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**A Monthly Journal of Materia
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**Devoted to the Advancement of Homœopathy, and Published
both in ENGLISH and SPANISH.**

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Analytic Study of Aconitum; Special Treatment of Vaccinia, Varicella, and Rubeola; Repertory on Troubles of Digestion.
Miscellaneous; Etc., by E. Fornias, M. D.

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EDITORIAL.

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In our first issues we have made our introductory address to the fraternity, stating our aims and purposes, and we are gratified to learn that, in general, the object for which we made our appeal, has been appreciated. We have invited criticism and requested aid for the development and best elucidation of our system. We have solicited the pointing out of our short-comings, and suggestions as to the best methods of carrying out our work with advantage to ourselves and profit to those in need of advice. And are we to feel, in the future, that to accomplish this, we are to depend entirely upon our own individual efforts? We hope not. We wish it to be perfectly understood, that our labors are directed to the advancement of Homœopathy, pure and simple, and to the rejection of easy methods, or others not conformable with the teaching of the school. We shall perseveringly deal with *Materia Medica and Therapeutics*, the combined knowledge of which gives us the key to success at the bedside. The elucidation of other no less important medical branches is already in able hands, and from them we can obtain all the necessary information.

In regard to *Materia Medica*, we propose to carry out a systematic plan, conceived after many hours of thought and study, which during the present year will comprise the analysis of four groups of remedies, as follows:

<i>Cerebral.</i>	{	Belladonna, January Hyoscyamus, February Stramonium, March
<i>Febrile.</i>	{	Aconitum, April Gelsemium, May Arsenicum, June
<i>Gastro Neurotic.</i>	{	Ipecacuanha July Nux Vomica, August Pu'satilla, September
<i>Constitutional.</i>	{	Calcaria C., October Silicea, November Sulphur, December

To make this plan of study of still greater value, we shall prepare at the end of each quarter a *differential analysis* of the three remedies of each corresponding group, in such a way as to show at a glance their characteristics and points of difference.

To memorize symptoms in the manner indicated by the majority of our textbooks, is, as experience has taught us, productive of much discouragement and failure; and to *pile up symptoms without due regard to their origin, meaning, or relative value, is still worse.* Prescribers unable, not only to individualize their cases, but to comprehend and measure the therapeutic value of a drug, or the importance of a given symptom, are bound to fall an easy prey to routinism.

Familiarity with drugs, we think, can best be obtained from similar studies to those based upon our analytic plan; of course not neglecting to compare drugs of similar action, to note their individual features, modalities, aggravations, ameliorations, the disturbing influences that may interfere with their actions, the constitution and character of the patient; and finally to study drug relationships (antidotal, inimical, complementary, &c.)



MATERIA MEDICA.

ANALYTIC STUDY OF ACONITUM.

Nervous System.

1. **Nervous Centres.**—Directly or indirectly, this drug throws out of gear the *nervous mechanism* (thermic centres), which regulates the production and expenditure of heat, disturbing the proper balance between these two processes, giving rise to a fever of **true inflammatory character** (*synocha*), without any blood changes or especial localizations, and attended by *increased thermogenesis, pulse-rate and respiration, diminished secretions, abnormal general sensations, and other phenomena* to be considered.

2. **Disorders of Sensation and Motion.**—The chief sensory symptoms are *violent chill or feelings of chilliness, often associated with the motor symptoms of shivering, which may be limited to chattering of the teeth, from clonic spasm of the muscles supplied by the motor part of the fifth nucleus, or may extend to the whole body, causing severe shaking; or the cold sensations may alternate with sensations of flushing and heat, which are then referred to the vaso-motor system and get the name of vaso-motor phenomena. Other important sensory phenomena are: burning, tingling, numbness, bruised feeling, lameness, exquisite painful sensitiveness of the parts, with intolerance of touch, and intolerable pains (shooting, tearing, drawing), especially at night, causing continual wailing or crying. The headache is characteristic, congestive, throbbing, lancinating; increased by talking, motion, stooping and noise; relieved by repose; and attended with febrile heat, hot perspiration on the head and redness of the face and eyes; or it may be pressing from within outward. Its location is the forehead and temples, involving the eyes and upper jaw. A common motor disorder, attending the fever of Aconitum, is an extreme restlessness, or incessant tossing about, almost always associated with anxiety and insomnia. Spasmodic yawning, startings, and twitches of single muscles, are by no means rare.*

3. **Mind.**—The disturbance of the mental functions is principally expressed by an *inconsolable anxiety, with agonized tossing about, pitiable wailing, and fear and foreboding of approaching death. The mood is changeable, now full of mirth, now inclined to tears. The patient is peevish, irritable, impatient or sad, desponding, pusillanimous. He reproaches others for mere trifles; has fear of losing his reason; is apprehensive of the future; and afraid of a crowd or of crossing busy streets. The hallucinations, outcries in sleep, muttering or foolish talk belong to the fever. Delirium may be present, especially at night, but the sensorium is never depressed enough for the patient to fall into stupor. Vertigo, when rising from a recumbent posture, is characteristic of Aconitum.*

**Vascular
System.**

4. **Systemic Circulation.**—The blood is altered in its distribution, but not in its quality. No contamination by specific virus or pyrogenic material does take place. The arterial current is powerfully excited, the capillaries are paralyzed, and as a result we have acute engorgement and inflammation of all the tissues and organs of the body, especially of the brain, spinal cord, serous and mucous membranes, muscles and joints. Evidences of such result are notably exhibited on the mucous membranes of the eye, nose, and fauces, where together with tumefaction, heat, dryness, painful phenomena and impairment of function, we may notice blood-injection to the degree of bursting and bleeding of the small arteries.

5. **Pulmonic Circulation.**—The passage of blood through the lungs is necessarily spurred into activity by the vascular storm, and so the action of the heart is tumultuous and irregular, the arterial tension is increased, the pulse is accelerated and hard, the breathing is laborious and frequent, and in consequence of the struggle hæmaturia may become defective and precordial anxiety supervene. Both the heart and lungs are congested.

