyes congested, bloodshot, dry mouth, intense thirst, colic and frequent evacuations, rice-water discharges, cold limbs and body and hands.

Crot. tigl.: Frequent evacuations coming out like a shot; aggravation while drinking and eating; constant urging to stool; stool not always painful. Given in alternation they cured the case. (N. A. J. of H., 19, p. 320.)

Elaterium. When the stools were frequent and uniformly frothing, watery, and of pea-green color. Also in the incipient stage of cholera in adults when the stools are greenish or frothy. Dose, one grain of the third centesimal trituration. (A. E. Small, U. S. M. and S. J., April, 1871.)

A weak, delicate, emaciated child had diarrhœa for three weeks; stools very frequent, at times bloody, undigested, and accompanied with flatulence; skin cold and clammy; gags, but does not vomit; very thirsty. A dose of *Podophyllum*²⁰⁰ promptly cured.

Psorinum²⁰⁰ has been of infinite value in cases which did not respond promptly to the indicated remedy. The children having, in all cases, dirty, yellow, greasy skins, with a partially-developed eruption on their forehead and chest, with constant fretting and worrying. (C. C. Smith, Med. Inv., v. 9, p. 7.)

Profuse watery diarrhœa; restless and sleepless all night, with quiet sleep about six in the morning for about an hour. *Puls.*²⁰⁰, one dose. Well. (John Moore, U. S. M. and S. J., January, 1871.)

Child, 1 year old. On the mother's side dyscrasia, scrofula, softening of the brain, tuberculosis. From birth to the present time the child had enjoyed, apparently, the most perfect health. The teething process was delayed, for it had no teeth, and there

was no indication of such an event occurring immediately. The apparent difficulty was what seemed to be an ordinary summer-complaint. It yielded very quickly to treatment, but in a few days the child relapsed; prescribed again and again; it was again relieved, and this relieving and relapsing continued four weeks, when I began to feel seriously alarmed for my little patient, fearing the advent of tuberculous meningitis from symptoms that were rapidly developing. At this time its mother incidentally remarked "that its feet were very dry, and smelled just like an old person's." Gave *Sil.*, 30th, two pills. The difficulty was removed as if by magic. In six weeks the child cut two teeth. (John Moore, U. S. M. and S. J., January, 1871.)

Dysentery. Has some dryness of the mouth, thirst, and when the stools have been frequent, with extremely painful and burning tenesmus at the extreme of the rectum. *Aloes.*³ (A. E. Small, U. S. M. and S. J., April, 1871.)

I found the patient thrashing about the bed, throwing the arms about, moaning terribly, and refusing to be comforted. Her husband told me she had been in that condition all night. I gave her a dose of the 200th potency of *Arsenicum*. In a short time she became as quiet as a lamb; the bloody passages ceased, and returned no more; she went to sleep, and slept five hours, and was a well woman on the following day, except the usual prostration. (C. C. Smith, U. S. M. and S. J., October, 1870.)

Mr. P. has had allopathic treatment for a week without relief. Aug. 25th. Extreme prostration, incessant pains, no appetite, great thirst, but would drink only a swallow at a time, shivering and great exhaustion after each stool, very restless, severe tenesmus with burning in the anus. *Ars.* 2^o, in powders, the dose to be repeated in four hours, if no improvement by that time. Aug. 27th, found patient no better. I now made a more careful examination, and found the symptoms to be as follows: Stool bloody, slimy mucus; small, frequent; worse at night; before the stool he had violent, cutting, colic pains, especially through the hypogastric regions. These pains continued during the stool, accompanied by burning in the anus. After stool, prolapsus of rectum; great tenesmus, with shuddering; very restless and irritable; face pale; countenance wretched; abdomen was sore to the touch. He was also troubled with frequent urging to urinate, and burning after urination, and the flow was spasmodic and painful. *Rj.* *Cantharis* 2^o to be followed in twelve hours, if no better,

by *Canth.* 40^m. Cured in twelve hours from the taking of the 40^m. (R. S. Brigham, H. M., March, 1871, p. 400.)

A lady had excessive flatulence, constant and distressing pressure on rectum, urgent straining, with shuddering and sense of inefficient evacuation. Discharges small, shaggy, reddish mucus, extruded with great difficulty with coincident tenesmus of the urethra. *Lycopodium*²⁰⁰ cured promptly. (Wm. H. Holcombe, Med. Inv., v. 9, p. 1.)

Chronic Dysentery. Sick twenty years. Stools bloody, small white particles like opaque frog-spawn, mixed with brownish, bloody fluid; very frequent. *Before stool*, which he cannot retain, violent urging; *after stool*, relief. Aggravated from *lying on the left side; warm food and drinks*; lying on back. Amelioration from lying on right side; *after sleeping; cold food and drinks*. Tongue dry, red, and cracked; burning and distress in the stomach with hot eructations; occasional vomiting of food or mucus; anorexia; *intense thirst for very cold food or drinks*. Sleeplessness. Great debility. After one dose of *Nux v.* 2^c, *R. Phos.* 2^c in water every three hours. Cured in eighteen days. (J. B. Bell, H. M., Jan., 1871, p. 286.)

Dysentery. A lad, aged 14, was passing, and had been for a number of days, stools like water in which meat had been washed, and his mother told me that his passages and sufferings were invariably worse from early in the evening until three o'clock in the morning, when he became more comfortable. The time of exacerbation pointed to two well-known drugs, viz., *Merc.* and *Rhus*; but as only one of these has this characteristic stool, the *Rhus tox.*, I administered it in the 200th potency, and had the satisfaction of seeing the lad improve from the time the first dose was taken. (C. C. Smith, U. S. Med. and Surg. Journ., October, 1870.)

Dr. E. C. Price has used *buttermilk* as a diet in dysentery for twenty years, and *peaches* for about fifteen years, with great beneficial results. (Am. Obs., 1871, 426.)

Microscopic Objects found in Cholera Evacuations, &c., by Timothy Rich. Lewis, M.B., Calcutta, 1870.

In this research attention has been specially directed towards obtaining facts bearing on the truth, or otherwise, of two hypotheses regarding the cause of cholera, namely: the theory of its fungoid origin, particularly the one advanced by Prof. Hallier, of Jena, and the theory of the connection existing between cholera

and certain conditions of the soil, promulgated by Prof. Max Von Pettenkofer of Munich. In both theories the existence of a specific poison of an organized nature is maintained,—a *germ*; and both savants believe it to exist in the alvine discharges of a person affected with cholera. The Munich professor dares not to risk an opinion as to whether it belongs to the animal or to the vegetable kingdom, but infers that the soil is the *nidus* in which it grows; whereas Prof. Hallier maintains that it multiplies in the human body, and unhesitatingly affirms it to be a fungus. An account of the observations which have been made, in order to test the views advanced by Prof. Hallier, will occupy the first portion of the report; and as in the course of the investigation my attention has been directed to a consideration of the microscopic objects which are found in the evacuations of cholera patients, a description of them will at the same time be given, together with illustrations of various initiatory experiments bearing on the general question of “disease germs.”

Dr. Lewis sums up the results of his investigations in the following conclusions:

1. That no “cysts” exist in choleraic discharges which are not found under other conditions.

2. That cysts or “sporangia” of fungi are but very rarely found under any circumstances in alvine discharges.

3. That no special fungus has been developed in cholera stools, the fungus described by Hallier being certainly not confined to such stools.

4. That the still and active conditions of the observed animalcula are not peculiar to this disease, but may be developed in nitrogenous material even outside the body.

5. That the flakes and corpuscles in rice-water stools do not consist of epithelium, nor of its debris, but that their formation appears to depend upon the effusion of blood-plasma; and that the “peculiar bodies” of Parkes found thereunto correspond very closely in their microscopic and chemical characters, as well as in their manifestations of vitality, to the corpuscles which are known to form in such fluids; these are generally, to a greater or less degree, associated with blood-cells, even when the presence of such is not suspected, especially as the disease tends towards a fatal termination, when the latter have been frequently seen to replace the former altogether; and

6. That no sufficient evidence exists for considering that vib-

riones, and such like organisms, prevail to a greater extent in the discharges from persons affected with cholera than in the discharges of other persons, diseased or healthy; but that the vibrations, bacteria, and monads (micrococcus) may not be *peculiar in their nature*, for these *do vary*, may not be the product of a peculiar combination of circumstances, and able to give origin to peculiar phenomena in a predisposed person is "not proven." In regard to Von Pettenkofer's theory, Dr. Lewis observes that his observations have not been sufficiently extensive or long-continued to justify him in the expression of an opinion. (S. A. Jones, *Am. Obs.*, 1871, 435.)

Cholera. "Cholera epidemics have a special life; they originate, grow, live, move for a certain period independent of all conditions, and then decay and die, and the miasm which produces the disease is of a parasitic germ origin, and has a living existence of its own. A district inclosed by a line drawn along the 86th meridian of E. longitude, from the mouths of the Mahanuddy to the roots of the Himalaya, and another line parallel to this, drawn from the northeast angle of the Bay of Bengal to the Himalaya, extending over an area of 122,500 square miles, is the perennial home of India cholera, where it always exists in its endemic condition, appearing and disappearing at different times and at different seasons. From this endemic area spring up those '*bodies of cholera*' which overflow the boundary from time to time, invading at last the regions of Asia, Africa, and Europe, which happen to be in their course, and the *materies* of cholera, whatever it may be, has a period of growth, existence, decay, revitalization, and death, these states being under the influence of time, place, and atmospheric conditions. The cholera miasm has a remarkable resemblance to that of the miasm producing malarial fevers, but it has its own specific character. Cholera miasm may exist without population. The existence of population is only the condition under which its presence is manifested; it will cross unpeopled deserts, and attack the districts beyond, if lying in the direction in which it is progressing, and hence all attempts to arrest its course by quarantine must necessarily be futile; once started on its course it must fulfil its life period, which, for Northern India, appears to be four years." (Related by B. W. James, H. M., October, 1871, p. 140.)

Rubini's method of treatment deserves the first place (five drops saturated solution of *Camphor* every five minutes). Next to this,

Ars., *Cupr. ac.*, and *Verat.* The *Ars.* may be used in the 3d dec., or in the form of Fowler's solution. *Cupr. acet.* in the first centesimal trituration. *Ipec. 1st*, *Verat. alb. 1st*, and *Iris versicolor 1st*, for the diarrhœa and vomiting, especially in the later stages. *Ars.* and *Cupr.*, in low dilutions, in the early stages, Camphor all stages. The high dilutions come into play in the stage of collapse. Prevention—an occasional dose of camphor when the patient feels depressed or has looseness of the bowels. A flannel belt around the abdomen, and careful avoidance of chills and damp, are good preventive means. (Wm. Bayes, *Mon. Hom. Review*, v. 15, p. 542.)

• Girl, 21. Was attacked with vomiting and purging. This ceased without any medicine, but was followed by spasms, bending the body backwards, and twisting the extremities, first in longer then in shorter intervals, and lasting from five to ten minutes. *Camphor*⁶, in water, was followed by a stronger spasm; after it the girl fell asleep. No spasms followed; well next day. (Karl Hencke, *A. H. Z.*, 83, 119.)

Woman, 31. Sudden violent vomiting of watery fluids with cramps in stomach; cool skin; weak, soft, slow pulse; great debility; anxiety and fear, as though cramps in the calves would set in; stool diarrhœic yesterday; to-day neither stool nor urine. *Jatropha*¹⁵, in water, a teaspoonful after vomiting. In two days well. (Karl Hencke, *A. H. Z.*, 83, 119.)

Characteristic of *cholera* is its commencement in the morning; its cramps especially in the calves of the legs; the indifference of mind; and lastly, during convalescence the red spots, furuncles, &c. The *sulphur symptoms* correspond to this group. The most important are the *mental symptoms* (indifference); then the *susceptibility to temperature* (warm things feel hot); then the *nerve-symptoms* (cramps); and at last the *termination* (red spots and furuncles). (C. Hering, *A. H. Z.*, 83, 99.)

Cholera Morbus from drinking ice-water; four weeks old school treatment. Present state: Tongue white; clammy taste; *restless and sleepless during the whole night, but would get an hour's quiet sleep at about six in the morning*; no appetite; bowels torpid (had been taking cathartic pills), quite free from pain; *always felt better in the morning*, aggravation commencing in the afternoon. Gave two pills of *Puls.*²⁰⁰ and blank powders. Next day reported that he felt much better; had slept well all night. Continued the powders, and on the fourth day his bowels had not moved since I had been treating him. Gave two pills of *Nux.*³⁰; bowels moved in a short

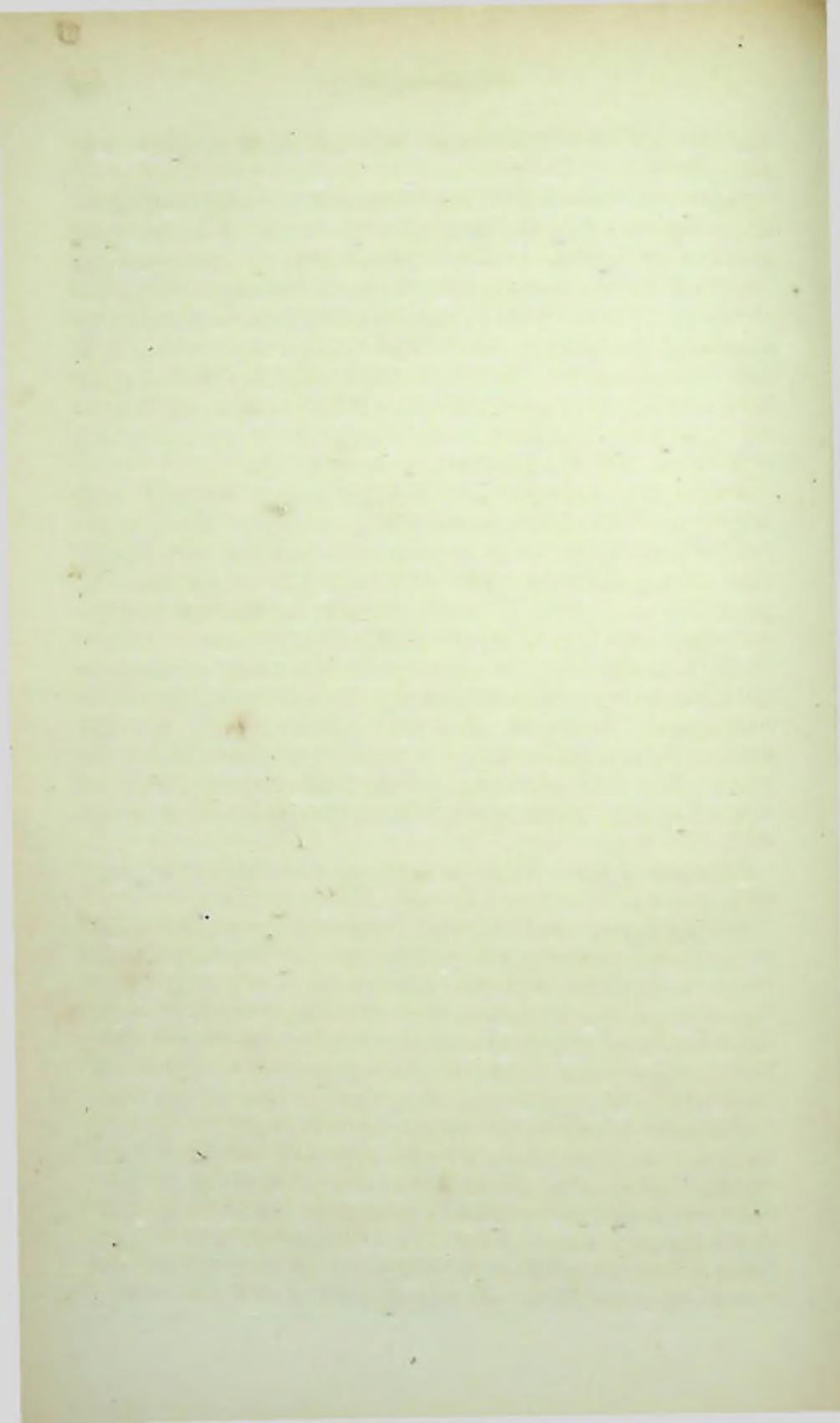
time with full restoration. (John Moore, U. S. M. and S. J., January, 1871.)

Ileus. After three days' constipation violent pain in the abdomen; vomiting first of ingesta and afterwards of yellow, thin, pappy, fecal matter; excessive thirst; abdomen distended and painful to touch; crampy motions of the intestines; at times a rolling up of a hard body in right hypochondrium; frequent hicough; small, frequent pulse; cold extremities; distorted face. *Opium*, twelve doses. Thirty-six hours after first dose a large, knotty alvine discharge, which was followed in short intervals by ten more, with restoration to perfect health. (E. Cserno, H. Kl., 1871, 50, from Hasonszenvi Lapok, 1870, No. 23.)

Young man, aged 24; pain in lower part of abdomen, right side; distension; constipation; nausea; vomiting. Puls., *Acon.*, *Bell.*, *Bryon.*, *Acon.*, all of no avail. On third day, after *Opium*, storcoraceous vomiting. Two days later signs of mortification; hands and feet cold; no pulse; hiccough; amaurosis. *Acon.*⁴. Two days later watery diarrhœa, otherwise the same. *Verat.*¹⁵. Three days after the pulse came back and hands and feet got warm again; but forearms and legs were covered with bluish-black spots. *Arsen.* Six days later yellow, stinking diarrhœa with tenesmus; pain in chest and shortness of breath; pneumonia dextra. *Carb. veg.*³, gradually getting better; after nine days one dose of *Phosph.*, which finished the cure. (Heyne, A. H. Z., 83, 146.)

Sambucus nigra. Useful in Ileus. (S. Lilienthal, H. M., Oct., 1871, p. 116.)

Intussusception. Mrs. T., aged 63, was treated for obstruction of the bowels by allopathic doctors for nineteen days without relief. I examined the case carefully. It was now seventeen days since the attack, during which time she had suffered almost every hour with nausea and pain in the bowels; she had taken everything, and abandoned the case as hopeless. I found the abdomen flat, with the exception of a swelling in the left hypochondrial region (apparently an intestinal tumor) about the size of a tea-saucer, resonant on percussion; pulse 110; tongue dry and heavily coated; urine scanty and high-colored; great debility; there was no hernia. Regarding the case as one of intussusception, I was at a loss to know how to remedy it. She was too feeble to bear an operation with the knife; of medicine she had already taken too much. Finally, it occurred to me to make a



ago; has been troubled since that time with constipation; *stools large and in hard lumps*; bowels move about every eight days; every few days has much pain and distress in the hypogastric region; pale and weak, otherwise well; is in the habit of taking a cathartic every three days. The symptoms in this case are the true characteristics of *Magnesia mur.* It was given in the 200th dilution; one dose acted on her bowels in twenty-four hours as a cathartic; but, as she said, "without pain;" and in two weeks she reported herself as having a natural stool daily, and feeling in better health than she had for the last two years. (W. H. Burt, U. S. M. and S. J., January, 1871.)

F. A., æt. 33. **Constipation**; even with a purgative, motions are hard and dark; numb extremities; knife frequently drops from his hand. Urine difficult, dribbling; high-colored and fetid. Sexual functions weak. Pulse quick, weak. *Plumb. carb.*¹ (Dudgeon, B. J. H., v. 29, No. 117.)

Mrs. Kùchler, æt. 50. Pale; rather emaciated; **constipation** in spite of cathartics. Fæces in small lumps; abdomen as large as a seven-month pregnancy; convolutions of intestines could be seen and felt through the abdominal parietes. *After eating*, violent retching and vomiting of food or mucus occurred. Violent spasmodic, cutting, contractive pains, with great restlessness, anxiety, and cold sweat, would bring lumps as large as a fist on the left of the abdomen. *Plumb.*⁵ cured. (Trans. Pop. Hom. Ztg. into B. J. H., v. 29, No. 117.)

Stool of, first, small round lumps, very dark green, almost black, difficult; the remaining part softer and larger; stool sometimes slips back when about to escape. With the stool he passes blood, sometimes bright, sometimes like jelly. *Sulph.*^{cm.} (E. W. Berridge, A. J. H. M. M., 4, 84.)

For two and a half hours violent bearing down in abdomen, after a difficult scanty stool; relieved by passage of flatus up or down. *Zinc*⁵⁰⁰⁰ (Jen.), two doses cured promptly. (E. W. Berridge, A. J. H. M. M., 4, 108.)

Melæna. A girl, aged 16 years. Acute distress in epigastric region, forcibly vomiting immense quantities of black tar-like matter, gushing from the nostrils, as well as the mouth. Extremities cold; countenance anxious, Hippocratic; pulse almost imperceptible; cold, clammy sweats; extreme prostration and exhaustion, seemingly the last straits of vitality reached. *Ipecac* relieved

promptly and permanently. (T. F. Pomeroy, *Med. Inv.*, vol. 8, p. 168.)

Hæmorrhoids after confinement. Where the tumors were much swollen, no hemorrhage, but much burning and smarting pain. *Aescul. hip.*, drop doses of tincture every three hours. (A. E. Small, *U. S. M. and S. J.*, April, 1871.)

Man, aged about 50. After operation for *hæmorrhoids*, suffers from icteric symptoms; fulness and bloatedness of stomach; eructations and rancid pyrosis; nausea and difficult vomiting of decomposed fluids; fine cutting pains beginning in the cardiac region, extending to and fixing itself in stomach; abdomen sunk in; no stools during paroxysms; injections did no good; pulse about 60, intermittent, as also the beat of the heart. *Crocus*, one to three drops concentrated tincture, relieved the attack. (Schmidt, *A. J. H. M. M.*, 4, 79.)

Man, 62 years. After écrasement of *hæmorrhoids* during healing of the ulcers; paleness and loss of flesh; great sensitiveness to contact of the anus; burning at anus; frequent darting along the course of the ulcers up into the rectum; slow healing; sleepless fore part of night. *Causticum*²⁰⁰, three doses, at intervals of three hours, cured. (J. C. Morgan, *A. J. H. M. M.*, 4, 89.)

Mrs. —, Oct 5th. For some weeks **pain** in *left* iliac region, as if parts were turned over. *Anacard.*³⁰, one dose, relieved same day. Oct. 22d. Same pain in *right* iliac region. *Anacard.*³⁰, one dose. Jan. 30th. No return since. (E. W. B., *A. J. H. M. M.*, 4, 73.)

Mrs. J. G. M. **Violent pain in abdomen**, with great deal of rumbling in bowels and loose stools, came on about 4 A.M., each morning, with great violence; with rumbling and diarrhœa, and a sensation of numbness of all the limbs, then pain would subside and she would sleep until 7 or 8 A.M. No appetite, and when she partook of food the pains increased at night. *Diadema*, cured. (Nunez, *Criterio-Medico*, *A. J. H. M. M.*, 4, 86.)

An old man of gigantic frame complained daily, about the same time in the forenoon, of severe *cutting pains in the abdomen*, with great distension from flatulency. The pains were so severe, that cold sweat of anguish broke out. Worse on motion, and relieved by lying on his back. *Nux vom.*^{2c}, cured him in two days. (Bruckner, *N. A. J. of H.*, 19, 416.)

A young woman. Has already taken many remedies against supposed *tœnia*; has several times a day rolling in the abdomen,

as if something alive were there, with spasmodic griping in the præcordial region; it rises then upwards in the throat; tongue becomes stiff; no appetite; abdomen always tense; stools irregular; menses painful, scanty, irregular. *Sepia*³⁰, removed all her troubles. (Kreussler, A. J. H. M. M., 4, 77.)

Intermittent Neuralgia. A girl, æt. 11. Had been exposed in region where intermittent fever was prevalent. Had had it (no regular chill) always accompanied with intense headache. Now had intermittent neuralgia of the bowels. About 4 P.M., would commence throwing up quantities of wind from the stomach; about 5 P.M., intense agonizing neuralgia would set in, like knives cutting her bowels, chiefly affecting her left side, coming on at intervals of a few minutes, and lasting from one to two minutes, so intense that it took three or four men to hold her. The attacks lasted from 5 to 9 o'clock, and would then terminate by two deep sighs or gapes. After the failure of *Nux*, *Ipecuc*, *Coloc.*, *Iris*, *Conium*, *Hyos.*, *Acon.*, *Natr. mur.*, *Veratrum album* was administered, in five-drop doses of the mother tincture, frequently repeated, and the pains were always controlled by it. (James Kitchen, A. J. H. M. M., 5, 20.)

Anisum stellatum. **Infantile Colic** ("three months' bellyache") with disturbed bowels. 15th to 30th dilution, every fifteen to twenty minutes until better. (Jeanes, A. J. H. M. M., 4, 132.)

Senna 5°, one dose commonly relieves infantile colic. (H. N. M., A. J. H. M. M., 4, 132.)

Prolapse of the Rectum. *Ignatia.* (Wm. Pearson, N. E. M. G., vol. 6, p. 11.)

Prolapsus ani. *Podophyllum* cured a case in a child of nervous temperament, with morning diarrhœa. (J. H. McClelland, Tr. Penna. Hom. Med. Soc., 1870, p. 56.)

Fissure of Rectum. Three cases, in all of them the most prominent symptom was spasms of the urethra; obstinate constipation; intense pain on defecation, and pains like coal of fire on attempting the introduction of enemata. *Hepar*³, a dose every morning, and *Nitric ac.*¹, a dose every evening. Each case cured in less than three weeks. (J. W. Cox, Tr. H. M. S., N. Y., 1870, 485.)

Rhus tox. (Fincke). Cured fissure of the anus with periodical profuse bleeding from the anus. (M. Macfarlan, A. J. H. M. M., 4, 73.)

Ulceration of the Rectum. *Hydrastis.* (J. S. Mitchell, U. S. M. and S. J., July, 1871.)

Helminthiasis. Boy has had chill, convulsions, and fever every afternoon for ten days. The chill is followed by from one to three convulsions, and high fever. Heat mostly in the face and head; pain in stomach and abdomen; pupils somewhat enlarged; constant rubbing of the nose; restlessness, with grinding of the teeth; sudden starts; abdomen bloated. Allopathic treatment of no avail. *Cina*²⁰⁰, in water, a teaspoonful every two hours. Next day better. In three days entirely well. (F. B. Smith, Am. Ob., 1871, 293.)

Ascarides. Stitches, itching, and a creeping sensation in the lower part of rectum. *Ign.* (Pierson, Tr. H. M. S., N. Y., 1870, 165.)

Ascaris vermicularis. I generally dissolve one grain of crude *Mercurius corrosivus* in twelve ounces of water, and direct one-third of it to be given as an injection, allowing it to remain a few minutes, say ten to twenty; if the patients are very young, they may not be able to retain it long enough. If the first enema does not bring away the mass of worms, you can have recourse to a second one in twelve or twenty-four hours. (J. H. Thompson, N. E. M. G., vol. 6, p. 72.)

Ascarides. *Salt water.* When my little patients suffer from these intolerable tenants, I direct an injection of *salt water*, which almost invariably puts a quietus to their operations at once. It has never failed me. In addition, I prescribe *Sulphur* most frequently in repeated doses, mostly in the mother tincture, but where relief is not so urgently demanded, in higher attenuations. (C. S. Middleton, N. E. M. G., vol. 6, p. 220.)

Tape-worm. F., aged 20, a pale, unhealthy-looking girl, has had tape-worm for four years. Allopathic treatment gave no relief. *Cina*³, three times a day, killed the worm; and it passed from her three weeks after commencing the treatment. (Dr. Bayes, Mon. Hom. Review, v. 15, p. 16.)

Santonine brought about a removal; it was given in grain doses every three or four hours. (J. H. Nankivell, H. W., 6, 254.)

Strongylus gigas. Its egg is commenced in the female animal, and finished after it is expelled from the body, and placed in contact with water or moist earth. From this time to the appearance of the embryo is some five or six months in winter, but in summer it is probably much shorter. The embryo remains in its shell a

whole year without perishing; but in contact with pure water in an artificial inclosure, it alters rapidly; it *lives* only in albuminous liquids. Desiccation for several days produces death of the embryo in the egg. The egg of the strongylus may not be inclosed in the digestive tube of the animal where it acquires its complete development, but in that of a different kind which is yet unknown, and that furnishes the parasite with a temporary resting-place until it migrates to its definite home. (M. G. Balbiani, Journ. de l'Anatomie, de la Physiologie, &c.; Ann. Obs., 1871, 9.)

The Eye in Trichiniasis Poisoning. "Soon after the stiffness of the muscles of the neck was remarked, it was noticed that the expression of the eye was very rigid, although the eyeball could be moved about without difficulty. This was attributed to the presence of trichinæ in the muscles of the eyeball. The patients were conscious of stiffness and difficulty in motion of the eyes. In a few days œdema of the eyelids was noticed, and of the tissues around the orbit. Afterwards the conjunctiva oculi became œdematous, so as to resemble the appearance in gonorrhœal ophthalmia. There was injection of the conjunctiva of the eye, and the palpebral conjunctivæ were very red, and also a little œdematous. When the œdema of the eyeball was at its height the eyeball was rather prominent, and its mobility disturbed. The iris contracted, and there was great mydriasis, so that there was no motion of the iris, even in changing of the light. The power of seeing was so far disturbed that the patients said they saw everything as if surrounded by a halo. Such appearances were only noticed in the severest cases of trichiniasis; they were bilateral and symmetrical." (Related by B. W. James, H. M., December, 1871, p. 232.)

PERITONEUM.

Peritonitis. Vomiting, meteorism, and inability to make water yield to *Acon.*, whilst *Sulph.* finishes the cure. (Heyne, A. H. Z., 83, 152.)

Mrs. —, 37; in consequence of taking cold. After chill, intense pain in abdomen, constantly increasing, and worse from slightest motion or touch; high fever, burning thirst; cheeks and extremities cold; occasional screaming from pain with following

vomiting of a green slimy fluid; diarrhœa; pulse weak and frequent; cautious percussion reveals an abundant exudate in the peritoneal sac. Cold water applications to the abdomen relieve to some extent the violent pains. *Bell.*, *Bry.*, *Merc.*, and *Veratr.* had been of no avail for two days. *Coloc.*³, in water, every two hours two teaspoonfuls, relieved her over night. The exudation yielded to *Bry.* and *Sulphur* afterwards. (Hirsch, H. Kl., 1871, 107.)

Ascites with sympathetic neuralgia left side of face into teeth; parts tender, preventing chewing; worse early morn and during day. *Hellebor.* 3^x. (B. J., v. 29, No. 118.)

LIVER.

Sympathetic Shoulder-pain in Liver Diseases. Dr. Embleton says: "The pain is referred to the angular space between the acromial end of the *spina scapulæ*, and the adjacent end of the clavicle at the lodgment of the trapezius muscle.

"At this part the external branch of the spinal accessory nerve, after having supplied the sterno-cleido-mastoid, and anastomosed with the second and third cervical nerves, enters the trapezius, forming a small plexus with twigs of the third and fourth cervical nerves, and is continued on along the vertebral borders of the scapula, supplying the trapezius in its course, and communicating with twigs of the intercostal nerves.

"This pain, when severe, extends from the shoulder-tip downwards to the lower angle of the scapula, and occasionally upwards along the side of the neck to the base of the skull, following the external branch of the spinal accessory nerve, which, in such cases, is tender to pressure, as is also the pneumogastric nerve of the same side. Pressure on these nerves aggravates the shoulder-tip pain, and upon the vagus excites or increases the liver-pain." (Related by B. W. James, H. M., March, 1871, p. 405.)

Bilious Colic. Constant pain over the gall-bladder, with a desire to keep moving, although motion was painful. *Baptisia.* (C. Westelhoeft, Tr. H. M. S. N. Y., 1870, 165.)

Mrs. P., aged 71, just recovering from attack of acute hepatitis complicated by passage of *biliary calculi*; painful stitches in right lumbar and region of liver, with tension across abdomen; stitches

worse on motion (particularly unguarded), or on deep inspiration. Bry.²⁰⁰, Nat. sul.²⁰⁰, Lye.³⁰⁰, only partial relief; later learned that the only position in which she found comfort was sitting stooped forward, with elbows on knees, and face in palms of hands; when walking stooped forward, steadying her body by placing hands on knees, to guard against sudden motion. *Kal. carb.*³⁰⁰ relieved in a few hours. (Henry C. Houghton, A. J. H. M. M., 4, 59.)

Bilious Colic with Reversed Peristaltic Action. An interesting case of this rare complication of disease is reported. After many remedies uselessly applied, the following helped: *Nux v.* 2d trit., every hour a half grain, at the same time the negative pole of the battery was placed into the rectum, the positive to the back of the neck for half an hour, then gave three drops of croton oil (this I should not give again), and reapplied electricity. The croton oil passed off in half an hour, the colic, nausea, and vomiting, which had tormented the patient (male, aged 56) for over four weeks, were much relieved, also the hiccough, which had lasted night and day for eighteen days. The *Nux* was continued at lengthened intervals as improvement progressed. The patient's health was entirely re-established. (S. Porter, Med. Inv., v. 8, p. 251.)

Gallstone Colic. After intermittent fever and hepatitis spells of biliary colic; jaundice; constipation; stool clayish; urine dark brown; liver enlarged. *Bell.* and *Coloc.* relieved the colic. *Oleum terebinthinæ*, in repeated doses for several months, cured the colic, and gradually the jaundice. (Mossa, H. Kl., 1871, 83.)

Gallstone Colic. After an intermittent fever suppressed by quinine and an hepatitis with jaundice, there are frequent spells of violent pain in the epigastric region, especially in the morning when getting awake and some time after dinner. He has to bend double, twists himself, and moans. Face is icteric; urine dark; much belching; vomiting of green-yellowish slime; when worst, shaking chill. Had used allopathically quinine and morphium. *Oleum terebinthinæ* in *Æther aceticus*, daily three times, four drops. Relieved greatly. After the last very severe spell followed diarrhœa and the discharge of a gallstone. (Mossa, H. Kl., 1871, 82.)

Two cases occurring in sisters in whom the disposition to gallstones was evidently hereditary. Each of the patients had for years been troubled with "liver-complaint," worse as they passed the climacteric period. Aside from the usual symptoms of gallstones, the patients suffered from *very sour eructations*. *Sweet oil* was given as follows: three ounces each night for four nights, fol-

lowing each portion with as much sweet cider as could be borne, from one to two pints per day. In every case the pains soon grew less and the next four days were passed in comfort. On the fourth day the stool would be composed of a soft, oily mass of concretions, some hard, others broken down and resolved to green oil. They were composed of hardened bile with cholesterine as a base. We claim no such virtues for the oil in case the calculi are composed of earthy salts. (C. D. Fairbanks, Med. Inv., v. 8, p. 197.)

SPLEEN.

Henry J., æt. 19, has a severe pain in the region of the spleen, increased by movement and especially by walking, but subsides when at rest. *Bry.*³ cured in a few days. (Bayes, Mon. Hom. Review, v. 15, p. 15.)

KIDNEYS.

Diabetes mellitus. Mr. A., æt. 56, passes daily from eight to ten pints of urine, sp. gr. 1035 to 1040, and loaded with sugar. R_x. Eight to ten pints of *skim-milk* daily, no other food being used. In two weeks the sugar was gone from the urine; the patient gained flesh, strength, and energy. In seven weeks allowed meats and green vegetables. Cured. (A. S. Doullin, H. M., Sept., 1871, p. 86.)

Diabetic Complications. Diabetes perfectly *destroys* the *genetic* desires with men, and *paralyzes* the copulative organs; on the contrary it exalts the *sensibility* of the *external genital organs* of women, provokes ardent desires, and fiercely urges her to coitus.

In the gangrene which depends upon diabetes, and which occurs almost always upon the toes, we see the inflammation beginning in the skin, often in the form of an ampulla, and splacelating the integument, which remains for a long time, and sometimes altogether, the only part necrosed. Then the inflammation is propagated and may extend, as with other patients, under the form of lymphangitis, to the entire surface of the foot. (Med. Inv.)

Acute Desquamative Nephritis. From taking cold after scarlet fever. *Acon.* 2^o, *Canth.* 2^o, *Apis* 5^m, followed by *Sulph.* 20^m, cured. Under the action of *Apis* the urine became more abundant and in a few days the ascites was removed. (S. H. Colburn, A. J. H. M. M., 4, 113.)

Morbus Brightii cured by Arsen. 10^m, by A. Lippe. Mrs. C., 50 years old, given up as incurable. For years she had complained of pains in the region of the right kidney and of palpitation of the heart, when taking much exercise. Passes large quantities of albuminous urine every hour and when exercising every quarter hour, but the urine was now flowing continuously, obliging her to lie down on large quantities of sheets. Of late these involuntary discharges had become bloody at times. Pulse 50 and feeble; breathing short and rapid. No appetite nor sleep; restlessness worse after midnight. (N. A. J. of H., 20, 172.)

Differential Therapeutics in Morbus Brightii, by Prof. Buchner. A quarter of all suffering from renal degeneration ascribes its origin to hypertrophy of the left heart, whereas the right heart takes part either directly through the lesser circulation or indirectly through the vena cava ascendens. *Arsenicum* is the representative of nutritive disturbances of the left heart, *Phosphorus* of the right heart, with simultaneous or consequent alterations of the renal organs. *Phosphoric acid* suits chronic cases with the character of great torpidity and a melanotic blood crisis. The *Phosphate* and *Arsenate of Lime* may be indicated in scrofulous, tuberculous, and the latter especially also in pancreatic diseases. *Cuprum* (left heart) gives us a slow lesion with simultaneous wasting away of the muscles. It is a grand remedy in syphilitic hepatites, and the dropsy (ascites) of *Cuprum* depends on cirrhosis of the liver. *Aurum mur.* also affects the left heart, and with it the secreting tissues of the kidneys. It causes a decided albuminous crisis, passing over in hydræmia, and suits cases arising from gout, renal calculi, tedious suppurations, syphilis, and hydrargyrosis, or hepatic degeneration.

Digitalis has a specific venous relation to the kidneys, and may act as a palliative. *Spigelia* produces rheumatic troubles, especially on the left side of the chest. *Bryonia* has great power of resorption, especially in the exudations of serous membranes. *Dulcamara* and *Colchicum* act well where the disease arises from cold and dampness. (N. A. J. of H., 19, 388.)

Renal Inflammation in cases accompanied by cystitis and tenes-

mus of the bladder. *Nephritic* difficulties are often the result of injury from particles excreted from the kidneys that find a difficult passage through the renal tubules. In all such cases no remedy acts more promptly and beneficially than *Arnica*. (A. E. Small, U. S. M. and S. J., April, 1871.)

Renal Colic. Agonizing pains in back and hips indicative of trouble in the ureters from the passage of calculi. Pains piercing as if knives were plunged into the region of the kidneys; chilly and inclined to vomiting. Two and a half grains of Sulphate of Morphia afforded no relief. In addition violent tenesmus of the bladder. Fifteen drops of the first decimal dilution of *Arnica* was put in half a tumbler of water and a dessert-spoonful was given. Before a half hour had passed the patient said she was greatly relieved. A few weeks after she had another slight attack which a single dose of the *Arnica* cured; since which she has enjoyed good health. (A. E. Small, U. S. M. and S. J., April, 1871.)

Nephritis. Mr. N. D. H. was suddenly seized by intense colicky pains affecting the stomach and bowels. Pains were preceded by a chill and attended by nausea and vomiting, which afforded no relief, but produced most excruciating and agonizing pains in the epigastric region extending to the right hypochondrium and downward to the groin. Also some pain in the region of the lumbar vertebræ. Urination was difficult and urine scanty, of a dark color, and deposited a thick brown sediment. The case was cured by tincture of *Arnica*, in drop doses, in water. (A. E. Small, U. S. M. and S. J., April, 1871.)

Renal Derangement. Mrs. N., aged 43, had frequent attacks of pain in the region of the kidneys, with great weakness, lameness, and darting pains through the right side. The urine was hot and diminished in quantity. It was sometimes of a brown color, at other times almost as dark as ink. She had no perspiration; her pulse was accelerated, and indicative of fever. Aconite 3d and Belladonna 3d of no benefit. *Colchicum* 3d in drop doses every two hours for one day brought decided relief. (A. E. Small, U. S. M. and S. J., April, 1871.)

Addison's Disease is a neurosis, *i. e.*, a functional disturbance of the whole nervous system, anatomically not traceable; it stands in close, but not necessary relation to the suprarenal capsules, and is characterized by disturbance of the mind, great anæmia, extreme debility, and frequently a dark pigmentation of the skin

(bronze-skin). (J. A. Rossbach, Monatsbl., June, 1871, from Virch. Arch., 50 and 51.)

Addison's Disease, by C. G. Raue, in the Transactions of the Penna. Hom. Med. Society, 1870, p. 85.

Dr. Raue gives the following *therapeutic hints* for the treatment of this disease, as given by Dr. Payr in A. H. Z., vol. 70, p. 5.

Belladonna in all acute cases, with pain in small of back and loins; sensitiveness of the epigastrium and hypochondria; vomiting; coldness of the extremities and great weakness; as the sequel of circumscribed or diffuse inflammation in the suprarenal region.

Culcarea carb., if, after Bell., the acute state has passed away; muscular debility, uneasiness, and lassitude; sallowness, yellow color of the face; headache, vertigo, growing dark before the eyes, fainting, sleeplessness; coldness of the extremities; apathy and depression of mind, aversion to work; anorexia and bulimy, nausea, vomiting, gastrodynia, sensitiveness to pressure in the epigastrium and abdomen; constipation; pressing pain in the kidneys and loins; muscular twitchings, clonic spasms, and epileptic paroxysms; its known action upon chronic glandular disorders.

Natr. m. when nutrition is greatly impaired; tension and heat in the region of the kidneys; earthy, yellow color of the face; brown spots upon the back of the hands; excessive prostration of mind and body, with trembling of the legs; darkness before the eyes; nausea, vomiting, pressing and screwing pain in the stomach; want of appetite; loathing of meat; constipation; pain in the hypochondria and abdomen; aversion to motion and labor; frequent yawning and stretching, with sleepiness, without being able to sleep; coldness of the extremities; prevailing depression of mind, with spells of irritableness and crossness; vertigo on rising from bed and on trying to walk, with faintishness; sensation as after an epileptic fit. Inhalations and baths of Chlor-natrium have proved very beneficial in various localizations of the albuminous crisis, which, in fact, never comes to full development in laborers in saline works.

Iodium. Darker color of the skin; with a sensation of heat, the skin turns brown, grows parchment-like, peels off, and shows underneath the loosened scales a fatty transpiration; thickening of the epidermis; sudden turning of the yellowish color into brown, as if smoked; excessive weakness and debility; muscular

weakness and trembling; sadness and depression of spirits; mental torpor; dulness and pain in the head; vertigo; nausea; violent, continuous vomiting; violent, excruciating pain in the stomach; constipation; frequent attacks of gastralgia; drawing and pressing in the region of the kidneys; twitchings, convulsions; epilepsy; paralysis; the formerly yellow face turns brown; red hair turns to a chestnut-brown. Depraved nutrition and its special action upon the glandular system seems to indicate Iodum quite especially in this disease.

Oleum jecoris aselli ought likewise to be considered, as it belongs to the Iodine group.

Cinch. Yellow, cachectic color of the skin; debility and relaxation of mind and body; aversion to any exertion; irritability, with excessive debility of the nervous system; coldness and trembling of the extremities; darkness before the eyes; purring in the ears; fainting spells; disturbed sleep; loathing; anorexia; vomiting; pain in the stomach and bowels, with constipation and diarrhœa; dull, piercing pain in the region of the kidneys; all symptoms of a *hydræmic* rather than an *albuminous* crisis. In a complication with malaria, however, *Cinch.* will undoubtedly act favorably. The same may be said of *Chin. sulph.* and *Chin. ars.*

Ferrum. High degree of weakness and muscular paralysis; tremors; sleeplessness; headache; vertigo; earthy, yellow color of the face; constant nausea; vomiting; pressing and cramping pain in the stomach; constipation, &c. These symptoms indicate Iron for the anæmia and asthenia of Addison's disease, although *Iodide of Iron* might be preferable.

Phosphorus. Period of evolution, or after excesses in venery. Sickly, yellow color of the face, with sunken features and eyes; brownish dark spots on different parts of the body; tiredness and sudden exhaustion, with fainting; icy coldness of the extremities with trembling; frequent stretching and yawning; headache; vertigo; sleeplessness; downheartedness and irritability; illusions of sight and hearing; loss of appetite, alternating with bulimy; burning, cutting, and pressing in the stomach, nausea and vomiting; pains in the hypochondria and abdomen, with constipation, or diarrhœa; feeling of weakness and lameness in the small of the back; weakness in the extremities; twitchings and spasms.

Cupr., Lyc., and Carb. veg. ought also to be carefully considered.

Argentum nitr. shows more than any other remedy a discoloration of the skin and a specific action upon the vagus and sym-

patheticus. Yet this discoloration has its seat only in the epithelial layer, whilst in Addison's disease the pigment is deposited in the rete Malpighii. So also are its symptoms of the stomach a consequence of its corrosive influence upon the mucous membrane, whereas, in Addison's disease, not a trace of morbid changes can be found in these membranes. Its tendency is rather to hydræmic than anæmic conditions. Still, now and then, it might be indicated in this disease.

Arsenicum hydrogenizatum is not less problematic, as the discoloration which it causes is only the consequence of a sudden paralysis of the vasomotor nerves. Still, it produces a number of symptoms which might well suggest its application now and then in this disease.

To these therapeutic hints of Dr. J. Pay^d, of Würzburg, I might add:

Kali carb. If potassa salts cause paresis of the heart-muscle, *Kali carb.* would correspond well to the remarkable weak pulsations of the heart. Besides, we find, among its symptoms, headaches, vertigo, fainting, great weariness and depression of strength, pain in the small of the back, jerkings in the limbs, spasmodic fits, dark spots on the skin, &c.

