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तदेव युक्तं भैषज्यं यदारोग्याय कल्पते ।
सचैव भिषजां श्रेष्ठो रोगेभ्यो यः प्रसोचयेत् ॥
चरकसंहिता ।

That alone is the right medicine which can remove disease :
He alone is the true physician who can restore health.

Charaka Samhitā.

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PLAGUE CAUSING UNREST IN INDIA.

Of the several causes creating unrest in India, plague may be mentioned as one of the prime factors. We draw attention of our readers to a significant article in the *Lancet* of May 25th, printed in Editor's Notes, describing the ignorance of the British nation to the extent of its devastation and the unreliable answer of Mr. Morley. We are always pessimistic to the views held by any Secretary of State for India and much more to the ultra-liberalism of the present dignified man in that exalted office. We know it to be almost certain that a minister of the British Cabinet holds double conscience from which his action is derived. Like Gæthe's Faust, he would say—

“Two souls, alas! reside within my breast,
And each withdraws from, and repels, its brother.
One with tenacious organs holds its love
And clinging lust the world it embraces;
The other strongly sweeps, this dust above,
Into the high ancestral spaces.”

Mr. Lajapat Rai ascribed the unrest of the Panjab to the following causes :

a. The letters and articles, etc., that appeared in the Civil and Military Gazette sometime in July and August last year under the heading “Signs of the Times,” etc.

b. The prosecution of the Panjabee, coupled with the refusal of the Government to take similar action against the C. M. Gazette.

c. The Colonization Bill.

d. The Land Alienation Act Amendment Bill.

e. The increase of Canal rates on the Bari-Doab Canal.

f. The abnormal increase of Land Revenue in the Rawalpindi District.

g. The appalling mortality from plague which has made the people sullen and labour scarce, and raised the wages abnormally.

We are only interested with the last statement of our patriotic leader of the Panjab. The *Lancet* writes :

“Two years ago when the Plague Commission was appointed to study some of the problems connected with plague we ventured to state that, though it was a step in the right direction and one of which we approved, the gravity of the situation demanded very much more. We hold that administrative measures based on existing knowledge which the researches of the Plague Commission have since borne out and emphasised should at the same time have been organised and put into force. These views were later fully supported by a deputation of the Royal College of Physicians of London, headed by its President, Sir Richard Douglas Powell, which waited on the then Secretary of State for India in July, 1905. It was pointed out by this deputation that the calamity in India, in the proportions which it had already attained in 1905, was comparable to the most terrible pestilences recorded in history, not excepting the plague of 1348, often called the Black Death, which completely altered the social conditions of England and other parts of Europe; and that the continuance of plague constituted a danger not only to the affected provinces of India but also to the rest of India and to the Empire. It was further pointed out that as the epidemic continued the social and economical disorganisation which followed former great epidemics of plague was likely to occur.”

The authoritative statement of the deputation of the Royal College of Physicians of London could not stir the dormant feelings of the last two Secretaries of State. Neither Mr. Brodrick nor Mr. Morley was in his full consciousness to understand the significant utterances of the deputation. In 1907, Mr. Morley was able to announce that no scheme had yet been formulated to ensure safety of India from attacks of plague. Of all the governments of Europe, the British Government is capable of making such an announcement.

The same paper further writes: "Perhaps, now, when there is so much unrest in India, which is doubtless due to several causes, political and otherwise, but not least among which are the pathological, social, and economical conditions arising from the annual devastations of plague, action will be taken and taken quickly. When people are dying in such immense numbers their relatives, friends and compatriots are prone to think that any order of things other than that existing will be better for them, as it may give them relief from their sufferings and distress; they are not at such times in the mood or condition of mind to be very particular as to the manner in which they may exhibit their dissatisfaction and longing for change."

In addition to these remarks, we may say that the indifference of the British public and the self-assertion of our Anglo-Indian rulers have added further injury to the havoc caused by plague. According to Mr. Lajapat Rai all the causes except plague are directly attributable to Anglo-Indians.

To this, we add the testimony of Mr. C. J. O'Donnell:

"Fifteen years ago, Mr. S. S. Thorburn, Financial Commissioner to the Government of the Punjab, declared as the result of a house-to-house enquiry that over large areas the peasantry was 'already ruined beyond redemption;' the chief cause assigned by him being 'borrowing from money lenders to pay land revenue.' There have been two famines in the Punjab in the last ten years. During the past five years the Punjab has been swept by plague, and plague finds its victims amongst the

poor, ill nourished and physically feeble. This year 52,000 died in a single week in the Punjab. In spite of these disasters, far from there being any remission of land tax, the revenue derived from it has increased from £1,500,000 in 1891 to £1,925,000 in 1906 or by 30 per cent. in 15 years. This is a state of things that cries aloud for investigation. For years the people of the Panjab have besought their local rulers in vain. They now turn to the people of England for mercy and justice."

The situation is not pleasant to be observed with satisfaction by the people of India, if the British public are so much anaesthetised by the reports of the Government of India and the unagitated speeches of Mr. Morley. It can be said that the zemindary of the British nation in India is not in a satisfactory state, even taking into consideration the health of that empire alone. The Manchester Guardian with regard to the Health of India writes :

"The year 1905 was unexceptionally unhealthy year ; a slight decline in mortality from plague was more than balanced by an increase in the mortality from all other diseases. Plague killed more than a million people, and was again responsible in the Punjab and the United Provinces for a death rate considerably in excess of the birth rate. The agitation in the Punjab can not be justly appreciated from the plague, whose ravages are increasing at a terrible pace ; for although throughout the twelve months of 1905 the plague killed in the Punjab 335,000 persons. It is clear that 'even the most effective anti-plague measures' are of little use. What gives these figures an even more sombre air is the fact that the dead are chiefly adults in the prime of life ; children and old men are almost immune. The flower of the people is being destroyed, and the bread winners of families already miserably poor. Plague is not only a consequence—It is a cause of Indian poverty."

In contrast to these lurid sketches made from dismal scenes, the speech of self-glorification of Sir Henry Adamson made during the budget debate of 1907, as Home Member of the Governor-General's Council, comes to us as a gigantic sarcasm.

He said in reply to Mr. Gokhale: "But I can not pass in silence the concluding portion of the Hon'ble Mr. Gokhale's speech in which he represents the Indian Civil Service as a caste whose only aim is to retain a monopoly of power for themselves. The Hon'ble Member forgets that the Indian Civil Service is the custodian of the interests of the three hundred millions who inhabit India, and not merely of the small party of perhaps a few millions of whom he is the spokesman."

The whole world is a witness how "the custodians of the interests of the three hundred millions" have preserved their interests and safety as are in evidence in the Punjab, East Bengal and Madras. We are inclined to say, "save us from our custodians."

INFLAMMATION.

(Continued from p. 445 of 1906.)

Tanacetum Vulgare has produced a large abscess of the labium majus. So far for the proving but no case is recorded in which it has been successful to cure an abscess of the labium. It has heat and fulness through hips, increasing as the drug is persisted until a "show" (menses) appears. Inflammation of vaginal walls, of internal and external labia, which resulted in an enormous abscess in one labium.

Tarentula or *Lycosa Tarentula* is the live Spanish Spider triturated with sugar of milk. It has the following symptoms: Pain and swelling; a few hours after the bite anguish of heart, dejection, difficulty in breathing, swelling, great pain in the bitten part, spasm, chill, etc.; general hyperaesthesia; queezed pain in arm and hand; pain and swelling in wrists; unbearable pain in thumbs, better from pressure, pain in internal malleolus; great pain in knuckles and toes, can scarcely bear the weight of lightest linen; shooting in tendo Achillis; intense restlessness; restlessness, must keep in motion though walking aggravates the symptoms.

Though *Tarentula* produces dark red or purplish coloration and swelling of skin and tissue with other kinds of inflammation yet it has not been used in like cases as a therapeutic agent. In fact the use of *Tarentula* in inflammation is very limited. The disorder it produces is more nervous than inflammatory as will be seen from the following case recorded by Clarke :

"In *Medical Advances* xvii, 568, a case of hyperæsthesia is mentioned. The patient, lady, 33, could not dress herself with gloves. The irritation caused at once a sensation in the *teeth* as if set on edge by a strong acid. The pain was not in the fingers. *Trn.* gave relief after *Asar.*, *Gels.*, and *Sul. ac.* had failed."

Tarentula patient also feels sore and bruised all over, worse when moving about; it produces spinal irritation, slightest touch along spine gives rise to spasmodic pain in the regions of the chest and heart.

Tarentula Cubensis or the Cuban Spider has the following symptoms: The bite is painless; the person is not sensible of it till next day, when an inflamed pimple is found surrounded by a scarlet areola; from the pimple to some other part of the body a red erysipelatous line is seen. This pimple swells, the inflamed areola spreads, chills and fever set in with copious sweat and retention of urine; the pimple becomes a hard, large, exceedingly painful abscess, ending by mortification of the integuments over it and having several small openings, discharging a thick, sanious matter containing pieces of mortified cellular tissue, fasciæ and tendons; the openings by growing run into another, forming a large cavity; at this time the fever takes the intermittent type with evening exacerbations.

Allen has the following clinical note; "The spider has been used for various forms of unhealthy or malignant suppuration, especially carbuncles, with most terrible pains; with great weakness and diarrhœa; with most terrible pains; bubo; diphtheria. In all these diseases there is usually a purplish hue with burning stinging pains (compare with *Ech.*)"

We are interested with the stage of inflammation. It is evident that any inflammation having a purplish hue with pimple or any wound having the same colour comes within its scope. There is possibility that the inflammation may run to slough like carbuncle, erysipelas or gangrene. The medicine can be tried either in the first stage of inflammation or the second stage of sloughing. The reasonable inference is that in grave cases it should be tried at once, to be followed by Lachesis on its failure. In mild cases Belladonna and Hepar sulph. should be tried before its application. On the whole we have a potent medicine in Tarentula Cubensis where the inflammation has great chance of undergoing sloughing. Clarke writes: (1) Carbuncle even to sloughing; with great prostration and diarrhoea. (2) Intermittent fever with evening exacerbation. A keynote symptom is "atrocious pains."

Tartaricum Acidum has only a few symptoms. They are: Bruised sensation worse in lower limbs; sharp pain in loins; tearing in soles near heels, preventing setting feet on ground, after luncheon.

Taxus Baccata has cured abscess of the knee. It has the following symptoms: Pains in the knees, elbows and back, drawing pain in muscles of neck; sacral pains which allow no rest either in a standing or sitting posture and which compel the patient to remain in bed; incisive pain in sacrum; constant pain in back; pain in shoulder-blade, which subsequently removes to loins; sharp, transient, wandering pains; aching pain in elbow near humerus, affecting the bone, felt during motion and rest, but worse by movement; pain in hip and knee, with tearing pain and coldness in thigh, worse at night; pain in hip with internal heat; painful tingling round patella; lancinating pain in knee with weakness of the joint; abscess in knee; contusive and incisive pain which hinders walking; body covered with miliary eruption disappeared and abscess formed on the knee.