6. **Heart.**—The central organ of circulation, however, is not alone affected by the stormy blood-flow, but also by the direct action of this drug, upon all its structures. Leading phenomena of this action are: *Palpitation, cardiac oppression, syncope*; and death from asphyxia by cardiac paralysis has occurred under fatal doses. *Palpitation* which is worse when walking. *Violent palpitation, with great anxiety, during repose as well as in motion. Oppression, especially in the region of the heart, when moving fast or ascending, (Ars.). Precordial anguish, with fear of death, and rapid and powerful action of the heart. Attacks of stabbing pains, extending from the heart down the left arm, with numbness and tingling in the fingers. Lancinating stitches in the region of the heart, preventing the patient from assuming an erect posture or taking a deep inspiration. Functional disorders; no organic lesion.*

**Glandular
Organs.**

7. **Secretions and Excretions.**—Assertions to the contrary notwithstanding, *Aconitum* must in some measure affect the metabolism of the body, for its pathogenesis shows that there is retention of water in the system, viz., the scanty, fiery, high-colored urine and the almost total absence of perspiration. Accompanying the diminished elimination of water, the skin and mucous membranes are dry, the salivary, biliary, gastric and enteric secretion deficient, and probably these facts explain the intense thirst, the dryness of the mouth, the furriness of the tongue, the nausea and vomiting, the gagging and retching, the constipation, and painful, scanty or clay-colored stools; whilst it is easy to understand that such changes should spoil the appetite (*anorexia or loathing of food*), cause the breath to be offensive, and create abnormal sensations of taste in the mouth (*bitter, putrid, sweetish, or like rotten eggs*).

**Mucous
Membranes.**

8. **Congestion and Inflammation.**—*Dryness, heat, redness, tumefaction, pain, and impairment of function, with chilliness, fever, full, hard, bounding pulse, intense thirst, extreme restlessness, and anguish of mind. Other attending symptoms, especially abnormal sensations, varying with location.*

Nasal Localization.—*The nasal mucosa is dry and irritable. Distressing, pressive pain at the root of the nose. A weight in th*

frontal region, indicating engorgement of the frontal sinuses, which is sometimes relieved by nose-bleed. In very acute cases the nose may feel painful even up to the cribriform plate. Coryza with violent sneezing, (*Saba., Sang.*) caused by dry, cold air or wind. Coryza, dry, with headache and roaring in the ears. A thin, watery fluid, from the mucous lining of the nose and contiguous cavities, may run through the nostrils. *Epistaxis, blood bright red.*

Faucial Localization.—*Hyperæmic condition of the fauces and pharynx, with deep redness of the parts and more or less febrile evolution. The whole space feels dry, rough and scraped, with difficulty of swallowing, as if something had stuck in the throat. Burning and stinging in the throat, palate and along the Eustachian tube, with itching of the external meatus. Heat and dryness in the throat, which feels very sore and raw. A feeling as though a tough phlegm were collecting, causes a hemming. Stitches flying through the fauces or along the Eustachian tube to the ear. Burning and numbness in the throat (Caps.). Piercing chocking, at first on the left, then on the right side, especially when swallowing or talking. Numbness, tingling, biting, piercing and burning of the tongue.*

**Mucous
Membranes**

Laryngeal and Tracheal Localization.—*Larynx sensitive to touch and to the inhaled air, as if it were deprived of its mucous lining. The feeling of compression, rawness and roughness in the larynx and along the trachea, are as marked as the dryness, which often gives rise to a short, frequent, hacking cough. In fact this irritative condition is often the origin, not only of a dry, hacking cough, but of a forcible one, with bloody taste and bloody expectoration, and this is particularly the case on coming from the open air into a warm room (Ran. bulb.). A dry, painful cough may also be excited by a persisting tickling, but a hard, paroxysmal, croaking cough, with suffocative spasms (false croup), from spasmodic closure of the glottis, is most characteristic. Anxious and laborious breathing.*

Pulmonary Localization.—*Vascular engorgement of the mucous lining of bronchi and lungs, with bursting of the arterioles and hemorrhages. Hæmoptysis, the blood comes up with an easy hawking, hemming or slight cough. Intense dyspnœa, with a feeling of fullness and weight upon the chest, associated with restlessness, anxiety and palpitation. "Frequent deep inspiration, not sighing, but like a desire to accelerate the course of the blood through the lungs," (Zlatarovich). Heat and burning in the lungs. Pleuritic stitches about the chest, in the intercostal spaces, usually ill-defined, and low on the right side, aggravated by deep inspiration. Cannot lie but on the back.*

Skin.

9. **Cutaneous Surface.**—*All degrees of commencing and incomplete anæsthesia. Tingling, prickling, numbness. Itching. Dryness and burning heat. Red, shining, hot swellings, especially about the joints, with intolerable pains. Rubelous rash. Spots like flea-bites. Papular erythema. Jaundiced skin.*

**Joints and
Muscles.**

10. **Fibrous and Muscular Tissues.**—*Rheumatic inflammation of the joints, with intense, bright red, shining swelling and intolerable lancinating, cutting pains, especially at night. Sensitiveness to the least contact. Affected parts feel weak, lame and numb. Drawing, tearing pains in the joints of the hands and fingers; in the tendinous expansion of the legs and feet; in the shoulder-joint;*

**Joints and
Muscles.**

in the left hip-joint. *Shooting pains, tearing, erratic, in arms, fore-arms, wrists and finger-joints, or in legs, knees, ankles and toes. Dull shooting or firmly seated pains in isolated muscle-groups, as well as in the joints. Lameness and numbness of the muscles, especially of the left arm. Weakness and relaxation of the ligaments of all the joints. Great lassitude of the legs and weariness and heaviness of the feet. Numbness, tingling, and paralytic weakness of the upper and lower extremities, with algidity, and insensibility of hands and feet. Arms hang powerless and tired, or stiff and numb. Pressive, drawing, tearing, creeping and numb sensations in various parts of the back. Numbness and bruised feeling in small of back, extending into the legs. Painful stiff-neck, with tearing pains.*

We could hardly analyse the sphere of usefulness and adaptability of **Aconite**, without calling to mind the allusions of Hahnemann in regard to the practical applications of this valuable drug. He persistently intimates that the symptoms produced by **Aconite** on the healthy man, furnish to the sagacious homœopath the means to determine how far this remedy can be useful in certain morbid states, against which vulgar medicine has hitherto employed, frequently in vain, and almost always with the saddest results, its dangerous methods (*copious blood-letting and other measures comprised in its so-called antiphlogistic treatment*). I mean, he says, the **true inflammatory fever**, in which the smallest dose of this remedy brings about a speedy cure, without any bad results following. In **measles, miliary fever, inflammatory pleuritic fevers**, etc., if the type corresponds, the efficacy of this drug, when given without admixture or adjuvants, is almost miraculous.

