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# EDITORIAL.

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With the usual timidity of beginners we enter into a new field of labor. We undertake the publication of a new Journal, strengthened by our faith in the system we have embraced and trusting in the indulgence of those who may feel inclined to support and encourage our work. Our motto shall be assiduity and perseverance. Nothing will be left undone to bring the ~~LAW OF SIMILARS~~ into the most useful operation, but while so doing we shall ~~not be~~ less diligent in studying the causes and pathology of diseases, for we firmly believe, that for the successful application of our remedies such a knowledge is ~~not~~ unimportant, (see § 3, 4, 5, of the Organon).

We invite all good homœopathists to help us in the development of our resources, pointing out our shortcomings and suggesting such changes or plans as may be thought convenient to the best elucidation and practical application of our system. With fraternal courtesy we intend to meet the views of those who may differ from us, but we shall not fail to uphold and defend individualization and the single remedy, rejecting easy methods, for they do not conform with what our school claims and teaches. This is our mission and under these colors we wish to be known and trusted.

The excuse we offer for undertaking this task is that we think there are at present, here and elsewhere, many young physicians and students in need of good advice, and surrounded by pernicious influences, which, if left unchecked, will certainly lead them to disloyalty and failure. We must teach them how to study *Materia Medica*; show them how the small dose of a single remedy properly selected, can effect cures in all curable diseases, and point out to them the dangers of generalizations, easy methods, routinism, &c. To do all this we shall become their bosom friend, and try to offer them well selected food.

We start this publication in a modest way, in the hope that with age and experience we may be able to grow larger and more useful each day. This *MEDICAL BRIEF* will appear monthly, both in *ENGLISH* and *SPANISH*, to circulate in North, Central and South America, and in Spain and Cuba. The City of Mexico is the place of publication of the Spanish issue, which is an exact copy of the English, published in Philadelphia.

We close our first address to the fraternity by stating that we shall earnestly endeavor to satisfy the expectation of our readers, dealing with all class of questions in a sincere and just manner, touching on all subjects of interest to our school with liberality and fidelity, rejecting, however, all and everything that may have a tendency to thwart our efforts or injure our cause, and while at the beginning, perhaps through lack of experience, we may fall short of our promises, we will not relax until we have attained the degree of perfection necessary for success.

We also expect our friends to aid us with their subscription, that we may be placed in a position to do a good work for the cause of Homœopathy.



## MATERIA MEDICA.

### ANALYTIC STUDY OF HYOSCYAMUS.

1. **Brain**—In the *brain* this drug produces a moderate congestion, (*Belladonna intense*), the circulatory disturbance never going on to inflammation, but the sensorial excitation is very marked, (*Stramonium* in a higher degree). The cerebral hyperæmia is usually attended by a flushed or blueish red face, sparkling eyes, dilated pupils, undulating sensation in the head, loss of hearing, vertigo, stupefying headache, insomnia, great nervous irritability, and a subdued form of delirium, with illusions, hallucinations, or mania of a loquacious, quarrelsome, or obscene character. The prolonged excitement is often followed by depression. Somnolence sets in, advances to stupor, and is then attended with incoherent muttering, carphologia and muscular twitching. From this condition the patient can be roused, answering all questions properly, but falling back immediately into his former stupor.

2. **Mind**.—The mental derangements produced by *Hyoscyamus* embrace fanciful creations, erroneous perceptions, intellectual perversion, and maniacal excitement of the types above described. The slightest impression excites the patient, every noise rouses him into all forms of delirium. Natural objects assume a grotesque appearance; he makes mistakes in distinguishing objects; imagines things around will fall; small things seem very large, (*Nux Mosch*), or vice versa (*Platina*). The field of vision is filled with luminous figures; objects look red as fire, or appear very distinct. He sees things which have no existence, people, crabs, fowls, geese, devils, and other bewildering images. He fancies men are swine. He reasons erroneously, imagines he is debating with absent persons; he is pursued, or that some one is trying to poison, to kill, or to sell him. She is buried in thought, broods over imaginary wrongs, is suspicious of being supplanted in the affections of another; raves with jealousy, distrusts every one; is reserved; is ignorant of her own relations, and is inclined to suicide; to drown herself. Again, she tries to escape, to undress and walk about nude, or lies in bed exposed and chatters, or sings amorous and obscene songs; laughs paroxysmally, covers herself with trinkets, uses offensive or unbecoming language and gestures; scolds, swears, curses; quarrels with bystanders, strikes, bites, and wants to kill them. Thinks he is a criminal, a harlequin, dances, runs about; acts and speaks in a solemn manner, assumes importance; snatches at objects, taps about the room, and climbs up to the top of the stove.

Nervous  
System.

**Nervous  
System.**

3. **Sleep.**—The *sleep of Hyoscyamus* is always restless, accompanied by *subsultus tendinum*, *startings grinding of the teeth*, *outcries*, or *groaning*, but the *exaltation of the mind* with its vivid and bewildering images may be such as to cause *frequent waking*, and even *complete insomnia*. The *dreams* are of an anxious or lascivious character. The *vertigo* is attended by obscuration of vision and general peripheral anæsthesia.

4. **Individual Cerebral Nerves.**—The most important disturbances are exhibited in the *motores oculi*, causing spasmodic closure of the eyelids, distortion of the eyes, protruding, rolling, quivering, staring and squinting; dilatation of the pupils, diplopia and myopia. In the *area of distribution of the facial*, we notice distortion of the face, *risus sardonicus*, twitching of the muscles, trismus, and grinding of the teeth. In the *nerves of special senses*, clouded vision, blindness; the *illusions of sight* are various, objects appear fiery red, too large, or double; in sewing, the needle goes to the wrong place; the letters move about while reading; there is roaring in the ears, and the *hearing* is diminished, or entirely lost.

5. **Voluntary Muscular System.**—Here it produces variations, from twitching of single muscles or sets of muscles (*subsultus tendinum*) to general epileptiform convulsions, the angular motions attending the latter being characteristic.

6. **Involuntary Muscular System.**—In this region it causes paralysis of both *sphincter vesicæ* and *ani*, with involuntary urination and defecation, but the bladder itself may become paralyzed, causing the *retention of urine*, which cannot be expelled without much difficulty. It likewise produces *spasms of the vesical walls*, with frequent urging. This drug acts also with paralyzing effect upon the *sphincters of the iris*, and the *constrictors of the pharynx*, in the latter interfering with or preventing deglutition.

7. **Par Vagum.**—Through the *pneumogastric* it seems to exert a marked influence upon the *superior laryngeal branch*, for it produces *spasmodic nightly paroxysms*, of an almost incessant, *tittillating cough*, with relief upon rising from the recumbent posture, which is often attended with spasms of the larynx and pain in the epigastrium.

**Digestive  
Track.**

**Digestive Organs.**—The symptoms to be studied, are: The trembling and difficult protrusion of the *tongue*, which may be dry, red, brown, hard, cracked, or like burnt leather. The sensation of dryness and burning in the *throat*, with inability to swallow. The spasmodic contraction of the *œsophagus*, with dysphagia and dread of liquids. The violent pains in the *stomach*, with vomiting and hiccough; the long continued *retching* without vomiting; the vomiting of food and bile, with convulsion. The distention of the *abdomen*, which may become tympanitic and sore; the flatulent colic. The paralytic condition of the *rectum* or *sphincter ani*, with involuntary watery stools.

**Urinary  
Organs.**

**Bladder.**—This organ, either from weakness or spasm, does not allow even the partial expulsion of the accumulated secretion, without great difficulty, and so we have as a result, *scanty and retained urine* with frequent urging and turbid deposit; or, the *sphincter vesicæ* may be so paralyzed as to cause *involuntary micturition*.