Tellurium has great affinity with spine and skin. It has: Pains over whole body; restlessness (Ars., Rhus Tox.); eczema

of the external ear ; *spine sensitive from last cervical to about fifth dorsal vertebra*, with dread of having the part touched or approached (comp. *Chin sulph.*), the dread was greater than the actual sensibility ; from these vertebrae a peculiar irritation radiated into neck and shoulders and to sternum, this sensation produced fatigue, but only partially better by repose ; eczema and herpes.

Tellurium has cured cases of the peculiar neuralgic hyperaesthesia as well as effects from fall. The following cases as effects of fall have been cited by Clarke :

“ It has also a vulnerary action as shown in a case of Kent (*American Homœopathist*, xxiii. 439). A boy, 4, slid down banisters and struck his head on a tiled floor. He became unconscious and a surgeon was summoned, who found him in that state with a clear watery discharge from the ear, which the surgeon pronounced to be cerebro-spinal fluid. This condition lasted three days, and the case had been pronounced hopeless when Kent first saw the boy. Kent noticed that the discharge was acrid, and reddened what ever part it came in contact with. One dose of *Tell.* was given. In two hours the child vomited, a sign of reaction, and in two weeks was well. Another case has been mentioned by Shelton in *Homœopathic Recorder* vii, 103. Miss x., 45, had a fall, striking a severe blow on the sacrum. She suffered for some weeks from concussion, with one point of great soreness in the sacral region, just above the spot where the blow was received. She was kept in bed for some weeks and improved generally, but the painful spot remained and sensitiveness appeared over the back, especially its upper third. *Tell.* 6 cured all completely.”

Tellurium has, fear of being touched on sensitive places ; worse by touch.

Taking into consideration the effect of Tellurium on the spine, it can be said that any kind of spinal inflammation including injury may be cured by the medicine. Its especial sphere is the upper dorsal vertebrae.

Tetradymite is a rare crystal from the United States. Its symptoms are: Pains occurring in small spots; pains in ear as if bone sore; pain in the nape of the neck; pain in coccyx and lower extremity of ischium; frequent pains in margins of nails as if an ulcer would develop, painful on pressure; violent pain in hands as if in bones or nerves; tendo Achilles constantly painful as if sprained.

Teucrium has special relation with the nasal septum. It has the following symptoms: Sensation of obstruction in nose; tingling in nose; frequent sneezing with tingling in nose; crawling in nose without coryza; stinging lancinating pain in upper part of nasal cavity; sensation as if nostrils were stopped; blowing nose or sneezing does not remove the obstruction; polypus with stoppage of nose; large red pimple near septum, sore and smarting to touch.

Hughes writes: "It was reputed of old in polypus narium used locally in the form of snuff; and homœopathy, discerning some specific action on the Schneiderian membrane, has preserved the tradition giving the drug as an internal remedy." Guernsey says: "Polypus with stoppage of nose on side lain on; large red pimples under right nostril near septum, sore and smarting to touch." Clarke adds: "A snuff of *Teuc.* has been used in some cases in addition to the internal use of the remedy. But *Teuc.* has a relation to new growth in general as well as of the nose. It has removed a fibrous tumour of the eyelid; urethral granulations following gonorrhœa and also uterine fibroids."

In our practice a case of hypertrophy of the nasal septum and especially that of the vomer following chronic congestion was cured by *Teucrium*. It was under the care of a professor of the Calcutta Medical College for three months and without any benefit.

Thea Chinensis or China Tea produced enormous indolent swellings or tumours which appeared successively on back, thighs, scrotum and penis.

Theridion or the Orange Spider has cured abscess of the liver and spinal irritation. Clarke remarks: "Burning in liver region has led to the cure of abscess and cancer of that organ."

Thuja Occidentalis is one of Hahnemann's sycotic medicines. Clarke writes: "Hahnemann found in *Thuja* the antidote to the miasm of the condition which he termed *Sycoasis*, meaning thereby the constitutional disease resulting from constitutional gonorrhoea, and having as its characteristic manifestation of excrescences, sometimes dry in the form of warts, more frequently soft, spongy, emitting a fetid fluid with a sweetish odour something like herring brine, bleeding readily and having the coccomb or cauliflower form. Teste remarks that in the period when the doctrine of signatures prevailed the resinous callosities of the stems and leaves of *Thuja Occ.* might have seemed an indication that the plant was the specific for sycoasis and warts. Teste dismisses the idea, but he asks whether resinous substances which have the power of modifying vegetable juices in a peculiar way may not affect the animal fluids in the same manner."

We are not prepared in these advanced days of scientific medicine to accept the doctrine of signature on which the sycotic property of *Thuja* rests. Hempel and Arndt say: "The general character of the pathological condition, which *Thuja* sets up in the attacked parts, is that of irritation. This irritation, which may even increase to inflammation, causes in the secreting organs (mucous membranes, urinary apparatus and glands) an increased and altered secretion. In the external skin the irritation is concentrated in single spots, and manifests: inflammation, suppuration, formation of warts and excrescences."

The highly morbid effects of vaccination manifested in the form of bad pustules with or without high fever are amenable to the use of *Thuja*. It has cured polypus of the ear, warts on the nose, warts about arms, uterine polypus with terrible pain and condylomata, polypus of the vocal cords and fungoid excrescences from various parts of the body which bleed easily on the slightest touch. It is not a curious fact that vaccination

can produce inflammation as well as mal-nutrition. The following case from Hoyns indicates the inflammation of glands: "After vaccination of a child aged fifteen months, swelling of the cervical glands, pityriasis capitis; conjunctivitis; restless sleep; pustular eruption on the neck and face soon drying up; frequent waking up as from pain in bowels. *Thy.* 39 cured. Dr. C. Kunkel."

It has the following symptoms; Drawing in the blood vessels; swelling of the veins in the skin; jerking of some of the limbs and some of the muscles; the flesh feels as if beaten off the bones; affects prominently epithelia, first causing hardening, hypertrophy, then softening; tearing and pulsative pains as if the parts were ulcerated; inflammatory swellings with redness; violent ebullition of blood with pulsation in all the arteries, worse by movement, better on sitting down; aneurism by anastomosis; swelling of the blood vessels; red and painful swellings on finger tips and suppuration of finger nails.

Toxicophis or the Moccasin snake produces a kind of chronic inflammation which has a peculiar feature: "The symptoms of pain and fever recurred annually at exactly the same period for many years with decreasing intensity each year." It has cured a case of gangrene.

Opus of *Strychnos* (*Ticaté*) has cured spinal irritation and pain, as well as pain in the tendo Achilles. It has one peculiar symptom, which is aversion to meat and eggs. The tongue is coated white so thickly that it can be scraped off; sudden jerking of the whole body, followed by violent stitches in extensors and drawing back of head.

Vaccinium has cured bad effects of vaccination. It has also absorbed cheloid growths due to chronic inflammation which developed on the scar of vaccination. Clarke cites the following case: "Over a year ago a young lady came to me shortly after having been re-vaccinated under some Government rule. There had been nothing abnormal in the course of the vaccinia, but after the scales fall off there was much pain in the arms, and each of the scars began to grow, and when I saw them

they were well-developed cheloids. *Thuja* removed the pains but did not arrest the growth. Under *Malan*, 200 they have now all but disappeared."

Vipera is the Viper snake. It has many species: *Vipera communis* is the common viper; *V. redi* is the Italian viper; *V. torva* is the German viper and the most powerful of them all is *V. Russelli* or the Russell's viper which is mostly found in Bengal. Among all the family of *Viperidæ*, Russell's viper is the most poisonous. We have observed a full grown cock to die within five minutes in the experiment of Dr. Mahendra Lal Sircar; on the contrary, the same kind of poultry has been seen to live more than twenty four hours when bitten by a cobra, *Kautia*. According to our view, the poison of Russell's viper or Boa *Vipera* is far more powerful than Cobra, *Kautia* or *Gokhoora*. In the post-mortem of the cock the fluid character of the blood with fulness of the auricles was observed. It seems that it has the same character as other vipers, only the poison is more powerful than all of them.

Vipera produces the following symptoms of inflammation: Limbs swollen and red; livid spots on the bitten limb; yellowish, livid, mottled spots; varicose veins; lymphatics swollen; swelling of the hand not pitting on pressure, with pain as if it would burst, with pain on touch; stiffness; hands violet coloured, covered with phlyctenules; skin of hand dead and detached in large plates, subjacent tissues livid; feeling as if something moved along thigh (after bite on ankle); tension in knees and ankles; knees stiff; legs swollen, cold and insensible; blood altered, tending to hæmorrhages, coagulability lost; blood black; persistent œdema with tendency to ulcers; the bite was felt through the whole body like a streak of lightning, she sank to the ground; bitten part produced violent pain; the swelling was insensible; ulcers; blisters about the bite, bursting and leaving ulceration, muscles were laid bare, were dark red, dry, looked like smoked meat, insensible to touch, the sore was offensive; chronic suppuration; gangrene; crawling in soles and palm.

The other symptoms are: Black blood flows from a wound near the bite, cellular tissue green and blue. Apparent modification of the functions of the blood, fibrin is altered, globules less able to perform their functions, with tendency to hæmoptysis, especially epistaxis, imperfect coagulation. Ecchymosis in endocardium and pericardium, lungs hyperæmic, mucous membrane covered with ecchymoses, the tissue œdematous, mucous membrane of intestines ecchymosed, blood did not coagulate. Persons become prematurely old, development of children is arrested. Falling down when standing. Cramps worse in flexor muscles. Sub-saltus tendinum. Spasms; with raging pains in head, jaws, and abdomen. Epilepsy. Collapse.

Sticking in the bitten part, on every change of weather, with the tearing extending through whole body; then leaden gray color and swelling. Appearance as of a nettle sting, then creeping up arm, veins distended, with feeling as if they would burst; piercing in tip of thumb, then spreading over arm, then sensation of a flame flickering through arm.

Pain in the bitten part; on every change of weather, with tearing; extending through whole body; returned every year; with stitches in finger tips; and sinking down in a faint, with heat and shivering shooting through body for half an hour, when he was first able to call for help, relief from vomiting of bile, thirst, cold, clammy sweat, features drawn, eyes protruding, staring, pulse slow, hard and full, jaws spasmodically closed, talking and swallowing difficult.

In our proving of *Boa Vipera*, we experienced the most painful symptom of passing of electric current from the outer part of the foot to knee and sometimes coming up to thigh. Another prover got spitting of blood. Though the leg was not inflamed yet it produced a certain amount of heaviness. It was trifling in proportion to the painful sensation caused by the electric shocks. Indeed, the principal symptom of all fatal cases bitten by *Boa Vipera* is the electric shock running from the bitten part to those above it. In the proving, the electric shocks in the legs were the prominent symptoms.

