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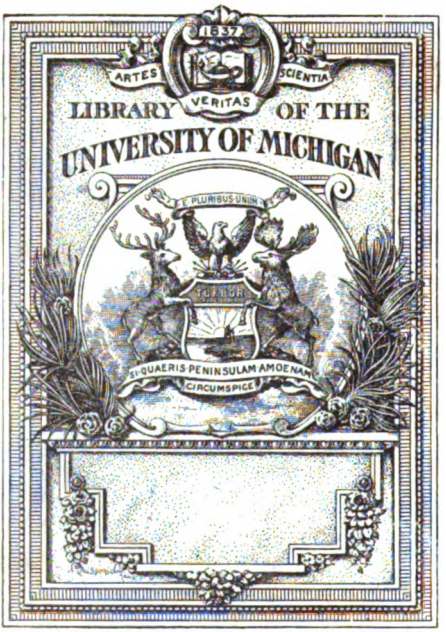

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Original and Translated Papers.

ARTICLE I.—Two Cases of Morbus Brightii.

BY S. L.

SATURDAY, December 10th, 1876, I was called to see Mrs. D., a rather corpulent lady of 55 years and of delicate constitution, on account of a cold which she had caught during the week. I found her chilly even in the warm room, complaining of headache, nausea, loss of appetite, with some wandering rheumatic pains. These symptoms, with her usual mild manners, indicated Pulsatilla^{200}, a few pellets in water, a teaspoonful every two hours.

After a few days the patient seemed apparently better, the tongue had cleaned off, the bowels were regular, but micturition remained scanty, the urine having an ammoniacal odor and looking murky. She complained of general malaise without having any particular pain, of dulness of head without headache, pulse 120 and weak, temperature rather below the normal. Sleep restless, fitful, and unrefreshing. Abdomen not bloated, nor sensitive to touch. I acknowledge to have felt puzzled about the diagnosis. Was it one of those erratical typhoid fevers, running an irregular course? As the symptoms corresponded to Phosphoric acid, especially her quietness, if not sadness, we gave her this drug in a higher potency as a remedy, and as a mild lemonade for a beverage. Two

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weeks thus passed, the patient neither getting worse nor better, when the scene suddenly shifted.

December 23d, I had left her during my evening visit in her usual state, when I was suddenly recalled at 9 P.M., and found my patient gasping for breath, with intense anxiety, and complaining of severe pains around the heart. To lie down was an impossibility from the all-absorbing fear of suffocation. She felt faint, the heart's sounds were weak, as if muffled, the face pale and covered with a clammy perspiration, the extremities of icy coldness. A severe attack of angina pectoris thus stared us in the face, but what was the cause of it, how did it originate? There had been no mental excitement, no flatulent distension of the bowels, no complaint of the heart, although nervous palpitations are of frequent occurrence at this age. There had been not the least sign of œdema. Although the diseased state was not clear, the remedy was, it could only be, Arsenicum or Veratrum album, but finally we decided for the latter, giving it in rapid succession with such accessories as hot poultices over the heart, hot bottles to the extremities, and brandy and water in frequent small doses. I do not know when I passed such a night full of anxiety. The heat would not return to the extremities, the pulse was flagging and sometimes could hardly be felt, and the dyspnœa terrible to behold. Though still considering Veratrum to be the remedy indicated, four hours had already passed without the least relief, and her family, friends, as well as my myself, considered the end close by. In my despair, without forsaking Veratrum entirely, I alternated it with Moschus. (It may be all wrong this alternation, but a drowning man grasps at straws.) Indications for Musk were the sudden failing of strength, increasing to deadly weakness, the great anguish as if she had to die, the oppression in the chest not allowing her to lie down and threatening suffocation; she was also by this time in a semi-comatose state, and did not hear the plaintive hymns, sung in subdued style by sorrowing friends. At last the hours of night wore away, and she was still in the land of the living.

Sunday, December 24th, we called our friend, Prof. S. P. Burdick, in consultation, who agreed to the treatment, but wished some of the urine, passed this morning, for examination. It was found

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loaded with albumen, and microscopical examination indorsed the diagnosis of Bright's disease. The question arose now, was it originally already a case of morbus Brightii, or did the latter develop itself as a sequela of the typhoid condition?

December 25th to 29th. Only gradual improvement. Notwithstanding frequent examinations of the heart we could never detect any symptoms of hydropericardium, although there was by this time slight œdema pedum, which kept for a little while the impress of the fingers. She loved to lie bolstered up in her quiet way, but stoutly refused to take any more stimulants; even the champagne, which she had relished for the last few days, disgusted her. All she wanted was to be let alone. We considered therefore a change of remedy necessary and our choice fell on Colchicum, the great antiarthritic remedy, especially as we find the corresponding symptoms in it: sad, rarely irritable, œdematous swellings, tastelessness of food (our patient would eat a trifle when brought to her, but without relish), oppression of the chest, with slow and feeble pulse. The selection of the remedy seemed to be a good one, as gradually she could lie down the most of the night, and she prepared to lie on the left side (was there after all an effusion in the pericardium?) and by New Year, 1877, we felt happy enough to consider our dear patient out of danger. For two weeks yet she kept her bed, felt comfortable in it, and had no desire for sitting up.

During these long and tedious and anxious weeks she was faithfully attended by her only daughter, a young lady of about 25 years, who never had seen a day's sickness in all her life, whose menstruation had always been regular to a day and without the least sign of a pain, in fact the very picture of good health and contentment. Her whole life is wrapped up in that of her mother, and no wonder that sleepless nights and worriment of mind began to tell on her. About January 9th, she told me in secret that she bloated in her limbs, and that her dresses felt tight around her waist. She had lost all appetite, and even the preparing of food nauseated her. We advised rest, which she would not take, and thought that Bryonia might help her on account of the cold weather which then prevailed. As this did not help we changed to Apis mel., which has œdema of the cellular tissue as its great

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characteristic, especially as we suspected incipient morbus Brightii from nervous exhaustion. She took the remedy for nearly a week without any relief, but still attended most assiduously to all the wants of her mother, and refused to give up the care of her to other willing hands.

Sunday morning, January 21st, I was called up early in the morning, to see Lizzie D., who, after a very restless night, was attacked this morning with convulsions. I found her unconscious, livid face, staring eyes, frothing at the mouth, short tonic spasms, during which she raised herself up in bed, and always ending with vomiting of some glairy mucus. The paroxysms were short but the coma remained in full power during the intermission. I immediately dissolved a powder of Cuprum met. in some water, and gave her a teaspoonful at short intervals. True enough, in the hurry of the moment we were unable to decide whether we had to deal with œdema of the brain (Arsen.), with anæmia of the brain, or with true uræmic convulsions; only the suddenness of the eclampsia decided us for Cuprum, especially as we find among its symptoms those corresponding to the case. Inasmuch as the convulsive form of uræmia originates in the immediate irritation of the carbonate of ammonia on the cerebro-spinal centres, we sent for our friend Dr. Caroline Yeomans, in order to apply the catheter. Every attempt to introduce the instrument reproduced the convulsions, and we had to desist, and it was a general relief to us all when about 9 A.M. the patient passed involuntarily a large quantity of urine in the bed. The coma kept steadily on, sometimes only disturbed by the convulsions. We now changed the Cuprum to Belladonna, and as this also failed to make any impression, we again sent for Professor Burdick. Our anxiety was then alternating between mother and daughter, for we knew that the death of the latter might produce a relapse in the mother, notwithstanding her true religious faith and resignation. Dr. Burdick came, and proposed Glonoine, as Bellad. had failed to give relief. We find in Glonoine the fulness, tension, throbbing headache, of which the young lady had already complained a day or two before, and although we still were in doubt whether we had to deal, in the language of the ancient pathologists, with a tendency to serous or sanguineous apoplexy, we concluded to give

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Glonoine a fair trial. Dr. Yeomans kindly offered her services to remain with the patient during the night, and watch the progress of the case. At 10 P.M. we three met again, and as the intervals between the paroxysms were longer, we concluded to let well enough alone.

January 22d. Dr. Yeomans reported only one convulsion during the night, and at 6 A.M. I found the patient quietly sleeping and still unconscious. She had twice urinated, but as it passed in the bed it was impossible to collect any for examination. Towards morning her soiled linen was changed, but it did not wake her up nor cause any convulsion. Taking now the Doctor's place, I sat down near the bed, found the pulse regular, not over 80, and the skin not quite dry. About 9 A.M. she awoke as from a dream, looked about, but seemed not to recognize anybody, put her hands to her temples as if her head pained her, turned over to her left side, and fell asleep again. I felt like singing hosannas, for I hoped the worst was over. At 11 A.M. we met again in consultation, and concluded to keep on with the Glonoine at longer intervals. She slept mostly during the day; towards night consciousness returned, and she recognized her mother, whose hands were entwined with her own. I never shall forget the look of intense love with which mother and daughter met, and I had to appear cold-hearted in forbidding them giving vent to their emotion. The little exertion was nearly too much; Lizzie fell back exhausted, and soon fell asleep again.

January 23d. During the night our patient micturated freely and voluntarily; this morning is herself again, and thinks it is Sunday morning. The forty-eight hours of severe trial to us are to her a total blank, and when told of the intervening days, she meekly replies, "If the Lord would have called me away, I would have known nothing about it." She recognizes her father, her uncle, but her headache forbids her to talk much or to be talked to. The urine is found full of albumen and renal detritus. Although not stupefied any more her head seems still to be confused, and she is not disposed to exert her mind or her body; she complains of pressing, shooting pains through both temples, with heaviness of the whole head; her face looks puffy, or as her friends say, she does not look like herself; urine dark-brown, as

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if it contained blood, but the microscope failed to reveal any traces of blood; upper and lower limbs œdematous, so that her rings had to be removed with nippers. Terebinthina and Arnica loomed up before us, but the negative result of microscopy spoke against Terebinthina, and the majority of the symptoms seemed to correspond better with Arnica. In fact I have been frequently disappointed with Bryonia when prescribing it for that well-known symptom "better during rest," and frequently found relief from Arnica where the patient, as it were, enjoyed this *otium cum dignitate*. Miss Lizzie was kept steadily on Arnica for ten or twelve days with slow but sure improvement, and finally she took one dose Sulphur^{cm} only to drive the blue devils away. I thought if there should be some remains of the *causa morbis*, may it be driven out for good.

Mother and daughter enjoy now the best of health, and homœopathy has been the gainer by it. All hail! If I only were certain that *post hoc* is always *propter hoc!*

Examining both cases critically, we see that Mrs. D. suffered at first from a mild typhoid fever, which suddenly and without any cause took on the appearance of angina pectoris with collapse, and finally gave all the symptoms of morbus Brightii. The daughter, as healthy a woman as ever lived, is exposed for weeks to mental agony and depression with bodily overexertion, albuminuria sets in, convulsions follow, whether from œdema of the brain or from uræmia I am still unable to decide, and after a few weeks' sickness recovers her health and quickly her strength. It was astonishing to see how quickly the old lady recuperated, as soon as her daughter was out of danger.

It may be a mere coincidence that just as we meet parenchymatous nephritis more frequently after so-called mild cases of scarlatina, so we meet here a case of acute nephritis after a mild case of typhus abdominalis. But how do we explain the suddenly appearing orthopnœa? It did not look exactly like a sudden spasmodic affection, or could it be that an embolus was carried from the inflamed kidney into the circulation and thus suddenly obstructed the heart's action? If so, the woman has really cause to be thankful for her recovery, but we cannot find such a case recorded, and in endocarditis the embolus is rather

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carried from the heart to the spleen, kidney, to the basal arteries, etc. We know full well that during puerperium death from embolism has taken place suddenly and unexpectedly during or after a sudden motion, even where there was not a trace of albuminuria during pregnancy, but such accidents have nothing in common with our case, and we would be thankful if somebody better read in pathology would solve this mystery to us.

Miss Lizzie had urinated in the morning, and it was therefore not a case of anuria or of retention of excrementitious matter, and still we meet cases where nurses assure us that the patient had passed his urine, and on closer examination we find the bladder full, and after catheterizing we find the urine drawn of a strong ammoniacal smell. To us the failure of Cuprum may be taken as a proof that the convulsions were not uræmic; it is well known that the symptoms of hyperæmia and of anæmia of the brain, the latter leading to œdema cerebri, are greatly alike, but certainly there had been no cause for hyperæmia, and the *status præsens*, the morbus Brightii hinted far more to anæmia of the brain, especially as we find in œdema of the brain all the symptoms of pressure on the brain, which were also present in our case. But how do we then explain the salutary action of the Belladonna, and still far more of the Glonoine? Hale's law of primary and secondary symptoms may help us in the elucidation of the case, for according to this author the primary symptoms of a remedy (high potency) correspond to the secondary symptoms of the disease, and the secondary symptoms of the drug (low potency) to the primary symptoms of the affections. We feel embarrassed to decide what are primary, what secondary symptoms. Does the prodromal stage of a fever constitute the primary stage? Is the *vis medicatrix naturæ* a secondary or tertiary symptom or no symptom at all, but a *restitutio ad integrum*? During all the years of a long and varied practice, I never felt clear yet on that point. If in the primary symptoms of Glonoine the vaso-motor nerves are inhibited, or as some authors prefer to say, if the action of the dilators prevails over the contractor fibres, hyperæmia must follow, and for this hyperæmia a high potency would be indicated, but where the anæmia of the brain is part and parcel of a general

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anæmic state, Glonoine low might produce contraction of the vaso-motor nerves, and thus a more equal distribution of the blood, for we also find under Glonoine, pale face, at times a little flushed; remarkable paleness of the face, extreme languor, and heaviness in the limbs; abundant urine, containing large quantities of albumen, sensation of weakness through the whole body during the headache, etc.

Bartels (Ziemssen's *Encyclopœdia*, 9, 1, p. 259) truly remarks, that in all cases of acute parenchymatous nephritis, from whatever cause originating, restoration to health or death happens in a relatively short space of time; the prognosis differs according to the state of health when the patient took sick, and recoveries are therefore frequent in patients with good constitutions.

ARTICLE II.—Infantile Paralysis.

THE following letters were received in reply to the request of the editor for information in relation to infantile paralysis:

February 8th, 1877.

S. LILIENTHAL, M.D.,
230 West Twenty-fifth Street, New York.

MY DEAR DOCTOR: I have been this evening very much interested in reading your article on "Infantile Paralysis" in *North American Journal.*

You will find a case of the disease reported by me in the March, 1871, number of *American Observer.* This is the only case of the kind occurring in a pretty busy practice of twelve years.

It was treated diligently for six months by me with such remedies as was thought applicable by myself and professional brothers here, many of whom saw the case, without the *least improvement,* after which he received a thorough course of electrical treatment at the hands of my friend, Dr. Garside, but all was useless. The boy has an arm of about the same size as when first afflicted. His health otherwise has continued good. I saw last summer another

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case, which had been of a year and a half standing. The paralysis was not so complete as in my case. I referred it to Dr. Butler for electric treatment, was so treated three or four times, and it seemed beneficially, but for some reason unknown to me treatment was discontinued, and the child taken to its home in Greene County, New York.

Thinking that you might be desirous of learning of all the cases you could, is the excuse for this letter.

Fraternally yours, etc.,

E. HASBRUCK.

Early symptoms of acute *infantile* (*?*) *paraplegia;* cure; very delicate child of delicate mother.

Boy, 4 years old, taken sick in the afternoon, with fever, flushed face, drowsiness, and inability to stand when placed on his feet. Lower limbs quite powerless.

Prescription, Gelseminum, 1000th, four doses; intervals of four hours, followed by *Sac. lac.*

Result, fever subsided in about eighteen hours; power of limbs gradually returned, and in about three days he was thoroughly convalescent.

J. C. MORGAN.

ARTICLE III.—Balsamum Peruvianum.

BY E. M. HALE, M.D.

WHEN I introduced this old and neglected medicine into my *New Remedies,* it was with the hope that its almost forgotten virtues might be made use of. I still believe that we ought to make further provings of it, and use it more in the treatment of diseases of the air-passages. Balsam of Peru is a near relation botanically as well as a close analogue of Benzoic acid; its action similar to that of Copaiba, Cubebs, Stannum, Grindelia, and "Yerba Santa." Their specific affinity for the mucous membrane of the bronchiæ is accounted for by the fact that they are all eliminated out of the body through the lungs, and in passing

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through them affect specifically the bronchial tubes. The proving in Allen's *Encyclopædia* is a mere fragment, but the symptoms of the palate and fauces are very significant. They give us a picture of the probable condition of the whole respiratory mucous membrane which would obtain if the medicine was taken to the extent of a heroic proving.

When this balsam was first introduced into Europe it was considered almost a specific for certain forms of "consumption," but under this name was included the disease now known as *chronic catarrhal bronchitis*. Even to this day in many parts of the United States this form of blennorrhœa is called "consumption."

The celebrated physicians Hoffman and Morton declared that they had "seen persons laboring under perfectly formed phthisis, and seriously affected for several years, happily restored by the use of this very balsam." They also assert that it cured "chronic pulmonary disease attended by *copious and especially purulent expectoration*." It was also highly praised for *fetid* expectoration. It will be seen by the following that there is good reason why it should be useful in such a condition. It has been known for some years that Benzoic acid is a powerful antiseptic, ranking with Carbolic and Salicylic acids. The Balsam Peru possesses the same qualities, according to Dr. Wiss, of Berlin, who, in a paper recently read before the Berlin Medical Society, summed up his experience as follows, especially as an application to wounds:

"The balsam at the first moment when applied to the wound causes a slight burning, but afterward all pain ceases, even in the most severe and painful wounds.

"Fresh wounds never inflamed under this treatment, and in inflamed wounds the inflammation quickly subsided.

"The balsam prevented suppuration, and putrid decomposition was not observed in a single case, notwithstanding the most unfavorable local and climatic conditions under which the patient had to live. Even lacerated wounds showed a great tendency toward healing by first unions.

"One night the doctor was summoned to attend a young man whose scalp had, by some blunt instrument, been torn into three

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flaps, so that the bone was laid bare to a great extent. The bleeding was arrested and the wound cleaned. Peruvian balsam was freely applied on the raw surfaces, which then were dressed with a simple compress.

"The next day the wounds were healed, except a small spot in the centre, which also closed up in a few days without the discharge of a drop of pus.

"The antipurulent property of the balsam induced Dr. Wiss to test its efficiency in cases of chronic pulmonary catarrh with a copious muco-purulent secretion. He gave the balsam in an emulsion of the yolk of eggs (ʒj ad ʒiv, a tablespoonful every two hours). Two elderly persons, afflicted with chronic blennorrhœal bronchitis for several years, were completely and permanently restored, the one within ten days, and the other within three weeks."

The use of the balsam in muco-purulent discharges is a revival of a very old practice.

It is a significant fact that this old practice was abandoned, for the reason that in many cases it aggravated the *chronic* bronchitis, and could not be used at all in *acute* bronchitis. Why? Because the doses used were too large, and medicinal aggravations followed its use. The fragmentary provings we have show that in large doses it causes a febrile condition, with dry, scraping cough, etc. The old physicians complained that it "dried up the cough too soon;" that it converted a "loose" cough into a "tight" cough.

The fact is that *primary* effects of Balsam Peru, in large doses, is to cause acute bronchial congestion, with dry, scraping cough and little or no expectoration. Its secondary effect is to cause an atonic, relaxed condition of the bronchial and laryngeal mucous membrane, with muco-purulent discharge. If prescribed for acute bronchial irritation it should be prescribed in the dilutions from the 3^{x} to 6^{x}. If for chronic laryngitis or bronchitis, I prefer the 1^{x} or 2^{x} dilutions or triturations.

Its internal administration can be greatly aided by its use as a topical agent by means of the steam atomizer, which will throw a stream of highly attenuated vapor, which should be inhaled into the respiratory passages.

Aside from its antiseptic property, its value as a topical appli-

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cation to the skin is greatly enhanced by its power of preventing the access of septic poisons. It hermetically seals small wounds and fissures.

The best cerate of Balsam Peru is made by adding ℥j of the pure balsam to ℥j of cosmoline. Heat and mix over a water-bath, and stir until cool and firm. This is an excellent application for chapped and sore nipples, fissure of the anus, and rhagades of the hands and lips.

ARTICLE IV.—Electro-therapeutics and Electro-Surgery.

By John Butler, M.D.

PART I.

THE POSITION ELECTRICITY SHOULD OCCUPY IN THE MATERIA MEDICA.

CHAPTER I.

Some three or four years ago a short article, "Does Dynamic Electricity cure according to the Law of Similars?" was published by the author in the *Medical Union*, for the express purpose of calling forth from some abler pen than his at least some comments that might perhaps prove useful to the profession. Since that time nothing having appeared in the literature of our school on the subject, he now writes again, hoping that the profession may be able to gather some little information from the result of his experience that may be of benefit to suffering humanity. In the article alluded to there were some views expressed that the author has since seen fit to modify; but in the main, most of the ideas then expressed are re-embodied in these papers, strengthened by further research and more mature consideration, and supported by the opinions of fellow-laborers in the same field, among whom he would particularly mention his friend, Dr. R. N. Tooker, of

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Chicago, and Dr. Murphy, of New Orleans, both of whom have rendered him valuable assistance.

From the time of Thales down to the present day electricity in one form or another has been used in the treatment of disease. At one time taken up by the so-called "Regulars" as a panacea for all the ills that flesh is heir to; at another condemned and consigned to oblivion, to be again resurrected and resuscitated by some aspiring charlatan, who boasts exultingly of the marvellous cures he has made and can make through its agency. That empirically numbers of cases abandoned as hopeless have been restored to health, both by the quacks of years gone by and those of the present day, is an indisputable fact; but what percentage of all the cases treated were benefited we know not, neither do we know how many were injured by their great cure-all. Such men's experience, if indeed it can with any degree of propriety be called such, has been but of little value to the profession, except so far as it has stimulated others to investigate for themselves and for the profession.

To the scientific physician, who would be an accurate prescriber and a sound pathologist, there is perhaps nothing so utterly distasteful as empiricism. Yet one cannot take up any work on electro-therapeutics of the allopathic school (and it is a matter of regret that almost all, if not quite all, of our literature on the subject emanate from that body), without being struck with the amount of quackery and guesswork on which their *theories* are based. Chapter upon chapter is devoted to so-called electro-physiology, which enters into the minutest detail of the action of electricity upon every tissue in the human frame, without its being put to any use whatever in their chapters on the treatment of disease. After perusing any and all of such works the reader is in a greater state of confusion, and knows absolutely as little of the practical value of the electrical current at the bedside and in the consulting room as he did before reading them.* If we take, for example, the latest work on the subject, *Electricity in Medicine and*

* Of course I am not now alluding to the chemical action of the current, so useful in electro-surgery, upon which subject we have many excellent works.

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Surgery, by G. V. Poore, M.D., which perhaps is without exception the best work that has been ever written on it, we find that the sum total of all this author's experience and research is, that electricity is a *stimulant, anodyne, sedative, caustic, styptic*, or *cautery*. In other words, that it may be used as a substitute for *Alcohol, Opium, Bromide of potash, Nitrate of silver, Persulphate of iron, or the last-mentioned metal at a high temperature*. Now if that is all that electricity is we certainly can do as well without its use as with it. But, as I hope to show further on, electricity is a force, which on being transmitted through any tissue in the human body, produces a certain train of symptoms, and is capable of curing just such symptoms when they occur idiopathically. Before entering upon the details of our subject, it is perhaps advisable here to consider the various modes of generating the electric current, etc. In any text-book on electro-physics we find that electricity is divided into three forms:

1. Static or Frictional.
2. Galvanic or Contact.
3. Induced or Faradic.

To which I would add Natural Electricity, or that generated during thunderstorms, etc. I call it natural advisedly, to distinguish it from that artificially generated by apparatus for the purpose. But however generated, it is the same force, is governed by the same laws, and yields to the same tests. These divisions only allude to its method of generation, which necessarily influence it in quantity, tension, etc., but do not change its identity. This *vis naturæ* is still a unit, wherever found or in whatever garb it may be clothed, though it may be influenced as far as quantity and intensity are concerned by its mode of generation, by the resistance through which it is transmitted, by duration, interruption, reversion of direction, etc., but the force remains the same, whether the current is called galvanic, faradic, or static. It is the same subtle power that destroys man and beast, and tears up trees by the roots, that relieves the pain of, and lulls to sleep, a sensitive child; just as the warmth of fire will call back into life half-famished nature, or totally annihilate and destroy it, accord-

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ing to the intensity with which it is used, or the control which we have over it. So with any of our remedies.

Writing these lines calls forcibly to mind a passage from one of the greatest of poets, Schiller, which is quite as applicable to the force of electricity as to the energy of fire.

"Wohlthätig ist des Feuers Macht
Wenn sie der Mensch bezähmt, bewacht,
Und was er bildet, was er schafft,
Das dankt er dieser Himmelskraft.
Doch furchtbar wird die Himmelskraft
Wenn sie der Fessel sich entrafft,
Einhertritt auf der eignen Spur
Die freie Tochter der Natur.
Wehe, wenn sie losgelassen
Wachsend ohne Widerstand
Durch die volkbelebten Gassen
Wälzt den ungeheuren Brand!"

* * *

It is so difficult to investigate all the facts of galvanism in anything like progressive order, that it seems best to first examine the sources of the force and the laws which govern it, assuming for the present that the reader possesses a knowledge of the principles necessary to an understanding of the facts, and afterwards, when we come to consider electro-physics, to go over this ground again thoroughly and in detail, though feeling that in so doing we may be telling the reader much that he may be familiar with.

If we partially immerse a sheet of zinc in a mixture of ordinary sulphuric acid and water, we find that as the zinc is dissolved bubbles of hydrogen are formed and the liquid becomes heated.

If we vary the experiment by placing in the same liquid with the zinc a sheet of copper, we see that the bubbles of gas still rise to the surface from the zinc, while none come from the copper. Should the metals touch, however, the bubbles rise in large quantities from the copper, though none of the copper is dissolved, as can be easily ascertained by chemical tests. If we connect the immersed metallic plates by wires above the liquid, we discover that this wire becomes immediately capable of influencing the mariner's compass, so that it no longer points to the north and south; of magnetizing iron and steel; and if the wire be severed,

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and the ends dipped into a liquid, the liquid undergoes chemical decomposition. Now what does all this? The energy that is eliminated during chemical decomposition, in other words the galvanic current, and the copper and zinc plates immersed in the dilute acid, is the simplest and most primitive form of galvanic battery, and though defective for all uses in electro-therapy, will answer the purpose of describing the generation of galvanism better than perhaps any other. To sum up, the result of the immersion of a plate of zinc and a plate of copper (connected by a wire) in a vessel of dilute sulphuric acid is, the water HO_2 is decomposed, and gives off its hydrogen. The zinc is dissolved and unites with the oxygen of the water, forming ZnO, which oxide is redissolved by the acid, and the resultant salt is $ZnSO_4$; at the same time energy or the galvanic current is set free. The zinc plate, or the *metal acted* upon, is called the positive plate, and the copper, or the *metal not* acted upon, is the *negative plate.* The wire connected with the negative plate is called the positive pole, because the current *positively* flows from that direction, and the wire from the positive plate is called the negative pole. These technical terms, about which there has been much confusion, are, therefore, not arbitrary terms, and will be again entered into more fully. Now if we want a more intense current (that is, a current capable of overcoming a greater amount of resistance)* than is generated in a single cell, we unite a series of these cells; the positive wire of one cell being connected with the negative of the next, and so on to the end of the series, leaving a negative wire at one end of the circuit and a positive at the other free, to be used to transmit the current through any object we may wish to act upon.

But if we wish to generate a larger quantity of current than one cell is capable of doing, we connect the poles positive to positive and negative to negative. However, this kind of battery is not necessary in electro-therapy;† at least is only employed to heat wire, etc., in galvano-cautery operations. It is alluded to for the purpose of avoiding any misunderstanding with regard to

* The resistance of the human body is very great; from hand to hand in a man of ordinary height is equal to 750 miles of telegraph wire.

† The resistance of the body is so great that it is incapable of transmitting but a very small quantity of electricity.

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the terms quantity and intensity. If we wish to reduce the quantity of current passing through any body, it is only necessary to introduce into the metallic part of the circuit a resistance or series of resistances. Brenner's rheostat answers this purpose admirably, and by its means we can control the amount of actual current we wish to use.

The effect of the current in magnetizing iron or steel has been cursorily spoken of. If the wires joining the poles of the battery be coiled around a bar of iron the bar becomes magnetized. If the bar be made of soft iron, it remains a magnet only so long as the current flows. Should it be made of *steel*, however, it becomes permanently magnetized, or remains a magnet until demagnetized by some other means. But there is another effect. The current in its passage becomes highly intensified, though reduced in quantity in the direct ratio of the thickness of the wire composing the coil, and in the inverse ratio of its length. Otherwise expressed, the shorter and thicker the wire, the larger the quantity and less the intensity. The longer and finer, the less the quantity and the greater the intensity. Now suppose, over any given coil of this kind, we wind a coil of finer wire, but perfectly insulated from the first coil, we have a current induced in it infinitely more intense, and infinitely less in quantity, and flowing in the opposite direction to that in the primary wire, and should we still add coil over coil, we may dynamize, and at the same time potentialize our current *ad infinitum*. This current can, however, only be felt at the opening and closing of the circuit, as, during its transmission, it expends its force in magnetizing the inclosed bar of iron. For the discovery of these facts we are indebted to Faraday, and this manner of using electricity is called faradism, in honor of the discoverer. It is also called electro-magnetism.* Now what does electro-magnetism mean? A mixture of electricity and magnetism? Surely it cannot mean that, for the bar of soft iron, before it was influenced by the action of the current transmitted through the coil surrounding it,

* I would prefer the term "induced electricity," but, as it is already better known under the name faradic current, I have here continued the use of the latter name.

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was nothing but a bar of soft iron, and, after the current discontinues to flow, is nothing but a bar of soft iron still. It is, therefore, evident that it is the same current increased in intensity and diminished in quantity by this process that still exists. Nor does it require a very great stretch of the imagination to compare the galvanic current used as it flows from the cells to our crude drugs and mother tinctures. When influenced so that its quantity is reduced by resistances placed in the circuit, to our low dilutions, and when intensified and reduced in quantity by induction, to our higher attenuations. If, added to this, we take into consideration that many symptoms produced by one form of current are capable of being cured when they occur idiopathically, by the other form, the analogy is still more striking. A consideration of statical or frictional electricity is purposely omitted, as the use of it in therapeutics is impracticable.

In my first researches in electro-therapeutics I could not help noticing how frequently symptoms were aggravated by the action of the current, which it was my design to ameliorate, and in which electrization was seemingly indicated (that is, reasoning as allopathists do, because it had cured other diseases of the same kind); I therefore determined to study systematically the symptoms that electricity produced on the healthy organism, and find out with some degree of precision at least whether the same symptoms were not curable when occurring in diseased conditions. First, having compiled a list of positive symptoms from works on electro-physiology, giving the preference to those which had been repeatedly verified, I began to prescribe electricity for such symptoms when I noticed them in diseased conditions, always using a much milder current (higher dilution) than the one that had produced the symptoms. The success of these experiments more than surprised me. It is, therefore, with no small degree of confidence that I offer to the profession the following pathogenesis of electricity, gathered and verified during many years by careful research and experience, and shorn of all unreliable and inconstant symptoms; and meagre though it be, and far from perfect, I hope it may be considered a first step in the right direction. Under the heading "Pathogenesis," the symptoms produced by the galvanic and faradic currents are given separately, together

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with the name or authority by which such effects were first recorded. Effects recorded by any one authority of reliability, though not repeatedly verified, that possibly might be of utility in practice, are marked by a ?, together with the authority's name attached. For all symptoms not so marked, and without any name attached, the author is responsible.

Under the heading "Symptomatology," the effects of every form of current are arranged under the subheadings of the organs affected. This method is adopted not only for the sake of precision, but as a ready mode of reference. For instance, if we refer to "chest" for the symptom, "heart's action retarded." By returning to pathogenesis we find how and where the current was applied that produced that symptom, and so on. It will, no doubt, be noticed that nothing is said about the strength of current to be used; but if the dose required of drugs taken by the mouth into the stomach is still in a state of uncertainty, is it anything to be wondered at that the "*dose*" of electricity necessary to be administered in any given case cannot, with any positive degree of accuracy, be always determined? at least no absolute rule for the guidance of the profession can be given, so on that account it was deemed best to omit a discussion of it altogether, leaving it an open question, to be discovered by individual experience, remembering it is always best to give too small a dose than too large a one, and that the question of dose is not how much a patient will tolerate, but how little will cure. The repetition and duration of treatment I would also leave an open question; but, in the cases hereafter related, the notes generally contain a full account of these, from which we may glean a proximate idea as to how frequently it is necessary to repeat the *dose*, and also the length of seances ordinarily required.

CHAPTER II.

PATHOGENESIS.

CURRENT TRANSMITTED THROUGH HEAD AND CERVICAL SYMPATHETIC.

Galvanic current.	*Faradic.*
Dizziness. Vertigo. Dimness of sight. Feeling as if about to fall towards the side on which the anode	Dazzling. Suffocation. Sharp piercing pain, especially when applied on forehead. Occasionally dizziness and

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Galvanic current.

is placed. Both eyes turn towards the cathode. At the moment of discontinuing the action, the reverse is observed and felt.—HITZIG.

After a prolonged galvanization of head, throbbing congestive headache, quickened pulse, and increase of temperature. Vertigo. Hæmorrhage. Convulsions.—NEFTEL.

Insomnia.

Applied to auriculo-maxillary fossa, vertigo with loss of equilibrium, nausea.—NEFTEL.

Anæmia of brain.—HAMMOND.

Dilatation of pupil.

Phosphenes.

Muscæ volitantes.

Paleness of conjunctiva and tympanum.

Protrusion of eyeball, and drowsiness during transmission of current.

This condition after the removal of electrodes is soon followed by a throbbing headache, congestion of brain, quickened pulse, general excitement, and increase of temperature.

Eyeballs suffused.

Ringing in ears.

Profuse perspiration in axilla.

Insomnia.

Budge says, galvanization of medulla oblongata produces relaxation of the heart, and makes it spread out? —*Archiv von Roser und Wunderlick*, 1846, *Band V.*

Vertigo. Hæmorrhage. Convulsions —NEFTEL.

Vertigo, with loss of equilibrium and nausea, when current is applied in auriculo-maxillary fossa.—NEFTEL.