Aconite, he proceeds, is likewise the first and chief remedy in **acute inflammatory conditions of the trachea** (*with suffocative spasms, as in false croup*); in several kinds of **inflammation of the throat and fauces**; as well as in local inflammations of other parts of the body, especially in those cases where in conjunction *with thirst and a frequent pulse there are present an anxious impatience, a restlessness that nothing can appease, and the agonized tossing about of the drug*. He further observes, that **Aconite** produces *all the morbid states exhibited by persons whose mind has been disturbed by fear combined with indigestion,*

and that it is the best remedy to cure them speedily. "Every time we choose **Aconite** as the homœopathic remedy it is, above all, essential to pay attention to the *mental symptoms*, and see that they do correspond with those it produces." "Hence, it is indispensable to *women after fright or vexation during the catamenia*, for, without this precious soothing remedy, it often happens that under the influence of such moral shocks, the *menstrual flow is suddenly suppressed*." "The fear calmed by **Opium** when one is called early in the case, demands **Aconite** later, or when the fear is accompanied by *depression of spirits*" (Chronic Diseases).

That the *state of the mind and disposition* is one of the important features of **Aconite** cannot be gainsaid by anyone faithful to the teachings of the Master, and as our mission is to uphold these teachings, it will be profitable to insert here the following paragraphs of the *Organon*.—§ 211. The state of the patient's mind and temperament is often of the most decisive importance in the homœopathic selection of a remedy, since it is a distinct and peculiar symptom that should least of all escape the accurate observation of the physician—§ 212. The effect upon the state of mind and disposition is the principal feature of all diseases, and seems to have been ordained by the Creator of all healing powers. There is not a single potent medicinal substance that does not possess the power of altering perceptibly the mental condition and mood of a healthy person who voluntarily tests a drug; indeed, each medicinal substance affects the mind in a different manner.

—§ 213. The treatment would not be in accordance with nature, that is, homœopathic, unless we recognize also the symptomatic change of mind and temperament occurring in every case of acute as well as of chronic disease, and unless we select from our remedies one which, next to the similitude of its physical symptoms to those of the disease, is also capable of producing by itself a similar effect upon the mind and disposition.—[117]. Thus **Aconitum napellus** will rarely or *never* produce a rapid or permanent cure in a patient of calm and complacent disposition, as little as **Nux vomica** will affect a mild phlegmatic, or **Pulsatilla** a happy, cheerful, and obstinate temperament; or as little as **Ignatia** proves efficacious in an unchangeable state of the mind, inclined neither to fright nor to grief.

Now, if to the above observations of Hahnemann we add the conclusions arrived at by our analysis, there will be, surely, no difficulty in securing a reliable record for the successful application of this drug in disease.

First, we have seen how **Aconite** throws out of order the nervous mechanism, which regulates the production and expenditure of heat, disturbing the barter existing between these two processes and giving rise to a **fever of true inflammatory character** (*synocha*), with the usual disorders of sensation and motion, without any appreciable blood changes, without any pyrogenic material being absorbed and operative, without any special localization, and terminating with a warm, profuse critical sweat, which always affords relief. This is the **fever of Aconite**, and to this fever belongs the *vascular storm* with its attending phenomena: *acceleration and hardness of the pulse, tumultuous and irregular action of the heart, frequent and laborious breathing, diminished secretions, impairment of function, inconsolable anxiety, agonized tossing about, fear and foreboding of death; as well as the nocturnal delirium, muttering foolish talk, outcries in sleep, and hallucinations*, which sometimes become manifest during the violent disturbance of the circulation. But it is to this **erethistic form of fever** and no other, to which **Aco-**

nite closely corresponds, and consequently it is a censurable practice to prescribe this remedy without discrimination by the mere presence of fever, when others may be the drugs indicated. These are the hints that give us the key for the successful application of this drug, and if we review carefully its clinical history, we shall find that the *congestive and inflammatory conditions which it cures, are those attended by the vascular and nervous disturbances just described*

Aconite has won its greenest laurels in the **early stage of acute, catarrhal inflammation of the mucous membranes of the nose, throat and larynx**, before any exudation, plastic or otherwise, has occurred, and especially when attended by *great erethism of the nervous and vascular systems, and brought on by dry, cold, windy weather, sudden changes of temperature, a current of air, or by suppressed perspiration*. It is the *chill* that has given these catarrhal affections the popular name of **colds**, and in the so-called **dry stage** of such colds is where **Aconite** is operative. It should be administered as soon as *tumefaction, heat, redness, and more or less pain* indicate the *early congestion and advancing inflammation*. Frequently it is in the **nose** where the first impression of a cold is felt, sometimes the **throat** bears the brunt of the atmospheric change, the **ear** is at other times the point of the attack, and the heat of onset may be found in the **trachea** or **larynx**. The importance of this drug in the treatment of **these acute catarrhal inflammations** is, however, better appreciated if we consider that such inflammations usually commence with a fever of the *Aconite type, ushered in with a chill, or chilly creepings along the back and extremities, followed by intense heat and dryness of the skin, extreme thirst, full bounding pulse, great nervous restlessness, and more or less anguish of mind*; and of course, as accessory phenomena, we may have vertigo, tinnitus, otalgia, oppressed breathing, dry hacking cough, sore throat, lachrymation, sneezing, epistaxis, headache and sensation of stuffing of the nose and head, according to location and extension of the *cold*. But when the cold is fully developed and localized, and cell

proliferation and a flow of altered secretion from the debilitated vessels occur, **Aconite** ceases to be the remedy. The association of the nasal or faucial symptoms with others of the neighboring regions, will be made clear by tracing the continuity of the mucous lining of the parts under consideration. It is continuous externally with the skin through the anterior nares, and with the lining membrane of the pharynx through the posterior nares. It extends from the nasal fosse to the conjunctiva, through the nasal duct and lachrymal canals; from the mastoid cells and tympanum to the pharynx through the Eustachian tube; and to the frontal, ethmoidal and sphenoidal sinuses, and the antrum maxillare, through the several openings in the meatuses. The mucous coat of the pharynx is also continuous with that of the mouth and larynx. This distribution of the mucosa, without any solution of continuity or line of demarcation, clearly explains how any given part of the *respiratory passage* may participate by extension, in the congestive and inflammatory conditions provoked by severe impression upon its adjacent regions, for it is in this purely mechanical way, that an *acute catarrh* which has its starting point at the fauces, or nasal portion of the mucosa, may involve the tube, tympanum and cells, and produce a thorough and complete *aural catarrh*; or creep down into the larynx and trachea and set up a *catarrhal laryngitis* or *trachitis*; in all cases of the kind, presenting subjective symptoms similar to those belonging to direct catarrhal inflammations of the mucous membranes of these very regions or other parts of the body.