Clarke writes: "*Vipera* affects the blood and blood vessels, conducting to hemorrhage and inflammation of the vessels themselves. A keynote for *Vip.* in cases of phlebitis and varicosis is worse on letting the limb affected hang down; as if it would burst with fulness. The region of the vessel affected is inflamed and sensitive..... A case quoted from *Med. Adv.* in *Med. Cent.* II, 79) of varicose vein of the popliteal space, with the sensation as though the leg would burst, and a nervous fidgety condition of the feet which kept them in constant motion, was cured with *Vip. tarva* 30. The bursting feeling appears to be at the root of this characteristic."

Allen says: "*Vipera* is a very valuable remedy for varicose veins and for acute phlebitis, the vein is swollen, bordered by an area of inflammation, which is very sensitive to touch, but particularly with the sensation, on letting the leg hang down, as if it would burst from the fulness of the veins. A gold-beater, who had used his right hand for years in his business found that the veins of the whole arm had become excessively swollen and painful; he could no longer use his arm or permit it to hang down, but he carried it in a shirt-sleeve, and when sitting had to rest it on a table or something high, on account of the bursting feeling on letting it hang down; immediately cured by *Vipera*."

He further adds in his clinical note; "Bursting feeling in limbs, in three cases of neurasthenia, an old sprain and varicose veins."

It seems that *Vipera* has more action on the veins than arteries. But it can also be said that it may prove very efficacious in cases of pulmonary coagulation of blood in cholera, and in coma. It should be tried after failure of *Cobra*, *Lachesis*, or *Crotalus*. In erysipelas and gangrene, it may prove serviceable after *Lachesis*. It should be used in violent deliriums of all cases including those of plague.

In inflammation the characteristic symptom is bursting feeling in limbs particularly on letting it hang down. It may serve the purpose in either acute, subacute or chronic inflammation. Old sprain has been cured on account of that symptom.

Meteorological Observations taken at 8 A.M. at the Indian Association for the Cultivation of Science, Calcutta. For the Month of May, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	CLOUD.	Rainfall of past 24 hours.
		Direction.	Velocity per hour in mches.	Maximum.	Minimum.			
1	29.731	S E	2.8	91.0	77.2	72	6	Nil.
2	29.713	S S E	2.5	94.8	76.2	77	1	0.00
3	29.630	S S E	4.8	94.1	82.0	80	7	Nil.
4	29.637	S S E	3.2	97.5	81.8	77	Nil.	"
5	29.706	S S W	3.0	100.9	80.1	73	"	"
6	29.779	S S E	3.3	103.2	79.4	69	"	"
7	29.764	S S E	2.6	100.8	79.4	73	"	"
8	29.719	S S E	3.0	101.0	79.5	73	"	"
9	29.680	S S E	4.0	101.8	81.0	60	"	"
10	29.697	S S E	4.1	103.4	82.0	58	"	"
11	29.763	S N E	5.8	100.0	70.5	83	10	1.10
12	29.808	S	3.4	92.8	79.4	74	3	Nil.
13	29.792	S S E	4.4	98.0	79.5	70	2	"
14	29.772	S S E	5.2	98.0	81.5	70	5	"
15	29.964	S S E	5.7	97.6	80.6	67	4	"
16	29.991	S S E	5.2	97.1	81.3	71	8	"
17	29.746	S E	4.9	99.9	73.5	67	1	0.03
18	29.766	S E	2.5	97.3	81.5	70	4	Nil.
19	29.759	S E	3.8	98.8	73.5	71	1	1.48
20	29.719	S S E	2.3	93.8	81.0	80	5	Nil.
21	29.786	S E	2.2	96.0	74.2	76	Nil.	0.22
22	29.685	S S E	2.6	93.0	81.0	70	"	Nil.
23	29.578	S	5.7	98.5	81.0	77	2	"
24	29.600	N W	3.8	100.5	77.0	70	Nil.	0.53
25	29.636	E	3.2	96.5	79.0	79	"	Nil.
26	29.608	N E	3.3	96.5	76.0	87	10	0.00
27	29.631	E	2.0	89.8	78.8	78	9	Nil.
28	29.627	W	2.1	94.5	81.5	58	Nil.	"
29	29.621	S E	2.6	101.8	83.0	76	2	0.14
30	29.557	S S E	4.2	96.5	81.0	64	4	0.02
31	29.504	S	7.0	96.5	78.8	76	10	Nil.
Mean	29.692	S E	3.7	97.6	79.1	72	3	TOTAL 4.30

Remarks: The gradual fall of atmospheric pressure was continuing. From 29.808 inches in April the mean of the month of May came to 29.692. The mean direction of wind was S. E. in

comparison to S. S. W. of the month of April. The mean velocity of wind increased from 3.5 in April to 3.7 during the month. The difference between the mean maximum and minimum temperatures was 18.5. In April it was 17.9. The marked character is the increasing difference. The mean humidity was 72. The total rainfall increased from 1.55 of the last month to 4.30 inches during the month under review.

The mortality from cholera was 33 during the week ending the 27th April. It came to 35 during the week ending the 4th May. In the next week ending the 11th May the mortality increased to 55. During the week ending the 18th May it was 56. In the week ending the 25th May the mortality came down to 46. Though there was appreciable rainfall on the 11th, yet the effect was not marked. Subsequently rain fell on the 19th, 21st and 24th May.

As to the mortality from plague, in the week ending the 27th April it came to 423, the highest number during the four months, from January to April. During the week ending the 4th May, the mortality fell to 344. There was rain on the 29th April and 2nd May. In the next week, ending the 11th May it reduced to 294. Again there was rain on the 11th. In the week ending the 18th May, it further came down to 203. On the 17th rain poured on. On the week ending the 25th May, the figure fell to 131. Rain came on the 19th, 21st and 24th May.

Smallpox gradually came down from 47 to 32 in a week during the month. There was gradual rise from January to April attaining the highest figure 94.

Mortality from fever came down during the first week ending the 4th May to 47. The lowest figure of the last month was 53 and the highest 105 in a week. The highest number of deaths during a week in the month was 91.

Bowels complaints gave 52 deaths during the first week, the highest of the month. It came down to 34 during the last week ending the 25th May. During the last month the mortality ranged from 59 to 48 in a week.

EDITOR'S NOTES.

The Plague in India.

The *Lancet* of May 25, writes the following significant note :

“ Two years ago when the Plague Commission was appointed to study some of the problems connected with plague we ventured to state that, though it was a step in the right direction and one of which we approved, the gravity of the situation demanded very much more. We held that administrative measures based on existing knowledge which the researches of the Plague Commission have since borne out and emphasised should at the same time have been organised and put into force. These views were later fully supported by a deputation of the Royal College of Physicians of London, headed by its President, Sir RICHARD DOUGLAS POWELL, which waited on the then Secretary of State for India in July, 1905. It was pointed out by this deputation that the calamity in India, in the proportions which it had already attained in 1905, was comparable to the most terrible pestilences recorded in history, not excepting the plague of 1348, often called Black Death, which completely altered the social conditions of England and of other parts of Europe ; and that the continuance of plague constituted a danger not only to the affected provinces in India but also to the rest of India and to the Empire. It was further pointed out that as the epidemic continued the social and economical disorganisation which followed former great epidemics of plague was likely to recur. The deputation left with the Secretary of State for India a memorandum on plague, setting forth these views and commending the organisation of a specially trained sanitary service for India. It was recognised that some time must elapse before such a service could be fully at work, but Mr. MORLEY's recent answer to Dr. V. H. RUTHERFORD's question in the House of Commons must have come as a painful surprise to all those interested in the welfare of India and of the Empire. Mr. MORLEY announced that no scheme had yet been formulated. It is doubtful whether the Government of India has ever realised its grave responsibility in this matter of plague and it cannot be congratulated upon having awakened to it even now. It does not seem to have occurred to the Government of India or to the India Office that the ordinary routine in which it takes years for a proposal to be considered and to be adopted cannot apply to schemes against plague. During the time in which the Government of India is

supposed to have been prepared an organised campaign against plague over a million people have died; many of whom, we believe, could well have been saved. It is not oriental procrastination or slow formulation of schemes but action that is required; not resolutions, of which there have been many, but money and machinery.

Perhaps, now, when there is so much unrest in India, which is doubtless due to several causes, political and otherwise, but not least among which are the pathological, social, and economical conditions arising from the annual devastations of plague, action will be taken quickly. When people are dying in such immense numbers their relatives, friends, and compatriots are prone to think that any order of things other than that existing will be better for them, as it may give them relief from their sufferings and distress; they are not at such times in the mood or condition of mind to be very particular as to the manner in which they may exhibit their dissatisfaction and longing for change. The appalling state of things in India and the sufferings of our Indian fellow subjects are only faintly represented by the figures which Mr. MORLEY has given to the House of Commons. In January of this year there were 58,000 deaths from plague, in February there were 98,000, in March 171,000, and in April 314,000, making a total of 641,000 deaths for the first four months and a grand total of 5,326,000 deaths approximately since the plague began in 1896. The shudder that must have gone through the House on the announcement of these figures may be imagined, for not one of its Members, not even the most prosaic or unimaginative among them, could shut his mind's eye when the veil was lifted for a moment; all must have pictured the scenes in that distant country the inhabitants of which are dying in their thousands in the agonies of plague. And yet it is safe to say that few of the Members knew that plague existed in India in epidemic form in any unusual proportions. For ten years they have been hearing references to plague in India, and they have become like the public ready to regard the condition as normal and irremediable. The suggestion made two years ago that the India Office should publish regularly in the English public press the plague returns for India seems for some unexplained reason not to have been carried out for more than a few weeks in 1905. What motive has lain behind this alteration of policy?

We trust that now that the magnitude of the devastation is known no time will be lost in organising the special service recom-

mended two years ago. It is obvious that a small service like the Indian Medical Service cannot cope with plague in India at its present dimensions. Those employed perform their duty with courage, skill, and devotion—indeed, with a blend of those qualities which should make us proud of the service; but if the whole of that service and also the whole of the Royal Army Medical Corps in India were detached from their civil and military duties and put on plague work they would be insufficient to deal with the present epidemic. A special service commensurate with the situation must be created to carry out inoculations and other plague measures. When that service is created and properly directed it is to be hoped that there will be an end to the policy which has discarded responsible medical advice since plague began and which has been so detrimental to the true interests of India. A special plague service will cost money, but it will be conceded that better use could not be made of a portion of the surpluses in the Indian revenue. For the past nine years there have been exceptionally large surpluses. Economy cannot be pleaded; motives of humanity insist that a vigorous attempt to deal with the appalling loss of life in India should be forthwith set on foot; we do not attempt to speak with the exceptional knowledge of statesmen, but it seems to us that every thoughtful citizen will agree that motives of political expediency call as loudly as those of humanity for action."