Faradic.

same symptoms as galvanic current, with very sensitive patients. These symptoms are produced no matter in what direction the current be transmitted, but are most marked when a rheophore from each pole is placed in each auriculo-maxillary fossa.

The same rule applies to the galvanic current.

Muscular contractions in the parts supplied by the facial nerve. Lancinating pain through facial nerve and its ramifications.

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EYES.

Galvanic current.	*Faradic.*
Galvanization of that portion of the spinal cord lying between the seventh cervical and sixth dorsal vertebra produces dilatation of pupils.—WALLER AND BUDGE.	A current passed directly through the eye produces lancinating pain, copious secretion of tears, oval, vertical, or transverse dilatation of pupil, according as the current is transmitted horizontally or vertically. Pupil can be dilated or constricted according as the current is made to act upon the dilator or constrictor muscles of iris?—BEARD AND ROCKWELL.
Direct galvanization of head in the neighborhood of the eye or of the cervical sympathetic produces dilatation of pupils.	
Phosphenes.	
Muscæ volitantes.	
Anæmia of retina.—HAMMOND.	
Paleness of conjunctiva.	
Protrusion of eyeball, decrease of temperature, and drowsiness during transmission of current. After electrodes are removed, hyperæmia of conjunctiva.	
Secretion and flow of tears and mucus. Sense of increased heat. Cathode produces a reddish-yellow light, anode a blue light.—PURKINJÉ.	
Flashes at opening and closing of circuit. Cathode, objects appear more distinct; anode, less distinct.—HELMHOLTZ.	
Duchenne records a case of amaurosis, accidentally produced by the galvanic current.—*Localized Electrization*, p. 17.	

EFFECTS OF CURRENT TRANSMITTED FROM EXTERNAL MEATUS OF ONE EAR TO ANOTHER.

Besides the symptoms just recorded, as caused by transmitting a current through the auriculo-maxillary fossæ, we find:

Galvanic current.	*Faradic.*
Burning pain. Noises like the bubbling of boiling oil.—VOLTA.	Roaring, rushing noise, as if of wind.
Vertigo.	Tickling, pricking sensation, followed by lancinating pain. Metallic taste on tongue.
Metallic taste on lateral and middle part of tongue, most marked on side of negative rheophore. Sensation of	Tinnitus aurium.

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Galvanic current.

warmth. Increased secretion of ear-wax. First paleness of tympanum, afterwards hyperæsthesia and congestion of tympanum. Distinct musical sound at opening and closing of circuit.—RITTER.

Positive electrode in ear produces a sensation of pressure from without inwards; negative, from within outwards.—BRENNER.

Lower current intensities call forth murmurs. Higher musical sounds.—NEFTEL.

Cathode gives a higher musical sound than anode.—NEFTEL.

Torpor of nerve.—BRENNER.

Faradic.

Hearing distance decreased, but whether this symptom was caused by the action of the current, or by the water introduced into the ears, could not accurately be determined.

ELECTRODES APPLIED TO SCHNEIDERIAN MEMBRANE.

Sensation as if about to sneeze, with inability to do so. Congestion. Copious secretion. Anosmia. Suppuration. Numbness of palate. Metallic taste. Congestion of eyes. Tears.

Titillation. Sensation as if about to sneeze. Profuse watery secretion, followed by a thicker secretion. Sense of stuffiness and fulness. Congestion of eyes. Tears.

ONE ELECTRODE PLACED IN MOUTH, THE OTHER ON NAPE OF NECK.

Peculiar metallic taste. Profuse secretion from all the salivary glands. Flashes of light. Toothache. Vitiation of taste. Loss of taste. Tongue feels paralyzed.

Metallic taste. Lancinating pains through teeth. Twitching of tongue. Numbness of tongue. Profuse salivation.

In addition to these, we have some of the symptoms before recorded under "*Head and Cervical Sympathetic Nerve.*"

PNEUMOGASTRIC NERVE.

Above Junction with Spinal Accessory.

BOTH CURRENTS.

Contraction of larynx, pharynx, and œsophagus.

Peripheral Galv. Inferior Laryngeal Branch.

Galvanic current.

Spasm of glottis. Retards heart's action to complete paralysis in diastole?—NEFTEL.

Faradic.

Indefinable præcordial sensation, with sense of suffocation. — DUCHENNE.

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Galvanic current.	*Faradic.*
Contracts smooth muscular fibres of bronchi, diminishing their calibre; and contracts stomach, intestines, and uterus?—NEFTEL.	Spasmodic breathing and cough. Spasm of muscles of larynx and pharynx. Pain in chest and pit of stomach. Frequency of respiration increased. Syncope. Sugar in urine.—BERNARD, DUCHENNE, AND OTHERS.

Galv. of Cervical End.

Accelerates the inspiratory movements to tetanic inspiration. Increases production of sugar and salivary secretion. Diminishes pancreatic secretion, and retards heart's action.—NEFTEL.

Trunk of Nerve.

Coughing at cathodic closing and anodic opening. Less marked at duration.—KRIMER AND ROMBERG.

Upper Part.

Sugar in blood; in cerebro-spinal fluid. Secretion of urine suspended. Saliva increased. Respiration quickened.—BERNARD.

Frequency of pulse diminished.
Tetanic respiration.
Diaphragm contracted.

Lower Part.

Pulsation of heart ceased?—BERNARD, BROWN-SÉQUARD, AND OTHERS.

Tetanic respiration.

Diaphragm permanently contracted during transmission of current.—TRAUBE.

SPLANCHNIC NERVES.

Pallor of surface and syncope.—NEFTEL.

Peristaltic motions of intestines cease.—PFLUGER.

Same as galvanic, but not so constant, and in a less degree.

PHRENIC NERVES.

Inspiratory movements at cathodic closing and at anodic opening of circuit. Hiccough, sobbing, etc.

Tetanic respiration. Inspiratory movements at each interruption of circuit. Hiccough.

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SPINAL CORD.

Galvanic current.	*Faradic.*
Convulsions at moment of closing circuit. Paralysis by continuous current.—MEYER.	Rigid cramps of all the muscles of body.—MATTEUCCI.
Pupil of eye enlarges when current is transmitted through upper part of dorsal spine.—WALLER AND BUDGE.	Muscles of trunk and extremities thrown into convulsions, which last some time after breaking the circuit. —MATTEUCCI.
Galvanism of lumbar portion of spinal cord produces contraction of the ducti deferentes, bladder, lower part of rectum, and uterus.	

CURRENT PASSED FROM MOUTH TO ANUS.

Gastralgia, with sinking feeling in stomach. Muscles convulsively contracted and fæces voided.—ALDINI.	Tetanization of sacro-spinal muscles, respiratory muscles, and muscles of extremities.—DUCHENNE.
As the brain, sympathetic, pneumogastric, and spinal cord are more or less acted upon, and included in the circuit, we have many of these symptoms manifested before recorded under their proper headings.	Should the current be sufficiently strong, complete opisthotonos; heart's action accelerated. Respiration increased in frequency.

URINARY ORGANS.

Bladder contracts at opening and closing of circuit, less so during transmission. Continues to contract after current ceases flowing. Contents expelled. Pain in abdomen followed by nausea. Pain along ureters and in region of kidneys. A profuse flow of urine generally follows the use of a current passed from lumbar region through bladder.	Bladder contracts violently and expels contents.
	Pain along ureters extending to kidneys.
	Horrible pain in hypogastric region. —DUCHENNE.
	Primary faradic current acts on bladder more powerfully than secondary.
	Continual desire to pass water.

SEXUAL ORGANS.

Vas deferens contracts. Testes drawn up. Scrotum rugated. Burning tearing pain through testes and cords. Penis becomes erect by transmitting a current from anus to glans penis. Pulsations in spermatic artery fuller. —TRIPIER.	The lancinating character of the pain so characteristic of this current is more marked in its effects upon the testicle than perhaps any other organ in the body. Spermatic cord contracts. Scrotum rugated. Acute pain as if the testes were being torn from the cords.—DUCHENNE.

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UTERUS.

Galvanic current.

Contracts both during and after transmission of current. Contractions more violent if the current is passed through the length of the organ than transversely. Pain in lumbo-sacral region. Nausea and vomiting. Profuse flow of blood, lasting three or four days. Leucorrhœa at first watery and transparent, afterwards yellow, viscid, and flaky. Congestion, inflammation, and œdema of cervix.

Faradic.

Contracts violently during transmission of current.

Transient hyperæmia.—TRIPIER.

Cutting pain, which gradually changes to a severe bearing-down pain.—TRIPIER.

Profuse bloody discharge, both at the time of seance, and for two or three days following. Slight mucous leucorrhœa. Pain in hypogastric region. Nausea.

SKIN.

Burning sensation under both rheophores, most marked under negative. Increase of temperature, hyperæmia and hyperæsthesia. Herpetic and eczematous eruptions. Urticaria.—POORE, LINCOLN, AND OTHERS.

Congestion, erythematous patches. Tingling. Elevation of papillæ. Acute darting lancinating pain under points of contact, most marked under negative electrode. Anæsthesia of skin between rheophores, more especially marked if the points of contact be close together. Congestion and redness of skin most marked under current of second helix.—DUCHENNE.

Itching coming on eight or ten hours after application. Acne of back and shoulders has followed several instances of faradization of spine, where before the current had been used the skin was perfectly healthly. Urticaria several cases.

NERVES, MOTOR AND SENSORY.

Strong current paralyzes nerve and renders it incapable of transmitting its contraction, producing stimulus.—VALENTINE.

Nerve paralyzed by constant current.—ECKHART.

Irritability of nerve decreased.

Contraction of muscles supplied by nerve at opening and closing of circuit; most marked under cathodic closing; less so under anodic opening. Pain burning, acute, as if molten

Pain tingling, acute, darting, lancinating. After electrodes are removed, the pain under the points where the electrodes were in contact still remains, sometimes producing great agony, with anæsthesia or partial anæsthesia between those points. Contraction of muscles supplied by nerve.

Duchenne in speaking of experiments with this current says: "These experiments are far from harmless,

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Galvanic current.	*Faradic.*
metal was running through the nerve; most severe under the points where the rheophores were applied.	because in many cases the acute sensations have been followed by neuralgic pains in the organs overexcited."

MUSCLES.

Burning pain under rheophores. Tingling, as if the part were asleep. Contraction at opening and closing of circuit. Lame, tired feeling. Numbness and paralysis.	Sharp lancinating pain extending to surrounding textures, most severe under contact of rheophores. Contraction. Lameness and soreness of muscles. Paralysis.

The symptoms of general electrization, as produced either by the electric bath or by applying any form of electricity over every part of the body consecutively, only repeat, and in a confused manner, those already given; and such treatment used for the cure of disease amounts only to empiricism, confusion, and to a confession of ignorance of the pathology of the local lesion, and is too much like an allopathic bolus, or shooting into the bush to kill the bird, to have any place in the literature of a school of medicine which has the slightest pretensions to accuracy of prescribing.* And for these reasons I omit further allusion to it here, as a record of such a proving could only be of use for the sake of verifying the symptoms already recorded under their proper headings, which really are much more clearly verified under the following heading:

EFFECTS OF LIGHTNING.

Although not wishing to add thunder and lightning to our list of therapeutic remedies, or to treat disease by its agency, a word or two on its action may not be out of place here, for, as I have already shown, the force under consideration is the same, no matter what its mode of generation. That paralysis has been cured by lightning, also deafness, there is no doubt; for reports of cases cured I would refer the reader to Althaus's work on *Medical Electricity*, page 350; also *Thunder and Lightning*, by De Fon-

* Of course I must not be understood to allude to the electro-chemical bath used for the purpose of eliminating poisons, such as lead, copper, etc., from the body, as I consider such baths eminently useful.

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ville, page 259. Leaving out its chemical effects, the symptoms recorded as having been produced by lightning are as follows:

Dizziness; loss of equilibrium; nausea; vomiting; insomnia; inability to prolonged mental study; loss of appetite; irritability; nervous prostration; muscular weakness; debility, nervous and muscular. Could not endure any amount of work without fatigue, though previously he would have scorned the idea of work having any effect on his nervous system.—B. W. MUNSON, M.D., Amityville.

Amaurosis. Deafness. Paralysis.—MUNSON. Micturition, diarrhœa.—MUNSON. Menstruation affected diversely; in some women menorrhagia, in others amenorrhœa.

Dr. Munson also records a case of paralysis of the leg, caused by a lightning stroke, cured by the faradic current.—*Archives of Electrology and Neurology*, vol. i, page 169.

CHAPTER III.

SYMPTOMATOLOGY.

SENSORIUM.

Inability to prolonged mental study.—MUNSON. Afraid he will suffocate. Sense of falling. Drowsiness. Loss of equilibrium. Nausea. Syncope. Nervous prostration.—MUNSON.

HEAD.

Dizziness. Vertigo. Dazzling. Pallor of countenance. Anæmia of brain. Hæmorrhage, convulsions. Throbbing headache, congestion of brain. Insomnia.

EYES.

Dilatation of pupil, phosphenes. Dizziness of sight. Muscæ volitantes. Paleness of conjunctiva. Protrusion of eyeball. Lancinating pain, copious secretion of tears. Oval, vertical, or transverse dilatation, according to direction of current. Anode causes a blue light to be seen; cathode, reddish-yellow. Anode, objects appear less distinct; cathode, more distinct. Anæmia of

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retina. Amaurosis. Halo of light often seen under influence of faradic current.

EARS.

Paleness of tympanum. Burning pain. Ringing in the ears. Roaring rushing noise as if of wind. Noises like the bubbling of boiling oil. Tickling pricking sensation, followed by lancinating pain. Congestion of tympanum. Increased secretion of ear-wax. Musical sounds. Pressure from within outwards or from without inwards, according to direction of current or polar influence. Torpor of nerve. Deafness?—MUNSON.

NOSE.

Sensation as if about to sneeze, with inability to do so. Congestion, inflammation, suppuration. Titillation. Profuse watery secretion, followed by a thicker discharge, with sense of stuffiness and fulness. Anosmia.

MOUTH, TONGUE, ETC.

Peculiar metallic taste. Profuse secretion from salivary glands. Toothache of a severe lancinating character. Twitching of tongue, numbness of tongue. Vitiation of taste, loss of taste. Tongue feels as if paralyzed. Sugar in salivary secretions.

THROAT.

Contraction of larynx, pharynx, and œsophagus. Spasm of glottis. Spasm of pharyngeal and laryngeal muscles. Congestion, with afterwards profuse secretion of mucus. Visible pulsation of carotids.

STOMACH.

Pain over pit of stomach, nausea, vomiting. Indefinable sensation in region of stomach? Hiccough. Sinking feeling in pit of stomach.

ABDOMEN.

Peristaltic action of intestines cease. Pancreatic secretion increased. Muscular coat of intestines contracted and fæces voided. Pain in hypogastric region. Diarrhœa?—MUNSON.

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URINARY AND SEXUAL ORGANS.

Sugar in urine. Bladder contracts at opening and closing of circuit, less so during transmission. Pain in region of kidneys. Pain along ureters, extending to kidneys. Profuse flow of urine after galvanic current. Vas deferens contracts, testes drawn up. Scrotum rugated. Burning pain through testes and cord. Penis becomes erect by transmitting a current from anus to glans penis. Spermatic cord contracted. Acute pain, as if the testes were being torn from the cords.

FEMALE.

Uterus contracts, both during and after transmission of current. Pain in lumbo-sacral region. Transient hyperæmia. Profuse flow of blood, lasting three or four days. Leucorrhœa, at first watery and transparent, afterwards yellow, viscid, and flaky. Congestion. Inflammation and œdema of cervix. Amenorrhœa? Menorrhagia.—MUNSON. Cutting pain, gradually increasing to a severe bearing down.

NERVES, MOTOR AND SENSORY.

Strong current paralyzes nerve, and renders it incapable of transmitting its contraction, producing stimulus. Nerve paralyzed by constant current. Ascending current decreases irritability of nerve throughout its whole extent; descending affects only the part operated upon. Contraction of muscles supplied by nerve at opening and closing of circuit. Pain burning as if molten metal was running through the nerve, most severe under rheophores.—*Galv. current.* Pain, acute, darting, lancinating, under the rheophores, with anæsthesia or partial anæsthesia between the points of contact. Nervous debility.—MUNSON.

MUSCLES.

Burning pain.—*Galv.* Contraction at opening and closing of circuit. Lame, tired feeling, evolution of heat. Muscular debility. Numbness and paralysis. Lancinating pain.—*Farad.* Rigid cramps of all the muscles of body. Muscles of trunk and

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extremities thrown into convulsions, which continue for some time after breaking the circuit. Opisthotonos. Tetanus.

SKIN.

Burning sensation. Hyperæsthesia. Increase of temperature. Herpetic and eczematous eruptions. Urticaria.

Tingling, elevation of the papillæ, acute darting pain under points of contact with partial anæsthesia between these points. Congestion and redness of skin most marked under secondary induced current. Itching, coming on eight or ten hours after application. Acne of back and shoulders has in several cases followed faradization of spine.

CHEST.

Indefinable præcordial sensation, with sense of suffocation. Heart's action retarded. Smooth muscular fibres of bronchi contract. Inspiratory movements accelerated to tetanic inspiration. Spasmodic breathing and cough. Diaphragm permanently contracted during transmission of current. Constrictive pain all through region of chest. Frequency of respiration increased. Sobbing. Hiccough. Profuse perspiration in axilla. Rapidity of circulation increased.

BACK.

Tetanization of sacro-spinal muscles. Opisthotonos.

GENERALITIES.

Local anæmia, with subsequent hyperæmia. Vascular dilatation. Increase of perspiration. Elevation of temperature. Contraction of bloodvessels, with subsequent dilatation.—POORE.

Increased glandular secretion. Increased secretion of mucous membranes.

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ARTICLE V.—Clinical Symptoms of Lycopodium.*

By T. F. Allen, M.D., New York.

Authorities. **1,** T. G. Oehme, Raue's Rec., 1871, 46 (N. E. M. G., 5, No. 3), a man was cured of forgetfulness by 3d dec.; **2,** C. Wesselhœft, Raue's Rec., 1871, 48 (A. J. H. M. M., 4, 1), Miss S. C., æt. 18, insane, 2^{c}; **3,** Haynel, Raue's Rec., 1871, 15, mental symptoms; **4,** Berridge, A. J. H. M. M., 4, 108; headache; dose of ^{cm} (Fincke); **5,** T. F. Allen, Raue's Rec., 1873, 72 (Am. Inst., 1871, 408), J. W., aged 19; hemeralopia; one dose of 200th; **6** to **11,** from Ruckert; **6,** Goullon, ophthalmia; **7,** Gross, polypus in eye; **8,** Schelling, disease of eye; **9,** Diez, same; **10,** Lobethal, difficulty of hearing; **11,** Tietze, pain in cheek; **12,** S. Swan, Raue's Rec., 1875, 84 (H. M., Sept. 1874, 80), swelling of gum, 1^{m}; next morning, headache, 10^{m}; **13,** C. Hg., A. J. H. M. M., 1, 176; sore throat; **14,** H. N. M., A. J. H. M. M., 1, 106, same; **15,** Berridge, Raue's Rec., 1875, 85 (N. E. M. G., July, 1874, 295), same, 100^{m} (F.) in water every three hours; **16,** same, Raue's Rec., 1871, 72 (A. J. H. M. M., 3, 108); same, 200th and 500th, repeated doses, cure in four days; **17,** T. Dwight Stow, Hahn. Monthly, 3, 319, a boy aged 10; same, 30, six powders, one every three hours; convalescent second day; **18,** same, Raue's Rec., 1870, 151 (N. Y. St. Tr., p. 306), diphtheria, 30th; **19,** Wesselhœft, A. J. H. M. M., 4, 67, Miss M. C., aged 20; same, 2^{c}, two doses; **20,** same, Ibid., A. D., aged 29; same, 2^{c}, three doses; **21,** T. D. Stow, Raue's Rec., 1870, 151 (N. Y. St. Tr., p. 303); same, 30th; **22,** W. J. Blakely, Raue's Rec., 1870, 171 (A. J. H. M. M., 2, 233), Louis B., æt. 28; same, 200th, three powders; one every eighteen hours, and to gargle the throat every four hours with a mixture of equal portions of alcohol and water; **23,** Goodno, Raue's Rec., 1871, 73 (A. J. H. M. M., 3, 140), girl aged 10; same, 6^{m}, one dose; **24,** same, Ibid., boy aged 7; same, 2^{c}, one dose; **25,** W. Eggert, A. J. H. M. M., 3, 138, Mrs. W. H. T., lately recovered from severe attack of typhoid fever; had tonsillitis and pemphigus; 200th in water, a tea-

* The following list of verified symptoms have been roughly prepared for private use; it is not thought to be absolutely complete, but it does present a comprehensive view of the clinical record of the drug.

No attempt has been made to arrange the authorities upon any plan whatever. The numbers after the symptoms refer to the authorities.—T. F. Allen.

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spoonful every four hours; cure in three days; **26**, Ira Barrows, Raue's Rec., 1870, 152 (N. E. M. G., 4, 403), a lady of 37 had enlargement of thyroid gland, 6th; **27** and **28**, from Ruckert; **27**, Gillet, vomiting; **28**, Knorre, indigestion; **29**, Bayes, Raue's Rec., 1873, 116 (B. J., 30, 119), same; **30**, W. H. Burt, Raue's Rec., 1872, 130 (M. S. M. and S. J., January, 1871), a mason had dyspepsia; one prescription of 30th; **31** to **41**, from Ruckert; **31** to **36**, Goullon, pain in stomach; **37** and **38**, Schelling, gastric troubles; **39**, Hartlaub, pain in stomach; **40**, Tietze, same; **41**, Nunez, induration of orifice of stomach; **42**, Haustein, Raue's Rec., 1873, 117 (A. H. Z., 85, 124), cramps in stomach, 3d, nine doses, one night and morning; **43** to **50**, from Ruckert; **43**, Schelling, colic; **44**, Schwarz, same; **45**, **46**, **47**, Goullon, same; **48**, **49**, **50**, troubles in abdomen; **51**, Guernsey, Raue's Rec., 1871, 15, pains in abdomen; **52**, T. C. Duncan, Raue's Rec., 1873, 186 (Med. Juris., 9, 71), Mrs. H. had tympanitis three days after confinement, L. 30; **53** to **55**, from Ruckert; **53**, Schelling, hernia; **53** *a*, Goullon, same; **54**, Goullon, enlargement of liver; **55**, Hofrichter, enlargement of liver and spleen; **56**, Dr. Williams (Hahn. Monthly, vol. 5, 202), a woman, æt. 54, with abdominal enlargement, 2^c; **57**, William H. Holcombe, Raue's Rec., 1872, 145 (Med. Jur., 9, 1), dysentery, 200th; **58**, Hilberger (Ruckert), constipation; **59**, G. L. Noble, Raue's Rec., 1873, 131 (N. Y. S. Tr., 1871, 282), same, 30th; **59** *a*, John Linsley, A. J. H. M. M., 1, 44, a woman with same, 4000th; **60** to **63**, from Ruckert; **60**, Tietze, disease of urinary organs; **61**, Knorre, same; **62**, Veitmeyer, same; **63**, Heckenburger, same; **64**, Lippe, Raue's Rec., 1875, 165 (N. E. M. G., December, 1874, 555), excessive micturition, 10^m; **65**, J. O. Müller, Wien, A. J. H. M. M., 3, 128, Joseph B., aged 54 years, weakly and anæmic, had diabetes, 6th; two doses each day; **66**, C. M. Conant, Raue's Rec., 1874, 217 (N. Y. J. H., September, 1873, 323), a lady, æt. 27, cystitis; one powder of 1^m; **67**, Henry Noah Martin, Raue's Rec., 1870, 239, a lady had disease of bladder; one dose of 5^m (F.) cured in a few days. Eight months afterwards a slight return of the trouble promptly disappeared after one dose of 2^c (F.); **68**, G. H. Hackett, Raue's Rec., 1873, 142 (N. E. U. G., February, 1872), Mr. T., aged 48, had vesical calculus and hæmaturia; 3d dec. trit., then 200th, and repeated the dose twice in course of two months; **69**, C. Wesselhœft, A. J. H. M. M., 4, 666, F. R., a boy had cough; two doses; **70**, same, Ibid., p. 62, W. K., a boy, æt. 14, with cough; three doses, one a day, 2^c; **71** to **77**, from Ruckert; **71**, Kreinsler, cough; **72** and **73**, Gross, same; **74**, same, cough after

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pneumonia; **75**, Boyce, cough; **76**, Schelling, cough; **77**, same, disease of chest; **78**, Landesmann, Raue's Rec., 1873, 110 (A. H. Z., 85, 147), pressure in chest; swelling of, 30th; **79**, Theuerkauf (Ruckert), inflammation of lungs; **80**, cure by Mr. D. Wilson (Am. Hom. Rev., 4, 137), a girl of eleven years had a severe and complicated pneumonia; **81**, William E. Payne, Raue's Rec., 1874, 96 (Hahn. Monthly, February, 1873, 302), epizootic, 30th; **82**, Berridge, N. Y. Journ. of Hom., 2, 1874, 309, ^{cm} (Fincke); **83**, R. Hughes, Raue's Rec., 1871, 109 (B. J., 70, 792), carotid aneurism, 12th; cured in four days; **84**, C. G. Raue, A. J. H. M. M., 4, 8, a lady, pregnant five or six months, greatly weakened by vomiting all this time; one dose of Jenichen's high potency; **85**, H. V. Miller, Raue's Rec., 1873, 153 (Hahn. Monthly, March, 1872, 364), disease of vagina; **86** and **87**, from Ruckert; **86**, Schelling, uterine hæmorrhage; **87**, Tietze, disordered menstruation; **88**, same, A. J. H. M. M., 4, 57 (N. Arch., 2, 94), Mrs. B., confined five days ago; one dose of 2^{c}; **89**, G., A. J. H. M. M., 3, 86, disease of ovary; **90**, C. F. Nichol, Raue's Rec., 1872, 179 (Hahn. Monthly, Oct. 1871, 112), a woman, æt. 40, had amenorrhœa, 30th; **91**, H. V. Miller, Raue's Rec., 1873, 151 (Hahn. Monthly, March, 1872, 364), characteristics of uterine disease; **92**, Raue's Rec., 1873, 162 (Hirschel's H. Kl., Nov. 1872), characteristics of leucorrhœa; **93**, Author? A. J. H. M. M., 3, 39, a girl, æt. 15, had pleurisy three years ago; within last two months had sores in the legs, which were healed with Silicea 4 internally and Calendula lotion; had got worse (?) from latter. Two years ago the diagnosis was that one lung was gone, and she would eventually die of phthisis; used to spit blood; one globule of 5000th (Jenichen), dissolved in nine teaspoonfuls of water, and one teaspoonful three times a day; afterwards $\frac{1}{50}$th in a cup of water, a teaspoonful every four hours; got well this time much more rapidly than formerly; **94**, H. H. Baxter, Raue's Rec., 1875, 201 (Proc. H. M. S., 1874, 112), W. H., a German, æt. 37, had rheumatism, 200th; two doses a week; **95**, Berridge, Raue's Rec., 1873, 192 (Monthly Rev., 16, 495), a boy, æt. 12, had rheumatism; one dose of ^{cm} cured in seven days except weakness; **96**, H. N. Martin, Raue's Rec., 1870, 277 (A. J. H. M. M., 2, 227), Mr. R., æt. 38, had same; one dose of 5^{m}; **97**, same, A. J. H. M. M., 311; James McK., æt. 45, had same; **98** to **103**, from Ruckert; **98**, Laurie, rheumatic pains; **99**, Schelling, cramps; **100**, **101**, **102**, same, generalities; **103**, Haustein, same; **104**, H. N. M., A. J. H. M. M., 1, 274, characteristics; **105**, J. Jeanes, Ibid., p. 276, same;

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106, Guernsey, Ibid., same; **107**, C. Hg., A. J. H. M. M., 4, 40, same; **108**, same; Ibid., p. 143, same; **109**, Haynel, Ibid., p. 40, same; **110**, B., Ibid., p. 122, same; **111**, C. G. R., Ibid., p. 32, same; **112**, J. C. Morgan, Ibid., p. 154, same; **113**, J. C. M., Ibid., p. 144, same; **114**, same; Ibid., p. 45, same; **115**, Hartman (Ruckert), syphilis; **116**, Knorre (Ruckert), eruption; **117**, Ph. E. Arcularius, Raue's Rec., 1873, 64 (N. A. J., 21, 123), herpes tonsurans, 30th; **118**, Dan Lee Jones, A. J. H. M. M., 1, 271; Mrs. S. C. L., æt. 23, seven months pregnant; had carbuncle on chin, causing trismus, 30th potency; jaws began to loosen in twenty minutes; after which she vomited one-half pint of glairy mucus; **119**, C. Lippe, Hahn. Monthly, 3, 460, M. K., æt. 11, white swelling of knee, foot, and ankle; one dose of 71^{m} (Fincke); **120**, Henry N. Guernsey, Hahn. Monthly, 5, 21, eruption; one dose of 43^{m}; afterwards 100^{m}; **121**, Lippe, Raue's Rec., 1873, 210 (N. A. J. H., February, 1872), characteristics of intermittent fever, 70^{m}; **122**, Gannersky (Ruckert), dropsy; **123**, Bernst (Ruckert), same; **124**, J. A. Terry, N. Amer. Journ., February, 1877, 307, Mr. E. G., æt. 44, has been ailing for last two years; at first had dyspepsia in an aggravated form, which lasted five or six months; was treated allopathically with bicarbonate of soda, pepsin, etc., and considered cured after that time. Very soon after a thick eruption, like prickly heat, with great itchiness, appeared all over the body, and was treated, *secundum artem*, with external application, producing effect of curing the eruption, but these troubles returned; 2^{c} (J.) in water, a tablespoonful morning and night, cured in eighteen days.

Mind.

Apprehension,[49]. — Feels frightened at everything, even the ringing of door-bell,[104].—Apprehensiveness, with difficult breathing,[37].—Anxiety, fretfulness, despondency,[103].—She seemed out of sorts,[80].—Morose disposition,[42].—Very irritable mood,[79].—Sad, depressed mood,[79].—Melancholy,[102]; before the menses,[92].—Her answers were quick, anxious, and tremulous; there had been some wandering,[80].—Imperiousness; speaks with an air of command; manner stiff and pretentious; strikes her attendant and grows angry; scolds much and violently at imaginary persons, or laughs and cries alternately, or is exceedingly hilarious,[2].—Confused thoughts,[92].—He uses wrong words with great weakness,[3 169].—Forgetful, mixed up letters and syllables of words in writing, or

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left out parts of them; confusion of thoughts,[1].—Absent-minded; he supposes to be at two places at a time,[3 109].

Head.

Dulness of the head,[102].—Confusion of the head,[37 50].—Dizziness,[77].—Vertigo,[39 43 48 50 102]; when drinking,[107].—Vertigo; the patient constantly dreads falling,[99].—Headache,[17 21 23]; better when lying down,[42].—Some headache, *beginning about* 3 *or* 4 P.M., and continuing till in the evening,[68].—Congestive headache; head seemed as if it would burst,[52].—Frontal headache,[15 76].—Much dull frontal headache,[30].—Pressive pain in the forehead,[39].—Hammering pain in centre of forehead,[4].—Burning, tearing pain in the forehead day and night,[87].—Sticking and tearing pain in the forehead, vertex, and sides of the head, relieved by lying down and by pressure,[105].—Awake with a violent headache, with throbbing on the top of the head,[12].—Headache in right side of head,[24].—Bending backward of the head,[38].—*Head drawn to right side,*[118 99].—On vertex a circular patch denuded of hair, while the scalp has puffed up by an accumulation in the subjacent cellular tissue of bloody pus of an offensive nature, which was discharged from time to time,[117].

Eye.

Inflammation of the cornea, with bulging of it,[8].—Purulent ophthalmia; conjunctiva looking like raw meat; cornea dim,[6].—Stye on left side,[108].—Polypus in the external canthus of the right eye,[7].—Sticking in the eyebrows and root of the nose,[76].—Burning of the eyes,[101].—Eyes seem too large; vision seems veiled,[103].—Dimness of vision,[100].—Weakness of vision after typhus; everything seems in a fog,[9].—Worked in a brass foundry for one week; had been obliged to stop work at four o'clock, because he could not see after that hour, in the month of October; attack came suddenly, with severe cutting pains,[5].—Small red spots; bloody extravasations scattered here and there around the eyes, in consequence of straining at vomiting,[84].

Ear.

Roaring in the ears,[43].—Rushing in the ears,[37].—Small ulcers

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in the ear,[11].—Difficulty of hearing, with discharge of pus and mucus, after scarlet fever,[10].

Nose.

Fanlike movement of nostrils,[17].—Nostrils in rapid fanlike motion,[80].—Fanlike action of alæ nasi, most marked when she is worse,[93].—Nose bled a little,[52].—*Stoppage of nose, is unable to breathe through it,*[23]; **with excoriating coryza,**[24].—Dryness of nose and mouth,[99]; and throat,[103].

Face.

Pale face,[72 76 119].—Pale, yellow face,[37].—Grayish yellow in the face,[100].—Face dark grayish yellow,[102].—Red face,[37 48].—Red, flushed face,[77].—Circumscribed redness of the cheeks,[74].—Face earthy, puffy,[122].—Sunken face,[49].—Cachectic, sunken face, with coppery eruption,[115].—Countenance anxious,[80].—Left side of face swollen for two days,[16].—Spasmodic drawing in the facial muscles,[99].—Pain in the right cheek, extending into the teeth, with swelling of the cheek, the pain extending into the side of the face, temple, and parietal bone, with small ulcers in the ear,[11].

Mouth.

Swelling between the upper gums and the malar bone, with some swelling of the cheek,[12].—Jaws had been set for two hours, her friends being unable to separate them,[118].—Bleeding of the gums,[101].—Looseness and bleeding of the gums and teeth,[115].—Teeth ulcerate easily, feel loose, and ache,[66].—Lies with mouth open and tongue protruded,[24].—Coated tongue,[33 36 43 103].—Tongue brown,[15]; at root,[119].—Tongue coated brown, red at tip and margin,[80].—Tongue white,[27 34].—White tongue; dry line in the middle of the tongue,[35].—Tongue dry and coated white,[80].—Tongue dry,[44].—Blisters on the tongue,[101].—Tongue very much swollen for two days; cannot protrude it beyond teeth, hindering swallowing and speaking,[16].—Increased saliva,[16].—Flowing saliva,[42].—Accumulation of water in the mouth,[122].—Dry mouth and throat,[50].—Bad taste in the mouth,[101].—Taste flat,[43].—Pasty taste,[27].—Bitter taste,[102].—Always has a bitter taste in mouth, especially on rising in the

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morning,[93].—The abnormal taste and smell, being the earliest of the existing symptoms, were the last to disappear,[93].

