the sadness, indifference and in the dwelling on past disagreeable occurrences a correspondence to *Natrum mur.*

In the realm of desires and aversions there is often a pronounced craving for fat which may or may not agree. Other remedies craving fats include *Arsenicum, Calcarea Phos., Hepar, Nux vomica* and *Sulphur.* A particular desire for ham fat and bacon fat has been observed under *Mezereum, Sanicula* and *Tuberculinum.* Other cravings under *Nitric acid* include smoked herring, lemon or lime drinks, chalk, clay, earth and lime, also for salt, starches, etc.

The list of aversions includes bread, meat, sweets, eggs, beverages and liquid foods. Often there is thirstlessness.

Foods which often aggravate are bread and especially milk. Butter and other fats may disagree.

Many remedies are suited to disorders which are operaing only or mostly at a functional level. *Nitric acid* is one of the deeper-acting group of medicines and comes into view after structural and organic changes have begun to take place. There is usually considerable past medical history in patients requiring this remedy, chronic conditions plus entirely too much faulty treatment.

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## AMENORRHŒA

R. S. FARIS, M.D.

This term means the absence or stoppage of the menstrual flow due to causes other than physiological.

In Primary Amennorhœa the menstruation has never occurred and puberty is delayed. The cause must be carefully sought for. It may result from absence or under development of the internal genital organs; or from some

constitutional disorders like anæmia, tuberculosis, rickets, chlorosis or malnutrition.

The symptoms of Primary Amenorrhœa are those of delayed puberty. The patient may experience the molimen, that is, may feel as if the menstruation might start at any moment, but there is no flow. If the amenorrhœa is due to some constitutional disease, probably the symptoms of that disease will stand out and in this case the amenorrhœa is the result and not the cause of the malady. The delay in this function not infrequently causes a nervous condition; hysteria often occurs and a nervous state often results in Chorea. Neuralgia is not uncommon especially if anæmia or chlorosis is present.

The diagnosis of Primary Amenorrhœa is not difficult but care must be used not to mistake it for the physiological amenorrhœa of pregnancy—this error has been made. In Primary Amenorrhœa the evidence of delayed puberty such as small size of uterus, the undeveloped mammæ and figure, the absence of an abdominal tumour all argue against pregnancy.

In Secondary Amenorrhœa, the menstrual cycle has existed for a longer or shorter time, but owing to some cause has become suppressed. In some acute illnesses like tuberculosis, anæmia or chlorosis the suppression is not undesirable, as the absence of the period may aid in conserving the strength of the patient. If the anæmia is very marked it is better if the patient does not menstruate because the flow is very apt to be excessive and this in itself may be the cause of the anæmia and here the physician should endeavour to cause a partial or complete stoppage of the menstruation, at least until the health of the patient is brought to a higher plane.

Secondary Amenorrhœa may be produced by mental shock; violent emotions or hysteria; over-study and lack of exercise; super-involution of the uterus or atrophy of the uterus; chill during menstruation; pelvic inflammation; acute febrile diseases; systemic diseases, such as Bright's

disease, diabetes, chronic malarial cachexia. It may also be a sequel to a radical change in residence, as has been noted in the examination of immigrants after a long sea voyage and climatic change. Amenorrhœa has been traced to the anæmia of syphilis, obesity and morphinism.

Symptoms of Secondary Amenorrhœa depend to a large degree upon the suddenness of the suppression. In acute suppression there are marked disturbances of the nervous and vascular systems, as is noted in the increased arterial pressure, palpitation of the heart, headache, neuralgic pains in various parts of the body and, not infrequently, hysteria. The local distress is often great, the pain being sharp, darting or cramp-like. Occasionally the vascular excitement is preceded by a chill and the congestion induced may develop into a serious inflammation. When the amenorrhœa comes on gradually, the symptoms are less severe, though often of more serious import. Prostration, lassitude, indigestion, constipation, and cardiac oppression, either singly or all together, may appear in due time. The symptoms of the disease which has caused the amenorrhœa, be it tuberculosis, anæmia or some other disease, will often present themselves to the physician.

Diagnosis of Secondary Amenorrhœa is often mistaken for pregnancy. The subjective symptoms are very similar; nausea, vomiting, morning sickness, mammary pains may result from either pathological or physiological suppression. During the early stages of pregnancy the increased size of the uterus is so slight that even the most expert diagnostician may be uncertain of its contents. If the patient is untruthful and denies the possibility of pregnancy, time is the only absolute test, although X-Ray may assist sometimes.

Retention of the flow may be due to some interference to the exit of the flow after it has been secreted. It may be either congenital, as in imperforate hymen or atresia of the vagina higher up, or acquired following child-birth where inflammation and sloughing has occurred or from

atresia of the cervix following operation upon it. Tumours, polypi, flexures or coagula may cause temporary stoppage of the flow.