It has been accepted by all responsible persons that the devastation of plague is a fruitful cause of the unrest in the Panjab, though certain interested authorities reluctantly admit it. The Malkowal tragedy and the continued disaster from mortality have sounded a death knell to the Haffkine inoculation as well as to the pet theory of rat dissemination. Careful observation has decided that the Government of India wasted large sums without any advantage. Add to this unrest, the political, social and sanitary failures whose creators are petted and fondled by that ostentatious big man, the present Secretary of State for India. To these irritations the deportation is added. Are these not sufficient causes of exasperation? Plague which is a remediable disease remains without any scientific obstruction. Famine which is becoming worse every year, finds no barrier by the settlement of economic problems. We want relief from devastating diseases and ask for bread to appease our hunger. In reply, we get the stone of British prestige for medicine and food. These are, surely, enough compensations to satisfy us.

Malta Fever.

A LESSON IN PREVENTIVE MEDICINE.

Nature of May 30, has given the interesting account of the propagation of Malta fever thus :

“Situated in the midst of the Mediterranean, swept by all the winds of heaven, and enjoying brilliant sunshine for several months in the year, the island of Malta should be one of the healthiest of places. Its freedom from swamps or standing water of any kind protects the island from that scourge of warm climates—malaria. For many years past, however, Malta has suffered from the prevalence of a serious local fever, of a most persistent character, which has been the bane of the island, and particularly of the garrison ; for a large fraction of the naval and military forces has been constantly incapacitated by this disease. Every year some 650 sailors and soldiers have fallen victims to it, and, as each patient stays on an average 120 days in hospital, this gives a total of about 80,000 days of illness per annum. Moreover, most of these men have to be sent to England to recover their health, and the consequent expense has involved a very considerable loss in money to the Government.

This fever appears to be widely distributed in the world, but is most familiar to us in its incidence around the coasts of the Mediterranean. On the island of Malta it has worked its worst ravages, and hence the name of Malta fever, by which it is best known.

Now, however, all this has been changed by a simple application of the discoveries of science, and widespread gratification will be given by the intelligence, furnished in recently published reports, that since June, 1906, when the new preventive measures were put into practice, Malta fever may be said to have practically disappeared from the garrison of the Island Fortress.

What are these preventive measures, and how has this result been achieved ?

The serious ravages of Malta fever made it desirable that a searching investigation should be taken in hand. In 1904 the Royal Society, at the request of the Admiralty, the War Office, and the Colonial Office, undertook to investigate the causes of this fever, and sent out a small commission to Malta for that purpose. This commission, which consisted chiefly of Army and naval medical officers, has been at work for three years, under the supervision of a committee of the Royal Society, and has only lately

completed its labours. It is unnecessary to describe the details of the three years' work; it is enough to say that every likely line of research was followed in order to discover how man becomes infected by this disease. So long ago as 1887 an Army medical officer discovered that Malta fever is caused by the entrance into the body of a minute bacterium, which was named the *Micrococcus melitensis*. This microbe was studied from many points of view, but with no success until a discovery was made which cleared up the mystery. This was the remarkable fact that the goats in Malta are susceptible to this disease, and act, as it were, as a reservoir of the virus. In truth, it is probable that Malta fever is primarily a disease of goats, and that man is infected from the goat, not the goat from man. The goat is very much in evidence in Malta, there being some 20,000 of them, which supply practically all the milk used in the island. It was discovered by the commission that half these animals are affected by Malta fever, and that one-tenth are constantly passing the *Micrococcus melitensis* in their milk. Notwithstanding that the goats show no outer signs of the disease, they continue, possibly for years, to secrete milk containing the poison.

It seemed evident, then, that to banish Malta fever from our sailors and soldiers on the station, all that was required was to eliminate goats' milk from their dietary. This step was taken in June, 1906, with the striking result that the cases of fever fell to one-tenth of what had been their normal number. There is, therefore, reasonable hope that this disease will now disappear from the garrison in Malta, and some 80,000 days of illness be blotted out from the yearly records of the Navy and Army.

If these good results are maintained, this investigation will stand out as one of the most notable examples of successful work in the prevention of disease, and will clearly show the economy of spending a few thousands on a thorough scientific investigation.

The research occupied some time, and from first to last employed some twelve men, but the outlay in time and money are as nothing to the result achieved."

The cause of the Malta fever is the microbe *Micrococcus melitensis*. It has been further ascertained that drinking of goat's milk propagates the disease as goats are generally affected by it.

In comparison to the above fact, the theory of plague disseminated by rats has assumed the proportion of hypothetical chaos. It has never been suggested or proved how rat is capable of spreading

plague. It is surmised that the fleas of affected rats propagate plague. Even there the belief remains a suggestion,

Hemiplegia without lesion of the Pyramidal Tract.

The *Lancet* June 1, has the following :

"The association of hemiplegia of organic type with a lesion of the pyramidal system in some part of its course is one of the most definitely established facts in neuropathology, and according to Probst no case of organic hemiplegic paralysis without such a lesion is on record. A case observed by Dr. Spielmayer of Freiburg and described by him at the meeting of the neurologists and alienists of South-West Germany held at Baden-Baden is therefore of very great interest in this connexion. Clinically the case appeared to be one of genuine epilepsy with characteristic convulsions. The patient, who was originally an intelligent woman, gradually became weak-minded and stupid. There were not at any time Jacksonian fits or any post-epileptic paralysees until two years before death (which occurred at the age of 41 years) when after an attack of status epilepticus a left-sided hemiplegia developed. This showed the typical characters of a cerebral lesion and followed the usual course of that condition. It was therefore supposed that a hæmorrhage into the internal capsule had occurred. At the necropsy no trace of such a lesion was found, nor did a most careful microscopical examination bring to light any lesion of the fibers of the pyramidal system in the pons, medulla, or spinal cord which presented identical characters on the two sides. It was found, however, that the whole of the right hemisphere was atrophic, especially so in the neighbourhood of the fissure of Rolando. Specimens prepared from the ascending frontal convolution and stained by Nissl's method and by Weigert's neuroglia stain demonstrated the replacement of the cellular layers by neuroglia with the exception of the layers of giant pyramidal and large pyramidal cells which in number, arrangement, and structure were identical with those of the sound side. It is well known that these cells are the trophic cells from the pyramidal fibers and the absence of any pyramidal lesion was therefore explained. From the examination of the cortex cerebri it would therefore appear that the hemiplegia in this case owed its origin to a lesion of the sensori-motor path beyond the upper motor neuron. It is interesting in this connexion to recall the experiment of Mott and Sherrington who showed that after

section of all the posterior roots entering into the formation of the brachial plexus in monkeys the arm was paralysed, although the pyramidal tract was intact and was excitable to subsequent stimulation. It would have been of interest to know whether in Dr. Spielmayer's case the paralysed side was convulsed in fits occurring subsequently to the hemiplegia. The case is noteworthy, not only on account of its rarity but also because of the care with which it was worked out and the suggestive nature of the conclusions arrived at."

A few years before a case was placed under our treatment which began with epileptic fits with unconsciousness and ended in hemiplegia. The anomalous case could not reveal its pathological importance as no necropsy could be performed. So far it was sure, that it was not an ordinary case of epilepsy or hemiplegia. The above mentioned case of Dr. Spielmayer imparts a new light to the causation of the disease. There was no lesion in the whole length of the pyramidal system in the pons, medulla or spinal cord but the right hemisphere was atrophic, especially near the fissure of Rolando. The cellular layers of neuroglia, except those of the pyramidal cells, of the ascending frontal convolutions were atrophied. As they are the trophic cells from the pyramidal fibres, the cause of the disease could be explained without the pyramidal lesions.

Variation in Blood Pressure.

The *Medical Times* has the following interesting note in its publication of the month of June :

"Hare (*Therap. Gaz.*, February, '07) wonders whether high tension may not be designed by nature to drive blood through narrowed vessels to distant parts for their proper nutrition. If we lower pressure by relaxation of the larger arterioles and arteries we starve proximal tissues. Again, in many cases of high tension the heart has undergone compensatory hypertrophy; and this increased power and the high tension help to feed the heart muscle itself through the coronary vessels and those of thebesius. The normal heart is designed to beat against a pressure of 100 to 140 millimeters of mercury, and nothing exhausts a heart so rapidly as to beat excessively because of low pressure. Very often the hypertrophied heart of high tension may be considered to have established for itself a new standard of pressure (say of 130 to 170); and if we reduce this we may produce a state as abnormal as is a pressure

below the true normal. In studying high pressure it is not sufficient to study the pressure alone; we must study the whole cardiovascular apparatus. We must prevent an increase in tension; but we must not reduce tension simply because it is high, unless the heart cannot stand the stress or the pressure is so high and the vessels so fragile that rupture is threatened. Hare considers it unwise to prescribe drugs simply because of vascular tension, either high or low."

The blood pressure is the important point in clinical study. In many acute diseases at first there is tension, but it is followed by arterial relaxation or insufficient supply. In those cases, we would not be justified in lessening the arterial tension. In cases of arterial relaxation, it is our duty to inaugurate tension, so that blood can reach the distant ends. In chronic cases, arterial tension means the same effort to propel blood to the distant parts. The high tension obliges the heart to work with great effort and consequently compensatory hypertrophy of the heart ensues. Arterial tension with rapid feeble pulse indicates the preliminary operation to the final relaxation before death. In other words it is,

কৌণে বলবতী নাড়ী সা নাড়ী প্রাণ হাটিকা।

In extremely weak health high arterial tension with frequency causes death.

CLINICAL RECORD.

Foreign.

SOME EAR CASES.

BY ARTHUR A. BEALE, M.B., C.M.

Anaesthetist and Clinical Assistant, Ear, Nose and Throat Department, London Homeopathic Hospital.

CASE 1.—E. F., aged 32, January 17th, 1907. This patient was a bright-looking girl, who had previously followed the occupation of dressmaking at Peter Robinson's, but owing to business worry four years ago had a breakdown which affected her eyesight and started serious frontal headache, described as neuralgic in nature. She had very serious deafness, worse on right side, which greatly inconvenienced her, and tinnitus resembling "the rushing of the sea" (this tiring symptom had been her constant companion for seven or eight years). There had never been any discharge, and pain.

The watch test showed on the left, 4 inches, air conduction + 5 on the right side, $2\frac{1}{2}$ inches, bone conduction +.

Examination discovered on the right side membrana tympani pearly white, thickened, and the cone of right broken; on the left side, more or less normal in appearance, but slightly retracted.

Treatment.—In all these cases I find a regulated diet most helpful, and in this case I ordered wholemeal bread, milk, fruit or greenstuff or porridge for breakfast. Meat and vegetables, or fish or poultry, varied with a vegetable soup, for dinner; and a third meal with wholemeal bread and butter, fruit, or milk pudding and occasionally meat or fruit, for about 6, at the same time cutting off what I have invariably found harmful: strong tea, coffee, spirits and malt liquors, salted fish and meat, confectionery and pastry, and all sweet and sugary things, together with white bread.