Throat.

Scraping and sticking in the throat,[101].—As soon as she eats anything, she experiences great burning in the throat,[84].—Much tickling and irritation in the throat on going to sleep, followed by smarting and throbbing after talking; tickling prevents sleep; *the burning and smarting are much worse on the right side of throat,*[19]. —Examination of throat, by means of spatula, extremely painful; the right side of the throat is much more painful than the left,[20]. —Sore throat for six days, commencing on right side,[16].—Throat sore on right side; sensation, when swallowing, as if the head opened, and pain shooting down into the abdomen; when sitting up, pain shoots through the head,[14].—Diphtheria; membrane of a grayish color developed from *right to left; all symptoms worse about* 4 P.M.,[24].—Diphtheria; patches of membrane on right tonsil, of a dirty white color,[23].—Sore throat, passing from right to left; whitish ulcer on right tonsil; sharp pain from swallowing, especially warm drinks,[15].—Pain in upper part of the throat, and soreness of right tonsil; had a chill, and then high fever, early this morning; cannot swallow warm drinks; fauces dark red and inflamed; large patch of diphtheritic deposit on right tonsil; attacks first in right side of fauces, and later in left side; worse when swallowing warm drinks and after sleep; fanlike movement of *alæ nasi,*[18].—Right tonsil swollen, dark red, patched with diphtheritic membranes; could swallow warm drinks best,[17].—Right side of throat worse; right tonsil more swollen and painful than left; membrane on right tonsil; pains in limbs yesterday, worse to-day,[22].—When the tonsils are very much enlarged, indurated and studded with many small ulcers; frequent attacks of inflammation of the throat,[13].—Swollen, congested tonsils, with yellow, small patches on each; great difficulty to swallow, with pain on the *left side, shifting to the right;* on the second day the pain on the left side has ceased, and is entirely on the right; *worse at* 4 P.M.,[25]. —Suffers since four days from severe inflammation of tonsils and fauces, with much swelling and intense pain; white diphtheritic patches to be seen on red base on the enlarged tonsils,[20].—Soreness

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in right of fauces,[17].—Fauces red and covered with white patches,[19]. —Soreness in right side of fauces; headache, nausea, vomiting, chilliness; right tonsil swollen, dark red, patched with diphtheritic membranes; could swallow warm drink best; fanlike movements of nostrils,[21].—Constant urging to swallow,[42].—*Constant desire to swallow, amounting to a spasm, accompanied by violent, stinging pain*,[20].—Retching in the throat,[37 48].—Pressure and retching in the throat and chest, with eructations,[50].—Enlargement of thyroid gland,[26].

Stomach.

Little appetite,[42 43 63].—Loss of appetite,[19].—Anorexia,[124].—Aversion to food,[27].—Hungry, but soon satisfied, soon filled up, with constipation, vertigo, belching of tasteless wind,[105].—Appetite is irregular, sometimes ravenous hunger, sometimes aversion to food,[77]. —Hungry spells at 11 A.M. and 4 P.M.,[97].—Longing for cold articles of diet, like fruit and ice-cream,[124].—Hunger after eating, with gnawing,[108]. — Appetite voracious,[70]. — Thirst,[41 48]. — Great thirst,[63 80 103 122 124].—Thirsty every half hour for cold water,[95].— Thirst most excessive after the inspiration,[121].—Great thirst, increasing daily, so that she took per diem about 75 ounces of water,[65].—Always thirsty, but drinking frequently brings on vomiting,[84]. — Much thirst, without heat,[44].—Eructations,[48 50]. — Eructations in the morning,[101].—Frequent eructations, without relief,[43]. — Hiccough,[44]. — Violent hiccough,[72]. — Heartburn,[122]. — Frequent waterbrash,[39]. — Nausea,[19 21 39 42 48 49 50 76].—Constant nausea,[122].—She became qualmish, as if food rose again; retching,[40]. —Nausea; fulness of the stomach immediately on eating,[102].— Some nausea, with a *sense of fulness after eating even a slight amount*,[68].—Nausea, with pressure immediately after eating, apprehensiveness, fulness of the stomach,[50]. — Nausea after cold drinks, but warm drinks are grateful,[121].—Nausea, vomiting,[17].— An hour after eating, nausea commences, which is followed by vomiting; the vomiting is attended with great straining, causing pain in head and back; what she vomits tastes bitter; she complains of frequent spells of nausea, as if caused by wind in the stomach, smothering her, and making her feel very weak,[84].— Vomiting,[21 87]; at night,[48].—Sour vomiting,[122].—Sour vomiting of

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mucus,[37].—She was sick two or three times, and brought up some rice she had swallowed,[90].—Vomiting of food and bile every night, with anxious pressure and distension in the epigastric region, especially after eating,[27]. — Dyspeptic,[120]. — Dyspepsia; for two hours after eating, spits up his food, but it is not acid,[30].—Indigestion; constant pressure in the stomach, with distressing fulness and tension in the abdomen and stomach; the stomach is especially distended, and very painful to touch,[28].—Dyspepsia returned, with accumulation of gases and great repletion, after taking a slight quantity of food,[124].—Gastric troubles,[37].—When he was first taken sick, a very little food caused fulness in stomach,[97].—A few mouthfuls of food seem to fill him to the throat,[30].—Food causes fulness and distension of the stomach,[122].—Flatulent,[120].—Flatulent troubles,[100].—Flatulence presses up into the chest and causes anxiety,[102].—Stomach bloats a great deal with flatus, which gives him much distress,[30].—Excessive flatulence; constant and distressing pressure on rectum; urgent straining, with shuddering and sense of inefficient evacuation,[57].—A great deal of wind in the stomach and bowels, which causes a crampy sensation upwards towards the chest; brandy brings on belching, and relieves the cramps,[84].—Sometimes when feeling weak, a sensation of fluttering in the stomach, which goes all over the body,[104].—Orgasm rising from the stomach to the head like a boiling heat, with rushing in the ears, confusion of the head, and red face,[37].—Induration of the orifice of the stomach; repeated vomiting of the slightest food or drink,[41].—Burning in the stomach,[71 124].—Burning in the stomach and umbilical region,[49].—Burning in the pit of the stomach, extending to the throat,[40].—In the stomach tension, pressure, eructations, nausea,[37].—Cutting pain in the region of the stomach at night,[29].—Cramps in stomach of a contortional nature, ameliorated by bending; brought on always by eating fruit,[42].—Cramp in the stomach; sticking-tearing pains through the stomach to the back,[77]. —Pressive-tearing and burning pains in the stomach; almost daily vomiting of acids or mucus; could eat scarcely anything,[35]. —Violent pain in the pit of the stomach and right hypochondrium, preventing deep inspiration, aggravated by hard pressure,[36]. —Violent pressive pain in the pit of the stomach and right side, extending half around the body like a band; frequent cramp in

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the stomach, with eructations some time after eating,[32].—Violent pains in the stomach, constrictive, extending to the back, sometimes boring and sticking, somewhat relieved by eructations of air, and especially by uprisings of watery acrid liquid; frequent hunger, with weakness, with aggravation after eating a little,[34].—Most violent pressive, constrictive pains in the pit of the stomach, relieved by lying down,[31].—Periodic pain in the stomach, lasting two weeks and then recurring, relieved in the evening on getting warm in bed, but returning in the morning after walking about for an hour or two, especially in the open air, aggravated by eating, especially nuts, with a feeling as if the stomach were tightly compressed from both sides,[39].—Attacks of cutting, griping, aching, and soreness in the stomach between the meals, with painful twisting and constrictive sensation extending to the umbilical region, obliging him to bend forward, frequently extending to the back, with distension of the abdomen, causing difficult respiration, anxiety,[50].—Griping in the stomach extending to both sides, under the ribs and to the back, with constriction of the œsophagus, with nausea, apprehensiveness, oppression, flushes of heat, with faint-like weakness, especially after eating the slightest food; shocks in the stomach that extend to the throat, with bending backward of the head, tympanitis, palpitation, frequent yawning, dry stool, great weakness, and little sleep,[38].—Colic coming on every few minutes; painful, pressive constriction in the stomach, with nausea; burrowing pains,[43].

Abdomen.

Colic, with accumulation of gas in the abdomen and eructations,[47].—Colic; excessive distension; feels as though the abdomen would burst, especially towards the right hip,[45].—Colic; sitting bent over in bed, crying from pain, distorted face; cutting constrictive pains extending through the abdomen transversely below the navel, at times also extending down into the pelvis or rectum, causing frequent urination and ineffectual urging to stool,[44].—Colic, with nausea, great distension of the abdomen, very painful; pain extending into the hepatic region and lower lumbar region, with copious offensive stool and blood-red urine,[46].—Distension of the abdomen,[48].—Full distended abdomen,[29].—Abdo-

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men distended, hard,[37].—Flatulent distension of the abdomen,[101]. —Abdomen enormously distended,[52].—Swelling of the lower abdomen,[63].—Constant fulness and distension of the abdomen, with an excessive accumulation of flatus, as if everything would turn to wind, or transiently relieved by emissions of odorless flatus,[28]. —Rumbling in the bowels at night and bloating,[124].—Rumbling and gurgling in the abdomen, with increased pain,[49].—Wind gurgles under apex of heart in left hypochondrium, with oppressed breathing,[113].—Moving about as from flatus,[66].—Some rumbling in the abdomen, with considerable flatulence,[68].—Feeling of heaviness in the abdomen,[122].—Abdomen very sensitive to touch,[48].— Pains in the abdomen after getting milk,[50].—Pain in bowels after eating,[66].—Drawing pain in abdomen,[42].—Drawing and tearing in the abdomen,[39].—Tympanitis,[102].—Cutting pains across abdomen, from right to left,[51].—After vomiting she has cramps in the abdomen,[84].—Hot pains flash across the bowels,[104].—Violent pressive pain, sometimes sticking, in the right side, extending to the pit of the stomach; liver sensitive to touch,[33].—Sharp pain shooting into right hypochondrium for some years.[93].—Pain extending down to the navel and into the sides and lower abdomen, with twisting and sticking in the loins and back; great distension of the abdomen, obliging him to bend up; the distension caused apprehension; the painful and pressive distension of the intestines very painfully perceptible, with cutting dragging as if the intestines had no room, with burning in the stomach and abdomen,[43]. —Pressure in the epigastric region after eating,[40].—Pressure and tension in the epigastric region, with oppressed respiration, apprehension, sighing, anxiety in the chest,[77].—Intolerable tearing, sticking, and constricting pains in the epigastric region, extending towards the navel and lower abdomen, obliging bending double,[48]. —Violent sticking and tearing across the epigastrium down to the umbilicus, tearing about the ribs to the back and sides of the abdomen,[49].—Severe pain in right groin on rising from seat, relieved after motion,[64].—Painfulness in the parietes of the abdomen to the slightest touch; does not tolerate the covers,[49].—Violent bearing-down pains in the hypogastric region, with pressure upon the bladder and frequent desire to urinate; these pains were always worse when lying down, and especially in the night, when

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they amounted almost to a spasm; riding on horseback always relieved the pains,[67].—Can endure no tight clothing about the abdomen; it causes pain and anxiety,[40].—Liver sensitive to touch,[33]. —Liver painful to touch; pressure in the liver; violent cramp-like pain in the region of the liver,[29].—Enlargement of the liver, with a feeling of heaviness in the hepatic region, with oppressed respiration,[54].—Enlargement of the liver and spleen; pressure in the pit of the stomach on sitting bent over; was obliged to stand up,[55].—Pressive pain in the hepatic region,[41].—Protrusion of a hernia, with frightful pain in the abdominal ring, with nausea, vomiting, and hiccough,[53].—Strangulated hernia, with distension of the abdomen; retching and great sensitiveness of the abdomen,[53a].—Indurations in the abdomen,[29].—The symptoms indicated a tumor of some kind; the enlargement was hard to touch; after giving Lyc.[2c] there came on a sort of diarrhœa, of substance of melanotic appearance, and the tumor disappeared in a few weeks,[56].

Anus.

Sticking and itching in the anus,[115].

Stool.

Copious brown stools,[45].—Copious offensive stool,[46].—Tendency to constipation,[88].—Constipation,[24 30 34 35 36 47 59 62 68 84 120 123].—Obstinate constipation,[124].—Constipation, with drawing pain in abdomen,[42].—Constipation, with violent pains in the rectum and spasmodic contraction of the sphincter,[58].—Constipation; evacuation dry,[41].—Bowels moved only once or twice a week with difficulty,[59a].—Dry stool,[38 50 77 100 99].—Stool dry, with great pressure,[37]. —Stool dry, hard, painful,[101].—Stool dry and scanty, with hæmorrhoids, with constant urging and bloody discharge,[102].—Scanty stool,[33].—Stool scanty, hard, infrequent,[28].—Discharges small, shaggy, reddish mucus, extruded with great difficulty, with coincident tenesmus of urethra,[57].—Hard stool,[60 63 71 103]; daily,[40].—Stool difficult to pass, and with much flatus,[66].—Stools irregular,[44].

Urinary Organs.

Four or five years ago he began to have what he called attacks

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of bilious colic, which were very severe, and were followed by a feeling of great prostration, with profuse urination and pains and uneasiness in the bladder and along the urethra; after passing several calculi he began to void clots of blood. These attacks came on without any warning, except that occasionally he had a sensation of general languor; the attacks last from a few hours only to one or two and, in one instance, three days. Sometimes there will be a feeling of weight and enlargement of the left testicle, with evident tendency to a varicose condition, but no pain or tenderness. The desire to urinate will be frequent and often ineffectual till he has lain on his left side for an hour or more, when he will void large quantities of liquid and coagulated blood. These coagulæ are often very large and long, and retain their outline and consistency for a long time; has often passed in twenty-four hours more than he can hold in both hands; the largest one was three and a half inches long, one and a quarter inches in widest part, and three-eighths of an inch thick in thickest part,[68].—Passage of urinary calculi from the left kidney,[61].—Feeling of heaviness in the bladder and burning when urinating,[45].—Tenesmus of urethra,[57].—Incessant desire to urinate, with burning, and tenesmus, and deepseated pain, like an ulcer, in the right side; the urine deposits a gravelly sediment,[63].—Urging to urinate, with scanty burning micturition,[37].—Urination increased; the urine was nearly as clear as water; neutral reaction, decrease of urea and uric acid, and of the phosphates, and a decrease of specific gravity and no urea; Trommer's test gave traces of sugar,[65].—Frequent micturition during the fever,[121].—Frequent micturition, especially at night, always with cutting in the glans and abdomen; urine turbid, depositing a thick sediment of mucus, sometimes with discharge of blood,[60].—Excessive micturition; came in a gush; after sitting long clots would fall to the floor,[64].—Difficulty in passing water; has to wait a long time,[96].—Urine burns when passing,[102].—*Urine very hot;* formerly sediment, but since so hot *no* sediment,[66].—Profuse discharge of watery urine,[100].—Red urine,[123].—Blood-red urine,[46].—Urine dark,[119].—Passage of clots of blood with the urine, with constipation,[62].—Red sand in urine; retarded flow of urine and backache, relieved by micturition,[91].

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Sexual Organs.

Ulceration of the prepuce; great burning and itching,[102].—Uterine pains running up,[112].—Uterine hæmorrhage,[86].—Right ovary first affected; inclines to the left,[89].—Complaints of left ovary,[112].—Sensation of pressure through vagina on stooping,[85].—Sensation of great dryness in the vagina,[85].—Long-lasting dryness of the vagina, and tendency to abortus,[92].—Increased discharge of blood from the genitals during every passage of hard or soft stool,[106].—Leucorrhœa,[87 100].—Corrosive leucorrhœa,[71].—Biting corrosive leucorrhœa,[40].—Leucorrhœa after preceding cutting in abdomen; yellow discharge, with too profuse and too long menses,[92].—Menstruation profuse,[103].—Too early and profuse menstruation,[2].—Menses suppressed,[87].—Menses absent a year,[90].

Respiratory Organs.

Voice hoarse,[115].—Cough, with transient sticking in the chest,[123].—Violent cough, with short breath,[37].—Cough frequent and hacking, provoked by putting the tongue far out,[80].—Cough dry and violent, particularly at night, in paroxysms; also in the evening and in the morning,[69].—*Hard dry cough all day and night; coughs also in his sleep*, then violent dry cough in the morning,[70].—When cough was excited by *descending* (going down hill),[81].—Cough, with profuse expectoration,[73].—Cough after pneumonia; purulent, profuse expectoration,[74].—Cough; exhausting, copious expectoration,[76].—Cough worse morning and evening; copious greenish-yellow expectoration, salty,[71].—Cough day and night, with copious greenish expectoration,[72].—Much cough and expectoration in the morning,[102].—Cough, with yellow sputa, sometimes causing a shooting pain from upper part of centre of chest to back,[93].—Cough day and night; during the day with profuse, thick, gray expectoration; in the morning greenish expectoration; roughness, and a feeling of mucus in the throat; oppression of breath; cannot lie on the side,[75].—Cough short and hacking, increased on the least movement, and she expectorated without difficulty a small quantity of clear frothy mucus, tinged with bright arterial blood,[80].—Expectoration very tenacious, frothy, and rust-colored,[80].—Inflammation of the lungs; constant cough,

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with great shortness of breath; profuse, green, salty, offensive expectoration, with rattling in the chest; cough especially violent after waking and at night; cough caused by lying on the back or left side; stitches in the left side on taking a deep breath or coughing,[79].—Occasional sibilus at end of inspiration; dulness on percussion, and increased vocal resonance in right suprascapular region, and between right scapular and spine; left front of chest and left supraclavicular region dull also,[93].—Posteriorly, dulness over the whole of the right lung, with crepitation; crepitation also over the lower third of the right lung, the liver, and the abdominal cavity on that side,[80].—Auscultation revealed extensive bronchophony extending to under the right shoulder-blade; the crepitus was but moderate, but the absence of vesicular breathing and the general heaving of the contained lung too clearly revealed the extent and serious nature of the active pulmonary congestion, complicated with an inflammatory condition of the liver and peritoneum,[80].—The respiratory murmur was feeble on the right side posteriorly,[80].—Dyspnœa,[80].—Oppressed breathing,[113].—Oppression of the chest,[48].—Great oppression of the chest, with difficult breathing,[43].—Oppressed respiration, apprehension, sighing, anxiety in the chest,[77].—Awoke about midnight from suffocation, with congestive headache,[52].—Breath short; oppression of the chest,[76].—Difficult breathing when lying on the back,[123].—Shortness of breath,[122].—Great shortness of breath,[73].—Respiration very rapid,[70].—Breathing anxious, very quick, 50 to 60 per minute,[80]. —Respiration 52,[80].—Slight fetor,[20]. —Considerable fetor,[19]. —Breath offensive,[16].—Breath offensive, perceived by herself, especially in the morning, ever since her illness,[93].

Chest.

Extreme tenderness over the right side, from the clavicle to the crest of the ilium,[80].—Great sensitiveness to pressure over the right side of the chest, but most over the liver in particular, extending also over the abdomen; in the latter locality the sensitiveness manifested that acute kind which we have in peritonitis,[80].—Complained of uneasiness down the right side of the chest and abdomen,[80].—Pain in the chest,[33 95].—Burning in the chest,[102].—Burning pain in the chest,[99].—Feeling of *continuous pressure in left*

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chest,[78].—Sticking pain in the chest,[99].—Stitches in the chest,[71].—Stitches beneath the short ribs, extending to the small of the back and shoulders,[77].—Cramp in the chest, with cramp in the stomach,[77].—A kind of cramp in the chest, the whole chest feeling constricted; cannot get her breath,[39].—Stitches in the sides beneath the short ribs and in the middle of the chest,[57].—Stitches in the sides, relieved by pressure,[103].—Drawing pains around the ribs to the back,[60].—Cannot move in bed or breathe deeply without pain in the right breast, going down and round the liver,[80].—Soreness and fissures of both nipples,[88].

Heart and Pulse.

Often a very sharp pain shooting into heart,[93].—Carotid aneurism,[83].—Palpitation,[37 38]; when eructating (in a woman),[82].—Sensation of stoppage of circulation at night, with fright, and then perspiration,[104].—Small pulse,[48]; but not rapid,[52].—Small, rapid pulse,[49].—Rapid pulse,[20 118].—Pulsation of heart very rapid,[70].—Pulse 80,[97].—Pulse 90,[95].—Pulse 90, small, and hard,[19].—Pulse 100, full and rapid,[119].—Pulse 114,[93].—Pulse 120,[15 16 80].—The pulse was quick, and not very steady, ranging from 120 to 130 and more,[80].

Neck and Back.

Neck stiff,[79].—Sensation in the neck as though the cords were breaking,[104].—Pain in the small of the back,[100]; when standing,[66].—Burning along the whole spine while lying down,[40].

Extremities.

Heaviness of the limbs,[75].—Pains in limbs, as if bruised,[15].—Frequent jerking of the limbs, or even of the whole body, whether awake or sleeping,[111].—Tearing in the limbs at night and in wet weather,[115].—Tearing pain from the right shoulder down to the elbow,[87].—Elbows and shoulders stiff,[95].—Rheumatism; pain would come on in paroxysms, commencing in the right shoulder and arm, extending down the right side of the trunk to the hip, when it would shoot across to the left hip, down the left leg; worse on motion (walking); no pain while at rest; weather had no effect on the symptoms,[94].—Rheumatic pain drawing and tear-

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ing along the anterior surface of the leg, from the knee to the ankle, with great heat, making sleep at night impossible,[98].—Had had rheumatism for ten years; he feels now, on sitting down, very stiff, particularly in the knee-joints; has great tremor on standing awhile; weather does not affect him; general symptoms worse in the afternoon, about three o'clock,[96].—Right leg painful,[63].—Sticking in the knees and legs,[100].—Especially weak in her knees, and down the legs to the joints of her feet,[84].—Rheumatism for three months; first a pain in the right ankle for about a month, which then changed to the right hip; afterwards pains would go down to the right ankle, stop in the foot, and while remaining there make the foot feel as if it would split open; sometimes the pain in the leg gets better, and then he has a very severe pain in the pit of the stomach; the pain gradually gets worse from exercise; right leg is smaller than left; pains are worse when walking, and better when at rest; pains come on in paroxysms in the vening, and get better about eight or nine o'clock; the pain goes lown the right leg to the foot, there it stops, and after a little time he feels better; pains worse at 10 to 11 A.M.; sensation and motion unimpaired in the right leg; pain is made better by crossing the left leg over the right knee, but a bandage seems to make it worse; pain is better when he gets up in the morning; is better after rest; better from heat; pains better after passing wind downward,[97].—Yesterday pain in right inner ankle, which spread over foot; to-day extends up to the knee, and is felt in left leg just as in right; ankles and knees stiff, with a twitching pain on motion; knees weak; shooting downwards in calves from knees to ankles, first right then left; knees and inner ankles swollen and tender to touch,[95].—Œdematous swelling of the feet,[123].—White swelling of right foot, knee, and ankle; pain, as if bruised, aggravated from the least motion, yet is so very restless that she endeavors to change her position constantly; next day similar pains in the left side, though not very violent,[119].—Puffy,[37].—Dropsy of the chest and abdomen,[123].—Dropsical swelling of the abdomen and legs,[122].—Emaciated,[37 65 76 79 102].—*Great emaciation*,[70].—Debility,[64].—Weakness,[34 103 123].—Great weakness,[3 38 75 77].—Weary and tired in the morning,[37].—Prostration,[20].—Great prostration,[50].—Great exhaustion,[71].—Marked weakness and depression,[19].—*Is so feeble that he*

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can hardly stand,[70].—Frequent faintness,[41].—Faints when dressing,[93].—Frequent inclination to lie down,[115].—Cannot lie on the right side,[41].—Can lie neither on the side nor back, with oppression of the chest,[48].—Very restless,[80].—General malaise,[65].—She was lying on the curve of her left ribs, midway between her spine and side, the legs drawn up and abdominal muscles relaxed,[80].—Hysteria,[103].—The baby cries all day and sleeps all night,[114].—When in bed sensation as though everything was sinking down,[104].—Numbness, most on right side, and at night, towards morning,[104].—Aching of the whole body,[23].—Pains caused by a little food, or physical or mental exertion,[43].—Feeling as though the heart hung by a thread, or as if the stomach would fall down,[43].—Pinching and pricking pains on different parts of the skin, sometimes apparently in the veins,[104].—Rheumatic pains,[76].—Cramps in a woman; every evening tension and drawing in the chest and back over the shoulders to the neck and forehead, with chilliness, cold feet, and sticking pain in the chest; after this has lasted an hour, the head becomes drawn to the right side, neck is stiff, with vertigo; the patient constantly dreads falling; at last, spasmodic drawing in the facial muscles, heaviness of the head, dryness of the nose and mouth, dry stool, burning pain in the chest, fever every evening, with restless sleep and heavy dreams, sad, depressed mood,[99].—Aggravations from 4 P.M. till 8,[110 119].—Between 4 and 5 P.M. seems to get weaker, and lies down more,[93].—In the open air feels best,[84].

Skin.

Face and neck covered with brown spots,[33].—Skin rough, covered with blisters and pimples,[37].—Itolerable itching and moist eruption around the anus,[102].—The blisters are small, situated upon a highly inflamed surface,[25].—Eruptions,[102].—Eruption on the skin; the whole occiput and spots of the forehead covered by a thick scab that mats the hair, with great itching, constant scratching, discharge of purulent liquid in large quantities, with swelling of the cervical glands, and general bad odor from the skin; pale face; face covered with small red pustules; moist eruption behind the ears; purulent discharge from the ear,[116].—Eruption on the face, supposed to have been contracted at the barber's shop; it

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occupied the whole of the right cheek, presenting a thickened, dry, and scaly mass, itching at times, and always very troublesome; there seemed to be a *constant disposition to breaking out of the left cheek also*, but this was never quite accomplished,[120].—Pimples (sore acne) on end of nose,[112].—Syphilis; ulcers in the mouth, fauces, and throat; condylomata of the penis, white and dry,[115].—Ulcers on the back and shoulders; intolerable itching and biting on the neck and back,[101].—During the second night a pemphigus on the thumb of the left hand, and during the day one on the third finger, which caused terrible burning pain,[25].—Leg up to the knee covered with ulcers of different sizes, discharging a watery, yellowish matter, with an eczematous eruption around them, and œdema of the ankle; great itchiness and throbbing, worse at night, by rest, and hot applications; feels better walking about and with cold-water applications, or bathing the parts,[124].

Sleep and Dreams.

Yawning,[50].—Inefficient yawning,[49].—Frequent yawning,[38 100].—Incessant yawning,[76].—Little sleep,[38].—Slept hardly any,[65].—Loss of sleep,[115].—Sleepless nights,[49 123].—Sleeps for only a few minutes together,[93].—Restless at night,[16 50 77]; and bad dreams,[76].—Sleep interrupted by attacks of deathly weakness, at night,[63].—Uneasy sleep, with sweat, towards morning,[43].—Unrefreshing sleep and many dreams,[103].—Restless sleep, bad dreams, frequent starting up from sleep,[101].—Sleep full of dreams, then weary and tired in the morning,[37].—Dreams of sickness, moving, etc.; of trees growing on fences without ground under them; of people drowning, boats capsizing, etc.,[104].—Awakes as though he were frightened by a bad dream; apparently continues to dream after waking, as he cannot be pacified, and cannot bear to be left alone,[111].

Fever.

Rigors,[20].—Chilliness,[17 21].—Always likes to be near the fire,[93].—Chilliness, cold feet,[99].—Cold feet,[29 62 87].—Hands and feet cold,[77].—Hands and feet generally cold,[94].—Frequent shivering,[40].—Often cold shivering, lasting a short time, and passing off gradually,[93].—Shivering in the evening, with weakness and thirst, fol-

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lowed by heat,[37].—Chill, and then high fever, early this morning,[18]. —Heat and chills alternating,[25].—Skin hot,[16 95 41].—Skin burning hot,[80].—Skin hot, moist,[118].—Very hot and feverish,[80].—Fever,[24]. —High fever,[23].—Fever every evening, with chilliness,[76].—Fever every evening, with restless, deep, and heavy dreams,[99].—Rising of heat from the abdomen to the chest and head, with red flushed face and dizziness,[77].—Burning heat extending from the abdomen up to the chest, with red face, vertigo, and thirst,[48].—Flushes of heat,[49 103]; frequently during the day,[76].—Heat of the head,[102].—Heat and rush of blood to the head and chest,[43].—Frequent flushes of heat and circumscribed redness of the cheeks,[75]. —Heat of the palms,[74].—Violent burning in the hands and feet,[60]. —Heat and orgasm of blood,[50].—Much heat at night; profuse exhausting sweat towards morning; great perspiration,[79].—Night sweats,[71 73 75 76].—Sour sweat in the morning,[108].—Profuse perspiration, especially on the back and chest, somewhat offensive,[72].—Cold, clammy sweat, and feeling of coldness, worse between four and five P.M.,[93].—Dry skin,[50]; and hot,[80].

ARTICLE VI.—Zincum.

By Dr. Adolph Gerstel.

(Translated from the Internationale Presse.)

According to Trinks and Müller, the physiological action of Zincum extends nearly to all the systems and organs of the animal organism, especially to the mental sphere, the sensorium, the nerves of the senses, the spinal nerves in all their radiations, the intestinal canal, liver, kidneys, urinary organs, to the sexual nisus of both sexes, to the uterus, heart, the venous system, the respiratory nerves, the lungs, the sero-fibrous membranes, and to the skin.

According to Rademacher, the Acetate of zinc plays an important part in cerebral diseases, and it shows a peculiar action on that part of the brain where mental functions emanate (the hemispheres). An epidemic meningitis cerebro-spinalis raged in Schleswig, 1850–51, which Rademacher called "brain fever." It appeared in two different forms.

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In the one form the patient laid perfectly quiet, from natural sleep to the severest coma, from which the patient could only be awakened with difficulty; slow pulse (52–60) in long waves, a state alike to what we meet after traumatic lesions of the cranium. In most cases *depression* prevailed. The only complaint acknowledged by patient was *a pain, or rather a strange pressing, cramping sensation at the root of the nose*, with temporary drawing along the nose.

Kunkel observed such cases during dentition already; in other cases erysipelas of the face appeared, caused by fright during menstruation. Sometimes there was only a swelling of one or both sides of the *nose*, whereas the general manifestations were very decided. Vesicular eruption on the upper lip, affections of the buccal mucous membrane, from simple stomatitis vesicularis to most intense stomacace, generally the sequels of emotions, grief and sorrow, fright, or sleeplessness from being kept up night after night. Convulsions were observed in a child suffering from erysipelas, in a plethoric girl from anger, who never had convulsions before, severe toothache, especially during pregnancy and menstruation. Still no congestive symptoms, no rise in temperature, natural color of the face, normally large, slowly acting pupils, no photophobia, no symptoms of decomposition of the blood, a clean tongue, urination and defecation normal. *Zincum aceticum* cured all such cases with a certainty and celerity which left nothing to be desired. Kunkel considered it an affection of the hemispheres with a coaffection of the sympatheticus, and, in consequence of these anomalies of innervation, material changes take place in the bloodmaking and in the secreting organs; hence the erysipelas, herpes, and the affections of the mucous membranes.

Niemeyer, who described a later epidemic in Baden, 1861, names *severe headache* as the first and constant symptom, and the autopsies revealed in all cases a *meningitis cerebralis, with purulent exudation in the subarachnoidal spaces*, and that simultaneously the convexity, as well as the base of the brain, were alike affected.

Kunkel's strange pressing and crampy sensation at the root of the nose; this frontal headache was clearly a neuralgia of the frontalis and partly of the naso-ciliaris, branchlets of the first branch of the trigeminus. This nerve is connected by its gan-

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glion Gasseri with the head plexus of the sympatheticus, whose branches enter the dura mater.

To a coaffection of the hemispheres and sympatheticus hints also the appearance of the disease after mental emotions, especially after fright, as also the intermittent type sometimes observed, and in children its appearance during dentition.

The symptomatology of Zincum, as found in the chronic diseases, gives us: 248. Intolerable pressure at the root of the nose, as if it would be pressed in, frequently mostly at noon. 89. Pressing frontal headache, frequently mostly at noon. 99. Sharp pressure at a small spot of the forehead in the evening. 249. Crampy feeling at the root of the nose with dulness of the forehead. 83. Pressure in the head with stupid feeling, which aggravates the pressure. 84. Pressure in forehead with stupid feeling, noon and evening. 91. Pressure in forehead with great dulness of the head, drowsiness and pain in the eyes after dinner. 1297. Constant desire to sleep; he can hardly keep awake in the morning. 1298. Can hardly keep from sleeping at 2 P.M., and falls asleep at her work; it passes off in the fresh air. 1299. Sleeps constantly. 1300. Sleepiness, with tensive, crampy dulness of the head, and still he cannot sleep. 50. Absence of thought, the mind being in a kind of stupor. 53. Dizziness, drowsiness, and heaviness of the head, as if he had not slept enough in the morning. 80, 81. Stupefying headache, as from the vapor of coal, so that he had to lie down.

We do not find in these symptoms a full picture of meningitis as found on the dissecting table. *But the pathologico-anatomical changes are not the immediate object of a cure.* We rather have to consider the pathological process which causes them, and it is this process alone which makes itself known in our provings. Such a process the provings of Zincum clearly demonstrate, and we find furthermore in Zincum all the so-called secondary morbid processes which accompanied this brain-fever of Rademacher: 257. Swelling of the right side of the nose. 258. Swelling and painfulness of the left ala nasi. 261. A red, swollen, hard spot at the left ala nasi, painful on pressure for three days; symptoms hinting to an erysipelatous inflammation in conjunction with 260 and 1238: frostbites at the tip of the nose and the lobules, although the weather is not very cold. Herpetic symptoms are:

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285. Herpetic eruption on the upper lip. 286. Vesicles clear as water, or suppurating pimples on the upper lip. 287. Flat, red pimple in the middle of the margin of the upper lip, painful to the touch. Of affections of the mucous membranes we read: 338. Swelling of the gums. 339-41. Soreness and painful swelling of the gums; bleeding of the gums at the least touch; copious bleeding from the gums. 347. A crawling at the internal surface of the cheek as from blisters. 349. Yellow, little ulcer on the internal surface of the left cheek, especially painful in the morning. 353–4. Blisters on the tongue; a blister on the tongue, painful when eating. 358. Swelling of the prominences of the palate directly behind the incisors, with pain to the touch, for three days.