In the above analysis of **Hyoscyamus** after noting, first, its *irritative action upon the brain and spinal cord*, with an almost complete absence of inflammation and fever; and second, the *succeeding depression* with its torpid phenomena, we are certainly impressed by the multiform psychical manifestations of the *perverted sensorium*. We see that they do not only embrace *hallucinations and illusions*, but *erroneous reasoning leading to delusion*, as well as *manias of a quarrelsome, obscene, or self-conceited character*. And of course, its especial adaptation to **puerperal mania, disappointed love, insane jealousy, nymphomania, erotomania, and other morbid states of the mind**, in which the *sexual excitement* gives rise to the use of *unbecoming language and of unchaste gestures and actions*, is quite evident. Its appropriateness, however, to *other forms of mental disease* will likewise be obvious, if we bear in mind, that, impulses which permit violence; ridiculous conduct; eccentricities; peculiarities of manner, expression and dress; distrust and dissatisfaction towards relatives and friends; unwarrantable dejection; uncalled-for brooding, weeping, and chattering; and incongruous hilarity, shown in indecorous dancing, indecent singing, or unbecoming laughing are *all common expressions of delusionary exaltation*, which often indicate advanced perversion of brain function; and that, likewise, *distrust and suspicion* are sometimes the most evident manifestations of departure from a healthy state of the mind, and they prompt very absurd and unreasonable acts. But it is not only in mental disease that **Hyoscyamus** may be indicated, for in the **acute delirium of fevers**, which is nothing but a constant wandering of the mind, full of bewildering panoramas, without any impression becoming either corrected or fixed, the patient, more or less insensate, also labors under *hallucinations and illusions*, true enough of a passive kind, but sufficient sometimes, as in **delirium tremens**, to produce a feeble *delusion* which may govern his conduct, though being, as a rule, easily kept under control by persuasion.

It has been found frequently useful in **delirium tremens**, with bloated, purple face, staring look, clonic spasms, aversion to light and company (*stram, desire for*), and ungovernable impulses to strike relatives and friends of whom he is very suspicious. It is also a remedy of incomparable value in the **night-terrors** of excitable children, if they cry out, twitch in sleep, toss about, suddenly sit up, then lie down again, and finally wake terrified, screaming, trembling, and wetting the bed, as if they had been *laboring under anxious dreams or hallucinations*; and likewise in **infantile insomnia**, when the little patient tosses, twitches, starts, trembles, and finally wakes in fright, to remain sleepless for hours.

**Hyoscyamus** may supercede **Belladonna** in acute *congestion of the brain*, if fever is absent, the child twitches and jerks convulsively, grinds the teeth, cries out, or groans in sleep, squints, has a wild staring look, or distorted face, and is relieved by shaking the head, or sitting with the head bent forward.—Also in the **grave form** of this trouble, with agitation, *subsultus tendinum*, active delirium, unruly acts, and rapid pulse, **without pyrexia**, especially if followed by general depression, with *stupor* in the adult, and so-called *angular convulsions* in children. No less valuable is this drug in **apoplexy**, with loss of consciousness and speech, dark red, bloated face, stupor, snoring, dilated or contracted pupils and *relaxation of the sphincter ani and vesicæ*, allowing the involuntary escape of the urine and feces. And it may likewise meet the *promonitory symptoms of the attack*, which occasionally occur, and consist of headache, vertigo, impeded speech, forgetfulness of words, mental dullness, sensory disturbances, (*muscæ volitantis, tinnitus aurium, numbness or tingling in the limbs, &c.*), weakness of the limbs, or nose bleeding. It has been highly praised in the **loss of hearing** remaining after the attack.

**Hyoscyamus** is a very efficacious remedy in various kinds of **spasms** involving the *voluntary muscular system*, partial or general; especially in **epileptiform convulsions**, unattended by

arterial excitement, cerebral congestion, or fever, such as may occur during the *puerperal state*, *period of teething*, and from the *irritation of intestinal worms*.

This drug is again indicated in **paralytic debility** and even **paralysis of one or more muscles**, following the period of excitement of certain manias.

**Hysterical attacks**, with *risus sardonius*, twitching and jactitation of single muscles or set of muscles, produced by fright, grief, jealousy, or unrequited love, have been frequently controlled by **Hyoscyamus**. On the other hand, the dark red, bloated face, frothing at the mouth, biting of the tongue, grinding of the teeth, profuse urination, sopor and snoring, when attended with the above motor phenomena, and superinduced by the same causes, form a syndrome indicative of **epilepsy**, and fully met by **Hyoscyamus**, particularly so, if every attempt to drink water, or any other fluid, brings on a renewal of the attack. Its efficacy has been also repeatedly tested in **chorea** with a weak tottering gait, clutching motions of the hand and numerous incoherent muscular movements.

The fever for which **Hyoscyamus** is the remedy usually partakes of purely *nervous excitability*, with twitching of the muscles, trembling, vertigo and insomnia, and sometimes symptoms of *cerebral hyperæmia*; but when the excitement is followed by *depression*, or the fever assumes a *typhoid character*, the perceptive faculties become dull, general torpor ensues, a *stupor* from which the patient can be but momentarily aroused, sets in, the sphincters become relaxed, allowing the escape of urine and feces, and a delirium of the muttering kind super-

venes. It is also a most valuable remedy in **nocturnal, spasmodic, dry cough**, with or without tickling in the throat, excited by a recumbent posture, and abating after sitting up; or in any *incessant, dry, lacking cough*, severely shaking the body, causing painfulness of the abdominal walls, and occurring at night, when lying down, with relief upon rising from the recumbent posture; or in the same kind of cough occurring after eating, drinking, talking or singing. We have many times prescribed this drug with success, in the *paroxysmal, persistent, dry titillating cough* following the grip, and it has been recommended in **whooping cough**, with nightly paroxysms of dry, spasmodic cough, red face, arrested breathing and vomiting of white mucus, especially if followed by marked exhaustion.

In **diarrhœa of old age**, due to weakness of the sphincter ani, occurring during sleep, or provoked by the least mental excitement, or trouble, we have frequently given **Hyoscyamus** with good results.

And finally, it should be consulted in *loss of hearing* after acute infectious diseases; in *hæmoptysis* of drunkards; in *miliary eruptions* after the abuse of *Belladonna*; in *infantile convulsions* due to fright; in the *congestive chills* of severe malarial attacks; in *metrorrhagia* with continuous flow of bright red blood, and in *retention of urine* after labor.

NOTE.—Carroll Dunham's allusion that "the convulsions, the mania, the delirium, the cough, the sleeplessness of Hyoscyamus, all occur almost absolutely without any manifestations of fever," presenting in this respect a marked contrast to *Belladonna*, should always be borne in mind by every student of *Materia Medica*.

## PRACTICE OF MEDICINE.

### VARIOLA.

(*Small-pox*. — *Ger. Blattern*. — *Fr. Variole*. — *Sp. Viruela*), is a self-limited, contagious and infectious malady, characterized by an intense lumbar rachialgia, and an *eruption successively papular, vesicular and pustular*, which appears during the third or at the beginning of the

fourth day of the fever, dries up from the eleventh to the fifteenth, and usually falls off during the third week, leaving behind, when the pustular process has gone deep enough as to destroy a portion of the true skin, a permanent disfigurement (*pock-mark*). It takes about eight days for the eruption to pass through the

stages of vesicle and pustule, that is to fill and mature. No less characteristic is the *fever*, which abates or vanishes with the appearance of the eruption, to return at the onset of suppuration (*secondary fever*), speedily and with increased intensity in the *confluent forms*, and finally disappears at the stage of desiccation.