Sepia. Complete discouragement; heavy flow of ideas; dullness; cloudiness of the head; vertigo; headache; vanishing of sight; noises in the ears; aversion to all food, especially meat; nausea and vomiting; pains, pressure, cramps in the stomach; pains in the hypochondria; diarrhœa and constipation; pain and painful weariness in the small of the back; weakness of the small of the back in walking; fainting and great weakness; yellow and brown spots on the skin: all of which symptoms correspond with those of an early period of the disease.

Sulphur. Despondency; slowness of mind and body, not disposed to any kind of labor; weary and faint all the time; faint and low-spirited; *walks stooping*; pains of all sorts in the small of the back; nausea; vomiting; pressure, pains and spasms in the stomach and bowels; tremors, spasms, epileptic fits; dark and brown spots on the skin: all of which symptoms, and many more, might be collected, decidedly pointing to the above-described disease, in almost all its stages.

BLADDER.

Chronic Cystitis and Irritation of Neck of Bladder. Miss T. S., aged 20; brunette. Has been suffering for six years as follows: *frequent urgent desire to pass water, which does not flow until sitting on the vessel some time; desire mostly in the morning.* Besides, there were present: bearing down in vesical region; soreness throughout urethra, bladder, and vagina; soreness in left ovarian region on pressure, and during menses, when vesical and uterine region burns and aches; constant tickling in the bladder as if from a moving worm; sensation of enlargement of the bladder, which seems to fall from side to side; menses regular, but painful, profuse, light red, without clots. (The menstrual symptoms were all relieved by *Secale c.* before medicine was given for vesical symptoms.) *Sep.*²⁰⁰ completely removed the urinary disorder. (C. Westelhoeft, Tr. Am. Inst., 1870, sec. 2, p. 250.)

Catarrh of the Uropoietic Apparatus. Man, 62, suffers every year without any seeming cause with a sero-purulent discharge from the urethra, especially after squeezing oozes a thickish, greenish matter from the urethra; there is some pain after urination, but nowhere a swelling; cold drinking after being heated seems to be the exciting cause; the patient complains of headache, febrile motions, anorexia, &c. *Nitr. ac.* and *Sulph.* did no good. *Terebinthina*^c, in water, two tablespoonfuls night and morning, cured in a few days. (H. Goullou, Jr., A. H. Z., 83, 47.)

Cysto-blennorrhœa. Man, aged 48. Since four months severe urinary difficulties; emaciated, features sallow and œdematous; frequent and severe inclination to urinate, with burning sensation in the glans when the urine passes guttatim, and in small quantities, taking ten minutes and more to pass a small quantity; before urinating frequent and continued spasm of bladder; after great straining presses out a few drops; at all times burning and tearing pains in regio hypogastrica, which is warmer, swollen, and sensitive to the touch; frequent intense chills; severe heat, but no sweat; pulse 86-90, small and soft; tenesmus of bladder robs him of sleep; downcast, wishes to die; no appetite; tongue coated with mucus; taste natural; stool retarded, hard, and painful; thirst increased, but is afraid to drink; great and general languor; unsteadiness of lower extremities; brown, muddy, foul-smelling urine, with large deposit of grayish slimy sediment, more than

one-third of quantity; the sediment (not the fluid) showed alkaline reaction, produced flakes in boiling, and Nitric ac. gave it a pink color; membranous particles at times clogged up the urethra, producing excruciating pain till they are discharged with some blood. December 15. *Uva ursi*?, morning and evening; light diet and cold water; improved. January 5. Status same. *Canth.*³ produced severe spasm of bladder. January 6-24. *Uva ursi*. Passes urine without pain; good appetite; is cheerful; urine lost its alkalinity. February 6. Some mucus still present. *Cannabis*¹ daily two doses, in weekly alternation with *Uva ursi*. No relapse after several months. (Genzke, A. J. H. M. M., 4, 56.)

Irritability of the Neck of the Bladder. In several cases of irritability of the neck of the bladder I have derived much benefit from the suggestions of Robert T. Cooper (Brit. Jour. Hom., Jan. 1, 1870) as to the use of *Ferrum phosphoricum*. I have used the 1st decimal trituration. (D. Hunt, N. E. M. G., v. 6, p. 12.)

Scalding in Urethra near root of penis on beginning to urinate. *Canth.* 1^m (Jen.); cured. (E. W. Berridge, A. J. H. M. M., 4, 109.)

In Urinary Affections give *Dulc.* when urine is fetid, or mucopurulent discharge; *Scilla* when urine is smoky or bloody; *Apis*, similar cases; *Canth.*, violent strangury; *Opium*, drowsy with suppressed urine; *Lyc.*, deposit of lithic acid. (Drury, B. J., v. 29, No. 105.)

Mrs. A. V. A., aged 47, lymphatic temperament. Since two years attacks of difficult urination; since three months frequent desire to pass urine, passing small quantity at a time; burning in the urethra at the time of urinating; a feeling as if the passage was too small; walking, standing, or lying in bed increases desire to urinate; better of all symptoms while sitting in a chair. *Canth.*²⁰⁰ (Dunham's), in repeated doses, cured promptly. (T. L. Brown, A. J. H. M. M., 4, 91.)

Hyoscyamus has been found a valuable remedy for retention of urine, especially in children suffering from affections of the head, and for the retention of urine, after labor, in lying-in women. (A. E. Small, U. S. M. and S. J., April, 1871.)

Sulphur^{cm}; cured. Urine scanty, reddish, offensive, very turbid after standing, with an oily-looking film on the surface; when moved it seems to cling to the vessel. (E. W. Berridge, A. J. H. M. M., 4, 84.)

Blue Urine. *Nitric Acid*. Urine scanty, not passed more frequently than every other day, sometimes only after an interval of

seven days—*never* more than once a day; smell offensive, and in color indigo-blue. The concomitants are: menses scanty, and like muddy water; many dyspeptic symptoms; rheumatic pains in the lower extremities; palpitation of heart; weakness of vision. *R. Nitric acid.*³ Cured in a week, and the next catamenia were normal. (E. H. Spooner, N. E. M. G., v. 6, p. 340.)

Hæmaturia. In a case of hæmaturia, in which gallic acid signally failed, *Natrum mur.*³⁰, twelve powders, effected a complete cure. (M. Friese, Trans. Penn. Hom. Med. Soc., 1870, p. 93.)

Boy, aged 5 years. Profuse nocturnal urination, wetting the bed; stools normal consistence, regular, but gray or mixed gray in color; irritable; puffy under eyes; eats heartily and sleeps soundly. *Plantugæ*⁹ (Jenichen), three doses; cured. (T. F. Allen, A. J. H. M. M., 4, 61.)

Enuresis nocturna. M. W., aged 10, strong and well built; brunette. Has always been in the habit of wetting her bed in the night; begins to be depressed in spirits. No other symptoms could be discovered except that the urine was passed within two hours after going to bed, *during first sleep.* (V.) *Sep.*²⁰⁰, two doses, were given January 22d. Up to February 1st she passed urine in bed three times, and March 22d had not been troubled so at all, nor at the end of June. (C. Wesselhoeft, Tr. Am. Inst., 1870.)

W. H. H., 15 years. Nocturnal enuresis ever since his recollection. *Silic.*³⁰, repeated doses, cured. (O. B. Gause, A. J. H. M. M., 4, 132.)

C. H., aged 15. Involuntary urination at night for two years past; disagreeable sensation of hunger, with flushes of heat about 11 A.M. *Sulph.* 100^m (F.) cured. (Goodno, A. J. H. M. M., 4, 122.)

Enuresis nocturna. Willie, aged 5, has been troubled with incontinence of urine at night for several years. His urine is unusually clear and abundant. Unless taken up he generally wets his bed three times during the night, viz., at 10, 1, and 5 o'clock. *Caust.*, *Canth.*, *Bell.*, and *Apis* were given with but slight benefit. Finally we selected *Sulphur*, and administered it in the 1st, 3d, and 30th potencies successively, but seeing no decided relief discontinued the use of medicine for several days, and then, April 5th, gave one dose of the 5000th. April 8th. Wet the bed slightly last night; the first time since the last dose. One dose *Sulph.*⁵⁰⁰⁰. April 20th. Was again troubled last night; amount of urine remarkably diminished. Repeated dose. May 8th. Last night the difficulty

again returned. Repeated dose. July 12th. Has been free from the trouble since last report.

Diagnosis of Stone in the Bladder. There are four symptoms: *Frequency of micturition, pain, altered urine, and blood.* The *frequency* associated with stone is greatest during the day and on motion. If the patient has rested tolerably through the night, but on rising in the morning is disposed to micturate more frequently, as also on stirring about, and if by riding on horseback the frequency is doubled, you may suspect stone. If, with this frequency, there is *pain* during and just after micturition, if a little pelvic heaviness exists at the beginning which sharpens into a decided pain at the close, becoming spasmodic and darting forward to the glans penis immediately after micturition, you may reasonably suspect the presence of stone. If, with the frequency and pain, the voided urine is *cloudy*, containing *muco-pus*, such as we have in cystitis, only a little more so (that is to say, there is more pus in proportion to the mucus), we may suspect stone.

If, to the foregoing symptoms, you add *blood*, not large in amount, but persistently recurring from time to time, the blood being of a florid color, some blood now and then, the patient, when asked if he passes blood in his urine, will say, "No;" but on more careful inquiry will say that occasionally he has noticed some traces of blood, but that it amounts to nothing; yet will finally remember that a month or six weeks ago he passed quite a quantity, felt better afterwards, and had passed very little since. Blood passed in such a way, associated with frequency, pain, and altered urine, furnishes the conclusive symptom of stone in the bladder. (W. Danforth, U. S. Med. and Surg. Journal, October, 1870.)

MALE GENITALS.

Orchitis. Since two years swelling of left testicle; obstruction of vasa efferentia; shooting pain from testicle into inguinal region. *Spongia*²⁰⁰, one dose every five days. Cured in one month. (J. Horuby, A. H. Z., 82, 88.)

Two cases reported cured. *R̄. Puls.* in the morning. *Rhodod.* in evening, followed by *Aurum* and *Sulph.* (N. Salaghi, A. J. H. M. M., 4, 56.)

Epididymitis. Left testicle as large as a hen's egg, hard and smooth; shooting pain up into the inguinal region. Since two years. *Spong.*²⁰⁰. Discharge of a thin, yellow, purulent matter, lasting for two months; afterwards perfect cure. (J. Hornby, A. H. Z., 82, 88.)

Varicocele cured by *Ham. virg.* taken internally once a day, and by local application of a weakened solution of same every night on retiring. (J. A. B., A. J. H. M. M., 5, 71.)

Senile Hypertrophy and Induration of the Prostate, Stricture of the Urethra and Ammoniæmia. The uræmic intoxication of the blood in consequence of retention of urine continues even after the urine is voided again without difficulty and without showing any products of decomposition. It caused in the above case a croupy exudation in the cavities of mouth and fauces which covered the tongue with a thick, brown, leather-like coating. *Iodium*² in solution every hour. *Iodium*¹ as a gargle removed it all in about eight days. If in aged individuals the excretion of urine is scanty, and the urine flows only after waiting and considerable pressing in a thin stream falling perpendicular down, and if this state of things is accompanied with loss of appetite, great aversion to meat, violent thirst, and sleepiness in the daytime, it is indicative of some trouble in the urethra, bladder, or prostata. (J. Kafka, H. Kl., 1871, 11.)

Mechanical Excoriation of mucous surface of prepuce after coitus. *Calendula*²⁰⁰ (Leipzig) cured in two days. (A. J. H. M. M., 4, 116.)

Great Lassitude of Sexual Power. Erections nearly impossible with too sudden seminal ejections. Sulph. and Conium³⁰, in weekly alternations for four months, restored two cases. (Marshall, A. J. H. M. M., 4, 80.)

Spermatorrhœa. J. H. has blue rings around eyes; discharge of liquor seminis with micturition; during coition too easy erections with discharge of semen too soon; wife is pregnant; has had orchitis after gonorrhœa. *R. Gelsemium* 2^x. Discharge ceased after third day. (C. F. Nichols, H. M., Oct., 1871, p. 115.)

I have found the following mode of treatment efficient in my practice for many years. Place a bandage six inches in width around the body and to this attach another about twelve inches wide, extending like a diaper over the organ, which should be directed downward and kept in that position. (Kiger, O. M. and Surg. Rep., v. 5, p. 172.)

Gonorrhœa is a specific, contagious disease, consisting of urethral

inflammation, and attended with an infectious discharge peculiar to itself. Its cause is application of the specific poison to the mucous urethral membrane. It is distinct from syphilis, nor has it similar constitutional effects. The symptoms appear from four to eight days after infection by a slight itching and tingling at the urethral orifice, especially after urinating; by a slight flow of thin mucus. In forty-eight hours later the whole urethra becomes inflamed, with a frequent desire to urinate, which is attended by excessive burning and scalding; a more copious yellow or greenish discharge; chordee.

Now by improper treatment may occur serious complications.

The prognosis is uncertain.

Acon. In the commencement.

Cantharis. Acute cases. Inflammation of the whole urethra (or bladder); frequent and painful urinations; priapism.

Cannabis sat. Secondary condition; some pain on micturating; urethral soreness; copious discharge of whitish or yellowish mucus.

Merc. corr. More greenish discharge; worse at night.

Sulphur. Whitish discharge; urine drops slowly, depositing a thick mucus.

Hydrastis. Gleet with debility; copious discharge, painless.

Agnus castus. Gleet, with sexual inability.

Petroleum. Chronic cases with urethral itching.

Injections may be useful after the inflammatory symptoms are subdued; of these a weak solution of *sulphate of zinc*, or *liquor plumbi* is the best.

Case I. Mr. S. Four days previous he felt a slight tingling and itching in the penis (after urinating), this was followed by a more frequent desire to urinate, with burning and a slight discharge. \mathcal{R} . *Cantharis*², a powder every two hours. Two days later the desire to urinate was less frequent but still painful; more discharge. \mathcal{R} . *Cannabis sat.*, five drops every three hours. Nine days later he was better. \mathcal{R} . *Sulph.*⁶ in alternation with *Cannabis s.* cured in three weeks.

Case II. Mr. G. Slight scalding when urinating; has had gonorrhœa before. \mathcal{R} . *Cannabis s.*, six drops every four hours. Cured in two weeks.

Case III. A debilitated person subject to chronic diarrhœa. Frequent desire to urinate with extreme pain during and afterwards; discharge; chordee at night. \mathcal{R} . *Acon.* and *Canthar.* in

alternation. In three days he being better, R̄. *Cannabis s.* and in two weeks he seemed almost well, but on resuming work he became worse. R̄. *Merc. corr.*, with slow improvement; the discharge became gleet. R̄. *Hydrastis*¹, ten-drop doses. In a few days there remained a little soreness of the fossa navicularis with an occasional drop of mucus. Glycerin injections relieved. Time of treatment seven weeks. (H. F. Hunt, H. M., Aug., 1871, p. 18.)

Gonorrhœa. *Sepia*. Useful in gleet, without burning when urinating; yellowish discharge. *Sulphur*. Whitish discharge; chronic cases. *Petroselinum*. Chronic cases of long standing; particularly suitable for old persons. *Graphites*. Gluey, sticky discharge at the meatus urinarius, which does not drop out. *Cannabis sativa*. The urine is voided in a spray; the discharge is greenish-yellow. *Capsicum*. Whitish discharge, like cream, with very painful erections. *Mercurius*. Greenish puriform discharge; when complicated with syphilis, uses *Cinnabaris*, which has pinching, with great redness of the urethra. (D. R. Gardiner, H. M., Aug., 1871, p. 47.)

Bad effects following suppressed gonorrhœa; suppression by nitrate of silver injections. *Nat. m.*, *Canth.* 1^m, *Rhus* 2^m, and *Merc. viv.*²⁰⁰, effected a cure. (E. W. Berridge, A. J. H. M. M., 4, 119.)

Silicea. Gonorrhœa with thick fetid pus, especially after exertion to the extent of sweating. (J. C. M., A. J. H. M. M., 4, 132.)

Arsen. jodat., in **secondary and tertiary syphilis** will relieve (especially after Mercury), caries of the nasal bones with offensive coryza; pains in thighs and knees; worse from heat; worse from motion; amelioration by heat; aggravation at night when still; pain in nodes on tibia; eruptions on head, trunk, and limbs (congenital); size of nodes on head diminished by it. (C. F. Nichols, H. M., Oct., 1871, p. 113.)

Syphilitic Rheumatism. After massive doses of mercury, pain in the lower extremities and feet, that greatly impaired his ability to stand or walk; pains in the soles of his feet and ankles, and deep-seated pains in the legs; more troublesome at night. *Aurum* 6th, the first prescription gave prompt and radical relief. (A. E. Small, U. S. M. and S. J., April, 1871.)

Secondary Syphilis. Mrs. N., æt. 32. Sanguine lymphatic temperament. She had a dycochointo years span in (; some ess th occasional sharp pain in left one i, an then occasional

discharge of purulent secretion. Gave Phos. internally and ordered inhalation of Ac. Carbohc. Improvement for six weeks when a sudden congestive fever appeared, leaving the rash of secondary syphilis unmistakably upon the skin. Merc. cor. was given and cure resulted. (M. B. Lukens, O. M. and S. Rep., vol. 5, p. 209.)

Chancre and Secondary Syphilis, as enlargement of glands; psoriasis upon the nape of the neck; nodes upon the tibia sensitive to pressure; angina faucium with gray ulceration, hoarseness, fetor of breath, cured by Merc. sol.³⁰. (Arcularius, N. A. J. of II., 19, 571.)

Man, 44 years old. Strong constitution. Chronic hæmorrhoids; since nine years syphilis; used Merc. and Iod. of Potash but became worse; attacked with syphilitic pustular eruption accompanied by nightly fever. After seven months' homœopathic treatment this rhyphia is brought to a stand. Is now attacked from 7 to 9 P.M., latterly about midnight, with severe bone pains in the head, with sleep during the intervals; pain worse on side of head, making a circle round about it. Continual pressure from outside deeply inwards, as if the bones were knocked to pieces; sometimes so severe he cries out. Sensitiveness of affected spots to touch even when combing the hair. Cannot lie on his pillow, especially on left side. Relief by bending head backwards, by compressing it with the hands, and remaining without the least motion. During the paroxysms head bathed in perspiration; nose dry, obstructed; face red, injected, general heat of body; good appetite; no thirst; hard stool with blood every third day; urine leaves yellow sediment. *Thuja*³⁰, one drop in water removed the headache. Forty days afterwards one dose *Nit. ac.*³⁰, cured the remaining rhyphia. (Desterne, A. J. H. M. M., 4, 75.)

Syphilitic Bone-pains, which had proved quite intractable. *Stillingia sylv.* Had a wonderful and almost instantaneous effect. (H. N. Martin, Trans. Penn. Hom. Med. Soc., 1870, p. 78.)

FEMALE ORGANS.

OVARIES.

Complaints of Right Ovary. *Apis, Ferr., Glon., Lach.*

Complaints of Left Ovary. *Stramon., Lyc., Lach.* (J. C. Morgan, A. J. H. M. M., 4, 155.)

Ovarian and Uterine Disease. The subject embraces three classes of disease: 1st. Those in which the ovaries are chiefly or solely affected (pure ovaritis); 2d. Those in which the uterus is the seat of the disease; 3d. Those in which both ovaries and uterus are involved. As illustrating the first variety the following case is related: Lady, aged 35, fair complexion, nervous; has miscarried twice in the fifth month; found pain in the region of the left ovary, extending down the inner side of the thigh. *Phos.*^{6, 30,} and ¹⁰⁰ was employed, and one year afterwards she gave birth to a son. In the treatment of ovaritis the remedy must be chosen according to the totality of the symptoms. When the ovarian pain shoots or extends towards the hip, *Merc., Bry.*; when upwards to the side, *Puls., Cimicif.*; down the inner side of the thigh, *Phos.*, perhaps also *Staph.* and *Calc. c.* In bilious headaches, *Gels.*; with numbness in the limbs, *Plat., Calc. c.* Great debility, *China.* Dysmenorrhœa arises from three causes, hence we have the neuralgic, the congestive, the mechanical. If the pain sets in with violence in the ovarian region and through to the back, followed by profuse secretion and even hemorrhage, it is congestive. If the pain runs down the thighs, neuralgic. If there is bearing down, with forcing feelings in the uterine region, and very little discharge, it is mechanical. For the perfect cure dilatation is necessary. *Bell., Cocc., Calc. c., Plat., Arg. nit., Con., Gels., Phyt., Senecia., Kali brom., Kali hydr.* are useful medicines. (John Moore, Mon. Hom. Review, v. 15, p. 668.)

Oophoritis puerperalis about three weeks after seventh confinement in consequence of exposure to draft. *Bell.* 2d dec. every hour or two for nine days removed the inflammatory state. *Merc. sol.* 3d dec. trit. every six hours for about fourteen days to remove the parenchymatous swelling of the ovary, and lastly *Iodium*², which relieved altogether. (Osk. Groos, H. Kl., 1871, 22.)

Ovarian Tumor, as large as the head of a new-born child. *Apis*, as an infusion of ten to twelve bees, every four hours one tablespoonful. Cured in several weeks. (P. H. Hale, A. H. Z., 83, 91, from Med. Inv.)

UTERUS.

Leucorrhœa. Laundress, aged 50. Frequently roused at night with terrible beating of the heart, with rush of blood to head; face swollen, red, and hot with throbbing, and beating all over; blindness and vertigo; heat all over except the feet; recovers with double vision and flickering sight; headache almost constantly for nearly a year. Leucorrhœa since climacteric period (*e. g.*, two years) about once in three months, lasting two to three weeks. It is yellow, profuse, thick, acrid; all symptoms worse during the flow. *Bell.*²⁰⁰, four doses given in the course of two months, cured permanently. (J. G. Gilchrist, Med. Inv., v. 8, p. 311.)

Mrs. G., American, aged 23, married one year. For the last five years has had, for one week after being unwell, a bloody leucorrhœa; clots often accompany it. With the leucorrhœa there is a lame, sore feeling through the lower bowels, a dull feeling through the head, and a dull headache; she has a feeling of prostration and weakness, and a depression of spirits. *R. China*. Cured in two days. The second month the first dose stopped the discharge. (D. Hunt, N. E. M. G., v. 6, p. 12.)

Mrs. H. Sterile from a leucorrhœa, staining linen yellow and stiffening it; worse between catamenia. The menses come every twenty-five days, are scanty, and weaken less than the leucorrhœa. *Kreos.*⁶ cured. (Bull. de la Soc. Méd. Hom. de France, v. 12, No. 3.)

Matico, 1st dec. dilution, three drops three times per day, gives temporary relief in the majority of cases of leucorrhœa. It is of comparatively little use, and sometimes produces bad effects, in leucorrhœa appearing instead of the menses, and ceasing like them in a few days. (R. Koch, Med. Inv., v. 8, p. 436.)

Leucorrhœa, thick, green, excoriating, offensive; in one case attended by terrible pain during coitus. *Sepia*⁶⁰⁰. (Henry Minton, Tr. H. M. S. N. Y., 1870, 535.)

Uterine Pains running up. *Lach.*, *Lyc.*, *Phos.*, *Sepia*.

Uterine pains running down. *Ipec.*, *Nux v.*, *Æsculus*.

Uterine pains running from os ilii forward and downward. *Bry.*

Uterine pains running from groins outward and backward. *Sepia.*

Uterine pains running from groins to back. *Sulph.*

Uterine pains running from back to groins. *Sabina.* (J. C. Morgan, A. J. H. M. M., 4, 155.)

Uterine Neuralgia and Abuse of Cathartics. July 16. Mrs. T. P., a healthy, robust woman, of fair complexion, curly brown hair, cheerful disposition; always perfectly well except previous to her first confinement, when she suffered from an exceedingly acute neuralgia of the nipples, at times attacking other parts of the body without visible changes. Had miscarried four months ago in third month of pregnancy; treated by a "regular" physician, who employed much manipulation in the delivery of the fœtus, and frequent drastic purgatives to overcome the usual amount of inactivity of the bowels following confinement, in consequence of which treatment she suffered from the following: Constant bearing-down and grinding pains in uterus and rectum, causing her to scream incessantly; attributes these pains to *constipation*, for which she resorts to injections of castor oil; suffers indescribably for several days before she has a discharge, and is finally relieved for a short time only to go through the operation again. During the past three months has been treated liberally to opium, wine, brandy, champagne, leeches; now suffers constant violent thirst; drinking water causes return of uterine pain; nausea, occasional vomiting, extreme emaciation; hair, formerly abundant, was now white, thin, and dry; her face bore the expression of great anguish; perfectly helpless; pulse 100; febrile excitement during paroxysms of pain, at night and towards morning. Prescribed *Nux v.*²⁰⁰ in water, a teaspoonful every four hours. July 17. After taking twice of the medicine she had a *spontaneous* discharge from the bowels, followed by two softer stools. From this day the violence of the symptoms abated; convalescence progressed steadily but slowly; the pains never returned with violence, and soon ceased altogether. The patient was quite well in October. (C. Wesselhoeft, Tr. Am. Inst., 1870, sec. 2, p. 257.)

Weakness of the Womb. A., aged 32, slender. Complained of great feeling of languor, lowness of spirits, loss of appetite; after taking a short walk has a most painful feeling of weakness across the whole abdomen, and especially in the hypogastric region, obliging her to lie down for some hours to obtain relief. After any extra exertion, or a moderate walk, would have to lie

down for many hours, and sometimes for days. Menses irregular; has suffered for four years. *Phos.*²⁰⁰ cured. (Simmens, *Mon. Hom. Review*, v. 15, p. 178.)

Bearing Down in Pelvis when walking; itching in rectum; desire for acids; pains most in right ovarian region; feels as though her back would break; relieved by lying on hard floor, or with a pillow under her back; stiff in joints when at rest, which goes off after movement. *Rhus tox.*⁵⁰⁰ (Tafel) cured. (H. N. Martin, *A. J. H. M. M.*, 4, 149.)

Prolapsus Uteri. Twelve cases, all presenting the same characteristic sensation of weight in the rectum, not relieved by an evacuation, and a sensation that the limbs must be crossed to prevent everything being pressed out of the vagina. *Sepia*²⁰⁰, cured in from four to twelve weeks. (Henry Minon, *Tr. H. M. S.*, N. Y., 1870, 535.)

On Cancer, by J. C. Minor, M.D. Cancer is neither a vegetable fungoid nor an animal parasite, but a *growth of the body*, though a perverted and morbid one. It is sometimes heritable, but never contagious or inoculable. The material, of which cancer is composed, is short-lived, a stroma or fibroid network, cells, molecules, and liquid. The same elements constitute innocent as well as malignant growths, but there is a threefold difference between the two. 1. Microscopic investigation shows that *variety* in the shape, size, and arrangement of the cells is characteristic of cancer, and that *uniformity* in the same particulars is found in the innocent tumors. 2. There is a difference in the vitality of the cell-structures, the transitory cell-element predominating in cancer, so that a malignant growth can never become a permanent tumor, and hence we find its growth, death, and dissemination throughout the system peculiarly rapid. 3. There is a striking difference in the action of the two growths upon the surrounding tissues, the adjoining structures being always infiltrated with the elements of cancer, which impart to them the same low grade of vitality peculiar to the cancer-cells; but innocent tumors never interfere with adjacent tissues except mechanically by pressure. (*N. A. J. of H.*, 19, p. 462.)

Carcinoma Uteri, by Prof. Gusserow. Among all incurable diseases cancer takes the first rank. Most uterine cancers are epithelial, but glandular cancer is also prevalent in the uterus, emanating from the glands of the mucous membrane. We have thus the simple *papilloma* of the vaginal portion (the cauliflower excres-

cence); 2, the *canceroid*, *i. e.*, the deeply-penetrating epithelial carcinoma with shaggy excrescences; 3, the *carcinoma uteri*, the deeply-penetrating epithelial cancer without co-affected of the mucous coat; 4, the *ulcus rodens*, a flat ulcer of the vaginal portion. Uterine cancer is at first a local disease, but spreads to neighboring organs or may affect distant ones per metastasis. It is most frequently observed during climaxis, but cases happen at any age. Constant symptoms are hemorrhage, more rarely copious leucorrhœa, or pains precede the flooding; the discharge varies according to the peculiarities of the detrition of the cancer. Being watery at first, it soon becomes sanguinolent, but yet without any penetrating smell; but as soon as ichorous metamorphosis sets in the discharge is of the most foul cadaverous odor, changes in consistency in consequence of the admixture of sphacelous parts of tissues, and turns black and discolored. Early radical extirpation gives the only chance to prolong life. (N. A. J. of H., 20, 122.)

Cancer at Cervix Uteri. Mrs. N. S., aged 59. Pains burning and stinging with occasional sharp shootings; discharge bloody and ichorous; heat on top of head; cold feet; faint at the stomach; hot flushes, and extreme constipation. *Sulph. 1^m* (F.) and higher gave much relief. (A. Thompson, A. J. H. M. M., 4, 81.)

A Tumor of the Uterus. A lady of 35 years had an abdominal enlargement of six years' growth, attaining the size of pregnancy at the eighth month. Subjective symptoms: Tenderness of whole abdomen, occasional sharp lancinating pains, distressing weight and dragging; dulness of percussion in the tender places; the globular mass was movable from side to side. The tumor was extremely hard; abdominal walls tense and shining. Diagnosis: Fibroid tumor of the uterus growing from exterior of fundus. *Conium*, *Bromide of Potassium* and of *Ammonium* were useless. *Ustilago maidis* was given, Feb. 1, 1870, in 3d dec. trit., two grains three times a day. At the middle of April flooding occurred with discharge of serous fluid, and a substance like broken-down lung-tissue, with labor-like pains, fainting, &c. Abdomen decreased in size a month after commencing *Ustilago*. On June 1st abdominal swelling was no larger than a child's head at seven months. (E. M. Hale, Tr. Am. Inst., 1870, sec. 4, p. 475.)

MENSTRUAL ANOMALIES.

Menorrhagia. Mrs. H., aged 30, has been confined to her bed for six days with a violent menorrhagia, accompanied by terrible uterine colic of a spasmodic nature, the pains returning like labor-pains; great nervous agitation and sleeplessness. *Cann. Ind.*, 1 dec. in three-drop doses every half hour. Well in two days. (Wm. C. Richardson, *Am. Obs.*, 1871, 375.)

Mother of three children has for the last three or four years been troubled with profuse and frequently-recurring menstruation. Since eighteen days her menses have been very profuse and painful, dark, but without clots. Is very anæmic, suffers great mental agitation, anxiety, irritability, nervousness, loss of sleep, pale face, cold hands and feet, violent *uterine colic*, with cramps in the extremities. Arsen., Chin., Cyclam, &c., no amelioration, still getting worse. *Cann. Ind.*, 1 dec. gtt. x in a tumbler half full of water, one teaspoonful every hour. After third dose much better in all respects, and well after three days. (Wm. C. Richardson, *Am. Obs.*, 1871, 374.)

April 20, 1870. Miss S., æt. 20. Sallow complexion, comparatively healthy, never had any menstrual trouble, about eight weeks ago menses (on second day) checked by sitting on cold steps with bare feet; did not return for seven weeks, then had rush of blood to head and spitting of dark blood; menses lasted but a few hours. A week later flow returned, with pain in the head, aching pain through small of back, at times chilliness, then fever and sweat. Flow continued for two weeks, but *only in the evening after lying down*, never when "stirring about;" discharge pink color. Sharp pains in lower part of abdomen drawing her double first in right then left side. Abdomen distended. Pain and stiffness in right leg. Three evenings in succession faintness, sick stomach, and vomiting of bitter-tasting froth. She passes enormous clots from vagina; urging to urinate, but cannot pass any until one of these clots are discharged; great thirst, drinks water often and in large quantities. *Coccus cacti* 5° (F.). Much better after first dose; in a few days quite well. (C. B. Knerr, *A. J. H. M. M.*, 4, 100.)

Mrs. J. P. G., æt. 22, lymphatic temperament and weak constitution; at puberty had an attack of amenorrhœa cured by homœopathy in four months. Continued well until married two years

ings in the arms. At other times she has a pain below the navel, as if the intestines were torn. Lying upon the right side, the pain is in the left; lying upon the left, the pain is in the right side; reaching with the arms high, pain in the region of the womb; constipation. *Graph.*¹², one dose every evening for eight days, cured. (H. Goullon, Jr., A. H. Z., 83, 152.)

Menstrual Colic. May 4th. Miss D., æt. 23. Hair and eyes light; has had much mental anxiety. *Subject to violent menstrual colic with clots of dark blood*; relieved by hot cloths on abdomen. *After menstruation*, leucorrhœa, much hypochondriacal discouragement. Has sour eructations after a hearty meal; craving for acids; constipation for several years; *uses syringe for every stool*; pimples under the cuticle of the face, neck, and back; thinks she has been poisoned by vaccination; has dull pains in region of kidneys. *Puls.* 3^x, given at time of menstruation, relieved menstrual symptoms but left other difficulties as before. May 23. *Lachesis*²⁰⁰ (Jen.) After three weeks the stools had gradually become easier, the eruption and gastric symptoms, troubles of more recent appearance, having disappeared first. July 2. No syringe used; both mental and sexual disturbances are absent. Q. Is this the effect of Lach., or were all other symptoms secondary to disorders of the sexual function, disappearing after *Puls.* 3^x? (C. F. Nichols, H. M., Oct., 1871, p. 115.)

VAGINA.

Vaginitis. Mrs. C., æt. 27, has been ailing for two years, worse for six months; miscarried seven years ago. Sensation of weakness in abdomen; bearing-down low in the pelvis. Relieved by pressing upon the vulva; lying on back with knees flexed; by walking; worse from standing, reaching upward; riding; sitting long. Heat in neck of bladder during and after urination. Leucorrhœa, whitish or brownish, thick, quite profuse; mostly during urination. *Great tenderness of the vulva and vagina*, with extreme pain during copulation and aversion to it. Lassitude and debility. Depressed or indifferent mood. Aggravation in A.M.; amelioration in P.M. Aversion to cool air; appetite poor; heat in hands and feet, more towards night and after fatigue. *R.* *Nux v.* 2°, followed by *Sepia* 2°. Two weeks later reports a weak forcing

across the lower bowels; *great tenderness and irritation in the extreme lower part of the vagina*, worse when urinating. Leucorrhœa, not constant. Can walk a long distance, but is worse after sitting in the house all day. R. *Coccus cacti* 30th, a dose daily for two weeks, followed by Sacc. lac. In six weeks reports nearly well. Cured with one repetition of *Coccus cacti* 30th. (J. B. Bell, H. M., Jan., 1871, p. 287.)

MAMMÆ.

Asterias rubens. This remedy, which has acquired considerable reputation for curing scirrhus of the breast, is also of great service in removing nodes and indurations of the mammary gland. It will likewise remove dull, aching, neuralgic pains in that region. (N. E. M. G., v. 6, p. 32.)

Mammary Induration following an abscess of the right mammary gland, remaining without change for two years. A single dose of *Conium* 2^c removed the induration in three days. (M. Friese, Trans. Penn. Hom. Med. Soc., 1870, p. 94.)

Scirrhus. Female, 35 years, with tumor of right breast of

crease of tumor and breast; at the end of six months entirely healed. (E. S. Coburn, Tr. H. M. S., N. Y., 1870, 471.)

Scirrhus Cancer of the Breast. Mrs. S. R., aged 54. Stony, hard, large as a teacup; pains shooting; sense of great heaviness in the breast. *Con. m. 1^m* (F.). Fourth week pains much less. *Con. m. 1^m* (F.) twice at intervals of four weeks. At end of fourth month cancer had disappeared. (A. Thompson, A. J. H. M. M., 4, 80.)

Mrs. C. N., aged 62. Stony hard; sharp shooting pains, and occasional twinges. *Con. m. 1^m*, repeated every four weeks, cured in three and a half months. (A. Thompson, A. J. H. M. M., 4, 82.)

Mrs. H. C. H., aged 47. Left breast stony hard, and about size of half-pint measure; pains sharp, and twinging accompanied with sudden attacks of momentary blindness; offensive foot sweat; sharp pains in left ear. *Con. m. 1^m* every fourth week for three months; cancer then soft and pulpy, but exuded an acrid bloody matter; foot sweat and symptoms at the eyes remained. *Sl. 1^m* finished the case in a few weeks. (A. Thompson, A. J. H. M. M., 4, 80.)

Fungus Hæmatodes on the breast of a woman diminished under *Phos.*, but the improvement ceasing, it was alternated with *Thuja*³⁰. It appeared to detach partially at the root, and finally burst, discharging blood, and then withered. (R. Hughes, B. T. H., v. 29, No. 115.)

OBSTETRICS.

Aversion to Bread during Pregnancy. *Sepia*. (Haynel, A. J. H. M. M., 4, 144.)

Nausea and Vomiting during Pregnancy. *Acon.*, *Ars.*, *Con.*, *Ferr.*, *Jatropha*, *Ipecac.*, *Kreos.*, *Lact. ac.*, *Lach.*, *Magn. mur.*, *Nat. mur.*, *Nux mas.*, *Nux vom.*, *Petrol.*, *Phos.*, *Puls.*, *Sep.*, *Verat.* (C. Hg., A. J. H. M. M., 4, 144.)

Anacardium seems to be indicated in morning sickness, when the sufferings are worse, about two hours before mealtime, and are mitigated by eating. (H. N. Martin, Trans. Penn. Hom. Med. Soc., 1871, p. 134.)

Nausea during Pregnancy. Mrs. K., while pregnant, was troubled in seventh month with sickness, followed by false pains;

the first relieved by *Lactic acid*²⁰⁰, the last by *Nux vom.*²⁰⁰; some days later had *spells* of great nausea; bewilderment of mind and senses, increasing to unconsciousness and swoon; imagines she sees persons and objects at her right side; laughs about the illusions, knowing them to be such; drowsiness in the afternoon, and worse after dark; sleepless and restless after midnight; thirst, without dryness of mouth or throat; pain at *tip of coccyx*; a heavy dull weight, worse felt while sitting; gets up, and walks to relieve it. Flatus accumulates in the stomach, with heavy feeling; relieved by eructations after some difficulty. *Hyoscyamus*²⁰⁰ given without any effect. *Nux moschata*²⁰⁰, night and morning, three doses, helped promptly. (John C. Morgan, A. J. H. M. M., 4, 78.)

Vomiting of Pregnancy.—*Iris Versicolor*. Vomiting of an *extremely acid fluid*; aching in the stomach before breakfast; increased by drinking cold water; eructations of tasteless gas; great burning distress in the epigastric region; colic-like pains every few minutes; intense burning in region of pancreas; shocks of severe uterine pain, passing upward to the epigastric region, accompanied by nausea, great commotion in the bowels, gastritis, œsophagitis, and duodenitis.

Kreosotum.—Nausea with chilliness mornings and evenings; everything eaten tastes bitter; a feeling of fulness as if she had eaten too much; vomiting before breakfast of *sweetish water*; vomiting *after supper*, breakfast and dinner being retained (characteristic); tightness across the pit of the stomach; stinging in the region of the liver. (E. Clark, N. E. M. G., v. 6, p. 521.)

Disorders of Pregnancy. Pain in left side of forehead, worst after midnight, and most severe in the morning; nausea and vomiting; great sadness and weeping; dryness of throat, with constant inclination to cough; obstinate constipation. *Sep.* 2°; well in three days. (Wm. P. Gambell, Tr. H. M. S., N. Y., 1870, 170.)

Vomiting of Pregnancy. *Raw beefsteak* recommended when other things will not stay on the stomach. (James Kitchen, A. J. H. M. M., 5, 64.)

Complaints during Pregnancy. Mrs. —, aged 39, gravida in the fourth month. Continued anxiety and restlessness; must keep in bed not only on account of bodily weakness but also on account of her inability to do anything, as she cannot muster sufficient courage and is forgetful and absent-minded. Feels like crying all the time, but crying makes her feel worse; great palpitation of the heart and anxiety, especially if she has to give directions in her

domestic affairs. Thinking makes her feel wretched, and she cannot get rid of what once gets fixed in her mind. Over-sensitive smell; vertigo on moving the head; visions in the morning and through the day of all kinds of fancied things; drawing pains in different places; difficult evacuation even of soft stool; urging to stool; urine profuse and pale, and then scanty and brown, sometimes white like milk; flatus; dry, tiresome cough sometimes. *She lies always upon her back with one leg stretched and the other drawn up.* *Stannum*²⁰⁰ (Lehrmann) changed at once her whole mental and bodily condition. In a few weeks she was able to make a little journey, but the exertions brought out symptoms of abortion, which were promptly removed by *Bell.*³ (Kunkel, A. H. Z., 83, 176.)

Habitual Abortus, by Prof. Olshausen. When the interruption of pregnancy regularly takes place in the second half of it, our suspicion of syphilis is justifiable; when before the fifth month, we may suspect retroversion (flexion). Another, though not so frequent cause, is anteflexion of the uterus, and rents of the cervix, reaching high up, may produce the same effect. Menstrual congestion may also produce frequent abortion in plethoric women suffering from profuse menstruation. We must not forget diseases of the ovum which, especially during the first months of pregnancy, may cause abortus. Torsiones nimie of the cord may also repeatedly happen in the same woman, and thus become the source of habitual abortion. (N. A. J. of H., 19, 479.)

Mrs. H., 35 years old, pregnant six months; after violent blow on abdomen, and next day getting feet wet; severe paroxysmal, colicky pains all over the abdomen followed; could not keep her feet still one moment; was restless all over. Coloc. and Rhus gave no relief. At same time a semi-sanguineous foul-smelling discharge set in, per vagina, with bearing-down pains; felt very drowsy yet unable to sleep. *Nux mosch.*²⁰⁰. Slept all night and all pain gone. After a few days took Puls., which discharged dead fœtus. (S. Lilienthal, A. J. H. M. M., 4, 95.)

Mrs. F. B., threatened abortion after fright; walked about a mile through deep snow. Violent labor pains confined to left side, caused her to cry out and weep; occur about every fifteen minutes. Flow of dark blood between pains with some large clots. Violent chills between pains; wants much covering; during pains chilliness. No thirst, slimy taste in mouth. *Puls.*²⁰⁰ (Tafel), every fifteen minutes. Four doses cured. (Goodno, A. J. H. M. M., 4, 131.)

No thirst; slimy taste in mouth. Os considerably dilated. *Pulsatilla*²⁰⁰ every fifteen minutes stopped the pains and prevented abortion. (Goodno, A. J. H. M. M., 4, 131.)

Duration of Gestation, by Dr. Ahlfeld, from *Monatsschr. f. Geburtstsk.* Dr. Ahlfeld investigates with great care the problem of the duration of gestation. Taking 219 cases observed by himself, by Hecker, and by Veit, he finds that conception took place on an average 9.72 days after the *first day* of menstruation, and in 161 cases on an average 5.28 days from the *last day* of menstruation; but it most frequently took place within three days. *Faye* arrived at a similar result.

As to the question whether the virginal os uteri is more easily disposed to conception than the gaping os of women who have borne children, he finds that, comparing 130 pluriparæ with 75 primiparæ, the same average of about ten days after the first of menstruation was observed.

Taking 425 women whose children seemed mature, the average duration of gestation was 259.91 days, reckoning from day of conception. Hecker's tables give an average of 273.52 days. The range was from 231 days to 328, so that there is manifestly a fault in determining the day of conception.

Ahlfeld gives a table of thirty cases, including six from *Faye*, of presumed single or well-defined coitus. Gestation varied from 232 days to one case of 313 days. Both these extremes are taken from *Faye*. The greater number ranged within 270 and 275 days. The average of all was 269.17 days, which corresponds closely with the period obtained by other modes of observation. (It is to be remarked that the weight of the child in *Faye*'s minimum case was 3000 grammes, and in the maximum case of 313 days it was only 2540. Since 3000 grammes is below the average weight of a mature child, it seems only reasonable to infer that conception took place considerably within 313 days. With this exception no other case out of the thirty exceeded 287 days, and of the remaining twenty-eight all were below 272.—R. Bames.)

Ahlfeld then refers to the law enounced by *Cedershjöld*, that labor takes place at the tenth menstrual epoch due, so that we should multiply the individual interval between two periods by 10. In many women this interval is not 28 days, but 27½, 28½, 29, 30. Hence, a duration of 275, 285, and so forth, is explained. By most authors, says Ahlfeld, the duration is placed too high; 280, even 275 days, is too high. To estimate the expectancy of labor

Naegele added seven days to the first day of the last menstrual appearance, and then reckoned three calendar months back. Thus, he took as the date of conception the second day after the cessation of menstruation, with an average of 274 days, which is very close to the reality. Ahlfeld's own plan is to take the tenth day from the beginning, the fifth from the end, of menstruation. There is a possible error in both ways of fixing the date of conception, and to illustrate this point he gives a table of 261 cases, calculated according to both, and showing the actual day of labor.

As to the sensation of movements of the child he shows that in 43 cases in which the day of its occurrence was noted, it ranged from 108 to 134 days, the average being 132.77 days.

The duration of labor in primiparæ was, on an average, 20 hours 48 minutes, and in pluriparæ 13 hours 42 minutes. (Am. Obs., 1871, 451.)

Fallopian Pregnancy in a subject aged 23 years. Labor-like pains set in Sept. 11th, and on Sept. 19th she was delivered of a five months' fœtus. Placenta in good preservation and perfect. Instead of the usual amnion and chorion, the fœtus was enveloped in a thick, leathery cyst, almost black in appearance and quite tough. Afterwards I removed without difficulty a black, disorganized mass in fragments, hard and knotty, large enough to fill a quart-bowl.

Caulophyllum, which had been given during the labor, was continued, with daily injections of warm water containing a few drops of Carbolic acid, for three weeks, when the patient was fully restored to health. (Anna L. Avery, Med. Inv., v. 8, p. 162.)