All these symptoms, emanating from the trigeminus and its accompanying trophic nerves, hint to a deficient innervation, to a nutrition altered by a depression of nervous activity, giving vent partly by passive congestion with corresponding serous and purulent exudation, and on the other side by a diminished power of resistance to external cosmic influences. These secondary companions of the original nervous affection find their equivalent in the same processes in the meninges, where Niemeyer found purulent exudations in the subarachnoidal parts.

Kunkel also mentions in his patients great irritability. We find the same in Zincum. 27. Irritable, easily frightened. 30. After a little emotion he trembles for a long time as with chilliness. 914. Continued stitches at the edge of the left scapula, so severe that she felt frightened, with hot flashes to the head. 1330. Unconscious starting in her night sleep during menses. 1313. Very restless sleep with frightful dreams. 1314. Anxious dreams, which awaken her out of her sleep.

We cite from the old school that Ludwig (*Hufeland's Journal*, 35, 40), found Zincum indicated in infantile spasms, characterized by anxious screaming and jumping up at night, by gnashing of teeth, rolling of eyes. Jahr (*M. M.*, 2, 725) gives it in frequently repeated hysteric spasms, with the sensation of concussion from the slightest cause.

The pulse of Zincum is: 148. Crampy, small, without increase of the beat. 149. Tense, accelerated, irregular pulse, with a hard and dull beat.

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We thus demonstrated that Zincum affects the serous membranes of the hemispheres; the hemispheres, the branches of the trigeminus and of the sympatheticus. The exudative processes are the secondary sequels of alienated innervation, and not of primary blood dyscrasia.

Theuerkauf (*Allg. H. Z.*, 57, 118) relates the following case of encephalitis in a child of eighteen months during dentition: Constant slumber with the occiput deeply pressed into the pillow; eyes half open, with dilated and upward-drawn pupils; squinting, staring, rolling of the eyeballs. Features peculiarly changed, collapsed, pale, cold, or alternating with heat and redness of the cheeks. Frequent, penetrating, loud screaming, with trembling, continuous moaning. Pulling at the dry, fissured lips, or boring with the fingers in the nose till it bleeds. Automatic motions with the head and hands; respiration irregular; short, dry, spasmodic cough; pulse small, frequent, very changeable; wants to drink hastily the offered water; does not want to nurse. Abdomen hot, dry, sunken in, with constipation; involuntary micturition. The child lies in perfect apathy, is restless during motion, which aggravates the cough and vomiturition.

Belladonna failed entirely, but Zincum[6] in water every three hours cured the child. Here, also, we do not expect to find the perfect picture of the disease in the symptoms of the drug. We cannot expect to get subjective symptoms from a child, but we may suppose that the hasty drinking means thirst, and the refusal to nurse a loss of appetite; the boring into the nose a symptom of internal pain in the nose; the pulling at the fissured lips and the automatic motions also signify pain. Zincum gives us: Easily frightened and trembling. 1316. Deep, fatiguing sleep, with many dreams. 1332. Loud screaming at night in sleep, without knowing anything about it. Speaking and screaming during sleep. 54. Heaviness of the head as if it would fall off. 57. Stupefaction, sensible heaviness of the occiput. 63. Vertiginous dreaming, deep in the right occiput. 59. Paroxysmal vertiginous stupefaction, with dimness of vision and general weakness in the evening and night for several days. 66. Vertigo,

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when awaking in the morning, as if the head would move up and down; the visions before his fancy moved up and down in a similar manner, in a state of half consciousness. 217. Eyes fixed with unconsciousness. (Symptoms 59 and 66 would express themselves in a child by automatic motions of the head and rolling and twisting of the eyes.) 105. A pain in the right occiput as if it were pressed asunder. 106. Pain in the left side of the occiput, near the cervical vertebræ, as if the parts would be pressed asunder. 925. Tired sensation in the nucha; in the evening during writing. 926. Stiffness and pain of the cervical and upper dorsal muscles several mornings, not during the day. 927. Crampy stiffness of the left side of the nucha. 928. Tension and drawing in the right side of the nucha during rest or motion.

The eye-symptoms are affections of the three motory nerves of the eye-muscles, of the oculomotorius, trochlearis, and abducens, which have their origin in the hemispheres, and also affections of the nutritive branches of the ganglia in the cavity of the eyes. That Zincum affects the same parts, we see from symptoms 91, 86, 217, and 211. Jerking in the left bulbus. 213. Great restlessness and unbearable pain in the left eye, with great weakness of the head. 215. Sensation of great lassitude in the eyes.

The changes in the features find their counterpart in 131. Turgor vitalis considerably diminished. W. 1. Head more or less stupefied, with hot flashes. 157. Sensation of heat in the head and face. 158. Heat in the head in the evening, with redness and increased warmth of the cheeks. W. 11. Face pale. 264. Sallow features, as after a long disease. 211. Yellow, blue, or green wheels before the eyes, with haggard look and sleepiness. All these symptoms point to a deep depression of nutrition, primarily emanating from an affection of the sympatheticus.

W. 15. Dry lips. 291. Dry fissured lips. 256. Sensation of soreness high up in the nostrils. 259. Itching in the right nostril. Kunkel remarks that in hydrocephalus acutus infantum we frequently find that the little patients try, as it were, to push their nose away, a symptom more often observed than the putting their hands to the head.

390 and 391. Great burning thirst for water, which refreshes

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him. 398. Loss of appetite. 399. No appetite and no taste. W. 24. Increased thirst, with loss of appetite.

604. Intermitting stool. 605. Constipation at first. 679. Involuntary micturition when blowing her nose, after a difficult evacuation of the bowels. Involuntary discharge of urine when walking, coughing, or sneezing. These urinary symptoms hint to a paretic state or relaxation of the sphincter vesicæ; the lassitude of the rectum is the cause of the constipation.

788. Frequent dry tussiculation without pain. 789. Titillating cough, very fatiguing. 791. Suffocative cough; the titillation takes away his breath. Zincum shows in several places oppression of the chest, with accelerated pulse, but they stand in no connection with the head-symptoms, and are rather superficial.

We must not neglect to mention that Zincum has always been considered a remedy suitable to the infantile age. Dentition is known to be a disposing cause to cerebral diseases. Teeth and gums receive their nerves nearly exclusively from the second and third branch of the trigeminus, where they form different plexuses. The posterior roots of the trigeminus can be followed into the medulla oblongata, and we know that this nerve also supplies the meninges; thus we easily understand why the irritation of dentition may also cause a cerebral irritation. But, at the same time, we must also consider another factor. At the period of dentition the whole infantile organism becomes simultaneously developed; changes not only take place in the dental system, but the whole head, and especially the brain, is in a progressive development, and, as the pathognomonic actions of Zincum extend to both spheres, we can easily understand why the infantile organism at this period shows a more intense susceptibility for the stimulus of this drug.

The following case of poisoning demonstrates also the specific action of Zincum on the brain from a pathologico-anatomical standpoint: A child of six years suffered from tinea, and a quack ordered for external application a solution of Zincum album in wine. Immediately after its application there was very severe burning of the scalp, after a few hours great headache and thirst; vomiting and purging followed, and after five hours the child suddenly died in convulsions. Autopsy revealed the bloodvessels

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and sinuses of the brain overfilled with blood, and much blood extravasated in the cerebrum and cerebellum. (Wibmer, 1842.)

That the inflammation of the brain, caused by Zincum, has its seat primarily especially in the meninges, is also proved by its *curative action in brain diseases during scarlatina and typhus.* Elb (*A. H. Z.*, 31, 227) reports an epidemic of scarlatina miliaris, which was at first benign, but became malignant as the hot days of August prevailed, so that many children perished. The malignant cases could be divided into two classes, according as the poison attacked the brain or the lungs. In the former death set in from cerebral paralysis; in the latter from paralysis pulmonum. The former also ran a more rapid course. Zincum corresponded to the cerebral form; Calcarea for the pulmonic affection.

An overfed scrofulous child of four years took to his bed, December 20th, with copious vomiting, which ceased the next morning; the child became *cool and restless*, and the eruption appeared. Calcarea brought the eruption fully out, but on the evening of that day the child became soporous. Zincum[1], one grain every two hours. Night very restless and delirious. After midnight the child seemed more quiet, and the parents stopped the medicine. December 24th, A.M. The child does not move, pulse filiform, perfect unconsciousness, extremities icy cold, the other body cool, the skin everywhere livid, *except the parts around the eyes, forehead, and chin, which were white;* exanthem only here and there visible. Zincum[1] again every two hours. In the evening the skin was warm, the lividity gone, the pulse could be counted 150, some perspiration; during the night delirious sleep. December 25th. Consciousness returned; the child wants to drink; skin feels warm; pulse 128, and of good strength. Desquamation begins. The child recovered.

Zincum removed here the ominous cerebral affection, which interrupted the regular course of the disease. From the moment, and in the proportion as the cerebral affection diminished, and the brain returned to the execution of its normal function, the external skin could take up its interrupted function, and the morbid process was enabled to run its regular course. The action of Zincum in these cases demonstrates nothing specific for scarlatina; it only removes the cerebral affection which inhibited the regular

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course of the disease, although Elb thought of considering a similarity between scarlatina and Zincum, as we find: 276. Pimples in the face. 297. Itching and redness of the chin. 921. Itching between the scapulæ, with copious eruption. 991. Miliary eruption in the bend of the elbow. 1035. Red, small, round spots on hands and fingers. 1231. Stitching itching of the skin, with miliary eruption after scratching. 1232. Itching miliary eruption in the bend of the knee and elbow. 1234. Small red pimples, with itching, passing off after scratching.

But these itching pimples show little similarity with scarlatina, and, in fact, this epidemic was rather a scarlatina miliaris. We have seen that Zincum causes erysipelatous forms in the sphere of the trigeminus, hence Zincum might correspond rather to the smooth variety of scarlatina, and, after all, Elb acknowledges that Zincum, as well as Calcarea, are only indicated by the peculiar accidental complications. Meyer (*Hom. Vierteljahrschr.*, 4, 410) bears witness: 1852. A malignant epidemic of smooth scarlatina raged around Leipsic. Bell. failed to give relief, but as soon as Zincum was prescribed for the cerebral complications more cases were cured. We will only report one case: A *scrofulous* child of two and a half years, never sick before, took to his bed, February 8th, 1853, with severe fever and manifestations of scarlatina, for which she received Bell. In the evening the same state; the child had not slept any, screamed a great deal; no trace of an exanthema; convulsions at 11 P.M. She had slept a few minutes and awoke with twitchings of the extremities, which still continued; from time to time shocks through the whole body, with gnashing of teeth and an unnatural scream, as if her voice were altered; eyes half closed, hippocratic face, forehead covered with cold clammy sweat; skin cool and dry; pulse very small, can hardly be felt; involuntary urination and involuntary fluid defecation; respiration short and quick, but free from rhonchus. Zinc. met.^{2}, a grain every two hours. Towards morning already decrease of the symptoms; in the afternoon some sleep, and only now appeared on the neck and face the first red spots, and on the following day the eruption was out over the whole body, which passed now through its normal course under Bell. During the desquamation it seemed that its former ominous state

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would repeat itself with some œdematous swelling around the ankles, but a few doses Zincum produced a remarkable amelioration; copious sweating followed, leading to a perfect restoration of health.

Neither Belladonna nor any other remedy has the power to shorten the course of scarlatina (be it the smooth or miliary variety). We can only moderate severe and abnormal complications, and thus reproduce the normal course.

Elb also relates of Zincum, that it removes a paretic state during the course of scarlatina, but even without the complication of the eruption we meet a similar state in the last stage of hydrocephalus, during dentition, and *from deficient nutrition.* An essential symptom in all such cases is the *paleness of the face.* Convulsive symptoms found under Zincum are: 1333. Shocks through the whole body at night and during the siesta. 1246. Muscular twitchings here and there in the body. 1247. Twitching and jerking in various parts of the muscles. 1249. Visible twitching of the face and of the body, in both arms and hands.

In relation to the external skin, we found that every prover describes some cutaneous symptoms. We extract from the provings of Wernecke, Franz, Haubold: 371. Spasmodic and crampy sensation in the pit of the throat or in the upper part of the œsophagus, resembling a pressure from below upwards, or as when swallowing. 528. Sensation of tension above the navel, with faint feeling in the pit of the stomach. 427. Two hours after dinner a disagreeable sensation of goneness in the stomach and abdomen, with hunger. 809. Anguish and pressure in the chest (after seven hours). 626. Several loose papescent stools, enveloped in bright-red foamy blood, and preceded by colic. 593. Rumbling and gurgling in the abdomen, in the morning. 1100. Itching of the thighs and bend of the knees, very violent in the evening, with blotches, after scratching, resembling those produced by nettles. 1230. Lancinating, prickling, itching, in the evening in bed, on the forehead, thigh, ankles, feet, and other places of the skin. 1227. Itching spots on the skin, especially of the hands, without external redness or elevation and simultaneously with it. 1028. Paretic state of the right hand, which is bluish,

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like dead, heavy, and without feeling, and the pulse small and filiform.

This latter symptom corresponds fully in its locality to the symptoms mentioned in the cerebral affection, for in Elb's case we read: "Extremities icy cold; the skin of the whole body of a bluish-red color."

The second proving of Franz, which especially affected the occiput, chest, extremities, and his general feeling, finished up with: 1234. Small pimples on the thighs, calves, and around the knees, itching violently, ceasing after scratching. 1101. Itching at the anterior side of the thighs, over the knee, for five evenings, with pimples, which could be easily opened by scratching. 223. Pricking-itching at a spot on the left fourth finger, followed shortly by a red pustule at that same spot, with beating, burning pain; after suppurating for eight days it healed slowly.

All the provings made by Wernecke on himself and others always ended with increased transpiration after the malaise wore off. The same also happens after recovery from poisoning. Hence we may conclude that *the skin is not primarily affected by Zincum*, but that it is only the critical organ for the Zincum disease; in other words, Zincum will be indicated in skin diseases which are accompanied by other affections; thus we find herpetic eruptions as sequelæ of nutritive disturbances emanating from the sympatheticus, and we find it therefore more frequently indicated in chronic ones. Similar symptoms to those of scarlatina are also observed in typhus. Hirschel (*Zeitschr. f. hom. Klin.*, 1, 83) relates the case of a severe typhus in a man of thirty-two. When the doctor saw him, the disease had already entered its second stage, and the peculiarity of the case was a stupefaction of the head, with staring eyes; he spoke unconnectedly, with a kind of *half-smiling garrulity*. Pneumonic symptoms were also present, as painful cough, sero-sanguineous sputa, quick superficial breathing, limited pneumonic exudation. Bry., Phosph., Ars., failed to give relief. He rather looked worse after five days' treatment, for he had frequent involuntary stools, the eyes were set, the facial muscles relaxed, nearly hippocratic, and the features looked waxy; subsultus tendinum, continuous trembling of the hands and coldness of the extremities, perfect unconsciousness, murmuring deliria,

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with desire to leave the bed; small, frequent, filiform pulse; decubitus. After the second dose of Zincum², one grain, the pulse was more quiet, more even, less frequent; the subsultus and tremors decreased, the patient remained in his position, warmth had returned to the extremities, and the skin felt softer, as if perspiration would set in. Towards morning he fell in a sound sleep, and when he awoke he was conscious and all cerebral symptoms gone, pulse and respiration quiet, *the skin soft.* Still the abdominal and pulmonary symptoms ran their usual course, even with some deliria. The original typhus abdominalis extended itself to the pulmonary mucous membrane, and secondarily affected the meninges and the encephalon. Zincum only stood in close relation to the cerebral symptoms, and removed them without showing any influence whatever on the original disease.

Scarlatina as well as typhus are primarily blood diseases, and originate from a cosmic poison entering the circulation, a malaria bestowing to the blood also the quality of producing an excessive depression of the nervous system, especially of its trophic part. But Zincum does not act primarily on the blood; it does not alter primarily the tissue change; it rather governs the blood and lymphatic system through the mediation of the brain and sympatheticus in relation to the vaso-motors, acting inhibitory on the circulation, so that trophic disturbances may arise which greatly depress the well feeling of the body, cause general lassitude and weakness, or may act specifically in the direction of peculiar nervous irradiation. Hence we find in Zincum—we mentioned already 89, 99, 1028, 1333, W. 149—furthermore: 4. Taciturn and out of humor, especially in the evening. 41. Great talkativeness. 45. In good humor and talkative. 46. He feels unable to work (after vomiting), and prefers to lie quietly with closed eyes. 48. Unconnected ideas. 55. Sensation of weakness in the head, especially over the eyes. 76. Dull pain in the forehead, with unusual impatience. W. 129. Decided failure of strength, with general internal malaise. W. 130. His strength forsakes him (after taking Zincum for four days in increasing doses); the whole organism is deeply affected. W. 131. Turgor vitalis considerably diminished. 1274. Great lassitude in the bend of the knees, in the small of the back, when walking. 1276.

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Suddenly at noon general debility in the extremities, with trembling, and sensation of canine hunger, more when standing than when sitting. 1278. Feels bruised and tired over the whole body, especially after dinner, with trembling and heaviness of the head. 1280. Great lassitude in all extremities. 1281. Sudden syncopic debility when standing; she feels so weak that she can hardly reach a chair to support herself. 1289. Constant stretching of the limbs, the face looking pale and wretched. 1252. Trembling of the lower extremities, with great paleness of the face, passing off when walking. 1320. Vivid dreams cause a restless sleep. 1327. Restless night; on waking, he exclaims that geese are biting him. 1360. Heat of the face, without headache, with cool body, the whole forenoon. 1369. Sensation of heat, with coldness of the forehead, in the evening. 1370. Heat and thirst, with a cool skin nearly over the whole body. 1029. Cool hands. 1191. Cold feet for a long time in bed. 1191. Coldness of the extremities. 391. Thirst in the evening when lying down, with increased heat of the body. 396. Thirst, with heat in the palms of the hands.

Let us now turn to chronic cases. We find in Rückert, 1, 212, the following case: A girl of twenty-four, robust, and regularly menstruating, suffered for four years from pressing-tearing pains in the occiput; stitches in the right eye and tearing-stitching in the ears, and sometimes in the teeth. The pains steadily increase from year to year, till her mind begins to suffer. Bell.[30] relieves the stitches in the eye, but only diminishes the other pains, which were afterwards removed by Zincum in thirteen days. We may consider this case one of inveterate rheumatic headache, having its seat originally in the meninges, for the pain is a tearing-pressing, extending into the ears and teeth.

The microscope shows that the glandulæ Pacchioni are not really glands, but products of morbid exudations, and that they are found extremely developed in persons suffering from habitual headache and in drunkards. Hence we may also suppose that the origin of such a disease has to be looked for in the meninges, and that from the duration of the disease the vegetation of the brain becomes alienated, causing secondarily the mental disturbance. This case shows characteristically the action of Zincum, as

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this was no acute state where we could not distinguish with certainty a primary and secondary state.

We find analogous symptoms in Zincum: 78. Pains as if the whole brain were torn to pieces. 97. Pressure in the right occiput. 98. Pressure in the occiput for several hours after taking the fresh air. 100. A dull stitching pain at a small spot of the occiput. 124. Tearing in the right and left occiput. 125. Tearing in the right occiput, with dull stitches at the vertex. 232. Frequent and continued intensely painful lancinations deep in the right ear, near the tympanum. 233. Stitching and tearing in the left ear, close to the lobule. 317–324. Lancinating tearing toothache, mostly in the upper molars. 49. He can neither think nor connect his ideas. 51. Forgetfulness of what he did that day. 52. Great forgetfulness and weakness of memory (we know that frontal headaches render thinking difficult).

Franz emphasizes that in the occiput and centre of the forehead the pains are more pressing and tearing, and that these are *primary*, preceding other symptoms of the body, as pains in the extremities, paretic sensations, and continuing with them. A drawing pain is only a gradation of a tearing pain. In Zincum we find the symptoms following one another, as in Rückert's case, where the decrease of mental power is only a sequel of the steady occipital headache.

From the cases mentioned, we might try to make a differential diagnosis between Belladonna and Zincum in cerebral diseases. *Belladonna* acts on the whole brain and on the central ganglionic system, causing by its immediate relation to the blood life and to the capillary system congestive and inflammatory states in the cerebral substance, but draws the meninges only consecutively or secondarily into coaffection; *Zincum*, on the contrary, possesses no immediate relation to the blood life. Zincum acts primarily on the sensitive sphere of several cerebral and ganglionic nerves, and especially on their serous membranes, *i. e.*, the meninges and neurilemma. Zincum affects the circulation of the blood in this sphere only through the mediation of the vascular nervous system. It may be acknowledged that in practice, especially with children, such a differential diagnosis is often impossible, and many a time we must come to a selection from characteristic subordinate symp-

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toms. Where Belladonna is indicated, even where the brain is only secondarily affected, it will at any rate prevent the progress of the disease; and where this fails, we may suppose that the morbid processes emanated from the meninges, and thus change to Zincum. Here we might also think on Bryonia, from which it differs again, as the latter acts more directly on a change in the blood, and only secondarily stimulates the vaso-motors, whereas Zincum acts directly on them and passively. Only thus can we fully understand Hartmann's indication for Zincum in acute hydrocephalus, which he always found acting well, where Belladonna failed.

Let us consider another chronic case. Wilcox (*A. H. Z.*, 61, 163) narrates: A man of thirty-four suffers for years from severe paroxysms of vertigo, so that he falls down several times a day without losing consciousness. He complains of dull pressing frontal headache and at the vertex, loss of memory, pains in the back, and obstinate constipation. Sometimes some bright-red blood passes with the stool. Much intestinal gurgling, followed by flatus and heat in rectum. Urine sometimes very pale. Deep, not refreshing sleep, with restless dreams, so that patient feels sleepy the whole day. Very irritable. Ordination: Zincum^{30}, two pellets; every sixth day a dose, for four months, with some intervals. The vertigo came more rarely, and finally disappeared. After four months he complained only of some heaviness in the morning, which passes off during the day. It is probable that here also the dull pressing headache in vertex and forehead emanated from the meninges, but the vertigo and the loss of memory prove a coaffection of the hemispheres. Not only the cerebral symptoms were removed, but Zincum also carried off the abdominal symptoms.

Schmidt (*Hom. Gabengrösse Wien*, 1846) relates: A woman in her climacteric years suffered from delusions caused by grief and anger; she believed herself to be called before court on account of her wicked actions. At night she could not sleep, and during the day her sleep was light and not refreshing. This mental alienation kept on; she believes the devil is after her; her face and head feel hot, features sunken in, moderate heat alternates with chill all over her body. Vertigo, her gait tottering, loss of

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appetite, constipation; muddy urine, with brickdust sediment. After waking up she feels languid and cannot rouse herself. She is very sensitive, weeps easily. Pulse not frequent, but irregular in the strength of the beats. Venesection and purgatives failed to give relief. She then received Zincum oxydatum triturated with sugar of milk, about $\frac{1}{8}$th gr. *pro dosi* every four hours. After the first dose, short-lasting nausea, but after a few days feels easier all over. After eight days no complaints.

In both these cases we find vertigo with falling down or with tottering gait, mental alienation with weakness of memory or with delusions; not refreshing morning sleep and sleepiness during the day, insufficient stool, no fever; and whereas in the one case the dull pressing pain in forehead and vertex hints to a coaffection of the meninges, we find nothing like it in the other case. In lunatics we meet very often chronic meningitis, but even this acute case of mental alienation does not exclude a congestive state of the brain and meninges. In both cases the curative action of Zincum did not remain limited to the brain, but it also removed all the accompanying symptoms in other organs, whose essential character was depression of nutrition and of the blood-life. They radiated in the first case over the back to the abdomen, and prove the affection of the sympatheticus.

Corresponding Zinc. symptoms are: 22, 24, 62, 64, already cited. 67. Vertigo, as if he were on the point of having an apoplectic fit, with dread of falling over. W. 132, 133. Vertigo, with hot flashes. 11. Anxiety, caused by thieves and horrid phantoms which he sees when waking, as if in a state of feverish fancy. 14. Low-spirited. 32. Excited imagination. W. 162. Restlessness, as if guilty of a crime. 893–904. Many painful symptoms of the back. 666. Discharge of blood per anum. 599. Hot flatus, loud or silent, in the evening. 600. Passage of hot, foul-smelling flatus from dinner to night. 582. Flatulency. 592. Frequent strong gurgling in the abdomen. 596. Violent, frequent, loud rumbling in the abdomen, without pain. W. 63. Rumbling and gurgling in the intestines. 675. Frequent and somewhat increased urination, clear as water and sometimes lemon-yellow. 681. The scanty urine looks turbid and loam-colored.

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We cannot repeat too often that the *depressing sensation*, showing itself in weakness and deficient nutrition, beginning with a desire for sleep, with a unrefreshed feeling in the morning, even to a total extinction of the turgor vitalis, showing itself by an entire loss of strength and an internal uneasiness, proves a *primary independent manifestation emanating from the sympatheticus and its ganglia*, and that the head and mental faculties participate relatively very little with it, and that the *disturbances of the general feelings are especially characteristic for Zincum.*

A case in point will render it more easily understood. Frank (*Hufeland's Journal*, 69, 119) gives us the following case of Muhrbeck. A gracile, delicate, but healthy girl of 23, who made her living by embroidery, nursed her old father during a long and tedious sickness, and then felt *mentally and bodily exhausted.* After the recovery of her parent she returned to her usual labors, but a *sleepiness*, without any other morbid symptom, set in, with loss of appetite, though her tongue was perfectly clean. When sitting at her embroidery or at her sewing table she heaved a deep sigh, the needle fell from her hand, she fell back in her chair, and slept with the eyelids spasmodically closed and the eye whirled around in the circle. After sleeping from five to fifteen minutes, she began to weep, or to sing, or to speak incoherently, waked up then, after a few moments, to fall again asleep in a quarter to a half-hour, and to awake again in a similar manner. This state lasted already for a week when called in. I prescribed immediately Zincum oxyd. alb. thrice daily, 1½ grains, with the addition of a ½-grain per day afterwards; plenty of fresh air. After coming to 4 grains she felt slight nausea, and the sleepiness disappeared. Here we have a *mere nervous* disorder. The physical and mental overstimulation acted inhibitory on the nutrition and bodily lassitude with corresponding inhibited sensorial activity—sleep, and inhibited sensitive action of the vagus, loss of appetite without any gastric cause followed. The reflex rotation of the eyes is secondary, and is also found in Zincum. Physiology teaches that the sensory impressions of the sympatheticus are usually unconscious, hence the centripetal irritation to the cerebrospinal system does not become conscious. Zincum acts in a similar manner. It attacks first the nutritive sphere, the action is

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taken up by the sympatheticus, vagus, sometimes by the sensory sphere of some other cerebral nerves and their accompanying ganglia and sympathetic fibres, *e. g.*, the trigeminus, and inhibits and changes their sensory sphere. Nowhere can it be observed that Zincum attacks the blood-sphere.

(To be continued.)

ARTICLE VII.—Myelitis.*

By S. L.

The Bureau of Clinical Medicine has kindly assigned to its chairman the pathology of myelitis, and I cannot do better than to begin my essay with the words of Dr. E. Clement as found (*Union Medicale*) in the 3d volume, p. 453, of the *Chicago Journal of Nervous and Mental Diseases*. We read there:

"Under the name of myelitis, of organic paraplegias, were confounded even very recently all the diseases characterized by lack of motor power which are not of cerebral origin. To-day clinical analysis, the practical physiology, has been able to introduce into this confusion some rational distinction by which we can refer certain elementary lesions to their corresponding groups of symptoms.

"Retaining the distinction of acute and chronic myelitis, we have among the acute the circumscribed and the generalized forms. There are also interstitial or diffuse, or rather parenchymatous, circumscribed, and interstitial; it includes two types, viz., acute lumbo-dorsal myelitis and acute cervico-dorsal myelitis. Circumscribed and parenchymatous, the disease may be limited to the anterior horns, and it is then the atrophic paralysis of infancy, to which may be compared Duchenne's acute spinal paralysis of the

* The subject of myelitis is of such dimensions that we feared it would take up more space than the publishing bureau would or could allow to any one member. We preferred, therefore, to print the essay, or rather "Leyden of Myelitis acuta," in the *North American*, and referred our readers to the *Transactions* of the Institute for our study on chronic myelitis.—S. L.

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adult; or it may occupy the medullary nuclei, forming the acute glosso-labio-laryngeal paralysis. Acute and generalized myelitis may be interstitial, giving rise to ascending spinal paralysis, limited to the gray matter; it then constitutes traumatic tetanus (Michaud).

"Chronic myelitis is still further subdivided; it may be parenchymatous or interstitial, according as it attacks, at least primarily, the tubular nerve element proper or the neuroglia. The parenchymatous form may be either primitive or secondary. When it attacks the white substance it takes the name of fasciculated sclerosis. And then, according as it seizes upon the different columns of the cord, it gives rise to various newly described morbid species. If the sclerosis occupies the external portions of the posterior columns it is locomotor ataxia; if it occupies the median portion of the same columns it is the primary sclerosis of the pillars of Goll; it may be localized in the lateral columns, symmetrical sclerosis of the lateral columns; it may attack the lateral columns and the anterior horns, amyotrophic lateral sclerosis.

"In the gray matter the primary parenchymatous chronic myelitis gives rise to progressive muscular atrophy or to glosso-labial-laryngeal paralysis, according as it occupies the anterior horns or the medullary nuclei.

"The secondary chronic parenchymatous myelitis, when it results from compression, for example, causes, as regards alterations of the white substance in the posterior columns, and especially in the bundles of Goll, an ascending sclerosis, and in the lateral columns a descending sclerosis; and as regards alterations of the gray matter it produces muscular atrophy whenever the anterior horns are implicated in the lesions.

"Chronic interstitial myelitis comes last, and it also may be either generalized or circumscribed. In the first category is multiple spinal sclerosis, and that invasive continuous form which involves the cortical rings and the central periependyma. As to the forms of circumscribed chronic interstitial myelitis, ordinarily consecutive to acute circumscribed myelitis, they also resemble the cervico-dorsal and lumbo-dorsal types of that form of the disease."

Rosenthal (*Klinik der Nervenkrankheiten*, 296) also divides mye-

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litis processes (1) in acute and chronic myelitis; (2) in interstitial myelitis, where the inflammation primarily emanates from the neuroglia; and subdivides it in myelomeningitis, and a periependymary form, and in parenchymatous myelitis, containing the disorganizations of the substance of the cord (posterior, anterior, lateral columns, as in tabes, in ascending and descending secondary degeneration), and the inflammatory changes of the gray pillars with their trophic disturbances (progressive muscular atrophy, spinal infantile wasting palsy, etc.). The parenchymatous myelitic processes may be diffuse, or attack especially the anterior, posterior, or lateral circumference of the medulla spinalis.

A. Acute Parenchymatous Myelitis.

It sets in with *swelling of the tissues*, the bloodvessels and neuroglia-cells increase in volume, the reticulum proliferates with formation of granules (therefore irritation of the nerve-tubes during life), there is ampullary dilatation of the axis-cylinders, and great enlargement of the cells of the anterior horn. Next comes *exudative softening of the tissue elements* with formation of pus and granular cells from the neuroglia cells, fine granular detrition of the nerve and connective-tissue substance (granular disintegration of Clarke), and fatty pigmentary atrophy of the ganglia cells. Resorption is rare.

In consequence of the rapid destruction of the spinal centres *rapid disorganization of the muscles* takes place, they appear pale-red, are soft and friable or dry, and rupture easily. Mannkopf observed granular proliferations in the sarcolemma, more rarely fatty degeneration of the primitive fasciculi, and slight changes in the nerves of the muscles. Where the patient remains alive for some time we may find considerable muscular atrophy.

Etiology.—Acute myelitis may be produced by severe colds, traumatic injuries, especially by a fall on the back, exhausting bodily exertions. The influence of sexual excesses and onanism has so far failed to be shown. Spinal affections running a slow course may exacerbate from some external cause, or tumors seated in the centre of the medulla may cause sometimes acute myelitis. Sex makes no difference, but the young and middle-aged are most liable to it.

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Symptomatology.—The symptoms vary according as the inflammation is in the central axis of the cord or laterally, or in circumscribed foci, or where it attacks the nerve-cells of the anterior gray pillars. The seat of the lesion and various complications may also cause a difference.

Acute myelitis radiating from the gray spinal axis begins with fever, severe pains in the back, sensation of the tight cord, great painfulness of the muscles during every motion, and rapid decrease of motility and of the electro-muscular contractility, passing soon into paralysis. The paralyzed extremities show at first an increased temperature, but only of short duration, loss of sensation and of reflex irritability. At first there is retention of urine and stool, but paralysis soon takes place. During its further course, and when invading the gray (especially the anterior) columns, we meet, according to Charcot, trophic disturbances, *i. e.*, muscular atrophy, acute sacral decubitus, perturbance in the renal secretion (with alkaline bloody urine), œdema of the paralyzed extremities, exudations in the joints. Death may set in after a few days, or during the first and second months, from respiratory paralysis and asphyxia when the affection is ascending, or in consequence of cystitis, marasmus, decubitus, hypostatic pneumonia, etc.

All manifestations are less rapid and less dangerous in circumscribed acute myelitis. The fever is moderate, the motory and sensory symptoms of irritation last longer, reflex sensibility is preserved, even increased, the electro-muscular contractility only partially (in the extensors) diminished. The consequent depression of motion and sensation is of less intensity and extent; the qualities of the different sensations unequally altered, the palsies less perfect and general, trophic perturbances rare, mostly only in the last stage. It mostly passes over into chronic myelitis. The symptoms change according to the site of the affection. At an invasion of the cervical part there are pains in the neck, pupillary inequality, decrease of motility and sensibility in the upper extremities, at intervals dyspnœa, angina or dysphagia. Where the dorsal or lumbar part is affected, motory and sensory paralysis of the lower extremities, of the abdominal muscles, bladder, and rectum, loss of sexual power, and (according to Ashhurst) frequently sloughing.