**Varieties.**—The *pocks* may desiccate without suppurating (*varioid*), but usually they suppurate (*true variola*); sometimes they are scattered and can be counted (*discrete*), or are so numerous as to run into each other (*confluent*); at other times they are very abundant on the face and scanty elsewhere (*cohering*), or are arranged in clusters, with certain symmetry (*corymbose*); occasionally they are slow in appearing or may recede, become livid or black, hemorrhage taking place into them (*black or malignant*), and finally petechiæ may develop between them and hemorrhage occurs from various parts, (*hemorrhagic or petechial*).

**Etiology.**—Variola is *epidemic*, and more *contagious* in the late, than in the early stages. It is readily communicated from one person to another, either by inoculation, contact or infection, or indirectly by fomites. The desiccated crusts, either when cast off, or still carried by the patient, are very effective means of propagation.—A first attack almost always protects from a second, but second and even third attacks have been recorded. It affects every age, both sexes, and all races, but the negro is the most severely punished. The poor classes for obvious reasons, suffer most. No climate is free from its ravages, and constitution seems to influence its occurrence and character. *Efficient vaccination* is said to destroy for at least fifteen years the susceptibility to the disease—Various round-shaped *micrococci*, usually in groups of four (*micrococcus tetragenus*), have been found in the hollow spaces of the mucous body of the pock (*Cornil*), as well as in the liver, spleen, lymphatic glands and kidneys of variola patients. (*Weigert*). Other micro-organisms described cling together to form chains as they grow (*streptococcus*), or group themselves in clusters (*staphylococcus*), or belong to the rod-shaped bacteria, called

*bacillus*, but none of them has reproduced the disease by inoculation, and consequently the pathogenic germ of variola, if any exists, still remains unknown. And again, German observers, guided by the works of Laveran on Malarial Fevers, claim to have discovered in the pox-lymph, a vegetable organism (*protozoon*), which they consider the true cause of the disease (*Mace*), but it has not been confirmed yet.

**Symptomatology.**—*Variola Vera*.—The period of *incubation* lasts from eleven to fifteen days, with no definite symptoms, but malaise. The *invasion* is ushered in by a violent, distinct *rigor*, or *chills*, soon followed by *high fever*, the *temperature* rapidly rising to 104°F., or more, almost without remissions for about three days, (*primary fever*). The *pulse* and *respiration* are highly *increased*, the latter more so than the former, amounting sometimes to *dyspnoea*, probably from direct action upon the respiratory centres (*Pepper*), and *diaphoresis* becomes overactive. The most *important attendants*, however, of the primary fever, are: the *headache*, which is severe and persistent, usually not abating until the outbreak of the eruption; the *vomiting*, which may become very violent and distressing, and is then accompanied by *epigastric uneasiness and pain*; and the *lumbar rachialgia*, intense from the start, giving rise to much suffering, and due to spinal congestion; sometimes so violent as to cause *radiating pains down the limbs* and *fleeting paraplegias*, with or without *anuria*.—*Usual concomitants* are also: *flushed face*, *injected eyes*, *throbbing carotids*, *anorexia*, *dry coated tongue*, *incessant thirst*, *constipation*, as well as *lassitude*, *debility*, *confusion of head*, *loss of power in the lower limbs*, *insomnia* or *frightful dreams*.—As *occasional phenomena*, we include, *diarrhoea* (common with children), *albuminuria*, *jaclitation*, *stupor*, *coma*, *convulsions*, and *delirium* (the last of serious importance if it persists after the eruption appears).—*Prodromal rashes* may develop before the specific eruption, of two kinds, *hyperæmic* and *slightly hemorrhagic*; the former (*morbilliform*, *erysipelalous*, *erythematous*) is extensive, disappears on pressure, and lasts one or two

days; the latter, (*scarlatiniform*), is the most common, of later development, composed of large spots of a red raspberry color, partially dispelled by pressure, principally localized on the inguino-crural regions, extending more or less over the anterior part of the thighs and abdomen, sometimes it is general and lasts several days, at other times the red bases are studded with purple dots, but in either case, it has not the unfavorable meaning of the purpuric rash of hemorrhagic variola. These initial rashes may occur singly or combined, and usually disappear as the specific eruption comes out.

The specific eruption generally appears at the end of the third day.— In the **discrete form**, the fever, after about twenty-four hours, suddenly falls to normal, or abates, when *rosy papules* come out here and there, filling like shot under the skin, first on the forehead and face, from where they gradually spread over the body and limbs, in one or two days; about the fifth day of the illness, these papules become *white, opaque vesicles, with a central depression (umbilication)*, and as the eruption also invades the conjunctiva, and the buccal, pharyngeal and laryngeal mucosa, we soon have *lachrymation, stomatitis, salivation, dysphagia, hoarseness, cough, &c.*— In the **confluent form**, the temperature does not fall to normal, *defervescence* is incomplete and late, and the fever may persist and be attended with *delirium*; the eruption appears at the same time and undergoes the same changes as in the *discrete*, but about the eighth day, when the vesicles are passing to the stage of pustule, they run into each other, especially on the face and limbs, which then become *enormously swollen and painful*; and as the various mucous tracts are more extensively affected, such distressing phenomena as: *photophobia, ophthalmia, blindness, coryza, sore throat, painful cough and dyspnoea* become prominent, the general illness being correspondingly severe.

With **suppuration**, in the **discrete form**, the fever returns about the eighth day (*secondary fever*), it is slight and of short duration, and if *delirium* is present, it is *mild and nocturnal*; the contents of

the pocks become now purulent, an inflammatory circle surrounds each of them, and as the pus increases *umbilication disappears*; when matured the pustules present a rounded and pointed appearances, soon burst, discharge their contents and desiccate. At this period *the face is swollen, the eyes are inflamed and weeping, salivation is profuse, the hands and feet, where suppuration is tardy, become tumefied and painful, and the restlessness increases* — In the **confluent form**, the temperature is continued, with more or less marked remissions, often more intense than in the initial fever; the *pustules coalesce*, especially on the face, where the opaline rugous blebs formed, give the aspect of a parchment mask; the suppurating surfaces emit a very offensive and peculiar odor; the eyes are closed, from œdematous swelling of the lids, the half open mouth allows a profuse escape of saliva; the hands and feet are rendered motionless by the pain, the hairy scalp is also the site of intense suffering; the ulcerations formed near the isthmus of the gullet, make deglutition distressing; laryngitis and bronchitis give rise to an extreme dyspnoea, and a violent delirium may persist to the end of the second week. Danger is now at hand, either from *hyperpyrexia, cutaneous asphyxia, œdema of the glottis, sudden collapse, or sheer asthenia*.

The **desiccation** begins from the eleventh to the fifteenth day, with the formation, on the top of each pock, of a brownish central spot; then they shrivel drying up into *yellowish-brown scabs, which fall off, and leave behind depressed, dull reddish scars, amounting to a permanent disfigurement of the face (pock-mark)*, in the confluent form. The itching is often unbearable, the skin remains for some time very sensitive to the atmospheric air, and with the falling of the scabs, some patients lose their hair, and even their nails. As the scabbing goes on the *secondary fever abates*, and in uncomplicated cases the temperature falls to normal, or persists if serious complications arise. — **Convalescence** is established from the moment the fever disappears, and if not retarded by boils, abscesses, or other sequelæ, the general condition steadily improves, and the appetite and forces



rapidly return.—*Death* is occasionally the result of *pyæmia, exhaustion, asphyxia, suppurative pleurisy or pericarditis, myocarditis, or cardiac paralysis.*

The chief **complications** occur during the stage of suppuration, and are: *œdema of the glottis* produced by the laryngeal eruption, *pyæmia* from absorption of pus, *cutaneous asphyxia* from arrest of the function of the skin, *purulent ophthalmia*, and *pleuro-pulmonary inflammations*, with suppurative tendency. Of less frequent occurrence, are: *suppurative inflammation* of the pericardium, endocardium, synovial membranes of the joints, cellular tissue, parotids, tonsils, and of the salivary and cervical lymphatic glands, *myocarditis, cardiac paralysis, orchitis, interstitial nephritis, peripheral neuritis, dropsy*, with or without *albuminuria*, and *abortion*. The *fleeting paraplegias* of the invasion stage occasionally persist, and like *paralysis of the bladder*, are due to *disseminated myelitis* (Westphal). *Destruction of the eye* from *suppurative keratitis*, is very rare in our days. During the confluent form, *fatty degeneration of the cardiac muscle* may lead to sudden death, (Huchard). *Broncho pneumonia* is common in children, and during desiccation we may observe an *ulcerative colitis*, with a profuse and sometimes *fatal diarrhœa*, also *purulent otitis* with *caries of the ossicles, necrotic laryngitis*, and *paralysis of the vocal cords*.