Malformed Pelvis. The patient, æt. 27, has had three stillborn children, one of them being delivered by craniotomy, and one born alive. Examination showed *the sacrum to be considerably out of the median line, inclining forward and to the right side and very prominent*, so that the descending head would strike the sacrum and be thrown over on the pubis and into the left side of the pelvis. The antero-posterior diameter was much less than normal.

At 6 A.M. the os being sufficiently dilated, a vectis, curved to suit the condition of her pelvis, was introduced, held in position—over the vertex and under the pubis—and pressure applied, downwards and outwards, during the pain, for two hours. At this time the ordinary vectis was applied, but slipping off when pressure was applied, was discarded, and recourse again had to the one first introduced. By this prolonged pressure, in connection with the

expulsive efforts of the uterus, the head was forced over to the left side of the pelvis, but could not be forced under the arch, and no further progress was observed.

At 8 A.M., after again exploring the pelvis and its contents, the curved vectis was again applied, and traction was made; all three pressing downwards and pulling outwards *with the pains*, and holding fast what was gained, but not pulling during the intervals.

At 8.30 A.M., another thorough examination was made. The woman's strength began to flag, and the head was found too large to pass under the arch. To remove the vectis and apply the forceps, would be to sacrifice all we had gained, as the head would slip up over the pubis. Craniotomy was proposed. Before resorting to this extremity, at the writer's suggestion, *the forceps were applied in conjunction with the vectis*. The *vectis*, it will be remembered, remains over the child's head and directly under the pubis. Pressure must be made directly downwards and outwards to avoid injuring the soft parts of the mother. The *forceps* were applied at the sides of the head, and by letting the handle of the vectis hang down between the blades of the forceps, each instrument worked clearly and independently, yet in harmony together. Traction was made outwards by the forceps and downwards by the vectis. By these means, and in this way, the head was gradually forced under and through the constricted pelvis, and could have been delivered at once by the forceps but for the vectis, which interfered with the movement of the child, after its head had been disengaged from its osseous prison. To have delivered at once would have injured the soft parts, which was inadmissible, and the forceps were unlocked, taken off, and then the vectis removed. In the next pain, the child's head was born, and the body immediately after.

The child, a boy, was much asphyxiated, and several minutes were allowed to elapse before the cord was tied and cut, as pulsations were still perceptible in it. The woman's abdomen was kneaded, and the secundines removed. No hemorrhage ensued, and the woman had a good getting-up. Her bowels moved on the fifth day. Nothing unusual was observed in her confinement excepting a numbness in the right limb, probably arising from compression of the nerves in the pelvis. The child did well. The soft parts of the mother were uninjured. The period of gestation was over three hundred days. Two physicians assisted the writer. (W. McGeorge, H. M., May, 1871, p. 484.)

Spontaneous Separation of the Ossa Pubis in Labor. Mrs. N., aged 35, was in labor with her fifth child, head presenting in second position. After entering the pelvic inlet, the pains became "furious," and with the sensation of snapping and of falling to pieces; separation of the pubic bones could be distinctly perceived by an *intervening sulcus* as well as by a slight irregularity of apposition of the edges. No serious symptoms occurred; but a sensation of great weakness across the symphysis. (J. C. Sanders, Tr. Am. Inst., 1870, sect. 4, p. 486.)

Breech Presentations. Contrary to the teachings of most text-books, I advise: Never make traction upon a breech presentation when it can possibly be avoided, but *push it back and hold it there until the child is well doubled upon itself*. Never draw down the lower extremities of the child before the body is born, but keep them in position with the knees bent, *so that the pelvis, the thighs, and the foreleg will all pass the vulva at once*. If we draw upon the pelvis of the child, what is the consequence? We pull the small end of the wedge and deliver it; or if we push back the sacrum and draw down the feet, as recommended by M. Velpeau, we only render the mass thinner at its smaller extremity, as the thorax that is to follow is the thicker and the head the largest of all; we raise the foreleg upon the chest, and many times the arms from the body, to a position alongside of the head; we extend the head from the body, and place its long diameter, the occipito-frontal, in the planes of the pelvis of the mother, instead of in their axes. At a glance we can but see the great mechanical disadvantage of all these changes of position. We deliver more easily that which can easily be delivered, and add to the size of those parts by which the delay and danger of death is caused. Let us, then, never pull the child out, but with thumb and fingers upon the ischiæ be sure to press the whole mass back against the violently-contracting uterus, so that the head will be well forced down upon the chest, the arms folded against the body, and the thighs held tightly to the abdomen, while it is reasonable to expect that if the forelegs are over the chest it will be forced, by the violence from behind, to take position alongside of the thighs and abdomen. As we still further hold against the os innominatæ, the spine will be bent upon the abdomen, made large by forcing the thorax and pelvis nearer together. Now what have we? A large, rounded mass, greater in bulk than the head, coming by the increased action of the uterus and abdominal muscles against the soft parts of the mother, stretch-

ing to its fullest extent the perineum, dilating the vulva and preparing them to pass with much less resistance the head, presenting its shortest diameter to advantage.

When the body is born, few, again, can resist the temptation to pull it and aid the mother in the delivery of the head. This manœuvre will be destruction to the child; it pulls down the occiput, rotates the face upward into the pelvis of the mother and delays the delivery. But holding the body of the child forward, between the thighs of the woman, push it against the skull of the spinal column, which thrusts up the back of the head, rolls down the face, and the babe can breathe. In some cases this change will be hastened by passing two fingers into the vagina and pressing against the occiput, while two fingers of the other hand are placed in the sockets of the child's eyes, or just below them, on the superior maxillary bones, and drawn downward. Just here, let me give another item to be observed. While all the above is going on, put your two fingers into the child's mouth, force open its lower jaw sufficiently wide so as to allow it to breathe between the palmar surface of your hand and its chest, while the back of the same hand forces back the vulva.

Of late years I always carry in my obstetric bag a flattened tube, silver plated, curved at one end and flattened on the curve. Its aperture has a long diameter of one-half inch, and the short one, one-fourth of an inch. Its whole length is nine inches. As soon as the body has passed into the world, I place this tube in the mouth of the child. This not only relieves my fingers, from the effort to maintain its breathing, to keep the position of the babe's head correct, but as soon as the thorax begins to dilate, insures that the constricting soft parts cannot shut out the child's living.

A case comes to my mind where the mother's pelvis was naturally small; she had never before been delivered of any of her three former children without the use of the forceps. The child was large and fully developed; it was a breech presentation. All went well until it came to the passage of the head; and while the little one was making most energetic efforts to get air into the lungs, I tried to thrust my hand between its chin and the vagina of the mother, so by pressing my fingers against the upper jaw to permit the air to pass to its lungs. It was impossible; the additional bulk of the hand only added to the difficulty. It was this case that showed the necessity of such an instrument.

By thus calling the attention of the profession to the great importance of dilating well the soft parts of the mother, by the doubled up body of the infant in breech presentations, I earnestly hope the lives so often sacrificed in this dangerous birth may be saved. (Jas. E. Jones, Tr. H. M. S., N. Y., 1870, 510.)

Placenta Prævia. When labor has begun, we might divide our cases into such, where uterine action is present and efficient, and, therefore, the cervix soft, elastic, and expanding, or where we meet a tedious first stage and an undilatable, rigid os uteri.

In the first case nature does the work, and she is fully able to accomplish it without our interference. Our business here is to moderate the hemorrhage, and Guernsey's plan is the thing; for by reducing slowly the size of the uterus, we force this organ to stronger contraction; and the only objection may be, that it disallows the use of the tampon. A combination of both, that is, to tap the sac and then use the colpeurynter might be advisable. How version can be advised with strong labor-pains, as some authors do, is more than I can understand, only it shows, that theory and practice are two different things.

But hemorrhage with weak evanescent pains and an undilated, undilatable rigid os uteri, is a combination which may make the stoutest hand tremble. Here we would be greatly inclined to follow Dr. Inglis's plan, which can be carried out even when the cervix is still hard and undilated, for Hamilton's uterine bolt, or Simpson's sound have been introduced many a time even into the unimpregnated womb. We would try with such an instrument to detach carefully some part of the placenta (opposite the side where the bulk of the placenta lies), and then detach also the membranes partially from the uterus, in order to hasten the first stage of labor. Expecting with every fresh pain a fresh gush of blood, we would try the use of the colpeurynter, entered into the cervix of the uterus, as a plug, as a dilator; and with the exception of extreme cases, we would not disturb the tampon, till the advancing head expels it. We doubt the feasibility of rupturing the membranes, before the presentation of the child is clearly made out; as it would be a rather difficult task to perform podalic version in a contracting uterus, should preternatural presentations take place; and in head-presentations the preference between forceps and version is still undecided. In cases of *periculum in mora* we would follow unhesitatingly Murphy's plan, to extract the whole placenta at once, stop by all means the loss of blood, allow

the system to recover itself, and then nature may do the rest. That a meddling midwifery is bad midwifery, is in no more case true than in placenta prævia. (S. Lilienthal, Tr. H. M. S., N. Y., 1870, 499.)

Compression of the Uterus in Expulsion of the Placenta (Medical Record) has been treated of at length by Professor Crede, of Leipzig, and more recently by Dr. Chantreuil, of Paris. The latter has tried it in five hundred and forty cases, with the result of expediting very much the delivery of the afterbirth, and favoring an early return of the uterus to its normal size. When the uterus has reached the maximum of its contraction after the expulsion of the infant, it is to be grasped between the palms of the hand placed in front and behind it, and steady pressure maintained. The result in the majority of cases is, that the delivery of the placenta is accomplished in a much shorter time than is usual, without being followed by hemorrhage or other unfavorable symptoms. (Am. Ob., 1871, 501.)

Premature Infants. To preserve the lives of premature infants, take a pan containing water kept at 90°, and into this place another bath-shaped pan in which place the child, unwashed, and swathed in cotton, keep it there, feeding it on milk with a spoon, till it reaches the full term. (B. W. James, H. M., Jan., 1871, p. 306.)

Eclampsia Puerperorum. Primipara; a few hours after the perfectly normal birth of a healthy child, most violent convulsions; unconsciousness; deep red, distorted face; rolling eyes; gnashing of teeth; bloody foam before the mouth; bending in of thumbs; throwing about of limbs; on remission of the spasms stretching of the body and deep sopor. The congestion towards the head remained the same during sleep. *Atropinum sulphuricum*², every hour one drop. In the following eight hours still more, eight spasms, but lighter; then followed a natural sleep for sixteen hours, out of which she awakened with clear consciousness. (Szontagh, H. Kl., 1871, 50, from Hasonszenvi Lapok, 1870, No. 23.)

Fifteen days after a normal birth, similar symptoms as above. *Atrop. sulph.*³, relieved in a short time. (Szontagh, Ibid.)

Puerperal Convulsions. Mrs. C., æt. 26, first child; next day found her with head drawn backward; face bluish-red and fearfully convulsed; muscles of body thrown into violent and irregular action; had complained of a throbbing in her forehead a few moments before. R. *Bell.* 5th, dry. She had but one other slight paroxysm. (I. D. Johnson, H. M., May, 1871, p. 492.)

Puerperal Convulsions cured by injecting Chloroform into the Rectum. The convulsions came on soon after delivery, and nearly destroyed the life of the patient. Two drachms of chloroform in a little syrup were injected into the rectum. No more convulsions occurred, and recovery was rapid.

It is nearly useless to use chloroform by inhalation, because in convulsions the aerating function of the lungs is greatly impeded, while chloroform acts very promptly when injected into the rectum. (W. H. Holcomb, Tr. Am. Inst., 1870, sec. 3, p. 446.)

Puerperal Convulsions. Mrs. T., æt. 33. When seven months pregnant with her fifth child had spasms, with twitching of the muscles of the mouth and eyes; wild expression; eyes upturned; constant attempt to tear her hair; laughing and crying; nervous and excitable. *R. Ignatia*, a dose every three hours. Spasms continued only half a day. (I. D. Johnson, H. M., May, 1871, p. 493.)

Mrs. H., æt. 32, third child. Placenta prævia. Profuse discharge of blood with each pain; this discharge had been going on for several days. Ruptured the membranes, pushed the placenta aside, and let the head occupy the os. The bleeding was arrested, the labor advanced, but on the head reaching the perineum she was seized with convulsions. She had said a moment before that her "head felt badly." *R. Bell*. She remained half conscious four hours, uttering silly speeches and making strange gestures. *R. Stramonium*. Cured. (I. D. Johnson, H. M., May, 1871, p. 492.)

Puerperal Eclampsia. When there is reason to believe, in the absence of all other sources of irritation, that the fœtus in utero is the exciting cause of the eclampsia, *delivery* by the speediest method, or by the one that is the least likely to add to the existing irritation, is the manifest indication. . . . Whenever its application is practicable I unhesitatingly recommend the forceps; the introduction of the blades through the vagina, or, even, if necessary, into the os uteri, being far less likely to produce irritation than the introduction of the hand and arm in the act of turning, or in the more complicated manual operations involved in craniotomy. . . . For eclampsia dependent on uræmia, I would recommend the prompt administration of *Gelsemium sempervirens*. It will, in many cases, be found of much service in lessening the violence of the convulsions, as well as in rendering no small service by its diuretic powers, separating the blood of a portion of the urea and carbonate of ammonia upon which the primary

morbid action depends. Another remedy is *Bromide of Potassium*. Administered in doses of from one to three, or even five grains, it will in many cases promptly control the convulsions, even after they have continued many hours. . . . Another remedy of great value, when the convulsions continue after delivery, is *Cicuta virosa*, as I can testify by some most satisfactory experience. A single hint with regard to the administration of remedies in this disease. Owing to the general condition of toxæmia which prevails throughout the system in albuminuria, it will be found necessary to administer our remedies in somewhat larger doses than usual in order to obtain the same effect which we would expect in ordinary cases. (J. H. Woodbury, N. E. M. G., vol. 6, p. 193.)

Uterine Hemorrhage treated by Internal Remedies. A woman had aborted at fourth month; had been flooding for a week, and placenta retained; tampon had proved useless; blood escaped, forming black strings like angle worms matted together; dark blood escaping, mostly when she rose to the chamber-vessel. *Crocus sat.*²⁰⁰ in water every half hour or hour. Improvement was marked and rapid. After forty-eight hours there was a sensation as if fæces were encumbering the rectum. *Nux v.*²⁰⁰ in water was given every two hours. After the second dose the entire placental mass was expelled from the vagina. (H. N. Guernsey, Tr. Am. Inst., sec. 4, p. 508.)

Hemorrhagia, day after confinement, also severe after-pains and great debility; blood grumous; continual sweat aggravated the debility; internal heat and great anguish; pulse hardly accelerated, weak and intermitting; foul odor from mouth and from perspiration; tongue moist, in centre dirty and coated; frequent eructations; no stools. Tinct. *Croci*, twelve drops in four ounces water, a tablespoonful every two hours. A few doses cured. (G. Schmidt, A. J. H. M. M., 4, 150.)

Metrorrhagia. After confinement. On eighth day was called and found her extremely weak, having had profuse discharge since labor; pale; burning pains in the greatly distended uterus, which felt hard and was painful to touch; discharge, sometimes black, lumpy, or brown fluid blood, of most disgusting smell; hammering, tearing pains in both thighs, increased by motion; strong pulsations in umbilical region; pulse empty, weak, and frequent; frequent yawning. *Secale corn.*⁵ stopped hemorrhage, but brown, foul-smelling lochia remained. *Carb. veg.* 18^m. Two days

later lochia like serum, without smell. China¹², a dose every other day restored to health. (Ruppich, A. J. H. M. M., 4, 150.)

Mania puerperalis, by Dr. Weber. Most cases happen in weak, anæmic, cachectic women. Hereditariness could not be proven, but atmospheric and telluric influence, as the cases always appeared in groups. Furibund deliria are more frequent than melancholia. Cases arising from fright or from suppression of the lacteal secretion, are quickly and thoroughly cured. (N. A. J. of H., 19, 562.)

Mrs. ——. Oct. 23d, 1870. Confined fourteen days ago of one child. Ever since, when in bed in dark room at night, delusion that there is another baby in the bed which requires attention. Had this delusion in former confinement, and in another a delusion that she had a third leg, which would not remain quiet. For seven days single sharp shoots, about twice a day, from upper dorsal spine into occiput. *Petr.*³⁰⁰⁰ removed the mental disturbance. After a fright, shooting in lumbar spine. *Kali*¹⁰⁰⁰ relieved of this. After another dose *Petr.*³⁰⁰⁰; improvement continued. (E. W. Berridge, A. J. H. M. M., 4, 109.)

Cimicifuga racemosa. Puerperal fever, coming on, a peculiar mental disturbance; patient says, "I don't know what is the matter with my head, I don't feel like myself;" bluish hue of the face. (R. Koch, H. M., July, 1871, p. 581.)

Puerperal Fever cured by *Pulsatilla*²⁰⁰, by A. Lippe. Suppression of urinary and lochial secretion; cold perspiration over whole body; eyes swollen; hands and wrists cold; could not discern any person; head felt too full, as if the skull was lifted up; when she closed her eyes she saw pictures and all sorts of strange sights, heard all kinds of operatic airs; had to lie constantly on her back; complains of labor-like pains, compelling her to press downwards; considered herself dying. A large quantity of retained spurious liquor amnii was discharged, with relief of all the symptoms. A consequent threatening phlegmasia alba dolens, with burning, stinging pains and protrusion of hæmorrhoidal tumors, was removed by *Apis mel.* (N. A. J. of H., 20, 167.)

Lilium tigrinum, by W. E. Payne. A woman, after suffering from a puriform discharge per vaginam after confinement, complained of bearing-down pains in the uterine region, relieved by sitting, lying down, or pressing with the hand at the vulva; tenderness over the hypogastric region; had not menstruated since her confinement; morning diarrhœa, which leaves a smarting, ex-

coriated feeling at the anus; frequent urinary passages, with smarting and burning in the urethra after every passage; abundant exoriating leucorrhœa, with great depression of spirits, and a firm conviction that her disease was incurable. *Lilium*^o cured her.

Mrs. E. Confined four weeks ago; has been always troubled with severe constipation; hæmorrhoids came on the first week after labor; tumors painful, sore to the touch, and itching; profuse irritating leucorrhœa, or perhaps continued lochia, with pain in the back and hips; pain and smarting in the urethra after passing urine; bearing-down when at stool, as if the internal organs would pass out through the vagina, and had to be kept back by supporting the vulva with the hands; dreads insanity; fears of incurable disease. *Lilium*^o cured. (N. A. J. of H., 20, 186.)

After Childbirth, Offensive-smelling Diarrhœa frequent, with faint feeling before and after stool. *Sulph.*^{em}, five doses, one after each stool. (E. W. Berridge, A. J. H. M. M., 4, 108.)

Mrs. B. Confined five days ago. Since two days soreness and fissures of both nipples; tendency to constipation. *Lycop.* 2^o. One dose cured in five days. (Tietze, A. J. H. M. M., 4, 57.)

Phlegmasia Alba Dolens. Two weeks after first confinement the patient was found feverish, thirsty, sleepless, very weak, intensely nervous; pain in right groin, about Poupart's ligament. Next day upper part of thigh swollen, hard, white, very painful on pressure, especially along tract of femoral vein. *Hamamelis* every two hours at first; later, every four hours, a weak lotion of the tincture applied to the whole limb. The disease seemed to culminate about the sixth day, then rapidly subsided; in two weeks perfectly restored. In this case the breast-milk left a faint pink stain upon a napkin. (William H. Holcombe, Med. Inv., v. 9, p. 2.)

The Bandage and the Ligature. Dr. J. H. McClelland gives the results of his experience in the non-use of the bandage after parturition, and of non-ligature of the funis, with cases occurring in his practice, in the Transactions of the Pennsylvania Homœopathic Medical Society, 1871, p. 222. In regard of the non-ligature of the funis he draws the following practical conclusions:

a. When the cord is not divided until pulsation has entirely ceased, as a rule no hemorrhage follows, and hence *no use or necessity exists for the ligature.*

b. If the cord is cut while pulsating vigorously, there is greater disposition to persistent and secondary hemorrhage; and if the

object in view is to permit the escape of surplus or pent-up blood, the subsequent ligation of the cord, after this object has been attained, must certainly lose its objectionable features, especially as it leaves danger out of the question, and gives peace of mind to the attending accoucheur.

c. It is by no means clear, that the escape of a certain amount of fœtal blood from the cord secures immunity from colic and jaundice.

Of the *non-use of the bandage* he writes as follows :

I believe, as a rule, it (the bandage) may safely and advantageously be dispensed with, except perhaps when the abdominal walls are very flaccid, or the uterus inert; and even here the main reliance must be in our remedies.

Dr. Ryer objects to post-partum bandaging, because cloth bandages will work upwards, and because the bandage tends to depress the uterus, which can be felt per vaginam to fall when the bandage is tightened. As a substitute he proposes strips of adhesive plaster, applied from back of hips tightly over and above the pubis, and around to corresponding place on opposite hip. So apply as far up as the umbilicus. Apply a second layer from below upwards to umbilicus in the same manner, thus supporting the first. One objection is the itching, which in some appears about the fourth day. This is remedied by removing the strips and bathing with warm water, and then at once renewing the bandages.

A similar arrangement of strips, applied obliquely from sternum downward and backward, is preferred to the cumbersome and unphilosophical roller usually employed in fractured ribs. (B. J. H., v. 29, No. 105.)

SPINE.

Spinal Irritation. Miss —, 20 years. Subject for a long time to vertigo and sick headache, began to experience stiffness in the muscles of the neck and great weakness; considerable pain in the lower portion of the spine and trembling of the limbs; oppression of the chest, palpitation of the heart, paralytic weakness of the right side, and numbness in the right upper and lower extremities. Directed the use of the flesh-brush over the surface of the parts affected, and ten drops of the 6th dilution of *Cocculus*

in four tablespoonfuls of water—a teaspoonful every three hours. She soon began to experience decided relief. The remedy was discontinued after a week, and no further medication was required. (A. E. Small, U. S. M. and S. J., April, 1871.)

Miss N—, has had imperfect vision for years. Some seven or eight years ago she suffered from spinal irritation, at which time she was able to use her eyes but little, but as the spinal difficulty decreased, the power of vision was partially restored. At present, when commencing to read, or to do fine work she can see quite well, but in a few minutes the sight becomes dim, so much so that the letters cannot be distinguished, and all attempt at work has to be abandoned. Distant objects do not become obscure as soon as nearer ones. The eyes are sore when slight pressure is made upon them. She has occasional attacks of neuralgia in the frontal region, accompanied by nausea; at such times the eyes are much more troublesome; they are very sensitive to gaslight; at times only one-half of an object is visible; black points and streaks of light appear before the eyes; she complains of pain in the back and sensitiveness of the spine; is easily fatigued, and feels great weakness from a little exertion; there is restlessness of the limbs; they have frequently to be moved; she is worse in the forenoon. Gave *Natrum mur.*²⁰⁰, ten powders, a powder to be taken every day. Has improved steadily. Gave no other medicine, and can now use her eyes four hours a day without fatigue, with a fair prospect of a speedy and permanent cure. (C. H. Burr, N. E. M. G., v. 6, p. 112.)

Young woman, gracile build. Nervous debility since several years. Took Nitrate of Silver. Frequent fainting spells, during which face turns pale and cold, yawning, anguish, dyspnoea, visions; sometimes pressing frontal headache, vertigo, cold extremities, excessive malaise, dulness of vision, at night frightful dreams. Bell., Ign., Op., Stram., Agar. relieved somewhat. The menses short and scanty; general lassitude with chilliness at night; excited, and full of uneasiness; pressing frontal headache above root of nose, with hot flashes; cutting pain in pit of stomach, especially in morning, and aggravated by touch; nausea in beginning of menstruation; oppression in chest without dyspnoea; sometimes tickling cough with expectoration of small quantities of blood. *Phos.*¹, three or four drops, every second morning in water, continued for six weeks, restored her to health. (Elwert, A. J. H. M. M., 4, 59.)

Meningitis Spinalis. Mrs. —, 34. After taking cold, exceedingly painful drawing from lumbar region down into the lower extremities; greatest sensitiveness of this part of the body to pressure, so that she must lie upon the stomach; involuntary spasmodic jerkings in the lower extremities, very painful; high fever. *Acon.*² of no use. *Bell.*², in water, by teaspoonful every hour. In four days general perspiration; pain much less. Three days later suddenly convulsions all over. *Atrop. sulph.*³ every half hour. Better, but there remains a stiffness of the lower extremities which yielded to *Nux vom.*², every hour, in a short time. (Szontagh, H. Kl., 1871, 62, from Hasonszenvi Lapok, 1870.)

Dropsy of Spinal Canal. Boy, 10. Sickness commenced with symptoms of articular rheumatism. After eight days whole body paralyzed; could neither sit up nor move his head; breath left him sometimes for a long time (relatives say even ten minutes long), and commenced again with great noise; urination difficult; urine contains albumen; constipation not relieved by artificial means; great fear in the dark; three months under allopathic treatment. *Arsen.*⁰⁰⁴, night and morning; six days afterwards patient can move his hands and urinate without difficulty; ten days later can use his legs; breathing better; nineteen days later all better except fear in the dark. *Arsen.*⁰⁰¹¹ removed it too, and the boy is well. (Heyne, A. H. Z., 83, 145.)

A similar case of a little girl, after nine months' allopathic treatment, was likewise cured by *Arsen.*⁰⁰⁴. (Ibidem.)

Disease of Cervical Vertebrae. F. W., aged 3. Head falls forward; can't hold things, nor walk; bowels costive; urine free; intellect "forward;" memory excellent; emaciation. *Silicea*³ and *Arn.*³; no result. *Sil.*³ and *Calc. c.*³, only slight general improvement. *Sil.*³⁰; relief began at once, and in three months could walk and use arms. The projection left in cervical spine pained occasionally. *Arn.* Well. (Nankivell, B. J. H., v. 29, No. 116.)

H., aged 16. Eighteen months ago fell; after the first shock felt well until nine months, when pain appeared in sacrum and hip. She applied Rhus liniment. Now she suffers from pain from sacrum upward to lumbar region, and across left ilium to superior spinal process. Pain, throbbing in character, increased on pressure over the lumbar vertebrae, and this, when severe, gives rise to a pain in nape of the neck, and a sense of loss of power in the lower extremities. Stooping causes severe pain darting up spine. Probably a traumatic periostitis of sacrum and lower vertebrae.

Sil. 2° cured in fifteen days. (A. C. Pope, B. J. H., v. 29, No. 117.)

Lady, mother of six children. Much weakness in sacro-iliac synchondroses, as if bones were loose. *Arg. nit.* cured. (J. H. Nankivell, H. W., 6, 256.)

Traumatic Periostitis of Sacrum and Lower Lumbar Vertebrae.

Girl, 16, fell down stairs hurting sacral region and left hip-joint. Seemed to get over it in a short time. Nine months after, however, complaint of great pain in these parts; it is a throbbing pain, increased by pressure, motion, stooping; extending up the spine to nape of neck and down to lower extremities. *Silic.* 2⁰⁰, in water, a teaspoonful every four hours. Cured in fourteen days. (Alfred C. Pope, A. H. Z., 83, 42, from B. J. of Hom., July, 1871.)

Coccydynia. Among the minor disorders, of female humanity especially, perhaps none is more harassing than this. Patients frequently appear who complain that while attempting to sit down, rising to stand, making any effort, particularly to defecate, they experience severe pain in the region of the coccyx. Often this is so severe as almost to prohibit exertion. This condition often lasts for years, but is generally fugitive and occasional. Its seat is doubtless in the fibrous tissues surrounding the coccyx, and as this bone serves as a point of attachment for several of the ligaments and muscles which are concerned in the movements above referred to, pain is experienced when motion is attempted. Its causes are thus enumerated: parturition; delivery by forceps; falls or blows upon the coccyx; cold; exercise on horseback.

TREATMENT.—We will first mention those remedies which manifest the most marked action upon the coccygeal region, and afterward take up those in which the relation is less plainly seen.

Belladonna.—The ischia feel sore, as if there were no flesh on them; yet she feels better when sitting on something hard than on cushions. Intense crampy pain in the small of the back and the os coccygis. She can sit only a short time. Sitting makes her stiff and unable to rise again from pain. Cannot lie down well; wakes often at night, and has to shift her position; unable to lie at all upon the back, and is most relieved by standing or walking slowly.

Causticum.—Dull, drawing pain in the region of the coccyx. Darting pain in the coccyx. Pain as from bruises in the coccyx. Every movement of the body gives a pain in the small of the back. Pinching, crampy pain in the lumbar region and buttocks.

Carbo animalis.—Pain in the coccyx, which becomes a burning pain when the parts are touched. Pressing, bearing-down pain in the coccyx as if the part were bruised. Pain as from subcutaneous ulceration in this region, mostly when sitting or lying down. Pressing, drawing, or stiffness in the lumbar region, as if the back were broken.

Thuja.—Painful drawing in the sacrum and coccyx, and in the thighs when sitting. After having been seated awhile, the drawing hinders standing erect. Sudden cramplike pain in the lumbar region after long standing, and then attempting to walk. It seems as if he would fall.

These four remedies seem to affect this region more powerfully than any others. Of less characteristic remedies, we find the following:

Cannabis sat.—Pressure, as if with a sharp point on the coccyx. Pain in the middle of the back as if it were being pinched, the pain gradually extending toward the abdomen.

Cantharis.—Lancinations and tearings in the coccyx, causing him to start.

Cicuta.—Tearing, jerking in the coccyx.

Cistus Canadensis.—A burning, bruised pain in the coccyx.

Drosera.—Itching stich in the coccyx when sitting.

Graphites.—Dull drawing in the coccyx in the evening. Violent itching of the coccygeal region, the part being moist with scurfy formations.

Gummi gutti.—Repeated gnawing in the coccyx.

Kali c.—Violent gnawing in the coccyx both when at rest and in motion.

This remedy has many back symptoms, and may be frequently indicated, but the above is the only symptom recorded including the coccyx.

Kali hydriod.—Pain in the coccyx as from a fall.

Kreosote.—Drawing pains along the coccyx down to the rectum and vagina, where a spasmodic, contractive pain is felt. Better when rising from her seat. Subsequent milky leucorrhœa.

Lachesis.—Continual pain in the sacrum and coccyx. Drawing pain, or as if sprained, in the small of the back, hindering motion.

Lactuca.—Pain, as if in the spinal marrow extending through the coccyx.

* *Magnesia*.—Sudden, piercing pain in the coccyx; sudden, vio-

lent, concussive, tearing, stitching pain in this region as if the spine were bent back.

Mercurius.—Tearing pain in the coccyx relieved by pressing the hand against the abdomen. Pain in the sacrum, as if one had been lying on too hard a couch. Pricking, itching in the sacrum when walking.

Muriatic ac.—Drawing, burning along the back, beginning at the coccyx, as if under the skin. Burning stitch in the sacrum, causing one to start.

Paris quad.—Tearing in the coccyx when sitting. Pulsative stitches in the coccyx.

Petroleum.—Pain in coccyx while sitting. Great uneasiness and stiffness in the small of the back and coccyx in the evening.

Phosphorus.—Pain in the coccyx as if ulcerated, hindering motion, and followed by painful stiffness in the nape of the neck.

Phos. ac.—Itching stitch in the coccyx. Fine stitches in the coccyx and sternum.

Platina.—Numb feeling in the coccyx as from a blow.

Ruta.—Pain extending from the coccyx to the sacrum, as if caused by a bruise.

Valeriana.—Bubbling pressure above the anus in the region of the coccyx.

Zincum.—Pain in the coccyx, sometimes a pushing-aching and sometimes pinching. Lancination in the sacrum; pressure, tension, and weakness in the lumbar and sacral region; cracking in the back when walking. (W. S. Searle, Am. Ob., 1871, 28.)

Coccygeal Affections. The coccyx is affected with neuralgic, rheumatic, or gouty pains; by injuries; eruptions. Women are mostly affected. Injuries are most common, resulting from falls on hard pavements, or ice, or on sharp corners. If the case is seen soon after the accident it is soon curable; if three days have elapsed make an examination. The chronic effects of a fall are malposition of the coccyx, sideways (rarest), backwards, or forwards (commonest). In injuries with crepitation give Calc. phos.; for periodical aching, Ruta g., Rhus, Sil., Fluoric acid. Eruptions occur in males. Use no external applications.

To the list of remedies given by Dr. Searle, we may add as more or less important: *Agaricus, Agnus castus, Alumina, Ammon. carb., Ammon. mur., Angustura, Ant. crud., Argent., Arnica, Asafæet., Borax, Bovista, Calc. carb., Calc. phos., Carbo veg., Cinchona, Colehi-cum, Crocus, Fluor. acid, Hepar, Ignatia, Jodium, Hypericum, Lauro-*

cerasus, Ledum, Nitric ac., Plumbum, Rhus, Silicea, Spigel., Staphis., Sulphur, and Veratrum.

It may be of interest to give here an extract from the chapter on Coccydynia from the *Analytical Therapeutics* soon forthcoming.

Sore feeling as if sprained: Lach., Sulph.; as from a blow, numb, tense, tight, while sitting, *Platina*; as from a fall, *Crocus, Kali hyd., Ruta*; sore and stiff while sitting, *Petroleum*; as if beaten, *Alum., Caust., Sulph.*; with urging, *Carb. an.*; as if bruised, pressing, *Carb. an.*; burning, *Cistus*; extending to sacrum, *Ruta*.

Like an Ulcer: Colch.; when sitting or lying down, *Carb. an.*; hinders motion, *Phos.*

Aching: Bell., Carb. an., Caustic., Ignat., Graph., Kali hyd., Lach., Magnes., Magnes. carb., Nit. acid, Petrol., Phos., Silicea, Zincum; feels tired, *Petrol.*; from spinal marrow to coccyx, *Lactuca*; with uneasiness and stiffness, *Petrol.*

Pressing: Cinchona, Hepar, Merc. sol., Phos., Phos. ac., Valer.; as if with a dull point, *Cannab., Carbo veg.*; boring, digging, *Arnica*; pinching, *Calc. carb.*; pushing, *Zincum*; with bearing-down, *Carb. an.*; urging, *Zincum*; cramplike squeezing, *Bellad.*; increases and decreases in sacrum, &c., *Jod.*; bubbling sensation, *Valerian.*

Drawing, tearing: Ant. crud., Arn., Calc. carb., Canth., Carbo veg., Caust., Cicut., Graph., Magnes. carb., Merc., Mur. ac.; when sitting, *Paris, Rhus, Zinc.*; dull in the evening, *Caust., Graph.*; tearing, *Cicuta*; from sacrum down to coccyx and thigh, *Thuja*; along the rectum to the vagina, *Kreosot.*; relieved by pressure on abdomen, *Magnes. carb.*; sudden startling, tearing, *Calc. phos.*; often repeated, *Canth.*

Shooting, lancinating: Ammon. c., Canth., Colch., Magnesia c., Niccol., Paris, Rhus.

Stitches, stinging: Agnus cast., Angust., Argent., Colehic., Phos. ac., Verat., Zincum; along the sacrum to the anus, *Asafet.*; like a needle, *Rhus*; itching, *Phos. ac.*; jerking, *Carbo veg.*; while standing, *Verat.*; or sitting, *Drosera*; repeated lacerations, *Canth.*; pulsating, *Paris*; beating, *Ignat.*

Jerking, shuffling: Calc. c., Caust., Cicuta, Cinchona, Carb. veg. (Magn.), Rhus, Sulph.; pain in the point of the coccyx, *Alumina.*

Sudden: Magnes., Thuja; startling, *Mur. ac., Calc. phos.*; as if from the spinal marrow, *Lactuca*; extending to the back, *Mur. ac.*; as if the spine were bent back, *Magn. c.*

Rest and Motion: Cannot find a comfortable position, Phos.; has

to shift his position, *Bell.*; cannot lie down well, not on his back, *Bell.*; can sit but a short time, *Bell.*; while sitting, aching pain, *Petrol.*, *Platina*; stitches, *Dros.*; after sitting unable to rise, *Bell.*; cannot stand straight, *Thuja*; cannot walk quickly, *Bell.*; impeded motion, *Lach.*, *Phos.*; better when rising, *Kreosot.*; when standing or walking slowly, *Bell.*

Followed by a stiff neck: *Phos.*; by milky leucorrhœa, *Kreosot.*

Heat (around coccyx below sacrum): *Agar.*, *Alum.*, *Arn.*, *Ars.*, *Borax*, *Calc. c.*, *Carbo animal.*, *Carbo veg.*, *Causticum*, *China*, *Colch.*, *Graph.*, *Hepar*, *Ignat.*, *Laurocer.*, *Ledum*, *Mercur.*, *Mur. ac.*, *Phos.*, *Phos. ac.*, *Plat.*, *Rhus*, *Spigel*, *Staphis.*, *Sulphur*, *Zincum*.

Burning: *Cistus*, *Colchie.*, *Lauroc.*, *Staphis.*; corroding, *Canth.*; to the right of the coccyx, *Fluor. ac.*; and drawing up the back, *Mur. ac.*; when touched, *Carb. an.*

Itching: *Agar.*, *Alum.*; has to scratch, *Borax*, *Bovista*; with burning, *Fluor. ac.*; crawling, *Borax*, *Lyc.*; gnawing, *Agar.*, *Alum.*, *Gambog.*, *Kali c.*, *Phos. ac.*; better when stretching, *Alumina*.

Oozing: *Graph.*, *Ledum*; offensive, *Nit. ac.*; getting sore, *Ledum*; scurfy, *Borax*, *Graph.*; nodules as if swollen, *Hepar*; eruptions, *Merc. sol.* (C. Hering, H. M., Oct., 1871, p. 108.)

Coccyodynia during catamenia, coming on for the first time after a confinement, cured by *Cicuta*³⁰. (Bruckner, N. A. J. of H., 19, 417.)

Coccygodynia. Hints on *Lach.*, *Phos.*, *Hyperic.*, *Arn.*, *Ruta*, *Rhus tox.*, *Calc. phos.*, *Silic.*, *Bell.*, *Sepia*. (E. Farrington, A. H. Z., 82, 39, from N. E. Med. Gazette, Nov. and Dec., 1870.)

Coccyodynia, from Med. Liv. (A. H. Z., 83, 99.)

MOTORY APPARATUS.

Weakness of Lower Extremities after a long walk, in a man of sixty years; constant drawing from the knees downward to the feet, and bruised pain as if beaten in the joints; worse in the morning when getting up. *Rhus tox.* and *Arsen.* gave relief, but *Allium sativum*³⁰, cured in a short time. (A. R., A. H. Z., 82, 46.)

Rheumatism since fifteen years, under allopathic treatment. Upper and lower limbs, pains come and go quickly. Calcareous nodes on fingers. *Bell.*³ every two to four hours four days. Pains all gone. Had a return about four months afterwards after stand-

ing on damp ground. Promptly relieved by *Bell.*³. Since then well. (A. Korndorfer, A. J. H. M. M., 4, 127.)

Mrs. ——. Jan. 24th. For three or four days, aching, smarting across gluteal region, worse the first part of night, better toward morning. Cold feeling there, on turning in bed feels as if she "cricked" the back there. Pain worse on walking, or raising straight up, or lifting anything, or bending backwards. After sitting, especially on a low seat, feels the aching, which is increased on rising from seat. Calc. 107^m (F.), three times in one day. Cured. (E. W. Berridge, A. J. H. M. M., 4, 53.)

Cimicifuga racemosa. Rheumatism of the lower extremities. (Pemberton Dudley, H. M., July, 1871, p. 582.)

Rheumatism. Farmer, 40. In damp, cold weather pains in the joints of hands and feet, in sacral and lumbar region, often so violent as to cause him to cry out and to jerk; the pain is stitching, tearing, and extends into the joints of the fingers and shoulders; weak in all the limbs; shuddering; chills; thirst and nightly diarrhœa; poor appetite; white tongue; flat taste; after eating even slight meals pressure and fulness in the stomach; dreamful sleep, with frequent waking and desire to urinate, with burning; urine dark yellow; cold feet; hearing impaired; noise in the ears. *Kali carb.*²⁰⁰. Well after a few days. (J. Schelling, A. H. Z., 82, 205.)

Sophia T., æt. 29. Has had rheumatic pains three or four years. Pains in knees, ankles, and feet, worse in windy and rainy weather; erratic in character; so severe as to keep her awake and crying with pain all night; has also severe pain in left hypochondrium; indigestion, with pyrosis and flatulence. *Puls.*³. Better in a week, but the erratic pains still continued, though less severe. *Puls.*¹². In a week felt well, but in a few days later had some slight rheumatic pains, worse from motion. *Bry.*³ completed the cure in a few days. (Bayes, Mon. Hom. Review, v. 15, p. 14.)

For twelve days pain below right scapula, worse in evening after exertion, by deep inspiration and by moving right arm; better by pressure and lying down, especially on right side; the pain extends over a spot as large as the palm; when severe, extends to a corresponding spot on left side. *Ruta*¹⁰⁰⁰ (Jen.). One dose cured. (E. W. B., A. J. H. M. M., 4, 113.)

Sept. 16th, 1858. Mr. S. H., barber, thin, sandy complexion. Rheumatic lameness of right upper arm as far as elbow, so that it sinks down on lifting it; drawing and tearing pain in whole arm. R. *Teuc. mar. ver.*³⁰.

Sept. 19th. About fifteen minutes after taking the dose, severe cramp around navel, followed by passages of brown, almost black, pappy, bad-smelling fæces, lasting through the night and occurring every half or three-quarters of an hour; want of appetite; chilliness, alternating with heat; from 7 A.M. to 2 P.M. delirious and talked incessantly; at 2 P.M. cramp ceased; five hours after taking the dose had the tearing pain once more and very severe, this time in left arm; next day well. (B. F., A. J. H. M. M., 4, 62.)

Lumbago. Mr. A., æt. 86. Has violent pain in the sacro-lumbar region; the slightest effort to move causes retching, cold, clammy perspirations and excruciating pains in the back. *Ant. tart.*³ cured.

Mrs. M. Found her in a cold perspiration, with cramps in the legs, nausea and pain in the small of the back; pain seemed as if it would divide the body in two. *Ant. tart.*³ cured. *Rhus* is preferable if the lumbago originates in a sudden cold, and the pain is aggravated by rest; *Arnica* if the attack is caused by a severe exertion. (J. Lawrence Newton, Mon. Hom. Review, v. 15, p. 210.)

Mrs. P., widow, in the forties, large figure, round form, brown hair, blue eyes, white and delicate skin, constantly red cheeks, regular in menstruation, irritable temperament, *gout* every spring since several years. Allopathy and Teplitz failed. June 25th, 1868. Since several days both knees attacked; hot, pale, swollen, very sensitive to touch, continually painful, but worse at night; light fever; acid taste; increased thirst; loss of appetite; stools hard and rare; dark, scanty, acid urine; restlessness and sleeplessness; dry skin. *Calc. c.*¹², five powders, one each morning on an empty stomach, followed by relief. July 1st. Slight perspiration in bed; painful sensation between patella and condyles; constipation and tendency to acidity. *Lyc.*¹², five powders, cured. (Carl Heinigke, A. J. H. M. M., 4, 76.)

Mrs. A., in perfect health except that, for the last twelve years, she has been subject to *piercing, darting* pains in left ring-finger. *The joint is permanently enlarged*; she says there has been dull pain in the fingers day and night for years. When quite young was exposed to much hardship (cold, damp, hard work). Feb. 12th. *Cal. c.*³⁰, one dose dry. June 20th. Reports pain gone, finger normal in size. (C. F. Nichols, H. M., Oct., 1871, p. 114.)

Podagra. An aged man. Excruciating pains on his greatly swollen big toe, left side, radiating upwards; pains unbearable at night; aggravated by slightest touch; had to constantly change his

position; loss of appetite and sleep. Neither *Ant. cr.* or *Rhus* helped. *Mang. acet.*²⁰⁰ cured promptly. (Hauptman, A. J. H. M. M., 4, 150.)

Rickets. (Rhachitis.) Its Symptoms, Causes, and Treatment. This article, after treating of the symptoms, causes, and consequences, mentions *Phos. ac.*, *Silic.*, *Calc. phos.*, *Asafœt.*, *Phos.*, and *Sulph.* Among "accessory means" are noticed fresh air, if possible, in the country, where the air is dry and bracing, and an abundance of sunlight may be enjoyed. Tepid and cold bathing, especially in sea-water, followed by friction, especially down the back. Well-ventilated rooms. Cod-liver oil. Mechanical support for curvatures; simple, straight splints, kept in place by strong elastic bandage, to be used only after the patient begins to gain strength. (Hom. World, 6, 25.)

Debility of Children, with no organic lesion, save a carious condition of the teeth, is well met by *Phosphate of Iron*, if the flesh is fairly firm, the complexion delicate, and the hair light and curly; but if the complexion is dark, the muscular system flabby, and the hair long and lanky, and the skin moist, then we have our remedy, *cæteris paribus*, in *Sulphur*. (R. T. Cooper, Mon. Hom. Review, v. 15, p. 47.)

Notes on Diseases of the Bones, by Prof. Jos. Engel. We find more frequently a decrease in weight than an increase, and the loss also is far greater; in some diseases, as in inflammations, necrosis, fractures, it greatly depends on concomitant symptoms, if an increase of weight can take place; we find even frequently a loss instead of a gain, as in fractures, when the general or local conditions favorable to a cure failed to be present. As in some diseases, as hydrocephalus, the increase of weight takes place at the expense of the other skeleton, we may expect that a migration of bone-earth took place. We draw the following conclusions:

1. That the bone-earth may partially or totally disappear from one part of the skeleton to be transposed to another part, either to a distant one or to more or less neighboring parts. In the latter case the bone-earth frequently migrates from the external to the internal, or from the internal to the external, surface of the bone, or it migrates to differently situated places of the same surface of the bone or to neighboring surfaces.

2. When we see an increase in bulk of some parts of the skeleton, for which we frequently cannot find a cause, we might look for a cause in a disease of very distant osseous parts.

3. Comparatively large hyperostoses appear only then in bones when, at the same time, a considerable part of the diseased bone has been removed by absorption. (N. A. J. of H., 20, 39.)