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Leyden (*Rückenmarks-Krankheiten*, ii, 114) adopts in acute myelitis microscopically three stages of softening, which find their analogy in other inflammatory processes, as in the kidneys, lungs, etc. (1.) The *red* (*hæmorrhagic*) softening, with hyperæmia, extravasation of blood, swelling, œdema. (2.) The *yellow* softening, the stage of fatty degeneration, the coloration is still unequal, the cut surface unevenly flaky, striated, and the delineation of the substances partly lost. (3.) The *gray* softening, the stage of resorption and atrophy, where the softened focus is sunk in, atrophic, easily torn, and of a grayish or grayish-red transparent color, with yellowish-white or grayish-white points interspersed between this gray substance. (4.) The *green* (purulent) softening from purulent infiltration or from a genuine abscess. The former is always combined with a great deal of softening and detrition of nerve tissue, frequently also with expansion of it. The abscess is surrounded by strongly inflamed tissue, sharply limited and thickened, so that the abscess becomes a cyst.

Such a myelitis may end: (1.) In *resolution and regeneration.* (2.) In *sclerosis*, which is most frequently the case. (3.) In *suppuration and formation of abscesses.* It begins around the bloodvessels, and creeps from the periphery along the bloodvessels and septa inwards. The pus accumulates into smaller or larger foci, and the larger ones present abscesses, whose walls inflame, infiltrate, and finally close up by the thickening of the connective tissue, or the pus may break through the central canal and spread through it. (4.) In *the formation of cysts.* Nearly all authors on myelitis describe small cavities, filled with a semi-transparent fluid, which are found at the place of old foci of inflammation. They are usually traversed by strings of tough and thickened connective tissue.

But there is also an *acute myelitis without softening.* Dujardin Baumetz calls it a myelitis hyperplastica. We find in such cases a little swelling; hardly any change of color in the tissues; the vessels are slightly developed; little or no exudation, and only a slight dissociation of the elements. The nerve elements are hardly changed, and the inflammation shows itself especially in the neuroglia, which are thickened, its meshes contracted, and

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compress the nerve-fibres. Such cases are of a less intensive character, and show therefore less disintegration.

Myelitis extends itself in a twofold form: (1.) *By ascending and descending myelitis.* (2.) *By Turk's secondary degeneration.* The former develops itself rapidly in some malignant cases, appearing in the form of diffuse myelitis (myélite généralisée), extending over large portions of the cord, and even attacking the brain. Most cases are not so severe, and the myelitic processes cease to extend themselves after having done so over some parts from the original focus. Upwards the process continues in the posterior parts of the cord, and soon limits itself to the columns of Goll; downwards the anterior and lateral cords become the seat of descending myelitis, and finally the process is limited to the posterior parts of the lateral column. The gray substance often is perfectly intact; in other cases there are some changes, which are of importance in relation to trophic and electric manifestations. This myelitis descendens passes then to the periphery. The nerve-trunks may participate in the softening. Mannkopf found there button-like swellings of softened consistency, granular cells, and fatty degenerated fibres. Even the muscles may show atrophy, as they appear flabby and pale, or tough and tense, and the microscope reveals granular and fatty degeneration.

Leyden gives six forms of acute myelitis: (1.) Traumatic softening of the cord. (2.) Myelitis by compression. (3.) Spontaneous (acute and subacute) softening of the cord. (4.) Acute myelitis (in circumscript or disseminated foci), without softening. (5.) Purulent myelitis, the abscess of the cord. (6.) Acute myelomeningitis.

I. *Traumatic myelomalacia* is the frequent sequela of injuries to the cord, and consists in a relatively circumscript inflammatory softening. The cord is either directly injured, or only in consequence of the concussion, or from a discharge of blood into the substance of the cord. Fractures and luxations of the vertebræ may crush the cord at the part affected, and thus its structure may become changed. Recent cases show then hæmorrhagic softening; gradually it turns to a reddish-yellow, with swelling, turning finally into yellow softening, with atrophy. The softened focus remains circumscript, and passes into normal tissue above

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and below. The symptoms may vary according to the part affected. In lumbar traumatic myelitis, the nervi ischiadici are more severely affected than the crurales. The prognosis depends: (1.) On the seat and intensity of the affection; total paraplegiæ of the lumbar region are ominous. (2.) On the presence or absence of a fracture. (3.) On the course of the trauma when progressing unfavorably, so that when we see paralytic symptoms rather progressing than retrogressive, the prognosis is bad. Very unfavorable also are early trophic abnormities, as decubitus, cystitis, œdema, and the premature extinction of electric irritability; unfavorable also collapse, inappetency, sleeplessness, psychical depression.

II. *Myelitis by Compression.*—It takes place only where, with the compression, also structural changes happen in the cord. Where the pressure is sudden, the squeezing causes inflammatory reaction; with slow compression, accidental causes may produce the inflammatory irritation. We might suppose that the softening is caused by compression of the capillaries, but in most cases the compression is not so great, the cord appears only slightly flattened and strangulated. In some cases we may even find the compressed part or its surroundings inflammatory, swollen, and often the medulla becomes thus affected over a large space; in fact, the development and the course of these palsies correspond more to the course of an acute myelitis, and the development and intensity of the palsies do not correspond to the degree of compression. Sometimes the paralysis develops itself suddenly, like an apoplectic myelitis, without any change in the position of the bones and without any increase of compression. The compression leaves the bloodvessels rather anæmic, and there is little danger of their bursting, hence we meet here white or grayish-white softening, with fatty detrition and beginning atrophy, although in some cases red and brown softening has been observed.

According to the causes we differentiate: (*a.*) Myelitis from caries of the vertebræ. (*b.*) From tumors (tumors of the vertebræ and intraspinal tumors).

III. *Spontaneous* (*Primary*) *Acute Myelomalacia.*—There are four forms: (1.) Acute myelitis of the medulla oblongata, paraly-

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sis acuta bulbaris. (2.) Myelitis cervicalis. (3.) Myelitis dorsalis. (4.) Myelitis diffusa seu generalis (myélite généralisée).

(1.) The symptoms of *acute myelitis of the medulla oblongata* are clear and characteristic. Grave symptoms develop suddenly, and the exitus lethalis may set in rapidly; the lower down the myelitis is seated, the more protracted the disease may become. Paralysis is perfect in severe cases; tongue, lips, fauces are paralyzed, and speech and deglutition prevented. Where it attacks the vagus, we meet also dyspnœa, orthopnœa, cyanosis, rattling in chest, and death follows.

(2.) *Myelomalacia Cervicalis.*—The paralysis affects the lower as well as the upper extremities. Whether both sides of the body are simultaneously, or one of them exclusively or in a more extended degree, attacked, depends on the horizontal extension of the process or on the situation of the focus; when it spreads from above over the cervical intumescence, the upper extremities (one or both) are usually most affected; where the process extends upwards, the upper extremities begin to suffer as soon as the process reaches up to the third dorsal vertebra. At first the patient complains of drawing pain, a sensation of heaviness and fatigue, then paretic and paralytic symptoms, with a peculiar limitation of anæsthesia in some cases.

(3.) *Myelomalacia Dorsalis.*—This form is the most frequent one. Here we meet more or less perfect paraplegia, similar to severe traumatic cases, but the intensity and extent of the symptoms varies. The action of the sphincters, trophic alterations, lead us to look for the diseased focus in the gray substance of the lower part of the cord. This affection is not always symmetrical; frequently one side is more affected than the other, and not rarely we meet exquisite symptoms of hemiparaplegia or hemiparesis.

(4.) *Myelitis diffusa, myélite généralisée,* extending through the whole length of the cord, or over the greatest part of it, usually appears only during the course of a circumscript myelitis, which progresses rapidly.

Analysis of the Symptoms.

The disease is called acute myelitis, on account of its rapid development, in contradistinction to the slowly appearing and

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slowly progressing forms. The disease sets in rapidly, and may end fatally in a few days; but in most cases its course is protracted through months and years. The very acute forms may be called *myelitis apoplectica*, the less rapid ones *myelitis subacuta*. The quicker the paralysis reaches its acme, the more probable a hæmorrhage took place; where the progress of the paralysis is protracted, we may rather think of a myelitic softening. In some cases the paralysis is finished in one to two hours, more frequently in six to twelve or twenty-four hours. Sometimes the disease reaches its full development only after two or three paroxysms, but every fresh attack aggravates the paralytic symptoms.

Subacute myelitis does not develop itself so rapidly, it takes at least a few days to several weeks; nor is the progress of the disease steady, but rather in intervals of days or weeks. The symptoms of the first attack may appear passing off and a cure expected, when a new attack sets in and leaves the paralysis exquisite, so that with every new attack every hope for a restoration diminishes. It teaches us to study and to treat carefully the symptoms of an incipient myelitis, and to look with equal zeal to the after-treatment, or else an incurable malacia might develop itself.

1. *Prodromal symptoms* are, more or less clearly expressed abnormal sensations and disturbances of motility of those parts which will become by and by paralyzed. Sometimes there is only a sensation of stiffness, clumsiness, of lassitude in one or the other extremity, or a twitching, drawing, tingling formication in the muscles. Other cases manifest themselves by severely drawing, tearing pains, or an exquisite sensation of weakness in a leg or arm, which persist or pass off after awhile. In some cases the affection began with a painful pressure on the bladder or small of the back or on the rectum. Such a prodromal stage may last some days or weeks with remissions and intermissions, and then the disease may develop itself in its full strength.

2. *Symptoms in the Motory Sphere.—a.* Motory paralysis is the prevailing symptom of acute myelitis. Most frequently we meet paraplegia (more rarely hemiparaplegia), corresponding to the frequency of myelitis in the dorsal portion. The limits of this form upward is mostly below the cervical intumescence, and only when it reaches the third thoracic vertebra symptoms manifest them-

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selves in one or the other upper extremity. Myelitis cervicalis causes sometimes exclusively paralysis of both arms (diplegia brachialis, paraplegia cervicalis); in other cases the lower extremities participate in the paralysis, or they may even be more severely affected than the upper ones. Or there may be hemiplegia spinalis. Where the bulbus medullæ is affected we meet more or less the symptoms of paralysis bulbaris, with paralysis of the upper and lower extremities. The intensity of the paralysis teaches us the horizontal extension of the process. The gravity of the case greatly depends on the intensity of the paralysis. Perfect paraplegia, with abolition of motility, sensibility and paralysis of the sphincters, is most grave, and although not the most frequent, still they give us the most autopsies. Remnants of motility are often present, so that the toes, the leg can be moved, or even the leg slightly flexed in the knee, or in bed the legs can be raised a little from the mattress; but these motions are slow, clumsy, trembling, and comparing them with the resistance of sound muscles, with decidedly weakened force. In mild cases the patient may even walk, but the gait is clumsy, dragging, the legs are hardly raised from the floor, they appear to the patient as heavy as lead, and he has the sensation as if he carried weights on his legs; he easily tires and trembles in walking, and to keep from falling he needs support. The stiffness and clumsiness of the gait increase with the increase of the contractions.

b. Spastic Symptoms.—Even at the beginning of the disease, before paralysis sets in, twitchings in the muscles of the lower extremities are observed. Usually they appear in connection with shooting pains, in consequence of which the extremity is raised or pierced by such a twitching. More rarely are clonic twitchings of a muscle or of a group of muscles, still more rare fibrillary twitchings, which are mostly observed during the development of atrophy. We may often meet also that clonic concussion which Brown-Séquard described under the name "spinal epilepsy," consisting in frequent paroxysms of severe spasmodic movements of the lower extremities, which appear spontaneously or from an external irritation, especially when cold is applied to the skin. The phenomenon is one of vigorous reflex irritability and of simultaneous debility of the muscles.

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c. Contractions.—These appear only during the later stages of myelitis, very rarely early. The muscles are relaxed and offer no resistance to passive motion, and especially the most severe cases show this relaxation in a high degree. In less intensive cases contractions appear sometimes early. Most frequently is the contraction of the adductors produced by pressure, by active and passive movements, and difficult to overcome. It is also a transient reflex contraction, combined with increased mechanical (and electrical) irritability of the muscles. After awhile the contraction increases and becomes permanent. More rarely are the contractions in the knees with extensive tension of the semitendinosus, semimembranosus, biceps and atrophy of the extensors; most rare is the contraction of the gastrocnemii with pes equinus. Contractions are often preceded or accompanied by a peculiar rigidity of some muscles with the sensation of waxlike resistance.

d. Reflex irritability is frequently increased at the beginning of the disease, especially when the lumbar region is not affected. It may be increased to such a degree that strong muscular twitchings appear spontaneously or from peripheric irritation. It may thus remain during the whole course of the disease and even pass over into the chronic state. In other cases a decrease is soon noticed, and sooner or later it disappears entirely. This happens either where amelioration manifests itself and the current through the diseased part of the cord is re-established, or it may even take place without any amelioration even in severe cases. Sometimes this reflex irritability disappears very rapidly in a few days or weeks. Reflex and electrical irritability always decrease towards the end, and are therefore important for the prognosis depending, during the latter stages, on the descending diffusion of the process in the gray substance of the cord, of the nerves and muscles.

e. The electrical relation of the muscles deserves our most careful study. At first the electrical irritability is preserved and decreases after awhile. In the lower extremities we find it more perfect and for a longer time the higher the myelitis is situated. In lumbar myelitis it decreases at an early date and considerably. Where also the course of the disease is unfavorable and grave, it soon decreases even where the myelitis is situated high up, and may be reduced to a minimum. In favorable cases we may hardly notice

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any reduction, or the already lessened muscular irritability may regain its former standing when amelioration sets in, allowing then a more favorable prognosis. It seems more than probable that the gray substance of the cord regulates the trophic manifestations, and thus also the irritability of the muscles.

f. Trophic Relations of the Muscles.—Atrophy of the lower extremities is in severe cases observed after five or six weeks, where the muscles are found flaccid, pale, and thin. During a favorable course of the disease nutrition may be preserved for some time, and the muscles preserve their normal volume or show only a slight atrophy in some parts. Where the gray substance of the intumescences is attacked the muscles are more atrophied. Muscular hypertrophy is very rare, although some muscular fasciculæ and fibres may be found so under the microscope.

3. As other *trophic manifestations* may be mentioned *decubitus*. We meet at the same time, at different places of the paralyzed extremities, vesicles and bullæ, drying up to bloody crusts, and leading to gangrenous ulceration; they heal under favorable relations, and open again at other places, or develop themselves to large decubital ulcers. They arise sometimes very rapidly after full development of the disease, last for years, become more rare, and heal quickly where life is preserved, and finally disappear entirely. Less striking are some other trophic phenomena: striking obesity, scaling of the epidermis, rarely of the nail with yellowish discoloration, alopecia or copious growth of the hair.

4. *Vasomotory and Secretory Phenomena.*—*a.* At first a rise in the temperature is observed, but usually the temperature is lowered in paralyzed parts in comparison with sound ones. *b.* Œdema may arise from the inactivity of the parts, but also from some yet unexplained change in the tone of the walls of the bloodvessels. *c.* Secretory abnormities are observed in the paralyzed part. Either none or profuse perspiration on some part, as the thorax, may be bathed in perspiration, and abdomen and lower extremities dry.

5. *The sphincters* are usually, but not always, affected. At first spasm and hyperæsthesia of the sphincter vesicæ with obstinate retention of urine, after awhile incontinentia urinæ with imperfect discharge, leading to vesical catarrh. There is also in the sphincter ani sometimes spasm and violent pain with retention of

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stool, after awhile incontinence, but the bladder mostly is more severely suffering than the anus. Virile power is lost in severe cases, in light chronic cases well preserved. Erectio penis may be observed after catheterizing. Menstruation is not disturbed, and sterility rare.

6. *Symptoms of the Sensory Sphere.*—Some cases of acute myelomalacia run their course without, or nearly without, any subjective sensations; in other cases they are manifold and severe. Physiology teaches that pains can only be felt when the process attacks the region of the pia mater, or of the posterior roots, and when the swelling of the inflamed parts causes irritation of the sensory roots and of the spinal membranes. Processes limited to the gray matter, or to the anterior roots, will hardly ever cause pain. Thus, we observe in some cases only trivial pains in back, disappearing gradually, and the patient is free from pain: pressure or percussion over certain vertebræ hardly ever produces sensitiveness, nor is this increased by movement, nor do we meet spinal stiffness. More regularly we observe circular radiating pains with the sensation of a cord tight around, although we meet this symptom more frequently in myelitis by compression, and from intramedullary hæmorrhage. More constant are drawing, shooting pains, radiating to the paralyzed limbs, and accompanied by spontaneous involuntary muscular twitchings. Most frequently they radiate into one or both legs, are very severe, sometimes with aggravating formication, causing at night reflectory twitchings, even at a time when peripheral stimulation ceases to cause reflex twitchings. Such pains are frequently felt already in the prodromal stage, remain more or less during the inflammatory stage, and then gradually decrease. Patients also frequently complain of a tedious pressure in the joints or muscles, preventing motion, sometimes with hyperæsthesia of the skin and muscles to pressure, percussion, etc. Especially, when walking, patients complain of a sensation of disagreeable tension in the muscles, of formication, and disagreeable coldness.

Objectively, we nearly always observe hyperæsthesia, or a decrease of sensibility, the former especially in hemiplegia spinalis on the side of the myelitic affection. The radiating pains are often accompanied by some hyperæsthesia, and where complication

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with meningitis exists, by vigorous sensitiveness of the skin and muscles of the lower extremities. More frequently sensitiveness decreases from below upwards, sometimes more intensely on one side, or posteriorly. Sometimes this myelitis dorsalis acts similarly to traumatic myelitis, namely, the anæsthesia prevails in the posterior parts of the legs, the buttocks, and perineum, with considerable disturbance in the functions of the sphincters of the bladder and anus.

7. *Coaffection of the brain and senses* is rare, inasmuch as myelitis acuta does not often attack the upper parts of the cord. *Ad finem* we witness more frequently the brain attacked from uræmia or putrid infection. Of all senses the eye offers the most symptoms; for the process may ascend to the medulla oblongata and pons, and thus draw in the abductors and oculomotorius, and in some cases of traumatic and compressive myelitis of the cervical and upper dorsal portion oculo-pupillary symptoms were observed, either dilatation, or more frequently contraction, or inequality of the pupils, or both phenomena may alternate. Sometimes mydriasis exists for some weeks. All these symptoms disappear soon.

8. The symptoms of the *respiratory and circulatory system* are neither constant nor remarkable, but very important in severe cases. We hardly ever observe a direct influence on the activity of the heart, but the respiratory organs are affected where the myelitis is situated high up. Respiration becomes irregular, imperfect, dyspnœa and cyanosis set in, finally inflammatory pulmonary affections, catarrhs, and pneumoniæ, which may hasten the fatal issue. Well-pronounced cyanosis is always a bad omen. Paroxysmal spasmodic cough may be observed without any pulmonary affection.

9. The *digestive tract* offers at first hardly a symptom connected with myelitis. Appetite and digestion are good, usually constipation, sometimes painful tenesmus. After awhile in severe cases incontinentia also, and sometimes diarrhœa (perhaps of a pyæmic nature). In consequence of the urinary disturbances uræmic vomiting may set in, an unfavorable symptom. Neuralgia abdominis and sometimes gastric symptoms (crises gastriques) have been observed.

10. *General symptoms* are absent at the beginning of the disease,

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especially where there is no pain. The patients look well, eat and sleep well, no fever, and are in good humor. In the better classes the paralysis may cause depression and anxiety, but all patients feel worse with the appearance of cystitis and decubitus, as then sleeplessness and emaciation set in. Pyæmia may hasten the process, or the patients may linger for months before hectic consumes them. Uræmia may destroy them by cerebral symptoms, or sudden collapse may kill them without any apparent cause. Goltz found that the total destruction of the lumbar cord kills in a few days from paralysis of the vascular tonus, and the same may perhaps be the case in man.

The further course of acute myelomalacia is either progressive or retrogressive, or apparently *stationary*. In the latter case the paralytic symptoms remain stationary, and show very little alterations for weeks and months. The pains and abnormal sensations may change, the cystic troubles remit and exacerbate, decubitus appear and heal, but all remain *in statu*, till perhaps after a long while more important alterations appear, the symptoms of irritation cease, atrophy and contractions take place.

Progressive cases begin with high-graded paraplegia, or the initial paralysis was moderate and gradually increased in intensity and extension, the latter either horizontally, leading to perfect paraplegia of motility, sensibility, and of the sphincters. Myelitis ascendens leads to diffuse myelitis; whether the extension is continual or disseminated, is not yet known. It joins upwards more the posterior columns, passing over to the lateral columns and the gray substance. The symptoms are not always evident. When the upper extremities, so far free, become affected, when the tongue and respiration become paralyzed, our diagnosis is easy, but when we have to deal only with pains, a dull pressure between the shoulders, sensation of heaviness in the arms, it might just as well be only an ascending meningitis. Ascending myelitis is always ominous, as the patient succumbs to the paralysis of the respiratory organs, either with dyspnœa and cyanosis, or with severe cerebral symptoms, or with intense (præagonic) rise of temperature.

Myelitis descendens gives the usual paralytic symptoms; a striking aggravation of the trophic and vasomotory symptoms hints

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to a more intense participation of the gray substance. Reserved or increased reflex irritability hints to a preservation of the gray substance below the focus of softening; *vice versâ*, loss of it, and at a later period atrophy, fatty degenerations, contractions, hint to atrophy of the gray substance, accompanied by descending neuritis and myelitis. Rapid development of decubitus, œdema with a malignant course are also connected with descending affection of the gray substance. All these processes may progress for some time and then remain *in statu quo*, so that some symptoms retrograde and life may be preserved. Steady progress always endangers life.

In other cases a *retrogression* appears, after the process had been stationary or even progressive, the paralytic symptoms decrease, and amelioration or even a cure may take place, reflex is restored, the trophic symptoms become better, and the bladder more regulated, in fact the patient begins to feel better and brighter. The less intensive paralysis was at first, the more reflex action remains intact, the easier we may expect an amelioration. We may rest satisfied, in severe cases, when we see an improvement after three or six months.

Acute myelitis, therefore, may end (1) in death, (2) in perfect restoration, (3) in a remaining paralysis of varying intensity, with atrophy, contractions, etc. Its duration oscillates largely. Acute bulbar paralysis may destroy in a few days; severe lumbar myelitis, when ascending, in one or two weeks, or may last four or five months. Curable cases need months and years for it. In severe cases we may hope that after three to six months the disease may become stationary, and the consequent chronic myelitis may last for years.

Prognosis.—The higher situated the inflamed focus, the worse the prognosis. Unfavorable are severe paralytic symptoms, intense coaffection of the bladder and rectum, early cystitis and decubitus, progressive myelitis, malaise, bad appetite and sleep, spreading decubitus, especially vomiting, deliria, dyspnœa, cyanosis. Favorable symptoms are imperfect paralysis, as hemiplegia, or integrity of the sphincters; retention of reflex and electric irritability of the paralyzed muscles, a decided decrease of the paralytic symptoms, a recession of the trophic manifestations,

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especially healing of decubitus, return of appetite and sleep; the patient feels better everywhere.

Complications. — Myelomeningitis is frequent; where myelitis reaches the periphery, it is usually accompanied by a circumscript meningitis, sometimes spreading over a large portion of the cord. It is rarely a fibrous, purulent form, mostly a subacute or chronic thickening of the membranes. The prognosis is more favorable when the symptoms of meningitis set in early and prevail during the course of the disease, for we have then to deal only with a peripheral myelitis; we must not forget that the accompanying meningitis may modify the symptoms of myelitis so as to render a diagnosis difficult. Pains in the back and sacrum are often diffuse; stiffness of the vertebral column and of the nucha, radiating pains in the extremities and joints, hyperæsthesia, even contractions and stiffness of the muscles may bear some relation to meningitis.

Differential Diagnosis.—It will be sometimes very difficult to differentiate between spontaneous apoplectic hæmorrhage of the cord and apoplectic myelomalacia. Where the paralysis appeared suddenly, we may suppose that hæmorrhage took place, as in softening we more often meet prodromal symptoms. It is also difficult to differentiate between spontaneous myelitis and that from compression. Where vertebral disease is present, it may be more easy. The symptoms of intraspinal tumors are nearly akin to acute myelitis, and both affections nearly run the same course. Where the symptoms of a tumor are not clear (painful paralysis, stiff neck, stiffness of the vertebral column, increased reflex actions, etc.), a myelitis by compression may be taken for a spontaneous one, and *vice versâ* where a myelitis becomes complicated with meningitis, the painfulness, the stiffness of the back and contractions simulate the symptoms of a tumor. An important symptom is the progress of the myelitis upwards, *e. g.*, to the arms, tongue, eye-muscles, for a myelitis by compression does not advance upwards, which is so often the case in myelitis and myelomeningitis.

Therapy.—We must prevent aggravations, and try to preserve life till a more favorable period sets in. Leyden recommends leeches, cupping, ice on the spine, in recent cases where the symp-

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toms of irritation prevail (pains in the back, radiating pains, twitchings), although he never saw great effects from their use; the same may be said of mercurial inunctions, of Brown-Séquard's vaunted Ergotin, of the moxa and ferrum candens. Of far higher importance is the general treatment of the patient. Horizontal position in bed is of the utmost importance. Everything requiring muscular exertion, even standing or an attempt at walking is decidedly injurious in acute myelitis, and equally so riding in a carriage; even in light cases forced rest for several weeks is necessary, and a far longer one in severe cases, and great care and caution are necessary even when the patient is well again, as relapses are frequent, and the second attack more difficult to cure than the former one. A very important point is the great solicitude necessary in relation to defecation and micturition, and to decubitus. The patient must change his position frequently, and where this is impossible we must try air or water pillows, deerskins, etc. The maceration of the skin by the urine and fæces must be prevented by the utmost cleanliness; keeping the nates dry and inunctions with fatty substances may be recommended. During the retention of urine the catheter must be assiduously applied as often as necessary (at least twice a day), and during the stage of incontinentia it is of the utmost importance to watch the case so that retention and incontinentia may not happen at one and the same time. Such a stagnation leads to vesical catarrhs, and finally to uræmia and ammoniæmia.

We may thus sometimes succeed in witnessing considerable amelioration in even extensive palsies; in other cases the process remains *in statu quo*, or proceeds steadily to a fatal issue.

The second therapeutical indication consists in producing, by tonic treatment, a resorption of the exudation and a restoration of the lost functions. Fresh air, good solid food, cheerful company, will do much; and as tonics, wine of Cinchona, iron, iodine, and cod-liver oil may be prescribed in varying forms.

The third therapeutical indication is stimulation by gymnastics, by baths, by electricity, and Strychnine. Where the twitchings from Strychnine produce pains anew, we must defer its use, as it proves that the patient cannot yet bear stimulation. Most electricians raise their voice against a too early use of electricity,

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especially of the faradic current, as injurious, as long as there is any inflammatory irritation; while others apply early the constant current, expecting an electrolytic action on the inflammatory process. It may do in peripheric palsies, as in acute myelitis; we also have to deal with neuritis and myositis. In severe cases the early application of electricity may be injurious, increasing the symptoms of irritation, the pains, and twitchings. It is more advisable to begin with very weak constant currents, and only for a short time, and where they act well, we may increase their strength and duration, or we abstain entirely from it as long as it causes the least aggravation. In chronic cases, where the process has lasted already six months to a year and more, we may suppose that there is no more softening, and therefore stronger constant currents, even faradization, admissible. A favorable influence of galvanization on the cord is still very questionable, but it acts well on the skin, nerves, and muscles of the paralyzed limbs. Gymnastics ought to be used in combination with electricity, but we must be careful not to overdo the thing. Bathing is only allowable after the inflammatory stage has passed, for during it the heat may aggravate the spinal congestion, and the patient can hardly bear the transport to the bath. At a later stage, warm baths, medicinal baths, sulphur baths, may be recommended, with warm douches to the spine and extremities, as the concussion acts as a strong stimulant. Of mineral springs, Teplitz, Wildbad, Gastein, Ragaz; the sulphur springs (Achen, Baden, Schinznach); the numerous saline waters; finally, as the strongest stimulants, the ferruginous and moor baths, or the seashore, the latter only when the disease has lasted already one or two years.

IV. *Acute Myelitis without Softening*; *Acute Spinal Paralysis.* —We have here: (1.) Duchenne's paralysie spinale anterieur de l'adulte et des enfants (myelitis of the anterior horns). (2.) Acute ascending paralysis. (3.) Paralysis by refrigeration. (4.) Acute ataxia.

(1.) Acute spinal paralysis of adults (atrophic paralysis of adults, paralysie spinale de l'adulte aigue) comes on without pain, without disturbance of intelligence and of the great functions. The patient complains of weakness of one or both extremities, more frequently

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of the lower than of the upper ones. This weakness gradually attacks the extremities through their whole length, either hemiplectic or crosswise, and gradatim increases to a perfect paralysis, extending to certain groups of muscles or to all the muscles of an extremity. In grave cases, the last stage is usually accompanied by disturbances of speech and of deglutition, finally by disturbed respiration. The paralyzed muscles show already at an early stage a diminution or loss of electro-muscular contractility, mostly in proportion to the paralysis, and gradually atrophy of the muscles becomes more or less pronounced. It is most frequently seen between the ages of eighteen to forty-five, and may be caused by becoming chilled when sweating or by bodily overexertions, as long marches, long standing.

From analogy with the development and course of spinal infantile paralysis, Duchenne concludes that a similar anatomical lesion must exist; loss or atrophy of the ganglia-cells in the anterior gray substance.

(2.) Landrey's acute ascending paralysis, beginning at the lower extremities and ascending upwards to the upper extremities, to the medulla oblongata, causing disturbances of speech and deglutition, and destroying the patient by paralysis of respiration. Sometimes the process stands still, retrogresses, and is cured as rapidly as it developed itself. Electrical irritability of the muscles is intact. Autopsies give a negative result. These cases mostly occur after acute diseases, as variola, pneumonia, after syphilis (?). It is also probable that circumscript, highly situated, or ascending processes, may cause the same symptoms, for the acute development, the evident, extensive paralytic symptoms annex them to myelitic affections; the purely motory paralysis, without pain, hints to a central seat, especially in the gray substance, and the rapid cure excludes any severe lesion with detrition and softening. Although the course of this disease is mostly progressively ascending, cases also have been recorded of descending acute palsy; some cases even originated in the medulla oblongata or cervical cord, and difficulty of deglutition was one of the first symptoms, and death set in from respiratory disturbance and cyanosis. Its progressive character renders the prognosis doubtful, still a moiety of the cases are cured. Antiphlogosis and mercurial treatment are rec-

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ommended. Levy stopped the progress in one case by the ferrum candens; afterwards Iodide of potash, electricity, and baths.

(3.) Paralysis by refrigeration, paraplegia a frigore. In consequence of severe colds, acute motory and sensory palsies are observed, running a grave course, but retrogressing after some time, and by and by the patient recovers. Brown-Séquard supposes that from the irritation of numerous cutaneous nerves, a spastic contraction of the spinal bloodvessels is produced, which causes the paralysis. It is a primary paralysis, with the character of a myelitis. As we found cold also as a cause of severe fatal myelomalacia, we may consider this paraplegia a frigore the same disease, only of a lighter character.

(4.) Acute ataxia, ataxie locomotrice, may be primary and spontaneous, or as a sequela of other acute diseases, as variola, typhus, puerperium, etc. Westphal gives the following characteristic symptoms: (1.) A peculiar disturbance of speech, whereby speech is slow, drawn, scanning, some syllables shot out with difficulty, whereas the tongue can be freely moved about. (2.) Ataxy of the extremities, with well-preserved, or at any rate not much weakened, motory power; the movements are carried out in intermissions and slow; frequent trembling, especially of the head. (3.) Intact sensibility in all cases. (4.) Psychical alienations, emotional irritability, loss of memory, dementia (similar to the sclerose en plaques of Charcot).

V. Abscess in the Cord.

The closed pus-focus in the substance of the cord, analogous to the cerebral abscess, is rarely met with in man. Cold and traumata may be the cause of suppurative myelitis, or it may arise spontaneously. Symptoms are those of acute, severe malacia.

VI. Acute Myelomeningitis (Acute Perimyelitis).

Whenever myelitis invades the periphery it is sure to draw the pia into the reach of the inflammation. Such an accompanying meningitis does not cause any distinct symptoms, and they cannot be held apart from those of the myelitis. We meet here: 1. Pain in the back, especially in the sacrum or between the shoul-

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ders. Where such a pain corresponds to the seat of the myelitis, it will be hard to decide whether it belongs to the myelitis or to the accompanying meningitis. Myelitis may cause pain in the back by swelling and pressure on the membranes and roots of the nerves, but the intensity of the pain hints to meningitis, especially when the pain is diffuse and radiates upwards and downwards from the focus of myelitis. 2. Stiffness of the vertebral column is hardly ever so evident as in primary meningitis, but even a moderate stiffness, manifesting itself by difficult rising or sitting down, belongs to meningitis, as also where great stiffness might remain limited to the myelitic focus. 3. Radiating shooting pains in the upper and lower extremities, shoulders, with hyperæsthesia of the skin and muscles to pressure, usually belong to meningitis. 4. Contractions are met with in meningitis of long standing, at first transient and yielding to passive motion, but finally permanent.

The typical form of acute myelomeningitis is the inflammatory exudative form. The meningitis may be primary, or both; the cord and the membranes are simultaneously affected; it is rarely the case that exudative meningitis is added to a primary myelitis.

Meningitis primaria with secondary myelitis is well known from the epidemics of meningitis cerebrospinalis. The myelitis develops itself here from the periphery as perimyelitis. Other cases appear from the start as myelomeningitis with fever and prevalence of meningitic symptoms, but we meet here also paralysis of the extremities and of the sphincters; still even here the prognosis is favorable. The momentary danger is caused by the intensity and extent of the meningitis, and may cause death in the acute stage, but when the acute stage is passed a removal of the myelitic palsy and a cure can be expected.

The myelitis is the chief consideration where it is the primary affection and the meninges are secondarily affected. The myelitis need not be a peripheral one, only it extends to the periphery. We find severe cases of acute myelitis frequently accompanied by meningitis limited to the neighborhood of the myelitic focus, or radiating diffusely upwards and downwards. The painfulness and stiffness of the vertebral column and the hyperæsthesiæ manifest the presence of a meningitis, and such cases allow a more

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favorable prognosis than primary central myelitis. In fact, the more the symptoms of meningitis are evident, and the more all functional disturbances can be laid at the door of such inflammations, the more favorable is the prognosis for a consequent cure of the paralysis, although the course of a myelitis is always treacherous and cannot be relied on.