Regarding medicines, all the symptoms indicated *ferr. phos.*, and as there had been a clear history of anaemia I decided on *ferr. phos.*, *ix.* Politzer's bag used.

January 21st.—No noises; says hears better; no headache. Continue *ferr. phos.*

January 28th.—Has had no noises till yesterday, when they returned slightly. Watch test, right 8 inches, left 7 inches.

February 4th.—Headache better; no tinnitus. Politzer. Continue *ferr. phos.* 6x.

February 11th.—Noises and headache returned for a time; hearing better; right 18½ inches, left 27½ inches. Repeat.

February 18th.—Says much better, noises gone, thinks hearing better. *Watch*, right 27 inches, left 32 inches, Politzer. Continue *ferr. phos.*

February 25th.—Says very much better, has had no noises since 10th; no headache, feels better herself. *Watch*, right 38 inches, left 52 inches.

On examination the right membrana tympani almost transparent. Cone of light normal and unbroken, the malleus handle slightly prominent. Left side not so transparent but healthy. Continue *ferr. phos.*

March 11th.—Has had a cold, probably influenza. *Watch* shows depreciation of hearing, right 21 inches, left 19 inches.

March 18th.—Recovered hearing. *Watch*, right 38 inches, left 52 inches.

May 6th.—Feeling very well, no return of headache or noises: health excellent. Continue *ferr. phos.*

All through this patient has had the one medicine, *ferr. phos.* 6x, and we are both satisfied with the result.

CASE 2.—W. C., school teacher, aged 26, came to me on December 17th, 1906. Has had chronic suppuration of ear: now is dry. There is a perforation in the posterior lower quadrant which shows signs of healing. Complains of pain behind ear. This patient was put on a diet similar to Case 1. *Capsic.* 3.

December 31st.—Since coming the pain behind ear better, but has had great pain in the ear itself. The meatus is full of curdy pus: there has evidently here been a history of fresh suppuration and bursting of the membrana tympani. *Bell* 3x.

January 17th.—No further discharge.

January 31st.—Meatus quite clean and free from pus. There is a large opening in the drumhead. Continue *bell*.

February 14th.—Has had more pain and tinnitus. *Sabadill* 3.

February 28th.—Has had much discharge and consequent deafness. Boric powder inflated, and for medicine *mer. cor.* 3x. t.d.s.

March 31st.—Less discharge, but has throbbing headache. *bell.* 3x.

April 18th.—No more discharge, no pain for a long time, though still has headache. She complains of rheumatic pains. *Bryon.* 3x.

April 25th.—Very much better; no headache, no pain, no discharge, hearing excellent. Membrane clean and healing.

CASE 3.—V. C., aged 20. Sister to above. Also came to me on December 17th, complaining of discharge from left ear and deficient hearing; has constant headaches, worse in the evenings, which felt like knives cutting from vertex down through the temples.

Watch test: right normal, left *only on contact*. On examination, the membrana tympani shows thickening and granulation, with perforation. Ordered inflation of *boracic acid powder* and *calend.* *Arsen. iod.* 3x, t.d.s.

This patient showed also general weakness, lateral curvature slight, and heart sounds muffled. *Diet* similar to the last.

December 20th.—No discharge. Watch on left side 6½ inches.

December 31st.—Very much better, no discharge. Watch heard, left 9¼ inches. Repeat *ars. iod.*

January 10th.—There is still the appearance of granulations, but no discharge. Hearing, left 18 inches. Politzerised.

January 17th.—Feels better, health very much better; heart sound normal. Watch 26 inches.

January 24th.—Hearing, watch 28 inches.

January 31st.—Still progressing, no discharge. Repeat *ars. iod.* 3x.

February 14th.—Watch test, 40 inches.

March 21st.—Has had throbbing headache at back of head and pains behind ear. *Bell.* 3x, 4 t.d.s.

April 4th.—Headache gone, hearing quite recovered. Repeat *arsen. iod.* Still under treatment.

I attribute a great deal of the good results in these cases to the regulation of diet, and especially the cutting off of Saccharine and ultra-starchy food, as white bread and confections. If the cases were very persistent I should feel great confidence in restricting the diet to all meat for a time, as a complete or modified Salisbury: this is not often necessary in these cases.—The *British Homœopathic Review*, June, 1907.

A SULPHUR CASE.

G. A. MELLIES, M. D., St. Louis.

"Doctor, I have brought my sister for you to treat; you have treated my brother so successfully some two months ago, that I want you to see what can be done for my sister." On inquiring who her brother was, recalled to my mind a case of a young man, Mr. B, aged apparently twenty-five years. On looking up the history of the case I found the following record: Has been sick for two weeks, sharp pain in left side of chest, worse on breathing or coughing, gradually increasing difficulty of breathing till at present time, respiration very difficult, fifty per minute, pulse 160, temperature 101° F., cough short, no expectoration, skin dry, lips and fingers bluish, sleeps only in short naps, appetite poor:

PHYSICAL EXAMINATION OF CHEST.

Inspection.—Bulging of intercostal spaces of left side. Respiratory movements limited to right and total absence of in left chest.

Mensuration.—From a point in the median line posteriorly to a point in median line anteriorly—the left side measured eighteen and one-half inches, right side seventeen inches, no expansion on left side, one inch on right.

Percussion.—Distinct flatness over left chest lower and outer aspect dullness, extending two inches to right of median line anteriorly.

Auscultation. Respiratory murmur absent on left side. Heart sounds muffled, apex beat 5th intercostal space one and one-half inch to right of sternum. Second cardiac click normal position.

Prescribed: *Bryonia alb.* 2x.—Two days later—patient reported feeling some easier, less cough, continued remedy two days longer, reported no further improvement—temperature, pulse, respiration as at first examination.

Prescribed *Sulphur* 200x and advised that patient be taken to hospital, as the sanitary surroundings were not favorable to the recovery of a case of this nature, and advised that the pleural effusion be drawn off.

From this time I had not heard from my patient till the foregoing conversation as reported about seven weeks later.

Inquired as to the condition of Mr. B. and was informed that he was well and that he had not been taken to the hospital as I advised, but, she stated that after the last prescription (that is *Sulphur* 200x), he rapidly improved until now he was entirely well.

I requested that Mr. B. call at my office to permit me to make an examination to determine how near he was well. On such examination I found the chest movements, right and left, equalized (asymmetry); equal apex beat one inch to right of left nipple (6th intercostal space)—area of dullness 7th to 9th ribs in axillary line—patient recovered full strength. Respiration 24—pulse 99—temperature 98° F.; appetite good, no cough or expectoration. Sulphur completed the cure.—*Homeopathic Envoy*, May 1907.

EXTRACTS FROM REPORTS OF THE PRACTICE OF
 PROF. TOMMASO CIGLIANO, OF NAPLES, IN THE
 HOMEOPATHIC DISPENSARY, MARCH, 1905.

Translated by EDWARD RUSHMORE, M. D., Plainfield, N. J.

CASE I. Chronic headache. R. G., aged 35. Left-sided headache for a year, with oozing of blood from the scalp and leucorrhœa. *Sepia* 30 (10 drops in 10 papers) one paper every morning and afterward *Atropinum* 30, (20 drops in 10 papers) one paper every evening, cured the malady, which after six months returned but recovered with the same treatment.

CASE II. Chronic headache. E. J., aged 16, type slender, daily headache with copious menses, twice a month since the beginning of development at 13 years. *Kallichrom* 100 (10 drops in 10 papers) a paper in the morning regulated the menses as to quantity and time, and cured the headache.

CASE III. Chronic headache. G. D., aged 39. Headache with debility, aggravated by copious menses recurring two or three times a month. *Phos. acid* 30th, ten globules in the evening and vaginal irrigation with hot water cured her in a short time. For three months the functions have been regular.

CASE IV. Hemicrania. L. C., married, mother of ten children. Two years ago had a severe hemorrhage. After the last confinement had anemia and is constantly anemic. Has nursed child eleven months. Suffered always with hemicrania. Came to the dispensary in the last paroxysm. The pain begins in the occiput and spreads as a sense of cold over the vertex and head, is accompanied with constipation and is worse in the evening. *Castor equinum* 6th (10 drops in 6 powders) cured her after the first paper, and also the constipation completely disappeared. The attacks returned every month. I saw the invalid after a year ruddy and in good health, and she assured me that she had had no attack of headache

since the treatment. The cure of hemiorania is a much desired object in all methods of treatment, but is attainable only by Homeopathy. I cured another case with Rubini's Mercury in a man of fifty who had suffered for twenty years, had not had syphilis (celtic disease) but was an obstinate smoker. After the cure he became and remains devoted and faithful to Homeopathy, and has renounced the practice of smoking.

CASE V. Chronic headache. Type leading to nasal scrofula. Had typhoid when infant. Daily school headache for more than a month, with periodical exacerbations, worse on the right side.

The cause of the disease was excessive efforts of abstract memory without comprehension. Cedron 60, 5 drops in six papers relieved him at second dose, while the other four made him worse. Placebo for four days and mental rest completed the cure.

CASE VI. Headache. R. P., aged 20, type slender, inveterate headache on left side. Zingiber 300, 5 drops in six papers, one every two days cured her of hemicrania.

CASE VII. A. C., aged 39, barber, smoker. Hemicrania from the age of 15, growing constantly worse, either daily or twice a week and accompanied with constipation. Always free from pain in evening and at night. The pain was often limited to the right side of the forehead. Natrum mur. 1000, 5 drops in six papers, one every two days cured him, removing the constipation. The same remedy, but a paper every four days completed the treatment. During the treatment he reduced his smoking from three cigars to one daily.

CASE VIII. Frontal Neuralgia. M. G., aged 25, employed in a tobacco factory for 18 months; of good constitution and regular functions. Neuralgia of left side of forehead for fifteen days. Has two carious lower molars. Zingiber 300 did not help, while Plantago Major 6th, 2 drops in the evening cured her. It is clear that the malady was caused by tobacco, which is antidoted by Plantago.

CASE IX. Hemiplegia. M. V., aged 54, good constitution, had wandering rheumatism in the larger joints for a long time. Two years ago was struck with apoplexy, with hemiplegia of left side and loss of consciousness. After all the allopathic treatment he remained hemiplegic and in this state came to the dispensary. There was torpor of limbs, and pains around heart or left side. The characteristic was a pain like a contraction of the root of the nose more toward the left side with great stupefaction and difficulty

of mental exertion. He was worse in the morning with change of weather. Aortic murmur. Cerebral embolism. Niccolum sulph. 6th, one paper a day, commenced to help him from the feet upward and then from the fingers to the arm, while the headache yielded gradually in 70 days. After two years I saw the patient; pleased with the treatment, but the murmur remained.