Eug. N., 21 years, pale, transparent skin. Since eight months pains and fistula in upper third of right leg; syphilitic taint in family; two openings in anterior and two in posterior region, discharging serous pus; anterior border of tibia hypertrophied; redness and swelling of whole leg; incipient ankylosis of knees; carious tibia. *Silic.*^{3,6,30}, followed by *Hepar*^{30,18,6}, cured. (Cigliano, A. J. H. M. M., 4, 133.)

G. N., 12 years. Cachectic and anæmic; all tissues and muscles atrophied; two fistulæ at inferior third of femur; foot swollen and red; caries easily demonstrated. *Silic.*³, one grain a day. Cured in twenty days. (Cigliano, A. J. H. M. M., 4, 133.)

Angustura. In caries, especially of long bones, if the patients have an unconquerable desire for coffee, and are easily offended. (Ægidi, A. J. H. M. M., 4, 84.)

Stramonium. Is useful in morbus coxarius. (J. Jeanes, H. M., March, 1871, p. 404.)

Brucea Anti-dysenterica in Weak Ankles. R. J. McClatchey reports a case of deformity in an infant, which would no doubt have developed into club-foot, had the child walked. Brucea was given, and the child's foot came all right, and its knee and ankle strong. (Trans. Penna. Hom. Med. Soc., 1870, p. 18.)

Edematous Swelling of the (right) Foot, sprained some years ago. *Bovista* in some cases; in others, *Strontiana*. (C. Hg., A. J. H. M. M., 4, 60.)

On putting feet to the ground prickling in the balls of feet, as if it would draw the toes down. *Sulph.* 2^c (Lehrm.) cured. (E. W. B., A. J. H. M. M., 4, 111.)

NERVES.

Sensation of Coldness about the Head. *Agaricus.*—Icy coldness in the scalp after itching and scratching. (Arsen. reverse.) Pains as though sharp ice touched the head or cold needles ran through it. (Arsen. has hot needles.) Sensation as if a nail thrust into the right side of the head. Drawing pain in the morning extending from the forehead to the root of the nose with epistaxis or great discharge of thick nasal mucus, followed by dropping of water

from the nose. In the headaches of those suffering from spinal irritation, nervous twitchings, and great uneasiness and weakness in the spine.

Arnica.—Sensation on the forehead as if touched with a cold finger-end. Cutting pain through the head, as from a knife, followed by a sensation of coldness. Coldness changing to heat or coexisting with it. The pains in general are aching and darting, mostly in the forehead, and are aggravated by shocks, motions, &c.

Arsenicum.—Paroxysms of excessively painful hemicrania with great weakness and icy-cold feeling in the scalp, followed by itching. (*Agaricus* reverse.) Tightness, heaviness, pressure, confusion, dulness, and loss of memory. Anguish, restlessness, and fear of death. The pains are worse after eating, better at first by cold applications, but worse on their being removed. The patient must move his head to and fro, toss his feet and hands about, is bloated, chilly, and relieved by the warmth of a fire.

Asarum.—Cold feeling at a small spot on the left side of the head a few inches above the ear. Pain as from contraction in the forehead, temples, and behind the ears, with watering and burning of the eyes, worse about 5 P.M.

Belladonna is one of the two main remedies that produce a sensation of cold in the brain. *Calcarea* is its congener here, and *Phosphorus* has a similar condition, less plainly marked. In *Belladonna* this sensation is located in the centre of the forehead or temples, while under *Calcarea* it is more generally diffused; under *Phosphorus* the location is in the occiput or left side of the head. The collateral symptoms for *Bell.* are too well known to need repetition here.

Berberis.—Coldness in the temporal region. (*Bell.*)

Baryta c.—Right side of head feels icy-cold to the hand, but burning to himself.

Calcarea c.—Icy-coldness in and about the brain. Internal and external sensation of coldness of various parts of the head as if a piece of ice were lying against it, with pale puffed face. (*Verat.*) There are fulness, heaviness, or throbbing sensations, worse from mental exertion, stooping, or walking in the open air. Better from closing the eyes and lying down. (*Verat.* reverse.) Sweat on the back of the head and neck in the evening. Menses too soon, too profuse, and too long. Principally of use in the chronic headaches of torpid, scrofulous constitutions, with pale face, rather fair complexion, and a disposition to corpulence.

Cannabis sat.—Cold sensation at a small place on the parietal bone, and afterward on other places, as if a drop of cold water had fallen upon it. (Crocus.) Heavy weight on the vertex. Great fatigue after slight exertion, sleepiness during the day, and sleeplessness at night from heat. He feels as if hot water were poured over him.

Chelidonium.—Sensation of cold about the occiput rising from the neck. (Dulc.) Weight and pressure in this region. The occiput seems fastened to the pillow, and the head must be lifted with the hand. Drawing pains from vertex down the neck.

Conium.—Sense of numbness and coldness on one side of the head.

Crocus.—Sudden cold sensation on the left parietal bone, as if a drop of cold water had fallen on it. (Cannabis.) Acute tearing pain in the head and right eye, with dimness of vision, and a sensation as if cold air were rushing through the eye. When moving the head, sensation as if the brain were tottering to and fro. Great and alternate nervous exaltation and depression.

Dulcamara.—Chilliness in the cerebellum and over the back, returning every evening. (Chelidon.) Sensation of enlargement of the cerebellum and whole head. Worse in cold, damp weather, until midnight; better when lying down.

Gratiola.—Frequent feeling of coldness on the vertex, painful, and changing to a feeling of warmth when moving the head. In headaches attended with a peculiar biting burning in the face and other parts, languor in arms and legs, nausea, disgust for food, vertigo, better in the open air. Peculiar coldness in and on the head, and in the stomach and abdomen.

Gummi gutti.—Sensation of great coldness in left temple, as if occasioned by a wet, cold cloth—in the afternoon.

Hypericum.—Sensation in the forehead as if touched by an icy-cold hand—in the afternoon—after which a spasmodic contraction is felt in the right eye. Curling sensation on the vertex. Confused sensation in the vertex with buzzing sensation at night, as if something living were in the brain.

Kali hydriod.—Pain in the vertex as if it would be dashed to pieces, with chilliness of that part of the head, although the scalp feels hot. The chilliness is relieved by external warmth. (The foregoing symptoms recurred for many days.) The scalp feels as if ulcerated when scratching it.

Laurocerasus.—Sensation of icy-coldness on the vertex, as from

cold wind, then in the forehead and nape of the neck extending to the small of the back, after which all the pains in the head disappear. Worse in warm room; better in open air. Stupefying pain in the whole head. Sensation of looseness of the brain, as if it were falling into the forehead, when stooping, without pain.

Lobelia.—Chilliness of left side of the head, with feeling as if the hair would rise on end. Dull, heavy pain passing around the forehead from one temple to the other, just above the eyebrows. Vertigo and deadly nausea.

Manganum.—Cold feeling at a small spot on the vertex.

Moschus.—Aching pain in the head with coldness as from cold poultices. The pains are compressive and stupefying in the forehead or back of the head and neck. Better in open air, worse in the evening, on motion, and in the warm room.

Natrum mur.—Cold sensation on the vertex, and painful sensitiveness of the scalp with spasm of the eyelids.

Petroleum.—Sensation as of a cold breeze blowing on the head. Head feels numb as if made of wood, or as if bruised.

Phosphorus.—Cold crampy pain on the whole left side of the head; sensation of coldness in the cerebellum with sensation of stiffness in the brain.

Sabadilla.—Heat in the forehead followed by coldness of scalp; even the hairs feel cold to the hand, as if cold water had been poured over the scalp. The *Sabadilla* headache is more violent when intently reading or reflecting.

Sepia.—Coldness on the vertex, worse from moving the head and stooping, better when at rest, and in the open air. Dulness of head, sick headache with boring pain, forcing one to cry out, and with vomiting. Throbbing, most violent in the occiput, aggravated by warmth, alleviated by sleep. Most commonly indicated in inhibitory paresis of the cerebral vaso-motors from uterine irritation.

Sulphur.—Feeling of coldness about the head, a cold spot on the vertex continually; nightly headaches, with sleeplessness; heaviness in the occiput; piercing pains with buzzing in the ears; throbbing, bursting pains in the vertex; better in warm room.

Strontia carb.—Chilliness over scalp and upper back (*Dulc.* and *Chelidou.*), worse at night and in cold air.

Valeriana.—Sensation of icy-coldness in vertex when pressing it firmly with the hand.

Veratrum a.—Sensation of warmth and coldness at the same

time on the scalp, the hairs being sensitive. Chilly on the top of the head, and at the same time about the feet; sensation as of piece of ice on the head (Calc.); cold sweat on the forehead; nausea, vomiting, stiffness of the neck, and profuse micturition; weakness and faintness; pains worse when rising up or lying down. (W. L. Searle, Am. Obs., 1871, 33.)

Feeling as if the Head were Enlarged. *Bovis., Coral., Dulc., Indig., Mangan., Natr., Ran. sc., Therid., Plat.* (C. Hg., Jahr.)

Sulph. Lippe. Arg. nit., Merc. perenn. (Cl. Müller, A. J. H. M. M., 4, 141.)

Sensation as of a Band around the Head. *Acon., Brom., Merc., Spig., Sulph., Tereb.* (C. Hg., A. J. H. M. M., 4, 141.)

Weakness in the Head. Can scarcely think. *Graph., Sepia.* (C. Hg., A. J. H. M. M., 4, 127.)

Wabbling, as of Water in the Brain. *Bell. Boëninghausen. Hep., Ars.* (C. Hg., A. J. H. M. M., 4, 141.)

Hammering pain in centre of forehead. *Lyc. C^m* cured. (E. W. Berridge, A. J. H. M. M., 4, 108.)

Throbbing in Temples. *Gratiola³⁰*; one dose cured. (E. W. B., A. J. H. M. M., 4, 110.)

Beating in Vertex. *Chinin. sulph.³⁰⁰* (Leipzig), one dose in scarlatina; cured. (E. W. B., A. J. H. M. M., 4, 94.)

Shooting from Forehead to Vertex, and both sides of face. *Sepia C^m* (F.), one dose, cured. (A. J. H. M. M., 4, 126.)

Headache over Right Eye. *Sanguinaria.* (A. L.)

Headache over left eye. *Ipecac., Phos., Sepia.*

Headache, or stitches from temple to temple. *China.*

Headache, rheumatic, running up the posterior auricular region. *Sang.*

Headache with burning on vertex. *Glon.*

Headache, burning, in vertex, with menstrual troubles. *Calc.* (H. N. M., A. J. H. M. M., 4, 154.)

Headaches, when scalp symptoms are always present. *Helleb.* (B. J., v. 29, No. 118.)

Headache preceded by dimness of sight, or spots before the eyes. *Psorinum.* (Haynel, A. J. H. M. M., 4, 136.)

Nat. mur. Headache beginning with a blinding of the eyes. Also *Sepia.* (J. C. M., A. J. H. M. M., 4, 84.)

Intermittent Headache. *Colocynth.* (C. Hg., A. J. H. M. M., 4, 136.)

Headache every other day. *Phosph.* (C. Hg., A. J. H. M. M., 4, 141.)

Headache every seventh day. *Sulph.*, *Silic.*, *Sang.* (C. Hg., A. J. H. M. M., 4, 141.)

Headache worse before, and better after eating. *Silic.*; *Amm. m.* Better after eating. *Chel.*, *China*, *Laur.*, *Rhus*, *Sabad.*, *Spig.* Better from tying a bandage tight around the head. *Arg. nit.*, *Magn. mur.*, *Hep.* (morning headache). Better after breakfast. *Amm. mur.*, *Canth.*, *Croc.* (C. Hg., A. J. H. M. M., 4, 143.)

Headache worse after nose bleeding. *Borax.* (C. Hg., A. J. H. M. M., 4, 141.)

Pain in Left Occiput on sneezing. *Gratiola*⁵⁰; cured. (E. W. B., A. J. H. M. M., 4, 111.)

Headache when getting up from sitting. *Kobalt.* Lippe. (C. Hg., A. J. H. M. M., 4, 141.)

Headache from suppressed sexual excitement. *Pulsat.*

Headache from recent exposure to the sun. *Glon.*

Headache whenever exposed to the sun. *Natrum c.*

Headache from working under gaslight. *Natrum c.*

If the head is affected from taking cold after remaining in hot rooms, or after having the hair cut, *Bell.* or *Sep.* are indicated. If the feet are affected by cold, *Baryt.* or *Silic.* (Bœnninghausen.)

If these symptoms appear after getting wet other remedies for the head are *Led.*, *Phos.*, *Puls.*, *Sepia*; for the feet, *Puls.*, *Rhus*, *Sepia.* (C. Hg., A. J. H. M. M., 4, 131.)

Mr. A., aged 30. Neuralgia for two years past; daily attacks from two to eight or nine p.m.; right side of head with more or less pain, extending down the neck; sensation of weight in right side, inclining the head to that side; pains hammering, at times stitching; feeling of fulness in head, worse from moving the eye (right), and from pressure; sensitiveness to contact. *Bell.* 4^m (F.), one dose, cured. (Goodno, A. J. H. M. M., 4, 131.)

Dr. Sulzer recommends, in sick headache on the left side with scanty menses; on the right side with profuse menses. *Calc. carb.* (N. A. J. of H., 19, 416.)

March 15th. Mrs. ——. Since four days feeling (not pain) as if brain were gradually squeezed, then relaxed, then again squeezed, and so on; it makes her feel as if she would lose her senses; feels blood rush to the head; feels as if she squinted; feels as if she would fall when walking; giddiness; the squeezing is relieved by lying down, or by pressure with cold hand; aggravated by strong light, reading, writing or looking up, also when head is covered. *Calc.* 107^m (F.), one dose, cured. (E. W. Berridge, A. J. H. M. M., 4, 52.)

Headache; heavy weight at back of head, from which pains shoot up sides of head to temples and vertex; worse midday; pain forces her to cry; feels as if her head *was opening and shutting at the top*, and as if the calvarium was *being lifted*; countenance dejected and careworn; flatulence on rising in morning; back-ache, worse catamenial periods, which recur every two weeks, and are scanty; nervous; she trembles at the least source of agitation. *Cann. Ind. O.* (R. T. Cooper, B. J. H., v. 29, No. 115.)

Colocyn. Violent tearing pain; she says it digs through the whole brain; aggravated by motion of the upper eyelids to an almost unbearable degree. (Haynel, A. J. H. M. M., 4, 141.)

Headache. Severe and continued pain, day and night, accompanied with dizziness when stooping, and a sensation as if he would fall headlong; tongue coated; appetite poor; pain worse in frontal region, but at times extended over the entire head—for five weeks. *Gelsem.*¹, four drops every four hours; well in a few days. (J. T. Wallace, Tr. H. M. S., N. Y., 1870, 483.)

The Ignatia Headache. This headache is met with in persons of a highly nervous and sensitive temperament, or in those whose nervous system has given way to anxiety, grief, or mental work. It is periodical, increases gradually in severity, and then suddenly abates. It passes off with a flow of pale, limpid urine. Relieved by warmth, rest, and sometimes by stimulants. Aggravated by cold winds, turning the head suddenly, stool, stooping, change of position, running, looking up long, noise, and light. Mental effort is irksome. Face pale at first, afterwards flushed; tongue white, flabby, shows the marks of the teeth, and trembles when protruded; pulse small, slow, and thready; skin cold; pain usually semi-lateral; begins often in the ear (hot and red), and behind the mastoid process, and runs up the parietal bone, or back to the occipital protuberance, leaving a stiffness in the nape of the neck; often deep-seated pain in the eyeball; scalp sensitive at times; inclination to constipation; lying down with the head low aggravates at first, then relieves; sitting up, with the head bent forward resting on the hand, is the most comfortable position; when the pain is at its height, he or she tries in vain to shift the pain by shifting the position—if a man he moans, if a woman sheds tears; chilliness relieved by warmth; if nausea occurs it always follows the pain. (Shulldham, Mon. Hom. Review, v. 15, p. 283.)

Sick Headache. In cases of sick headache affecting one side of the head more than the other, *Iris vers.* is generally curative, and

also in *hemisrania* of the right hemisphere. (A. E. Small, U. S. M. and S. J., April, 1871.)

Kate J., 45 years old. After sleepless night the headache continues with vertigo; pressure, tension in the forehead and eyes; grayish-coated tongue; thirst, dry lips, and total aversion to food, of which a little will produce fulness in stomach and nausea; respiration difficult, anxious; features pale, pointed; eyes sunken; horripilations and chilliness; only sometimes heat in head; no sleep; sensitive and irritable; hands and feet cold. *Kal. c.*²⁰⁰, five doses, cured. (J. Schelling, A. J. H. M. M., 4, 95.)

M. F., 42 years old. In morning wakes with headache, vertigo, and nausea even from sight of food; she wants to eat frequently on account of gone feeling in stomach, but the least food oppresses her, the first morsel produces nausea, vomituration, and vomiting, followed by sensation of goneness; palpitation nearly takes away her breath; yawns continually; stools dry; must get up several times at night to urinate; urine pale, but muddy as if mixed with dust; abdomen bloated, especially at pit, painful even to pressure of clothes. *Kal. carb.*²⁰⁰ cured in one week. (J. Schelling, A. J. H. M. M., 4, 93.)

Headache. *Lac vaccinum defloratum*.—Severe pain in the head; a deadly sickness with nausea, constant pain in the back, chilliness, extreme pallor in the face in the morning; extreme physical weakness coming on in the evening and going off in an hour; coryza coming on suddenly in the right nostril at night and going off in the morning; loss of flesh. (Samuel Swan, H. M., July, 1871, p. 579.)

Lac vaccinum defloratum.—Paroxysmal headache of left side of head, caused by sunstroke, four or five years' standing. Cured. (S. Lilienthal, H. M., July, 1871, p. 580.)

Cephalalgia. Man, aged 48. Since several years violent pain in forepart of head and around the eyes, as though the skull would burst; worse from motion and in fresh air; must lie down; better from strong external pressure. Lasts often for a whole week and returns at irregular intervals. Stomach and liver sensitive to pressure; liver hard and enlarged. Stools only after injections; consist of small, gray-yellowish lumps. *Magn. mur.*^s every two hours. All removed within three weeks, and no relapse since three years. (Stens, Jr., A. H. Z., 83, 127.)

Girl, aged 17. For a week shooting in left forehead and temple very often, worse on coming indoors; only by day, till last night,

when it prevented sleep from its severity; vertigo on stooping, as if she did not know where she was; the shooting goes obliquely downwards and somewhat backwards; vomits food as soon as eaten. Cured by one dose of *Mercurialis*²⁰⁰ (Leipzig). (E. W. Ber-ridge, A. J. H. M. M., 4, 14.)

Mrs. —, æt. 31. Aching in forehead relieved by cold and pressure; aching in nape; numbness of occiput and vertex. Weakness of arms and legs as if she would fall to the left, without vertigo. Has been subject to this numbness since sixteen, after a blow on head. *Mercurialis*²⁰⁰ (Leipzig). Well next day. (E. W. B., A. J. H. M. M., 4, 83.)

J. R. Three months ago blow across forehead exposed skull; small piece of bone exfoliated. Wound healed well. Now wakes each A.M. with headache, which lasts till 10 A.M., when his head begins to sweat and the headache passes away. When he lies down at night head begins to ache; hears a ringing and roaring which continues until he falls asleep; from this sleep he in a short time starts, frightened, having dreamed of robbers, fire, murder, and other horrible things. *Nat. m.*²⁰⁰, one dose, cured. (H. M. Lewis, A. J. H. M. M., 4, 147.)

Occipital Headache, with general spasms and screaming; loss of appetite; constipation. Slightest touch aggravates the pain, which lasts usually ten days. *Petrol.* gtt. 10 in four tablespoonfuls of water, every three hours one teaspoonful. Better the same day, and well the next. (Stens, Sr., A. H. Z., 83, 135.)

Headache. Symptoms: When feeling as well as usual, there suddenly appears a blur upon the vision. Objects look much as though one had been looking at the sun for a moment, or perhaps the part at which the eye is directed appears clearly and the rest of the object blurred and indistinct. A more or less distinct wavering or whirling of the mist also becomes perceptible very soon, and then can be perceived with the eyes closed. Both eyes are alike. In five minutes fleeting pains appear in the head, more in the back part, and then gradually increase in intensity, occupying mostly the occipital protuberances, and accompanied by disgusting nausea of the stomach and often sour vomiting without relief. The pains extend down into the neck and shoulders, with numbness of the fingers, like that in the beginning of anæsthesia, and create a peculiar feeling of disgust of life, with its activities and pleasures. Lying down in a dark and quiet place ameliorates and often produces sleep, during which the more urgent symptoms

pass off. *Podophyl.* $\overline{1000}$ would soon break up the attack, but the head did not feel quite settled till the next day. *Podophylluni*²⁰⁰ removed an attack in thirty minutes with no remaining confusion or leaving any other trace. (J. B. Bell, N. A. J. of H., 20, 9.)

The present attack in a boy, $9\frac{1}{2}$ years old, was preceded by necrosis of right humerus, two years and a half previous, and by an itching humor, one year previous, cured by red precipitate ointment. The present pains would attack the "forehead, passing through the whole head, increasing for ten or fifteen minutes, till they became agonizing. They were attended by heat, flush, and rush of blood to the part, with redness and suffusion of the eyes. The patient would walk the room in agony, holding his head with both hands, crying out with anguish. After ten or fifteen minutes the pains would begin to diminish, and in fifteen minutes more he would become quiet. Then would follow a comparatively quiet state, with only a restless feeling, for ten or fifteen minutes, with a desire frequently to change the position, sitting, standing, or walking the room. The pains would commence about the small of the back and loins, and go through with nearly the same character of paroxysm as before, followed by the same remission. Then a third series would commence in the groins and thighs, and a fourth in the ankles and feet, passing through with the same course."

"From the character of the pains, recurring in paroxysms, and increasing to an intense point of severity, and then decreasing to a complete cessation, I gave *Pulsatilla*⁵⁰." The relief was immediate, the improvement steady, and two powders of Sulph.⁵⁰ completed the cure. (Wm. Gallupe, N. E. M. G., v. 6, p. 280.)

Woman, 27 years old, nervous temperament; hemicrania right side; drawing, tearing pains, sometimes stitches as of needles. The pains worse in the morning and evening, less during the day. Menses irregular, scanty. Quick relief from *Sepia*⁵⁰. (Kreussler, A. J. H. M. M., 4, 75.)

Chronic Headache. Woman, aged 29, suffers since years with a headache similar to that in consequence of which her mother died. She is never entirely free from it, but at times it is fearful. When it reaches its height *the scalp becomes covered with papulae*, and is then so sensitive that she cannot comb her hair. These violent spells are caused by draft and scrubbing. She cannot bear cold or heat, and is therefore not free from it either in winter or summer. During the headache she has violent *roaring in the ears*,

as if something alive were in the ears. She also complains of *chronic sweat of the feet* and *habitual constipation*. *Silic.*³⁰, five globules every morning before breakfast. Cured entirely in eight days. (H. Goullon, Jr., A. H. Z., 83, 41.)

Young woman; "kind of neuralgia;" head felt constantly as if it were a cushion and some one were pressing their two fingers in it at the occiput as if feeling for pins inside; occasional lightning-like flashes in the eyes and feeling as if something obscured vision; worse in cold weather or in a draft; relieved by wrapping the head up warmly. *Silic.* 72^m, one dose, permanently cured. (T. F. Allen, A. J. H. M. M., 4, 61.)

Headache every morning gradually increasing up to its height and then as gradually decreasing. It is over the one or the other eye, mostly the left, gradually extending over whole forehead. *Stannum* 1 tr. Cured in a few days. (Dudgeon, A. H. Z., 83, 51, from B. J. of H., July, 1871.)

Headache. Heavy pain in the forehead, alternately increasing and decreasing, like advancing and receding waves; great general restlessness, but more of the upper extremities; frequent yawning, such as usually precedes syncope, with a feeling as if about to faint, and cold, clammy perspiration, more about the forehead and face. *Tart. emet.*²⁰⁰ relieved in five minutes, and in half an hour not a trace remained. (Wm. E. Payne, N. A. J. of H., 20, 190.)

*For fourteen days feeling as if vertex did not belong to her; it felt as if separated from rest of head, as if she could lift it off; felt she would like to remove it. *Theridion*²⁰⁰. (Leipzig.) (E. W. Berridge, A. J. H. M. M., 4, 84.)

Migræna, Syphilitic Headache. Continual pressure deep in the head, as if the bones would break. During the spell he has to *bend the head backwards* and does not move nor speak; head and front of head are in profuse perspiration. *Thuja*³⁰, one drop in water, one dose, cured in some weeks. (Desterne, A. H. Z., 82, 31.)

Migræna, Syphilitic Headache, in spells, left side, with heat in the head; emptiness in the vertex; better in horizontal position or backwards-bending of the head, in fresh air or from application of cold water, and after sleep. Cold damp weather or thunder-storm excite it. *Thuja*³⁰, one drop in two tablespoonfuls of water in one dose, gradually removed it. (Desterne, A. H. Z., 82, 23, from Hahnemannism, 3, p. 49.)

Chlorotic Cephalalgia. B., æt. 24, has had periodical headache

for two years. Symptoms: Pressure on top of the head and forehead, gradually increasing in intensity after dinner; frequently dizzy, followed by nausea and vomiting of bile; face pale; pulse quick and small; tongue coated; anorexia and constipation, the stools hard, small, and dry. Menses had been absent two years. Well-marked cerebral depression. *Zinc. met.*³, cured in less than a month. (I. Lawrence Newton, *Mon. Hom. Review*, v. 15, p. 213.)

Neuralgia Facialis. Left side, suddenly coming and suddenly going, attended with *palpitation of heart* and sleeplessness. *Spigel.*⁹⁶ relieved at once. (Stens, Sr., *A. H. Z.*, 83, 136.)

A similar case in which *Spigel.*³, administered for three days, did do no good, whilst *Spigel.*³⁹ relieved instantaneously. (Hendrichs, *A. H. Z.*, 83, 136.)

E. T., æt. 16. Tic douloureux, right cheek. Several decayed teeth of same side. *Sulph.*³, three times a day, cured. (J. H. Nankivell, *H. W.*, 6, 255.)

Sulphur. Intermittent periodic neuralgia, worse every twenty-four hours, generally at 12 M. or 12 P.M., and analogously, worse *midsummer* (similar to *noon*), and *widwinter* (similar to *midnight*). (R. T. Cooper (*B. J. H.*, vol. 29, No. 118), confirmed by Berridge, with highest potencies.)

Intermittent neuralgia increasing to acme and then decreasing, *Sulph.*, *Sulph. ac.*, *Ipec.*, and *Stannum*. (R. T. Cooper, *B. J. H.*, v. 29, No. 118.)

Traumatic Sciatica after Amputation.—*Allium cepa.* Amputation of lower third of thigh, made necessary by the results of an abscess in the popliteal space. Union by first intention followed, and everything proceeded most favorably up to the point of complete restoration to health, except a neuralgic condition of the sciatic nerve, which had been involved in the abscess. A burning, stinging pain began to be felt running up the thigh, and down to the sole of the foot as soon as the abscess began to form; it increased in severity, and was not relieved by amputation. There was no sleep or rest. The patient became desperate, and no proper relief was given by any of the remedies administered, except from half-drachm doses of *Ann. muriat.*

Nearly three months after the operation the patient picked up a scrap of printed paper, and his eye met a little paragraph, on raw onion in neuralgia. He resolved to try it, and ate a whole one at bedtime. All pain immediately ceased, and he slept quietly

that night. *Allium cepa*²⁰⁰ was given without effect, but ten-drop doses of the tincture were taken for two days, since which there has been no pain. (C. S. Shelton, N. E. M. G., vol. 6, p. 534.)

Miss L. For the last three days has had **Sciatica**. About every hour through the day has a paroxysm of hard, aching, burning pain down the right side; it is especially aggravated in the evening, and at night; the pain is so severe that she has not slept for three nights; has no appetite. The "keynote" in this case, that led to the choice of the right remedy, was the burning pain, and the aggravation at night, it being the most prominent characteristic of *Arsenicum*. It was given in the 200th dilution in water, and in three hours the cure was complete. (W. H. Burt, U. S. M. and S. J., Jan., 1871.)

Rheumatic Ischiatica. Mr. A., æt. 50. Has had pain for years extending from the left hip-joint to the toes, hindering walking; relieved by pressing his hand on his hip. *The pain caused the greatest anguish, and burned like fire*. R. *Arsen.* 2^c, followed in three to four weeks by *Arsen.* 10^m. Cured. (G. W. Parker, H. M., Jan., 1871, p. 290.)

E., æt. 50, a lady of sedentary habits, has suffered for three months from excruciating neuralgia of the sciatic nerve and its perineal branches. Pain is acute, of a tearing, digging, boring character, and lasts sixty to ninety minutes, when it slowly departs. The paroxysms are preceded by intense coldness and shivering, and come on both day and night, but are worse at night, obliging her to get up and walk about the room; there are three or four each day and night. *Ign.* 1^s, every three hours, cured in two days. (H. Nankivell, Mon. Hom. Review, v. 15, p. 30.)

Sciatica. A young lady, in March, 1868, was attacked with violent pains in right limb, extending from hip to knee, along posterior part, awaking her at 12 p.m., and continuing for several hours. These attacks came on for several nights in succession, and would then cease for a longer or shorter time.

The intervals became less. She suffered constantly and became very lame. When sitting quietly the pain would suddenly appear; a sudden motion or a jar would cause great suffering, and care was constantly required on beginning to move. Scarcely one night in a week would be passed quietly. After the least exposure neuralgia on *left side* of face would appear. Great irritability; easily moved to tears, or great hilarity alternated. After the failure of many remedies, *Nux moschata* was given, and the patient was soon relieved. (J. M. Curtis, A. J. H. M. M., 4, 74.)

Man, æt. 45. Has had sciatica several years. Has now feeling in *left* thigh as though it had been hacked and bruised throughout its whole extent; dull, dead, continuous ache in the left tuberosity of the ischium, very sensitive and much aggravated by pressure; great feeling of lameness in the sacral region, extending to the hips; pain throughout whole extent of leg, but more particularly in hip, thigh, and just below knee; pain in leg much worse at night, when he can only lie on the affected side, although he has no trouble in lying on either side during the day, also aggravated while lying in bed, whether by night or day; pain in leg much increased by walking, with loss of strength, so much so as scarcely to be able to support his own weight on that limb, and totally unable to lift his leg or support his weight long enough to attempt to go upstairs; usually relieved by heat applied to the affected limb, occasionally by the application of cold, and sometimes only by suddenly changing from one to the other, while at other times no relief is experienced from any expedient; has a chilly, cold feeling running over the affected thigh occasionally, generally worse during damp weather, and from movement; contraction and feeling of tension of the flexor muscles, preventing proper extension of the limb, with painfulness during motion; this condition had been present for some time preceding the present attack; appetite continues good; bowels always costive.

Has been troubled for a long time with a pulsation and buzzing in the left ear, with a discharge, more or less profuse, of a tenacious, ropy substance, and difficulty of hearing.

The remedy chosen was *Zincum oxydatum* 30, which has under its proving, "Pain in small of back at night, on turning in bed. Feeling of lameness, extending to the hips. Bruising pain of the lower limbs, also particularly of the left, or in the hip and knee-joints. Tension in the left lower limb. Tension in the muscles and painfulness during motion. Pulsation and buzzing in the ears, with increase of liquid wax and difficulty of hearing."

This remedy cured the case very rapidly and permanently. (F. W. Payne, H. M., Feb., 1871, p. 351.)

A Form of Hysteria. After having undergone the most heroic allopathic treatment, even to trephining, the patient, two months afterward, had the following attack:

She was lying in an apparently unconscious state, the limbs and jaws rigid, the forearms flexed on the arms, which were firmly pressed to the sides; the eyes fixed, and drawn somewhat to the

right; eyeballs slightly sensitive to the touch; a constant succession of tears rolling down the cheeks; and the beat of the heart very irregular and feeble. She would occasionally utter a groan or a sigh, and press her hand forcibly over the region of the heart, as if suffering pain there. At these times the limbs would become more relaxed, and she would frequently raise herself in bed, and gaze vacantly about the room for a minute, and then, if not restrained, would throw herself forcibly upon the pillow again, or fling herself from one side of the bed to the other. After twenty-four hours this form of attack ceased, and she became very busy packing and folding her bedclothes, and placing them carefully under her head, or elsewhere about the bed, at the same time guarding them with watchful eyes, allowing no one to touch or take them. If this were attempted, she would strike with her full strength. She was frequently talking, laughing loudly, or scolding vehemently; would imagine herself surrounded by many friends, shaking hands with them, and calling them by name. She asked no questions, and returned no answers. During this time, which lasted four days before relief was given, she took no nourishment voluntarily.

After several remedies had been unavailingly administered, the irregularity and feebleness of the heart-beat drew attention to *Hydrocyanic acid*³⁰, which was given with the most favorable result. She had no more threatenings for four months; then she commenced as before, but the attack immediately yielded to one dose of Hydrocy. acid³⁰. (F. W. Payne, N. E. M. G., vol. 6, p. 432.)

New Test of Hysteria—Insensibility of the Glottis. It is sufficient to introduce gently the finger into the mouth, so as not to frighten the patient, and place it on the base of the tongue. It will be found that the epiglottis may be touched, displaced, and scratched with the nail, without producing the least regurgitation. When this symptom exists there will be found invariably a congestion of one or both ovaries, usually of the left. (Related by B. W. James, H. M., Oct., 1871, p. 138.)

Hypochondriasis. Mr. C., 43 years of age, of spare figure, and dark complexion. Says he has been "nervous" about nine months. He was obliged to abandon all business; has latterly taken much quinine and other drugs. Complains of a very disagreeable feeling about the head, and manifests mental depression; thinks he will never recover, and has lost all hope; cannot apply his mind to business; confusion of senses, so that he cannot

reckon; has attacks of numbness of the legs and arms, left side worse; worse on going to bed; fornication and crawling, with prickling and smarting on the scalp, and some on the extremities; tongue coated white.

After three months' medication he was still stationary, then learned that he *sweat very easily on the least exertion*, and somewhat at night, with loss of memory. Gave *Psorinum*⁴⁰⁰. Improvement began very soon, and has continued without interruption. He has resumed business. (J. B. Bell, N. E. M. G., v. 6, p. 532.)

Spasms. Woman, 22. Irregularly menstruated, too often and too profuse, with colic three times every day. Allopathic treatment. Present state: Melancholy; will not leave the bed; creeping as of ants all over the body. About noon with the first spoon of soup, cramp-pain⁶ in abdomen; great anguish in chest and yawning; soon afterwards general spasms. *Aranea diadema*²⁰⁰ in water, a teaspoonful one-half hour before eating. Soon quite well. (Nunez, A. H. Z., 83, 22, from El Criterio Medico.)

Miss N., æt. 18. Fifteen spasms in three hours, increasing under allopathic treatment, Valerian and Ether. Spasms commenced with twitching of eyelids; then jerking of arms, accompanied with pain in hands; face red during spasm; after spasm drowsy; great sensitiveness of abdomen, worse on right side. *Bell.*³⁰, two doses. No return of spasms. Next morning felt well except soreness of abdomen. *Sulph.*³⁰. Next day quite well. (A. Korndoerfer, A. J. H. M. M., 4, 129.)

Mrs. A., æt. 29. Had twenty spasms between 1 and 8½ P.M. Saw her first at 8½ P.M. Spasm set in with twitching of hands, then general convulsed motion of body and limbs. Sensitiveness of abdomen, felt even during the stupor which followed the spasm, causing wincing from firm pressure over the right ovarian region. *Bell.*³⁰; in a few minutes another spasm, then saw the face become red-spotted, and learned that patient had complained for several days of violent pain in vertex. *Sulph.*³⁰, one dose. No return of spasm. (A. Korndoerfer, A. J. H. M. M., 4, 127.)

M. B., æt. 25. Convulsions following measles—tetanic form—several times a day, steadily increasing in severity; throws herself from side to side, forwards and backwards. Eyes protrude and rotate constantly in their orbits. *Petrol.*²⁰⁰, *Secale*²⁰⁰, lengthened the intervals, and convulsions took on more of the cataleptic type. *Cham.*²⁰⁰, cured. (Alessandro Puccinelli, A. J. H. M. M., 4, 90.)

G. M., sixty years. Since fifteen years convulsions with loss of consciousness; retraction of thumbs and foam before mouth; attacks every one or two months. Under allopathic treatment from 1850 to 1865 without benefit. Cause, had been unjustly accused of infidelity. Gave *Staphisagria*³⁰, every morning, cured. Five years have passed without a return. (Cigliano, A. J. H. M. M., 4, 134.)

A girl. Suffered since two years from neurosis of the nerves of respiration. The disease manifested itself by loud coughing spells, lasting about ten minutes at a time; the loud barking expirations could be heard at a distance. Allopathy, Electricity, and all the homœopathic remedies were tried in vain. At last a homœopathic tincture of *Mustard seeds* given several times a day cured her. (E. Walser, A. J. H. M. M., 4, 134.)

Chorea: its cause. According to Kirkes, See, and J. Hughlings Jackson, capillary emboli in the corpus striatum and the thalamus opticus are the principal cause of chorea. Besides this there are those other disturbances of the central cerebral ganglia to mention: 1. Local innutrition; 2. Reflex action in consequence of peripheric irritation; and, 3. Direct influence upon the ganglia by concussion, fright, &c. In many cases of chorea the heart is found implicated. (Monatsbl., Jan., 1871, 8, from Med. Neuigk., 1871, 1.)

Girl, 15 years old; cachectic; dark dirty skin; unusually large mammary development; expressionless, glistening eyes; tenderness and actual soreness in and about second and third dorsal vertebræ; chorea of two years' standing following a suppression of menses. *Cimicifuga racemosa*²⁰⁰ (Tafel), a dose every night, cured chorea in two or three weeks, and menstruation set in twenty days later. (Rockwith, A. J. H. M. M., 4, 68.)

Chorea of eight years' standing affecting right side, only excepting the face, all the muscles of which were affected. Ign. and Causticum failed. Sepia 55^m and 100^m relieved for a few days, each, but *Sulph.* 6^m (F.), given on account of "weak, faint, hungry spells," about 10 A.M., was followed by immediate improvement. (Goodno, A. J. H. M. M., 4, 120.)

Miss M., æt. 13. Involuntary facial movements, with idiotic distortion of the mouth; rolling of the injected eyeballs; styes on the lower lids; extending, withdrawing, and lateral motions of the tongue, so that she can articulate but two or three words at a time; collection of ropy, soap-like saliva in throat and mouth;

irregular and uncontrollable motions of the head, with a tired feeling of neck, as if not strong enough to support the head; spasmodic contractions of the dorsal muscles, sliding her off from the chair or sofa on which she is sitting; great difficulty in grasping an object with the fingers of left hand, and total inability to do so with the *right*; overreaching or not reaching far enough; right hand and arm feel slightly numb; the arm aches from supporting its own weight, and the temperature is considerably less than that of left; feet almost constantly in motion, crossing and recrossing; the ankle of right foot is spasmodically bent, even while sitting, being thrown mostly inward, and the left ankle turns from weakness, while supporting the weight of body; herpetic eruption about mouth and chin, more particularly in the corners of the mouth, and a crack in median line of under lip, quite sore to touch; inability to control her feelings, trifles cause her to cry or laugh; great feeling of languor the most of the time; appetite poor; unable to feed herself; gradual emaciation; while sleeping lies perfectly quiet, but immediately on waking these involuntary motions begin and continue till sleep again next night; wakes often very early in the morning.

Treatment was begun April 21st, 1870; two or three remedies had been given with doubtful efficacy, though in the meantime the disease had changed considerably over to the *left* side.

May 16th. R. *Sulphur* 6^m, dry, followed by *Sacc. lac.* June 10th. Reports better, but now began to be troubled with a throbbing headache, principally through forehead and base of brain, aggravated while in hot sun and after taking a walk; hawks saltish mucus from the throat; she sees a bright star to the right side, which she is constantly induced to follow with her eyes, which however recedes as fast as she turns her eyes; mistiness of vision, sees as through a gauze; she sees only half of the object to the right of that particularly looked at, though it would naturally fall within the field of vision; feels very desponding; does not care to get well, nor to do anything to assist in gaining that object; very peevish and easily vexed. Gave one dose *Calc. c.* 1^m. Cured. (F. W. Payne, H. M., Feb., 1871, p. 352.)

A delicate-looking country-girl, æt. 15, suffered from delayed menses. Choreic; weak; drops anything she takes hold of; urine cloudy; costive. *Ars.* 3^x. Seemed better; but in one month reported choreic symptoms worse, though nutrition was better. Cannot dress herself; constant twitches and silly motions. *Legs*

twitch even in sleep. Stram.¹². Next month cannot walk at all; vomits food; cries at least trifles. *Veratrin* 1^r cured. (R. T. Cooper, B. J. II., v. 29, No. 115.)

Trismus and Tetanus, by W. Eggert. The symptoms of tetanus are clear and characteristic, but its pathology is still obscure and hidden. Most observers call tetanus a purely nervous disease, a peculiar kind of irritation affecting the excito-motor apparatus, the cause being eccentric without or centric within the spinal canal. It is a disease of gradual development in the adult as well as in the child, and various spasmodic phenomena are observed, before the first true characteristic symptom of tetanus, that is, trismus makes its appearance. Eggert has not observed the elevation of the temperature (110° to 112°) in every case. It is yet an open question, whether excessive active calorification (Niemeyer, Lyden), or excitation of the spinal cord (Verneuil), or the dyspnœa, which urges the skin to take on compensative action (Radcliffe), is the cause of the increase of heat. Difficult deglutition is caused by the spasms of the pharynx, but it differs from hydrophobia, that in tetanus the spasms are tonic and the breathing may or may not be interfered with, whereas in the latter the spasms are clonic and breathing almost impossible.

Clearness of the mind is the usual attendance of most cases, still some patients are entirely unconscious during each convulsion, and sometimes partly so during the intervening time.

Tetanus is peculiarly fatal at the age below the first decade of life, and most favorable between the years of ten and twenty. Neither situation nor character of the wound appear to be of any weight. Tetanus is nearly always fatal within four days after it sets in (Hippocrates). Watson extends this period to nine days, and from the fourteenth day the recoveries are progressively in excess of the deaths. Allopathic and homœopathic therapeutics follow, which the doctor still declares unsatisfactory. (N. A. J. of H., 19, p. 369.)

Traumatic Tetanus occurs in males in the proportion of four to one, and tends to recovery oftenest in females. It is most fatal in persons under ten years of age, and least between ten and twenty; it usually supervenes between four and nine days after the injury, and these cases represent the largest mortality; recoveries have been usually in cases in which the disease occurs subsequent to nine days after the injury; when the symptoms last fourteen days, recovery is the rule, and death the exception, *apparently independent*

of the treatment; of all forms that appearing in the puerperal state is the most fatal. (David W. Yandell, Am. Practitioner, Am. Obs., 1871, 124.)

Lockjaw. Lockjaw has been most successfully treated by allopaths with Chloroform, by homœopaths with Belladonna and Cicuta from the 6th up to the 300th. Average time of recovery five and one-seventh days. (W. Eggert, Med. Inv., v. 8, p. 161.)

Ophthalmoscope in Epilepsy. Two well-marked groups of epilepsy may be formed in accordance with the intraocular appearances, one group being characterized by vascular fulness, the other by anæmia, of the retina. As the brain is anæmic during sleep, it is natural to suppose that the occurrence of sleep would be a predisposing cause of the fits in the anæmic form, whilst in the congestive form they would be more likely to take place during the day. (R. H. Vance, H. M., Sept., 1871, p. 85.)

Epilepsy. Record of several cases cured by *Bufo* in various potencies. (Leydet, A. J. H. M. M., 4, 39, and W. H. Holcomb, A. J. H. M. M., 4, 141.)

Seven cases were treated; three left uncured. The following were successful: A woman of 40 suffered for thirty years with epileptic spasms, coming about once a week, always in the night, and followed by some hours of coma. After *Bufo*²⁰⁰ (Tafel), she had no paroxysm for six months, and only two or three slight attacks since.

A young woman of 30, a perfect wreck in mind and body from epilepsy, having dreadful paroxysms several times a week. Prescribed *Bufo*²⁰⁰, six pellets daily. She had no paroxysm for fifty three days! Her headaches disappeared; menstrual function which had been suppressed was restored; appetite, color, flesh, and mind improved; had only three slight paroxysms in the year past.

Two young men had the disease several years at intervals of about a month. They began the *Bufo*²⁰⁰, one dose daily. One had no paroxysm now for ten months, and the other had none now for eight months. (Wm. H. Holcomb, Tr. Am. Inst., 1870, sec. 3, p. 445.)

Epileptiform Convulsions. After varioloid the patient had peritonitis. After being treated in various ways for some weeks, one midnight he was seized with convulsions which recurred every twenty minutes till about 4 P.M. of the next day; each subsequent attack was heralded by restless movements of the limbs and body,

a kind of lapping motion of the tongue, feeling of the face, and rubbing of the nose; contractions of the fingers of the right hand followed, then the left, with thumbs drawn into the palms; the arms became stiffened; the head was at first drawn to one side, either the right or the left, then backwards; mouth wide open; the right eye open and the left nearly closed—the eyeballs rolled upwards, and to the left; pupils largely dilated and unaffected by light, and lower limbs straight and stiff. Up to this period the muscles were in a state of tonic contraction; but now jactitations or twitchings commenced, first of the muscles of the face, extending thence over the whole body, rapidly increasing in severity till the entire muscular system became violently agitated, during which there was discharge of urine, and ejection of frothy, bloody saliva from the mouth. The convulsive movements now became less rapid and violent; the breathing heavy and stertorous, with the usual puffing of the lips at every expiration, which directly culminated in a deep-drawn sigh, and the patient sunk away into a comatose condition, from which no effort could rouse him. Fifty such paroxysms occurred during fifteen hours with complete unconsciousness. As the paroxysms multiplied, the pulse became more and more rapid and thread-like; the extremities cold; the head and face increasingly hot; the body, and especially the hands and arms, bathed in a clammy perspiration; and the eyes became highly injected, shrunken, and lifeless in appearance. Under a proving of *Rana-bufo* is “loss of consciousness and falling down; tonic and clonic spasms; turgescence and distortion of the face; convulsive agitation of the mouth and eyes; sanguinolent salivation; involuntary emission of urine; repeated shocks through the whole body; the lower extremities are more in motion than the upper ones; copious perspiration running down the face.” *R. Rana-bufo*³⁰, in water, half-hour doses, followed by a return to consciousness, and complete cure. (Wm. E. Payne, H. M., February, 1871, p. 357.)