Leyden's myelitis is so extensive that it could not be well abbreviated, and we must therefore defer the treatment of acute myelitis in its different forms to the next number of our journal.

ARTICLE VIII.—Comparison between Cuprum and Zincum.

By Anna E. Griffith, M.D., Camden, N. J.

Physiological Action.

The primary action of Zincum is that of *depression* and atony of nerve-centres, as shown by the weakness of memory, dislike to labor of any kind, mental depression even to idiocy, dimness of vision, and the great weakness and heaviness of the limbs.

Cuprum acts primarily on the alimentary canal by irritation of the pneumogastric nerve, causing unsuccessful retching, loathing, nausea, vomiting, violent pains in the stomach, obstruction of intestines or diarrhœa, even bloody evacuations, with cramps in the extremities. (Is considered by many to be a reliable remedy in some cases of cholera.)

Zincum causes an irritation of the peripheral sentient nerves, as seen by the trembling and jactitation and neuralgic pains. It powerfully affects the ganglionic system, producing great depression of nutrition. Burt says: "Zincum corresponds to diseases of the nervous system the same as iron does to the blood."

Cuprum acts secondarily, by absorption, upon the abdominal ganglionic nerve-centres, and this reflex action from the brain may disturb every function in the living organism. Its great effect is that of *irritation*, as Zincum is that of *depression*.

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The symptoms of Cuprum appear in groups, recurring at irregular intervals. "Therefore Cuprum is most suited to irritable, nervous constitutions, with weakness and excessive sensitiveness of nervous system; inclined to spasmodic affections, convulsions, and typical diseases, especially when of a chronic nature, with irregular paroxysms." Cuprum is adapted to light-haired people.

MIND AND DISPOSITION.

Zincum met.	*Cuprum met.*
Variable mood; at noon low-spirited, in the evening hilarity, and *vice versâ*. *Morose, and indisposed to converse, especially in the evening.* Great sensitiveness to the talking of others and of all noise.	Irresolute, and dissatisfied with everything. Out of humor, knows not what he would like to have; wants to be alone, after which he becomes cheerful, but is soon out of humor again.
After a little emotion, he trembles for a long while, as with chilliness; easily angered.	Mental and bodily prostration after overexertion of mind.
Aversion to labor or to walking.	Not disposed to work, nevertheless does not wish to be idle.
Weakness of memory.	Absence of thoughts and weakness of memory.
Desponding, sad. *Thinks calmly of dying* in the afternoon when *feeling exhausted.* Melancholy, with visions of devils. Anguish, as if he had committed an evil deed, and fears death (hypochondriasis).	Paroxysms of anxiety; weeps and cries like a child. Imagines he sees thieves and devils. Thinks her death is imminent and unavoidable. Melancholy; seeks and loves solitude.
A trifle excites his anger or his laughter.	Excessive laughter in the evening; convulsive laughter.
He moans from chagrin, without any apparent cause, accompanied with an aching in the upper part of the head.	*Restless tossing about, with constant uneasiness.* Periodical uttering of shrill screams.
Absence of thought, the mind being in a sort of stupor; *forgetful.*	*Had to think awhile before he could answer a question.* Inability to use his senses, as if he were half dreaming.
Mania, resulting from mental excitement.	Incoherent, delirious talk. Mania in daily attacks, with biting, tearing things to pieces. Morose, malicious mania.
Illusion of fancy when holding the head down, as if she had a tall head over which she could not look.	Attacks of craziness, with merry singing; or spits in people's faces and laughs heartily at the freak.
Somnambulism; falls asleep while engaged in sewing; eyelids spasmodi-	During crazy attacks, pulse full, quick, strong; eyes inflamed, with

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Zincum met.	*Cuprum met.*
cally closed; eyeballs roll in their sockets; crying, singing, talking incoherently. After awhile she wakes up; then falls asleep again repeating the same process.	wild look; speech incoherent. Every attack terminates with sweat. Attack of rage; wants to bite the bystanders. Attacks of savage malice, with proud bearing, and at times interrupted with clonic spasms.
Incipient paralysis of brain from imperfect eruption of exanthemata, or in the last stages of acute hydrocephalus (hydrocephaloid after cholera infantum).	Paralysis of brain when caused by a process of metaschematismus. Irritation of cerebral substance, superinduced by the sudden retrocession of some acute eruption, something that required Cuprum at first.
Coma from cerebral exhaustion. Loss of sensation of the whole body.	Paralysis of motion with decreased nutrition of the paralyzed part; the sensory nerves perfectly normal; the action of the mind also normal.
Convulsions of children during dentition; pale but not anæmic children; convulsions of chlorotic women, particularly if the upper part of the body is affected.	Spasms of children during dentition similar to epilepsy; child utters shrill shrieks before the attacks. Convulsive twitchings of the limbs, followed by senselessness.
	Spasms commencing at the fingers and toes. Spasms, with nausea and vomiting of frothy mucus.
	Convulsions of the head; the head is moved from one side to the other, or falls forward; aggravated or renewed by each contact (hydrocephalus).
Chorea in a girl of thirteen, who had been afflicted several months. Cured in six weeks by the Oxide of Zinc.	Chorea brought on by fright, with distortion of the face and eyes. Chorea during pregnancy, *commencing in the extremities, and spreading over the whole body.*

HEAD.

Frequent aching in the whole forehead. Chronic maddening pain deep in the brain, with pale face and bluish rings around the eyes.	Tingling sensation, with dulness, in the top of the head, as if it had gone to sleep; accompanied by a depressing sensation, with some stupefaction.
Pressure in the forehead, with dulness of head.	Pressure in right temple, more violent by contact.
Pressure in the sinciput, with dulness of the head, extending as far as the eyes, after dinner.	Painful tearing in forepart of head, with a sensation of pressing outwards, great dulness and stupidity, worse when touched.

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Zincum met.	*Cuprum met.*
Sharp pressure at a small spot in the forehead, in the evening.	*Hard pressure in right temple, more violent during motion.*
Drawing in left side of occiput.	Drawing, with pressure in left temple, more violent by contact.
Stupefying headache; everything gets black before the eyes.	*Headache* and stupidity during the intervals of mania.
	Children cannot hold up the head in brain affections.
Vertigo in occiput when walking, as if he would fall to left side.	*Vertigo with weariness;* the head has a tendency to sink forward.
Vertigo when sitting or standing; going off when walking.	Vertigo when reading; he was obliged to take his eyes from the book for awhile.
Violent vertigo when stooping and raising the head again, as if everything were turning around her, with buzzing in the ears. Revolving vertigo.	Vertigo when looking up, with loss of sight, as if a gauze were before his eyes.
Aggravations of head symptoms in the morning in a warm room after eating, after wine, and when stooping.	Head symptoms aggravated when looking up, by motion, when reading, when sitting up in bed.
Amelioration in the open air.	Amelioration when lying down.

FACE.

Face pale, waxy, yellow, sick look, alternately red and pale (brain).	Pale face, blue face in hooping cough; red face, with eyeballs constantly in motion; hot face, without sensation of heat.
Spasmodic twitchings of the facial muscles, with constant disposition to laugh (Zinc oxide).	Spasmodic distortion of the face, with the eyes staring; the head turned away. Muscles of the face in convulsive motion.
Prickings in the face at intervals and suddenly.	Pain as of a thrust in the left side of face.

EYES.

Violent itching of left eye.	*Violent itching in the eyes* towards evening.
Itching of margins of left upper eyelid.	Itching of eyelids in epilepsy.
Upper eyelids fall down as if paralyzed.	Cannot move upper eyelids after consciousness returns.
Constant weariness of the eyes.	Dim eyes, feel so weak that they close.

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Zincum met.

Burning of the lids, with a feeling of soreness.

Feeling of soreness in inner canthus.

Sticking pain in right eye.

Pterygium, intense burning after operation.

Burning in left eyelid, as if too dry.

Twitchings in left lower lid and left eyeball.

Eyelids lame and drooping.

Objects appear blue, yellow, green.

Cuprum met.

Aching of the eyes; they look as if one had been sitting up all night.

Pain in the orbit as if bruised when turning the eyes.

Sore, burning pain, sometimes in one eye, and sometimes in the other.

Inflammation and redness of sight, with suppuration of internal canthus.

Twitchings of eyelids, with trembling motion.

Quivering, closed eyelids; quick rotation of eyeballs, with lids closed.

EARS.

Noise in the ear when falling asleep, as if a pane of glass were breaking.

Frequent and continued, intensely painful lancination, deep in right ear, near the tympanum.

Sticking in right ear.

Itching in left ear, as if fleas were jumping about in it when inserting the finger in it.

Hearing impaired, yet intolerance to the least noise.

A distant drumming in the ear on which he lies in the morning in bed. It disappears each time when rising.

Earache, a pressing and rending internally in the right ear.

Stitching pain in right ear.

Frequent itching in the ears; singing and buzzing in the ears. Fluttering in left ear.

Long-continued difficult hearing; swelling of external ear.

NOSE.

Fluent coryza, with creeping in the nose, with pressure in right tonsil when swallowing or yawning.

Violent dry coryza the whole day, with pain in the back.

Alternate dry and fluent coryza.

Fluent coryza, with creeping in the nose, with frequent sneezing.

Intolerable pressure at the root of the nose, as if it would be pressed in.

Sneezing, preceded by a cutting creeping in the nose.

Increased discharge of mucus from the nose, without coryza.

Loss of smell.

Point of nose cold.

Cold in the head, with stoppage of the nose, with sleepy yawning.

Copious, fluent coryza; very frequent sneezing.

Sensation of great congestion of blood to the nose.

Very frequent sneezing.

Bloody mucus from the nose and mouth oozing out.

Nose pointed in cholera.

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MOUTH AND LIPS.

Zincum met.	*Cuprum met.*
Swelling of the upper lip.	Swollen lips, with coma.
Increased secretion of saliva, with metallic taste in the mouth, and shootings in tip of tongue.	Fetid saliva running from the mouth.
Increased secretion of saliva, with creeping in the inner surface of the cheek.	Froth before the mouth in hooping-cough. Foam at the mouth in epilepsy.

JAWS AND TEETH.

Sensitiveness and painful soreness of the upper molars.	Falling out of the teeth from upper jaw, without salivation.
Violent bleeding of the gums; swelling of the gums.	Ulcerated gums.
Cramplike tearing in the lower jaw, especially in the chin.	Drawing pressure on the right side of the lower jaw, which is increased by touch.

TONGUE.

Tongue blistered, swollen on one side.	Tongue partially paralyzed, moved to one side.
Metallic taste.	Coppery taste.
Saltish taste.	Salty, sour taste.
Bitter taste.	Bitter taste.
Sweetish taste.	Sweet taste.
Taste of blood.	Food tastes like water.
Taste of spoiled cheese.	Putrid taste, with nausea.
Taste of raw peas.	Sour, slimy taste.
Yellowish-white coating, especially toward the root	Tongue moist, with white, yellowish fur.
	Tongue moist, coated white, with red edges.
White tongue without taste, but with a feeling of icy coldness in the morning.	Tongue icy-cold in cholera.
Dry tongue. Vesicle on the tongue. Tongue painful, as if sore.	Dry red tongue. Rough tongue, with enlarged papillæ. Furrowed tongue.

APPETITE.

Great greediness when eating, and hurried deglutition.	He eats very greedily.
Canine hunger, even when full. Insatiable hunger, but does not relish his food.	Ravenous appetite in the forenoon; he eats much more than is usual.

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Zincum met.	*Cuprum met.*
Aversion to veal, of which she was very fond; also to the sweetness of sugar. Aversion to fish; longing for beer.	Loss of appetite, but great thirst for cooling drinks (pneumonia).
Aversion to warm food. As soon as the first spoonful reaches the stomach it comes up.	More appetite for cold than warm food.

THIRST.

Violent thirst for water.	Great thirst for cooling drinks.
Thirst at or after dinner, with great appetite.	Great thirst, but no appetite.
Thirst, with heat in the palms of the hands.	
Burning thirst.	Burning thirst.

THROAT.

Dryness of the throat, with thirst.	Dryness of the throat in the evening.
Tearing, drawing pain, more between than during acts of empty deglutition.	Fine piercing pain in the throat.
Stricture of the œsophagus, worse from wine.	Gurgling noise of drink, when swallowing.
Pain in the throat as from internal swelling; also during empty deglutition; cramps in the neck when drinking.	Sensation as if the throat were constricted, when swallowing.
Herpes in the throat, after neglected gonorrhœa.	Spotted redness of the throat.
Pain in the throat when swallowing, and of the outer neck, with swelling of the tonsils.	Dull piercing pain in the left tonsil when swallowing.
Roughness and dryness of the throat and fauces.	

ABDOMEN.

Cramp pain in the region of the liver, with dyspnœa and hypochondriasis after eating.	Drawing pain from left hypochondrium to hip.
Liver enlarged, hard and sore to the touch; feet swollen; vomits bloody phlegm.	Pain in the hypochondria, particularly when touched, as if bruised.
Stitches in the spleen worse from pressure.	Sensation in the left side of the abdomen as if blisters were forming there.

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Zincum met.	*Cuprum met.*
Flatulent colic, worse from wine, toward evening or during the night; loud rumbling and rolling; retraction of the abdomen; hot, moist, fetid flatus passing off without relief.	Violent spasms in abdomen, upper and lower limbs; with penetrating, distressing screams; violent, colicky, cutting, drawing pains in abdomen, not increased by pressure; abdomen drawn in.
Inguinal hernia, with pains, as if strangulated.	Intussusception of the bowels; with singultus, violent colic, stercoraceous vomiting and great agony.
Hard, dry, insufficient stool, expelled with much pressure.	Constipation, with great heat of the body, for several days.
Stool frequent, small, sometimes involuntary; pitchlike or soft, papescent, thin, with pale blood.	Frequent watery diarrhœa, not very copious, with flakes; or profuse, squirting out, with much wind passing; bloody diarrhœa.
Hydrocephaloid after cholera infantum.	Summer complaints of children, with brain affections.
Blood from the rectum, blood pale.	Hæmorrhage from the hæmorrhoidal veins.

KIDNEYS AND URINE.

Vicarious hæmaturia from suppressed menses; diarrhœa; night cough.	
Urine turbid, loam-colored in the morning.	Dark-red, turbid urine, with yellowish sediment.
Frequent micturition of pale yellow urine, which, on standing, deposits a white, flaky sediment. Involuntary urination while walking, coughing, and sneezing.	Scantiness or entire suppression of urine; frequent emission of a badly smelling, viscous urine, without sediment. Nocturnal micturition.

SEXUAL ORGANS.

Gonorrhœa; bubo, left groin; constriction in the testes.	Gonorrhœa, with a changeable discharge, now more, again less; orifice of the urethra sticking together.
Testes inflamed, orchalgia, strangulating pains; jerks in the cord; atrophy of testicles.	
Long-lasting and violent erections; emission during an embrace too rapid; emissions without dreams during sleep; spermatorrhœa.	
Leucorrhœa, thick, slimy, with great sensitiveness of the sexual organs; cutting and pressing in abdo-	

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Zincum met.	*Cuprum met.*
men, with bloatedness; bloody mucous leucorrhœa, especially after stool; leucorrhœa causes itching, in place of menses.	
Pruritus vulvæ causes masturbation; irresistible sexual desire at night.	
Menses too early and too profuse; lumps of clotted blood pass away, mostly when walking, flow most profusely at night; *she feels better during menstruation.*	Before menses spasmodic dyspnœa; before and during menses, or after suppression, violent, unbearable cramps in abdomen, extending up to chest, with nausea, vomiting, and sometimes convulsion of limbs and piercing shrieks; epileptic attacks before and after menses; torpid chlorosis; menses too late and scanty.
Menses generally late; weakness in hands and feet; cramps in the hypochondria and knees; leucorrhœa, with alternately red and pale face.	
RESPIRATORY ORGANS.	
Roughness and rawness in the chest, with nightly heat and sweat.	Continued hoarseness, so that he cannot speak a word, with inclination to lie down.
Hoarseness of the chest, as if full of mucus; voice weak from use, as if the muscles were weak.	Constant rattling on the chest; rattling phlegm or bloody mucus, with dyspnœa.
Hoarseness, with burning in the trachea.	Hoarse voice in pneumonia.
	Whistling breathing in hooping-cough.
Suffocating cough, as if the chest would fly to pieces.	Suffocating cough in children.
Titillating cough, that takes away the breath.	Hacking cough, that takes away the breath.
Very fatiguing titillating cough in the daytime, but still worse at night.	Cough very violent at night, followed by hoarseness from morning until evening.
Cough at night, with pricking in the chest, with little thirst.	Cough worse at night, with great dryness at the pit of the stomach.
Cough, with discharge of bloody mucus, preceded by stitches in the side.	Dry cough in the evening, with slight expectoration in the morning of phlegm, with dark blood, of putrid taste and smell.
Dry cough, with violent stitches in the chest, with a sensation as if it would fly to pieces.	With every cough the child coughs itself into a fit; appears as if it were dead.
Discharge of blood during dry cough, with burning and sore pains in the chest morning and evening.	Blood in coughing is mixed with phlegm; dark blood; putrid-tasting expectoration.

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Zincum met.	*Cuprum met.*
Thick purulent expectoration day and night, or yellow, tenacious, sweet, metallic.	Difficult expectoration; looks like chocolate.
	Cough lessened by a drink of cold water.
	Cough when bending backward, after sea air, from inhaling cold air, from taking a deep breath, or laughing.
	Dry cough in measles.
	The attacks are excited by eating solid food; food vomited during coughing-spell; better by *drinking cold water.*
	Severe attacks, with entire loss of breath; spasmodic twichings, intermitting with rigidity, and rattling of phlegm. Each attack ends in convulsions (hooping-cough).
Spasmodic dyspnœa from flatulence after dinner.	Dyspnœa increased by bending the upper part of the body backward, or by laughing or coughing.
Oppression in the chest two evenings in succession, with dull stitches and pressure in the middle of the sternum, the pulse being quick and hard.	Oppression of chest; pressive pain in right side of chest.
Drawing tension here and there in left chest.	
	Pressure, as of something hard, near the cartilage of the third rib; increased by touch.
Dull stitches in right chest.	Deep stitches in the left side of chest, and vomiting of blood.
Stitching pain in a place the size of the hand in the left chest, with a sensation as if the place were decaying.	Shooting pains in the sides of the chest; has to cry out. Spasmodic contraction of the chest.
Burning in both right and left chest.	Burning in the chest in epileptic patient.
Phthisis pulmonalis and abdominalis; face pewter-like hue; stools contains flakes like epithelium; flashes of heat, with intense trembling.	Violent asthmatic attack, particularly after walking against the wind, comes on sudden; ceases suddenly. During the attack patient sits stooping over, panting; dark-red face, eyes protruding, trembling limbs, profuse sweat.
HEART.	
Frequent palpitation of heart, with-	Violent palpitation, frequent pulse,

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Zincum met.	*Cuprum met.*
out anxiety; there is an occasional violent jump of the heart.	cool skin, moist or with cold sweat (pneumonia of child).
Painful palpitation of heart, and a stitch at every beat.	Anxious feeling around the heart; trembling at heart; sharp stitches below the heart in left side of chest.

NECK AND BACK.

Pain in the *small of the back* when walking or sitting.	Stitching pain in the small of the back.
Paralytic aching pain in the small of the back; most violent when rising from a seat, and when commencing to walk.	*Paralysis of all the muscles of the back up to the neck.*
Violent tensive pain, like rheumatism, in the shoulders and lumbar region.	Pressing pain under the right shoulder-blade, changing to stitching pain when taking breath.

EXTREMITIES.

Dull stitching-tearing in the axilla: rheumatic tension and tearing in the shoulder-joints.	Pains as if swollen and sore in the axillary joint.
Sharp stitching-tearing in arms.	Twitchings in arms and hands.
Weakness, numbness, and tremor of the hands.	Numbness of arms; lameness, without loss of feeling; upper extremities much emaciated.
Lameness and deadness of the hands, they look bluish; pulse small, scarcely perceptible, and thready.	Numbness and shrivelling of the hands, which are chilly and icy cold.
Cracked and dry skin of the hands, even in mild weather. Chilblains on the hands, itching and swelling violently.	Little vesicles on tips of fingers, oozing watery fluid; in the bend of the elbow itching tetter, with yellow scabs.
Paralysis of the feet from suppressed footsweat, which was corrosive and fetid, by getting wet; worse from wine. Feet blistered and sore, as from a journey.	Paralysis of lower limbs from psoas abscess; lameness, with contraction of the muscles; suppressed footsweat.
Legs weak, worse when hungry; face pale.	Trembling of limbs after a walk, with weariness.
Varices in legs, with fidgety feet; sensation of stagnation in the blood of the legs; formication in the calves.	Spasms in lower limbs, drawing them backwards; cramp from the ankle up into the calf; spasmodic drawing up of feet.
Coldness of the feet at night.	Icy coldness of feet.

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Zincum met.	*Cuprum met.*
Twitchings in various muscles; the whole body jerks during sleep.	Twitching, jerking, starting during sleep. Stiffness of the whole body, with cough.
Fainting sort of weakness; in the morning when waking, pain as if bruised in all the limbs and weariness; his hands have gone to sleep. Profuse sweat when walking in the open air.	Convulsive movements and distortions of the limbs; convulsions pass gradually into paralysis; nervous affection, with excessive sensitive and acute senses; repeated fainting fits, with sensation of goneness in the limbs.

SLEEP.

Drowsiness, with frequent gaping, and yet cannot sleep; head feels too light.	Frequent yawning, without sleepiness; sleepy, without being able to sleep, with children in brain affections.
During sleep cries out; awakes with fear; limbs and body jerk; has bad dreams from his cold, fidgety feet.	During sleep starting and twitching; convulsions during sleep; sleep interrupted by screams.
Deep, fatiguing sleep.	Apathetic sleep, with lustreless eyes, and stupid, relaxed expression of face; disposition to coma.

FEVER.

Chill lasts after eating into the night; chill more external, with increased internal warmth; worse in the open air, from touching anything cold, on approach of a storm; *chill runs down the back.*	Feverish sensation, as if a cold wind was blowing out from the skin; icy coldness of the whole body; chill over the whole body, *most severe on the extremities;* chill after every indisposition; chill before a spasm; coldness and convulsions.
Heat internal, with cold sensation in abdomen and on the feet; anxious sensation of heat, without any external heat, during the night; heat of the face, with cool body, in the forenoon; in flushes, with violent trembling and short, hot breath; *the heat descends.*	Much higher temperature of skin, first dry, then moist; the greater the prostration, the more profuse the sweat; flushes of heat; violent fever; slight heat or burning, with brain affection; debilitating, exhausting internal heat.
Profuse sweat all night, wants to uncover; sweats easily during the day from exercise; offensive sweat.	Profuse weakening night-sweats; feels worse while sweating; viscous sweat; copious sour sweat; cold sweat; attacks of mania ending in sweat; footsweat, also *ailments from suppressed footsweat.*

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SKIN.

Zincum met.	*Cuprum met.*
Rhagades, mostly between fingers, bad even in mild weather.	Skin inelastic, doughlike in folding, more or less altered in color.
Itching here and there, especially in the evening in bed, going off by contact.	Unbearable itching, without eruption.
Dry herpes over the whole body; neuralgia following zona.	Single spreading tetters, oozing; many red points with minute blisters, itching mostly during the day.
Nature is prevented by some reason from *throwing out* the zymotic poison on the surface; convulsions from cerebral anæmia; threatening paralysis.	Eruptions of all kinds, especially when they *strike in* and cause convulsions.

CLINICAL OBSERVATIONS.

Melancholia with vision of devils, anguish as if he had committed an evil deed, sleeplessness, alternation of heat and coldness of the body, heat of the head and face, sunken features, vertigo, unsteady gait, great languor, etc.	Unusual quickness and briskness in erroneous ideas, one following the other quickly, all of an anxious character; a staring look fixed on objects; pulse quick, unequal; profuse weakening sweat.
Excessively violent and obstinate pain in the brain with paroxysm (intermittens larvata).	Most violent headache with hyperæsthesia.
Incipient paralysis of the brain after scarlatina, after summer complaint, from dentition with insufficient nutrition, etc.	Apoplexia nervosa, loss of consciousness, convulsions in the face, distortion of mouth, tongue partially palsied and curved to one side, unable to speak; paralysis of limbs.
Convulsions of children from suppression of tinea.	Cerebral congestion, convulsions of extremities and face; when drinking, child bit at the glass or spoon.
Nervous diseases, as chorea, hemicrania, neuralgia.	Catalepsy, epilepsy, tetanus, chorea.
Chronic gastroenteritis.	Cholera asiatica, cholera infantum.
Convulsive asthma.	Violent asthmatic attacks.
	Morbus Brightii and uræmia.
Chronic rheumatic complaints.	Acute rheumatic articular affections.
Obstinate chronic eruptions; dry scaly eruptions.	Chronic skin diseases; a kind of dry itch.

It is really astonishing that the old school makes so little use of these great neurotic remedies, and they apparently know them

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only for some external application in ophthalmic diseases, in gonorrhœa and the like. All we find in Ringer's *Materia Medica* is that copper salts have been given in cholera and epilepsy, and that taken for a considerable time in small quantities they produce colic, with alternating constipation and diarrhœa, and, it is even said, paralysis of the upper extremities. A zinc colic has also been described; the symptoms included constipation, vomiting, prostration, with disagreeable taste in the mouth. The Oxide and Sulphate of zinc have been employed with advantage in epilepsy, chorea, and hooping-cough. Chorea may be controlled by Zinc salts, although Arsenic is a better remedy. In certain forms of hysteria the Valerianate of zinc may prove useful. The Oxide in two-grain doses, given nightly, sometimes controls profuse colliquative sweating. It is also said to check the profuse secretion from the bronchial mucous membrane in some forms of bronchitis. The Oxide is also recommended in nervous headache.

Headland (*On the Action of Medicine*) mentions the Sulphates of copper and zinc as emetics, causing by contact and irritation a large quantity of gastric juice to be poured out, and chiefly indicated when we wish to unload the stomach of any irritating or poisonous matters. This author becomes more interesting when he speaks of anti-convulsives (p. 237), where he says the metallic salts used as anti-convulsives are all capable, when taken for some time, of causing a deterioration of the blood. Chronic poisoning of zinc and copper resembles that of lead. The production of all the known nervous disorders by the presence in the blood of different metallic medicines, gives a strong additional probability to the belief that these disorders, when occurring spontaneously, are in many cases due to the presence in the blood of some unknown poison. The more decided the connection between any nervous disease and the condition of the blood, just so much the more marked is the power over it possessed by a medicine of this group of anti-convulsives. Thus Ammonio-sulphate of copper has been used with advantage in epilepsy and chorea.

H. C. Wood (*Materia Medica*, 43), knows copper only as an external application and as an emetic. Still he mentions that Falck found that in the lower animals the Acetate of copper produces a constantly increasing paralysis, with failure of respiration,

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and death in a short time. Ammoniated copper in small doses (one-half to three grains three times a day) has been used as a tonic to the nervous system in epilepsy and other diseases. Zinc he only uses as collyria and injections (one grain to a pint of water) for the cure of gonorrhœa.

Koehler (*Physiologische Therapeutie and Materia Medica*), like all allopathic authorities, throws silver, lead, copper, zinc, and bismuth into one grand mass, valuable enough in its own way, but leaves it to us to study out and apply the individuality of each metal. Chemically all these metals are characterized by their great affinity to the albuminous bodies and their derivates, and physiologically (which means in the German idiom here pathogenetically) by irritation of the inhibitory fibres in the vasomotory nerves, so that they overcompensate the motory ones; hence the contraction of the capillaries, the paleness, the diminished secretion and the reduced sensibility of the mucous membranes. Passing by their caustic qualities on the skin and mucous membranes, we find (page 924) that these metals, finely pulverized to dust, may enter the circulation through the respiratory mucous membrane; and it is said that the capillaries of the pulmonary mucous membrane, as well as the pulmonic tissue, thus contract. It is well known that chronic copper poisoning leaves a greenish line at the edge of the gums.

Considering the mucous membranes as the chief absorbents, he studies then what changes are thus caused in the blood, and finds that they all may be considered as consequences of paralyzation (from too powerful irritation) of the respiratory centre in the medulla oblongata, and thus causing asphyxia. All these metallic salts, passing into the circulation, cause at first a more difficult and retarded respiration from primary disturbance of innervation, and the asphyxia, with or without accumulation of phlegm in the bronchi, is of secondary nature. Another cause of the asphyxia is the paralysis of voluntary muscles, which even small doses of Copper and Zinc may produce. This destruction of the irritability (contractility) of the muscles is also of great importance in relation to the circulatory functions; the pulse becomes small, soft, compressible, and the heart's action irregular. Copper and Zinc primarily irritate for a short time the musculomotory, cardiac,

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nervous system, to be followed by lasting retardation and paralysis, so that even strong induction-currents fail to act. Biermer explains from this altered tension in the arterial system the diminished diuresis, leading to retention of urine and uræmia, in metallic poisoning. It is perfectly plain that the temperature must fall under such conditions.

We already mentioned that blood containing any of these metals causes disturbances in the functions of the central and peripheral nervous system. These functional disturbances are partly the consequences of abnormal division of the blood (*e. g.*, plumbism renders the nerves richer in blood than the muscles; all these metals show great affinity to the albumen of the nerves, and thus cause nutritive changes). Such a deposit in the tissue of the nerve-centres engenders primarily irritation, soon to be followed by depression and paralysis, showing itself by prostration, vertigo, sleepiness, torpor, impotence, contractions, dilatations of pupils and palsies. The nerve-centres presiding over motility are first affected, whereas at least in the beginning the muscles preserve their contractility, and the peripheral nerves their excitability; only at a late period excitability of the sensory nerves is lost and reflex action becomes impossible.

Rademacher claims that there are seasons when the endemic constitution of acute diseases demands particular remedies, and his chief endemic remedies are found in Natrum salts, in preparations of Copper and of Iron. The symptoms calling for Copper were: "The color of the face was mostly palish gray, dirty light-blue, seldom reddish, and only a few times, in evening exacerbations, was it bright red and hot. The palate was always red. The sweats were moderate, sometimes clammy, and often smelt very sour, and patients felt worse after them. In most cases there was a tendency to diarrhœa, or there was more or less of diarrhœa present. In pneumonia, patients complained of a sense of pressure under the sternum and of weight in the chest, though sometimes there would be no complaint, until a sense of suffocation announced extensive infiltration in the lung." Grauvogl (*Text-book of Homœopathy*) accounts for the action of Copper in this way: Science has already demonstrated that Copper, in a finely divided state, absorbs immense quantities of ozone. It is also

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demonstrated that the ozone in the atmosphere is not found in the usual quantity in places, for example, which are affected by cholera, or in which the atmospheric electricity is negative (Zinc). Now Copper is one of the chief prophylactics against cholera, and cures this disease on its first appearance. Copper in a finely divided state has the property of absorbing great quantities of oxygen, it is an ozone-bearer, takes ozone up and imparts it to the blood. Accordingly, all disease-forms, in which Copper is the remedy, are to be referred to a lack of ozone or an overplus of jodosmone (compound of cyanogen) in the blood.

Buchner (*Morbus Brightii*, p. 71) quotes Kletzinsky, who once remarked, "that the remedy which produces, without previous altering the blood-carrying organs, in the urine albumen plus renal elements, must be one of the best remedies in cholera, and such a remedy is Cuprum." According to Buchner, Cuprum attacks more slowly than Arsen. the left cardiac muscle, and this more directly through the motory cardiac nerves than by clear hypertrophy, which never reaches a high degree on account of the weakened state of the heart's energy; the changes produced last longer, so that it takes a longer time in restoring them to their normal state, and such a slow lesion in the arterial as well as in the venous circulation with simultaneous wasting of the muscles gives very few characteristic symptoms. Cuprum in small doses produces atrophy of the kidneys, of the muscles, in the whole organism; it depresses the functions of the spinal cord, and especially those of the sexual organs, and although the degenerations arise slowly, they prove in the end more deleterious. In its further comparison of Arsen. with Cuprum, he recommends Cuprum in uræmic eclampsia, as the metal shows such eminent relations to the motory nerves, especially in persons of exquisitely fine and sensitive character, whereas Arsen. acts more on the sensory nerves. He prescribes Cuprum in relapsing fever with irregular paroxysms, and the more the fever localizes itself in the liver, kidneys, and spinal cord, the more will the symptoms correspond to this remedy. It gives peculiar, widely ebbing remissions before a new impetuous paroxysm appears; it exhibits distinct recurring attacks, emanating especially from the abdominal ganglia of the sympatheticus and vagus, or we find exceptionally

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the disease primarily localized in the medulla oblongata and corpora quadrigemina, thus in direct relation with the fossa rhomboidea, and secondarily the intestines and kidneys. In obstinate vomiting Cuprum ammoniato-sulphuricum is of benefit.

Page 114, he describes the Cuprum uræmia with these symptoms: The convulsions, the nervous asthma alternate with talkative delirium, thoughts chase one another, there may be amaurosis or partial deafness, and the severest paroxysms are followed by apathy and intense indifference to death. During the convulsion the face is distorted, frequently flushed, the eyes protruding, staring, the spasms prevail in the extensors; tongue and breath cold, pulse little changed; there are long-drawn screams, without painful sensations, till copious sweating and exhaustion produce stupefaction, and the convulsion ceases. In short, we may consider *paroxysmal eclampsia* one of the chief characteristics of Cuprum.

Bayes (*Applied Homœopathy*, 88), after mentioning the value of Copper in scabies and epilepsy characterized by the extreme violence of the convulsions, most usually with pale face, finds Cuprum indicated in *slow pulse*, the sign of feeble muscular action of the heart, and where the violent paroxysms of hooping-cough are followed by asthmatic wheezing.

Heinigke (*Brit. J. of H.*, xxx, 632) believes that all the manifestations of the action of Copper on healthy and sick persons go to confirm the view that this metal, in its molecular condition, is a powerful remedy for the functions of the whole nervous system in the directions of sensibility, mobility, and reproduction.