CASE X. Hemiplegia. D. V. M., aged 67. Attacked suddenly with hemiplegia three months ago on the right side without loss of consciousness or speech. The heart sound. Cicut. vir. 30, 5 drops in six powders did not help her. Secale cor. 30th helped her from the first dose, but later aggravated, causing transient pains in the right lower limb, now in the hip, now in the thigh, now in the foot. The pains sometimes also affected the heart. The abdominal functions became healthy whereas in the beginning of the treatment she was somewhat constipated. Urine normal. Secale cornutum 200, at rare intervals, completed the cure.

CASE XI. Chronic Headache. G. V., aged 26. Iron worker. Headache for eight days in consequence of suppressed perspiration, relieved on going to bed, and on certain days complicated with a slight fever which passed off with perspiration. The headache was attended with pains in all the body. Chamomilla 1000, two powders daily. After the first day the pain was relieved and cured after four days. Characteristic, repelled sweat.

CASE XII. F. C. Severe pain in the right supraorbital arch., extending to the zygomatic arch., and with right sided headache involving the right nostril. Zingiber 300 relieved. The characteristics of the pain was the aggravation on going to bed towards 8 o'clock. The relief began in the preorbital region where there was a slight swelling, which disappeared in due course.—The *Medical Advance*, May 1907.

SHORT CLINICAL NOTES.

BY THOMAS SIMPSON, M.D.

The frequency with which tumours of the breast are summarily removed by the surgeon's knife justifies us in stating that in most instances such summary extirpation is unwarrantable. Recently a lady, aged 43, showed me how her fears had been aroused by her doctor declaring that "a lump in her left breast had the appearance of malignity about it," and he advised its removal, though she had the other breast amputated two years ago. She exhibited no signs of

cachexia, had no pains, no heritage of cancer, and was in perfect physical health. She asked for a prescription, and having carefully compared notes I gave her *merc.* 6, grs. ii., every evening. The swelling vanished after nine weeks' treatment and her health is now satisfactory.

CASE 2.—A child, aged 6, of poor parents, had numerous vesicles on the nape of neck, some matured into scabs, with swollen glands in the vicinity, foul tongue and poor appetite. *Merc. sol.* 6 every evening for seven days, then *petroleum* 3 for seven days; in fourteen days the eruption had died away entirely. The only application was vaseline externally.

CASE 3.—Young woman, aged 22, applied to me for a cough which disturbed her sleep. Emaciation, heart palpitation from mitral obstruction, and dyspnoea on exertion, voice feeble and anaemia. *Ferrum phos.* 3, grs. ii., each night, fourteen doses, followed in a week by *arsen. iod.* 6 each evening. These drugs caused all her discomfort to vanish, menstruation was restored, and health improved.

CASE 4.—Town waiter, feels a tumour in scrotum, which wears him when walking. Examination showed that hydrocele of the cord was present. *Rhododendron* 6 seemed to clear it away in three months. A suspensory bandage was worn at the same time.—*The British Homœopathic Review*, May, 1907.

Gleanings from Contemporary Literature.

HOMEOPATHIC TREATMENT IN SURGICAL DISEASES.

This form of treatment can only be carried out successfully by a homeopathic physician and surgeon. It has been defined by one of our homeopathic professors as follows :

"A homeopathic surgeon is one who adds to his knowledge of surgery a special knowledge of homeopathic therapeutics, and practices his calling in conformity with that knowledge."

A distinguished Edinburgh professor of the old school once said : "A pure surgeon is a man who prides himself on his knowledge of cutting, and his ignorance of everything else." This is the difference between a homeopathic surgeon and an allopathic surgeon.

First to consider the Homeopathic treatment of wounds. A remedy very frequently neglected in surgical practice is *Hypericum*. We are taught to regard it as the *Arnica* of the nerves, and to look for a nerve injury where it should apply. A noted surgeon of our school once said that he "could not get along without *Hypericum*." He said he gave it in all cases of *irritable wounds*, and found that it worked magically in allaying irritation in *wounds of the superficial* structures made by the knife.

That is the keynote of its action, "wounds of parts each in sensory nerves," hence it is more applicable to some parts of the body than to others. Yet no matter where the wound, if there be an intense hyperesthesia of the parts, so much so that even though the deeper structures be incised, the patient complains of great sensitiveness of the external wound, give *Hypericum*. It suits the nervous depression of these painful wounds, and it is a preventive of the condition called tetanus. It does not matter whether this disease is caused by germs or not ; if so caused it will remove soil upon which these germs thrive, and so act beneficially. Often times there is a great nervous excitement following operations, besides the painfulness of the cut, which is lessened by *Hypericum*.

Hypericum is an every-day remedy in surgical practice. It is the most beneficial in cases of crushed fingers, applied both externally and internally.

Staphisagria is another remedy closely allied to *Hypericum*. Its special field seems to be in pains following abdominal operations, laparotomies, etc. The colic after operation for stone in the bladder, is often speedily benefited by a few doses of *Staphisagria*.

The remedy in most frequent use by homeopathic surgeons is, no doubt, *Arnica*. Its use is an old one. An old and celebrated German surgeon and oculist recommended its use after every operation on the eye ; an application that seems reasonable, for the delicate structures of the eye are rich in capillaries, and injuries to these form the special field of this remedy. We all know the value of *Arnica* in injuries of the soft parts, contused wounds with hot, hard, shining swelling of the affected area. Another great use of *Arnica* is its power to delay and prevent suppuration. It will prevent pyemia, and some believe that it exerts a specific action upon septic poisoning. After fractures of the bones of the limbs it is useful, when the limbs start a continuous jerking, with great soreness and sensitiveness of the parts.

In the field of septic poisoning *Rhus* stands next to *Arnica*, and with a more pronounced action. This remedy presents in its pathogenesis a perfect picture of blood poisoning, or infection. The lymphatics and glands are the structures where sepsis is manifested, and it is here that the remedy has a special affinity.

It has a great affinity for the fibrous tissue, hence its value in the treatment of ligaments after dislocations. It must not be forgotten in the febrile disturbances of the pyemic state, and, as the prostration of the patient increases, and as we approach the *Asenicum* state, the less its value.

Another remedy for sepsis is *Lachesis*, and its use in poisoned wounds has been known for years. It is indicated by the purplish color, the sensitiveness, the great burning, and an unhealthy appearance about the wound. Great satisfaction is obtained from it in abscesses, boils and carbuncles, where they tend to become malignant; also in gangrene, following wounds. Compare *Baptisia* *Echinacea* *Pyrogen*.

The homeopathic treatment of inflammation, suppuration, ulceration or gangrene is, very well known, the traumatic pathogenetic indications are precise, and the remedies are used by all physicians and surgeons of our school.

Various theories have been advanced by our pathologists, from time to time, regarding these conditions, but the indications for our homeopathic remedies never change.

In the treatment of bone diseases we have a certain set of remedies which belong almost entirely to the surgical side.

In fractures, *Calcarea phos.* has done wonders, especially in those cases where there is non-assimilation of the phosphate of lime. In rickets, *osteomalacia*, etc., it is a valuable remedy.

In caries we have *Aurum* and *Asafetida*, and what surgeon could do without *Fluoric acid*, *Calcarea fluorica*, *Platinum* and *Strontium*. These remedies are especially necessary to the surgeon.

Upon approaching the treatment of tumors, and the like, there has been much discussion in the past as to whether they belong to the surgeon or the physician. From my short practice, observation in such cases has led me to believe that both methods are applicable in a great many cases, while in others they each stand alone with no necessity of combination.

Pliny states that the leaves of *Conium* keep down all tumors, and *Stoerck* found it very useful in curing ulcers, scirrhus, etc. It is of great value in the tuberculous, scrofulous and cancerous diatheses.

One of our eminent men has said: "if there be any one thing that is certain in the domain of homeopathic therapeutics, it is the power of *Conium* in the 30th to cure certain lumps in the female breast, and especially those which are of a suspicious character." Of course the indications must be present, and these are: The tender glands, the "piercing pains," "fugitive stitches here and there," etc. It is more especially indicated if the lump dates from some "blow or injury." *Conium* has its special field upon the glandular structures, hence it is especially useful in breast cases. Cancers of the breast, lip, and stomach are very frequently checked, and afterward cured by *Conium*.

Another remedy often thought of in cancer is *Hydrastis*, it being palliative, if not curative. The great debility, the emaciation, the cachexia, are all found in the pathogenesis of the remedy. In cancer it removes the pain, modifies the discharge, and improves the general health to a marked degree.

In curing tumors by remedies one must follow out the law of selecting the remedy for the patient, rather than for the exact pathological state, and it must be borne in mind that as these conditions are always slow in developing, they are as a rule slow in curing.

Other useful remedies in tumors are *Calcarea fluorica*, *Baryta carb*, *Arsenicum*, *Clematis*, *Phytolacca* and *Kreosote*.

Calcarea fluorica is indicated where there are knots, kernels, or hardened lumps in the female breast, indurated glands of stony hardness, enlargement in the fascia and capsular ligaments. *Baryta carb* seems to have a peculiar action, by very often removing fatty tumors.

Arsenicum is used more in cancerous tumors where there are present sharp, lancinating or burning pains.

Phytolacca is another remedy used for suspicious lumps or tumors in the breasts. Nash says: "Give a dose once a month during the wane of the moon, and it will cure." He does not know what the moon has to do with it.

Kreosote is a great remedy in cancerous tumors of the uterus, where there is an awful burning in the pelvis, as of red hot coals, with discharge of clots of foul smelling blood. It is indicated in tumors of the breast when they are hard, bluish-red, and covered with scurfy protuberances.

In the treatment of hemorrhoidal tumors we have several great remedies. *Nux vomica* is indicated in itching hemorrhoids, which keep the patient awake; in bleeding piles with ineffectual urging to stool.

Collinsonia, where there is a sensation of sticks in the rectum, constipation, with prolapsus uteri.

Aloe, where the hemorrhoids protrude like a bunch of grapes, after stool, and are relieved by the application of cold water, and aggravated by motion.

These last two remedies differ mostly, in that *Collinsonia* always has constipation, and *Aloe* diarrhea.

Aesculus relieves hemorrhoids accompanied by a feeling of dryness in the rectum, as though little sticks, splinters or burrs were sticking in the mucous membranes. They are purple in color and accompanied by backache, a feeling of fulness in the rectum as if it would protrude; the stools are loose.

Ratanhia is sometimes used in hemorrhoids where we find the symptom: "The rectum feels full of pounded glass" with aching and burning in the anus for hours after stool.

Sulphur usually comes later in this condition, when the hemorrhoidal flow becomes suppressed, and reflex troubles arise, or after ointments or surgical operations.

THE TREATMENT OF SHOCK.