The most constant *sequelæ* are: *pock-marks, boils, subcutaneous abscesses*, but occasionally we observe, *deafness* from *purulent otitis, erysipelas* of the face and head, *gangrene* of the extremities and mouth, and in rare instances *falling of the hair and nails.*

**Anatomical pathology** teaches us that the site of the early lesion is the middle layer of the *rete mucosum*. The *evolution of the pock* is as follows: At first there is *hyperæmia* of the papillary layer of the corium, with thickening of the rete, the epithelia involved becoming coarsely granular. The papillæ increase in size, forming the *solid papules*. Then follows a serous exudation from the congested vessels of the part, which penetrates between the meshes of the mucous web, or mesoderma, scattering the neighboring epithelial cells and raising the

superficial from the deeper layers, to form the *vesicle*. The dispelled cells, at the same time, stretch out into tiny fibrous bands, to build the *septa*, or partition walls, which divide the vesicle into *loculi*, and the cavity thus formed, soon contains granules, coagulated fibrin, lymph and microbes. Shortly, each vesicle presents a small central depression, (*umbilication*), due, according to Kunze, to destruction of the superficial papillary layer and evaporation of the contents of the older chambers. Next, a red areola surrounds the vesicle, its contents become turbid and finally purulent, the epithelial septa give way, the umbilication disappears, and the result is a *hemispherical pustule*. By these successive changes the period of desiccation is reached, when the pustule bursts, scabs, and falls off, leaving behind a *permanent scar*, if the true skin has been destroyed by the inflammatory process.

The *variolous eruption* also develops on the *oral and pharyngeal mucosa*, but here the vesicles do not present the central depression, due to the fact that the evaporation of the liquid cannot take place in this locality. The *larynx* is also the site of an ulcerative process, sometimes extending to the very cartilages.

While in *variola vera* the rete is totally carried off, and the repair of tissue is impossible; in *varioloid* the deep layers of the rete are not destroyed, and reparation of the cuticle is easy.

In *hemorrhagic variola* the blood suffers marked alterations. The gases are diminished to less than one-half. (Brouardel), the loss of fibrin may reach enormous proportions, the decrease of hæmoglobin commences before the eruption and continues to the end of the disease (*Quinquand*), and the red corpuscles lose their shape and property of taking up oxygen, (*Laveran and Teissier*); changes which easily explain the intense dyspnœa, and fatal asphyxia. The *pocks* in such cases contain blood instead of pus. Hemorrhagic extravasations are found in various organs and tissues. Other *inflammatory and degenerative changes* occasionally observed in the internal organs belong to the complications.

In the diagnosis of variola the early recognition of its prodromal rashes may save us a great deal of trouble and confusion. These rashes are attended with intense backache, and followed by the specific shotty eruption, with subsidence of the fever. Bear in mind, however, that the small elevations of certain rubeolas, closely resemble the early papules of variola.—Measles, unlike the other eruptive fevers, begins with an oculo nasal catarrh, soon extending to the larynx and bronchi, and its eruption appears on the fourth day of the fever, never forming distinct vesicles, nor, when well out, distinct papules. The temperature does not abate when the eruption appears, but it increases with it.—Scarlet fever may be confounded with the scarlatini-form initial rash, but the early sore throat, course of the fever, rapid and general diffusion of the eruption, and absence of intense rachialgia, should put any doubt at rest.—Varicella presents a great analogy with varioloid, but a previous history of two or three days of febrile illness, before the appearance of the eruption, which from the first has a hard shotty feel, only belongs to the latter, while in the former there is usually no premonition, the first symptom as a rule being the eruption, which consists of red spots, in a few hours becoming transparent globular vesicles, without central depression, or hyperæmic infiltration of the adjacent cutaneous surface.—Certain hemorrhagic forms of variola have been mistaken for typhus fever and purpura, but typhus has its special history, with early stupor, typhomania, extreme adynamia, and persisting hyperthermia, and besides the location of the rash, its appearance in one crop, and the rarity of bleeding from the mucous surfaces, are, I think, valuable signs to decide in its favor; purpura, on the other hand, occurs without obvious cause, it is non-infectious, unattended by vomiting and rachialgia, and in many cases by fever, but characterized by hemorrhages from the mucous surfaces and hemorrhagic extravasations under the skin, the latter with the usual changes of color characteristic of bruises. The prognosis is favorable in varioloid,

and in the discrete form of variola. Unfavorable in young children, old people, pregnant women, and the puerperal state, and especially so in drunkards, the unvaccinated, and in the confluent and hemorrhagic forms of the disease. In persons who have been efficiently vaccinated, the disease is rarely fatal. In the confluent form the danger is greater during the stage of suppuration. The abundance of the eruption is important in giving a prognosis; if it appears too early and readily becomes confluent, we should expect a bad issue, and if it becomes arrested while developing, and the pustules collapse and wither, death is impending. Of bad omen are also: the cessation or absence of salivation, the continuation of the fever after the appearance of the eruption, the intensity of the nervous phenomena, and a persisting dyspnea.

**Treatment.**—During the initial fever consult, 1:—Acon., bell., ferr. ph., gels., verat. v. 2:—Ant. t., ars., bapt., bryo., cimicif., ipec., opi., rhus., stram., sulph.;—prodromal rashes: acon., bell., copai., gels., rhus., stram.

During the eruption: 1:—Ant. t., manlan., sulph., thuj., vaccin., variol. 2:—apis., ars., crot. t., merc., rhus., stram.;—retarded: bryo., gels.;—tardy on the skin, or early and thick on oral mucousa, with fetid breath: bapt.;—fails to appear, and hallucinations: and delirium supervene: stram.;—intense photophobia, lachrymation and sore throat: bell.

During suppuration (secondary fever): 1:—merc., thuj. 2:—apis., ars., hep., lach., nit. ac., sulph.;—ptyalism, with inflammation of salivary glands: merc. c.;—much salivation and intense inflammation of the conjunctiva and naso-pharyngeal space: merc. cya.;—excessive salivation, with sore, cracked, burning tongue and hoarseness: arum. t.,—deep involvement of pharynx, causing dysphagia and spasms of œsophagus: stram.;—very swollen face: apis., comoc., rhus.;—if suppuration delays: ars., merc., sulph.;—if it exhausts the patient: sil.;—if the emanations are very putrid: ars., bapt., lach., merc., sil., sulph., vaccin.;—if vesicles do not fill with pus, but become

large blebs, which burst and leave surface excoriated: **phos. ac.**

During desiccation: 1:—**sulph.** 2:—**rhus., sil.**;—intolerable itching: **led., form. ruf., sulph.**;—if pocks dry up too soon: **sec.**;—suddenly, with disappearance of the swelling: **camph.**;—if scabbing delays: **sil.**;—if pocks do not heal, itch and ulcerate: **sulph.**;—falling of scabs, with persisting erysipelatous swelling, ulceration, and oozing of fetid pus: **apis.**