It seems strange that most authorities of the old school recommend Zincum for the same nervous affection for which a homœopath would give Cuprum; in fact, the former (Nothnagel, Binz, Naunyn, Sobernheim, both Woods) consider Cuprum only a remedy for external use, and even Rademacher and Viessel failed to learn the use of the molecular action of remedies. Might it not be possible that the primary action of Cuprum corresponds to the secondary action of Zincum, and, *vice versâ*, the primary action of Zincum to the secondary action of Cuprum; in other words, they are negative or positive to one another. Cuprum is primarily an irritant neurotic poison, producing secondarily great depression of

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temperature and progressive general paresis, ending in death from failure of respiration. Hence the extreme violence of the convulsions, its efficacy in spasmodic cholera, in angina pectoris, etc. We also found that Cuprum brings out its organic degenerations slowly, with a steady progress to certain ruin; the high-graded hyperæmia is followed by stagnation, the erethism by torpor, even to perfect indifference to death. How different is the picture of Zincum, which nowhere attacks the blood so injuriously. We rather find it indicated in a state of the blood which in its qualitative analysis approaches chlorosis. There is want of vitality, as we find it after physical and psychical depression; there is a heaviness and weakness in all organs. Thus it is used for suppressed menses, where the woman feels relief of all her sufferings when the menses flow; in fact, the woman hardly ever feels well except during menstruation. The cough is harassing and troublesome, because strength is wanting for expectoration; as soon as this becomes free relief follows. He feels as if the bladder would burst, and still there is not energy enough left to pass a full stream. The same is the case in defecation; the stools are scanty, dry, brittle, granular, but never formed like healthy fæces. In its dyspeptic symptoms we meet a sort of subdued nausea, with a general tremulous sensation and irregular, weak, spasmodic action of the heart. The clonic spasm, as well as the coma, find their origin in cerebral exhaustion. Zincum has primary depression of the nerve-centres, and we find it therefore acting nicely in cerebral atrophy, perhaps also in progressive paralysis of the insane (which, according to Hitzig, is only a subdivision of cerebral atrophy), and in infantile convulsions the depression of the fontanelles gives us a valuable hint for its use. Cuprum we ascertained to be a good remedy in morbus Brightii and the consequent uræmia. In Zincum we may find the urine loaded with urate of ammonia, and containing traces of sugar, leading, perhaps, gradually to that slowly undermining nervous affection known as diabetes. There are hardly any symptoms of the sexual organs in Cuprum, whereas in Zincum the nervous hyperæsthesia of the skin causes pruritus, which again leads, in both sexes, to masturbation and onanism; remorse and fear trouble the patient, and hypochondriacal as he now shows himself, he torments every one with his complaints,

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with his spinal irritation, although he may only have pain when sitting, and although his spine feels better for a few days after an emission. Again, Cuprum is indicated in metastasis of exanthemata where the eruption was nicely out, but, being accidentally driven in, it becomes an irritant poison to the internal organs, and it just takes such an irritant narcotic poison as Copper is known to be to aid nature in throwing it out again; Zincum, on the contrary, seems to exhibit many complaints from undeveloped eruption, where the nervous system is too exhausted to throw it off, or too overwhelmed by the quantity of the poison. Zincum also acts well in suppression of chronic discharges, and the cures by its local applications may have, after all, something dynamic about it. The corrosive biting, this pungent sensation, in erosions, eruptions, and ulcers, is also characteristic of Zincum, and it has been compared to the sensation felt when the bare plates of a galvanic battery are allowed to press on the skin.

Again, if it remains true as Grauvogl asserts, that all disease forms in which Copper is the remedy are to be referred to a lack of ozone, or an overplus of jodosmone in the blood, and if we add to this the property of Copper, in a finely divided state, of absorbing great quantities of oxygen, then this metal, by this capacity of absorption, must possess the faculty of stimulating the functional energy of organs by increasing the processes of oxidation in the interior of the tissues. We may then ask what is the physico-chemical action of Zinc as compared with Copper? Does the discharge of bubbles of hydrogen, as seen when Zinc is immersed in a mixture of ordinary sulphuric acid, prove that this metal belongs to the remedies of the hydrogenoid class, especially as it suits all those diseases which are aggravated by electrical disturbances, just as Cuprum will always remain a remedy for the carbo-nitrogenous constitution of the body? And how do we explain, if it is possible, the combined action of Copper and Zinc in forming the electrical current? (A physician of our acquaintance asserts that by giving infinitesimal doses of these metals alternately in quick succession, the prover or patient will feel the electric thrill finer than ever was given by a battery, and still potent enough for its curative purpose.) We have thrown out some hints, and leave it to wiser heads to give us the explanation of the action of these and kindred remedies.

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ARTICLE VII.—Our Nosodes.

By Dr. C. Hering.

Hahnemann's doctrine has met with such opposition that neither Harvey nor Jenner can be mentioned as parallel cases, notwithstanding that both of them were in their day so persecuted as to disgrace forever many of their opponents. By an overwhelming majority, Hahnemann's new school has been called "unscientific;" and why? Because he followed the only way leading to science, the strict method by exact experiments. What he discovered as truth appeared too strange to most of them to be believed. They were so backward in their thinking powers that they altogether forgot that "faith," and "to believe or not to believe" have nothing at all to do with science, and with real scientific research. They refuse flatly, and, such as have obtained a higher position, unanimously, to make the experiments Hahnemann made. They do not, what all chemists and physicists willingly do and have done for several ages, repeat the experiments; and why not? Did it require the six horses the burgomaster of Magdeburg put into harness to pull apart the two hollow brazen hemispheres, kept together by nothing but the outside atmospheric pressure, after the air between them had been exhausted by an air-pump? No! It required no more than to burn a finger in a candle or in boiling water, and then apply to it the thousandth part of a drop of the tincture of Cantharides. They of course did not want to burn their own fingers, but refused to try it even with the burns of other people. Even in the hospitals they preferred killing their patients with lead-water and morphine. No doubt they had an inkling of the truth of the doctrine; but they smothered their consciences, if they had any. Let patients still be killed as before. They repeat what was said in Harvey's time: "We prefer to err in all our conclusions; we never can allow Hahnemann to be right. Our pride does not admit such a thing." This is the sole reason of their opposition. "Not resting in a bare diversity, it rose into a contrariety."

Now, after all this, it is no wonder that one of the most important discoveries made within the ranks of the Hahnemannian

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school, has been looked at with a sneering air of superiority; even by a large number of such as pretend to belong to the new school, it has been treated in a haughty manner.

In 1828, the poison of a snake was proved on the healthy according to Hahnemann's method by taking it on the tongue, and into the stomach, and also by inhalation; and it had a decided influence on the healthy as well as on the sick. All toxicologies declare its non-action when taken "inwardly." Even Bollinger, in Ziemssen's *Cyclopedia*, 1875, American edition, vol. iii, page 549, repeats the assertion of S. Weir Mitchell: "Each variety of snake-poison, when taken into the stomach, is absolutely innocuous;" a statement entirely groundless, as he investigated only the poison of the rattlesnake, and with regard to this point, did not make a single experiment according to the strict method.

Several years before, 1872, it was for the first time acknowledged by a committee of British physicians and naturalists of high standing, that the poison of snakes *did act* when taken into the stomach.

M. J. Fayrer, *Thanatophidia of India*, 1872, page 115, Exp. 24, a dog was killed by eight or ten drops of cobra-poison inwardly, in thirty-one minutes.

"These experiments quite settle the question of poisoning by absorption of the poison through a mucous surface." "It must be admitted that snake-poison may be absorbed." "This is quite contrary to hitherto expressed opinions." Page 126, experiments of Mr. Richards, showed that the cobra-poison put into the mouth not only proved fatal but very rapidly so. On same page, experiment 13 of Mr. Stewart, confirms the poisonous action of the venom when swallowed. These experiments were made according to strict method.

Already in the year 1831 homœopathy led to the discovery that *heat* applied from a distance, not by cauterizing the wound (that absurd and barbarous custom), but by radiation, was the best remedy for the bite of a snake. Even the horses on a stock-farm in Texas know it by experience, and when bitten by a copperhead, they hobble on three feet to the nearest fireplace to be attended to by the men, who always keep pieces of iron in the fire; of course, not to burn out the wound, but to apply heat from a

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near distance until all the pain is gone, and the poison as it were neutralized.

Already in 1829 it had been proved by numerous and oft-repeated experiments, that snake-poison did act after having been put into alcohol, and the soluble part dissolved therein; it acted on the healthy and on the sick.

Still alcohol was known to be the best antidote after the poison had been absorbed into the blood. Alcohol we know for certain will, when taken in quantity, enter the blood as such. Here both meet, and hence the poisoned person, no matter how much alcoholic drink he may swallow, does not get drunk; the action of alcohol is, as it were, consumed by acting against the poison. Compare Bollinger, l. c., iii, pp. 550 and 551, where the advice is given, p. 550, fourth line from the bottom, to "take care not to produce intoxication."

We have now to mention one of the strange contradictions and discrepancies of which the old schools are full. Alcohol does not interfere with the action of the venom of serpents if mixed with it. We learn from S. Weir Mitchell that Dr. Brainard had first found this out in 1854 (*Smithsonian Report*, p. 133); but the homœopathic school had been ascertaining this great fact from 1828 up to 1837 by hundreds and hundreds of experiments on the healthy as well as on the sick.

S. Weir Mitchell corroborated it in his classical *Researches upon the Venom of the Rattlesnake*, 1860. And more than that, he also discovered by careful and repeated experiments that the venom, even after having been boiled a considerable time, could kill reedbirds and pigeons. Thus heat did not destroy the poison, as alcohol did not, and the latter was known as an andidote. Radiate heat was proposed as such in the *Domestic Physician* of C. Hering in 1834, and in the *Correspondenz-Blatt*, published at Allentown, October 22d, 1835.

Dr. S. W. Mitchell was candid enough to admit on page 45 of his report: "It is not a little curious that the animals which perished from the injection of boiled venom, exhibited very trifling *local* evidence of the action of the poison. *I am unable to offer any plausible explanation of this curious deficiency.*"

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Hahnemann's school is not only able to explain it, but claims it as the greatest discovery within its ranks!

Heat and likewise alcohol are the most decided agencies for destroying, not the poison, but its zymotic qualities; and, very likely, not only with the venom of serpents. Heat will also annul the zymotic influence of the saliva of the mad dog, and possibly a great many other such injurious ferments. We have sufficient proof of this, and with the very worst of them all, the anthrax poison; we know that the alcohol destroys bacteria, but preparations with alcohol still act curatively on the sick.

But all the so-called animal poisons which act as ferments in the blood (they may or may not produce bacteria) and all ferments or zymotic products of disease, if acting by contagion, are valuable medicines as alcoholic tinctures. Even some other morbid productions, which are not contagious, contain chemical combinations soluble in alcohol, and may become useful in that form. To distinguish them, they have been called by the general name of *nosodes*.

An impudent plagiarist, an ignorant, uneducated man, in a little pamphlet—not a work, as it has foolishly been called—invented the absurd name, isopathia, introducing much which is evidently the most abominable trash, and at the same time inculcating the dangerous doctrine of applying them without any proving on the healthy. Many of them were complete absurdities. It was opposed, not only so far as it merited disapproval, but to such an extent that the useful and the nonsensical were thrown into the same box. All participants in the absurdity were also accessories in the crime.

We know nothing of the chemical constituents of the nosodes; but for this we need not wait, if in the meantime we may heal the sick. A number of talented men are now engaged in a most careful analysis of all those which are of importance.

The pus contained in the pustules of small-pox, by the chemical test with iron tincture, has been shown to contain a sulphocyanate. As this always disappears from the saliva of those who take small-pox before the breaking out of the eruption, and reappears after the patient is getting over it, we have here a new field opened to pathology, and it is a discovery of our school that, not

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the carbolic acid, recommended from an absurd analogy, but inhalation of highly diluted prussic acid is a sure preventive of small-pox. Not one of the workmen who used cyanide of potassium in their workshops during the last epidemic took the disease.

All this has been said years ago, and some of it even scores of years ago. But all in vain. It may be allowable to quote the poet Churchill:

> "E'en at thy altars while I took my stand,
> The pen of truth and honor in my hand,
> Fate, meditating wrath 'gainst me and mine,
> Chid my fond zeal and thwarted my design."

Our peculiar friend, J. J. G. Wilkinson, in the *British Quarterly* of 1854, vol. 12, page 250, has given us a well-intended treatise on animal poisons, but has altogether overlooked one most important difference between zymotic action and that other which we may call dynamic. As we all know, every contagion acts in an entirely different way if communicated to the circulating fluids than if taken inwardly. If inoculated, or if given by "subcutaneous injection," like the snake-bite or the bite of a dog, they act without exception as ferments; thus by zymosis.

But when taken inwardly by the alcoholic extract, containing some salts so far chemically unknown or some similar chemical combinations, it then acts like every other poison or drug. Dr. Wilkinson does not acknowledge this, as it were, polar difference. He even calls infection by contagion a "*proving*," which is entirely wrong. No one would call a child's vaccination a proving of cow-pox. Vaccination is a poisoning; the cow-pox matter acts as a ferment. Hence it is theoretically wrong; but until we can treat small-pox with more certainty by drugs, we have to prefer the lesser evil. This was already printed in the *Archives* of 1831, long before the great opposition from all sides came into fashion.

The use of nosodes prepared with alcohol will before long enable us, after some experience, to do without vaccination. We are coming nearer to it every day.

A society consisting of friends of homœopathy in Wurtemberg, proved the difference between genuine and spurious cow-pox, and

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in a communication called attention to the bad consequences of using the latter for vaccination.

A master step was taken by Dr. Boskowitz, in Brooklyn, who also was the first to prescribe *Ignatia* in diphtheria. He had convinced himself of the genuineness of that kind of "grease" in horses called malanders (variola equorum), from which as we know originated the real cow-pox, and applied the medicine prepared therefrom as a preventive and curative of small-pox with the greatest success.

According to Wilkinson's proposition, we should not advance; but, as he has done, rather go backwards. In his deductions, 1854, he proposes the use of what he calls glanderine and farcine, and wisely separated them in his preparations, notwithstanding there is no doubt that glanders and farcy are the same disease. Not only Leblanc, the French veterinarian, but all observers have since acknowledged this identity; and Drysdale is right in giving the prepared poison the general name hippozænine.

While the preparations he offered, as to be had from Headland, were no doubt made with alcohol, in another treatise three years later, *British Quarterly*, vol. xv, p. 343, he proposes to have the contagion of glanders prepared in a very ingenious way with gum arabic. But this is progress in a backward direction. The intention was evidently to avoid the alcohol instead of giving the preference to the alcoholic preparations. It may be that this explains why we never could get them in America notwithstanding our wishes. Or it may be because the editors of the *Quarterly* considered it their duty to add in 1854 a breech-leather of protection from behind, and in 1857 a little daddle apron before it.

In fact we never got it, and have never heard any more of it for twenty years. The very possibility that we could have gained something in the treatment of tubercles ought to have induced provings on the healthy with the Hippozænine. As long as the fear of being reproached or sneered at by the old-school doctors predominates over our American *conditio sine qua non*, to heal the sick, the use of the nosodes will be "no fashion;" and that is enough to make short work of them.

The two nosodes that have been sufficiently proved on the healthy, and have been of the greatest use in most important cases,

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and have been defended by our best practitioners, the *Hydrophobinum* and *Psorinum*, will be given in this journal as an appendix, their history and complete collection of symptoms, produced and cured, to be arranged in the same way as in the *Materia Medica* of C. Hering.

The two next important not yet proved, but still given with the greatest effect in the most serious diseases, the *Anthracinum* and *Variolinum equorum*, will next be noticed in this journal, in the hope that it may animate some of our able provers to open their hidden treasures and add corroborations. These two are the most important of all with which to beat the old schools within their own dominions. Next will be mentioned the Hippozænine, proposed by Wilkinson, and the Aphthinum equorum, and A. bovum, and what we know about them in healing pulmonary diseases.

"In grossen Krankheiten will Gott sein Lob haben," said our great Hohenheim three hundred years ago. And now is the time to do it, and to prove it in the most irresistible way by healing the sick, and by explorations according to the strictest method. "The time will come," said Hahnemann, "when we shall be able to act with mathematical certainty."

ARTICLE VIII.—Cina, a Study, with Glossaries.

By M. Deschere, M.D.

Many physicians complain, whether justly or not, that it is uphill work to find the necessary remedy in Allen's giant *Encyclopedia;* they thirst for condensation, carry Johnson in their pocket, and feel satisfied with a repertory which gives them the characteristic hint or hints for the selection of the remedy. But we ought never to forget that such characteristics are not alone binding or restricting us to its selection; and, *vice versâ*, a remedy may be fully able to cure the case, being its similimum, although *the* symptom, known to every tyro of our Materia Medica, may be absent.

Such a wrongly-judged remedy is *Cina*. Everywhere in our

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therapeutics, domestic physicians, and even in our condensed Materia Medicas, it is put up as the great worm remedy; everywhere we meet the stereotyped phrase, "when worms or worm symptoms are present;" and every allopathic Materia Medica preaches the same, for do not Nothnagel, Koehler, *et id omne genus*, advise Santonin for ascarides, and more rarely for tænia.

Studying the toxical action of this remedy, Dr. H. Boeck gives us the following symptoms: The first phenomenon after the use of Santonin, or its combination with Natron and of Semina Cinæ, usually is a change in the sensation of colors. Hufeland observed already, 1806, that patients see everything yellow after the use of Cina, and other observers verified this observation. Spencer Wells observed green sight even after such a small dose as 0.25 Santonin. Heideloff's communications on this point are very interesting. It was a habit at Poesneck, Prussia, for young and old to take Semen cinæ on the 25th of January. A tradesman's family took an overdose, and the whole family mistook red for orange and blue for green. Schmidt, who made observations at the same place, observed a man and his son who mistook everything for green; crimson appeared pale; madder color they took for bronze color; white for yellow. Annet found that this yellow sight disappeared after a few hours. According to De Martini the quantity of Santonin taken corresponded with the sensation of color. After 5 grs. = 0.3 a patient saw everything yellow; after doubling the dose it first appeared orange, and then yellow. This color-blindness appears, according to the experiments of Farquarson, already twenty-five minutes after the introduction of 0.3; lasts only a short time, never over twenty-four hours. In some cases it appears in intermittent paroxysms (De Martini). According to all authorities the urine is increased and colored yellow; there is constant inclination to micturate, and the quantity of urine discharged contains more solids, especially urea, than in the normal state, although the latter assertion is not yet entirely proven. Close observers noticed a violet color to precede the yellow. In most cases of intoxications this alteration of color is the only manifestation of the poison. In other cases cerebral symptoms were marked, as vertigo, headache, general restlessness, nausea, and vomiting. Grave cases manifested themselves by trem-

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bling of the whole body, convulsions and trismus, pale face, a copious sweat covers the skin, pupils dilated, beat of the heart and respiration accelerated, sensorium confused even to perfect unconsciousness. The primary restlessness gives place to perfect apathy with sopor, followed by involuntary micturition and defecation; and, with increasing collapse, death happens in a few hours; all of which were observed in the fatal cases observed by Grimm and Lohmann. In this case a child, aged three and a half years, took five drops of Santonin (0.15), and severe convulsions set in after a quarter of an hour; after three-quarters the child was unconscious, with cyanotic bloated face and dilated pupils, insensible to light. Foam before the mouth, spasmodic muscular twitchings in upper and lower extremities; eyes turned upwards; teeth firmly set. Only after three hours consciousness returned, and the spasms decreased; the following day the child had fully recovered. In another case (*Hahnemannian Monthly*, vol. vi, p. 512) an allopathic physician discovered the following symptoms after three grains of Santonin: Vomiting soon set in, and ere long a rash came out over the whole body, which resembled urticaria, with some swelling of the parts of the body affected. Some prostration likewise resulted, but no pain. The following day, fearing the symptoms might be due to other causes than Santonin, the doctor administered a similar dose. In a very short time the same symptoms returned; the vomiting was more violent, and a ridge or elevation of the skin appeared on the child's nose, surrounded by an erythematous blush; and in less than half an hour the whole face was œdematous, and the eyes nearly closed, and the lips enormously swelled and glistening from the serous effusion, while a viscid saliva issued from the lips. No other symptoms were noticed. The child was put in a warm bath, and the swelling and rash disappeared almost as speedily as it came (*British Medical Journal*, 1871).

Wetz saw sometimes red discharges from the bowels, which seemed to contain blood, but no blood-corpuscles could be discovered. Daniel affirms to have detected blood in the increased urine.

Drs. Burdick and Lilienthal of this city (*North American Journal of Homœopathy*, xiv, 139) report a fatal case of poisoning with

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Santonin lozenges in a girl of five years, who always enjoyed before the best of health. She took about six grains in divided doses. As soon as she went to bed she was restless, and coughed incessantly the whole night. Vomiting of yellowish, slimy mucus set in at 11 P.M., and continued till forenoon; purging of watery, flaky, foul-smelling stools every ten to fifteen minutes. Dr. Burdick found the child collapsed, the face pinched, extremities rather cold, great restlessness, drawing up of lips over the teeth, with pinched expression of mouth and nose; continual thirst for ice-water, which she swallowed greedily. Consciousness clear when awake, but during her restless sleep delirious. Complains of seeing things yellow; urine also orange-colored. Very restless; throws herself about with her whole body from one side to the other. Abdomen very sensitive, the child complaining of a dull pain in the pit of the stomach. In the evening we found the abdomen somewhat tumid, but soft, breathing quick and catching, tongue deep red, without coating. Hot perspiration on occiput; clammy in forehead. The icy-cold, clammy perspiration crept steadily upwards. Slight twitchings of facial muscles now set in. At 9 P.M. the pulse of the left side was gone; on the right side thready and soft. The brain entirely free; she recognized everybody, and embraced her mother, with a fair voice. After midnight severe convulsions set in more like tetanus; throwing the head backwards, eyes rolling about, countenance distorted, body sometimes nearly curved, with legs turned back. At intervals grasping at everything; gnawing of fingers. Burning pains apparently torment her as she forces everything in her mouth. After four convulsions she died about 2 A.M.

It seems remarkable that Hahnemann and his disciples do not mention color-blindness in the *Materia Medica Pura*, whereas they put down strictly all the grave symptoms of intoxication, as vertigo, nausea, vomiting, convulsions, copious sweating, paleness of face, dilatation of pupils, obtuse mind, unconsciousness, etc., especially as Hufeland, twenty years before the appearance of the *Materia Medica Pura*, mentions already this yellow sight as a prominent symptom of Cina.

The chief effect of Santonin is without doubt on the nerve-centres, which are primarily in a state of increased stimulation,

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followed by a steady decrease, hence the vertigo, the headache, the convulsions and sopor; even the vomiting must be considered a cerebral symptom, for the tongue in Cina is always clean and without coating. The changes in circulation and respiration have the same cause. We saw how the tetanic convulsions also attacked the respiratory muscles, and Hassett and Rienderhoff show in their experiments on dogs and rabbits this spasm of the laryngeal and glottis muscles, and thus the death by Santonin is one of suffocation, similar to the intoxication by Strychnine. It would be a mistake to consider such a death as caused by poisoning with carbonic acid, for even frogs suffer from convulsions before they perish. Hallucinations, according to Rose, are observed in about one-third of the cases, and may attack every sense except the hearing. The same experimenter also found out that the yellow sight is prior to the yellow coloring of the urine, and that death may happen before the latter symptom is observed, and concludes therefrom that Santonin generates already before the pigmentation such changes in the optic nerve and its final radiations that the percipient elements of the retina have lost their normal function of perception. Rose therefore considers the yellow sight a manifestation of Santonin narcosis, similar to the headaches, the sleepiness, the hallucinations, etc.

Some gentlemen proved Santonin, and Rose found that the spectrum shows normal relations, as far as it could be seen, inasmuch as the field of observation was shortened. The place where the violet (red and blue combined) is, is at first colorless, then black. In Santonin poisoning we have, therefore, essentially a violet blindness. The organs which perceive the violet streaks of light are stimulated at first, hence the short and transient violet sight, more clearly perceived on dark objects, and after awhile the same organs are paralyzed, violet blindness.

Autopsies failed to give any characteristics. Hassett and Rienderhoff mention hyperæmia of the brain and spinal cord, especially of their membranes, hyperæmia of the lungs and the heart filled with blood, all of which only proves a death by suffocation.

It is nearly a shame that our school neglected Cina so much in its therapeutical relations, inasmuch as we find everywhere only the indication, where "worm symptoms prevail," overlooking its

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manifold indications in other diseases. Hempel already hinted at this neglect in his *Materia Medica*, vol. ii, p. 191, when speaking of neuralgic or arthritic rheumatism. He says: "As far as I know, we have no clinical experience with Cina in this disease, which may perhaps only correspond to a small number of cases; but its symptoms show that it belongs to the group of rheumatic remedies, with a neuralgic character prevailing. We are too apt to run in habitual grooves, and leave therefore unnoticed the usefulness of a drug in affections, where it had been only sparingly used, because its specific indication, for which it is customary to apply it by laymen and physicians, absorbs our whole attention. Such an empiricism has no place in our school."

And in plain contradiction to it the same author writes, p. 188: "Homœopathic physicians praise this remedy in some cases of hydrocephalus, but it is probable that the symptoms which were taken for hydrocephalic ones were really caused by worms."

A boy complained of chilliness for the last ten days every afternoon. The chill is followed by one to three convulsions and great heat, mostly in the head and face, pain in stomach and abdomen, pupils somewhat dilated, constant rubbing of nose, restlessness with gnashing of teeth, abdomen bloated, screams out suddenly. After the failure of allopathic treatment he received Cina^{2c} in water, every two hours a teaspoonful. Improvement already the next day, and perfect well-being after three days.

Where are here the worms, or is it necessary that worms caused this train of symptoms, because some of them hinted towards it and because Cina cured?

R. Hughes in his *Pharmacodynamics* remarks under Cina, "that it has derived its reputation and its popular names from its activity as a vermifuge, but it is not our only specific for expelling worms." It would be really a pity and hardly worth while to study over three hundred symptoms, given by the provers, if that were its only possible use. Hahnemann teaches us that homœopathy ignores specifica, and never prescribes according to the name given to a diseased state. We know only patients suffering from a certain complex of symptoms, and by removing them health is restored.

What is helminthiasis? Is it the irritation caused by the

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worms in the intestinal canal and the symptoms emanating therefrom, and does Cina cause all the symptoms which worms produce; or we might ask, does Cina only produce such symptoms as found in worm affections and nowhere else; or is Cina specific in helminthiasis? To all such questions our answer would be a negative one, for Cina, wherever it is the simile, will cure, whether worms are present or not. On the contrary, where a patient may be full of worms and his symptoms point directly to a certain remedy, *e. g.* Aconite, you might give Cina in infuso-decoction, in tincture, or in the millionth potency, and a negative result is necessary. That worms are destroyed in a solution of Santonin, is a purely toxical effect, and has nothing whatever to do with its homœopathic indication; other drugs do the same, wherefore then this *ignis fatuus?*

Hahnemann says (*M. M. Pura*, i), that it has more valuable properties than those which make it a vermifuge, and indicates it in hooping-cough and in certain intermittents, accompanpied by vomiting and canine hunger, and adds, that every homœopathic physician will find it indicated in suitable cases.

How little notice is taken of this observation of the father of homœopathy the literature of the last fifty years proves sufficiently, for we find it only here and there in cases reported in our journals. Still we acknowledge our indebtedness for some characteristic indications.

Bœnninghausen reports: "Shuddering on drinking wine, as if it were the strongest brandy (Hering's *Condensed Materia Medica* gives a similar symptom: 'On drinking wine she shudders as though it were vinegar.') We witness here a confirmation of the hallucinations observed by Rose, striking the sense of taste."

B. W. James gives the following eye symptoms, verified by Dyce Brown, and reported in the *British Journal of Homœopathy:* "Color blindness; imperfect sight; objects do not appear distinct; headache, with pain in the eyes; dulness of sight when reading; can see more clearly for awhile after rubbing the eyes; eyes painful when reading (hyperæsthesia retinæ?). Two large doses of the drug cause everything to appear green; retinal arteries and veins dilated; amblyopia ameliorated by rubbing of the eyes;

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young cats (not old ones) poisoned by Santonin, show a dulness of the lens (soft cataract), observed by Ogston."

Guernsey gives us in his great work on *Obstetrics* the following characteristics of Cina: "Gnashing of teeth; constant jactitation, even in sleep; the child is very restless, screams, does not want to be touched, cannot bear anybody to come near it, is dissatisfied with everything and in constant bad humor: the child is hungry and wants to eat all the time, wants to be moving about; does not sleep, except when rocked in his cradle; desires many things which it refuses when offered; sudden distressing cries in sleep, as from colicky pains, with thirst for water; vomiting of milk; nausea, with a weak, hollow, empty sensation in the head; constant pressure in the stomach, causing restlessness at night; gnawing sensation in the stomach, as from hunger; is always hungry; abdomen bloated; vomiting, with a clean tongue; diarrhœa after drinking; involuntary micturition; urine turns white like milk when standing; courses too early and too copious (especially in women complaining of itching of the nose and restlessness at night). Short, hacking cough, followed immediately by an effort to swallow something; child becomes stiff during a paroxysm of hooping-cough; cerebral troubles, with dilatation of pupils; squinting; alternation of redness and paleness of the face; sight improves for a little while after rubbing the eyes; itching of the nose, so that the child bores in the nose with its finger, or rubs the nose on the pillow."

Guernsey also remarks the fact that Cina[m] frequently cures *scrofulosis* in children when the symptoms correspond to it, especially the boring in the nose, the ill-humor and obstinacy, milky urine, restlessness at night with desire for water, canine hunger.

In *hernia infantilis*, with the above symptoms, Cina will cure the rupture.

Chronic catarrh, with profuse mucous discharge, mixed with blood; cough dry, with slight expectoration, with starting in sleep; dyspnœa; pale face; frequent and painful sneezing; burning heat in the nostrils.

Infantile bronchitis; continuous cough; rapid pulse; accelerated respiration; mucous rattling in the bronchi; rubbing of nose.

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Hooping-cough, especially in children with dark hair, and irritable, obstinate temperament.

E. W. Berridge, M.D., gives us a clinical observation with Cina[m]. He cured with it a drawing pain in the right temple, as if it were drawn in a vertical direction; on coughing, feels as if it would burst.

Kafka cured a paralysis of the vocal cords in consequence of catching cold, accompanied by twitching of the right hand and pectoralis major, constriction of the right side of the thorax, with difficulty of breathing at every fit of coughing, followed by a gurgling noise along the œsophagus. After the failure of many remedies, Cina[3] cured. The reflex, spasmodic action of the pneumogastric clearly indicated the remedy.

Dyce Brown also remarks that moderate doses of Santonin affect the opticus and vagus (*B. J. of H.*, 29, 117).

Finally, we may be allowed to give a few cases from our own practice where Cina was clearly indicated.

1. H. K., three and a half years old, suffered from a bronchial catarrh after catching cold, degenerating into bronchitis under allopathic treatment. As the child steadily got worse, treatment was changed. I found the formerly blooming child pale and weak; respiration accelerated, short, rattling when coughing, which was done at short intervals; the chest seemed to be full of mucus, which could not be brought up, so that the child nearly suffocated. The child was very cross, notwithstanding the great debility, obstinate, and crying, when his will was not carried out. Restless sleep, constantly broken by the cough; hardly any appetite; wants to drink water constantly; constipation; urine copious and involuntary; pulse 120; auscultation showed coarse, rattling murmur. Tart. emet. seemed strictly indicated, but in the course of two days it failed entirely to give relief. Spasmodic twitchings set in on the third morning with threatening collapse; the child coughed decidedly weaker, still the rattling murmurs could be heard from afar; twitching of extremities, pupils dilated, gnashing of teeth, deathly paleness; pulse 140. Cina[200] seemed the only remedy now in our mind, and we put a few pellets on the tongue. Suddenly severe convulsions of the whole body with opisthotonos set in, which passed off as suddenly as they came. Respiration quieted

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down, the twitching ceased, and the little boy fell into a quiet sleep; his eyelids perfectly closed as in natural sleep. After an hour he still slept sweetly; pulse 108. Cina^{2c} was continued, and the child fully recovered, though it never passed a worm nor showed any worm symptoms before, during, or after his sickness.

2. Anna M., five years old, taken down with remittent fever, was nearly recovered except excessive prostration. Not a trace of fever was left, still the usually good-natured child was cross, fretful, irritable, dissatisfied with everything, and passed her urine involuntarily. Cina^{30}, a few pellets every two hours. Appetite returned, and with returning strength recovery was perfect.

3. A baby of four months suffered from a dry cough and sneezing. He would not nurse, and cried when not coughing. Two older children, who played with the baby, got the same attacks of dry coughing, sneezing, inappetency, sleeplessness, and complained of pains in the throat. Cina^{2c} for all three, and well-being the next day. The contagiousness of the affection is here remarkable. No worms nor any worm symptoms.

Let us not be one-sided, but let us study and apply our remedies according to the totality of their symptoms. We are too easily biassed and thus misled, hence too often our failures. Only by knowing and acknowledging our failures we will improve and do better in the future.

ARTICLE IX.—Natrum Salicylicum, pro and con.

Hirschel's Homœopatische Klinik, 8, 1877, contains the two following cases:

1. *Rheumatismus Acutus and Natrum Salicylicum, by Dr. Carl Koeck, in Munich.*—A girl of twelve years had to be carried home from school, as the pain on the external side of the thigh, running downwards, prevented her from walking, She was sitting in school, near the open window in a hot room, so that she felt hot on one side and chilly on the other. On examination of the foot, there was neither redness nor swelling, nor an objective rise of

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temperature. Flexing the leg in the ankle or knee-joint pained only in the beginning; there was no fever, no relief from sweating; she only complained that even in bed, shocks passed from the thigh down to the foot, so that she had to scream, and that every motion is painful. I gave Rhododendron, on account of the absence of fever, and especially as we find in that drug quickly passing tearing-stitching pains in the lower limbs, from above downwards, tearing from the thigh to the foot, worse during rest, and when first moving the limb. The dose was every two hours a drop of the second centesimal. The remedy proved the right one, and in four days she was able to go to school, but in two days the disease returned with renewed force, from the same cause, as the child occupied the same seat again in the schoolroom. We found on the left side the ankle and knee-joint, the elbow and wrist enormously swollen, of a pinkish-red color, very sensitive, every motion exquisitely painful, pulse 120, high temperature, sweat, etc., in short every symptom described by Niemeyer in rheumatismus acutus, although cases are rare where we see so many joints at once affected. Aconite and Bryonia failed to give the least relief, and I prescribed, therefore, the so much praised Natrum salicylicum, six powders of the first centesimal trituration, to take a powder forenoon and afternoon. After the first powder improvement set in, and in three days swelling and redness were gone. The fever had already departed on the first day; on the tenth day she was out of bed, but an exudation on the knee-joint prevented her still from walking. A few doses of Natrum muriaticum removed it.