Aconite has especially shown its curative powers in **acute inflammation of the drum-head** (*myringitis*), with *great nervous and vascular excitement, deep-seated tearing or lancinating pain*, sometimes so intense as to induce *delirium*, painful sensitiveness of the affected side, severe tinnitus, bleeding from the ear, and marked *hyperacusis*, an exaltation of the auditory sense, which occasionally occurs at the commencement of this trouble and is analogous to the photophobia of ophthalmic disease. It has

also proved most efficacious in **acute otitis**, especially of a *rheumatic origin*, with fever, chills, severe pain, extreme sensitiveness to noise, and the *restlessness and mental anxiety of the drug*. Also in **otalgia** (*earache*), if attended by the above phenomena, and arising from suppressed perspiration, or produced by the draught from the doors and windows of railway carriages. The *pain* in these *aural affections* is increased by coughing, sneezing, blowing the nose, the recumbent position, and pressure of the ear on the pillow, which seems to favor congestion of the membrane.

It is the remedy of any **acute inflammatory disease of the mucous membranes** when attended by the *inconsolable anxiety and agonized tossing about*, which so unerringly mark its fever, and should be consulted in **all other inflammations** of any part of the body, beginning with the *vascular excitement* which always prevails, before the disease is fully developed.

In **functional diseases of the heart** it should also be studied, especially *when the circulation is greatly disturbed, and the cardiac action powerful and rapid, with precordial anguish, fear of death, and attacks of stabbing pain*, extending from the heart down the left arm and attended by *numbness and tingling in the fingers*. Even in the periodical excitement of *organic heart disease*, deserves our consideration.

Inflammatory conditions of the eye, indicative of this drug, are frequently produced by cinders and other foreign bodies; by exposure to cold wind; and by suppressed gonorrhoea. *The pain is extreme, with heat, burning and dryness.*

The *vascular excitement and mental condition* should, likewise, be our guide in prescribing **Aconite** for **symptomatic fevers** (*thermic, surgical, traumatic, urethral, gastric, etc.*)

And, finally, it has been successfully employed, in the beginning of **measles**; in the first stages of **pleurisy** and **pneumonia**; in **croup**, when brought on by sudden changes of temperature; in **rheumatic inflammation of the joints**; in the earlier stages of **acute bowel diseases**, with *colic, urging, or stools like chopped spinach*; in **neuralgia**, etc.

PRACTICE OF MEDICINE.

VACCINIA.

Vaccinia (Ger., *Kuhpocken*;—Fr., *Vaccine*;—Sp., *Vacuna*), is a specific contagious disease of cattle with a *variola like pock*, transmitted from the cow to man by *vaccination or inoculation*.

Etiology.—Bovine or humanized virus.—The *vaccine virus* originates from an eruptive disease of the cow (*cow-pox*), consisting of a few flat, large, and umbilicated pustules on its udder and teats. A *pustulous disease* of exactly the same nature has been observed in the legs of the horse (*grease or horse-pox*), and recent investigation seems to show that that the cow-pox is derived from the horse pox (Laveran and Teissier). The *variolous virus* and the *cow-pox virus* are on the other hand *not identical*, for we can inoculate variola to a cow, and this variola is not transformed into vaccinia by passing through its system; it remains variola, and if carried back to man it gives rise to nothing else but variola. The same happens when variola is inoculated to a horse. *Vaccinia* and *variola* may develop at the same time in the same individual.

Vaccination.—In America, the lymph for vaccination is principally obtained from the calf, notwithstanding the fact that, from this source, it is apt to produce greater constitutional disturbances. The humanized virus on the other hand, even when not blood-stained may transmit syphilis and other diseases. The lymph, as a rule, is preserved in capillary tubes, or dried on ivory points, which are well adapted to make a series of longitudinal and cross scratches into the *rete-mucosum*, and the moistened lymph then rubbed into the furrows, but care should be taken not to draw any blood, or allow the spot to be unprotected until perfectly dry, for such results may render the operation unsuccessful. For the arm to arm vaccination the lymph should be taken on the eighth day, unmixed with blood or any other secretion, and from a child in otherwise perfect health. *Vaccination* should be performed between the second and third month, before dentition

has commenced, and in the best possible condition. The place usually selected is the skin over the deltoid muscle. There is not the least doubt, that, while vaccination does not confer complete immunity against small pox, it yet so far modifies the disease as to rob it of its severity and sequelæ. Since the operation is in vogue we hardly hear of any total loss of sight from the disease. It seems that in certain individuals the first vaccination affords protection for life, but after the lapse of several years the system re-acquires the susceptibility to the disease, and it is a safe procedure to re-vaccinate after ten years, especially during the time of epidemics.

Symptoms and Course.—When vaccination has been successful a papule arises over the spot on the third day, attended by slight redness. By the sixth day it becomes distinctly vesicular, with elevated edges and depressed centre, and distended by a clear lymph. An inflammatory areola surrounds the formed vesicle on the eighth day, when lymph may be drawn for inoculation. The vesicle becomes a pustule by the tenth day, when a black spot is seen in the centre of the pock. About the eleventh day the areola fades, the pustule bursts and gradually dries up. By the end of the second week a hard, dark round scab has formed, which falls off about a week later, leaving a circular, depressed, striated scar, more or less permanent. The evolution of the *vaccine-pox* is attended with more or less constitutional disturbance, *slight fever, and enlargement of lymphatics of the arm and axillary glands*. The *vaccinal fever* is usually mild, occurs between the sixth and ninth days, and is accompanied by heat of skin, restlessness and acceleration of the pulse. A secondary lichenous eruption often attends or follows vaccination.

Complications and Sequelæ.—Mild and severe.—*Erysipelas* and *suppurative cellulitis* occur occasionally—*Glandular swellings*, with or without suppuration, may develop. In certain cases the *vaccine-pustule* ulcerates, and may

become gangrenous, in others we notice a *general papular eruption*, the result of absorption of the virus. Certain *dermatoses* may be due to the vaccine virus of a mixed infection; but the most terrible complication is *sypphilis*, transmitted by humanized virus — The most frequent *sequelæ* are abscesses.