In the discrete form, consult, **ant. t., bell., gels., merc., sulph., thuj., vaccin., variol.**

In the confluent form: 1:—**ant. t., bell., gels., merc., sulph., thuj.** 2:—**apis., ars., hydr. ac., lach., merc. cya., opi., rhus., stram., zinc.**;—with typhoid symptoms: **ars., bapt., lach., mur. ac., phos., phos. ac., rhus., sulph.**;—with coma: **hell., opi.**;—with wild delirium: **bell., hyos., stram.**;—with asphyctic phenomena: **amm. c., ant. t., carb. v., hydr. ac., laur., tabac**;—with fainting spells: **hydr. ac., lach., verat.**;—with threatening gangrene: **ars., kreos., lach., mur. ac., sec.**;—with erysipelatous swelling of the face and limbs: **apis., bell., comoc., rhus.**;—if the eyes are deeply affected: **arg. nit., ars., bell., hep., merc., sulph.**;—if the glottis becomes oedematous: **apis., jod.**;—if there is much salivation: **arg. nit., arum. t., merc., merc. cya.**;—if the pharynx is deeply involved, with dysphagia and spasms of oesophagus: **stram.**;—if the pocks are very inflamed and suppurate profusely: **merc.**;—if suppuration exhausts the patient: **sil.**;—if the pocks leave ugly-looking, fetid ulcers, surrounded by shining scales: **comoc.**

In the hemorrhagic form, **amm. c., ars., crotal., ham., lach., phos., rhus., sec., sol. n., sulph.**;—if pocks sink and turn livid: **ars., crotal., lach., rhus.**—if they become yellow livid: **lach.**, —if they fill with pale bloody serum: **sulph.**;—if petechiæ and ecchymosis develop: **arn., ars., crotal., lach., phos., rhus., sec., sulph. ae.**;—if blebs and livid spots form, surrounded by red areola, filled with blood and bloody serum: **crotal.**;—if pustules turn black from effusion of blood within: **rhus.**;—if there

is oozing of blood from the skin: **crotal., lach.**;—from any orifice of the body: **amm. c., crotal., phos.**;—if there is tendency to gangrenous ulceration: **amm. c., ars., lach., sec.**;—if the typhoid state supervenes: **ars., phos., rhus.**;—if the eruption develops improperly, with dysuria and bloody urine: **canth.**

Preventive medication has many advocates. Drs. Raue and Straube recommend very highly **malandrinum** and Dr. Wm. Jefferson Guernsey has written for this number of "*The International Brief*" an interesting article on the prophylactic use of the attenuated lymph of the horse-pox vesicle (*malandrinum*), which surely deserves careful study, and will be read by many with pleasure and profit. Dr. Kippax speaks favorable of both **malandrinum** and **vaccinum**, the latter derived from the cow-pox vesicle. Dr. Kaczowsky advises to let a dose of **Sulphur 30**, act for a fortnight, and then administer either **vaccinum**, or the attenuated lymph from the small-pox vesicle, **variolinum**, (see clinical cases of Dr. Arschagouni, following). Drs. Jahr and Espanet extol **vaccinum**. Boeninghausen recommends **Thuja**, not only as a preventive, but as a curative remedy. Dr. Hale praises the prophylactic virtues of **Sarracenia Purpurea**, **Baptisia**, **Antimonium tartaricum**, and **Hydrastis** are upheld by others. But in the majority of our Colleges the only prophylactic measures recommended, are: **vaccination, revaccination, isolation, and disinfection**. As a preventive measure Drs. Hering and Korndorfer have recommended the sprinkling of a weak solution of **Cyanide of Potassium** about the sick room. After recovery the most scrupulous attention should be paid to disinfection. Burn all scabs and dressings. Bathe patient in a weak solution of *Platt's Chlorides*. Change clean clothes frequently. Continue **isolation**, after falling of the scabs, for at least two weeks. **Disinfection** should also include the speedy removal of the corpse, if possible, in an air-tight coffin, after being wrapped in long sheets saturated with the above mentioned solution; the baking or burning of the bedding, clothing, etc., and the fumigation of the house.

## MALANDRINUM.

WM. JEFFERSON GUERNSEY, M. D.

There is probably no possession, whether real or imaginary, that is so zealously guarded as beauty, and while some patients will silently suffer the annoyance of an eruption on some hidden part, they will hasten to a dermatologist when the slightest trace of it appears upon the face. To this fact, mainly, is the dread of variola attributable; for its fatality is not high, nor is the suffering so severe as with many other complaints that are little feared. Twenty years ago it fell to the writer's lot to attend a great number of cases of small-pox, and during that epidemic and with the three cases that have since been under his care, there was one question uppermost in each patient's mind, an inquiry oft repeated, with more or less solicitude—"Will I be much marked."

With respect, therefore, for this apprehension, it may not be out of place to digress from the subject to which the title of this paper more directly calls us long enough to endorse the free use of cold-cream upon the face as a preventive of cicatrization. Of course the medicine may do much in this direction, but a very great deal can be accomplished by excluding air and light from the pustule and keeping it thoroughly and constantly lubricated. Cold-cream has sufficient "body" if used alone and being non-medicinal is especially deserving of our commendation. Strips of old, soft muslin, into which it has been well rubbed, laid across the forehead, cheeks, nose and chin; will answer as well as any mask, and can be burned and replaced night and morning.

Whether lard (without salt) would answer as well has not been stated, but its cheapness would be a point in its favor, as a recent case, treated as just described required four pounds, but with a result that is perfectly satisfactory.

Accepting as a fact the intimation that most human beings will subject themselves to the contagion of some other diseases with a reckless disregard for personal safety, and neglect the com-

monest rules of health at the risk of contracting phthisis pulmonalis with all its uncomfortable and loathsome accompaniments and fatal termination, and yet so fear the small-pox as to willingly and anxiously submit to the introduction of a filthy and dangerous virus to ward it off, forces one to the further hypothesis that death from most any other complaint is preferable to life with the disease in question.

This great unpopularity of variola has encouraged the various Boards of Health to encroach more and more upon the grounds of personal liberty, until they have practically made vaccination compulsory; or think they have.

Now the prophylactic power of vaccination must be admitted, but much of the credit for scarcity of the dread disease should be given as well to sanitation and quarantine: and when we hold, as we now do, a better preventive, it should receive more attention from us than has hitherto been bestowed upon it. *Malandrinum* is more consonant with Homœopathic principles because similar, yet not the same; it produces no ill effects, not even incapacitating to the slightest degree from the usual avocation, and does not risk the introduction of syphilitic or tuberculous germs; or stir up within the individual any previously unsuspected, latent, srofulous taint, and it is a protective agent, as shall presently be demonstrated.

Its antidotal power can be determined by any one in the manner that the writer has many times tested, namely by administering the medicine as a preventive of vaccination. Even repeated operations will not "take" after the remedy has been exhibited. This should show that it is the deeper acting of the two. Again it will overcome the bad effects of vaccination, and heaven knows there has been enough of this to do. Those directly exposed to the contagion of variola will escape its contamination by its protective influence. This last assertion is based upon the theory of

Homeopathics; the experimental researches of numerous physicians and the experience obtained through a case just discharged.

Just how much of it and how frequently it should be given is a doubtful point but one not serious to overcome when evidences are at obtainable that a little will be sufficient and much not do harm. Some experimenters declare one powder to be sufficient, but it would seem wiser to err on the safe side and prescribe it night and morning for a week. During attendance upon the case just referred to the other members of that household took it in water every two hours until after suppuration was complete with the patient, and three times daily, dry, for the week following.