Epilepsy. Has had the attacks about five years. The spasms are quite severe, and are followed by sleep. If awake she has some warning, from a feeling of general numbness, immediately followed by the spasm, and insensibility. Has from ten to twelve attacks yearly. She has much congestive headache, with flushed face; *much worse in the warm room, or near the stove, better from cold bathing, or in the cool air*; easily laughs or cries; cries much; mind not affected; menstruation regular, but rather scanty. *R. Puls.*

16°. Not much improvement; nine months afterward learned that the spasms occur just before the menses; putting the feet into hot water, and drinking something hot, will sometimes break up the attack; the edges of the eyelids are red, and there are some crusts in the lashes. *R. Bufo*.³⁰ She has had no spasm since, and feels remarkably well. (Jas. B. Bell, *N. E. M. G.*, v. 6, p. 435.)

Mr. B., aged 28, has had epilepsy twenty-eight years; followed typhoid fever; has the spasms for two weeks, and is then free two weeks; commenced about last quarter of moon, increased till new moon when worst; grew lighter for one week, then ceased two weeks; each attack lasted from five to thirty minutes; fingers cold, face purple; involuntary discharge of urine; great oppression of chest and pit of stomach; after the attack, weeping, trembling all over. Gave *Cupr. met.*⁶, every four hours, during the attacks; when the spasms had subsided gave *Causticum*³⁰, night and morning, until return of spasms, then *Cupr.* as before; cured in thirteen weeks. (J. B. Owens, *Ohio Med. and Surg. Rep.*, v. 5, p. 351.)

Epileptiform Jerking in the Head from back to front; it grows dark before her eyes, and she gets unconscious, lasting from five to ten minutes; a drink of cold water revives her again, but feels weak and nauseated. *Kali carb.*¹², in water, a teaspoonful night and morning. The jerking in the head has entirely disappeared. (H. Goullon, Jr., *A. H. Z.*, 83, 152.)

Dr. M. Friese reports a case of epilepsy cured by *Lachesis*, the indication being that the patient would go to sleep, and then be seized with a spasm. (*Trans. Penna. Hom. Med. Soc.*, 1871, p. 134.)

Girl, 23. Was suddenly seized with an epileptic fit without any appreciable cause. After the attack a *soporuous sleep* lasting from twenty-four to thirty hours; *face is dark red* during fit of sleep; after sleep pain in front of head, and constipation; six weeks later a second fit, the third came four weeks after the second, and then they followed each other every three weeks. *Opium*⁹, one dose every night for fourteen days. Nine weeks later came the next and last fit, much lighter, and without sopor and constipation. Well since one and a half years. (Stens, Jr., *A. H. Z.*, 83, 128.)

J. R., 17 years old, fragile and delicate; first menstruated when seventeen years old, and discharge after two days became suppressed from fright; since then suffers from epileptic convulsions. Neither *Acon.*, *Bell.*, nor *Glonoin*e were of any avail to remove the

cerebral congestion. *Conium* relieved the headache, but she still complained of sensation of heat in the face, which was abnormally red. Since last fit excessive weariness, with constant desire to sleep; off and on slight tendency to faint. R. *Opium*⁴, five drops morning and evening; after taking it for twenty days health restored entirely. (Oscar Groos, A. J. H. M. M., 4, 93.)

Epilepsy with outspoken scrofulous constitution, twenty fits a day. *Sulph.*¹⁰⁰, one dose. The attacks gradually diminished in frequency, and finally ceased altogether. (Stens, Sr., A. H. Z., 83, 12.)

Man, 30. Had fallen from a ladder upon the back of his head ten years ago; three days after the fall an epileptic fit, repeating ever since at intervals from five days to six weeks; before each fit aura from hands into head; fits mostly in the morning, one to two hours after rising; on the days of attack two diarrhœic stools; otherwise stool normal; after fit sour taste in mouth, and dejected spirit; during the well time every morning throbbing, pressing pain in the front of the head; restless sleep; in the air, by windy cold weather, jerkings in arm and about the mouth without fit; in the warm room these jerkings abate; as a child he was subject to scrofulous eruptions; his grandmother and a step-brother were also epileptic. *Sulphur*³⁰, one dose. No attack till after nineteen weeks, as bad as usual. *Sulph.*⁶⁰, second dose; eight weeks after a light attack; after third dose of *Sulphur*³⁰ no attack since one and a half years. The jerkings in the cold air continued longest. The morning headache came back again six months ago, disappeared, however, after another dose of *Sulph.* (Stens, Jr., A. H. Z., 83, 128.)

Paralysis of Left Leg. Girl, aged 13. Could not bear to have the head raised from the pillow; constipation; paralysis; everything appeared dark to her; sinking sensation; lay coiled in bed. One dose *Sulph.* 2^m, and in two weeks one dose 5^c, and in three weeks one dose 5^m; recovery. (J. B. Owens, Ohio Med. and Surg. Rep., v. 5, p. 349.)

Paralysis agitans. The initial and essential symptom is the tremor, which exists as simple tremor, in the form of weak, oscillating, quickly-succeeding contractions, or in stronger clonic convulsions. These movements begin mostly in the upper extremities, and extend gradually to the lower ones, and to the facial muscles, when we may also find some stammering. More rarely the muscles of the trunk, especially of the neck, become affected. In solitary cases the tremor remains limited to one-half of the body.

The tremor is independent of voluntary and of passive motions, and differs thus from chorea, and from the tremors of gregarious sclerosis.

Paralysis accompanies the tremors only secondarily, gradually increases, remains mostly incomplete, and is not rarely more circumscribed. The extensor muscles of the head are a favorite place of attack. The electric reaction from the induced as well as from the galvanic current remains unaltered in the affected muscles. Only exceptionally we find the voluntary muscles of the bladder and of the rectum become paralyzed. Temperature is not increased, in spite of the increased muscular activity. Disturbances in the sensory sphere show themselves either in the form of paralytic sensation (pricking, crawling), or in form of partial, mostly incomplete, anæsthesia; or they may be entirely wanting. On the contrary, other and frequent central symptoms are, cephalæa, vertigo, sleeplessness, psychological uneasiness, hypochondria, melancholy, hallucinations, and maniacal paroxysms. When the disease lasts some time, loss of memory and of judgment may appear.

It resembles chronic mercurial neuroses; tremor saturninus; alcoholismus; is rare, mostly attacking males, occurring seldom under the fortieth year, and mostly after the sixtieth. Its pathological anatomy is undecided.

Stafella found cerebral atrophy, with secondary hydrops of the ventricles and membranes, and an apoplectic cyst of the size of a pea, in the right thalamus opticus; pons and medulla oblongata strongly indurated; the arteries on the base calcified; and in the lateral cords of the spinal marrow, especially in the lumbar region, gray opaque streaks, consisting, like the indurations in the pons and medulla, of embryonal connective tissue.

Cohn found cerebral atrophy in one case (male, 49 years old), and in another atrophy of the spinal cord in the region of the second vertebra of the neck.

Skoda found in a woman, 34 years old, extensive sclerosis of the central parts. In some opaque spots of the cerebral mass the nerve-tissue had perished, and embryonal connective tissue took its place, producing also sclerosis of the pons and medulla oblongata.

Petræus found only a fatty degeneration of the heart and pneumonic induration.

Ordenstein found in one case rarefaction of the nerve-tubes; in another case softening of both pedunculi cerebri and some loss

of substance in the pons; in a third case the whole result was negative.

The pons and upper part of the medulla oblongata is its probable starting-point, and it differs from gregarious diffuse sclerosis of nerve-centres.

Lareber describes a rare case of sclerosis of the pons where there was no tremor, but gradually-increasing debility of the extremities, obstruction in speech, strabismus and amaurosis of the left eye, difficult deglutition, mental stupefaction and somnolence; during the last weeks vomiting and severe headache in vertex. Autopsy revealed a general sclerosis of the pons, with considerable enlargement, especially on the left side. In another case of sclerosis of the pons, Lareber observed general tremor, but always steadily increasing motory debility, without perfect paralysis. In most cases the stupefaction even increased to idiocy. Another differential point is, that paralysis agitans is only observed after thirty years, whereas sclerosis has also been observed in young persons. In sclerosis the first symptom is the motory debility, steadily increasing to palsy, whereas in paralysis agitans the tremor always precedes for some time. In diffuse sclerosis the paralysis begins without exception in the lower extremities, and its tremor is never spontaneous. Paralysis agitans is unlike simple tremors, which cease entirely during rest, increase through mental or physical exercise, and never produce paralytic symptoms or a decrease of muscular power. (Albert Eulenburg, H. M., Aug., 1871, p. 22.)

Progressive Locomotor Ataxia—from *a*, privative, and *taxis*, order—literally means progressive failure of co-ordination of the locomotor apparatus. The disorder affects in the first instance the involuntary portion of the nervous system; and, in our opinion, it begins in the gray or ganglionic substance in the cerebellum, where its comparatively feeble influence manifests itself in disturbing the harmonious combination of the small muscles which regulate the position of the eyeballs and lids, and the still more delicate mechanism of the iris. Thence passing over the medulla oblongata, it develops itself in those portions of the spinal cord and nerves which are more immediately connected with locomotion, and finally it involves the muscular apparatus in general, destroying first the involuntary, then the voluntary powers.

The primary symptoms being acute and temporary, with the exception of the ptosis, can hardly give rise to more than a sus-

picion at the onset of this terrible chronic malady. Those which may positively determine its presence in the second stage are few and distinct; they are the insensibility and increasing difficulty of standing or walking, without corresponding loss of muscular power, the difficulty being greatly aggravated upon attempting to stand, walk, or turn around in the dark, with the eyes closed, or when looking upward; and evidently ameliorated by voluntary attention and direct vision. In the third, or more advanced stage, the history of the case, the aggravation of the previous symptoms, and the increasing and various paralysis, cannot fail to determine the nature of the disorder.

The old school has given with success *Nitrate of Silver*, *Phosphate of Iron*, and *Phosphorus*.

Homœopathic treatment: *Æscul. hipp.*, recommended by Lippe; *Aluminium met.*, recommended by Boenninghausen; *Argent. nitr.*, recommended by Grauvogl; *Arsen.* (Baehr); *Bellad.* (McClatchey); *Caut.* (Baehr); *Cocculus* (McClatchey); *Cuprum* (Baehr); *Gelseminum* (McClatchey); *Lachesis* (Baehr); *Nux moschata* (Lippe); *Nux vom.* (Lippe); *Pinus sylvestris* (McClatchey); *Phosph.* (Lippe); *Plumbum* (Krieger); *Silicia* (Black); *Stramonium* (Guernsey); *Sulphur* (Lippe). (J. H. P. Frost, Tr. H. M. S., N. Y., 1870, 411.)

BLOOD.

Chlorosis. *Calc. c.*, aversion to meat. (A. H. Z., 82, 56.)

Chlorosis primaria amenorrhœica. Kate R., æt. 16. Not yet menstruated; had intermittent three years ago; since then frontal headache, pressing down on eyes as if it would push them out, worse in the morning on rising, better in the fresh air; cachectic features with blue rings around the eyes, especially in the morning; toothache, worse at night in bed, ameliorated by walking about, aggravated by eating; paroxysms of nausea and qualmsiness when she is in a crowd; frequent burning in pit of stomach, with drawing, twisting and gurgling in the bowels, lasting for hours; bearing down toward the sexual organs; shortness of breath; palpitation at every motion, especially when ascending; pressing pains in chest; heaviness of lower extremities, with painfulness of thighs when walking; drawing, tearing pains in the extremities, especially at night; great lassitude and sleepiness. *Olei*

Sabinæ, two drops; Pulv., s. l., one drachm, m. f. o., and to take as much as will lie on point of knife in the morning. (Watzkle, A. J. H. M. M., 4, 55.)

Pyæmia, by Prof. Billroth. Death from severe complications happens mostly in the third or fourth week after the wound was received, and it may be considered certain that pyæmia develops itself from certain states of the wound, essentially depending on the mode of the lesion and on the parts injured. (N. A. J. of H., 19, 564.)

Pyæmia following amputation of little finger under allopathic treatment. Condition: Emaciation; copious sweats, and sleeplessness; pulse weak and empty. *Calendula* in water externally, and in higher dilution internally. Patient now complained of stitching and drawing in the fingers; pressure from inside outwardly in the hand; every night severe chills followed by oily, profuse, debilitating sweats; the lymphatics over the whole upper extremity red, swollen, with tension and excruciating pains. Three doses *Hepar* daily with *Calendula*. Patient well in a few weeks. (Kirsh, Sr., A. J. H. M. M., 4, 116.)

Pyæmic Fevers are produced by the admixture of pus or one of its constituents (serum or corpuscle) with the blood. According to Billroth and Weber, fresh pus has not only *pyrogen* (fever-producing), but also *phlogogon* (inflammation-producing) qualities. Virchow's experiments show that we are able to produce, by introduction of particles of animal tissue into the veins, from whence they are carried into the branches of the pulmonary artery, metastatic, purulent, and ichorous cavities (or abscesses) in the lungs. A simple occlusion of the branches of the pulmonary artery cannot be the cause of the purulent and ichorous destruction, else it would follow also the introduction of particles of caoutchouc. Therefore the animal substance must contain special qualities, which produce inflammation, having similar effects as the sharp parts of the elder pith, which cause traumatic inflammation.

As regards the effects of emboli, O. Weber's experiments show, first, that capillary emboli can produce large metastatic abscesses, and second, that they can pass the lungs and then be impacted in other organs, causing metastatic abscesses in the same. (C. Th. Liebold, Tr. H. M. S., N. Y., 1870, 563.)

Purpura Hemorrhagica. "There was oozing of blood from the skin, as though it were coming from a sponge, and light-colored blood was discharged from the mouth, bladder, &c. The pulse

was thirty-five." *Aconite* and *Hamamelis* were given, and in about a week the patient was well and able to go out. (W. C. Doane, Transac. Penna. Hom. Med. Soc., 1871, p. 133.)

Hydrophobia. John Haley, carpenter, age 46, was bitten in the right arm six years ago by a strange dog. The wound healed slowly. In March, 1870, I was called by the attending physician to administer electricity; the patient had been treated by powerful tonics and stimulants. The electric current was applied with great difficulty, passing from *cervix* to *coccyx*, but produced immediate sleep for thirty minutes; spasms became less violent and patient weaker. After two applications, electricity was abandoned on account of the difficulty of applying it. Patient died.

Wife of the above, age 43, had had *coitus* with her husband every night until the fifth day of his illness. She looked wild and haggard; complained of sore throat, inability to swallow, burning pain in stomach, difficulty in breathing, and giddiness; pulse rapid, not strong; pupils dilated; throat red and shining; manner nervous and hurried. Prescribed *Bell.* and *Ars.* In the evening I found her holding fast to the bed, "to keep from flying out through the top of the house." Gave *Bell.* 1st, every two hours for three days, after which I gave the 3d. The first three days patient seemed to grow worse. On the fourth day gave *Lach.* and *Cedron*, but lost ground, and again gave *Bell.* On the sixth night she had the first sleep since her illness. (S. E. Adams, Ohio Med. and S. Rep., v. 5, p. 92.)

A Case of Hydrophobia, how treated, and result of the autopsy. (Geo. W. Parker, A. J. H. M. M., 5, 67.)

Excessive Corpulency. Miss A., unmarried, fears death from corpulence; delicate sensitiveness; longing for open air; weariness of life; whining mood. *R. Aurum* 30th, a dose every two weeks. Cured. (G. H. Bute, H. M., Oct., 1871, p. 117.)

FEVER.

Catarrhal Fever. After great exertions from nursing sick children and taking cold, a mother is attacked by chill, heat, headache, thirst, and nausea. The chilliness continues, with headache; pressure and stitch pain in front of head, in the temples, extending into the eyes, that she can scarcely see; must shut her eyes; vertigo; nausea; swelling of eyelids, of left cheek and upper lip, with

burning, thirst, and heat. *Kali carb.*²⁰. Well in two days. (J. Schelling, A. H. Z., 82, 198.)

A gentleman, aged 69. Dull, heavy headache; complains that he feel drowsy and stupid, and that when he attempts to move, is so weak that he can hardly control his movements; feeling of great prostration; tongue slightly coated, can hardly put it out, it trembles so; mouth sticky; no thirst; no appetite; skin hot and dry; pulse 120, and full; the eyes look dull, eyelids drooping; hands tremble violently when trying to lift or move them; legs tremble very much when trying to walk. Patient came near dying three months before with typhoid fever, but had been in good health since. Had been exposed a few days before to a cold snow-storm. Six doses of *Aconite*²⁰ every hour, followed by *Bryonia* same way did him no good. I then gave *Rhus*²⁰, without any effect. *Gels.*³⁰, a dose every hour was then administered and cured immediately. (E. B. Nast, A. J. H. M. M., 4, 85.)

Intermittent Fever. The three great errors of our school in its treatment are: 1st. In the selection of the remedy; 2d. In giving it too low; 3d. In the too frequent repetition of the dose. (C. Pearson, Med. Inv., v. 8, p. 153.)

Intermittent Fever. August is the worst month. Water is the safeguard against this disease, as it envelops the vegetable matter and hinders the sun from acting upon it; if ponds and marshes could be covered with water there would be little malaria. It sometimes occurs in flat, dry, and also hilly districts where the soil is impervious, and by keeping the rain water on the surface keeps the decaying vegetable matter constantly moist, this acted on by the sun sends forth its poison. We should not give temporary relief at the expense of the future health. Intermittent can be cured by our system if we individualize carefully each case, getting its *peculiar characteristic symptom*. The period on which the paroxysm recurs is important in selecting a remedy, as is also the bodily organ most, and the manner in which affected. The keynote or characteristic symptom, the period of the day at which the paroxysms recur, and the organic ailments aroused by this disease, are the three great landmarks which are to guide us in every case. (C. Preston, H. M., May, 1871, p. 475.)

Intermittent Fever. *Apis mellifica*.—Tertian type. The chill came on about four o'clock P.M. The patient complained of feeling the chill worse when sitting in a warm room or near the stove, and also upon moving about. The heat was mostly about the

chest, and abdomen, and hands. There was considerable drowsiness and dryness of the skin, and very little sweat.

Arsenicum.—Sensation of chilliness in the interior of the body, and flashes of heat passing over the surface; pain in the pit of the stomach, and extreme restlessness. Alternate feelings of chill and heat. Great thirst for large quantities of water during the sweat.

China.—Vertigo with the chill. Hands and feet cold; long stage of fever; face red, and pain in the hypochondria; sweat during the night.

Chin. sulph.—Severe case of regular tertian ague. Violent shaking chill; high fever, and profuse exhausting sweat; patient delirious during the fever; great prostration.

Drosera.—Whooping-cough during intermittent fever; it reduced the cough from violent convulsive paroxysms to an ordinary catarrhal one, and also mitigated the severity of the fever.

Eupatorium perfol.—Great thirst before the chill, and continuing through the fever. The chill came at eight o'clock A.M. Very little fever and sweat; intense aching in the back and limbs; bitter taste in mouth.

Natrum mur.—A hard chill came on at eleven o'clock A.M., lasting until one P.M.; headache during the fever, little sweat, sallow complexion, no appetite, food tastes bitter, swelling in the right hypochondriac region.

Nux moschata.—Apparently nervous chills; they came on every morning about seven o'clock. As the chill progressed the patient became very drowsy, and at the close of the chill fell asleep; this sleep continued through the fever, which was very light. This patient had considerable dryness of the throat on awaking in the morning.

Tartar emetic.—During the chill and fever no thirst; considerable pain in lower limbs; uneasiness and nausea; chilly stage with flushes of heat. (W. O. Griggs, H. M., May, 1871, p. 491.)

Homœopathic Treatment of Intermittent Fever. Its cause is vegetable decomposition. During the chill there is a rapid rise of the internal temperature, the arterial blood receding from the contracted superficial capillaries, and the venous blood becoming stagnant.

The degree of heat, of course, increases during the hot stage, when the circulation is re-established.

General perspiration restores the temperature of the body to its natural standard.

Among the diseases superinduced by quinine are rheumatism of the extremities, china-cachexia, chronic diarrhœa, ascites, and organic diseases of the liver and spleen.

When there is a spontaneous enlargement of these organs, it is said to be too hazardous to administer this drug in large quantities.

In general, the larger the dose required to suppress the paroxysms, the more unsuitable is the drug to the case. If this, or any other drug, has no elective affinity for a case, its administration must result in more or less injury to the vital forces.

In individualizing cases observe the symptoms of each stage, the time and place of the beginning of the chill, the degree of thirst in each stage, the apyrexia symptoms, the characteristics.

TREATMENT.—Hering recommends pulverized *Sulphur* worn in the stockings, as a preventive in some cases. ●

Eupat. purp. is said to be an excellent preventive.

At first, unless some other remedy be distinctly indicated, give *Ipec.*, which will either prove curative alone, or develop the case, and prepare the way for another remedy.

Special indications for *Ipec.* after large doses of quinine: gastric symptoms; chill *increased* by the application of external warmth.

Ignat., chill *relieved* by external warmth; jerking of limbs, jactitation.

Nux vom., extremities feel paralyzed, deadness of fingers, and blue nails during chill.

China, all sorts of complaints before the paroxysm, headache, nausea, canine hunger, &c. During paroxysm veins enlarged, congestion to the head, &c., profuse sweat of the parts on which patient lies.

Chin. sulph., during paroxysm, pain in dorsal vertebræ on pressure.

Ars., apyrexia never clear; sleepless the night before the paroxysm; great restlessness during paroxysm, and great debility afterwards.

Apis, during apyrexia, pain under short ribs, especially on the left side; swollen feet, and scanty urine; great soreness of all the limbs and joints; nervous excitability; restlessness; urticaria.

Arn., bones ache; bed feels too hard.

Antim. cr., great melancholy; thick-coated tongue; gastric symptoms.

Bry., stitches in sides of chest, with hard cough; stitches in abdomen, and rheumatism in extremities,—all worse on motion.

Canthilagua. Von Tagen, in the American Journal of Materia Medica, highly recommends this remedy, especially in spring intermittents. Symptoms: Nausea, retching, and vomiting of mucus tinged with bile; very severe chill, with chattering of the teeth, and shuddering of the whole body; extreme paleness of the face, hands and lips; the skin of the hands resembles a washerwoman's after leaving the tub; sometimes excellent appetite during apyrexia.

Caps., chill coming on gradually until the extreme point is reached, then as gradually declining. During fever (heat?) face is alternately pale and red.

Cin., clean tongue, with vomiting and diarrhœa; rubs the nose, &c.

Coccul., intermittent fever, with colic and lameness of the small of the back.

Eupat. perf., painful soreness of the eyeballs; also of the wrists, as if broken or dislocated; great weakness, and fainting during fever; back and limbs ache as if broken.

Eupat. purp., chill begins in back like *Caps.*; violent shaking, with comparatively little coldness; thirst, and violent bone-pains during chill and heat; sweat of upper part of body. (When the *purp.* has been accidentally used instead of the *perfoliatum*, it has repeatedly cured the case with dispatch.)

Ferr., paleness; whiteness of the inner surface of the mouth.

Gels., delirium; vertigo; sensation of falling; *does not wish to be spoken to* or to have company.

Kali c., chill and heat, with dyspnœa; constriction of the chest, and pain in region of the liver; during chill, hot hands.

Lyc., circumscribed redness of the cheeks; cough, with thick, yellow, salty expectoration.

Nat. mur., violent headache, especially during heat; fever blisters or scabs on lips; ulceration in the commissures of the lips; drawing pain in the limbs; bone-pains during chill; *perfect relief from the sweat*; cutting pain in the urethra after micturition. Von Tagen reports 105 cases cured by *Nat. mur.* last spring and autumn.

Opium, during fever, stupor, and stertorous breathing.

Psorin., *profuse perspiration when taking the slightest exercise.*

Rhus tox., dry cough during chill; hard chill, with severe back-ache, and restlessness, with constant change of position (*Ars.*, restless during paroxysm); shooting and tearing pains extending down the limbs; heat, with urticaria. (See *Apis.*)

Sepia and *Sulphur* are severally indicated when one of their

prominent characteristics are present. Sulphur is a very important remedy in ague. It is often indispensable, either in early stages or later to complete the cure.

Tartar emetic, yawning and stretching are prominent symptoms.

Ustilago maidis, relapsing agues; very profuse sweat; slight nausea; oppression of chest; cerebral disturbance, and great irascibility.

Verat., chill and coldness predominate; cold, sticky sweat; great exhaustion.

CLASSIFIED CHARACTERISTICS IN INTERMITTENT FEVER.

Time when chill begins.

Place where chill begins.

Eupat. perf., 7 to 9 A.M.
 Nat. mur., 10 to 11 A.M.
 Stan., 10 A.M.
 Cactus, 11 A.M. or 11 P.M.
 Elaps., at noon.
 Lach., 12 M. to 2 P.M.
 Calc. c., 2 P.M.
 Angust., violent chill every P.M. at 8 o'clock.
 Apis 3 to 4 P.M.
 Lycop., 4 P.M.
 Hep. s., 6 or 7 P.M.
 Magnes. sulph., chill from 9 P.M. till 10 A.M.
 Ignat., chill late P.M., or evening. (Apt to postpone or antepone.)
 Lyc., Puls., and Rhus tox., evening paroxysm, lasts all night.
 Bry., chilliness mostly in the evening, and often only on the *right side*.
 Arn., early A.M. or P.M., with thirst before chill.
 Ant. cr., P.M.
 Ant. tart., night.
 Acon., Anac., Caps., Carbo veg., Gels., Merc., evening.
 Kali c., towards evening.
 Euphras., forenoon.
 Ars., Bry., and Sulph., at all periods.
 Bell., at all periods except P.M.
 Chin., " " " night.
 Verat., " " " A.M. and night.
 Nux v., Puls., Rhus, Spong., Cin., all periods except A.M.
 Chin. sulph., regular paroxysms.
 Diad. and Gels., chilliness every day at precisely the same hour. Diad., no heat nor sweat following.

Mosch., in scalp.
 Val., in neck, running down the back.
 Bry., in lips, tips of fingers and toes; also often only on right side.
 Carbo veg., in left arm (also one arm).
 Merc. peren., in right arm.
 Hell., in arms.
 Gels., in extremities.
 Apis, in front of chest.
 Lith., Spig., and Cicut., in chest.
 Calc. c., in scrobiculus, with spasms, or fixed, cold, agonizing weight.
 Ratanhia, in back and sides.
 Caps., Dulc., Eupat. purp., Gum. g., Hippomanes, Nat. mur., and Nit. ac., in back.
 Stront., A.M., chill from sacrum to posterior part of thighs.
 Chin., below knees.
 Sep. and Nat. mur., in feet; but Sep. may have coldness of hands and deadness of fingers.
 Sulph., in toes.
 Nat. m., Rhus tox., and Spig., unilaterally. (Rhus and Nat. mur., right side.)
 Caust., chill predominating, frequently with coldness of left side.
 Lyc., unilateral, mostly left side.
 Rhus tox., in hands.

DIRECTION OF CHILLS.

<i>Ascending.</i>	<i>Descending.</i>
Kali hyd., chilliness and drowsiness, ascending from the lower part of the back, and through the whole body, 6 to 8 P.M.	Stram., Staph., Sulph. ac., Zinc., chills descend the back.
Merc. sulph. and Magnes. sulph., chills ascend the back; Magnes. sulph., evening.	Val., chill begins in neck, and descends back.
Lach., chills ascend the back often on alternate days.	Phos., chills descend back; heat ascends back.
Oxalic acid, chilliness ascending from below upwards.	Caps., Eupat. purp., Ruta, chilliness chiefly in back, running up and down.
Zingib., chills begin in lower limbs, ascending.	

THIRST.

Bry., Nat. mur., and Eupat. perf., great thirst during all stages; but in Eupat. perf. it begins long before the chill, and, after drinking, vomiting.	Nux v., great thirst during heat, and desire to be covered, because uncovering or the slightest motion causes chills.
Fer., thirst during chill, and red face.	Ars., thirst during heat; drinks little at a time, but thirst is greatest during the sweat (Chin. and Chin. s.), drinks copiously then.
Arn., thirst before and during chill; drinks much, and vomits afterwards.	Chin., thirst before, not during chill and heat, and during sweat. Contraindicated when there is <i>much thirst during cold or hot stages.</i>
Caps., thirst only during chill; worse after drinking.	Chin. sulph., thirst mostly during sweat.
Cin., thirst only during chill or heat.	Lycop., thirst after sweat.
Kali c., thirst mostly during chill.	Ant. cr., Ipec., Nitric ac., and Puls., <i>no thirst</i> ; or in Puls. during chill; Puls. also gives long chill, little heat, no thirst.
Ignat., thirst only during chill, or in <i>short spells</i> , independently of any stage.	
Led., chilliness with thirst, and sensation as if cold water were poured over the parts.	
Acon. and Ipec., great thirst during heat; Acon., with inclination to uncover.	

(H. V. Miller, H. M., November, 1871, p. 163.)

Intermittent Fever can be cured if the symptoms are carefully collated.

1. Get the symptoms before and during the chill. 2. Symptoms during the pyrexia. 3. During the sweating stage. 4. Apyrexial symptoms, *particularly* if one or more stages be absent or not well marked. 5. Lay stress on characteristics, Arsen., Carbo veg., China, Cina, Capsic., Caustic., Cimex, Eupatorium, Ignatia, Ipec., Laches., Lycop., Merc. viv., Nat. mur., Nux vom., Phos.,

Phos. ac., Pulsat., Rhus tox., Sepia, Silic., Sulph., Tart. em., Veratr., are useful.

Arsen. Afternoon chill and later, dry heat with external burning; internal coldness; much thirst for small draughts of not too cold water; prostration; restless; anxious; clammy perspiration.

Carbo veg. One-sided chill during the p.m.; great prostration, with icy coldness of whole body; thirst, and rapid sinking; small pulse; contracted, cold, cadaverous tongue and face.

Caustic. Chill *more* marked than the other stages, and left-sided. Internal chill, followed by perspiration, and later, heat, all occurring toward and during the evening.

China. Chill, generally in the forenoon, with great internal coldness, and icy cold hands and feet; chill aggravated by drinking cold water; thirst only after the chill, or after fever; fever, with restlessness; long-lasting fever; profuse, debilitating perspiration, parboiling the skin, and extending far into the night.

Cimex lec. A well-marked chill, and afterwards thirst, but no fever; when the patient drank she lost breath, gagged, had dyspnoea, and a gagging cough.

Capsicum. Hard chills, commencing in and spreading over the back. Most patients back up to the stove, or have jugs of hot water, a soapstone, or hot flats, put close to the back and cry out, "Oh, how good that feels." Violent thirst with chill; drinking cold water aggravates. Heat with no thirst but with tendency to perspire. (T. D. Stow, H. M., Nov., 1871, p. 160.)

Complaints return at precisely the same hour. *Ant. cr., Ign., Sabad. (B.), Selen., Diadema.* (C. Hg., A. J. H. M. M., 4, 58.)

Chill and Fever. Mrs. H., aged 49, after a fatiguing walk sought a cool retreat to rest. She soon began to feel rigors passing down her back, which were followed by shuddering and indescribable aching from the head to the lower extremities. She could scarcely endure contact with the bed-clothing, and this sensitive and sore feeling was all over the body. She had great thirst, a thick, white coating upon the tongue, a tumefied countenance, expressive of much pain. Her pulse was not much accelerated. Chilliness and heat in rapid alternation; with this intolerable aching, thirst and dry skin continued all night. *Arsenicum* 3d trit.; in the afternoon her pains had been frightful, tending more to her head. *Aconite* 3d. The first dose had a quieting effect; her pains became diminished; her skin moist; sensitiveness to contact was removed; her thirst diminished; and, finally, she fell

into a quiet slumber and rested well until morning. She soon recovered. (A. E. Small, U. S. M. and S. J., April, 1871.)

Intermittent Fever. *Ant. cr.* when with the fever there is pain in the chest, tension, and pain in the pit of the stomach. Nausea and loathing all the time. Dry coating on the tongue. Patient desires nothing but sour pickles. (Skinner, Med. Inv., v. 8, p. 301.)

Aristolochiæ rotundæ vulgaris radix is said to excel preparations of China. (H. Kl., 1871, 72.)

A lady. For many months a tertian ague; yielded temporarily to Sulph. quiniæ. She grew weaker continually; her appetite failed. She complained of the soreness of the scalp and of the muscles generally, and a cough that occasioned much distress on account of the general soreness of the chest and the pectoral muscles. *Arnica* in drop doses of the tincture for two days, at intervals of two hours. The patient fully recovered her health in ten days. (A. E. Small, U. S. M. and S. J., April, 1871.)

Man, 35. Tertian fever, several times suppressed by quinine, changed into quartan type, when quinine lost its power. On the well days he is very weak and has profuse night-sweats with great thirst and palpitation of the heart. The attacks commence now about noon, 1½ hours chill, 3 to 4 hours heat, and sweat all night. Great thirst, but drinking little at a time. Gray-yellow color of face; tongue coated thick and yellow; diarrhœic stools twice a day; spleen enlarged. *Arsen.*³⁰, one dose every night for eight days. No more chills for two weeks, then another slight one. *Arsen.*³⁰, again one dose every night for other eight days. Soon all well. (Stens, Jr., A. H. Z., 83, 121.)

Cinchilagua found of much use in **Spring Intermittents**. Most cases *Quinine* had been used before without any good. Symptoms: Much sickness at stomach, retching, with more or less vomiting of mucus tinged with bile. Chill very severe, with chattering of the teeth and shuddering of the whole body. Extreme paleness of face, hands, and lips. Skin of hand resembling those of wash-women after leaving tub. Some of the patients have excellent appetite throughout the intermissions. (Von Tagen, A. J. H. M. M., 4, 143.)

Chill every other day at 11 A.M., beginning in the limbs and extending towards the head, lasting nearly one hour; tongue quite clean, nails blue, bowels regular, appetite fair, no headache. After the chill patient was very stupid for an hour or two, then felt well,

but quite weak. After many remedies uselessly given, *Calc. c.*³⁰, three powders, cured, while a rash similar to herpes circinnatus appeared over body and arms. (Hutchins, Med. Inv., vol. 8, p. 300.)

Chill in hands and feet with tearing pains in bones of lower limbs with desire to stretch them, and great languor. *Carb. veg.* 2^o in water. No return of paroxysm but languor continues. (Von Tagen, A. J. H. M. M., 4, 124.)

China. Fever with profuse perspiration and violent congestive headache. (W. H. Burt, U. S. M. and S. J., January, 1871.)

China where the chill commences in the breast and radiates to all the extremities; face and hands purple; patients desirous to be near the stove, which increases the chill; desire to drink in chill only. During fever delirious, sometimes will pull their own hair. Enlargement of the spleen. Amelioration as soon as perspiration begins, ending in a sound sleep. (Skinner, Med. Inv., vol. 8, p. 301.)

Mr. R., aged 40, of strong constitution and bilious temperament, has tertian intermittent fever. He is now having his fourth paroxysm. The attacks come on at 6 A.M. and continue about ten hours. The three stages are fully pronounced; during the cold stage, which is very severe, there is headache and thirst; much nausea and vomiting, especially as it is terminating. The second stage is characterized by much febrile excitement, headache, thirst, restlessness, and some nausea. *China*²⁰⁰, *Ipec.*²⁰⁰ in solution, two teaspoonfuls every hour alternately for one day, then every two hours. There was no return of the ague. (Geo. W. Richards, N. E. M. G., v. 6, p. 116.)

Quinia sulphas. Intermittent Fever. More than twenty cases of this form of fever cured by this remedy after failure with the usual homœopathic remedies, and among the number *China* off. in both high and low attenuations. Symptoms: The paroxysms ushered in with a mere transitory, at times almost imperceptible chilly feeling, principally across the shoulders and nape of the neck, up and down the spine, lasting for a few moments only, occurring at different times throughout the day. Towards evening, at about six o'clock, fever sets in, attended with fulness to the head, with ringing in the ears, together with hardness of hearing; face and conjunctiva present a jaundiced hue, more or less; dimness of vision; the fever reaches its height about ten o'clock P.M., accompanied with hebetude, and continues until early morning, say four

o'clock, when a copious sweat usually follows, lasting about two hours, leaving the patient exceedingly prostrate, with trembling of the limbs; pulse varying from 50 to 60 per minute; patient exclaims, "Doctor, I can scarcely breathe, I am so weak;" the paroxysms were usually quotidian in type, some few of them tertian; much thirst all the time. Dose: First decimal trituration, of which ten grains are dissolved in a tumbler two-thirds full of water; one teaspoonful being given every hour or two until improvement begins. (Von Tagen, A. J. H. M. M., 4, 123.)

Eupatorium perf. is confined to those cases in which the chill is followed by sickness at the stomach and vomiting. (Smithwick, Med. Inv., v. 8, p. 299.)

Eupatorium purp. has cured a number of cases with following symptoms: Chill commences in small of back and extends from this point up and down the body simultaneously; slightest movement while covered, or draft of air blowing upon patient, produces a transient return of chill after it has apparently passed away, and after the fever has set in. This is also the case during the sweat, but not so marked as during the fever. Severe bone pains. The latter symptoms were not present in all the cases, though generally they are. Have found this remedy an excellent preventive to chills and fever. (Von Tagen, A. J. H. M. M., 4, 126.)

Ignatia. Chill relieved by heat, thirst only during and before the chill. (Confirmed by M. Preston, H. M., Sept., 1871, p. 95.)

Chill every morning till noon; slight perspiration at night. The attacks are characterized by headache; stitch pain and pressure in front of head down into eyes; pain deep in eyes, with photophobia and lachrymation; the pain is first pressing, then stitch-like, causes to cry; flashes like lightning and sparks in the eyes; staring look; half an hour afterwards foggy and dark before the eyes; upper lids swollen; face red and hot; the headache awakens him in the morning out of sleep; coughing and sneezing increases it; urine red-yellow; stool dry. *Kali carb.*⁵⁰⁰, six doses. Cured in five days. (J. Schelling, A. H. Z., 82, 69, and A. J. H. M. M., 4, 89.)

Natrum mur. Lips covered with hydroa. (Confirmed by W. H. Burt, U. S. M. and S. J., Jan., 1871.)

Complains first of intense itching over skin of entire body, lasting from twelve to fifteen hours, followed by paroxysm; skin looking like *goose-flesh*; chill accompanied with tremendous shuddering. *Petroleum 2°* checked the affection for one month, then

after a drenching in a rain-storm, chill returned; same symptoms as before, with *addition of hydroa on upper and lower lips*. *Petrol.* did nothing. *Nat. mur.* 2^o cured. (Von Tague, A. J. H. M. M., 4, 125.)

Mr. P., æt. 30. Has taken quinine; has chill every eleventh day. The symptoms now were: *Chill beginning at about ten o'clock A.M., first felt in the toes and ends of the fingers, extending thence over the whole body. Drawing pains in the limbs during the chill, and violent headache, increased during the last stage; great sensitiveness to cold air, even after the chill had passed off. During the fever simply raising the bed-covering seemed to him like the application of cakes of ice to the body. The fever stage was ushered in with vomiting, and attended by delirium; great heat of the head; the headache, which commences with the chill, continues unabated during the fever, and is greatly aggravated by raising the head and coughing; ringing in the head and ears during and after the headache has passed away, with dizziness and loss of sight when turning the head, and when rising from stooping. Very obstinate constipation, which had been present ever since the attack of diphtheria; bowels moved only about every tenth or eleventh day, except by the employment of strong purgatives. Appetite very poor.*

Now in this case, the appearance of the *chill at about ten o'clock in the forenoon, beginning in the toes and fingers, with drawing pains in the limbs*, led me to give *Natrum muriaticum* 5^m, two powders to be taken twenty-four hours apart, and followed by *Sacc. lac.* Cured. (Wm. E. Payne, H. M., Feb., 1871, p. 354.)

Mr. J. Has been having chills for two weeks and trying to cure them with Quinine. At first had a chill every third day, but now every day; very thirsty before the chill comes on and until the sweat ceases; his bones ache, and during the fever his head aches terribly; chill at 9 A.M.; skin sallow; blisters on upper lip; great prostration. Gave *Nat. mur.* Had one slight chill the next day, but none after. (G. O. Spencer, Ohio M. and Surg. Rep., v. 5, p. 214.)

Febris intermittens quotidiana, with Occipital Headache. Pain from occiput over the head to the front and eyes with transitory blindness; he gets stiff; loses consciousness and gets blind; spleen enlarged and painful; belching; nausea; constipation. *Petrol.*⁹⁴ in repeated doses. In a short time perfect cure, notwithstanding previous allopathic treatment for four months. (Stens, Sr., A. H. Z., 83, 135.)

Mrs. S. E., æt. 65. Chill, followed by fever and sweat, nearly every day, coming on toward evening; no thirst in any of the stages; aversion to fat or rich food, and but very little appetite for anything; what little she did eat distressed her; severe pain in left chest, with troublesome cough, worse on lying down. *Puls.* 51^m (F.). Cured, with but one more chill next afternoon. (S. H. Colburn, A. J. H. M. M., 4, 86.)

Boy, æt. 8. For three days chills, beginning in belly, then going round to back and all over body six times a day; for one day cold feeling on right side of head, which quickly rises to vertex, making hair on vertex feel as if it stood on end, and then goes off. Twelve times to-day *Sulph.*^{cm} (F.) one dose. Next day well. (E. W. B., A. J. H. M. M., 4, 82.)

Continued Fever. A. B., sick six weeks; had from another physician *Ipec.*, *Chin.*, *Phos.*, *Bry.*, low, in rotation. No sweat since beginning of disease; skin hot and dry, with scaling into the bed; pulse intermittent every third or fourth beat; would not speak a word, from debility, but nodded or shook head in answer; ash-colored, emaciated, cadaveric face; tried to find a cool place in bed constantly; urine yellow as from jaundice, color of sulphur; violent spells of loose cough, but no expectoration. *Sulph.*²⁰⁰ in water, seven doses, every two hours one. Sweat profusely all night with entire relief, sweating being persistent; was relieved by *Chin.*²⁰⁰. (D. R. Gardiner, A. J. H. M. M., 4, 104.)

Yellow Fever. "It is stated, as a curious fact, that of 26,000 victims of the yellow fever in Buenos Ayres, during the past season, nine-tenths of the number were men. The disease increases in virulence with changes in the weather, from the exposure of river-mud, by a sudden fall in the river, with the stirring of the beds of filth, &c., all showing its dependence upon other causes than personal contagion. Of the three hundred and sixty grave-diggers constantly employed, not one died." (B. W. James, H. M., Oct., 1871, p. 138.)

Relapsing Fever. In the spring of 1859, Dr. H. D. Paine observed several cases of relapsing fever in Albany, confined to a single neighborhood. The subjects were the parents and two children in one tenement, and two women in an adjoining one, all living in the poorest circumstances. The disease was characterized by a chill, with nausea, and severe pains in head and back, followed by intense heat, with continuance of pain in head, back, and legs. All symptoms subsided suddenly in a week. After a

full interval of another week, the same condition returned. The first woman died in the second relapse. The disease is known abroad as "hungerpest," "seven-day fever," "relapsing fever." Other cases, occurring previously, have been described by Prof. Clymer, of Philadelphia, and by Prof. Flint, of New York. According to Da Costa it was unknown in the United States up to 1864. Its causes are impoverished state of the body, famine, &c. The remedies used were *Chamonilla*, *Arnica*, and *Eupatorium*, of which especially *Cham.* seemed to modify the attacks. (H. D. Paine, Tr. Am. Inst., 1870, sec. 3, p. 385.)

Typhus is a blood disease caused by the typhus miasm. Characteristic is the heat of the abdomen; the ileo-cæcal noise, a kind of gurgling caused by pressure upon the cæcal region; the rumbling in the colon is of higher timbre and usually a forerunner of an evacuation. The spleen is usually enlarged from three to six times its size. Typhus is frequently associated with, 1. Catarrh of the bronchial tubes and simultaneous swelling of the laryngeal and tracheal mucous membrane with hoarseness and cough. 2. Hypostasis of the posterior lower lobes of the lungs, recognizable by a dull percussion-sound and fine rattle noises. 3. Hepatization, often recognizable by the congestion towards the head with deep red face. Dull percussion-sound; bronchial breathing, bronchophony. Pneumotyphus. 4. Roscola typhosa, single, bright red spots, which disappear under the pressure of the finger. Appear first on abdomen, back, and nipples, in the first two weeks of the disease. 5. Sudamina, mostly around the navel. Both eruptions are without importance. 6. Petechiæ in general typhus has the following stages: 1st stage, irritation or congestion; hyperæmia of the intestinal canal, diarrhœa; alienation of the sensory and the intellectual sphere. After three to four days roscola typhosa. 2d stage, deposition of typhous products in the intestinal tract after the seventh day, with some remission of the general symptoms; glandes meseraica, Peyer's, the solitary glands and spleen commence swelling. About the thirteenth or fourteenth day the 3d stage sets in: softening and purulent infiltration of the typhous deposits with formation of ulcers; aggravation of general symptoms. 4th stage, ulceration of undefined duration, often ending *fatally* in consequence either of *degeneration of mesenteric glands*, or *enteritis* from imprudent diet, or *absorption of pus* into the blood, or *perforation* of intestines. Light cases pass on without ulceration. This may be prognosticated, 1, if critical perspiration sets in on the

seventh or fourteenth day with relief afterwards; and 2, if nourishment, even solid food, does not aggravate the symptoms. Ulceration may be prognosticated, 1, if the disease runs on in its main features into the third week and if there be bloody diarrhœa; 2, if after imperfect critical perspiration the rumbling in the ileo-cæcal region still continues and the abdomen remains distended and hot; 3, if the pulse rises and the heat of the abdomen increases after stimulating or solid food; 4, if the discharges from the bowels are either too frequent or too seldom.