Pathological Anatomy.—The *cow-pox* has been of late the subject of important works. Strauss has followed day by day the evolution of the pock in the calf, and has been able to demonstrate, by means of histological preparations, the different stages of the process. On his sections we plainly see the *vaccin-microbe* dyed in blue. The colonies of microbes which are found at first on the lips of the small wound of inoculation, penetrate later into the *rete Malpighi*, reaching finally in a trailing manner the lymphatic fissures (in the superficial layers of the corium). These *micrococci* have been described by Chauveau under the name of elementary granulations, and Cohn claims to have found them in the lymph of vaccinia and variola. Probably they are the active agent in *small-pox* and *cow-pox*, for if the lymph is filtered through a Chamberland filter, the filtrate loses its infectious properties (Griffiths).

Treatment.—As a rule little is to be done except preventing the vaccine vesicles from being rubbed, scratched or contaminated by dirt, and to this effect shields or protectors have been devised, which can be obtained at the pharmacies. But should the *vaccinal fever* be marked and attended by heat of the skin, accelerated pulse and restlessness, a few doses of *Acon.* will prove beneficial.—Much inflammatory redness and swelling may be met by *Bellad.*—At the decline of the pox, a dose of *Sulph.*, morning and evening, for two or three days may pave the way to a successful recovery, by preventing cutaneous, ocular, and other post-vaccinal manifestations.—The two antidotes, however, to the ill effects of vaccination are *Silica*, which suits almost any symptoms, even convulsions, and *Thuja*, which is especially indicated if diarrhoea, results, the pustules become very large,

and the fever mounts high; also if a general lichenous eruption attends or follows vaccination (*Thuja* is complementary of *Silica* here).—Erysipelatous redness and swelling, with stinging and burning, or post-vaccinal abscesses with profuse discharge of pus, or if the pox ulcerates, becomes gangrenous, and the mortified cellular tissue drops with the scab, we should resort to *Apis*.—Other *complications* and *sequelæ* are treated according to indications.—The observations of Dr. Wm. J. Guernsey, about the antidotal power of *Malandrinum*, and its virtue to overcome the bad effects of vaccination, should receive our most careful consideration (See "THE INTERNATIONAL BRIEF," No. 2.—Vol. 1, page 10, — *Vaccino-Sypphilis* may be avoided by the use of great care in the selection of the vaccifer and lymph and scrupulous cleansing of all instruments.

VARICELLA.

Chicken-pox (Ger., *Windpocken*.—Fr., *Varicelle*.—Sp., *Viruela leca*) is a contagious eruptive disease of early life, characterized by the appearance of successive crops of reddish papules, which become vesicles on the second day, burst on the fourth and rapidly desiccate and fall off, leaving only traces of their existence when injured by scratching.

Etiology.—*Contagion*.—Sporadic and epidemic.—Attacks principally children under twelve years of age, but adults are not exempt.—No pathogenic agent has been discovered.—It is not inoculable.—Does not confer immunity against cow-pox or small-pox.—It may occur at the same time with variola, and simultaneously in the same individual.—It occurs but once in the same person.—*Incubation* is uncertain, probably ten or fifteen days.

Symptoms and Course.—*General malaise* and a *mild pyrexia* precedes the eruption for about twenty-four hours, but the disease may break out without *initatory fever* or other *premonition*, its first manifestation being the appearance of a few small reddish pimples or papules, on the shoulders or trunk; extending to limbs and scalp; rarely they develop on

the face or buccal mucosa, On the second day these *papules* become converted into transparent *vesicles*; surrounded by a narrow red border, without central depression or hyperæmic infiltration of the adjacent skin; soon they contain a purulent liquid and burst on the fourth day, rapidly desiccating and forming small dark crusts, which crumble down, and as a rule leave no trace of their previous existence. The *rash* is almost always *discrete*, *soft*, *slightly papular*, disappears upon pressure, and occurs in successive crops of variable numbers for three or five days; and so it may be studied in all its stages, from the initial red pimple to the final crumbling scab. Altogether the number of spots seldom exceeds two hundred, and in some cases we may find only a few scattered over the trunk. *Itching* is sometimes considerable. As in *variola*, a *scarlatinoid rash* may precede the specific eruption.—Occasionally in debilitated or phthisical children ulceration or gangrene around the vesicle may occur and lead to hemorrhage. When the mouth is involved, salivation is profuse and mastication impeded (Comby).—The accompanying *pyrexia* is usually slight, rarely intense; but whatever temperature there is, does not subside when the rash appears, as in *variola*, although in some cases a slight fall may occur until evening, when it again rises.—During dentition the temperature may rise to 104 on the first day, but does not remain so high very long.

Duration: six or seven days.—*Convalescence* is not always rapid, especially if nephritis occurs.

Diagnosis.—*Varicella* has occasionally been mistaken for *varioloïd*, and with *variola* during epidemics of this disease. The points to be remembered in order to distinguish them, are the following: *The mildness of the onset; the first appearance of the rash on the trunk, instead of the forehead; the early development of the eruption; the rapid conversion of papules into vesicles; the absence of the shot-like feel, of umbilication, of unfiltered areola, and of lumbar pains; the shorter course of the disease; the rapidity of recovery, and freedom from complications.* Bear also in mind that *chicken-pox* is not inoculable, that both *variola* and *varicella*

may occur simultaneously in the same individual; that an attack of the one does not protect against the other; that vaccination affords no protection against *varicella*; that a person while suffering from *chicken-pox* can be successfully vaccinated; and finally, that it takes only three days for the *pox* of *varicella* to effect its evolution, while it takes eight days for the eruption of *variola* to pass through the stages of vesicle and pustule. With all this knowledge, however, the difficulty may be great if the patient is only seen once and in the early stage.

Prognosis.—Most always favorable.