A skeptical reader will raise objection that these might not have needed protection and were able to avoid it from some unknown internal condition of health, and that they may yet take it from the next exposure, these conditions being absent. All of which is granted, with an allusion to the fact that the same argument would apply against vaccination. Sufficient data has been secured, however, to warrant its acceptance upon an equal footing with vaccination as far

as its preventive influences are concerned; and its harmless nature demands that a more general attention should be given to it by Homoeopathic physicians, and it is the hope that many such reports will come to our journals that has prompted this somewhat rambling article.

Before closing, reference might be made to "vaccination" (operating as usual) with the *potency* instead of the crust or "point" where vaccination is required by some school or factory order. For this purpose the 30th may be dissolved in water, an equal part of glycerine added and the solution inserted by scarification with the lancet. This procedure enables the conscientious physician to sign a certificate with no stretch of conscience, as the strength of vaccine matter is not, fortunately, dictated by these august authorities.

One girl who has been the subject of every contagious disease known to inflict her neighborhood and to have each violently, was vaccinated with the potency and unknown to the writer, of course, took dinner at the house of the above case with the nurse, the Jay before quarantine was established, and took nothing else.

## TWO CASES OF SMALL-POX.

On the 14th of March, 1893, I was called to see in a private family, a little girl, Margaret, 7 years of age. The mother told me that the child had been sick for several days. She had given her some household remedies, without any benefit.

On inspection the child had a red face, injected eyes, throat hyperæmic, left tonsil red and enlarged; nothing noticeable on the body. She had had measles, for which I treated her at that time. The pulse was wiry and 190; T. 107. She had not been vaccinated. Prescribed *Aconitum* 6, gtt. vi., in half a glass of water, teaspoonful every hour. I also ordered to keep James, the younger boy away from her.

On the 15th: pulse 160, tem. 105. Mother told me she was delirious, moan-

ing and very restless the night before. Prescribed *Rhus. tox.* 6; dose, same as the preceding.

On the 16th: pulse 120, tem. 103. Child had a better night; continued the same remedy.

On the 17th: pulse 100, tem. 101. Prescribed placebo.

On the 18th: Same. Prescribed *Sulph.* 30. 1 dose, with a view to set a reaction.

On the 19th: Some eruption began to show over the face and on the 20th the body was from head to feet covered with the characteristic eruption.

The case was, as I expected, one of small-pox. The Board of Health was notified and diagnosis confirmed by their inspector. The house was quarantined. Following then the advice of Jahr, I

prescribed on the 20th, **Variolinum**, 30th dilution, gtt. xv, in half a glass of water, teaspoonful every hour. On the 21st the child was very quiet, the disease was following its usual course, but without any fierce symptoms; even when the eruption became pustular, no marked secondary fever, neither the characteristic odor were present, notwithstanding that the eruption was fully developed. **Variolinum** 30th hourly was continued until the 24th; on the 25th, every two hours and on the 27th every three hours. The drying process had already begun and the crusts fell easily, no pitting, or cicatrix left.

While the child was thus convalescing, James, the brother, 5 years old, felt sick, and on the 29th of March he showed a temperature of 103°. He had not been vaccinated either. I gave him **Aconitum** 6 in water every hour. The symptoms of this drug correspond to the initial symptoms of this disease, even when there is delirium.

On the 30th the temperature was 101½°. Continued **Aconite**.

On the 31st: tem 99½, R continued.

On the 3d of April, with the appearance of the characteristic exanthem, **Variolinum** 30th was prescribed, hourly; soon after taking this remedy, the symptoms became abated and **Variolinum** was kept up to the 7th of April. The crusts began to fall and he had an easy convalescence.

Both children were kept indoors till desquamation had fully set in. Meantime they were bathed every other day, during the stage of desquamation, with carbolized water, as a prophylactic measure. Diet in accordance with the progress of the disease, and both made a splendid recovery in spite of not being vaccinated.

These two cases justify fully once more Jahr's statement in regard to **Variolinum**. In fact he says: (Jahr's Forty Years' Practice) "I prescribe this substance at the commencement of the disease, which is generally abbreviated by it more than any other agent. If I am called," he continues, "after the exan-

them is fully out, in the suppurative stage, I likewise commence the treatment with **Variolinum**." And our late Dr. C. Hering in his *Domestic Practice*, also suggests **Variolinum** 3d dilution, when the pustules are fully developed. Dose: 1 or 2 drops in a glass of water, a teaspoonful every six hours.

The late Dr. Samuel Swan, of New York, reports ("*Medical Advance*," 1890) two cases of small-pox. One of a boy, 6 years old, the case of Dr. H. C. Morris, of Sherman, Texas; the other of a man 23 years old, case of K. I. Cochrane; both were cured with **Variolinum**.

The therapeutic value of **Variolinum**, in the treatment of small-pox is now beginning to stir up our Allopathic friends, as can be seen by the article on **Anti-toxine for Small-pox**, which appeared both in *THE INTERNATIONAL BRIEF* of January last, and in the *NEW YORK MEDICAL TIMES* of the present month.

Homœopaths need not be surprised to learn that this so-called "new discovery" which is now spreading over the whole world will be chronicled as a recent and most wonderful one, and yet our brothers of the opposite school need only turn to our homœopathic literature to learn of the wonders of **Hydrophobinum** in the treatment of hydrophobia, **Anthracinum** for anthrax, **Syphilinum** for syphilis, **Tuberculinum** for tuberculosis, etc.; all these were proven and prescribed by Homœopaths years before those who at present claim the title of discoverers, and are now wearing the wreath of "humanity's salvation" on their crown.

Lately a quite original adjuvant method has been added to the treatment of variola; that is fixing red curtains or red glasses at the windows of the sick room, thus preventing the bright day light from entering. It is claimed that by this precaution the forms of variola will have a milder character, and especially, will not produce persisting cicatrices or pitting.

D. JOHN ARSCHAGOUNI,

Feb 8, 1895.

New York.

## Memorabilia.

### Troubles of Digestion

The appetite may be diminished, or even lost (*anorexia*), increased (*bulimia*), or depraved (*pica*, *malacia*) Sometimes it is replaced by a true aversion or repugnance for all food, or for a certain kind of food, especially meat and fat. The temporary loss of the appetite is one of the earliest results of disease, while its return is commonly one of the first evidences of convalescence. A perfect loss of desire for food occurs at the onset or during the course of all febrile affections, but it may depend upon there being but little necessity for food, as in the aged, and in those of weak constitution and sedentary habits. All the alterations of the appetite are more common in acute than in chronic diseases, but when present in the latter, or persisting during the convalescence of the former, they have an unfavorable meaning. They are constant in acute and chronic gastritis, principally in the gastritis of drunkards, and while they are present in cancer of the stomach, they are usually absent in simple ulcer and gastralgia. They are also observed at the outset of atrophic cirrhosis of the liver, and in chlorosis, hysteria, hypochondriasis, mental alienation, and among the most common attendants of dyspepsia. *Bulimia* is more rare than *anorexia*, sometimes it is complicated with *pica* and often replaces, or alternates with loss of appetite in chlorosis, hysteria and alienation. But it is most frequently the result of an increased want of nutrition from excessive consumption of the living tissues or of the blood; in other words, with those in need of organic reparation, as in diabetes, azoturia, and during the convalescence of typhoid fever. The presence of *tenia* in the intestines often gives rise to a voracious appetite, differing from what occurs with the *ascaris lumbricoides*, which diminishes the desire for food far more frequently than it increases it. The existence of hunger during the progress of fever is generally considered a bad sign, as indicating great derangement of the nervous system. A perverted or depraved

appetite—*pica* and *malacia*—sometimes occurs in children, often in the insane, and in pregnant, hysterical and chlorotic women. They often have a craving for some extraordinary, indigestible and non-nutritive substances, as charcoal, chalk, wood, brown paper, flies, cinders, earth (*geophagism*), excrements (*coprophagism*), &c., and these abnormal cravings constitute *pica*. Sometimes, however, the desire is for spicy, exciting and unwholesome articles of food, as condiments, vinegar, cloves, pepper, salt, uncooked rice, green fruit, &c., and this unhealthy appetite is called *malacia*. We must bear in mind that subjects afflicted with these abnormal cravings, as a rule, will not take proper food, though in some cases we see *pica* concur with *bulimia*. The want of healthy appetite in young people must show some derangement in the nerves which govern the sense of taste and the gastric system, and should be carefully inquired into by the parents or guardians of the children so afflicted. In women it is generally symptomatic of an irritated state of some organ related to the stomach, as the uterus and ovaries. In old people it is often part of the general decay, and in the insane a part of the disease.