Homeopathy again shows itself pre-eminent in the treatment of surgical shock. Take for instance, *Veratrum album*. How perfectly its pathogenesis corresponds to a case of shock, the coldness of the extremities, the pallor of the face, the relaxed muscles, the imperceptible breathing and the hippocratic countenance. Those who rely on it know it is safer than strychnine injections, and not followed by later reactions to retard the patient's recovery. Patients are often over stimulated with strychnine. If cardiac stimulants, spinal stimulants and saline injections were replaced more frequently by good Homeopathy, the patient would recover better and quicker; in fact, would have more chance of recovery. By this I do not mean to never use a saline injection, for I

think it is one of the best things in collapsed states, but I *do* mean do not forget your homeopathic remedy. Other remedies in shock are Carbo veg. Arnica, Camphora and Cinchona, especially after much loss of blood. Veratrum is probably more often indicated than any of the other remedies.

Mentioning a few generalities, we find that there are a great many other places where the homeopathic remedy will aid the work of the surgeon. In threatened uremia after abdominal operations with renal pains along the uterus to the bladder, and a desire to urinate, with the passage of a few drops only, Apis will often relieve, and thus prevent a hypodermic of pilocarpine.

Cimicifuga will often relieve the backache following gynecological plastic surgery.

Bryonia is useful in thoracic complications as a result of the anesthetic.

Antimonium tartaricum is useful in the bronchial irritation following ether.

The surgeon should always be equipped with the reconstructing remedies such as Sulphur, Cinchona, Calcarea phos., etc.

A most common trouble showing itself after operations is flatulence, and we have some very useful remedies to combat this in Lycopodium, Cinchona, Nux, Carbo veg. etc.

The foregoing is what Homeopathy can do for surgery. If time could be taken we would find that a majority of our remedies in the *Materia Medica* could be applied in surgical cases, but what I have said has merely been suggestive of the most common ones.

The homeopathic surgeon has a valuable aid which the allopathic surgeon does not possess. There is such a thing therefore, as homeopathic surgery, and there are such beings as homeopathic surgeons, and they should be the best the world produces.

C. T. GRAHAM, Rochester, N. Y.

The subject was presented for discussion.

Dr. Hoard complimented the paper.

Dr. Hermance had noticed that *Ratanhia* produced much itching in rectal troubles, as well as burning, etc.

Dr. Fritz mentioned the characteristic sensation, "as of a chestnut burr in the rectum," in *Aesculus*, the horse-chestnut, and thought he had noticed many times in the proving of remedies, symptoms pointing to the individuality of the drug as in this case.

Dr. Leggett referred to Hahnemann's description of the uses of *Conium maculatum* in the Lesser Writings, and had attributed its failure in so many cases of cancer as due to a misunderstanding of its sphere of action. Hahnemann, after pointing to the fact of ptyalism produced by *Conium* as "probably due to an excitant action upon the lymphatic system, and so of advantage in excessive action of the absorbent vessels;" also pointed to the fact of its "producing pains in large doses, violent pains in glands." He conceived it possible for it to be the best remedy in painful indurations of the glands in cancer, in painful nodes from abuse of Mercury, curing this particular kind of chronic pain, and dispersing "the glandular swellings themselves," when they either have their origin in excessive local or general activity of the lymphatic vessels, or occur in an otherwise robust frame, so that removal of the pains is all that is needed to enable nature to cure the complaint herself." "Painful glandular swellings from external injuries are of the same description."

But, he goes on to say: "In true cancer, where the opposite state of the glandular system, a sluggishness of it, seems to predominate, it must certainly do harm on the whole, (it may at first soothe the pain), and especially must it aggravate the disease when the system, as is so often the case, is weakened by long suffering."

Dr. Fritz mentions its usefulness in diseases to which "old people" are often subject.

Dr. Graham gave an instance of the failure of Conium in cancer of the breast, of an old lady of 77 years, in which Hydrastis had done remarkable work in reducing the pain, odor and quantity of discharge which before had been quite unbearable.

Dr. Hermance then presented a paper on:

PUERPERAL SEPTICEMIA.

Puerperal septicemia or pyemia, may be due to several conditions; internal decomposition and absorption of the lochial discharges through abrasions in the mucous membrane; laceration of the cervix or perineum and placental wounds, by which means the germs may enter the circulation and lymphatic system; inflammation of the lymphatics from traumatism; thrombosis by which fibrin is detached and lodged in a vessel causing embolism; inflammation and pus formation.

The symptoms vary according to the nature and source of infection. Septicemia makes its appearance soon after delivery, its limit being 9 or 10 days after. Pyemia comes after that period. In general septicemia without suppuration, we have the chill, rapid, weak, irregular pulse, fever, dry tongue and offensive breath, offensive or suppressed lochia, vomiting and other symptoms of deep septic intoxication. Septic intoxication is a peculiar delirium resembling the alcoholic. [With suppuration we have the initial chill, and may often have multiple abscesses in various parts of the body. A pyemic patient is dull, stupid insists she is all right and getting well, "don't want the doctor." There are repeated chills, (in septicemia but the one chill). In pyemia there is no type to the chills. The more violent they are the more severe the attack. As a rule there is no perspiration. The worst cases we have do not sweat. There is a peculiar hue of countenance, dull, ashy, leaden, corpse-like.

Is this not, strictly speaking, except possibly in patients of a purulent, scrofulous diathesis, a preventable disease? If absolute cleanliness, prophylaxis and aseptic conditions of the genital tract is observed, all persons and articles about, or coming in contact with the patient to be confined, are aseptic, why ought there to be sepsis? It is a wise old proverb which says, "an ounce of prevention is worth a pound of cure," and it was never more applicable than in puerperal diseases. We hear much these days of "Meddle-some Midwifery" and perhaps there is much truth in it, but if there is a disease in which "cleanliness is next to Godliness" it is in these cases, and our neglect to take every precaution to prevent sepsis even though it may appear meddlesome is inexcusable to say the least.

Treatment—Homeopathy I believe to be preeminent in these as in all other diseases and I believe I have as much faith in the indicated remedy as any physician of our school, but when we hear some of them report cases of delayed or retained secundines being allowed to remain for days. (one case I remember it being ten days) waiting for the remedy to act, I believe it is tempting Providence. If in twenty-four hours at least the uterus does not empty itself it is time for mechanical interference. It is then a surgical case and requires surgical treatment. To allow a

decomposing mass of organized tissue to remain in a closed cavity like the uterus to be absorbed by the circulation and lymphatics for days is criminal negligence and we deserve strong censure for so doing.

Empty the uterus thoroughly within 24 hours after delivery, and then keep the vaginal tract well cleansed with warm, sterile water, also intra-uterine irrigation if found necessary, with normal saline solution. This I have found exceedingly efficacious in septic conditions following abortions. Medicated douches are an abomination, particularly carbolic acid and bi-chloride of mercury. By absorption they interfere with the action of the remedy. **AVOID THE QUARTZ.**

After you are satisfied that the uterus is empty the scraping of the endometrium will make a bad matter worse. The homeopathic remedy will do a thousand times more for them. I have proved this in many cases particularly after abortions. Look to the wounds as in surgical cases and keep them clean of all discharge. Use very little force in douching. Let the water be thrown into the vagina very carefully, not directly, but toward the sides. When patient urinates have her do so in an upright position, not by herself but by assistance. See to it yourself that everything is carefully done. Keep careful watch of the kidneys and bowels. So long as the uterus involutes and is contracting each day the woman is ordinarily safe from puerperal trouble. *Watch this closely.* See to it that the patient is well nourished. As soon as lactation is established give her good food, *not too thin.* Good milk is the best diet when you can get it pure. *Cook it, do not give it raw.* It must be almost boiled, and not cold. Do not give thin beef tea, as it is sometimes rapidly decomposed. Isolate your patient from bad atmosphere. If we will observe these rules we have little to fear from septicæmia in most of our obstetrical cases. This does not apply of course to cases of induced abortion by means of dirty catheters or other instruments too frequently used by women, and I may say physicians too, to abort nature's object. Circumstances and surroundings are not always such either that we are able to control these details, or observe the above mentioned precautions. If we could confine all of our obstetrical cases in a well managed hospital we would have little to fear from sepsis. There are also many cleanly homes, which, with our well equipped obstetrical outfit, proves a barrier to the little microbe. On the other hand, how often we are compelled to work where everything about us is unsanitary and dirty, unclean bed clothing, basins, assistants, polluted insanitary atmosphere—nothing but uncleanness and dirt—and yet the patient makes a good recovery.

Remedies: I will mention but a few remedies that have done good service for me in septic conditions.

Arsenicum. The Arsenic patient is often of a purulent diathesis. There is profound and rapid prostration with small, rapid, fluttering pulse, showing marked sinking of the vital forces, face pale with anxious expression, eyes sunken and dull, jaw inclined to hang down. An Arsenic patient is *weak, restless and cold.* (The opposite, *strong, restless and hot* is Aconite.) Thirst for cold water, drinking little and often, cold perspiration with great prostration. They are anxious, very restless and fear death. The fact that Arsenic is particularly indicated in fevers with tendency to disorganization of the blood, also in poisoning from decayed morbid animal matter by inoculation, inhalation, or ingestion makes it a valuable remedy in septic conditions.

Chininum sulph. Ailments from loss of vital fluids.

This remedy is often valuable in septicæmia after severe uterine hemorrhages, where there is suppuration with chilliness and profuse sweat, ringing in the ears and fainting spells. It is to be thought of whenever

the regularity of the chills and difference between morning and evening temperature give to the disease an aspect or type of intermittent fever.

Baptisia. In stupid, cloudy, typhoid conditions.

Fall asleep while being spoken to, cannot get herself together, "body feels scattered about, tosses about to get pieces together, mental restlessness, but lifeless. To be thought of when nervous symptoms predominate.

Bryonia. Delirious with affairs of the day, desires to go home, great thirst for large quantities of water, desire for things which are refused when offered, puerperal fever with swelling of breasts. A most excellent remedy, where lochia is suppressed with frontal headache, as if it would burst. Thirst for warm drinks which relieve. Patient resists being moved. The character of the delirium, aggravation from motion, thirst for large quantities of water, are the leading indications for this remedy.

Lachesis. Where there is much pain in the uterine regions.

Extreme intolerance of pressure about abdomen.

Uterus does not bear contact.

Frequently lifts bed clothes, cannot bear their weight.

Fetid lochia with suppressed urine.

Always worse after sleep.

Great loquacity.

Very suspicious.

Rhus. When of a rheumatic nature, susceptible to weather changes.

Restless, must change position often.

Soreness in abdomen, as if beaten (*Arnica*).

All joints feel sprained.

Glandular involvement with suppuration, abortions from straining, or over exertion.