Treatment: Stimulants are hurtful. Isolation of the patient, good ventilation are necessary. Cold water and fluid nourishment, like rice-water and barley-water, are best suited. During the fever and tympanitic distension of the abdomen *oatmeal* is the best diet; it must be boiled for three hours and must be taken without sugar. Broth and wine and other stimulants only increase heat and fever. Not before the pulse has become slow and the abdomen cool is it advisable to commence gradually with broth, Liebig's extract, milk, and later beer in small quantities, and lastly more solid food. (Monatsbl., Mai, 1871, 48, from *Über die Behandlung des Typhus, vom Generalstabsarzt Dr. Stromeyer, Hannover, 1870, 2. Aufl.*)

Baptisia in Typhoid Fever. With persons of lymphatic temperament, afternoon and evening exacerbations with flushed face, pain in head, back, or abdomen; thirst, restlessness, fetid breath, loose stool, or constipation.

In one case there were loss of sensibility and numbness all over the body; frequent painful micturition with constant desire; constant ineffectual desire for stool; fetid breath, bad taste in mouth; no thirst, rapid exhaustion, with a feeling as if sinking away. (T. J. Merryman, *Med. Inv.*, v. 8, p. 200.)

Baptisia tinctoria in low fevers, where the tongue is coated thickly with a yellowish-brown coating, and where there is a sickening putrid odor of the breath. (A. E. Small, U. S. M. and S. J., April, 1871.)

In cases presenting general languor, prostration, some pains generally in the back, some slight fever with occasional remissions, with a heavy feeling of the head, *Baptisia* is indicated. (Coe, *Med. Inv.*, v. 8, p. 388.)

Gelsemium in low fevers when the pulse was slow, and particularly when by lifting or turning the patient the pulse would become accelerated. (A. E. Small, U. S. M. and S. J., April, 1871.)

Pneumotyphus. Student, since four weeks under allopathic treatment. Emaciation; rattling in lungs. *Tart. em.* $\text{ʒ}3$, no effect.

Suddenly at night patient grew icy-cold, with cold perspiration; oppression; quick pulse; loss of consciousness. *Carbo veg.* ʒ , every three hours for three weeks. Got entirely well. (Heyne, A. H. Z., 83, 146.)

Post-Typhoid Spasms. Limbs were drawn up to the body with a sudden jerk, then thrust out; tossing of the whole body from back to right side and back; face, hands, limbs cold; pulse small; after each toss of the body the head rolls uncontrolled to one side; lips and cheeks flabby; eyes expressionless; conscious and felt his strength going. \mathcal{R} . *Nux v.* ʒd , drop doses, every half hour. Quiet in ten minutes; he slept in an hour and a half. Cured. (R. C. Smedley, H. M., Sept., 1871, p. 59.)

EXANTHEMATA.

Drosera in cough which marks the sequelæ of measles, especially when it occurs in paroxysms, and is worse in the afternoon and evening; even when the cough was attended with bloody and purulent expectoration. (A. E. Small, U. S. M. and S. J., April, 1871.)

A soldier had measles in camp; now has bronchitis from exposure; delirious, got out of bed and put clothes on to go home; violent talking; only during night a good deal of expectoration and debility. *Cupr. ac.*³, cured. (J. C. Morgan, A. J. H. M. M., 4, 98.)

Differential Diagnosis between Rubeola and Measles (Morbilli).

RUBEOLA.

Scarcely any precursory stage is noticeable in most cases, the eruption ushers in the disease.

Eruption on the first day and generally spreads rapidly all over.

Eruption closely resembles measles. In some cases more general efflorescence; fades rapidly; all gone by the second or third day; little or no desquamation.

Catarrhal symptoms rarely present and quickly disappear.

Bronchial symptoms especially absent.

No sequelæ.

MEASLES (MORBILLI).

Preliminary symptoms. Fever and catarrhal symptoms.

Eruption on the fourth day; spreads from the face all over in about 48 hours.

Eruption crescentic with intervening healthy skin, last about five days, followed by desquamation.

Catarrhal symptoms characteristic.

Bronchial symptoms always present as a rule.

Generally sequelæ.

An attack of measles does not protect from an attack of rubeola, nor *vice versa*.

RUBEOLA.

No precursory symptoms.

Eruption on the first day on the face and spreads rapidly over the body.

Eruption rarely confluent, distinct, crescentic, papular; gone by the second day, followed by no desquamation.

Rarely sore throat or bronchitis, some coryza.

Tongue white with red edges.

No sequelæ.

SCARLET FEVER.

Precursory symptoms severe.

Eruption on the second day, first on neck and chest.

Eruption efflorescent, uniform; desquamation after the seventh day.

Sore throat, rarely coryza or bronchitis.

Red "raspberry tongue."

Sequelæ.

An attack of scarlet fever does not insure against an attack of rubeola, nor *vice versa*.

(T. C. Duncan, U. S. M. and S. J., Oct., 1871.)

Scarlet Fever. *Ailanthus*. (M. H. R., May, 1871, A. H. Z., 82, 207.)

Scarlatina Maligna. Child. Delirious, screaming, frightened, to hurry from house as if it is on fire; rash fully developed over the whole skin, but of a dusky color; tongue dry, fissured, with brown sordes; teeth covered with brown slime; edges of the lips fissured; eyes sensitive to light; urine unconsciously in bed; semi-stupor, but recognizes the speaker when spoken to, trying to answer correctly, and then falling back in the same semi-comatose state. Great thirst for cold water. Late in the evening raging, with brilliant eyes; bloatedness around the eyelids. *Bell.*, *Apis*, of no avail. *Ailanthus*³, a teaspoonful every two hours, soon quieted her down, and gradually removed all dangerous symptoms. (S. Lilienthal, Tr. H. M. S., N. Y., 1870, 490.)

Miss B., æt. 13. Had been treated domestically for several days. Found the child delirious and insensible; pupils widely dilated; pulse small and quick; face and forehead of a dark mahogany color; rest of body free from eruption, except petechiæ on the back. Yesterday the body was of a bright scarlet hue. *Ailanthus*¹ brought out the rash and improvement set in. *Ars.* was used during desquamation.

Sister of above, was taken with apparently a mild attack of scarlet fever, but the throat soon became deeply ulcerated, and a foul, acrid, corroding secretion excoriated the lips and corners of the mouth. Submaxillary glands became swollen; the pulse was thready, and the child entreated those around her to let her die in peace. *Arum trif.*¹, relieved. *Ars.*³ during desquamation.

Ailanthus in a low dilution is indicated when the poison acts on the nervous system, and *Arum trif.* also in a low dilution when the chief manifestation of the malignancy of the disease is seen in the throat. (J. Lawrence Newton, Mon. Hom. Review, v. 15, p. 207.)

Scarlatina. Two cases are related in which *Ailanthus* was used. Adult female. Extensive ash-colored ulceration of both tonsils, velum palati, and both sides of the uvula, surrounded by a livid base, with a viscid secretion clogging up the fauces; typhoid symptoms with cerebral disorder; pulse 130. *Ailanthus* every two hours, and an application of carbolic acid and glycerin to the tonsils produced immediate improvement. Ars. was afterwards used for urticaria and Rhus for diarrhœa.

Adult male. Delirium; great prostration; viscid secretion from the pharynx, difficult to detach; uvula lengthened, having the appearance of a large semi-collapsed vesicle; effusion of coagulable lymph over the tonsils and velum palati without ulceration; pulse 126. *Ailanthus* (and *Apis* for the uvula) cured. (O'Neill, Mon. Hom. Review, v. 15, p. 307.)

Malignant Scarlatina. By A. Lippe. High fever with delirium; excessive restlessness; nose obstructed and dry; much mucus in the posterior nares; lips peeling off in large patches, corners of the mouth cracked; violent cough, apparently caused by some mucus which accumulated above the larynx; the violent paroxysms of cough compelled him to sit up and to hold his abdomen with his hands; mouth and throat felt very sore, so that he refused to drink; tongue very red; papillæ, especially on the edges, very elevated; diphtheritic deposits in the throat; pulse 160; eruption livid; profuse pale urine. *Arum trif.* 20^m, dry on tongue. Being no better next day, he received *Arum* 40^m, ten pellets in four ounces of water, a teaspoonful every two hours. A perfect cure.

His brother showed on the fifth day the following symptoms: Fever worse every afternoon at 4 p. m.; nose obstructed; corners of mouth cracked and bleeding; the tongue slightly coated at the root, the tip and edges red; diphtheritic deposition on the much-swollen tonsils; breathing rapid and rattling, as if all the bronchial tubes were filled with mucus; pulse hard, small, 140; urinary secretion diminished. Cured by *Lycopod.* 10^m, and *Arum trif.* 40^m. (N. A. J. of H., 19, 468.)

Saliva abundant and tenacious in scarlatina. *Lach. c^m* (F.), every four hours six doses. (A. J. H. M. M., 4, 126.)

In most cases of Miliary Scarlatina, with high fever, *Rhus tox.* is indicated. If the exanthema fails to appear on the skin, with severe heat, burning thirst, anguish, and palpitations, *Arsen.* is the remedy. It would be a waste of time to give *Aconite*. (C. H. Ztg., 29, 115; A. J. H. M. M., 4, 155.)

When cerebral symptoms are manifested by the patient suffering from any exanthema, in whole or in part suppressed, *Zinc. met.* and *Cupr. acet.*, are uppermost in my mind. (Thos. Houghton, Tr. H. M. S., N. Y., 1870, 492.)

M., æt. 4 years. May 23d. Eruption appeared two days ago, now of a dark-brown or purple color; skin flabby; cold; child unconscious, having neither feeling, sight, or hearing; remained quiet, apparently having no power of motion; involuntary urination and defecation, one pupil contracted, the other dilated, acting feebly and slowly to light; face puffed and red. *Opium*³⁰. May 24th. Rather worse than better. *Zinc*³⁰ in water, every hour until better. Improvement commenced in four hours and continued until consciousness fully returned (48 hours). Eruption became brighter, throat very painful, swallowing difficult. Child very cross, fretful, and restless. *Calc. c.*³⁰, cured. (A. Korndoerfer, A. J. H. M. M., 4, 129.)

Dropsy after Scarlatina. A case occurring in a boy ten years old, was speedily cured after two doses of *Apis* 2° had been given; other treatment including *Apis* 3d having failed. (M. Friese, Tr. Penna. Hom. Med. Soc., 1870, p. 94.)

Scarlet Fever with hydrops and albumen in the urine, *Hepar*; hydrops without albumen in urine, *Arsen.* and *Ferr.* alternately; with pericarditis, *Arsen.*, *Phos.*, *Veratr.*; with nosebleed, *Hepar*; with convulsions, bloated face, and albumen in urine, *Hepar*. (Reis, A. H. Z., 83, 51.)

Vaccination. *Pro* and *con.* (Goullon, Jr., and V. Meyer, A. H. Z., 82, 169.)

Vaccination and Revaccination. Dr. Danet, in Paris, comes, after many experiments, to the following conclusions: 1. Variola and vaccine disease differ as much as typhus and typhous fever. 2. Vaccination has no bad effects, causing neither susceptibility nor a predisposition for other diseases. 3. The vaccine matter loses its protecting power in the course of a certain time. 4. The vaccine matter must, therefore, be renewed from time to time. 5. The predisposition for variola is the greater, the younger the individuum. 6. Revaccination is absolutely necessary. 7. Even

those who have had real small-pox ought to be revaccinated from time to time. 8. The vaccine lymph, by its transmission through the human organism, partakes of certain properties which are peculiar to the diathesis of the individual, so that a vaccination from arm to arm is more or less risky. 9. The cow is not susceptible to syphilitic poison. 10. Cow-pox virus is the only safe material to obtain good results. 11. Fever is, in general, a cause of failure. 12. The subcutaneous injection and thorough scarification are in general the best means to success. 13. The cow-pox virus is best obtained by vaccinating heifers. 14. The vaccine lymph must be collected between the fourth and sixth day after vaccination. (Monatsbl., April, 1871, 43, from J. F. Kinderkrankheiten, 1870, 11 and 12.)

Animal Vaccination. (Henry A. Martin, *N. E. M. G.*, vol. 6, p. 27.)

Vaccination. The writer considers one vesicle sufficient, and cites *one* case to prove it. He believes that the lymph taken from the arm of a child in a high state of fever induced by several vesicles on the arm, produces in the next recipient something very different from simple effects. It is the cause of many skin diseases. (E. Carmichael, *Mon. Hom. Review*, v. 15, p. 382.)

Revaccination. Dr. Bayes has seen small-pox occur in persons bearing good cicatrices, and has seen cases of successful revaccination when good cicatrices have been present, and on the other hand, has seen perfect protection when the cicatrices were obliterated. Thinks that revaccination should be practiced during an epidemic. Dr. Haughton thinks the statistics brought forward to prove the value of vaccination imperfect. Objects to compulsory vaccination on the ground that the poor have no power to select the infants from which their children shall be vaccinated. Thinks white-wash will prove more effectual in checking an epidemic of small-pox than vaccination. (*Mon. Hom. Review*, v. 15, p. 191.)

The writer thinks that unsuccessful primary vaccination is the only valid plea for revaccination. He has never seen a perfect vesicle produced where a well-marked cicatrix already existed. What is needed to prevent small-pox epidemics is universal and careful primary vaccination. (S. Yeldham, *Mon. Hom. Review*, v. 15, p. 127.)

Vaccination in infancy and revaccination at puberty are as efficient a protection against small-pox as an attack of the disease

itself is against its repetition. Primary vaccination does not afford absolute immunity from small-pox, as is shown by the fact that four-fifths of the cases admitted to the hospital during this epidemic had the advantage of it. It decreases the mortality, however. Revaccination should be practiced at the age of fifteen, when the body receives an increased development, and during an epidemic. A good cicatrix is of itself no certain index of protection, for among six hundred and ninety-three who had perfect cicatrices, there was only a percentage of 29.3 failures. If a person is not susceptible to the influence of vaccine lymph, he receives no injury; and the fact of its having failed is *pro tanto* evidence that he is not liable to be affected by small-pox. (Editorial, Mon. Hom. Review, v. 15, p. 129.)

Out of 1270 cases of variola in Berlin, in 1863, there were 223 deaths. The mortality of the vaccinated was 10 per cent.; in the unvaccinated, 42 per cent. Sometimes in schools where small-pox appears, thorough vaccination stops its progress. (B. W. James, H. M., Dec., 1871, p. 237.)

Erysipelas following vaccination. *Apis mel.*³ cured. (J. H. Nankivell, H. W., 6, 256.)

Dr. George Moore reports a case of erysipelas following vaccination. *Bell.* was used internally, and tincture of *Verat. vir.* externally. (Mon. Hom. Review, v. 15, p. 310.)

Effects of Vaccination. S. T., aged 18 months. Since vaccinated whole surface of forehead and cheeks red and scurfy. *Sulph.* followed by *Graph.* cured in one month. (H. W., 6, 80.)

Small-pox. Dr. Stens used in a small-pox epidemic *Merc.* 3d, every three or four hours, or only night and morning, as it seemed required. It relieved all and prevented pitting. (A. H. Z., 82, 79.)

Mercury in the treatment of small-pox. (H. L. H. Höffendahl, N. E. M. G., vol. 6, p. 169.)

In those cases of intense inflammation of throat which prevents swallowing and causes suffocation. *Merc. corros.* $\frac{1}{10}$ th gramme to 120 grammes of water, used as a gargle. (Bolle, Pop. h. Ztg., 1870, Nos. 8, 9, 10.)

Dr. Cchenki recommends inhalations of oxygen in the treatment of confluent variola, as they have proved beneficial in extensive burns. (N. A. J. of H., 20, 293.)

I have found *Vaccinium* to be the true similimum in variola and varioloid. If taken in season it will prevent the disease, or at least modify the cases greatly. Have cured with it some of the

worst cases, one especially, having been given up as hopeless by two old school physicians. It was about the tenth or twelfth day of the disease; variola confluent; patient quite blind from the swollen eyelids, cheeks, and forehead; nothing of the nose was visible except two bloody orifices, exuding clotted blood and pus. Similar matter was also constantly discharged from throat and mouth by the severe cough which attended the disease from the first. I used the *Vaccin.* in the 3d centes. trit. (J. Craigin, Med. Inv., vol. 8, p. 538.)

Small-pox prevented by *Variolinum*. Dr. Mossa saw a small-pox patient. The peculiar smell caused intense sickness of the stomach, congestion towards the head, and palpitation of the heart. Two hours after he took a dose of *Variolin*². An hour later, crawling in the back and a feeling of coldness in the lower extremities; cold feet; lame, heavy feeling in left arm; no appetite; sleep disturbed by heat; towards morning some perspiration over the body. Next day continuous, pressing headache, especially in the occiput; pulse somewhat irritated; disinclined to mental work; when reading an easy book, heat in head and forehead; weak when walking; pain in joints of upper and lower extremities, as if lame. Towards evening again feverish; pressing pain in small of back down to sacrum. *Glonoin*³ relieved the headache. In bed drawing in upper jaw and teeth (probably an action of *Variolinum*). Sleep full of dreams; towards morning again perspiration; urine smells ammoniacally. On the fourth day red pimples on the back of the left hand, staying for several days without filling with pus; mental work still causes heat in forehead and pressure in the head. Thus escaped small-pox. Would it have been so without *Variolinum*? (H. Kl., 1871, 98.)

“Wash the patient daily in crude wood vinegar. This benefits and prevents infection.” (B. W. James, H. M., Dec., 1871, p. 233.)

Varioloid. A plaster applied to cure the *backache*, mistaken for rheumatism, at the commencement of the disease, had the effect to cover the spot where the plaster had been when the disease manifested itself “so thickly with the characteristic eruption that I could not insert the end of my little finger between the vesicles, while on the rest of the body but few were to be seen.” (W. H. Bigler, A. J. H. M. M., 5, 98.)

SKIN.

Ichthyosis, involving almost the entire body, especially the arms, thighs, and legs, also on the knees, which latter were covered over with scales, thick and horny, and cracks running in all directions. The function of sebaceous follicles entirely suspended; scales that fell off were soon replaced by new ones; no moisture of the skin. *Arsen.*³ three powders a day and *Sulph.*⁶ twice a day, for about three months, resulting in a complete cure. (L. M. Pratt, Tr. H. M. S., N. Y., 1870, 480.)

Indented Warts. *Thuja*, *Phos. ac.* (H. N. M., A. J. H. M. M., 4, 155.)

J. B., æt. 13, sanguine lymphatic temperament and tubercular diathesis. Both parents had died of bronchial and tubercular diseases. The patient closely resembled his father in appearance. His skin was studded with soft *smooth warts*, especially on neck, hands, and arms. Gave *Ant. crud.*, one dose every night. In less than two months the cure was complete. (G. S. Duff, O. M. and S. Rep., v. 5, p. 147.)

Erythema nodosum. P., æt. 16, badly nourished, overworked sewing-girl, came in great fright on account of a severe attack of erythema nodosum on both legs. Showed itself yesterday in the form of one large painful protuberance over each tibia; to-day there are three on each leg. *Rhus*³ caused the eruption to disappear in four days. *China*³ was afterwards used for the debility and amenorrhœa. (J. Lawrence Newton, Mon. Hom. Review, v. 15, p. 212.)

Eczema on the front of head along the roots of the hair, coming after taking cold, when the patient gets warm coming from the cold into the warm room; after washing the eruption keeps weeping. *Hydrastis* $\frac{1}{10}$ cured. (R. Cooper, M. H. R., July, 1871.)

Scabs (eczema) on right arm. Three children. Cured by *Sulph. C^m* (Fincke). (E. W. B., A. J. H. M. M., 4, 113.)

Eczema rubrum. Lower extremity dark purplish, emitting a musty odor, copious serous discharge, intense burning and itching. Cured by *Rhus tox.* (Ph. Arcularius, N. A. J. of H., 20, 145.)

Pustular Eruption leaves ugly bluish-red marks on the face, also similar eruption on genitals and thighs; so painful can neither sit nor walk. Sleepless from pain and irritation. *Tart. emet.*² (Dudgeon, B. J. H., v. 29, No. 116.)

Child, one year old. *Pustular eruption*, varying in size from a millet-seed to a large pea, filled with thick yellow matter which discharges after two or three days, making parts sore where it touches. Commenced on foot and gradually extended over body. Child thin and pale, very restless, aggravation by warmth of bed at night. *Merc. sol.*²⁰⁰, in water, every six hours for two days, then omit two days. Cured in three weeks. (E. B. N., A. J. H. M. M., 4, 82.)

Retrocession of Urticaria with colic immediately relieved by *Sulph.* 12th. (J. Pettet, Ohio Med. and Surg. Rep., v. 5, p. 287.)

Erysipelas. Lady, 60 years old. Chronic erysipelas involving upper part of face and eyes breaking out periodically for years. Symptoms: Stinging, pricking pains, puffiness below the eyes; skin turning a dark blue (almost black) during the attack. *Apis mell.*²⁰⁰, in water, cured the case. (C. Carleton Smith, A. J. H. M. M., 4, 130.)

Pemphigus. Infant, aged 3 months. Continual thirst, very frequent, weak, and intermitting pulse; trembling, with anxious features. *Arsen.*⁴ brought on improvement during six days, and blisters decreased. Here and there ulcers formed on the parts covered with blisters, discharging a yellowish fluid. A few doses of *Ranunc. scel.*³ healed them up. (Elwert, A. J. H. M. M., 4, 147.)

Abscess with redness, heat, and intolerable pain. *Stramonium.* (H. N. G., A. J. H. M. M., 4, 144.)

Boils and Carbuncles. Sept. 20th. Mrs. S., æt. 52, of large size, had over seventy-five common boils and three carbuncles since May 1st. The boils varied in size, were smarting, burning, and pricking; situated mostly on abdomen. The carbuncles were over right breast, with purplish top, and had a venomous, angry, smarting burning. Prescribed *Crotalus* 7th, ten drops in a cup of water, as a wash to the part, and a solution of three drops in half a glass of water, a teaspoonful three times a day. Sept. 24th. There was much improvement; the carbuncle gradually healed, yet Bell., Hep., and Sil. were required; and yet, up to Jan. 22d, she had forty new boils and a carbuncle characterized by *prickling, stinging as if from splinters running through them*, indicating *Nitri ac.* This was given in 30th dilution, four drops in half a tumbler of water, a teaspoonful every eight hours. Feb. 1st. Boils and carbuncle subsided and healed. (Wm. Gallupe, Tr. Am. Inst., 1870, sec. 3, p. 448.)

Several cases of beneficial use of *Anthracin* in *carbuncle*, also in *felon*. (C. G. Raue, A. J. H. M. M., 4, 142.)

Carbuncle. *Anthracin*⁵⁰⁰ with external use of *Hydrastis* tincture. (W. H. Holcomb, A. J. H. M. M., 4, 142.)

Whitlow. For five days on last phalanx of *left* thumb, increasing all the time. Suppuration on palmar surface, not reaching to tip. Throbbing pain, sometimes with burning in the affected part. Throbbing worse from warmth, warm water, letting hand hang down, and in evening after sunset; better in bed. *Nux* 94^m (Fincke), one dose, caused the whitlow to dry up in a few days. (E. W. Berridge, A. J. H. M. M., 4, 110.)

Felon. A lady, aged 50, with incipient felon on right forefinger. Symptoms: A good deal of tumefaction, pains seemed to her like those which follow *Ubee* sting, *stinging*, *pricking*, and throbbing occasionally extending up the arm. *Apis mell.*²⁰⁰, in water, every three hours two teaspoonfuls, cured the case. (C. Carleton Smith, A. J. H. M. M., 4, 130.)

Dr. Ph. Arcularius cured two cases of **psoriasis guttata** (raised, circular, reddish spots, and covered with scales, especially upon the prominences of knee as well as elbow; anæmia, with evident debility) with *Arsenicum*⁸⁰, and one case of *psoriasis lepræformis* (itching eruption, irregular round patches with depressed centre and scaly circumference) with *Sulphur*³⁰ followed by *Arsenicum*³⁰. No external application. (N. A. J. of H., 19, 414.)

Lepra. *Caut.* 30th and *Arsen. iodatum* 30th restored sensation to left side and limbs, removing the more recent pink patches on chest, relieving pains in lower limbs; case treated two months. Cure *not* permanent. (C. F. Nichols, H. M., Oct., 1871, p. 113.)

Myristica sebifera. Useful in **elephantiasis** (of forearm). (S. Lilienthal, H. M., October, 1871, p. 116.)

Pruritus cutaneus universalis. Came on after the use of a plaster of rosin laid upon the pit of the stomach. It spread gradually over the body, appeared on various places, and consisted of a terrible itching and burning; worse at night when in bed. *Sulph.*, *Arsen.*, *Puls.*, were of no avail. *Merc. sol.*³, night and morning, relieved entirely. (H. Kl., 1871, 100.)

Itching of Feet on dorsal surface, especially nights. *Ledum*, two doses of a few globules moistened by the tincture. (Drysdale, B. J. of H., January, 1871.)

Itch. *Styrax*, external application, twenty-three were cured by one, eighteen by two, and twenty-four by three applications.

(Ulmer, Monatsbl., September, 1871, 25, from Vienna Med. Wochenschr., 27, 1871.)

Itch. Hartlaub's method. Half an ounce of *Sulphur* to a quarter pound of fresh butter; stir over fire for half hour. This salve to be rubbed every evening into the parts affected; next morning washing with wheat-bran. Internally, Sulph., 2d or 3d trituration, for two successive nights, then omitting one night, and then again Sulph. for two nights, &c. Cures in two to three weeks. (A. H. Z., 82, 41.)

Iodide of Arsenic. J. H. McClelland has used this remedy in filthy ulcers with marked success, particularly in high potencies. (Trans. Penna. Hom. Med. Soc., 1871, p. 135.)

Ulcer. An old lady, aged 76, had an ulcer on chin, right side perforating to the gums, so that fluids taken in the mouth ran out through opening; had not grown much in circumference for two years. All usual remedies failing, *Cundurango*, 3d dec., was prescribed, and took away the pain, and stopped the bleeding in a short time. (E. A. Farrington, A. J. H. M. M., 4, 127.)

Chronic Ulceration. In a case of chronic ulcer of long standing, continued application of the tincture of *Phytolacca dec.* produced a cure after all other treatment had failed. Boils broke out freely in the neighborhood of the ulcer, and after they had disappeared there was no further trouble with the case. (Jas. B. Wood, Trans. Penna. Hom. Med. Soc., 1871, p. 132.)

Chilblains. Dr. Markwick recommends *Ranunculus bulb.* in chilblains (externally), and the 1st decimal dilution for shingles with intercostal neuralgia. (Month. Hom. Review, v. 15, p. 64.)

Burns treated successfully by *earth-dressing*. (A. Hewson, Med. Times, June, 1871; Am. Obs., 1871, 314.)

SURGERY.

Fractures of the Skull. Dr. J. H. McClelland gives the details of three cases of compound fracture of the skull, in the Transactions of the Penna. Hom. Med. Society, 1871, p. 189. The cases were operated on by Dr. McClelland, and all terminated in recovery. In regard to retaining fragments of bone, he says: "So far as I may judge, if a fragment of bone has any considerable portion of its surface covered with periosteum which retains its connection with the body of the skull, it is safe to retain it; and I firmly believe that we receive not a little assistance from the use of the proper homœopathic remedy in these cases (Calc. phos. for instance)."

Tumor of Ramus of Inferior Maxillary. C. A., æt. 8, suffering from fibroid tumor of the ramus of the inferior maxillary causing the right cheek to bulge out the size of an orange. By probing sinus the probe passed as far as sigmoid notch; bone was rough and general appearance within the mouth resembles epulis. The ramus was removed by Prof. H. F. Biggar by dissection within the mouth without injury to vessels or nerves. A new ramus rapidly developed and cure was complete. (O. M. and S. Rep., v. 5, p. 151.)

Deformity of the Cheek. Dr. L. H. Willard describes an operation performed by himself successfully, for the removal of deformity of the cheek, the result of an abscess in the superior maxillary fossa. (Transac. Penna. Hom. Med. Soc., 1871, p. 199.)

Operation for the Relief of Deformities resulting from Cancrum Oris. Joseph Johnson, 10 years old, a stout and healthy little fellow, while suffering from remittent fever three years ago, was salivated by the attending physician, which resulted in cancrum oris. After many months the child recovered, both cheeks having been attacked by the disease, and portions of the superior and in-

ferior maxillary bones on both sides having necrosed and exfoliated. After the parts had been healed nearly two years, the patient was brought to me for operation.

I found on the left side a depression in the superior maxillary bone an inch long and three-quarters of an inch deep. Into this depression, caused by necrosis, the cicatrix in the cheek dipped down, firmly adherent. On the right side was a similar depression, but deeper and twice as long, the necrosis having affected both the superior and inferior maxillary bones, and into this chasm the cheek dipped, or rather the cicatrix dipped, for there had been a large portion of the substance of the cheek lost by ulceration, and instead of the ordinary integument, there was the tissue formed by secondary adhesion. From the bottom of this deep sulcus came the secretion of the salivary gland, a salivary fistula opening at that point. The disease had involved the bones, gums, cheeks, and tongue. All the tissues were welded together in one fibrous mass, with just enough motion of the jaws preserved to permit the patient to open his mouth a quarter of an inch, and, the tongue being adherent to the gums on one side, he could make inarticulate sounds only, which were understood by the parents, but were unintelligible to me.

I first removed the front teeth, and through the enlarged opening was enabled to insert my finger and examine the interior of the mouth. On finding the condition of things detailed above, I explained the difficulties of the case to the parents, and expressed the gravest doubts whether any operation could relieve in the slightest any of the horrible deformities presented. Having finally consented to undertake the case, the patient was placed under chloroform, and I began the operation with an oval incision on the right cheek, taking in the whole length and breadth of the cicatrix, and cutting down to the bone. I now dissected out the scar, with all the fibrous tissue beneath it, cutting deeply and rapidly. Through the opening thus made directly into the cavity of the mouth I was able to see the condition of the interior, and the sight was far from encouraging. On both sides, from the angles of the jaws to the corners of the mouth, the interior was lined with a dense mass of fibrous bands, as tough as leather, binding together the jaws, gums, cheeks, and involving the tongue on the right side. Seizing the tongue with a pair of hooked forceps, a few touches with the knife set it free from its fibrous adhesion. Operating all the while through the hole formed by the

removal of the scar on the right side, I passed my knife over the tongue to the left side of the mouth, and divided as well as I could the fibrous tissue forming the internal surface of the left cheek.

The scar on the left side was now dissected away in the same manner as that on the right side; owing to its position, however, it was impossible to use the opening thus formed as a basis for operations on the opposite side; I therefore used a tenotome, and, passing it under the integument of the right side, divided the adhesions subcutaneously. I now attempted to force the mouth open, but failing, after repeated trials, I used the tenotome freely on both sides, and another attempt to force the mouth open succeeded, the remaining fibres giving way with an audible snap.

The remaining steps of the operation consisted in detaching the integument of the cheeks from the fibrous tissue beneath, so as to allow an easy approximation of the edges, inserting a thin plate of gutta serena on each side, gliding the healthy skin over it, and uniting the cut surfaces with silver sutures, the whole being supported by adhesive straps.

The plastic operation on the face healed by first intention, the silver sutures and gutta serena plates being removed on the fourth day. There seemed to be a wonderful improvement in the appearance of the face; the fistula was healed, and the patient could talk plainly. Passive motion was now commenced, for the child had no power of opening his mouth beyond the original quarter of an inch, unless he used his hands to open the mouth with. The parents having been instructed in the method of applying passive motion, took the child home with them on the eighth day after the operation.

Five months afterward, at my request, the child was brought to me for examination, and I found the deformity nearly as bad as ever, so far as the appearance of the face was concerned, the cheeks dipping down into the old cavities, but not so deeply as before. The fistula was cured, the tongue perfectly free, and the mouth could be opened at will seven-eighths of an inch.

The total results of the operation were much better than I had expected to find, for the pathological condition of the parts affected was very like that following a burn, and any operation for relief would be subject to the same disadvantages. (John C. Minor, *Tr. H. M. S., N. Y., 1870, 589.*)

Formation of a Nose. Kate Shea, æt. 26, admitted to the Philadelphia Homœopathic Hospital, July 1st, 1871. When seven years

of age she received a severe mechanical injury on the nose, fracturing the nasal bones and otherwise badly mutilating the soft parts; sloughing took place, and continued until not a vestige of the nasal bones, angular or nasal processes remains. The cartilaginous portions have disappeared, excepting the lower lateral, which have partly rotated on their attachments, and now occupy the inferior portion of the cavity, formerly the site of the nose. The soft palate is perforated, and sloughing of the arches and tonsils has taken place, and the sense of smell is absent. The discharge at present is thick, yellow, and offensive; having the peculiar odor of old catarrh. Her appearance and symptoms, and the rapid progress the disease has made of late, point to syphilis. She denies having had that disease, but says she has been salivated.

She was kept on Kali hydriod. 2^o, in water, until June 21st, when the discharge being greatly lessened, and the woman's general condition much improved, an operation for a new nose, and to remedy in a measure the deformity, was performed, as follows: Making full allowance for the shrinkage of the frontal flap, and its relation to the cicatrix to be excised, keeping the proportion as 3 is to 2, the portion to be excised was marked carefully out on the forehead. The pedicle was so arranged that it curved very much towards the inner canthus of the left eye, and having in its centre the left frontal artery, for the double purpose of preventing undue prominence of the pedicle when twisting took place, and to insure the circulation. The nasal opening was plugged with pieces of fine sponge wrung out of water, to prevent choking from blood during the operation. The patient was then placed upon the table, etherized, the head depressed and controlled, and the cicatrix freely excised. The remains of the alæ of the nose were set free and held downwards, and the flap from the forehead dissected away. The edges were bevelled from without inwards, looking towards the median line, and the parts taken away down to the periosteum, the incision around the flap at once passing down to that membrane.

Hæmorrhage was free, but was readily controlled by torsion and cold water. The sponges were then removed, a knife passed around and under the facial wound, so as to free the bevelled edges and allow of their being raised to introduce sutures, and the better to adjust the flap, thereby securing even union. The flap being abundant was then turned round into position, carefully adjusted, and seen to lie perfectly loose. A fine Glover's needle, armed with a thin strand of floss silk, secured the tip of the flap

on the median line; successive sutures, passing very superficially, were used on either side, and the parts thoroughly coaptated; cross ligatures of stout silk were passed through the edges of the frontal gap, the parts loosened beneath, and the silk drawn tightly so as to lessen the space as much as possible.

The patient was then placed on her back in bed, and thick flannel cloths, wrung well out of lukewarm water, were applied every few hours, with a view of favoring the circulation, assisting union, and protecting the parts against changes of temperature. As the failures in this operation have resulted mostly from swelling or congestion of the flap, and subsequent sloughing, it is seen by a homœopathist that this is likely to be prevented by applying his law of cure. The woman was given *Rhus tox.* 2° to counteract the tendency to erysipelas in this operation. On the third day the upper sutures were removed, and on the fifth day the remainder. On the seventh day union was perfect throughout, the wound on the forehead had contracted and was granulating. Discharged, cured, in a fortnight. Sept. 19, 1871, the scar on forehead is straight, the nose being full, natural, and healthy. (M. Macfarlan, H. M., Oct., 1871, p. 130.)

New Plan for Opening the Eustachian Tube. Place the tube within either of the nostrils; the patient then swallows slowly a small quantity of water previously taken into the mouth, the surgeon at each deglutition compresses the air-bag held in his right hand. Currents of air are thus sent into the naso-pharyngeal cavities, driving warm air into the tympanum through the Eustachian tubes, thus overcoming obstructions. (B. W. James, H. M., October, 1871, p. 138.)

The Caution Needed in the Use of the Nasal Douche. It makes one shudder to look over the list of substances recommended to be poured through the nasal cavities and sinuses. The simplest fluid, water for instance, cannot be used with safety unless used with care. To any one acquainted with the anatomy of the nasal passages it is very plain that any solution, traversing the cavities of the nose by passing in at one nostril and out at the other, must necessarily pass over the mouths of the Eustachian tubes. In consequence of this, when the douche has been improperly used, the middle ears have often been subjected to the entrance of what was designed only for the nose. A stream of water under a low pressure can be carried around the circuit of the nose without specially endangering the ears. But it is known to every student of

natural philosophy that the pressure of the current is rapidly increased as you elevate the fountain head. In the use of the douche, therefore, it makes a material difference whether you lift the containing vessel one, two, or three feet. The higher you place that, the greater danger is there of the stream forcing its way up into the middle ear. Our first caution, then, is to elevate the fountain the least we can, and get a flow through the nose. See that the nostril used for the exit stream be constantly kept open; it should be examined and cleared if at all obstructed, and at no time while the pressure is on should it be shut up, otherwise the water or fluid will penetrate the tympanum. (T. P. Wilson, O. M. and Surg. Rep., v. 5, p. 132.)

New Cure for Distichiasis. A fine curved needle is armed with a double thread of fine silk, the free ends being carried through but a short distance, leaving the loop to be used. The needle is inserted in the tarsal margin of the lid close to the distorted cilia, and carried up, including just enough tissue to prevent the thread tearing out. Having drawn the thread through to within two lines of the end, the loop is opened, and with a pair of iris forceps the hair is passed through it. The lash now lies in a horizontal direction, and is retained there until the thread is tightened either by the operator or an assistant. Traction is continued on the thread until it is drawn through, carrying the hair with it. The lesion in the lid is slight, starts but little blood, and produces only a transient burning sensation. If many hairs are displaced it is desirable to have more than one sitting.

“Dr. S. has never transplanted more than ten, nor less than six ciliae at one time. With very fine, small hairs, we are apt to fail; but large, strong ones give an exceedingly favorable result. In some cases the needle can be entered between two hairs, which should be passed through the loop to the right and left respectively, and then both drawn into the one canal made by the needle. The incision soon closes, and retains the lash. For a few hours after the operation the eye must not be wiped roughly. Simply touching it with a soft cloth serves to remove the tears, and is not likely to displace the lashes.” (B. W. James, H. M., December, 1871, p. 231.)

Entropion—Cartilage Operation for It. A British surgeon, Dr. McCraith, thinks the form of the cartilage is the cause of the disease, and he bases a new operation upon a removal of a horizontal narrow strip of cartilage, less than the twelfth of an inch wide,

from near the border of the eyelid, and parallel therewith, including the whole length of the lid, without, however, severing the duct at the inner canthus. The lid is everted, and the operation performed from the inner surface. (B. W. James, II. M., June, 1871, p. 564.)

On Stilling's Operation for Occlusion and Strictures of the Lachrymal Canal. The method of endeavoring to produce absorption by means of Bowman's probes, proves to be very unsatisfactory. The principle of Stilling's operation is to divide with a knife the strictures in various places, so that the shreds left may contract to the sides of the canal, leaving a larger central opening. *No probes should be used after the operation*, and though after-treatment is said to be unnecessary, Dr. A. found it to be necessary in a majority of cases; indeed not more than five per cent. of the operations are purely a success. The operation is advisable only in complete occlusion of the duct. A. has abandoned probes altogether, and prefers internal medication. (T. F. Allen, Tr. Am. Inst., 1870, sec. 5, p. 350.)

Operation for Cataract. Between Jan., 1869 and Oct., 1871, have operated twenty-seven times for hard cataract by the Von Graefe method (peripheric linear operation). In this new operation the percentage of failure is growing less and less. Failures are due to iritis, corneitis, panophthalmitis; from detached cortical substance, loss of vitreous, and bad results following secondary operations for persistent capsule.

Sloughing of the cornea is not near so frequent an occurrence as iritis, but often follows it, being due to improper counter-puncture and bad corneo-scleral section; the counter-puncture being made too far back, causing injury to the ciliary apparatus and iris.

Another cause is the uneven way in which the charpie, or what is better, carded cotton, is placed in the cavity in front of the eyeball; the bulk often being placed beneath the horizontal meridian, and when pressure is made the corneal and conjunctival flaps gape and do not unite. A new plan is, to seal the eyelids with transparent skin plaster, and crowd the bulk of the cotton in the cavity at the base of both lids, building it up and securing it by a long strip of adhesive plaster run from behind the ear to the forehead; Liebreich's four-tailed bandage then securing the whole. The skin plaster being quite soluble when the tears and secretion come in contact with it, instead of being retained, as in the case

of the linen, the fluids trickle down the side of the nose, and the dressings do not have to be changed so frequently. Cornecitis, as a sequence of iritis, occurred in two of the cases of failure with me; one in my private practice, a gentlemen over seventy, afflicted with double cataract, who had an undilatable and attached iris; and the other a clinical case, a colored woman, aged sixty-seven, on whom I had previously operated on one eye with excellent results, but who, on the fourth day after the second operation, was seized with rheumatism and ciliary neuralgia. The iris at once became inflamed, and the cornea turned opaque, became fistulous and sloughed, the eye collapsing. In another case of failure, the cause was found in the prolapsed iris being caught in the angle of the incision, and, being unable to free it without further injury to so delicate a structure, union was delayed, and bad, violent iritis, being set up, there was, no doubt, too great traction on the iris. This accident is not so apt to occur if the forceps instead of the hook be used, and the iris seized a line or so from the external angle of the section. Instead of resorting to morphia or chloral in iritis, I have found the most gratifying and happy results from the use of Rhus, Gelseminum, Rhododendron, and Mezereum.

When the ciliary pain is at its height, the patient is exceedingly sensitive to touch all over the body, especially the hands and head; the pains being of an exceedingly fine, acute character, is fretful; the pains dart along the temple, and are increased by touch or pressure. On examining the anterior chamber, you will find it containing an opaque, often purulent fluid, the upper portion of the cornea having a white appearance, as if of lymph, the anterior chamber often prominent, the patient being exceedingly sensitive to light. Either of the medicines mentioned, according to separate indications, will generally give relief. Rhus is the best. In an aggravated case under my care this last month, in which I despaired of vision, the change was prompt and lasting under Rhus. Hot cloths are also an excellent adjuvant.

Another cause of failure was dislocation of the lens and escape of vitreous from insufficient capsule and too fluid a condition of the humor, resulting in panophthalmitis, which might have been avoided by an operator with more experience.

The fifth and last case of failure was due to iritis, escape of vitreous, and hemorrhage, consequent on Agnew's operation for capsular cataract. Three secondary operations on the capsule in other cases resulted in great improvement of vision.

Instead of the speculum, I have been in the habit of using the elevator for the upper lid, held by an assistant, and control the eyeball by my left hand, holding the fixation forceps, which seizes the sclerotic just within the vertical meridian and over part of the insertion of the tendon of the inferior rectus. In making the iridectomy, the fixation forceps is given to an assistant, the iris seized with the instrument in the left hand, and scissors used with the right. After this is done, the lids are closed, and the folds of the iris are spread over the lens by rubbing the lids, to see that the iridectomy has been complete and sufficient.

I use the wire loop and McClure's scoop oftener than the vulcanite or tortoise spoon. Cases do much better when pressure is made rather than the scooping process in extracting the lens, though it is not always possible to avoid the use of an instrument. Out of the twenty-seven cases nineteen were successful, or able to read with the proper glass, and had useful vision. (M. Macfarlan, H. M., Nov., 1871, p. 181.)

Proper Mode of Treating Spinal Curvature. 1st. We should know how to detect Potts's disease of the spine in its incipient condition, for if understood and treated then, all curvature can be prevented. I would find the weak point and apply a support, and then give the remedy indicated—that most likely would be *Calcareo carbonica*.

2d. When we detect curvature, we should have a harness fitted at once; its use will give the greatest possible relief to the patient.

3d. If an abscess, psoas or lumbar, comes on in consequence of the spinal ulceration, it may be opened if needed, and the manner of opening it need not differ from that of opening any ordinary abscess.

4th. For such abscesses it is highly probable that the hypophosphate of lime will prove the most serviceable agent, and if prescribed before opening, it may cause an entire absorption and recovery of the abscess.

Example 1st. Noble H., aged two years, of a serofulous diathesis, fell and hurt his back, and was soon after hurt on the left leg above the knee. When brought to me he could not easily stand or sit. On examination a projection was found involving the first and second lumbar vertebræ. About this time the left leg began to inflame, and an abscess formed and broke upon the middle and front portion of the femur. A suitable harness was made and applied to the back, which application was followed by

immediate relief, so the little fellow could walk about with ease. *Calc. carb.* 200th, was given part of the time, and the 3d part of the time. The harness was worn nearly a year. Result was recovery.

Example 2d. Nettie K., aged three years, suffering from angular curvature of spine in lumbar region, had the usual harness applied, and was put upon *Calc. carb.* 30th, for three months. Abscess formed in lumbar region, which was *freely* opened notwithstanding the objections of some allopathic physicians. *Hypophosphate of Lime* 3d, was prescribed with immediate improvement and perfect recovery, and no increase of curvature. (T. P. Wilson, O. M. and Surg. Rep., vol. 5, p. 137.)

Spina bifida. The patient, a female, three months old, moderately well nourished, fontanelles more open than usual; the tumor (which at birth was as large as the infant's head, having thin walls, and filled with transparent fluid) projecting at a point corresponding to the occipital protuberance, probably given off at the occipito-atloid space. It had been twice tapped, but rapidly filled again, the walls of the cyst becoming much thicker, and its size much smaller.