Although these various alterations of the appetite are nothing but symptomatic affections, which can only be cured by treating the disease of which they form a part, sometimes they become so prominent and exaggerated as to furnish us precise indications for the choice of the remedy best suited to cover the totality of the symptoms attending upon them, and for this reason we prepare repertories, in which we may readily find the drugs corresponding to these various complaints and destined to cure the original disease.

### REPERTORY.

1.—*Anorexia in general*, sulph, nux. v., ant. c., puls., chin., bryo., hep., merc., cycl., ars., am., sil., calc., bell., carb. v., cham., lach., nat. m., lyc., rhus., cocc., nit. ac., petrol., sep., tart. e., verat.;—alter-

**nating with good appetite**, *nat. m., lach., alum.*;—with **hunger** simultaneously, *bryo, chin., hell., nat. m., rhus., nux. v., lach., calc.*; *ign., sil., opi., ars.*;—with **bulimia**, *bryo, nat. m., lach., sil., opi., oleand., ferr.*;—with **thirst**, *calc., amm., nitr., spig., tart. e., ars., nux. v., phos., lyc., sil., zinc.*;—occurring at the moment of **eating**, *bryo, tart. e., lyc., ars., bell., cham., cycl., caust., colch., jod., rheu., arg., ang., ruta.*;—in the **evening**, at supper, *arn., cupr., cycl., graph., canth.*;—in the **morning**, at breakfast, *amm., cycl., phos., lach., ferr., zinc., seneg., k. bich.*;—to **complete loathing**, *ant., puls., nux. v., ipec., bryo, chin., lach., sep., petrol., dros., coni., ars., caus., hep., hell., lyc., olean., sil.*;—**after eating**, *ipec., sass.*;—with **occasional nausea**, *nux. v., verat., chin., sulph., calc., hep., ars., sil.*;—owing to **summer heat**, *bryo, ant. c., carb. v.*

2.—**Repugnance, aversion, to all kind of food**, *ipéc., puls., nux. v., nat. m., bryo., arn., chin., merc., sulph., tart. e., cocc., bell., ign., lach., rhus., sep., ars., acon.*;—to **warm food**, *puls., merc., calc., sil., bell., ign., lach., graph., lyc., cupr., verat., petr., zinc.*;—to **solid food**, *ferr., ang., merc., staph.*;—to **meat**, *puls., sulph., calc., carb. v., merc., ign., lyc., sep., sil., rhus., mur. ac., sabad., petrol., alum.*;—to **soup**, *arn., cham., rhus., graph.*;—to **fat food**, *puls., petrol., ipec., nat. m., carb. v., sulph., rheu., hep., bryo, carb. a., hell., merc.*;—to **butter**, *carb. v., chin., merc., ars., puls.*;—to **veal**, *zinc.*;—to **pork**, *colch., dros., ang.*;—to **fish**, *graph., zinc.*;—to **eggs**, *colch.*;—to **cheese**, *olean.*; to **vegetables**, *hell., mag. c.*;—to **sour krout**, *hell.*;—to **bread**, *chin., puls., sulph., nat. m., nux. v., rhus., lach., lyc., sep., coni., nit. ac., phos. ac., mag. c.*;—to **black bread (rye)**, *nux. v., nat. m., lyc., phos. ac., sulph.*;—to **bread and butter**, *cycl., sang.*;—to **farinaceous food**, *phos., ars.*;—to **fruit**, *bar. c.*

—**aversion to acids**, *sulph., bell., cocc., ferr., ign., sabad., nux. v.*;—to **salty food**, *graph., selen., carb. v.*;—to **sweets**, *caust., graph., sulph., ars., merc., phos., nit. ac., zinc.*

—**aversion to drinking**, *bell., hyos., stram., canth., nux. v., chin., ign., cocc., merc., lach., nat. m., arn., cupr.*;—to **cold water**, *bell., chin., stram., nux. v.,*

*calad., hyos.*;—to **milk**, *ign., sulph., carb. v., puls., sep., bryo, calc., guai., sil., nat. c., tart. e., amm. c., bell., arn., nux. v., phos., stann.*;—to **coffee**, *nux. v., rhab., bryo., cham., phos., calc., coffea, lyc., nat. m., sulph. ac., merc., bell., carb. v., chin., dulc., rhus., spig., sabad., k. bich.*;—to **beer**, *bel., chin., nux. v., cocc., stann., sulph., phos., cham., alum., asa., spig., spong., croc. tig.*;—to **wine**, *lach., ign., merc., rhus., flour. ac., sab., sulph.*;—to **brandy**, *ign., merc., zinc.*

—**aversion to snuff**, *spig.*;—to **smoking**, *puls., ign., arn., calc., nux. v., cocc., nat. m., carb. an., nux. j., lach., lyc., tart. e., brom., camph., spig., canth., tarax., k. bich.*

3.—**Bulimia.**—For **exaggeration of the appetite, in general**, *calc., verat., rhus., sil., bell., lyc., chin., nux. v., puls., sulph., cina., hyos., jod., k. jod., carb. v., graph., bryo, petrol., sep., ign.*;—for **excessive, morbid hunger**, (bulimia proper), *verat., calc., sil., lyc., chin., cina., hyos., nux. v., jod., sulph., spig., sabad., graph., phos., staph., coni., hep., merc.*;—for so-called **voracious appetite**, *verat., calc., rhus., merc., sulph., nux. v., chin., cina., bell., lyc., sep., carb. v., graph., coff., staph., mur. ac., petrol., olean.*;—for **dévouring hunger, with gnawing pains in the stomach**, *bell., lach., jod., arg.*;—for **canine hunger, with vomiting of food**, *nux. v., sulph., sil., puls., bryo, phos., lyc., nat. m., calc., cina., hyos.*;—for **ravenous hunger, with lientery**, *chin., verat., phos., sulph., calc., bryo, merc., coni.*;—for **hunger, with loathing of food**, *chin., nat. m., bell., rhus., nux. v., sil., ign., bryo, calc.*;—**alternating with anorexia**, *phos., jod.*;—for **morbid hunger, occurring at night**, *chin., bryo., sulph., phos.*;—in the **morning**, *calc., chin., ant. c., carb. a., sabad., rhus.*;—immediately **after eating**, *calc., chin., cina., phos., lyc., lach., merc.*;—after **drinking beer**, *nux. v.*;—in the **evening**, *ign., sil., sabad., sep., carb. v.*

—for **morbid hunger, during malaria**, *chin., cina., phos., cic.*; after **quinine**, *cup. perf.*;—during **vermination**, *cina., merc., sabad., spig., sil., hyos.*;—during **pregnancy**, *nux. v., sep., coni., petrol., nat. m., mag. m.*;—during the **convalescence of acute diseases**, *chin.,*



verat., calc, sulph., sil, nat. m; of cerebral affections, verat;—in scrofulous subjects, calc, sil., sulph;—during convulsions, bell., cina, calc, hyos;—in rheumatic febrile affections, rhus;—in gastric troubles of chlorotic or cachectic women, calc., lyc;—with headache, calc, rhus;—with nausea and vomiting, calc, sil;—with pain in the stomach, calc., rhus, sil;—with flatulence, calc., lyc, rhus;—with diarrhoea, calc, verat.; green, acid stools, alum;—with hard, dry stools, calc., sil., lyc.;—with abundant, aqueous urine, calc, lyc;—with leucorrhoea, calc., lyc, sep., petrol;—with oppressed breathing, calc., sil;—with fainting spells, calc;—with emaciation, calc., iod., lyc, sil;—with yawning, calc., ign.;—with convulsions, bell., cal'e., cina;—alternating with aversion, opi

4—**Pica.**—craving for indigestible substances, alum, bryo;—for chalk, clay and other kinds of earth, alum, nit. ac., nux., calc., hep, ign;—for charcoal, cic, coni., alum., nit. ac, nux. v;—for smoking tobacco, staph;—for starch, alum., nit ac;—for rags and paper, alum;—for salt, carb. v. calc., verat.;—for dry rice, alum.