Treatment.—*Mild cases, without premonition, or little fever, are carried to a favorable termination by Puls.*—*The initial fever of more severe cases is best met by Acon.;* but if complicated with dentition, we may have to study **Cham., Bell., Ignat.,** etc.—*For involvement of the brain, consult Bell. or Gels.;* of the buccal mucosa, with profuse salivation: **Merc.;** with irritation of the respiratory organs: **Tart. Emet.**—*For nocturnal agitation: Coffea.*—*The eruption may claim the study of Ant. c., Ant. tart., Thuja, Croton tig., Puls, Rhus., and sometimes of Ars. and Apis.;* but bear in mind, that as the flattened, umbilicated vesicles call for **Tart. Emet.**, so do the acuminated or rounded, call for **Croton tig.**, a drug known to produce a rash of minute red pimples, which speedily become purulent, burst, form dark scabs, leave no scars behind them, and are attended by severe burning and itching, a syndrome more or less pathognomonic of *chicken-pox*—*For severe itching, consult: Apis., Croton tig., Rhus., Ledum.,* etc.—*For large pustules, with profuse suppuration. Ant. tart., Merc., Puls., Rhus., Sil., Thuja.*—*For ulceration and gangrene around the vesicle: Apis., Ars., Lach., Mez., Sec., Sulph.*—*For slow development of the eruption, with gastric and bilious symptoms: Bryo., Puls., Tart. Emet., or Ipec., Rhus., Sulph.*—*For renal complications: Apis., Ars., Canth., Merc., Sec., Sulph., Tereb.*

Children should be isolated and kept in bed during the development of the eruption—Scratching must be prevented.—Simple mild diet.—Fear of

nephritis during convalescence demands protection against cold.

RUBEOLA.

Measles (Ger., *Masern*,—Fr., *Rougeole*.—Sp., *Sarampion*.) is a febrile, exanthematous, highly contagious disease, characterized by *inflammatory localizations on the conjunctiva and air passages*, and by a *crimson papular rash* disseminated over the body, with *creascentic or sharply defined patches*, which usually appears on the fourth day of the fever, fades on the seventh day, and terminates by a slight *furfuraceous desquamation*.

Etiology.—*Endemic*, occasionally epidemic. It is *essentially a disease of childhood*, but when it invades a district for the first time, or reappears after a long absence, no age is exempt. It has been known to prevail epidemically among troops, especially young soldiers arriving at large cities from the country. —It is propagated only by *contagion*, and the poison is carried by clothes and other fomites for miles, without losing its efficacy. It is especially contagious during the eruption, and probably also during the initial stage. The *contagion of measles* is much less persistent than that of *scarlet fever* or *variola*, but spreads with much greater rapidity. Like *scarlatina* and *variola*, it appears to be due to the absorption of a *specific poison* into the system, but whether or not of bacterial origin has not been determined yet. One attack does not confer absolute immunity, but second attacks are very rare. *Incubation*, ten to fourteen days.

Symptoms and Course.—The invasion is not as sudden as that of *small-pox* or *scarlatina*, and sets in with *shiverings*, rarely a definite *chill*, and children occasionally have *convulsions*. Unlike the other eruptive fevers, it is attended by *marked catarrhal symptoms*.—The eyes are *red, injected and watery*, with *photophobia*.—The voice is *husky*, and there is a *dry, hoarse, paroxysmal cough*, with or without oppressed breathing and expectoration.—Twenty-four or forty-eight hours before the appearance of the rash, we may notice a *few red, slightly elevated points*, with intervening spaces of healthy

mucous membrane on the roof of the mouth. The fever, preceding and attending the rash to its height, lasts four or five days, (longer than in *scarlatina* and *variola*) and is usually *moderate* (rarely above 103° F.), with *slight morning remissions*, *rapid pulse*, *malaise*, *headache*, *anorexia*, and *thirst*; *nausea* and *vomiting* are rare concomitants. The temperature does not abate on the appearance of the eruption, as in *small-pox*, but increases with it, and if a pre-eruptive fall takes place, it rises again when the rash appears, and reaching a maximum in two, three or four days, drops generally rather suddenly as the rash begins to fade, and may reach the normal in about thirty-six hours.

Eruption.—Appears usually on the fourth day of the fever (seldom earlier, occasionally later), with *exacerbation of fever and cough*; as in *variola* it begins on the face, where it is generally more confluent, thence spreading to the neck, trunk, and extremities, and lasts altogether four or five days. It consists of *minute, scattered, dusky, red dots*, slightly elevated with *intervening spaces of pale skin*, rarely confluent, fading temporarily under pressure, and soon coalescing to form *irregular crescentic patches*. Sometimes it becomes transformed into raised papules (*rougeole boutonniere of the French*) due to a slight sanguineous extravasation, conjoined with the inflammatory exudation. When the eruption is at its height, there is a certain amount of subcutaneous infiltration, especially on the face.

The **catarrhal symptoms** persist; the *nasal discharges become thick*, the *ophthalmia, photophobia and lachrymation increase*, and the *inflammation extends to the trachea and bronchi*. The cough becomes looser, less fatiguing and noisy, and if the smaller bronchi are invaded, the *dyspnoea* is considerable. The *expectoration* is yellowish, conglobated, floating in a clear liquid, as in consumption (except children who do not expectorate).—*Auscultation* reveals *sibilant rales* when the inflammation is limited to the large bronchi, *sub crepitant* when it extends to the finer ramifications.—At this stage there may be some *vomiting and diarrhoea*.—The *urine is febrile*, has a peculiar odor, and rarely contains albumen.

Desquamation.—Towards the 8th day the eruption fades, leaving a coppery discoloration; *desferescence* takes place, and a *slight furfuraceous desquamation* follows, but the *cough* may persist, or the *bronchitis* become chronic and protract *convalescence*.

Anomalous Forms.—In the course of epidemics we meet occasionally with *mild cases* in which the *rash* and *fever* are reduced to their minimum (*abortive*); or in which the first obvious sign of the disease is the *rash*.—Sometimes we observe *fever* and *catarrh*, but no *rash* (*morbilli sine eruptione*); or *catarrh* and *even fever* may be absent, the *rash* being

the main symptom (*morbilli sine catarrho*)—The most serious variety, however, is the *hemorrhagic*, less frequently observed in measles, than in scarlatina and variola, and being attended by grave nervous phenomena, has also been called *ataxo-dynamic* or *malignant*. In this dangerous form, the *weakness is extreme*, the *typhoid state* soon supervenes, the *temperature* rises considerable above the maximum of ordinary cases, the *pulse* is small and frequent, the *rash* becomes *petechial*, *hemorrhages* from the mucous surfaces takes place, and the patient usually dies in *convulsions* or *coma*.