For its relief the following operation was resorted to: A cord of very elastic rubber was drawn moderately tight around the base of the tumor, and there secured. At the expiration of forty-eight hours the rubber had buried itself in the tissues, and the patient was exhibiting considerable constitutional irritation. I then adjusted an *écraseur* outside of the rubber cord, and closed down the chain until I judged the circulation to be wholly interrupted; after the lapse of twenty-four hours the chain was made to sever the constricted base of the tumor, and it came away.

Antiseptic dressings were applied, and a few doses of Aconite given. A considerable flow of serum from the wound for several days seemed to keep the brain free from compression, and without interruption full recovery followed.

The wound remaining after the tumor came away was about one inch in diameter, and closed by granulation in about eight weeks. (G. D. Beebe, Med. Inv., v. 8, p. 555.)

Report of a Case of Removal of Shoulder and a Portion of Clavicle and Scapula. In this case the whole joint was torn away by railway injury. The patient showed no signs from which a favorable termination could be proposed. Flaps were brought from chest and back, and nourished only by pedicles. The doctor

thinks the recovery altogether due to the use of Arsenicum. (S. R. Beckwith, O. Med. and Surg. Rep., v. 5, p. 261.)

Complete Outward Dislocation of the Radius and Ulna at the elbow. Treated by R. C. Allen. (A. J. H. M. M., 5, 72.)

Amputation of the Hip. Dr. J. H. McClelland gives the details of a case of amputation of the hip, with fatal result, in the Pittsburg Homœopathic Hospital. (Trans. Penna. Hom. Med. Soc., 1871, p. 197.)

Amputation of the Thigh for Encephaloid. *Hemorrhage controlled by Acupressure—One Silver Pin still remaining in the Stump—Recovery.*—Ten months before amputation the tumor had been extirpated; it soon returned, growing rapidly. After amputation, hot water was freely applied to the wound; it is highly serviceable in controlling hemorrhage, and in favoring union by first intention. Acupressure, as described by Dr. G. D. Beebe in his report to the American Institute of Homœopathy, 1868, was employed. Intense pain occurring when the patient awoke from chloroform was readily relieved by *Arnica*³⁰⁰, in water, internally. One of the pins with its wire loop was left in the stump by the breaking of the wire for withdrawing it; no injury resulted. Neuralgia of the stump, characterized by *crushing pains, regularly worse at night, from dark till 2 A.M.*, was permanently cured by *Assafoetida*²⁰⁰. (J. B. Bell, Tr. Am. Inst., 1870, sec. 5, p. 557.)

Secondary Amputation of the Thigh. A man, aged 19, was admitted to the Pittsburg Homœopathic Hospital with comminuted fracture involving the knee-joint. Excision was resorted to at the request of the patient and friends. The case seemed to progress favorably for awhile, when inflammation set in, abscesses formed, and immense quantities of pus were discharged. The patient became anæmic, and hectic fever was establishing itself, when amputation was decided upon. The limb was amputated at the middle third of the thigh, by the usual flap operation. But a small amount of blood was lost, the femoral and profunda only requiring ligation. The flaps were washed with a solution of permanganate of potassa, rendered necessary from the fact that the pus had burrowed through the muscles, leaving them more or less pyogenic. The bone was not sawed off fully as high up as its surface was denuded—or rather one side of it was bare for nearly an inch above the point of section—because the stump was already short, and I concluded to trust nature's kindly offices to cover this portion of naked bone. Bringing the flaps into coap-

tation, and securing with sutures and adhesive strips, it was found to be a very shapely stump. The dressing applied was lint saturated in carbolized linseed oil, and a comfortably tight bandagé.

After the operation the patient seemed very much sunken; lips, tongue, and gums almost bloodless; pulse 140, and compressible. Very nourishing diet was ordered, and Staphysagria every hour until better.

August 11th. Much stronger; had about three hours' sleep during the night. The dressing was not disturbed save to moisten the lint with the carbolized oil. Same treatment.

August 12th. Still stronger; appetite good; pulse frequent, but improving. Removed dressing partially, and found considerable discharge of pus having no offensive odor.

Same dressing, and Staph.⁵⁰ every four hours. For various complications during the next few weeks, such as anæmia, diarrhœa, œdema, &c., he received China, Ars., Apis, and Calc. phos., as they were indicated; the latter being continued at intervals until the stump was healed.

October 31st. He now presents himself in perfect health, heavier than ever before, the stump sound and almost ready for an artificial limb, which he is about to have constructed.

No opiate was given at any time, the complications having been controlled by the homœopathic remedy.

It was a matter of some interest to find what condition existed in the vicinity of the exsection, and ample opportunity was now offered. The bones were found to have thrown out considerable callus, but the profuse suppuration which had taken place denuded the surfaces both of the femur and head of the tibia, thus destroying every chance of repair. (J. H. McClelland, Trans. Penna. Hom. Med. Soc., 1870, p. 50.)

Amputation for Carious Knee-joint. The patient was a boy, aged 9, of strumous diathesis, weak, pale, emaciated, and hectic. Right leg flexed upon the thigh, and cannot be extended without severe pain. The knee is sore upon pressure, enlarged, but presents no fistulous openings. He has gradually been getting worse for two years, and has not been able to move about for four months. While in a hospital in Germany his limb was forcibly straightened and placed in plaster of Paris for twenty weeks. This treatment made the knee very sore, accomplished no good, and the leg soon returned to its flexed position. Here was the history in short, except that the father had suffered many years with an affection

of the knee-joint. Having decided to amputate, the boy was anesthetized, and the limb taken off at the lower third by lateral flaps.

The periosteum was found detached for four or five inches above the articulation, much farther up, in fact, than I wished to saw the bone. Willing to try the powers of nature, when assisted by "sugar pills," I divided the periosteum, turned it up like the cuff of a coat, and then sawed the bone; leaving perhaps an inch and a half with the periosteum separated from, yet fully covering. This I was the more satisfied with having done, after the section was made, as it then showed a healthy appearance in its central structure. Washing the surface with dilute *Calendula*, the flaps were approximated and dressed with carbolized oil.

During the first week the patient rallied nicely under the use of *Aru.*, *Acon.*, and *Staph.*, in the order named, and then he was placed on *Calc. phos.*²⁰⁰, one dose a day for several days. At the end of three weeks he was able to walk a little on crutches, and continued to improve in health and strength, the stump for the most part healing kindly, leaving but a small fistulous opening from which healthy pus was discharged, in gradually decreasing quantities, until it finally healed.

An occasional dose of the Phosphate of Lime²⁰⁰ was given, interrupted once or twice by *Silic.*²⁰⁰, with apparently good effect; and thus considerable length of bone was saved that otherwise might have been lost.

Now, the query is: Could this favorable result have just as well been obtained under allopathic or expectant treatment? The accumulation of experience can only decide.

It will be observed that the phosphate of lime was not used in a crude form, as an article of diet (save as it existed organically in his food), as has been recommended even by some homœopaths.

A *post amputation* examination of the component parts of the knee revealed a decidedly carious state of things; the head of the *tibia*, *patella*, and end of *femur* all being seriously involved, fully justifying the immediate "taking off."

I might mention that the carbolic acid dressing prevents fetor, appears to facilitate healing, and does not interfere (so far as we are able to judge) with the action of remedies. (*J. H. McClelland, Trans. Penna. Hom. Med. Soc., 1870, p. 51.*)

Compound Comminuted Fracture of Tibia and Fibula, complicated with Tetanus, &c., by C. H. Von Tagen. The antiseptic

treatment fulfilled all expectations in aiding the healing of the wound, and Calabar showed only doubtful curative action in tetanus. Hepar removed beautifully the hectic symptoms. (N. A. J. of H., 19, 404.)

Pirogoff's Osteoplastic Prolongation of the Bones of the Leg for caries of tarsal bones. Subsequently amputation of lower third of leg with dissections of periosteum to cover the stump of the tibia. (H. F. Beggar, Ohio Med. and Surg. Rep., vol. 5, p. 352.)

Resection of the Os Calcareum. (Wm. Tod Helmuth, N. E. M. G., vol. 6, p. 539.)

Orthopædic Surgery. A long article on this subject, treating principally of the various procedures for the cure of the different forms of *Talipes*, by Chas. H. Von Tagen, M.D., will be found in the Transac. Penna. Hom. Med. Soc., 1870, p. 37.

Congenital Talipes-Varus. An infant, two months old, had both plantar surfaces facing completely outwards. It was cured by Dr. Neil's method of applying two pieces of light board, cut to fit the soles, and connected by a piece of stiff tin, at first bent, but gradually straightened. Friction and passive motion also were used. (L. H. Willard, Tr. Am. Inst., 1870, sec. 5, p. 532.)

New Method of Operating for Radical Cure of Reducible Hernia. I beg leave to present a method of operating for radical cure of reducible hernia, that is accompanied with less danger than the ordinary methods, and with, at least, as good results. . . In several cases I have operated in the following manner: After replacing the hernia, the parts above the canal are raised, leaving the cord below, and a needle, double-threaded, is passed through the gathered tissues just above the internal ring; another needle like threaded is passed in an opposite direction, about half an inch above the first, and the thread wound around the needles from head to point. The patient is confined to his bed for a week or more till adhesion takes place, when a truss is adjusted, and he is allowed to attend to his business. The advantage claimed for this mode of operating is, that if peritonitis should ensue, the needles can at once be removed and the danger thwarted. Also by bringing the peritoneal lining of the canal in contact and maintaining it thus by pressure, adhesion is more likely to occur, and when closure of the canal and rings is complete they are more firm and the hernia is less likely to recur. (S. R. Beckwith, Prac. Hom. Med. Soc., of Ohio, 1871, p. 80.)

Strangulated Hernia. A man of about forty years old had

been ruptured some twenty years. Hernia became strangulated and remained so till relieved by operation.

The incision was made in the usual manner, and dissection carried down to the cremaster muscle; then placing the point of the index finger on the cremaster at the inferior part of the wound, I pressed up to the external abdominal ring, causing the muscle to fold at that point; then with the grooved director, carried this fold within the ring, then with the spear-pointed bistoury passing through the cremaster muscle, returned the stricture, leaving a wound in the muscle of only one-eighth of an inch long, so that the danger of any foreign matter entering the abdomen was almost entirely avoided.

Recovery was speedy; within five days the patient was about. (S. E. Trott, *Med. Inq.*, vol. 8, p. 157.)

Reflections on Ovariectomy. Anæsthesia has rendered ovariectomy practicable, and physicians should make it a special study. The mortality is now about 25 per cent. Among the many dangers are, the risk of internal bleeding from the stump, or from vessels opened in breaking up adhesions; retained blood causing septicæmia; pus-formation causing by absorption, pyæmia; peritonitis from incision or laceration, or from irritation caused by retained fluids, ligatures, &c., in the abdomen. Internal ligatures cause abdominal irritation, and out of the many kinds tried nothing as yet has been found satisfactory. Have used the flat tendon from the neck of an ox. Another difficulty is in the after disposition of the pedicle. Of these plans the best is by means of the clamp, yet this is open to objections.

Some safe method must be devised for so securing the pedicle as to prevent bleeding and pus-formation, and so return it at once *in situ*. This can be thus accomplished:

When the cyst or tumor is turned out in the usual way, let one assistant support it in such a manner as to put the pedicle upon the stretch; let another compress the pedicle with the thumb and finger near its origin, so as to prevent hemorrhage when it is cut; or what would perhaps be better, let an artificial compressor be applied, which would be less in the way of the operator. A gum elastic cord might be found to answer the purpose very well. Then instead of severing the pedicle as is usually done by a stroke of the scalpel or with scissors, directly across or at a right angle to its long diameter, let it be cut by somewhat curvilinear lines, first one side then on the other; these lines being carried

a little way down toward the origin of the pedicle, and meeting in its centre so as to form two flaps, very much like those formed in the flap operation in amputating the thigh. Let these then be brought together, cut surface to cut surface, and thus secured by appropriate sutures of animal substance, the ends of which are to be cut as short as regard to security will admit. It is evident that when the surfaces of the flaps are brought into close contact, each will be bent inward toward the other, and consequently all the minute bloodvessels will be flexed upon their long diameter, and hemorrhage thereby prevented. The main artery serving as a feeder to the cyst or tumor, can be easily seen before the flaps are brought together, and a suture may readily be arranged so as to compress its orifice. It is manifest that when the flaps are brought together, in the manner we have described, no cut surface will be exposed to bleed or suppurate, but the whole exterior of the stump will be covered with its natural envelope. When the pedicle is very thick and round it will probably require sutures upon both sides; when flat and thin, they can be passed throughout its thickness at a little distance from the inner edge of each flap. This would perhaps be best accomplished by having several straight needles armed with sutures, each of which might be passed down through one flap and then brought up again at a suitable distance from the edge of the other flap, thus leaving both ends of the sutures on the same side of the stump where the knot would be formed. If animal substances used as ligatures do not produce irritation and are absorbed, then a pedicle thus treated might be at once returned to the abdomen and the wound closed.

This plan has never been tried, but is worthy of a trial. With our after-treatment the whole operation should be a success in most cases. (J. H. Marsden, H. M., Feb., 1871, p. 323.)

Ovarian Tumors. All ovarian tumors are monocysts at first, then become polycysts, and at each subdivision the contained fluid becomes more highly charged with albumen; finally, taking on cancerous degeneration.

Early removal is advisable, and in cases of a cancerous nature, Carbolic Acid (saturated solution in water) should be given, twenty drops three times a day for some weeks, afterwards twice a day for several months: this in many cases will prevent the re-formation of cancerous deposit.

In operating after removal of the tumor, the bleeding vessels are closed by torsion, the stumps returned into the abdominal

cavity, and the wound closed hermetically by silver sutures. Lint saturated with linseed oil and carbolic acid is used for a dressing, which is left undisturbed for two weeks. (G. D. Beebe, *Med. Inv.*, vol. 8, p. 390.)

Ovariectomy.—*Unilocular Sac—Extensive Adhesions—Pedicel secured with Clamp—Recovery.*—The internal medication before the operation is carefully described, as well as the operation itself, and the subsequent management. “I learn,” remarks Dr. Bell, “firstly, that carefully selected homœopathic remedies are capable of giving great relief from the sufferings of grave organic disease. Secondly. That while most carefully selected and clearly indicated remedies may relieve the subjective symptoms, even in quite a remarkable manner, the organic malady, even though not malignant, may go on unchecked; &c. Thirdly. A case of ovariectomy may recover under homœopathic after-treatment, and without opium or quinine. Fourthly. We may occasionally infer that this case recovered far more surely under homœopathic after-treatment, since only the true similitum could have removed the several attacks of pain, while a suppression of them by narcotics must have greatly interfered with the recuperative powers, and lessened the chances of recovery. Fifthly. The pulse may remain unusually frequent for many days after a serious operation, without being any positive indication of danger. Sixthly. I would observe that Storer’s clamp is doubtless at present the best, but it would be greatly improved by a screw near the jaws, which would serve to secure the highest pressure when once obtained by the powerful leverage of the long handles, and then the latter should be so constructed as to rush up and be removed out of the way. Finally, in these days of our active and efficient Bureau of Statistics and History, I would record this case as being, as I suppose, the first instance of the operation of ovariectomy by a homœopathic surgeon. I do this with a feeling of satisfaction, not only at our own progress, but at that of the community, who will now intrust such cases to our care, &c.” (J. B. Bell, *Tr. Am. Inst.*, 1870, sec. 5, p. 561-70.)

Ovariectomy. Two successful cases by Prof. E. Martin, M.D., of Berlin, Prussia. Translated by F. H. Krebs, M.D., of Boston.

1. The operation was on Nov. 5th, and the patient left her bed December 10th. A careful examination of the preserved tumor, by Dr. Haussman showed: The length of tumor (which is in several places torn and empty), 20 centimetres; the breadth 16, and the height 11. The surface is smooth and contains many rugged

tumors, from the size of a pea to that of a hen's egg. On the outer surface hangs the rest of the Fallopian tube, 8 centim. long, which embraces the base of the tumor. Near to its insertion is an incision of 7.5 centim. in length, which measures at the point of insertion into the tube, 5.5 centim. in width. The breadth gradually decreases till it finally amounts to 1 centim. The fibrillæ of the tube, which is everywhere easily penetrable, but not enlarged, are 4 centim. long. Toward the end of the tube, where it was cut, many strongly developed veins branch out, which extend over the outer surface of the tumor on the otherwise smooth surface. Near the incision lay several extensive cords of fibrous tissue, which are on one side connected with the tumor. In these cords blood-vessels cannot be detected. On cross-section of the tumor the walls are found of unequal thickness, of the average measure of one centimetre.

It is a firm, almost sinewy mass; the inner surface of the multilocular cavity of the tumor shows that it is filled with a number of small tumors, elastic, but most of which are empty. The partitions project directly inward. Those which are not empty show on their surface manifold contractions, and contain a gelatinous white substance. The inner surface of the small tumors is perfectly smooth, and is over-arched only by the projections from the neighboring cysts.

The outer wall of the tumor consists of a dense fibrous tissue, which incloses a great number of nuclei.

2. Operation was performed Dec. 12th, and patient left her bed Jan. 1st. After having ascertained the absence of adhesions, a trocar, to the canula of which a long rubber tube was attached, was thrust into the cyst, and 2200 grammes (4.85 pounds avoird.) of a light, gray, slimy fluid discharged.

Examination of the tumor shows that it is almost round, and has a diameter of 20 centim. The outer surface is, for the most part, smooth. The remains of the Fallopian tube measures 30 centim.; this joins the cut surface, which has involved the superficial layer of the tumor. The incision has a length of 16 centim., and an average width of 3 centim. The edges of the cut are smooth; on them appear more or less fibrous tissue, partly vessels; and, on a circumscribed place, some fat. The adhesions are dense, and enter firmly into the surface of the tumor.

The cavity of the tumor is formed of two cysts of unequal size which do not communicate with each other. The smaller one has

a diameter of 10 centim.; its lining is smooth, and well supported by a framework of different thickness, but throughout of great density. Besides, there are several small cysts which communicate with each other; some are smaller than a pin's head.

The other cyst measured in its largest diameter 20 centim. The walls are of a thickness of from 1 to 2 millimetres (from $\frac{1}{100}$ to $\frac{2}{100}$ of an inch); the outer surface is pale, the inner is dark. The inner surface is perfectly smooth, with here and there folds, and on the partition-walls some ramifications resembling those in the smaller cyst.

Ovariotomy. Two cases, one fatal.

Remarks:

1. Though the enlargement of the abdomen was apparently symmetrical, and the pain and the solid body were both in the right side, yet the tumor had its origin from the left ovary.

2. Diagnosis of the length of the pedicle is often possible, and that of absence of uterine complication generally quite probable.

3. Continuous pulse of 130, 140, is not necessarily a sign that we must not operate.

4. The patient should never know what hurts her. She should be etherized before anything is brought in, and everything should be removed before she awakes.

5. The seven points of tapping were all very near together in the median line, below the umbilicus. This is bad practice; it produces almost one band of firm adhesions. Repeated tappings should be made at different points, about an inch or more apart in the linea alba, or in a line external to the epigastric artery.

6. The escape of fluid into the peritoneal cavity is not necessarily dangerous, or even injurious.

7. Storer's clamp is more perfect in its operation than any other. The shank of the clamps next the handles should be long enough to receive another hole next the clamp, through which a bolt with a thumbscrew could confine it when the handles are removed. This, with a device for easily attaching and detaching the handles by a button, like that which unites them together, would make it complete.

8. Hot water well replaces Peaslie's artificial serum.

9. The compression bandage, borrowed from ophthalmic surgery, is, as I believe, of considerable importance, giving support and rest to the parts, and preventing hemorrhage, congestion, and inflammation.

10. We have the case of another patient who has recovered from a severe operation without opium, while she would probably have died with it, after enduring as much suffering, or more. It would surely have increased the paralysis of the intestinal muscular coat.

11. But it is quite doubtful whether she would have recovered without *Rophanus*¹⁰⁰⁰, the effect of which was certainly very marked and positive, confirming an important symptom, viz., diarrhœa of yellow-brown fluid, *with no passage of flatus by mouth or anus for a long time.* (J. B. Bell, N. E. M. G., vol. 6, p. 145 *et seq.*)

Polypus of the Uterus. A description of it and its method of distinction from fibroid tumors; in speaking of its treatment, the advantages of tents of *Laminaria digitata* over sponge-tents is strongly set forth. The latter became interfacied with the mucous membrane of the womb, and are difficult and painful of extraction. (J. H. Woodbury, Tr. Am. Inst., 1870, sec. 4, p. 470-71.)

Stricture. M. B., aged 60, has had urethral strictures several years, causing a vesical catarrh. Dysuria increased, a fistula formed, and the urine leaked out into the cellular tissue of the scrotum, making way towards the raphe, more to the left. Had the following symptoms: Dorsal decubitus, intense pains, very great prostration. About six p.m. a regular intermittent paroxysm, violent chills; heat, followed by light sweat. The scrotum presented an enormous volume; the skin was infiltrated and very red, the epidermis had given way in several places. On the lower part of the left testicle a soft black eschar was found; manifest fluctuation; the cord of the same side painful and tumefied; the penis œdematous; the walls of the canal manifestly inflamed about the suspensory ligament, which is somewhat swollen and very painful; incontinence of urine, the bladder distended; constipation; infarctus of the prostate. Made a deep and extensive incision in direction of the mortified parts, which released a quantity of fetid and thick pus; and ordered *Silicea*³⁹. He passed now better nights; the swelling decreased; suppuration more natural; the urine passed through the excision; chills ceased. In two weeks more, under the influence of *Silicea*, the sexual organs looked more natural, and the urine flowed through its natural point of exit. On account of his prostration he took China and Arsenicum, and recovered fully in spite of his age. (Noack, Jr., H. M., November, 1871, p. 185.)

The Surgery of Stricture. The majority of strictures yield to

progressive dilatation with metallic instruments, steel sounds, well plated, being the best.

A few words as to progressive dilatation. Assuming a stricture, which to-day will only admit No. 5 through it, Nos. 6 and 7 must be passed down at once as far as practicable. To-morrow, probably, No. 6 will go through with comparative ease, and then Nos. 7 and 8 must follow without delay to the point of obstruction, which rapidly yields; the narrow membranous tube gradually opening out in front of the advancing instrument, just as the glove finger does in front of the stretcher when pressed along it. In passing urethral instruments, the patient ought always to be in the recumbent position; the instruments to be warm, and very well oiled.

In cases of retention use large, heavy instruments, inserting them gently; hip-baths are useful; evacuate the bowels with warm water injections when instruments are difficultly passed. Anæsthetics are then invaluable. Stricture is more common than supposed. (S. Gangee, H. M., September, 1871, p. 76.)

Organic Urethral Stricture with External Perineal Urethrotomy. The stricture had been divided by Maisonneuve's instrument without success; and the opening was now so small as to hinder the introduction of any instrument. After etherization a No. 12 metallic bougie was pushed down to the stricture, and held firmly, the thighs being separated. The left index finger was placed in the rectum, an incision one and a quarter inches long was made in the raphe, extending from the bulbous part to the end of the bougie. The parts were sponged, and the urethra dissected out. Its distended portion, two or three lines anterior to the prostate, was seen, a small puncture made, followed by a free flow of offensive muddy urine. The bulbous end of a small probe, bent at nearly right angles to the shaft, was inserted in this puncture, and pushed toward the bougie; the indurations were freely divided with a narrow bistoury, and the bougie pushed into the bladder, and then withdrawn. The bladder was cleansed, the bleeding stopped. No instrument was left in or near the parts, which were constantly irrigated, and the urine allowed to flow through the wound until the fourth day, when some was passed through the penis. In two weeks all the urine passed naturally, and in seven weeks the perineal wound was healed. (M. Macfarlan, H. M., January, 1871, p. 292.)

Fungus of Testicle—Castration. Case in which, from the ex-

treme shortness of cord and distension of scrotum, there was danger of complete retraction and fatal hemorrhage.

“Taking all circumstances into consideration, I determined to put into practice a method of operation which I have not seen anywhere recorded, and which I believe may be recommended to the profession for the ease with which it may be performed, and the safety of its results. Having placed the patient under the influence of chloroform, I took the cord between the thumb and finger of the left hand, just at its exit from the external abdominal ring, and having rendered the integument tense by firm pressure, I entered an acupuncture pin at right angles with the cord, and having depressed the head, brought out the point on the opposite side. To make the matter still more safe, another pin was placed about half an inch below; over these, to keep them in position, I drew two slight rings of India-rubber. I then made the incision upon the tumor, dissected out the gland, and to be certain regarding the efficacy of the pins to prevent retraction, I gave the cord in charge of Dr. Lewis, who held it with the forceps. I then divided it with a single stroke of the knife; the forceps was opened, *and neither did a drop of blood exude, nor a particle of retraction take place.*” (Wm. Tod Helmuth, N. E. M. G., vol. 6, p. 234.)

Lithotomy performed on a young man, aged 18, who had always suffered from incontinence of urine, and whose mother stated had always had a reddish sediment on diaper as an infant, by the lateral perineal incision. No catheter was introduced or retained, and the only medicine used was Aconite to control a state of feverishness and restlessness. A little over two days after the operation he passed all his urine through his penis. On the tenth day was discharged cured, and walked a quarter of a mile. Stone (mulberry calculus) weighed within but very little of one ounce. (M. Macfarlan, A. J. H. M. M., 5, 27.)

Lupus and its Treatment, by Prof. Volkmann. Lupus has nothing to do with syphilis, and very little with scrofulosis and tuberculosis. We find persons suffering from lupus, who are and remain well nourished, enjoy the very best of health, and where it would be impossible to prove a dyscrasia or a special diathesis; and, even in the worst cases of lupus, spontaneous recovery can set in, although fifteen to twenty years may be necessary for it. Lupus is a peculiar, chronic inflammatory process in the connective tissue of the cutis, with telangiectasia of the bloodvessels, or in other words, it is a neoplasma, consisting of granulation-tissue,

which press away and destroy the superficial, and often also, the deeper-lying tissues of the skin. The best treatment is to scrape away with sharp-edged spoons the lupus degenerations; such a scraping out process gives less extensive and more soft scars. (N. A. J. of H., 19, p. 439.)

Skin and Cell-Grafting. A new method of promoting the healing process in old or intractable ulcers has been put in practice by M. Reverdin, of Paris. It consists in transplanting upon the surface of such ulcers small grafts of epidermis, including portions of the Malpighian layer; such grafts under favorable circumstances not only preserve their own vitality but increase, producing a vitalized cutaneous patch, which, increasing on all sides, bridge over the ulcerated surface.

Prof. J. T. Hodgen, of St. Louis, has advanced further, and accomplished cicatrization of old ulcers by simply scraping off the epithelial scales from healthy skin, and dusting over the ulcerated surface with them. He has also originated a second method by taking larger sheets of epithelium, and completely covering with them the ulcerated surfaces.

I have concluded that ulcerations of the mucous surfaces can be relieved in a similar manner, and am positive, that with no other treatment than dusting the ulcerated Schneiderian surface with epidermic scales, I have greatly relieved a patient, though time has not elapsed sufficiently to complete the cure.

I claim to have originated a new process in curing a severe and hitherto considered intractable disease. (E. C. Franklin, Med. Inv., vol. 8, p. 541.)

Skin Grafting. After some surgical operations which leave a large raw surface, little pieces of sound skin from some other part of the body can be grafted upon it with advantage. (B. W. James, H. M., Jan., 1871, p. 306.)

Skin Grafting. A successful case. (N. E. M. G., vol. 6, pp. 345, 444.)

Painful cicatrix from whitlow relieved by removal of a V-shaped portion, and wound allowed to heal slowly by granulations. Recovery. (Wilson, Ohio M. and S. Rep., vol. 6, p. 286.)

Local Application of Sulphuric Acid in Necrosis. A case. Treatment founded on the fact that *dilute* sulphuric acid will limit its action to diseased bone, without in the slightest degree affecting the healthy structure. Mr. Henry Noad, Clinical Clerk to Mr. Pollock, St. George's Hospital, conducted the following experi-

ment: Ten grains each of (1) diseased, (2) dead, (3 and 4) healthy bone, both of middle age and old age, were subjected for three days to the action of a mixture of sulphuric acid and water, one part in four, at the temperature of 100°. The following were the results: 1. From the dead bone 2 grains of phosphate of lime and 3.3 of carbonate of lime were dissolved by the acid. 2. From the diseased bone 2 grains of phosphate of lime and 1.3 of the carbonate of lime were dissolved. 3 and 4. In both specimens of healthy bone *no action took place.* (W. T. Helmuth, N. E. M. G., vol. 6, p. 345.)

Pyæmia. Six cases are detailed; they occurred after amputation following severe lacerations. The remedies were Arsen., Bry., China tinct., Ipec., or Rhus, sometimes alternated with Ars., Veratr., Cantharis, Brom. Three cases recovered out of six. The diet should be chiefly milk; patients fed upon it did better than those who had beef tea and other diet. (N. Schneider, Tr. Am. Inst., 1870, sec. 5, p. 571-8.)

Homœopathy applied to Surgery. The success of the operator depends as much on his treatment of the patient after the operation, as upon his mechanical skill in operating, and the homœopathic surgeon has measures for meeting the exigencies of practice superior to those of his allopathic neighbor. The superiority of homœopathic surgery is rendered especially conspicuous: 1st. In diseases of the bones and joints, where amputation is, for lack of homœopathy, often resorted to. 2d. In removing the consequences of traumatic shock. 3d. In promoting the repair of injured structures. 4th. In so improving the general health of a patient, as to render successful an operation which, without this improvement would probably have been fatal. 5th. In hastening convalescence after an operation. In the first class such medicines as Calc., Sil., and Sulph., occupy the highest place. Gangrene homœopathically is controlled by *Sec. cor.*, whereas often the best allopathic treatment cannot avert amputation or sloughing. In ulcerations, particularly those of a cancerous nature, *Hydr. can.* will relieve and hold in check this formidable disorder.

2d. The consequences of a shock are rapidly removed when there is little or no fever by *Arn.*; if there is fever by *Acon.* 3d. In promoting the repair of injured structures, such medicines as *Arn.*, *Rhus*, *Calend.*, and *Symph.*, surpass anything the allopathic surgeon has at command. 4th. *Calc.*, *Sil.*, *Sulph.*, will improve the general health of patients whose cure requires an operation,

but whose exhaustion was so great as to render it unjustifiable. 5th. *Arn.* does all that Opium can do in hastening the convalescence after an operation. (G. Dunn, Mon. Hom. Review, v. 15, p. 718.)

The Relation of Homœopathy to Surgery. Local applications belong to surgery, and can be safely used in those cases which begin at a certain spot and either confine themselves to that place or afterwards affect the constitution, viz., sprains, inflamed bursæ, varicose ulcers, bunions, ingrowing nails, corns, warts, tumors, cysts, hydrocele, epithelial and other cancers, polypi, parasitic skin diseases, catarrhal ophthalmia, gonorrhœa, chancre, chilblains, &c. In those cases which begin as constitutional affections and exhibit local manifestations afterwards, it would be wrong to cure by local means alone, even if we could, but I think there is room for local treatment also. In averting inflammation after operations, *Acon.* is very useful. In other cases *Bell.*, *Merc.*, *Verat. vir.*, and *Rhus.* We can often avoid operating in ranula, polypī of the nose, varicose veins, and nævi. Ranula may be cured with *Merc. viv.*, polypī of the nose with *Calc. carb.*, and *Kali bichrom.*; varicose veins reduced with *Puls.* or *Ham.*, and nævi diminished with *Ars.* In one case of hydrocele has medicine sufficed to prevent reaccumulation; a femoral hernia was returned after a course of *Nux* which had before resisted; a cataractous lens recovered its transparency after *Sulph.* Piles can often be cured with medicine; fissure of the anus will sometimes heal under *Graph.* *Lach.* approves itself in prolapsus ani. A case of cancer of the orbit has wonderfully improved under *Carbo an.*²⁰⁰. These are illustrations of what homœopathy can do with medicine, while allopathy resorts to the knife. (W. Thomas, Mon. Hom. Review, v. 15, p. 728.)

Amputation. In general terms we advise to make the flaps thin, to cut the integument at right angles with the limb, because if bevelled off, as in the dissecting-room, the lips will slough, there not being a sufficient circulation maintained to establish the healing process; cut the stump neatly, and saw the bone carefully; secure the arteries by torsion, wait a little to see that no hemorrhage occurs. Be sure that you *secure* all the vessels. Bring the flaps carefully together, and pass four or five stitches of silver wire near their edges, to hold them together.

Fold some lint carefully upon the stump, allowing it to fit loosely over the end, so as to admit of free discharge. Support

the base of the flap gently with a roller, in order to secure juxtaposition of the parts, and to induce union by first intention. Do not meddle with the stump for four days. Then remove carefully, and reapply the same dressings every two days until the parts are healed, removing the stitches the eighth or tenth day. (W. Dauforth, U. S. Med. and Surg. Jour., v. 6, p. 7.)

Fractures of the Scapula. Difficulties of diagnosis in some forms of, with suggestions; fracture of coracoid process; of the acromion process; of the neck of the scapula. (Wm. T. Hel-muth, N. E. M. G., v. 6, p. 456.)

Treatment of Surgical Cases.—Fractures. While we should thoroughly understand their nature and extent we should handle them carefully, avoiding all needless pain-giving. Fractures of the lower extremities (femur), compound and simple, can be treated by extension with adhesive strips to the sides of the limb to which a weight is attached, and by counter-extension by the gravity of the body, the foot of the bed being elevated. Use junk-bags or mould binder's board to the sides of the limb, keeping them *in situ* by an uninterrupted bandage.

In simple fractures, except when located in the upper part of the femur, a starch bandage may be applied from the second to the third week, when the swelling has usually all disappeared, and the patient then allowed to go about on crutches. The plan of treating these fractures with adhesive strips accomplishes every-thing that is desired, and at the same time relieves the practitioner of all uneasiness regarding the progress and condition of the cases, because they are open to inspection at all times without disturb-ing them.

In fractures of the clavicle form a small compress with folds of muslin, place this over the fracture, keeping it firmly in position by long adhesive strips drawn from the chest across the shoul-der to the back; then attach a broad strip in front of the shoulder, drawing it across the shoulder-blades to the axilla of the other side; raise the shoulder, and keep the arm to the side with a sling. Use no axillary pad.

In fractures of the arms use binder's-board splints. Use a broad roller around the chest and abdomen in rib-fractures; if the pleura is involved rely on medicines (Acon., Arn., Bell., Bry.). In skull-fracture promptly remove all depressing fragments of bone. The union of bones *can* be hastened with medicine. *R.* *Symphytum*, when there is pain about the fracture; *Calc. phos.* is

often useful; *Silicea*, in compound fractures with *spiculæ* of bone to come away, and unhealthy, sanious pus.

In ulcers use *Ars. alb.*, *Ars. jod.*, *Asaf.*, *Lach.*, *Silic.*; in offensive ulcers use Carbolic Acid combined with Glycerin, Linseed Oil, or Simple Cerate.

In *burns exclude all air*; if of small extent and of the first degree use common soap; in scalds of the first degree, *Cantharides* and Sweet Oil (a few drops of the tincture to an ounce of the oil) is useful. Molten steel and galvanizing metal make the worst burns; *Ars.* is good for these, with Carbolic Acid and Linseed Oil externally, applying with soft muslin rags, and not removing them till offensive, but keeping them saturated with oil; envelop the whole in raw cotton; give a nourishing diet. *Carbo veg.* is useful in desperate cases. For the shock from injuries *Arnica* is useful; *Opium* will bring about a reaction when the patient has been depressed and frightened; where much blood has been lost don't use *Acon.*, but *China*, *Ars.*, or *Staphis.*; the latter remedy will relieve the sore burning pain in the cut surfaces of the stump after amputation. In hectic or suppurative fever use *Phos.*, *Hepar*, or *Silic.* In sleeplessness after an operation use *Coffea*, *Opium*, *Cimic.*, *Bell.*, &c. In jerking of the muscles of the stump give *Ignat.* or *Opium*. In a collapsed state *Camph.* or *Carbo veg.* are useful. (J. H. McClelland, H. M., October, 1871, p. 123.)

Treatment of Surgical Cases. For *bruises*, one part *Arnica* tinct. to twenty parts water is best, with *Arnica* 30th (or higher) internally. Apply the solution warm at intervals.

Sprains are often accompanied by acute inflammation and swelling, involving the synovial surfaces and joint structures. Keep the limb quiet and wrapped in *Arnica* cloths, giving *Bell.* 30th internally. After the inflammatory stage, *R. Rhus t.*, *Ruta g.*, in sprains of the wrist and ankle-joints, with periosteal injury, is good. *Calc. phos.* and *Sulph.* in chronic sprains. *Perfect immobility and rest is very essential*; this can be gained by splints. In simple incised *wounds* unite the parts with adhesive straps, or sutures, and apply a dry dressing. In lacerated *wounds*, diluted *Calendula* will aid granulation, but should not be used after the wound is filled up, as it retards cicatrization; now use dry lint or collodion. In pus-discharging *wounds* use carbolic disinfecting soap, to cleanse, dressing with carbolic cerate (a drachm of the acid to a pound of lard or oil). These dressings do not interfere with remedial action. (J. H. McClelland, H. M., Sept., 1871, p. 71.)

Carbolic Acid as a Wound-dressing. It is one of the products of coal-tar distillation, crystallizing, when pure, in long prismatic needles, which melt at 95° to a liquid resembling creasote. It is slightly soluble in water, but dissolves readily in alcohol or ether. Applied in full strength to a wound or mucous surface, it produces a whitish film, due to the coagulation of albumen. It produces a burning, smarting pain, which lasts only a short time. Carbolic acid destroys insect life, removes maggots and bad-smelling discharges from wounds, prevents the formation of pus in recent wounds. Form a paste by mixing powdered whiting with one part carbolic acid to three parts olive oil, using whiting enough to form a paste as thick as mortar, spread on lint or muslin, and apply. This will keep the wound clean, and render washing unnecessary. The dressing peels off like putty, without any trouble. Carbolic acid prevents suppuration, removes bad odors, promotes healing, causes local sedation, prevents fly-blown wounds, keeps wounds clean. In one case it removed a morbid irritability of the glans penis, so that caustic was afterwards applied painlessly. (J. H. Austin, H. M., Dec., 1871, p. 226.)

The Exclusion of Air from Wounds. Injury in the right leg, involving the greater part of the femoral, and the upper third of the tibial region; the former portion was severely contused; the latter somewhat lacerated. Local reaction set in on second day, with pain, tenderness, and swelling. Had been dressed with arnicated water, one tablespoonful to the pint, with no abatement whatever. I now changed the dressings to the application of oil applied freely to the limb, and then covered with a cloth. Its effects were wonderful in soothing the pain, and in twelve hours the inflammation was much modified. Twenty hours after the application of the oil the inflammation was decidedly checked, and the swelling began to subside. I now covered a portion of the limb with oil, and left a portion exposed, protecting it merely with a cotton cloth, with the following results, which were observed twelve hours later. The part covered with oil continued to improve, while that portion exposed was much more tender and painful, and to all appearances much worse. I now reversed the dressings, covering the part exposed with oil, and exposing the portion previously covered. Twelve hours after I found the part exposed showing prominent symptoms of inflammation, with increased pain and tenderness, while the covered portion showed marked signs of improvement.

I have repeated the same experiment in numerous cases, with always about the same result. (N. Schneider, Proc. Hom. Med. Soc. of Ohio, 1871, p. 58.)

The Right Method of Administering Chloroform. I prefer a small, fine napkin, or gentleman's handkerchief, kept folded just as it comes from the laundry. This gives you a vehicle smooth and compact, capable of absorbing only a definite amount of chloroform. Placing this folded cloth over the open mouth of the bottle containing the chloroform, I saturate it with one or two sudden jerks of the hand, just as I would in using eau de Cologne. If the cloth has been held tightly down, and the motions rapidly made, you will find a round wet spot containing chloroform enough for a dozen respirations. In applying this your patient does not strangle and resist, and beg for a chance to breathe. By pursuing this course you are never in danger of suddenly and fatally overwhelming your patient. And it may be urged in addition, that in this way you use from fifty to seventy-five per cent. less chloroform, as so much less is wasted by evaporation. (T. P. Wilson, O. M. and Surg. Rep., vol. 5, p. 134.)

The Forcible Flexion of the Extremities as a Means of Arresting Arterial Hemorrhage, and as a cure of Aneurism. Physiological experiments have proved long ago that circulation may be impeded, or completely arrested by certain positions of the limb. Forcible flexion is certainly easier to execute and can be borne longer without pain or injury than any tourniquet, digital, or other compression. All the apparatus necessary is a good bandage, which, in case of necessity, may be fortified with plaster of Paris. In some cases splints and adhesive straps may be required.

For the special joints, the following mode of bandaging will be found the most convenient.

1. *Hemorrhage from the Arteria Brachialis.*—The flexion in the shoulder-joint is the most inconvenient of all if effectively made. Both elbows must be brought behind the back as near together as possible, and must be secured in this position by several turns of the bandage above the elbows. From the back two strips must go down over the perinæum, and in front each one is carried up again to its elbow, and there fastened. Without this last turn, the patient would be able to elevate the shoulders, and thereby the compression of the subclavian artery would be removed. In some cases it may be more convenient or necessary to use a similar bandage as for fracture of the clavicular alone, or in conjunc-

tion with the bandaging of the elbows. Two strong rings, one over each arm at the shoulder-joint, are united on the back by a bandage, from which the extension over the perinæum may be made.

2. *Hemorrhages from the Arteries of the Forearm and Hand.*—These, which often prove so troublesome as to require ligation of the brachial artery, and where injuries are comparatively the most frequent, can be most easily controlled by forced flexion in the elbow-joint; and if the injury is at or below the wrist-joint, this, also, must be secured by flexion. Where the muscles are flabby, and if not contraindicated, it is well to bandage the whole forearm from the fingers upward, before flexion is made, as this is the best means to prevent undue swelling of the tissues. The bandaging is easy enough, and care has only to be taken that the bandages do not slip. Durwell gives as a contraindication, fractures, wounds, and œdema. This may be true for a fracture of the olecranon or of the humerus just above the condyles, where flexion would dislocate the fragments. In all other cases good splints, or, still better, the plaster of Paris bandage, may be applied, so as to leave the joint free, and then flexion can be made.

3. *Hemorrhages from the Arteries of the Lower Extremities.*—For these the same rules are to be applied. Flexion in the hip and knee-joint can easily be secured. For the ankle-joint, a splint in the form of a V, or a plaster of Paris bandage is necessary. The bending of the foot upward (toward the tibia) depresses the heel and tightens the ligamentum laciniatum, compressing the arteria tibialis postica.

How long flexion ought to be continued depends in each individual case upon the calibre of the wounded vessel and the wound. The larger both, the longer it will have to be continued. The secondary hemorrhages recur most frequently from the fifth to the eighth day; but, if the process of healing is tardy, may come at any later date. As a general rule, the condition of the wound is the surest guide. If a wound is filled up with healthy red granulations, there is generally no danger of bleeding, and the bandages may be gradually relaxed; but where there has been once a secondary hemorrhage, a careful watch should always be kept until the wound is entirely closed. Sudden movements, straining at stool, dressing the wound, or coughing spells, are apt to be exciting causes, and should be kept under control by instruction and medication.

For the cure of aneurisms in the extremities, forcible flexion, as practiced by Durwell and E. Hart, promises to be of great value. The methods of treating aneurisms by ligature and digital compression, will undoubtedly be superseded by that of forcible flexion, which is much easier of application, and will, I think, be found more effectual.

Recapitulating the foregoing, we come to the following conclusions:

1. That the forcible flexion of the joints of the extremities is a method just as easy to be executed as it is effectual, in cases of traumatic hemorrhages or aneurisms of the extremities.

2. This method should certainly be tried before the application of caustic or chemical remedies, and operations for ligatures outside of the wound. ¶

3. It can even be used after the ligature has proved ineffectual.

4. This method is, especially on the battle-field, of the highest importance.

5. The knowledge of it ought not to be confined to the medical profession alone, but should be made popular. Especially should those who are most exposed to wounds and accidents, as soldiers, &c., be made well acquainted with it, that they may use it on themselves or others *before* the arrival of the surgeon.

6, and last. Works on surgery should not ignore it in the future, as they have in the past. (From G. Helmann's article in *Archiv. für Klinische Chirurgie*, vol. 2, by C. Th. Liebold, Tr. H. M. S., N. Y., 1870, 574.)

Treatment of Aneurism by Compression, by I. A. Compton, M.D. 1. Compression is superior to any other treatment, as it never proves fatal, and is comparatively free from pain. 2. It gives greater time to establish collateral circulation, thus greater nourishment, to the distal portion of the limb, thereby avoiding the fatal consequences that ligation sometimes produces. 3. Many times the artery may be left pervious, leaving the circulation as perfect in the limb as before the injury. 4. If it should fail, the operation by ligation can be performed as well after giving it a trial. (*N. A. J. of H.*, 19, 473.)

New Hæmostatic. The finest American cotton is boiled an hour in a (4 per cent.) solution of soda, then well washed in cold water and dried. Then steeped in liquid chloride of iron, diluted with one-third water, pressed, *dried in the air*, and lightly pulled out. Should be kept dry. (*B. W. James, H. M.*, April, 1871, p. 463.)

Casanova's Flexible Forceps are constructed of whalebone strips, three feet long, three-tenths of an inch wide, and one-tenth of an inch thick. At either extremity is a silver ring. Two such strips may be used. The patient lies in the usual position for the application of instruments. One branch is bent and the extremities held together with the right hand; the bent part being pressed and guided by the left, will be introduced over the face of the child or over the occiput, thus reaching the inferior part of the chin or occiput. The other branch may be introduced on the opposite side to the former. Thus perfect freedom of rotation or traction is safely secured. In cases of extraction of detruncated head, he uses two pieces of whalebone of the same dimensions as above, but without rings. These are fixed by their centre with a silver pin riveted on both sides, flat and smooth, to allow the pieces to move, as the blades of a pair of scissors. When closed and held by the two extremities, they represent one of the forceps. A plain silver plate of an oval shape, with three holes in its centre to allow the four extremities to pass when it has seized the head, renders the instrument open and immovable, and allows of pressure on the head without injury to the mother. The plates alone can give a clear idea. (B. J. H., vol. 29, No. 116.)