Symptoms of Retention are usually accompanied by much pain. Attacks of pain recur at regular intervals with all the usual symptoms of menstruation except the flow. There is often systemic disturbance such as headache, increased arterial tension, nausea and vomiting. The patient has pains in the back, abdomen, and legs with nervous phenomena of various kinds. Hysterical convulsions are not infrequent and even epilepsy may develop. In time the uterus becomes distended with the products of menstruation giving rise to a tumour in the hypogastric region. A rectal or vaginal examination will usually differentiate this condition from pregnancy.

Prognosis depends upon the underlying cause. Anæmia is the most amenable to treatment, but tuberculosis is always of serious import.

Treatment of Amenorrhœa is in many instances simply the treatment of the general disease which has brought on the Amenorrhœa. I have often found the following remedies indicated:

*Calcarea carb.*—Scrofulous diathesis with malnutrition and indigestion; face pallid and bloated with blue rings around eyes; oppression of the chest tending toward Tuberculosis. Cold hands and feet.

*Ferrum*—Anæmia with fiery redness of the face on the least excitement; great nervousness and debility; palpitation; diarrhœa of undigested food; dyspnœa on moving about.

*Kali carb.*—Swelling of the eyelids; disposed to phlebitis; stiffness and pain in the small of the back; all symptoms are worse from 2 to 3 A.M.

*Pulsatilla*—Delayed puberty; suppression from getting feet wet; menstruation late, scanty and irregular; leucorrhœa and dysmenorrhœa; pallor and lassitude; hemicrania with stitching pains in the face and teeth; painful lumps in breasts extending to arms.

*Sulphur*—Great congestion of the pelvic organs and of the head; coldness of the feet or burning of the soles of the feet at night in bed, and often extends feet out from under the covers; flushes of heat; hæmorrhoids; chronic inflammation of the eyelids; general eruptive tendency.

These are only a few of the remedies oftenest indicated in Amenorrhœa, but there are many others, any one of which may be just the one needed in the particular case you may be treating. Also, in some instances surgery is necessary.

In all cases of Amenorrhœa we must be sure to secure a complete history of the patient and then the selection of the right remedy will be simplified.

## DISCUSSION

Dr. Allan D. Sutherland: Madam Chairman, I haven't been primed to discuss this paper and, in fact, all I know about amenorrhœa is what I see in my patients, and read in *The Recorder* and other literature.

There was one thing that struck me and that is the thoroughness with which the subject was covered in so brief a paper. Another thing is the point which came up when the essayist said it is sometimes difficult to distinguish between the amenorrhœa of pregnancy and that due to other causes, and that time, in the last analysis, is the only factor which would actually determine.

I think he might have mentioned that we do get some information from the so-called A-Z test, and other tests of a similar nature, for pregnancy. These are not infallible, however, as I have reason to know, but are often positive very early in pregnancy. A negative test doesn't necessarily rule out pregnancy, but a positive test is very definite. Those are things to be borne in mind that might be helpful.

Dr. P. L. Cobianchi: I should like to make a comment on a remark Dr. Sutherland made. It is about the urine test being positive when it is really positive. We can assume, and we might assume, the patient is pregnant. It is not so in all cases when the urine is positive, because there are other factors to be considered that might bring out a positive urine, such as chorioepithelioma of the uterus. It is true that the urine has diagnostic value, but a positive test should not always be considered pathognomonic of pregnancy.

Dr. Ralph S. Faris (*closing discussion*): I wish to thank the gentlemen for their comments and criticisms. I believe that I will stick by my guns in saying that the final test in a pregnancy is time. The A-Z test is often of value, and X-ray will often help, but there are chances that both of them may fail sometimes, but time is not going to fail!

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# THE HOMŒOPATHIC TREATMENT OF BRONCHIAL ASTHMA

JOHN RECCA, M.D.

Kent and after him Roberts of Derby, Connecticut, have perhaps had the widest experience and the greatest success in the treatment of asthma homœopathically. They are agreed that asthma is a sycotic disease. In the lesser writings of the former author on pages 168 and 169, we read in part as follows: "...Since I have learned that asthma is a sycotic disease and since I have made a judicious application of anti-sycotics I have been able to relieve or cure a great number of such cases . . . Hence it is that silicea is one of the greatest cures for asthma. You will be surprised how quickly it will eradicate it." Note carefully the following statements on page 169 of the lesser writings: "While the ipec., spong., and ars., will correspond just as clearly to the *supervening* symptoms and to everything that you can find about the case, yet what do they do? They palliate; they repress the symptoms; but your asthma is no better off, your patient is not cured. Arsenicum is one of the most frequently indicated remedies for the relief of asthma; so also are bryonia, ipecac, spongia and carbo veg., but they do not cure, though they relieve surprisingly at times. . . . If the asthma is hereditary, if it