To be Continued.

Memorabilia.

Troubles of Digestion.

Certain symptoms of **functional derangement** may occur alone and *independently of organic disease of the stomach*, and although purely symptomatic, they may become so prominent and frequent, as to constitute, if not the only, at least the leading phenomena of the trouble. We shall consider here, two of these common expressions of *functional derangement*; namely, **eructation** and **regurgitation**.—**Eructation** (*belching*) is the action by which gas (wind) is suddenly ejected from the stomach into the mouth. It is almost always associated to *flatulence*, *fermentation*, *constipation*, and other signs of *feeble digestion* (*dyspepsia*). It is seldom attended with pain and is very disagreeable, but seems to give temporary relief. To a certain extent, it is voluntary, and more common to old men and women, though apt to occur, to an excessive degree, in females about the time of cessation of the menses, or in the young, as a purely nervous symptom, and may be then very obstinate. When any high smelling food has been eaten, such as onions, garlic, etc., the breath partakes of the odor of those substances. Sometimes *belching* is accompanied by a rotten-egg flavour, showing the evolution of sulphuretted hydrogen gas. In rare instances, *nervous eructation*

may occur as the result of *malaria*.—**Regurgitation** is the action by which liquids and solids taken as drinks and food, pass from the stomach into the mouth without effort whatever. It is ordinarily provoked by the ingestion of a large quantity of food, and above all frequent in *nursing children*, due to the conical shape of the stomach, which without great and lesser *cul-de sac*, easily allows the passage of milk into the mouth. It is also observed in cases of *stenosis of the œsophagus*, the food taken remaining for some time in the pouch formed above the constriction, until finally regurgitated without having entered the stomach. Sometimes the food that has been taken is poured back into the mouth and chewed and swallowed a second time. This phenomenon is called **mercyismus** and is analogous to the **rumination** of certain animals. It is commonly due to the extreme greediness with which some persons gulp or swallow large quantities of almost unmastered food. It is also observed in *hysteria* and *mental alienation*. The *regurgitation of food*, which is consequent on disease of the pharynx, larynx, or œsophagus, must be distinguished from actual vomiting.

The persistent eructations have been successfully treated by **Bryo.**, **Nux. v.**, **Puls.**, **Lach.**, and **Nat. m.**—In an obstinate case, for which I

consulted the late Prof. Farrington, **Brassica**, one of Dr. Jeane's remedies, was administered with complete success

The leading remedies for the **regurgitation of food** have been: **Bryo.**, **Phos.**, **Carb. v.**, and **Sulph.**—**Bryo.** is especially indicated when the food is regurgitated with its *natural taste*. **Phos.** and **Carb. v.** when the food passes into the mouth, with a *sour taste*—For **mercurismus** we should consult the same remedies.

REPERTORY.

1—**Eruclations** (escape of gas from the stomach), in general, *bryo.*, *nat. m.*, *nux. v.*, *lach.*, *brassi.*, *hep.*, *carb. v.*, *ant. c.*, *merc.*, *sulph.*, *arn.*, *coni.*, *bell.*, *calc.*, *chin.*, *puls.*, *petr.*, *phos.*, *sep.*, *verat.*, *ambr.*, *kalm.*, *mur. ac.*, *sil.*;—**abortive**, *phos.*, *caust.*, *coni.*, *sulph.*, *ambr.*, *carb. a.*, *acon.*, *bell.*, *cocc.*, *nux. v.*, *kalm.*, *ign.*, *graph.*, *hyos.*, *magn.*, *rhus.*;—**noisy**, *petr.*, *coni.*, *lach.*, *ant. c.*, *phos.*, *ambr.*, *puls.*, *kal.*, *sil.*, *pl-t.*, *magn.*, *caust.*;—**violent**, *nux. v.*, *phos.*, *merc.*, *verat.*, *arn.*, *lach.*, *plumb.*, *staph.*, *tart. e.*, *cycl.*, *bism.*, *lyc.*;—**painful**, *nux. v.*, *petr.*, *cocc.*, *phos.*, *sep.*, *carb. a.*, *natr.*, *caust.*, *cham.*, *rhus.*, *coni.*, *plumb.*, *sabad.*;—**burning**, *canth.*, *lach.*, *bell.*, *jod.*, *hep.*, *lyc.*, *podo.*, *ol. an.*, *phos. ac.*, *sulph.*, *val.*;—**with the taste of the food taken**, *ant. c.*, *puls.*, *carb. v.*, *sil.*, *phos.*, *chin.*, *ambr.*, *sulph.*, *nat. m.*, *bryo.*, *lyc.*, *caust.*, *calc.*, *cham.*, *nux. v.*, *rhus.*, *thuj.*;—**with pain in the stomach**, *cham.*, *cocc.*, *phos.*, *rhus.*

2—**Regurgitations** (effortless passage of food and drinks, from the stomach into the mouth), in general, *phos.*, *sulph.*, *nux. v.*, *carb. v.*, *lach.*, *bryo.*, *arn.*, *graph.*, *puls.*, *sulph. ac.*, *tart. e.*, *ant. c.*, *bell.*, *calc.*, *hep.*, *ign.*, *merc.*, *nat. m.*, *lyc.*, *sass.*;—**of liquids taken**, *sulph.*;—**of food taken**, *sulph.*, *phos.*, *puls.*, *bryo.*, *lyc.*, *cham.*, *ign.*, *coni.*, *ferr.*, *nux. v.*, *bell.*, *canth.*, *graph.*, *nat. m.*, *thuj.*;—**bloody**, *nux. v.*, *sep.*;—**of bile**, *ars.*, *arn.*, *graph.*, *lyc.*, *puls.*, *nux. v.*, *cann.*, *sulph. ac.*, *cic.*, *ign.*, *sass.*