Pyrogen. This nosode has both pleased and disappointed me in its action. Our meagre knowledge of its pathogenesis, makes us uncertain about its exhibition. It is nevertheless a most valuable remedy and has given me brilliant results. It is indicated most frequently in the pyemic form of puerperal diseases, where there is retained pus in closed cavities, abscesses and decomposition of the fluids of the body. It has great restlessness with constant desire to move like *Rhus*. Very offensive discharges, frequent chills with extreme coldness followed by severe aching of bones and extremities. Like *Arsenicum* it has thirst for cold water, which is vomited after becoming warm in the stomach. The tongue is usually clean, with very offensive breath.

Echinacea angustifolia. Like *Pyrogen* this remedy is little known only in an empirical way. However, I consider it a very valuable drug and destined to take a prominent place in our *Materia Medica*. I have used it in the tincture, and the 3x attenuation, with good results. I would advise its consideration where *Lachesis* or *Arsenicum* seems indicated and fail. Also where there is much glandular involvement, bluish or purple in color. The throat and tongue are dry and dark red or purple in color, a septic or gangrenous diarrhea with profuse sweat and vomiting.

Sulphur. Among the great sulphur springs, which lie in a valley at French Lick, Indiana, is one whose water is particularly strong with the mineral, and which flows many thousand gallons daily, and over this spring you read the words, "Pluto, King of the Valley," and I thought as I read it I would like to write underneath the inscription, "Sulphur, King of all Remedies." When a student, I once heard a good homeopathic physician say, "If I were obliged to select but one drug from

our materia medica with which to treat all diseases, it would be Sulphur, as it covers more diseased conditions than any other remedy." And I have many times verified this statement since then, when carefully selected remedies failed to act. An intercurrent dose of Sulphur will often arouse the reactionary powers of the organism, and a beneficial action be obtained from our prescription. Where there are not sufficient symptoms on which to base a prescription, Sulphur will develop them. It is also the remedy in relapsing cases, the great aversion to water, particularly bathing, offensive perspiration and odors from the body not removed by washing, constant heat on top of the head, all gone feeling in pit of stomach at 11:00 A. M., burning in soles and hands at night, are of course the characteristic Sulphur indications but the fact that no matter what the indications are, whether the symptoms are for Sulphur or not, it will often clear up the case, bring about reaction and prepare the way for another remedy that will cure. It is because of these facts, and not because it is particularly indicated in septicemia, that I so highly recommend its consideration. Farrington says, "Sulphur is the central remedy of our materia medica, it having well defined relations with every drug we use." Its great utility arises from this peculiarity.—The *Medical Advance*, May 1907.

MORBID INHERITANCE.

BY ROBERT HOWLAND CHASE, A.M., M.D.

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The facts concerning heredity are very fully recognized by all writers on insanity, and also the importance they assume as an etiological factor in mental diseases. Our present purpose is to review these well-established truths and concisely to set them forth as clearly as may be in limited space.

The transmission from parent to offspring of certain physical and mental characteristics is known as physiologic heredity. This phenomena invariably takes place through the egg and sperm, and on this account the peculiarities of inheritance can be due alone to the peculiarities of the germ cells. The male and female germ cells, although apparently very different, are essentially alike. Hence the blood of inheritance is not a single stream, but a blended one from both sides of the house. The characteristics of parents blend in the offspring, so as to result in qualities which were not possessed by either of the parents. The inheritance so transformed (variation) is regarded a true transmission in equal degree to the qualities passed on to the child without change. Hereditary likeness or repetition is the most common variety of inheritance. It is often recognizable in gross and in minute anatomical characters, such as the form, structure, location, size and color of each and every part. The child may inherit the qualities of one parent only, or partly those of one, and partly those of the other. It may show the father's characteristics at one stage of life, and at another time the traits of the mother. Sometimes the prepotency in one side of the family is so strong that certain mental qualities or physical features are persistently handed down in spite of unfavorable conditions, so pronounced as reverses of fortune and constant crossing by marriage. It is a common observation that certain characters of eyes, nose and lips run in families, as well as stature, weight and complexion. The same may be seen in respect of left-handedness, near-sightedness, and the tendency to bear twins and triplets. In

some families all of the male members grow bald at the same period of life, while other families in like manner take on flesh. There are short-lived and long time families; some in whom the powers of endurance are strong and in others may be remarked dominant mental powers that are exceptional. (Conklin.)

Between physiologic and pathologic transmission there is a fundamental difference. The authorities seem agreed that diseases are not directly inherited. It is a well established principle in medicine that function in the animal economy chiefly depends on structure; it is on this fact that morbid inheritance is based. When an individual is affected by a so-called "inherited" disease, it is not the inheritance of this disease with which we have to deal, but rather a tendency or predisposition to it. In other words, it is not that the special pathologic characters themselves which are transmitted, but a predisposition by the results of peculiar anatomic or physiologic traits which favor certain diseases. The morbid influences, acting on the germ-plasm and germ-cell, tend to break the continuity of physiologic inheritance and to create new characteristics, which being abnormal, are less in harmony with the environment and consequently hamper the individual in the struggle for existence. This weakness is manifested usually by a morbid condition of nutrition, a feebleness of development and certain functional incompetencies. This vicious state is capable of engendering under unfavorable influences the influences the diseases which are generally regarded as hereditary. If diseases such as congenital syphilis, epilepsy and tuberculosis are transmitted from parent to offspring be not due to the transmission of a peculiar anatomic structure which favors the disease, then it can be only due to the infection of the germ or embryo by microbes. From the very nature of the case this would make the process one of infection and not a transmission. This special predisposition, which is a morbid hereditary deviation from the normal type, whether grave or light, is always associated with a corresponding change in some function of the nervous system. This change in nervous function has received the name of degeneration and the subject of it is called a degenerate.

In morbid inheritance, the diathetic and nervous conditions are seldom transmitted in the same form from patient to child. The morbid basis persists and it alone is transmitted. The psychoses are transformed usually in each succeeding generation and may be different in members of the same family. This is known as dissimilar or transformed heredity. In a certain number of cases the psychoses are transmitted by heredity in the same form from parent to offspring. This is known as homologous or similar heredity. When the heredity is attributed to parents it is called immediate; when observed in branches of the family, it is collateral; when on the side of both parents it is then double, or from convergent factors. When it is from one parent it is simple heredity, either paternal or maternal. According to some authorities, the latter is the more serious of the two; it is also three times more common. When

it has existed for many prior generations it is called cumulative heredity; when it becomes more and more intensified by transmission it is said to be progressive; if it is alleviated by a series of fortunate crossings it is regressive. When the hereditary psychosis appears at the period in life that it occurred in the parent it is called homochronous. When it appears in the child before it is seen in the parent it is called anticipatory. The tendency to the reappearance in the descendants of the heredity, which has been latent for one or sometimes two or more generations, is an extremely common form known as atavism. The latent character may rise to the surface by the union of an individual in whom it is dormant with another person in whom it is potential. It denotes the occurrence among collateral relatives of certain morbid peculiarities similar to those which occur in the parent stem. Strictly speaking, collateral heredity has not any significance apart from atavism. (Macpherson.)

In any of the above ways abnormal tendencies pass from ancestors to descendants; but the appearance of abnormal qualities, owing to a defective power to transmit perfectly normal characters or functions, is the true explanation of pathologic inheritance. Degeneration, then, is the dissolution of normal heredity, and in its ultimate stages it ends sexual heredity by imposing sterility on its more advanced subjects. The spermatic and ovarian cells crippled in their power of development, are unable to promote evolution along ancestral lines. Hence the various arrests in development, the various malformations of the body, and disordered functions of the nervous system (physical and mental stigmata) as well as the diminished power of resistance of the nervous system, which, being badly balanced, readily succumbs to all external factors of an unfavorable kind which act on it.

Temperament may be defined as the special type of mental constitution and development due to natural characteristics of the bodily organism, often inherited such as the bilious, nervous, sanguine, etc. Diathesis, on the other hand, is a bodily condition (inherited or acquired) by which the individual through a long period, or usually throughout life, is prone to suffer for some peculiar type of disease such as the tuberculous diathesis, or the gouty diathesis. The insane diathesis is a brain deterioration, inherited or acquired, indicated by peculiarities of function, by tendencies to mental disorder, and often associated with bodily stigmata—peculiarities of physical development. The insane diathesis is primarily based on an abnormal irritability and excitability of the brain, with irregular evolution and unequal development of its function. The insane diathesis may be latent and is found in persons of neurotic constitution, who, without observed evidences of the diathesis, transmit it to their offspring, or become insane from very insufficient causes. The non-development of the diathesis in these cases may be due to favorable conditions of life or to the activity of another diathesis. The most common example of this is seen in the substitution of phthisis pulmonalis for mental disease.

In writing of hereditary degeneration, a prominent authority says: "Insanity is not a chance occurrence, like a nasal catarrh or an accident, or like an attack of typhoid fever to which all men are liable. There are certain necessary preceding conditions, one of which is essential, namely, that the brain of the subject must be predisposed by heredity to mental breakdown. There are, it is true, other causes which may invalidate a previously normal brain and predispose it to insanity, such as alcoholic over-indulgence, traumatic injury, and some physical disease; but," he adds, "such causes are comparatively rare. It may, therefore, be generally stated that in order to become insane a person must inherit a vice of organization."

Heredity, in mental alienation, seems to assume several types. The chief ones are: (1) vesanic heredity, or the heredity of pure insanity; (2) cerebral or congestive heredity, the tendency to cerebral diseases; and (3) neurotic heredity, or that of nervous diseases. All nervous hereditary diseases are transmutable in their transmission from one generation to another. The following classification is founded on the implication of heredity of the ancestors in its transmission to the descendants. (1) It may manifest itself only by trifling eccentricities, mannerisms, slight moral lapses, or mild cerebral neurasthenia; (2) by isolated attacks of idopathic insanity (mania or melancholia), dependent on grave moral crises or physical deterioration; (3) by recurrent or alternating (*folie circulaires*) attacks of insanity independent of any exciting cause; (4) by systematized progressive insanity; and (5) by the appearance of hereditary insanity—insanity of the degenerate. (Regis.)

From what has been said, it may be seen that morbid heredity, according to this hypothesis, is not a positive quantity, but a negative one. It is a failure in transmission of certain characters which results in an unlikeness to the type of the race and to that of the parent. We hold that the factor that is directly inherited is not insanity itself, but it is an instability of the nervous system, or a disordered arrangement of nervous tissue that is the basic weakness on which the insanity develops. We should look for the inheritable antecedents of insanity, therefore, not alone in insanity as revealed in progenitors, but in all diseases which display evidence of undue instability or disorder of the higher nervous arrangements. Thus the nervous peculiarity which exhibits itself in insanity in the offspring may have become apparent in the progenitor, not as insanity, but as epilepsy as chorea, as hysteria, as "nervousness" and fidgetiness, as somnambulism, drunkenness, or in some other form.—*The Medical Times*, June, 1907.

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