Surgical Notes, by J. B. Bell. In umbilical herniæ of infants, the pad should not be convex, but concave, and about an inch in diameter. It should be made of some hard smooth wood, and fastened in place by two strips of adhesive plaster, crossing each other at right angles.

Even torn and crushed wounds often heal rapidly and by first intention under the application of hot water, stopping of all hemorrhage, exact coaptation, and dry dressing.

Many persons seem to have a sort of fatality about needles. I believe it best to extract the needle always, if possible, without causing more serious injury than does the needle.

Hardened wax is best taken out by a continuous small stream of water thrown in with considerable force with an elastic syringe. It gradually softens, and is washed out in masses.

Cancers ought to be removed by surgical operation, for although they return again, it is the only treatment which allows the sufferer an interval of comparative comfort and health. (N. A. J. of H., 20, 174.)

A new Reflowing Catheter for cleansing the urethra is thus constructed:

The canular tube through which the liquid is to be injected is inclosed in a band of six wire-like rods, each soldered fast to the said canula in fourteen different places down its length, and each rod being separated about one-sixteenth of an inch from the next, making a cylindrical form around the canula.

These rods terminate in a smooth end like any catheter extremity, and have a similar curve, so that it can be introduced into the urethra without pain. A thin metallic plate-like extremity, near the outer extremity, prevents the liquid as it flows out from coming in contact with the fingers, which hold the instrument in position after it is inserted. The liquid to be used is thrown in through the canula by a syringe, and it returns along the urethra and among the interstices formed by the band of wire-like envelope, cleansing the parts as it comes out. (H. M., March, 1871, p. 404.)

Flexible Self-retaining Catheter. A new gum elastic catheter, with two small projections near the extremity that is to be introduced. These projections are soft, and become flattened when you introduce the catheter, and as soon as they get beyond the urethra into the bladder they expand, and thus retain this soft elastic tube in position. The softness of the material enables it to adapt itself to the form of the urethra, and the urine does not act on the material of which it is composed. The outer end has a rim around it, so that a plug or cork can be used to stop the flow of urine when you do not wish the urine to flow. A wire staff of proper form is used to put into the catheter for introduction. After it is introduced this is withdrawn. (H. M., April, 1871, p. 462.)

Catheter for Local Applications to the Urethra. This is an ordinary silver catheter, with a piston and rod, working like a syringe. The openings at the end of insertion are several in number, and are very small, no larger than pin-points. This is to avoid a large quantity of the fluid application to be made to the urethra, from being thrown out at once, as generally but a small quantity is needed, and if a large quantity of any caustic application should be thrown into the urethra, its whole track might become inflamed, or even the bladder. (H. M., April, 1871, p. 462.)

THEORY.

Force, Protoplasm, and Stimulus. (B. J. H., v. 29, Nos. 117, 118.)

The Wirkungsdauer. Diagnosis and prognosis would be useless did they not aid in therapeutics; and pathology and therapeutics are inseparable. There is a class of pathogenetic powers termed self-reproducing agents, which are produced in organisms laboring under their impressions, and thence act on other organisms.

These agents act at a distance; by superficial contact; or by inoculation. Those operating without contact are termed *infections*; those by contact or inoculation, *contagions*.

Infections induce processes of definite duration after the first effective impression; subsequent impressions are seldom, uncertain, and shorter, causing acute diseases.

Contagions produce chronic diseases, indefinite, and protracted. Infections sometimes obey the laws of contagions, and *vice versa*. Therapeutically, infections are of little use, because effective once only in a lifetime. Nature uses them to remove latent dyscrasia.

An effective impression is one that actually induces the peculiar infectious disease, while there are other inert impressions. The ability to receive infectious impressions safely depends on the condition of the system. The period of incubation differs in different infections; it may be abbreviated in some by substituting inoculation, while in others it is prolonged by other infectious diseases. Vaccination will prevent variola, even late in its incubation. Second attacks of infections are rare. The duration of infections depends on a certain condition of the organism, not on any inherent property in the inducing agent. This is the same with agents not self-reproducing. (J. Jeanes, H. M., January, 1871, p. 270.)

Relation of Morbific Agents to the Human Organism. The relation of the organism, in perfect health, to all morbid agents is

a *positive* relation, and the attitude of the morbid agent to the organism is also a *positive*, hence repulsive; but there is this difference—that while the condition of the morbid agent *remains positive* the relations of the organism do not so remain; and when, from any cause, it becomes negative, it may be said to attract disease, or the morbid agent. Without this power of changing its relations there could be neither growth, development, or evolution. Now we may take as a predisposing cause of disease, or as the cause of the change in the organism from a positive to a negative condition, a mental emotion, viz., fear. During an epidemic of cholera a proper regard for all the laws of health, by which the perfect harmony of the body with itself and its surroundings is preserved, with a healthy psychological condition, will be *absolute proof* against contagion; whilst exposure to cold, to damp, night air, with absence of sunlight, errors of diet, and the like, will invite an attack, by disarming the organism of its resistance. But suppose every physical requirement is met, and yet abject *fear* of the disease takes possession of an individual, his face becomes pallid, and his lips bloodless, his heart beats feebly, his knees quake, and he is disarmed of all resistance, and he sinks to the earth in “*collapse*,” and dies often in a few moments, although he may have resisted for weeks all encroachments of “*malaria*,” or “*germs*,” or whatever you may please to call this terrible scourge. These predisposing causes of disease are such as affect the organism as a whole, disarming it of its resistance, or placing it in a negative, hence receptive, condition to exciting causes, which act locally. This *positive* condition of the organism is the *vis medicatrix nature*, and recuperation depends upon its restoration, and is largely hygienic. If an intangible mental emotion be sufficient to disarm the body and cause speedy death, who shall declare how small a portion of a drug may be necessary to restore harmony to the infinitesimal parts of which the tissues are composed? (J. D. Buck, Proc. Hom. Med. Soc. of Ohio., 1871, p. 21.)

The Action of Medicines and the Dose. In answer to the question, How can drugs or poisons which cause disease ever be used to cure disease? we set aside all theories, and hold only plain facts like these: Drugs or poisons cause disease by their pathogenetic power, as shown by the most common experience; but this same experience shows that they can and do cure disease. Hence, we can only infer that, as a rule, they cause recovery by means of the same power or specific quality by which they cause sickness; their

pathogenetic power under certain conditions becomes their *therapeutic* power.

The condition, next to finding the right remedy, is to find the right dose. Our course of reasoning is about as follows: In a given case of disease, which we are called upon to cure, we begin by selecting a drug according to the rule of similars. We next bear in mind that this drug, so selected, bears a certain specific relation to the disease; we hope, by means of the medicine, to arouse just enough reaction in the organism to re-establish equilibrium and harmony—that is health. For this purpose we must not give too much nor too little. Now we know by experience what would be a poisonous dose; we reject that. We further know by experience how much can be tolerated in health; we want much less than that, so we reduce it. We know, furthermore, by experience, that the diseased body endures much less than the healthy, and so we give only so much medicine as the diseased body will bear without feeling the least discomfort, for a medicine cures by virtue of its quality and not through quantity. It is incredible how far this division may be carried. You have often undoubtedly heard that we use not only hundredths, but millionths, and decillionths of a grain. We do not ask you to believe in them; our school does not demand it. We claim for ourselves perfect liberty, and accord it to others. Having abandoned the traditional dose of the older school, we have—within certain limits—no normal dose. (C. Wesselhoest, N. E. M. G., v. 6, p. 212, *et seq.*)

The Modus Operandi of Medicine. The atoms of every material substance have a vibratory motion which becomes increased by dilution. Each substance has its own vibratory motion. Nerve-force may be considered as a vibratory motion. Disease is a change of this motion, each change producing its own specific disease. Any deranged nerve-movement finding its counterpart in a similar movement of the drug-curative is annihilated by it in a manner analogous to the interference of light. (S. O. Gregory, *Med. Inv.*, v. 8, p. 343.)

Characteristics in Diagnosis and Therapeutics. The worst disease will succumb at once on application of the *characteristic lever*. The key-notes are the golden grains separated from the chaff of our *Materia Medica*. The key-note system secures precision in therapeutics. Characteristics are the peculiar or most prominent indications for a remedy, often common to other remedies, but

more prominent in some particular one. A good prescription should be based upon at least two or three key-notes, while four or five will amount to a certainty. To prescribe with precision requires the ability to individualize *each remedy*, or understand its key-notes. When some peculiar symptom of a case corresponds with a key-note of some remedy the whole case will correspond with the other key-notes of that remedy. This correspondence increases with the disease. In chronic cases, where the primary and recent symptoms demand different remedies, prescribe in an order inverse to the commencement of the disease, giving the one remedy and finally the other. Have promptly cured many difficult cases by means of this system. By the use of key-notes therapeutics approximate to an exact science. (H. V. Miller, H. M., February, 1871, p. 312.)

What is Homœopathic Pathology? I make bold to answer that it consists, first, of a rejection of the principles of allopathic pathology. We do not deny the facts they have so diligently set forth under this head. The researches they have made have developed a mass of facts that we do not desire to shut our eyes to. We look with no less interest than they upon the course of disease as marked by morbid alterations of function and structure. The anatomical pathology of no disease is without its interest to us. We do not attempt to ignore inflammations, congestions, exudations, ulcerations, morbid growths, and abnormal products. But when they tell us that practically these are the diseases we are to treat, that we must base our therapeutics upon these as the only lawful representatives of what we have to cure, then we spurn the declaration. We know, and so do they, if they know anything, that back of all these morbid phenomena, and anatomical and chemical alterations, is the real *causa morbi*. These things are the results; the cause is elsewhere, and antecedent. You say that these are very commonplace statements, about which, after all, no controversy need exist. Well, now, I defy you to show from the accepted pathology of the day, that such statements are held to be true, or if so, are allowed to have any right in determining the sort of curative agents to be employed. Those who have (and who among you has not?) read the incomparable *Organon* of Samuel Hahnemann, know very well that he boldly rejected the doctrines of pathology as taught in his day. And for this, more than any other act of his, he has suffered the contumely of the medical profession. And for this act a respectable body of homœo-

pathic physicians spend no small share of their time in making humble apology. But Time, whose crucibles try all things, demonstrate more clearly to us than to him, the utter worthlessness of a system of pathology that takes cognizance only of material agents of disease. It was from necessity, and not choice, that Hahnemann rejected the teachings of the so-called leaders and teachers of pathology. And I cannot find that he attempted to substitute in its place anything more than the merest suggestions as to what should be considered a true science of disease. And this leads me to observe, that even after so long a lapse of time as this, we, his followers, stand mainly in the footsteps of the master. (T. P. Wilson, Proc. Hom. Med. Soc., Ohio, 1871, p. 36.)

On Guides to the Treatment of Disease. The author admits that a knowledge of minute pathology enables one to classify diseases, but is of little value as a guide to the treatment of a disease. The only true guiding rule is that which directs the choice of that medicine, which is capable, by its drug-essence power, of producing a like condition in the healthy body. (Edwin Payne, Mon. Hom. Review, v. 15, p. 287.)

Medical Hobbies. Allopathy is a system of hobbies and guessing; homœopathy is also often wedded to them. True homœopathy adopts the specific, these hobbies form the generic, system. Allopathy generalizes, true homœopathy individualizes. The absolute specific will always cure, in any dose. When a drug has acted curatively once, it is used by the hobbyists for everything; this is allopathy, and prejudicial to true homœopathy. Those doctors who are itching for new remedies, without special indications, yet not understanding the old ones, are like the allopaths, who have no scientific basis of prescription. The routinist gives one panacea, if unsuccessful, another, and so continues, trembling at each new form of disease; while the true homœopath chooses his remedy according to the symptoms, and cures at once. True homœopathy consists in a system of absolute specifics, and rather requires brains than big doses. The professional guesser cannot distinguish aggravations nor curative effects of drugs, and prescribes without confidence. (H. V. Miller, H. M., April, 1871, p. 417.)

External Medication. No external symptoms of disease will appear until the whole system is pervaded by disease or medicine. The topical application of a medicine to a diseased organ is a one symptom prescription, and unright. External applications are

useful hygienically but not medicinally, except in primary conditions from traumatic causes.

The natural elimination of disease follows the course of nutrition, and is from within outward. When this natural method is obstructed by medicinal appliances, some other and dangerous means will be taken by nature to be rid of the poison. Hence external applications are dangerous; cause metastasis; obscure the original disease; render the tracing of its progress difficult. A single dose will often cure the malady, external and internal, showing that the local evil is dependent upon the systemic trouble. To cure safely we must follow the natural laws of nutrition and elimination. (A. K. Hills, H. M., April, 1871, p. 428.)

Alternation of Remedies. Hahnemann insists on,

- 1st. The totality of the symptoms in each case.
- 2d. The single remedy, and its close individualization.
- 3d. The minimum dose cautiously repeated.

The proper definition of alternation is, the selection of a remedy according to the totality of the symptoms, changing for another only when the full effect of the first is gained. And this is the only true Hahnemannian plan of alternation. (A. K. Hills, H. M., March, 1871, p. 385.)

Insanity as a Defence for Homicide. In recent murder trials the defence of insanity has been raised, and this is so common as to excite public interest. An act is right or wrong according to the motives prompting, and the circumstances under which it was done, and whatever removes freedom of mental action, even slightly, must modify the legal or moral responsibility. There are external and internal causes acting thus.

If punishment is to be just the criminal must not only have known at the time of his act that it was wrong, but also have had power to abstain. If in the law a criminal act done under external coercion is palliated so ought acts done from internal coercion to be excused. The law in insanity is imperfect and ancient, and a prejudicial doubt has arisen in the matter. Qualities of mind legally constituting responsibility are possessed by the insane who should not be held responsible; thus the courts and medical experts disagree. The dogma of the law is, that if a man knows the right and does the wrong he is answerable, unless deluded so as to be ignorant of doing wrong in that particular act. The power of distinguishing right and wrong exists among the insane. The law does not regard the presence of delusions as proving in-

sanity, but only as errors of opinion, yet the delusion shows that the mind is shaken and unsound. The following laws were passed by the "Association of Medical Superintendents of American Institutions for the Insane" in 1868:

"13. Insane persons shall not be made responsible for criminal acts in a criminal suit, unless such acts shall be proved not to have been the result, directly or indirectly, of insanity.

"14. Insane persons shall not be tried for any criminal act during the existence of their insanity; and for settling this issue, one of the judges of the court by which the party is to be tried shall appoint a commission, consisting of not less than three, nor more than five persons, all of whom shall be physicians, and one, at least, if possible, an expert in insanity, who shall examine the accused, hear the evidence that may be offered touching the case, and report their proceedings to the judge, with their opinions respecting his mental condition. If it be their opinion that he is not insane, he shall be brought to trial; but if they consider him to be insane, or are in doubt respecting his mental condition, the judge shall order him to be placed in some hospital for the insane, or some other place favorable for a scientific observation of his mental condition. The person to whose custody he is committed shall report to the judge respecting his mental condition, previous to the next term of court; and if such report is not satisfactory, the judge shall appoint a commission of inquiry, in the manner just mentioned, whose opinion shall be followed by the same proceedings as in the first instance.

"15. Whenever any person is acquitted, in a criminal suit, on the ground of insanity, the jury shall declare this fact in their verdict; and the court shall order the prisoner to be committed to some place of confinement for safe keeping or treatment, there to be retained until he may be discharged in the manner provided for in the next section.

"16. If any judge of the highest court having original jurisdiction shall be satisfied, by the evidence presented to him, that the prisoner has recovered, and that the paroxysm of insanity in which the criminal act was committed was the first and only one he had ever experienced, he may order his unconditional discharge; if, however, it shall appear that such paroxysm of insanity was preceded by at least one other, then the court may, in its discretion, appoint a guardian of his person, and to him commit the care of the prisoner, said guardian giving bonds for any damage

his ward may commit. *Provided always, that in case of homicide, or attempted homicide, the prisoner shall not be discharged, unless by the unanimous consent of the superintendent and the managers of the hospital, and the court before which he was tried.*" (S. Worcester, H. M., March, 1871, p. 361.)

HYGIENE.

Hygienic Ventilation. The best system of heating and ventilating is the Ruttan plan, which consists in warming a house or room by convection and the diffusion of heated air, conducted into the room usually from a furnace or heater below. The furnace is constantly supplied with fresh air from without, in such a manner that the cold air is brought into contact with the heating surface, and thus thoroughly warmed before it is allowed to enter the room. A waste-air flue may be constructed independently of the smoke flue, extending from the floor or base-board of the room up through the roof, where it is supplied with the proper covering to exclude the weather. The size of this waste-flue and register must correspond with that of the hot-air conductor.

When the fire is built in the furnace, a powerful current of air rises from the hot air register with sufficient force to carry upward a newspaper, as it ascends towards the ceiling. Here it rapidly displaces an equal amount of cold or bad air, which is forced downward through the waste-air register, and thence upward through the flue. Place a newspaper near this register, and it will be carried forcibly towards the flue. Thus the cold air, carbonic gas, which is constantly reproduced, smoke, or any other impurities, are discharged through this flue, while the temperature of the room is remarkably equalized. There may be no more than from three to five degrees difference between the temperature of the room near the ceiling and that near the floor. The occupant feels refreshed and exhilarated, and he is not subject to attacks of severe headache, dulness, nor determination to the brain, attended with cold feet. All this is done with less consumption of fuel than would be used by any other mode of heating and ventilating. One large house in Danforth was warmed last year on this plan by a consumption of only seven tons of coal,

whereas by the ordinary methods a considerably larger amount would have been used. One peculiarity about this plan is, that the ventilation proceeds in precisely the same manner after the fire is extinguished and the rooms become cool.

Any stove may be made to answer in place of the furnace, by admitting the fresh air through the floor under the stove, and bringing this cold air in contact with the heated surface by surrounding the latter with a zinc or sheet-iron apron placed a few inches distant. This is the best and cheapest mode of warming and ventilating. (H. V. Miller, H. M., December, 1871, p. 214.)

Küttner's Aphorisms on the Nutrition of Infants.

1. He who would cure children, should first of all know how to feed them.

2. With infants food must often be medicine and medicine must be food.

3. The breast of the mother, even under seemingly adverse circumstances, furnishes the child's first and best food.

4. In the choice of a wet-nurse be cautious and distrustful; always inspect carefully both nurse and child.

5. In examining the nurse satisfy yourself by personal inspection, regarding every point touching her and her child. A continuous involuntary flow of milk from her breasts, is no sign of abundance of that fluid, but often results from atony of the lacteal vessels and nipples.

6. A nurse on whose breast the child does not thrive, but remains poor, with disordered bowels and constant restlessness, must be discharged.

7. If a nurse be found insufficient once, she is to be so considered forever.

8. The nurse should nourish the child from her breast entirely. If the supply is insufficient, aid must be sought from the milk of animals.

9. Not unfrequently, a nurse having plenty of milk at first will be deficient a few days after entering a new family; if so, have patience, encourage the woman, and the trouble will soon cease.

10. The only test of the value of a nurse is the condition of the child. The character of its stools will indicate the quality of the milk; the quantity of the urine is proportional to the quantity of the milk.

11. Systematic and regular nursing (every two hours) is important to both nurse and child. At night only, the intervals may be lengthened to five or six hours.

12. The return of the menses, provided it occasions no lasting disease of the milk, does no special harm. If it should produce harm, it will do so at once, and not, as some assert, at the age of puberty.

13. To allow a child to nurse a broken breast is a crime not void of danger, both to mother and child.

14. In weaning a child, or for combining with nursing some other food, neither age, nor the development of a certain number of teeth, are to be taken as a guide. They should be considered in connection with the child's general health; its development; its desire for other nourishment. The season of the year and especially the quality of the milk should be considered.

15. For weaning, the time after harvest is to be preferred.

16. Gradual weaning is preferable to sudden.

17. Cow's milk is the best substitute for breast milk, in cases where a child cannot have the latter.

18. Artificial feeding of little children, when properly conducted, does not yield such unfavorable results as generally supposed. Though such children during the first six or nine months appear poorer than others, they rapidly gain in flesh after that period.

19. If at all practicable, all children should take the breast for the first few weeks of life.

20. In artificial feeding, each case should be treated upon its individual merits.

21. Chemical analysis of human and animal milks show that these secretions present not only generic but also individual peculiarities regarding their quantitative and qualitative composition, the milk of the same individual presenting marked changes, according to the period in which the secretion has continued, according to the time it has remained in the breasts, according to the manner of living, the diet, the bodily health, and the mental emotions; thus it is difficult to establish any reliable table of the quantitative proportions of its constituents.

22. Every correction of cow's milk has for its only object to make it more like human milk.

23. It is not important that a child should at all times use milk from the same cow, as by mixing milk from different cows, compensation may be found for those deficiencies, which may possibly arise from the individuality of any one cow's milk.

24. The milk from cows fed on *dry fodder* only, is no better than than that from cows fed upon the usual diet.

25. The *morning's milk*, containing less fat and caseine, is to be preferred.

26. Provided milk can not be given to the child as soon as drawn from the cow, it is better to boil it; raw milk readily inducing flatulency, diarrhœa, constipation, or markedly offensive evacuations, while boiled milk is easier of digestion.

27. Skimmed milk is not suitable for children.

28. An undue dilution of the milk not only deprives the child of the necessary nutriment, but also renders its digestion more difficult, for the more diluted the milk, the firmer its coagulum. One-fourth, or at most one-third of water added to the milk, will not be improper for very young children.

29. Casein is more abundant, coagulates into firmer clots, and is therefore more difficult to digest than human milk. This difference constitutes the main difficulty in bringing up children on cow's milk. By adding about half a dessertspoonful of Pulv. Gum Arabic to a cup of milk the coagulum becomes much looser and becomes more digestible.

30. Diluted cow's milk should be slightly sweetened with milk-sugar; by adding a very trifle of common salt the sweetness is still further increased.

31. Undiluted cow's milk needs no addition of salt, it being richer in salt than human milk.

32. To children brought up on cow's milk no other food need be given until they are sufficiently developed and have several teeth. Then, biscuit, rolls, or groats, thoroughly soaked in water, or light beef tea, with a little salt (but no sugar) added, may be given.

33. The use of the so-called *sugar-teats* is abominable.

34. If a child is attacked with diarrhœa, it should not be deprived of its milk, as is frequently done. If the milk be really found to be the cause of the illness, a better article should be substituted.

35. If the cow's milk, even in conjunction with some farinaceous or mucilaginous substance, cannot be borne at all by the child, and there is persistent diarrhœa, then we may try in place of the milk the addition of the *raw yolk of an egg* to a decoction of groats, or the like.

36. If children show a *repugnance to certain articles of food* it is reasonable to presume this to be the expression of a natural instinct, and it is an error to seek to control such appetites. (Med.

Inv., vol. 8, p. 303, translated from Behrend and Hildebrand's Journal f. Kinderkrankheiten.)

Stimulants and Narcotics. Stimulants have been considered useful in therapeutics. Their primary effect is an apparent increase of strength or of nerve-force, transient, and followed by reaction and exhaustion. They produce a feeble pulse.

If the primary effect be a pleasing exaltation of the senses, intellect, and nervous system, a speedy reaction follows, characterized by stupor, dementia, and a sad depression of the vital energies.

Stimulants are so called from their immediate, primary, evanescent effects. They might be termed irritants or debilitating substances.

Repeating the dose palliates the secondary effects, but if the dose be not increased, the palliation soon becomes more and more feeble, ending in general exhaustion. This high nervous tension shortens life. Opium-eaters seldom survive the thirtieth year. Tobacco taken when hungry assuages hunger, but secondarily, it produces pyrosis, dyspepsia, anorexia, drowsiness. Arsenic diminishes the amount of expired carbonic acid gas; during its use less oxygen is required in respiration, hence it aids in ascending mountains, but secondarily, it produces dyspnoea; *embonpoint* is its primary effect, emaciation, its secondary.

Secondarily, all stimulants retard the elimination of waste matter.

Synopsis of Dr. Gregg's Argument on "The Physical Effects of Alcohol."—1. It produces "a shrinkage of the muscular and other tissues, and also of the blood-corpuscles," thus directly diminishing the nutritive capacity of the latter vital organs.

2. "It prevents the coagulation of fibrin," which is an essential prerequisite to nutrition. "Those who drink largely of spirituous liquors, have low nutritive powers, and wounds and ulcers of such subjects are slow to heal."

3. "It interrupts the natural processes of waste and repair, by arresting the proper oxidation of the tissues. It produces heat by combustion of the oxygen of the arterial blood, thus rendering it of a dark, venous character, and robbing it of its oxygen."

4. "The elimination of carbonic acid from the system is interrupted by diminishing the amount of this gas in the expired air." Hence, "this gas accumulates, causing prostration, both physical and mental," so characteristic of "advanced stages of intoxication." "The first product of the decay of all organized sub-

stances is carbonic acid. After the moderate use of spirituous drinks, the excretion of this gas is both absolutely and relatively diminished. This is equivalent to penning one up in a *close* room."

5. "It hardens the albumen of the brain and nervous system. It attacks no other portion of the human system so violently as this."

6. "It produces a metastasis of disease from a less vital to a more vital organ, which, having a greater present vitality, forces the disease into a dormant state. When the organ becomes sufficiently enfeebled," the disease will reappear with more virulence than before.

7. "When taken in moderate quantities, its effects are in proportion to the amount taken."

8. "All these objections apply to pure liquors."

9. "Alcohol is a product, not of vegetable growth, but of decay, the products of which are two deadly poisons, alcohol and carbonic acid, in about equal proportions. As long as physicians give stimulants, temperance societies are of little avail. Stimulation is not good for debility. The craving for stimulants arises in the chronic depression caused by their presence, which arrests metamorphosis of the tissues. Sweating thoroughly in wet sheets eliminates drug effects from the system. Alcoholic stimulation is not useful in crises, as its secondary effect is to increase the debility." (H. V. Miller, H. M., Sept., 1871, p. 49.)

POSOLOGY.

Dr. Kirby truly says that all arguments on the question of the dose can only be settled by experiment, and all reasoning on the subject, by analogy or otherwise, is useless. Hahnemann never dictated the precise dose of a remedy in every case, he left it to the judgment of the practitioner, where it must in the nature of the thing, be left, for he could not establish an infallible rule for that subject. (N. A. J. of H., 19, 476.)

How is posology to be placed in a position which may be regarded as scientific? By removing it from a pharmaceutical foundation, and basing it on the one side on the physiological action of

the medicine, and on the other on the susceptibility of the patient. The therapeutic action lies very near the limits of physiological action. Add such a principle to Hahnemann's first rule for giving just sufficient to stimulate the diseased part, and the choice of a dose becomes simplified. All the physiological actions of a remedy can be gained by doses confined within the third decimal dilution. I do not deny the curative power of medicines above the third, but I maintain there is no evidence that they act better than those below the third. (F. Black, *Mon. Hom. Review*, v. 15, p. 662.)

The Dose. In an editorial on this subject the author gives the views of the leading English physicians, and draws the following conclusions: 1. The susceptibility of different individuals differs widely, and this susceptibility is increased or diminished by the circumstances surrounding the patient. 2. Medicines in all attenuations have proved curative. 3. The high potencies have shown no real advantage over the crude drug, or first, second, or third dilutions. *a.* We can never be certain that we are giving the medicine at all, unless we make the dilutions ourselves. *b.* The constant use of high dilutions renders patients hyper-sensitive, not only to drugs, but to all causes of morbid disturbance. *c.* The action of high dilutions is more easily interfered with than is that of fractional doses. *d.* In a high dilution one medicine only will cure, while in fractional doses one of several might. *e.* It is customary to give one dose of a high potency, and allow it to act, and such a procedure may be interpreted into giving a patient time to recover without any medicinal interference whatever. 4. The majority of physicians have found the best results from the lower attenuations. (*Mon. Hom. Review*, v. 15, p. 449.)

The true dose will be found to lie near the physiological dose. There are but few of the mother tinctures of vegetable productions that will produce the slightest medicinal aggravation. In fact, the liability to aggravation actually diminishes as we increase the dose. The author proposes that in the future all cases be treated with medicines from the 3d downwards. (Yeldham, *Mon. Hom. Review*, v. 15, p. 742.)

The most efficient dose will be found just on the minus side of the physiological action. Determine the smallest quantity which will produce the physiological effect, then the dose just short of that is the most efficient curative dose. (Edwin Payne, *Mon. Hom. Review*, v. 15, p. 334.)

Hypodermic Injections. An article on Hypodermic Injections,

by W. James Blakely, will be found in the *Transac. Penna. Hom. Med. Soc.*, 1870, p. 59. The article concludes as follows:

"It seems to me that the hypodermic syringe might be advantageously employed for the administration of our potentized remedies, and the interesting question might be solved, whether their introduction into the subcutaneous cellular tissue, immediately at or over the seat of pain, would afford more speedy relief than when administered by the mouth. When we consider the celerity with which the properly-selected remedy acts, even in the highest potency, and under the most unfavorable surroundings, there seems nothing left to be desired. The foulest tongue, the most improper diet, and the entire absence of all attention to hygienic laws seems not in the least to nullify the favorable action of the little pellets of the appropriate remedy. Nevertheless, should favorable opportunities occur to me, I shall test the comparative curative powers of highly-potentized medicines, hypodermically injected.

"But against hypodermic injections of morphia, atropia, strychnia, quinia, or other drugs, in the doses recommended in the report which gave rise to the appointment of this committee, for the reasons already given, and, except as a last resort, all other means having failed, I desire to enter my protest."

CLIMATOLOGY.

The Climate of the United States, compared with that of Europe. Its effects upon the habits, customs, physique, and morals of the people. (M. E. Desor, of Neufchatel. Reprinted from a translation in the *Boston Medical and Surgical Journal*, N. E. M. G., vol. 6, p. 203.)

Climatology of Green Bay (Wis.) and Lake Superior Regions.

No sudden changes in temperature are noted. There is but little of ague and typhoid fever, but consumption, catarrh, rheumatism, and neuralgia, are very prevalent; there is also a great tendency to abscess. All diseases have marked febrile symptoms.

The Health of Coal Miners. Their shortness of life is due to accidents and fire-damp explosions; diseases from impure air; from exposure to water; from inhalation of coal-dust.

In the treatment of their burns, *Urtica urens* is the most useful, externally and internally. Should there be a systemic shock, then *Veratr. alb.* or *Ars.* is good. Have used the same remedy internally and externally. There is no malaria in coal mines; a case of intermittent fever was cured by sending the patient into a mine.

A common disease among miners is "*Miner's Asthma*," produced by the inhalation of coal-dust. Pneumonia and consumption are often seen. For these troubles the best remedy is *Arsenate of Soda*, 3d cent. trit. Coal-dust sometimes condenses and hardens in the lungs, remaining thus for years. (C. H. Haeseler, H. M., Jan., 1871, p. 257.)



PHYSIOLOGY.

Cell Theory vs. Plastic Theory, from Quart. Journ. of Microscopical Science, Jan., 1870, p. 67:

"We could never hope to see the development of life from inorganic matter as long as cellular organisms were the simplest known to us, nor can we attach value to experiments professing to show this. Our chance is, however, bettered by the discovery of the *Monera*. These we may possibly see developing from matter devoid of life."

Here, then, we have a new and important field for microscopy opening up in the avowed possibility of beholding some simpler than cellular organisms "developing from matter devoid of life." In this possibility we have the "Plastic theory," advanced by Haeckel to supplement that household-word in science—the "Cell theory." Let us take a hurried glance at this "Plastic theory," as it is outlined in a recent review:

"Just as at one time the cell was conceived to be the simplest living form, as seen in the ovum and uncellular organisms, and just as it was conceived that organisms are built up by aggregations of these simplest morphological units, so now we must admit the existence of still simpler units—the simplest conceivable—mere bits of protoplasm, undifferentiated, without nucleus, living freely as *Monera*, and possibly also becoming aggregated to form tissue. That such units should exist is what we were gradually led to expect by the researches of Max Schultze and others, result-

ing in the abandoning of the cell-wall and the rise of the all-important Protoplasm theory. It is Hæeckel who has discovered them. He calls these simplest units cytods, and classes cytods and cells together under the head Plastids. The cytod being the simplest possible form of life, it is this form under which life first appeared, and it is this which we should look to see formed by so-called spontaneous generation. In the course of development the cytod has given rise to the cell by internal differentiation of a nucleus. Since the development of the individual (ontogeny) is a more or less complete epitome of the development of the species (phylogeny), we should expect such plastids as are cells to pass through the cytod condition in their life-cycle, and we find that they actually do. Since the cytod is the earliest form all organized beings have sprang from it, but all but *Moussa* have passed through the cell stage also, and hence in all the higher forms the cytod condition in the development of the individual is obscure, the ovum appearing first as a cell, though *amœbæ*, *gregorinæ*, and *radiolania* reproduced by cytods."

What a sublime demand upon microscopy is this: to bring all its resources to the scrutiny of the first link of the long and varied chain of Life. And what a chain to survey—its last great link in man: its first issuing from the *wischleim* of the sunless ocean depths.

To the best of our knowledge Lorenz Oken was the first to point the direction in which this backward tracing must be effected, and as the ultimate gaining of this goal promises to modify the dictum, *omnis cellula a cellula*, we will quote at some length from Oken's "Elements of Physio-Pathology:"

"896. In the metamorphosis of the earths, when the chemism was added to the process of formation, not only the alkalinity and acidity issued forth in the calcareous earth and the salts, but the pure earthy also became free from fixity, and manifested itself as carbon in the carbonic acid.

"897. The last product of an antecedent stage is always the basis of that which is subsequent. *The fundamental matter of the organic world is consequently the carbon.*

"898. If in this carbon the three processes of the planet, namely, the formative or its special, the chemicalizing or fluidizing, and the electrifying or oxydizing process, concentrate themselves, and are present with all their energy in every atom of the organic body; so must the mass of carbon be at the same time solid, fluid,

and aerial, oxydizable in every spot, and thus also *soft*. Now a carbon mixed identically with water and air is *mucus*.

“899. Mucus is oxydized, hydrated carbon; or, expressed in purely philosophical language, mucus is the universality of the minerals and elements, or the synthesis of earth, salt, inflammable, and ore in water and air.

“900. Every organic has issued out of mucus, is naught but mucus under different forms. Every organic is again soluble into mucus, by which naught else is meant than that the formed mucus becomes one devoid of form.

“901. *The primary mucus, out of which everything organic has been created, is the sea-mucus.*

“902. Mucus belongs originally and essentially to the sea, and has not been mixed with the latter through the dissolution in it of putrefying substances.

“903. The sea-mucus has originated in the progress of planetary development, like the calcareous earth has with the carbon, and like the sea-salt. As little as this could have entered the sea originally through solution of rock-salt, so little could the mucus through the perishing of animals and plants, for none of these were yet present, but could be first developed only with the production of this mucus.

“904. The sea-mucus was originally generated through the influence of light, and by the denudation of the crude masses, especially of the earths and salts, which was thereby effected; while with the metals and inflammables ranging opposite to these, the carbon thus became free, and betook itself as carbonic acid to the water and air. Thus, also, has salt been produced.

“905. The sea-mucus, as well as the salt, is still produced by the light. Everything takes place through the differentiation, or by the absolution of fixed poles on the earth element. *Light shines upon the water, and it is salted. Light shines upon the salted sea, and it lives.*

“906. All life is from the sea, none from the continent.

“907. All mucus is endowed with life.

“908. The whole sea is alive. It is fluctuating, ever self-elevating and ever self-depressing organism.

“909. Where the sea-organism, by self-elevating, succeeds in attaining unto form, there issues forth from it a higher organism.” (Am. Obs., 1871, 459.)

The Germ Theory. In a recent lecture on “Dust and Smoke”

(June 9th, 1871) Professor Tyndall presents some facts of such value to the physician that we transcribe them from the last number of *Nature* (June 15th, 1871):

“I wish to direct your attention to the experiments of Von Recklinghausen, should you not happen to know them. They are striking confirmations of what you say of dust and disease. Last spring, when I was at his laboratory in Wurzburg, I examined with him blood that had been three weeks, a month, and five weeks out of the body, preserved in little porcelain cups under glass shades. This blood was living and growing. Not only were the amœba-like movements of the white corpuscles present, but there were abundant evidences of the growth and development of the corpuscles. I also saw a frog’s heart still pulsating which had been removed from the body (I forget how many days, but certainly more than a week). There were other examples of the same persistent vitality, or absence of putrefaction. Von Recklinghausen did not attribute this to the absence of germs—germs were not mentioned by him; but when I asked him how he represented the thing to himself he said the whole mystery of his operation consisted in keeping the blood *free from dirt*. The instruments employed were raised to a red heat just before use, the thread was silver thread and was similarly treated, and the porcelain cups, though not kept free from air, were kept free from currents. He said he had often failures, and these he attributed to particles of dust having escaped his precautions.

“Professor Lister, who has founded upon the removal or destruction of this ‘dirt’ great and numerous improvements in surgery, tells us of the effect of its introduction into the blood of wounds. He informs us what would happen with the extracted blood should the dust get at it. The blood would putrefy and become fetid, and when you examine more closely what putrefaction means, you find the putrefying substance swarming with organic life, the germs of which have been derived from the air.” (Am. Obs., 1871, 465.)

The Relation of Therapeutics to Modern Physiology. The author defines life a mode of motion; speaks of the molecular movements; defines atomic, chemical, colloid, and metabolic complexity; adopts Beale’s views that all formed matter is dead, and the only truly living matter is a pulpy, translucent, homogeneous matter, yielding after death fibrin. He considers three things essential to life, viz., irritable matter to act, pabulum to be acted on, and

stimulus to cause action. The changes which irritable or germinal matter undergoes constitutes the whole phenomena of life. Healthy nerves, healthy organs, healthy food, and healthy assimilation constitutes health; and disordered nervous system, disease of tissues, defective food, and malassimilation, disease.

Every true drug acts as a stimulus. Drugs cannot act *chemically* on living germinal matter; they must kill it first. Chemicals may modify the condition of unabsorbed food, or secretions after their formation; but the sphere of chemical treatment is outside the living matter. Chemicals influence germinal matter, not in virtue of their chemical affinity, but in virtue of their power to stimulate into activity some pre-existing property of the germinal matter itself. For this reason chemical substitutes can never be used in true scientific drug treatment. If an antacid were required, any of the alkalis might be used were it not that each has its specific effects on the body, besides its neutralizing action on the acids with which it comes in contact. A drug cannot act as a specific stimulus unless the germinal matter possesses the property of responding to its peculiar mode of impression, and as the germinal matter of different organs differs essentially in its properties it follows that every different substance will modify the changes of germinal matter in different parts or different ways. A drug which is capable of acting on a given part of the body in a certain way, as long as the molecular movements of that part are normal, may act in a totally different way upon the same part if a new set of movements are going on, *i. e.*, its action upon a healthy and diseased organ may differ to any extent. A drug may be incapable of acting on a certain organ while it remains healthy, and yet be capable of modifying to a great extent any morbid change which it may be undergoing.

Unless we know accurately what part of the living germinal matter a drug will influence (from provings), and what changes it will inaugurate, we cannot prescribe it with precision. A proving of a drug on the healthy body will be insufficient, since it may and probably will act differently on the same part when diseased; hence one must ascertain this point also; and this Hahnemann has done for us, showing that a drug invariably produces in the diseased organ a series of changes precisely opposite to those it produces in health.

If all diseases consist in changes in modes of motion of germinal matter, the converse must likewise hold true, and all changes

in the modes of motion of germinal matter must be looked upon as disease. Hence true care must in every case consist wholly and solely in a restoration of the original mode of motion to those portions of germinal matter which are diseased. (H. R. Madden, Mon. Hom. Review, v. 15, pp. 587-621.)

Pancreas and Fat. The pancreas influences fat by breaking up the aggregation of its crystals and altering its hydration. It alters its molecular condition, mingling it so strongly with water that even ether will not separate them. It does not decompose fat into fatty acid and glycerin, but will convert starch into glycose by simple mixture, even after its power of affecting fat is gone. (B. W. James, H. M., March, 1871, p. 406.)

Function of the Spleen. The spleen is subject to regular variations in size, owing to the varying conditions of the abdominal circulation. Prof. Baxter last winter informed me that from a half to three-fourths of an hour after partaking of a hearty dinner he could distinctly feel that his spleen was considerably enlarged, and Dr. Dobson found that the size of the organ increased from the third to the fifth hour after feeding, when it gradually began to decrease. The action of the spleen is to modify the constitution of the blood; in passing through its tissues it absorbs from the glandular substance certain materials which it did not previously contain, and which are necessary to perfect the constitution of the blood. As it passes out from this organ it has a different composition from that which it possessed before its entrance. (W. M. Detwiler, Proc. Hom. Med. Soc. of Ohio, 1871, p. 13.)

Drysdale proposes *Hæmatin* (the muriate if possible) as a pabulum in **chlorosis**, to be used with the ordinary medicines, because it seems to be the most easily digestible form in which iron can be given. He considers that if the vital process of decomposition and recomposition of blood, in which iron is so important, is weakened by the sympathy from disordered states of ovaries, uterus, brain, &c., in chlorotic conditions, a pabulum of iron must be used to restore the balance between excretion and appropriation. This must be *more* than ordinary food contains, because the digestive organs are too weak to consume a large bulk of food. Hence medicine must restore the deranged function, while the hæmatin only supplies the defective chemical element. (B. J. H., v. 29, No. 116.)

The Pulse. Dr. O'Manza has, by a very ingenious contrivance, obtained a photographic impression of the pulse, which shows

each stroke to be composed of three or even four pulsations, which fact may be due to a difference in the velocity of transmission of the wave at the centre of the artery and along its coats. (J. D. Buck, Proc. Hom. Med. Soc. of Ohio, 1871, p. 16.)

Manganum in Animal Fluids. Mr. Pollacci has by a new method proved the presence of manganum in the blood and milk of men and domestic animals. As he found it in all cases he considers it a normal constituent. In the milk he found it invariably in larger quantities than in the blood. As milk contains normally less iron than blood, the independence of manganum from iron seems thereby demonstrated, which may be of interest physiologically as well as medicinally. (Das Ausland, April 8, 1872.)

Ano-spinal and Vesico-spinal Nerve Centres. M. Masius has discovered by experiments upon dogs and rabbits, that, in the neighborhood where the sacrum joins the lumbar vertebræ, there is in the spinal cord a nerve centre which controls the sphincter ani; and that, immediately above it, there is another, which controls the vesical sphincter. There are, besides, so-called inhibitory nerves, coming from a place higher up. When the cord was cut below the centres, paralysis of the respective sphincters occurred, and involuntary discharges took place; when cut above the centres, violent contractions took place on account of the inhibitory nerves being thereby deprived of their actions upon the sphincters. We can safely infer from that, that incontinence of urine may often be traced to spinal diseases near the beginning of the sacrum, or that by paralysis of the inhibitory nerve, spasmodic contractions of either sphincter may occur. (R. Koch, Transac. Penna. Hom. Soc., 1871, p. 257.)

Termination of Nerves in Glands. The recent discoveries of proper agents to stain nerves exclusively, without discoloring other tissues (osmic acid, chloride of gold, &c.), have established the fact that nerves terminate in the cellular elements of the spleen, kidneys, salivary glands, lungs, and, as quite lately found out by Dr. Popper, in the lymphatic glands of the mesentery. As these nerves end in the cells proper, and are therefore no doubt influential in the contractility and subsequent function of the same, it will lead us to an explanation how nervous excitants can directly influence the secretion of glands and the functional activity of organs. (R. Koch, Transac. Penna. Hom. Med. Soc., 1871, p. 256.)

CHEMISTRY.

Ozone. According to the theory of Schönbein, every slow oxidation is attended with the formation of ozone. Mr. O. Loew presumed that in more rapid oxidation the same phenomena must occur. He forced a current of air from a tube into the flame of a Bunsen burner. This air he collected, and found the usual tests to indicate the presence in it of large quantities of ozone. Quite recently it has also been observed that by acting on the binoxide of barium with sulphuric acid, the oxygen evolved is very highly ozonized. Both these methods have special value by reason of their simplicity. (P. Dudley, Transac. Penna. Hom. Med. Soc., 1870, p. 82.)

Filtration as a Chemical Agency. It has generally been supposed that the filtration of liquids could have upon them no other effect than the removal of mechanically suspended impurities. From recent experiments, however, it is shown that a change also in the chemical character of the liquid frequently occurs, especially by the oxidation of certain chemicals which may be held in solution. This result is doubtless effected by bringing all the liquids, in the form of a thin film, into close contact with oxygen. (P. Dudley, Transac. Penna. Hom. Med. Soc., 1870, p. 82.)

New Test for Albumen. A mixture of *Acetic* and *Carbolic Acids* is said to demonstrate the existence of albumen in 15,000 times its volume of water, while nitric acid ceases to show any precipitate when the albumen is diluted 8000 times.

Adulterated Coffee. Artificial coffee beans are made of green clay; they can be detected by biting. (B. W. James, H. M., May, 1871, p. 512.)

Impurity of Paper. The demies, and other makes of white paper now in use, are generally impregnated with sulphur compound, introduced for bleaching purposes; and such paper, when used for wrapping pepsin, or other powders containing free acid, will in time, and particularly on a damp day, give off sulphuretted hydrogen in unmistakable quantity. This is important to homoeopathic physicians and druggists. To test the paper, sprinkle a few drops of dilute acid upon it, and if impure the sulphuretted hydrogen will soon be detected. (Mon. Hom. Review, v. 15, p. 376.)

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