5.—**Malacia.**—desire for acids, verat., sulph, arn., bryo, k bich, hep, ars., puls, ant. c., cham., phos, squill., tart e., ign, chin; for nothing but acids, aur;—for pungent, stimulant things, chin, hep, puls.; arg n., flour. ac., sang;—for salt food, carb. v, caust, calc, coni, verat., meph., cor. r, nat. m, nit ac, thuj;—for bitter things, nat. m, dig;—for smoked meat, caust.;—for herring, nit. ac, verat;—for strong cheese, arg. n, ign;—for green, sour fruit, tart e, cist;—for spiced food, or highly seasoned, chin, sang, flour. ac, phos;—for fatty, rich food, nux. v., nit ac;—for oysters, lach, bryo., rhus;—exclusive desire for meat, mag. c., sulph., hell, meny;—for vegetables, mag c, alum;—for cucumbers, ant. c., verat;—for pickles, hep., staph;—for sour crout, carb a, cham;—for cold food, verat, cupr, sil, thuj, ars., rhus, eup perf., cann. i.;—for cooling things, merc, phos, phos ac., caust., puls, coec., rhab, valer;—for sour, cooling

things, acon., arn, sulph., hep, chin, ars., puls., verat;—for restorative nourishment, chin, caust, hep;—for dainties, chin., rhus., calc., petrol, ipec., mag. m, nat. c;—for sweets, chin., cycl., amm. c., k carb, rhus, ipec, lyc., arg n., bar c, carb. v, sulph, calc, mag. m, nux. v., petrol, rhab., sabab.;—for juicy food, phos ac, sabad, verat, aloë;—for fruit, verat, ign, sulph ac, tart e, alum., chin, puls.;—for farinaceous food, sabad;—for pastry, plumb.;—for bread, ars, plumb, nat. m., bell, nat. c, puls., stont.;—for hard eggs, calc.

—exclusive desire for liquid food, bryo, ferr, merc., staph., sulph;—for cold drink, ars., verat, merc., dulc., cham, calc, bryo., puls., chin., plumb, olean, squill, sabad, sulph, tart. e., rhus, thuj. caust., phos. ac.; often, but little at a time, ars., apis., chin., hyos.; often, and much at a time, bryo., acon., bell, nat. m.;—for spirits generally, ars., hep, puls, calc., chin., staph., sulph., lach., merc., nux. v., opi, sulph. ac., acon, bryo., aur., sep, selen;—for brandy especially, hep., sulph., ars., lach, opi, puls., nux. v., merc., chin., sep, selen;—for whisky, ars., asar, carb ac., lach., selen., spig., hep., merc, nux. v, opi., puls.;—for wine, nux. v., puls, bryo., sulph, calc., hep., lach., chin, mre., staph., acon, cic, sep.;—for beer, nux v., sulph., puls., bryo., merc, nat. c., k. bich., petrol., phell., acon, sabad., caust., coec., lach., opi, sulph., phos. ac., spig;—for ale, sulph;—for coffee, bryo., ang, aur., selen., chin, ars., coni., coleh., mosch., capo., nux. m.;—for milk, merc., aur., sil., nux. v., lach., staph., rhus., sabad., ars., bryo., phos. ac., chel., calc;—for cold milk, phell., phos. ac, rhus., sabad., staph.;—for lemonade, selen., bell., sabin., sec.; (for lemons, bell.);—for acid drinks, therid.;—for sour drinks, ant. c., borax., bryo., cham., dig., hep., phell., plumb., verat.;—for bitter drinks, acon., nat. m.

Hahnemann employed **Cyclamen**, with success, in the obscuration of sight produced by colds. And Franz cured in one minute with this drug a dull drawing toothache which had lasted all night.

## Miscellany.

It is our intention to continue publishing in every number of THE INTERNATIONAL BRIEF the analytic study of some well-proven drug, followed by a paper on one of our common diseases, with its homoeopathic treatment; and in order to make the work interesting and profitable to the young student and physician, we beg our friends with ripe experience to furnish us with clinical cases illustrative of the efficacy of the indicated remedies, and which may influence the untrained and inexperienced to keep away from easy methods.

The March number of THE INTERNATIONAL BRIEF will contain among other papers, an *Analytic Study of Stramonium*, an article on *Measles*, and comments on *Varicella* and *Varioloid*.

Our request of writing for our Journal, short practical papers, has been kindly responded to by Dr. William J. Guernsey of this city, and Dr. John Arschagouni of New York, and we eagerly hope that many others may do the same very soon.

The form and size given to our Journal have been with the object of making it a convenient, portable, pocket companion to the busy practitioner and student, and we hope it will be carried by them during professional routes, traveling, hours of leisure, etc.

THE INTERNATIONAL BRIEF extends the offer, noted in our January issue, of giving the Journal gratis for one year, to any member of the graduating classes '95 of the Homoeopathic Medical Colleges of the United States, who is an earnest student of our *Materia Medica*, and who applies for it by letter to this office. One-half rate will also be granted to any students' club, represented by one of the members as an agent.

THE INTERNATIONAL BRIEF has arranged to publish later on, a full-page every month, on *Medical and Biological Physics*, for the benefit of young physi-

cians who have not had the opportunity to make these preliminary studies.

The Phototype at the head of the Journal is a fac-simile of the picture of *Samuel Hahnemann*, taken to Spain by Boenninghausen, when engaged to instruct his friend the late Marquis of Nunez, prover of *Tarantula Hispana*.

We thank the *Medical Advance* for its kind words of encouragement, an example worth imitating, for we are not after gain, but laboring for the advancement of Homoeopathy, and especially for the benefit of our young physicians; and if we are greedy of success, it is absolutely with the object of making our Journal more useful and influential every day.

### OUR ADVERTISING RATES.

\$120 for one page, 12 times in *English* and 12 times in *Spanish*—\$60 for half page, 12 times in *English* and 12 times in *Spanish*. No such inducement was ever offered by any Periodical.

### BOOK REVIEW.

THE INTERNATIONAL BRIEF welcomes with genuine gratification the access to our literature of the *Life and Letters of Samuel Hahnemann*, a work which together with the *Organon*, the *Materia Medica Pura*, and the *Chronic Diseases*, should be owned by every true follower of the great master. There is certainly no more excuse for ignoring the life and works of the man who with steadfast perseverance, and against the prejudices and persecutions of the dominant school, brought about the greatest of medical reforms. Dr. Bradford has done his work perfectly, and the publishers with their well-known taste and accustomed ability have contributed to make it an attractive addition to our libraries. This interesting book can be obtained at any of the Boericke & Tafel Pharmacies, Prices, cloth \$2.50 net; by mail \$2.76 half morocco \$3.50 net; by mail \$3.76.