3—**Taste of eruclations or regurgitations**, **bitter**, *puls.*, *nux. v.*, *ant. c.*, *arn.*, *chin.*, *sep.*, *bell.*, *calc.*, *verat.*, *staph.*, *ars.*, *bryo.*, *merc.*, *sulph. ac.*, *tarax.*, *thuj.*, *carb. v.*, *ign.*;—**acid**, **pungent**, **rancid taste**, *carb. v.*, *sulph.*, *hep.*, *ars.*, *ant. c.*, *nat. m.*,

staph., *stann.*, *thuj.*, *lyc.*, *phos. ac.*, *merc.*, *jod.*, *cann.*, *tart. e.*;—**sour**, **acid taste**, *phos.*, *sulph.*, *puls.*, *nux. v.*, *sulph. ac.*, *cham.*, *carb. v.*, *nat. m.*, *lyc.*, *kal.*, *ambr.*, *amm. c.*, *sil.*, *sep.*, *nit. ac.*, *alum.*, *chin.*, *bryo.*, *calc.*, *ars. merc.*, *carb. a.*, *coni.*, *petr.*, *tart. e.*;—**putrid taste**, **like rotten eggs**, *arn.*, *puls.*, *ant. c.*, *coff.*, *sulph.*, *merc.*, *nux. v.*, *hep.*, *bell.*, *tart. e.*, *sep.*, *cocc.*, *thuj.*, *mur. ac.*;—**greasy taste**, *lyc.*;—**salty**, *staph.*, *arn.*, *sulph. ac.*, *tart. e.*;—**sweetish**, *acon.*, *plumb.*, *merc.*, *sulph. ac.*;—**of a fetid odor**, *sulph.*, *cocc.*, *bism.*;—**with scraping in the throat**, *carb. an.*, *amm. c.*, *cann.*, *nat. carb.*

4—**Circumstances** which provoke eruclations and regurgitations: the **stooping posture**, *cic.*;—**eating**, *merc.*, *phos.*, *sass.*, *nat. c.*, *petr.*, *olean.*;—**after eating**, *sulph.*, *phos.*, *puls.*, *bryo.*, *nux. v.*, *lyc.*, *verat.*, *ars.*, *carb. v.*, *chin.*, *lach.*, *nat. c.*, *nat. m.*, *coin.*, *merc.*, *sil.*, *thuj.*, *calc.*, *cham.*, *petr.*, *ferr.*, *sep.*, *bell.*;—**after drinking**, *sulph.*, *ars.*, *rhus.*, *merc.*;—**after taking milk**, *carb. v.*, *lyc.*, *sulph.*, *nat. m.*, *calc.*, *tart. e.*, *chin.*;—**after eating fatty things**, *carb. v.*, *puls.*, *nat. m.*, *sep.*, *thuj.*, *ferr.*; **at night**, *lach.*, *sulph.*, *tart. e.*

Hahnemann recommends **Cocculus** in spasms in the lower abdomen, and in spasmodic pains of the other parts of the body, with predisposition to sadness, especially in women. In some mental troubles the depression of spirits is followed by cheerfulness and contentment. (*Langhammer*).

Aspelt has found **Agaricus Muscarius** useful against the osteocopic pains of the superior maxillary bones and molar teeth; in deep-seated bone-pains of the lower limbs; in military pruriginous and confluent eruptions; and in languor and debility after coitus. Whistling cured with this drug various cases of convulsions and tremors, and *J. C. Bernhardt* some varieties of epilepsy.

Stannum in *Mammary Abscess*. Violent cough; rough, hoarse breathing; greenish, putrid sputa, and hectic fever. A dry cough following after the principal symptoms disappeared, was cured by **Ammonium Carbonicum**. (*Ruoff* '46.)

SELF-CONDEMNATION.

Nature has granted us an herb to deaden pain, to relieve mental anguish, to calm a cough, to quell the tormina of inflamed bowel, the retching of an irritated stomach, in short, to satisfy the immediate demands of sufferers from a multitude of diseases and injuries. Laudanum, the praiseworthy; paregoric, the soothing; morphine, the sleep-giver, are names implying grateful appreciation of the powers of opium. The physician is under constant temptation to use opium as a cure-all. He has the authority of teachers and text-books for its use in almost every disease. Prompt relief is demanded by the patient and his friends. On the other hand, a compliance with this demand saves the physician's time, gives him opportunity for sleep, and lessens the friction of his life. We can all appreciate the logic of the nurse-maid who charged two dollars a week with paregoric, three without. The art of the pharmacist has adapted opium to use by every practical method of administration, and neither inconvenience, expense nor offensiveness, stand in the way.

Yet this drug, which is the mainstay of the "Meisterschaft" system of medical practice, is rarely curative, often directly harmful and sometimes productive of the most degraded habit known, since the opium-eater is not only physically and mentally depressed but morally changed. Enough perhaps too much, has been said to introduce to those already familiar with the uses and untoward effects of opium, some suggestions as to its avoidance in actual practice.

Neuralgia, although a functional disease, is perhaps the most frequent indirect cause of the establishment of the morphine habit. The physician is frequently called to relieve a paroxysm; not so often does he have an opportunity for systematic tonic and hygienic treatment. The temptation to inject morphine is great, and the patient, once promptly relieved in this way, will demand a repetition of the treatment in subsequent attacks, which are almost inevitable. We can all remember cases

in which a useful life has been ruined because some physician has followed the line of least resistance in treating neuralgia with morphine.

N. Y. Therapeutic Review.

Biology.—*Vaquez of France* not long ago reported to have observed a marked increase of the diameter of the blood corpuscles in various cases of *chronic cyanosis*. He also noticed that the colorimetric power, though somewhat increased, did not follow a parallel course. Recent, numerous experiments, to ascertain the alteration in size of the blood-cells, allow him now to establish their greatly increased diameter, in *chronic cyanosis*. These facts have been confirmed by *Lapicque* in a case he had the opportunity of observing.

La Tribune Medicale.

Errata. The 8th, 9th, and 10th lines of page 3, No. 3, Vol. 1, belong to the *Voluntary muscular system* of page 2, of the same number and volume.

Obituary. We lament the sad death of Dr. Chas. C. Neidhard, of Philadelphia, after a long and useful professional life.

Our May number will contain among other papers, an *Analytic Study of Arsenicum*, an article on *Scarlatina*, and the continuation of *Measles*.

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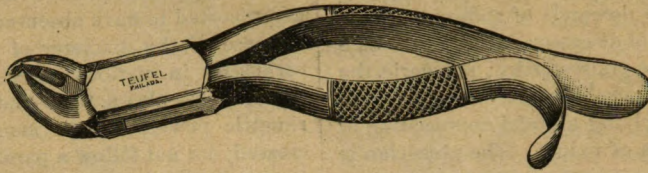
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BOOK REVIEW.

Uric Acid as a Factor in the Causation of Disease, published by P. Blakinston Son & Co., of Philadelphia, Pa., is a book from which physicians of all schools can learn many useful lessons.

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