[During my service last winter at the Ward's Island Hospital, we had several cases of *acute articular inflammatory rheumatismus*, and for this state the following prescription was given with surprising effect: ℞.—Salicylic acid, Natrum carb., āā gr. xx; Aqua font., ℥vj. Dose, a dessertspoonful every two or three hours, according to effect. It is a cheaper way to make Natrum salicylicum, and just as effectual as the higher-priced preparations. *The inflammatory rheumatic affections of the joints individualize the diseased state as well as the remedy*, and the following case of intoxication with it proves its homœopathicity.—S. L.]

2. *A Case of Poisoning by Natrum Salicylicum, by Dr. H.*

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Weckerling.—Mrs. W., 28 years old, of a consumptive family, suffered last winter some time from cough with bloody sputa, and was attacked March 8th with left-sided pleuritis and copious exudation. On account of the continued fever, she took for several evenings Natrum salicylicum 5.0, and still the thermometer in ano showed mornings 38.0. I was suddenly called to her on the evening of the 17th, as she took that afternoon, by mistake, 15 grammes instead 5.0 grammes. She was unconscious, sometimes slightly delirious; when roused up by addressing her loudly, she complains of heat, dyspnœa, and difficulty of hearing. She had not perspired. Temperature in ano was 38.4, pulse 120, whereas the day before, with the same temperature, the pulse was only 92. *Respiration* 28, *breathing very noisy*, so that it could be heard in the street. With the greatest anguish depicted on her face, and in a half-sitting position, she fairly gasped for breath, and expelled the inhaled air with the same force. The whole mode of breathing, minus the frequency, reminded one of the panting of a hunting dog. In vain I looked for some objective symptoms for this dyspnœa, as retraction of the chest in the fossa clavicularis or hypochondria. After an hour and a half she felt somewhat better (she had vomited); pulse 122, breathing heavy, deep, and with exertion.

March 18th, 7 A.M., 37.4, 104, 32; breathing as yesterday, but less forced; some diarrhœa; complains of great thirst and difficulty of hearing. No sweat. Noon, 38.4, 5½ P.M., 38.8; breathing still panting.

March 19th. Breathing and hearing better. The dulness caused by the pleuritic exudation has diminished greatly, and was entirely gone by the 22d. The phthisis kept on with hæmoptoe, and patient died during the fall.

We read in the *Med. Central Zeitung*, 34-35, 1877: By order of the War Department, Dr. Stricker made extended trials with the different preparations of Salicylic acid, in the different military hospitals, and came to the conclusion that rheuma is the standard indication for this drug, and that it will fail where the affection of the joints is based on gonorrhœa, dysentery, scarlatina.

The most suitable case is a polyarthritis rheumatica acuta in its first stage, *i.e.*, as long as with the general manifestations the local

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affections change their seat or accumulate, and the joints will return to their normal state in an inverted ratio. Acute articular rheumatismus is generally considered a febrile state with the tendency to localize its inflammatory products in the joints and serous membranes. Experience teaches that after the use of Salicylic acid, the secretion of inflammatory products into the joints ceases, and that the tendency disappears to pass from the affected joints to sound ones. The first stages of such an inflammation cause only a slight redness of the synovial membrane, and a slight œdema of the soft parts surrounding the joint. After the removal of the general affection there is here very little to absorb, and *the joint recovers its normal state quickly*, and it is well known that if even an exudation took place, it will be frequently absorbed spontaneously, whenever the quantity exuded is not too large, or where it did not exist already for too long a time. Stiffness may remain for a time, and as relapses are frequent it will be advisable to keep on the treatment for a week or so, in order to prevent them. It hardly ever suits chronic articular rheumatism, but it will always remain a most excellent remedy in *uncomplicated polyarthritis rheumatica.*

Koehler and Danewski (*Zeitschr. f. Pract. Medicin*, 14-15, 1877) found that warm-blooded animals succumb to concentrated solutions of Natrum salicylate, given per os or by hypodermic injections, and die in an asphyctic state, and chemical analysis showed that the blood, in color and in loss of coagulability, is similar to that found after suffocation. It is a regular death of poisoning by Carbonic acid. It is also well known that Salicylic acid and its preparations is a far stronger poison for beasts living on animal food than for those living on plants.

Its antipyretic power is doubted by many; it reduces the temperature, but shows very little influence on the pulse and the course of the fever. Prussian military surgeons consider its use in typhus, typhoid fever, etc., a total failure, and ascribe its favorable action in septic fevers to its power of destroying low organic forms and ferments. Thiersch's antiseptic surgery with Salicylic acid is well known, although many surgeons still prefer the Carbolic acid treatment of Lister. It deserves a full proving from our hands. Who will volunteer?

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Review.

A Manual of Therapeutics, by Richard Hughes, L.R.C.P. 2d Edition, mainly re-written. Part 1. *Henry Turner & Co., London.* Richard Hughes, by acclamation, considered worthy of the degree of "Doctor Medicinæ, Chirurgiæ et Artis Obstetriciæ," by several colleges of the United States, sticks pertinaciously to his "English Licentiate." We cannot blame him, for there is only one more step from Licentiate to fellowship, the equal of the academic honor of France. Still Richard Hughes dedicates this work to his American colleagues, now doubly endeared by the memories of 1876, and in the name of our American Institute of Homœopathy we thank him for this graceful compliment.

The Therapeutics for 1877 are really no second edition. It is a new and most valuable contribution to our literature, and though we may differ on many points, we may still most heartily agree to "in dubiis libertas, in omnibus charitas," although our charity does not ride in an omnibus. Though as a reviewer we are bound to give measure for measure, still we find mighty little to condemn in the practical working of this good book, which we intend most heartily to recommend as a textbook to the class of 1878. Our time has been too limited to study the book as it deserves; we were just working on our article of Myelitis Chronica for the Institute, and our eyes glanced immediately over the chapter, "Maladies Affecting the Spinal Cord," given clear and precise, although short, perhaps too short. Our friend considers Oxalic acid the remedy for chronic myelitis, but rejects Picric acid, believing that the latter causes only white softening without sclerosis. I must acknowledge that we read here the pathogenesis of this drug differently, and I'll try at my leisure to compare these two acids together, as they have much in common, and still, and necessarily so, are widely differing one from another. We wondered that the liberal author fails to mention Salicylic acid in acute polyarthritis rheumatica Never mind a quarrel with some of us, it cures when strictly indicated, and surely by the homœopathic law. Omissions are excusable, commissions are none, and therefore thanks, many thanks, for a work which can only be read with profit and delight.

We just received Dr. W. Morgan's *The Liver and its Diseases.* We thank the author for this work, and hope to review it fully in our next, giving now only a short *résumé* of this valuable monograph. England had already presented us with that exhaustive one by Murchison, and we are glad to possess one now, written by a member of our school. After giving us the history of the liver, Morgan gives first the functional disorders, neuralgia, jaundice, hepatitis, acute atrophy of the liver, and then draws before us the chronic states of this important organ which lead too often to a fatal issue. The facts that the higher and highest potencies act equally well as the lower ones, remains a fact still unknown to most of our transatlantic brethren, and as they are satisfied with their mode of cure, I do not think that we have any right to interfere or to blame them. Cure your patients, that is all that the sufferer wants, by the dynamic power, under the guise of a physiological livery or in any other way, but cure them practically and theorize afterwards.

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General Record of Medical Science.

A Contribution to the State of the Urine in Mental Diseases.—Rabow (*Archiv. f. Psychiatrie*, vii, 1) found in nearly all cases of depressed mental condition the volume of urine during twenty-four hours considerably diminished, the specific gravity increased, the quantity of urea more or less diminished, and the chlorides reduced to a minimum. In one case the excretion of urea fell to 4.16, that of the chlorides to 1.6. In paralytic patients we find, during the first stage, as long as there is still present some healthy mind and psychical euphory, a larger quantity of urine, and, corresponding to the increased import of food, more urea and chlorides than in healthy persons; with increasing dementia the volume of urine decreases, and correspondingly the absolute quantity of urea and of the chlorides; whereas the specific gravity seems increased, and a dulness, caused by the urates, is hardly ever absent. Rabow rarely found albumen in the urine of paralytic patients (Rabenau did find it). In epileptic patients Rabow and Happert found some albumen after the paroxysm. The frequency of polyuria in epileptics is well known. After each fit a larger quantity of urine is passed, richer in chlorides, but poorer in urea. In three cases of dementia he found the excretion of chlorides and urates not corresponding to the quantity of food taken, proving a slow change of tissue.—*B. K. W.*, Feb. 1877.

Umbilical Hernia in Infants, by Dr. A. Luton.—After a fair but unsuccessful trial with bandages, Dr. Luton injected closely around the umbilicus five to ten drops of a cold saturated solution of salt in three or four places. In three cases the hernia disappeared in a few weeks after one injection. In one case abscesses formed at the place of injection; in two cases only indurations. In a congenital inguinal hernia one injection failed to bring relief, but Luton thinks that several injections along the inguinal canal might succeed. A young man of 17 suffered from elephantiasis of the left leg. At different places of the affected extremity injections of a cold saturated solution of salt was made. In five months the dimensions and the form of the affected leg, as well as its function, were nearly normal, but the dimensions increased again when the patient followed again his former occupation.—*Mouvement Med.*, 47, 1876.

Burns and their Treatment.—Nitsche recommends to brush thickly over the whole burn linseed-oil varnish, in which Salicylic acid 1 : 10 was dissolved, then cover it with antiseptic cotton, and bandage it firmly. He advises not to wash the affected places, but only to remove dirt and loose epidermis. No suppuration follows.—*Arch. f. Dermat.*, 1876.

Sleeplessness and its Remedies, by Dr. Fothergill.—1. *Opium;* pain is the cause of the sleeplessness.

2. *Hyoscyamus*, when caused by renal affections.

3. *Hydrate of Chloral*, febrile states, especially in infancy. It fails to act where there are pains, or where an exhausted brain, fever or melancholy is the cause.

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4. *Bromide of Potash* is a sedative to the cerebral cells and bloodvessels, and is indicated where peripheric irritation is present. It acts well in sleeplessness caused by pelvic affections.

5. *Alcohol* is the best hypnotic in sleeplessness from emotional disturbance and depression.—*Med. Neuigk., March*, 1877.

On Scarlatina, by Prof. Henoch.—The malignity of scarlatina is not only caused by the high temperature; next to the nerve-centre it is especially the heart which has to bear the brunt of the virus. The albuminuria in many cases is only a symptom of cardiac weakness, and of the nervous stagnation in the kidneys emanating from it. The scarlatinous virus shows, also, a decided tendency of producing necrotic (diphtheritic) inflammation on certain mucous membranes. These inflammations must be separated from true diphtheria, which is a specific infectious disease, although in hospitals they may sometimes be found combined. Senator is right when he proposes for the latter the name "cynanche contagiosa." Obstinate diarrhœa in scarlatina is of bad omen, as we find in those cases not a catarrhal state of the intestinal mucous membrane, but mostly only some swelling of Peyer's and of other solitary glandular follicles.—*B. K. W.*, Feb. 1877.

Cerebral Syphilis.—Virchow found in cerebral syphilis the nerves around the sella turcica affected (olfactorius, opticus, oculomotorius, trochlearis, abducens, trigeminus). Gruepe found syphilitic tumors at the basis cranii, around the optici, or from the pons, reaching to the anterior end of the opticus. Barbar found the optici reddened and thickened, microscopically the interstitial connective tissue swollen and full of granulation-cells, the nerve-fibrillæ destroyed, and the perineurium hypertrophic; in the papilla optica hypertrophy with hyperæmia and extravasation.—*Med. Neuigk.*, Feb. 1877.

Experimental Studies about the Ligature en masse of the Bloodvessels of the Ovaries.—As this operation is frequently and successfully performed on animals in order to fatten them, Dr. Geza Antal, of Budapest, was struck with the idea whether it would not be possible, in suitable cases of ovarian diseases (ovarian cysts), to gain an equally favorable result by ligature *en masse* of the ovarian bloodvessels. Experiments were made on rabbits and dogs, and, after making an incision in the centre of the abdominal walls, the bloodvessels running their course in the ligamenta lata ligated on both sides. The animals showed themselves very tolerant to the operation, and, being poisoned eighteen days after the operation, the ovaria were found diminished in size, anæmic, and the microscope revealed fatty degeneration. Inflammatory manifestations, suppuration could neither be detected in the ovaria or in the adjacent organs. In female cadavers it was shown that after the central division of the abdomen, the uterus, where no adhesions are, can be moved aside, and, by a boring motion, the finger can easily reach the ligamenta lata, draw them down, and ligate them. The operation will be especially indicated, where in ovarian cysts it is not found advisable to tear up the adhesions, and thus extirpation becomes impossible; in such cases it might still be advisable to

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ligate the pedicle *in toto* or in portions after drawing out the fluid with the aspirator.—*Med. Central Zeitung*, Feb. 1877.

Atropin in Small Doses of a Millimetre (0.001) *against Epilepsy.*—Swetlin found that only such small doses in pill form (Atropin sulph. 0 05, Pulv. et ext. liquirit q. s. ut f. pil. 50, S., daily one pill) are able to cure epilepsy, especially recent cases, whereas larger doses of four millimetres are sure to aggravate the disease, because in large doses Atropin increases the reflex action, and the smaller doses act in a contrary direction, reducing the reflex irritability. Recent cases of purely motory epilepsy were always cured, but even several cases of inveterate epilepsy with mental disturbances were thus cured, and in other cases the intensity and number of the fits were reduced so that only a petit mal remained, instead of a characteristic grand mal.—*Allg. Med. Cent. Zeit.*, 5, 1877.

Yerba Santa.—Dr. Gabel, of Illinois, witnessed great benefit of Yerba santa (Eriodictyon glutinosum), made into a tincture with alcohol 70, in *atonic* bronchitis and dyspepsia.—*Eclectic Med. Journal*, Feb. 1877.

Injections of Hot Water in Metrorrhagia.—Prof. Breisky used injections of hot water in twenty-two cases after labor, and is fully satisfied with the result. All blood coagula ought to be removed from the uterine cavity before the irrigation is applied; but, even in cases where this procedure was purposely omitted, the same favorable result was seen. The temperature of the water ought to be between 88° and 40° R., and the irrigator is preferable to the syringe. The sensitiveness of the sexual organs to heat is very slight, far less than to great cold. Hot injections never cause any injurious or disagreeable reaction, and the puerperium remains undisturbed.—*Prag. Med. Wchschrft*, 46, 1876.

Dogs' Milk in Rickets.—Mr. Bernard, in the *Gaiette Hebdomadaire*, states that, among the women of Montrun, in the Dauphine, it is the custom to continue suckling for two and a half to three years with the idea of preventing another pregnancy, and, if the child dies, the mother either adopts another or takes a puppy into her family to carry on the process. All these puppies suffer from rickets, which resemble exactly the rickets of children, except that the deformity is never afterwards remedied. But the dogs always recovered under the influence of their own mother's milk. Induced by these facts, Mr. Bernard tried the dog's milk cure in a rickety female child twenty-six months old. After two or three months of this treatment the swelling of the epiphysis and the bending of the bones had diminished, the muscles were stronger, and the child could walk and stand a little. At the end of about fourteen weeks the health of the patient was extremely good, the only remains of the deformity being a slight curve of the femur and sternum. In six other cases the treatment has also been successful, and Mr. Bernard recommends its general adoption in the treatment of such cases.—From the Doctor (*St. Louis Medical Journal*, January, 1877).

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"Lac caninum after all is good for something, and the proof of its homœopathicity from allopathic sources. Donkin did the same years ago for Lac defloratum in diabetes, and still there are prominent physicians in our school who, from punctiliousness, refuse to accept them. Lac caninum in diphtheria has won its spurs in many a hard battle-field. These women proved that it causes scrofulosis in dogs, and that it cures scrofulosis in human beings. May not the diphtheritic poison be allied to the dynamical change in the blood which we know to take place in scrofulosis from a stoppage in nutrition, or from retrogressive metamorphosis. Let us reproof (not reprove) these remedies, and hold fast to experience gained even only *ex usu in morbis.*"

Cundurango, by Dr. Saenger.—Dr. Saenger gave the bark of Cundurango to a man, aged forty-eight, who had lost all appetite, complained of severe pains in his stomach, vomited coffee-grounds masses, was greatly emaciated, and looked cachectic; and who had in the pyloric region a hard, knobby, large swelling. The vomiting ceased after eight days; after twenty days a diminution of the swelling could be perceived. Appetite and digestion had greatly improved. After three weeks the swelling had decidedly decreased, and the general state of health more satisfactory. The treatment was continued till the patient could be considered perfectly cured. He took, according to the prescription of Friedreich, three times daily, a tablespoonful of the mixture, which had been macerated for twelve hours. Dr. Keich is also satisfied with his experience that Cundurango is able to cure cancer of the stomach. At any rate it will in all cases improve the general health; but we must be careful to get the genuine article.—*Med. Centr. Zeitung*, 78 and 84, 1876.

On Antihydropin, by Prof. Bogomolow.—The infusion or the leaves of Blatta Orientalis and Blatta Germanica enjoy among the people of Russia a great reputation against dropsy. Prof. Botkin experimented with it, and gave it in decoction, infusion, tincture, or powder, in different cases of dropsy, and found that it increases the excretion of urine, and that it diminishes the albumen and renal elements in the urine, and that the œdema of the feet, hands, face, and of the body decreases, but perspiration increases. It does not disturb digestion, and cannot be considered an irritant to the kidneys. Of the powder, 5 to 30 grs., *pro die;* of the tincture, 40 to 80 drops, *pro die;* the infusion calidum was made from half ounce of the leaves to six ounces water, and a tablespoonful given every one to two hours. A crystalline preparation, named Antihydropin, was made from it, and further experiments will be reported.—*W. M. W.*, 51, 1876.

On Narcosis from Laughing Gas.—Dr. Bordier relates: "A young man had a tooth drawn under the influence of laughing gas, and went home feeling perfectly well. After an hour he began to weep distressingly without any cause, and then became unconscious. His face was red, hot, the eyes injected, pupils contracted to a pinhole, respiration slow and suspirious, pulse 120. This deep sleep commenced two hours after the operation, and had already lasted three hours when Bordier saw him. These decided manifestations of cerebral

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hyperæmia and of paralysis of the vasomotor nerves induced the Doctor to give 0.5 grm. Chinin. sulph in a cup of black coffee, mustard to the legs, and cold compresses to the head. After an hour he awoke from his stupefaction; the following day he felt well, the pupils dilated. Hence Bordier concludes, that laughing gas, besides its anæsthetic, shows a powerful action *on the nerve-centres* (*hyperæmia*) *and on the vasomotory nervous system* (paralysis). The accidents happen either immediately during the narcosis, and then fatal (three observations), or they follow the narcosis, which has been more frequently observed, and though not fatal, still dangerous enough. Another sequela of the inhalation of laughing gas is: *Long-continued hæmorrhage from the torn and bleeding dental bloodvessels, which can only be stopped with difficulty;* caused either by vasomotory paralysis or by chemico-morphological changes in the blood (loss of coagulability). In one case the blood certainly was found less coagulable than in the normal state. It would be interesting to know how frequently such bleedings follow the inhalation of this gas."—*Gaz. Hebd.*, No. 46, 1876.

Neurasthenia.—Holst defines neurasthenia as a state of increased sensibility of the whole nervous system, but especially of the sensory one, combined with quickly-appearing exhaustion. Every impression acts as an excessive stimulant on the whole nervous system, thus easily producing reflex motions and sensations. The trophic nerves also become affected, and we find then, in consequence of trivial causes, often an abundant secretion of the kidneys, of the perspiratory and lachrymal glands, or diarrhœa, or in men seminal emissions. The coaffection of the sympatheticus causes disturbances in the vasomotor nerves (spasm or paralysis), hence hot flushes, transient œdema, irregular action of the heart. Nutrition suffers, anæmia follows, which again causes hysteria as a general neurosis.—*Med. Neuigk.*, Dec. 1876.

Neuritis or Neuralgia, by Prof. H. Nothnagel.—1. When during a peripheral affection in the course of a sensory or mixed nerve zoster and disturbances of sensibility appear simultaneously, we are certain of an inflammatory process in the course of the affected nerve. 2. When we are uncertain in a peripheral affection of a sensory or mixed nerve, whether we have to deal with a so-called pure neuralgia without palpable changes or with a neuritis (chronica), the presence of trophic disturbances of the hair, nails, skin, decides for the latter. 3. Perfectly intermitting pains speak against neuritis; continual (even with paroxysmal exacerbations) ones in connection with other symptoms for it. 4. During a long-lasting neuritis a period may set in when the spontaneous pains as well as those of pressure may cease, caused by the total destruction of the nerve-fibres in consequence of perineuritic and neuritic processes. 5. Inflamed sensory or mixed nerves are always painful on pressure 6. Early anæsthesia, appearing only after a few days' ailment, hints in connection with other symptoms to neuritis. 7. Motory paresis and paralysis may set in during an inflammation of motory or mixed nerve-trunks, but is not a necessary symptom. 8 In a decidedly peripheral affection of a mixed or motory nerve a muscular atrophy in the course of the affected nerve hints to

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neuritis, when the other symptoms correspond, but its absence is no proof against it. Less important manifestations for the diagnosis of a neuritis are slight erythematous redness of the skin, febrile phenomena, or a rise in electrical irritability.

Secondary Manifestations in Neuritis.—Neuritis may spread downwards to the muscular substance or upwards into the spinal canal, where the connective tissue surrounding the dura mater is drawn in (peripachymeningitis), or it may attack directly the cord, either with or without simultaneously attacking the pia (myelitis and myelomeningitis). Finally, the inflammation may spread from a nerve-trunk of one side to that of the other side, and to another extremity without the least coaffection of the cord and its membranes (neuritis sympathetica). In all such cases the secondary diseases are caused by the continuation of the anatomical process. But there are cases where the abnormal states of irritability in the neurotic diseased nerve may induce these secondary affections in a person disposed to them, without producing any coarse anatomical lesions. He mentions then a case of neuritis ascendens after subluxation of the joint of the foot, and remarks that this tendency of spreading is characteristic of articular traumatic inflammation, and frequently leads to these secondary states. He also treats of Dumeril's case (chronic inflammatory spinal affection) following a neuritis chronica in the ischiadicus dexter, as also of Friedreich's theory of progressive muscular atrophy, and the reflex paralyses and their origin from a neuritis ascendens, and supposes that in many a case of secondary (reflex) epilepsy a neuritis may be at the base of it. The same may be also supposed in chorea, hysteria, and in the reflex psychosis from injuries of the head.—*Extract from Volkmann's Klin. Vort., No.* 103.

Liquor Ammonii Caustici in Acute Rheumatism.—Dr. Franz Heller believes that the disposition to rheumatism must be looked for in a morbidly changed innervation from deficient nutrition and blood-formation. Such a change in the activity of the nerves is kept up by a continued disturbance in nutrition and assimilation, and appears either by a direct irritation of a peripheral nerve, *e.g.*, from a draught, or as a reflex from an irritation of nerve centres. Restitution of normal digestion and removal of this increased irritability of the nervous system are indicated, and one drop of liquor ammonii caustici in some water often corresponds to both indications. It acts especially well in recent cases of rheumatic muscular affections, in light cases of acute articular rheumatismus, and even in a case of chronic articular rheumatismus he succeeded in removing the pains and swelling of the digital joints. Only where the articular rheumatism sets in with high fever (a characteristic indication for salicylic acid), the drug fails to act as long as the fever predominates.—*Schmidt's Jahrb.*, 11, 1876.

Kali Chloricum in Catarrhs of the Bladder.—Edlefsen recommends Kali chloricum highly in acute and chronic catarrhs of the bladder. It diminishes rapidly the quantity of pus in the urine, the subjective symptoms gradually disappear, and the urine becomes again acid. He prescribes 15.0 to 300.0, water, a tablespoonful every three hours. It not only diminishes the secretion

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of mucus and pus in the affected organ, moderates the alkaline decomposition, but, analogous to its action on the buccal and faucial mucous membrane, it aids in the reproduction of a normal mucous membrane, perhaps with a specific influence on the epithelium found in both cavities.—*Arch. f. Klin. Med.*, i, vol. xix.

Extirpation of the Spleen.—A woman, 24 years old, observed for eighteen months an abdominal tumor. She had lost her appetite and vomited. The tumor bulged out, and was not adherent to the abdominal wall. A median incision was made, beginning eight centimetres above the umbilicus and running down six centimetres above the symphysis. The intestines were brought to the right side and retained with warm compresses, the tumor pressed out of the wound, the pedicle ligatured *in toto*, and, after its division, sewed in to the upper angle of the wound. The extirpated hypertrophied spleen weighed, after the loss of about a litre of blood, about 1125 grammes. The patient was dismissed cured after twenty-seven days. This was the second successful extirpation of the spleen performed by Dr. Péan.—*Lancet, September 26th*, 1876.

On Heredity of Hæmorrhagia Cerebri.—Dieulafoy cites several cases, and in most of them the hereditary disposition came from the maternal side. In two families, grandmother, mother, and son suffered from it; in another family, where the grandmother had been hemiplegic for years, the grandson was attacked at the age of 17 and his mother at the age of 45. He concludes, 1, that hæmorrhagia cerebri is hereditary; 2, it causes in the same family simple hemiplegia or apoplexy; the severity of the symptoms and their course changes according to the locality in cerebro; 3, when hereditary the hæmorrhage does mostly appear in advanced age, but sometimes at different periods of life in the same family, and sometimes the younger ones are attacked before the older ones.—*Central Zeitung*, 2, 1877.

Iodide of Potash in Lead-poisoning.—Faure uses small doses of Iodide of Potash (0.03 gramme) in lead-poisoning. Where the laborer is even sensitive to the fumes of lead they withstand better its noxious influence. By the daily use of 0.05 to 0.1 Iodide of Iron or Iodide of Potash the manifestations of lead-poisoning can at least be kept so much in check that the laborers can continue their work.—*Gaz. Hebd.*, 46, 1876.

Balsamum Peruvianum in Surgery.—Dr. E. Wiss uses the balsam with great success in all sorts of wounds, and found that when brought on a wound it occasions a momentary burning, after which all pain ceases even in the most painful sores. It never causes suppuration, and where it already exists it soon ceases. Wounds treated with it never become septic, even during the most unpropitious local or climatic relations. Even in lacerated wounds a cure *per primam intentiorem* takes place. As an internal remedy Marcus already recommended it in phthisis pituitosa with copious yellowish-green expectoration (emulsion with yolk of egg, 4.0 : 120.0, spoonful every two

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hours). Cough and expectoration soon improve, and health is restored.—*B. K. W.*, 48, 1876.

Tinea Tonsurans Successfully Treated with Oleum Crotonis.—Ladreit de Lacharrière finds in Croton oil the remedy which with the removal of the hair also removes the morbid germs. This contagious disease obstinately refuses to yield even to the barbaric treatment formerly in use. The Croton oil applied to the scalp produces there slight swelling and pain, then copious vesiculation with yellow contents of the vesicles, which become confluent, form crusts, and after they become detached by the use of warm applications the parasites and the hair fall off together. Where the disease had lasted a long time all the hair fell out. A sponging with glycerin suffices to stop the fluid discharge. By and by the hair grows again, at first sparingly, and then strongly.

A pomade might also be made with cocoa butter, wax, and croton oil, in order to obviate the greater irritation of pure Croton oil. Where the disease affects the whole scalp it may also be advisable to apply it successively, in order that no fever may arise from the increased formation of blisters.—*Allg. Med. Centr. Zeit.*, 4, 1877.

Acidum Boracicum in Diphtheria.—Dr. W. Vogel praises external pencilling with a solution of four to six Boracic acid, 180.0; the treatment often lasts only two to three days, rarely three to ten days.

Carbolic Acid in Phthisis Pulmonum.—Dr. J. Hirschfelder reports twenty-five cases of phthisis pulmonum in all stages from the very beginning, where there was only a slight infiltration of the apex, with swelling and hyperæmia of the laryngeal mucous membrane, in the region of one or both arytenoid cartilages, to the last stage, with exquisite centres in the lungs and extensive laryngeal ulcerations, which he treated with subcutaneous injections of Carbolic acid. In all cases, even after a few injections, the lassitude and weariness disappeared, the fever decreased, appetite returned, and the fatiguing cough diminished. Abscesses were never observed. He uses a solution containing 2 per cent., and injects from two to six syringefuls *pro die.*—*Wien. Med. Presse*, 49, 1876.

Albuminuria after External Application of Iodine.—Simon treated favus with pencilling of a mixture containing equal parts of Glycerin and Iodine. In fourteen cases the urine was examined, and it always contained large quantities of Iodine when the place of application was somewhat extensive. In half the cases there was albuminuria at the same time, which ceased with the suspension of the Iodine and returned with its renewal.—*Gaz. Hebd.*, 19, 1876.

Treatment of Prolapsus Ani.—Gelineau pencils the prolapsus with Liquor ferri sesquichlorati, allows it to dry up, and returns the prolapsus, introducing at the same time into the rectum some lint moistened with a diluted solution of the same drug (equal parts), and fastens a tampon moistened with the same fluid to the anus with a T badge. The following day the lint is carefully removed and a small quantity of a very diluted solution of Liquor ferri

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sesquichlorati injected into the anus and the external tampon removed. On the fourth day the patient may take some Castor oil. In children the pencilling must be done with a weaker solution, no lint introduced, but only the tampon applied.—*Trib. Med.*, *No.* 408, 1876.

Poisoning by Carbolic Acid.—A lady took by mistake ten grammes of a concentrated solution of Carbolic acid. Immediately slight convulsions set in, followed by unconsciousness, cold sweat, pulse hardly to be felt Breath smells after Carbolic acid. Lips, gums, pharynx, coated with a white membrane. Convulsions lasted for an hour, when consciousness returned. White membranes were ejected by the mouth; stool and urine pass involuntarily; the latter gives the linen the color of red wine. Other membranes are thrown off the next day, and on the fourth day the patient is well again.—*A. H. Z.*, 2, 1877.

Anæmia Perniciosa.—When in anæmia perniciosa medicaments taken internally cannot be absorbed any more, Huguenin advises the following formula for subcutaneous injection: ℞. Ferri pyrophosph., Ammon. sulph., āā 5.00; Aquæ dest., 5.00; so that a Pravaz syringe contains 0.03 iron. Soon after the injection the skin turns red, œdematous, even cardiac symptoms are observed; but all these symptoms soon pass by and the general state improves.—*Gaz. des Hop.*, Aug. 1876.

Treatment of Hæmorrhages.—Créquy uses in epistaxis a syringe of six centimetres in length, with the openings standing backwards, so that the solution of Liquor ferri sesquichlorati is forced outwards. In uterine hæmorrhages he winds a piece of German tinder around a small piece of Gentian root, dips it in Liquor ferri sesquichlorati, and introduces it in the colum uteri, where it remains for two days. A silk thread fastened to it facilitates its removal, when it is usually well borne.—*Gaz. Hebd.*, 46, 1876.

Hot-water Injections in Uterine Hæmorrhage, by Dr. Max Runge.—Under the direction of Professor Gusserow Dr. Runge used hot-water injections in twenty cases of profuse uterine hæmorrhages, of which were ten cases of purely atonic hæmorrhage *post partum*, ten cases from abortion or from retention of remnants of placenta, and three cases from neoplasmata of the uterus. The application was made with an irrigator, although where this is not at hand the usual syringe will do. The temperature of the water between 38° and 41° R. (127-137° F.). The effect was not always the same. In two cases of atonic hæmorrhage the effect was astonishing. Both women were in the stage of greatest anæmia; friction of the uterus, ice-douche, large doses of Secale had failed to produce any contraction; pulse filiform, somnolence, chills. After using 1½ irrigations of hot water (127°) the water returns clear, uterus contracted, and good reconvalescence. In four cases hot irrigation was immediately applied, and the relaxed uterus responded promptly, the uterus contracted, and the hæmorrhage ceased. In one case, irrigation of 40°, the hæmorrhage stopped, but returned, and it needed frictions of the

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uterus to remove the danger. In another case of placenta prævia the hot irrigation had to be repeated, with frictions and Secale cornutum. In all cases warmth of the body and a general feeling of ease followed the cessation of hæmorrhage.

In the seven cases of retention of the placenta or of its remnants their removal was necessary to insure success to the irrigation. The hot water alone did not suffice to produce contraction enough for their expulsion.

In uterine tumors the action of hot water is only of short duration, but it may be recommended as a momentary palliative.

The sensitiveness of women to the hot water varies, but most women bear well an irrigation of 40° without any painful sensation, or they complain at most of some burning in the perineum, caused by the reflux of the hot water. Others complain at first of burning in the abdomen, pain in the introitus vaginæ, but soon get used to it. Runge found that the uterus, contracted by the application of hot irrigation, never manifests the same degree of hardness as we see it after a natural labor.—*B. K. W.*, March 26th, 1877.

Secondary Degenerations of the Cord in consequence of Lesion in the Cortical Substance of the Brain, by A. Pitres (*Le Progrès Med.*, 7, 1877) —Türck has shown by his experiments that diseased foci in the cortical substance of the brain may cause secondary degenerations of the cord, whereas in other cases it does not take place. The cause of this difference lies in the greater or lesser extent of the lesion, according to Türck. Charcot considers the localization of the focus decisive. Destructive processes in that region of the cortex of the hemisphere presiding over motion cause regularly a secondary degeneration of the lateral column, lesions of other parts of the cortical substance never, may they be as old and extensive as possible. Under the direction of Charcot, Pitres examined lately five cases microscopically where old cortical lesions existed without simultaneous affection of the central ganglia or of other parts of the brain. In two cases the cord was sound, although the cerebral softened foci were old and extensive, but they were outside of the motory zone; nor did they cause during life permanent hemiplegia. In the three other cases he found decided secondary degeneration of the cord; although the foci were far smaller they were situated in the motory zone (anterior and posterior central convolution and lobulus paracentralis), and permanent hemiplegia was the consequence, proving that the lateral columns stand in immediate relation to the motory parts of the cortical substance.—*Zeitschr. f. Pract. Med.*, 18, 1877.

Treatment of Hæmorrhoids by Stretching the Anus.—Professor Verneuil orders a purgative a day before the operation, and an injection in the morning. The chloroformed patient is laid upon his side, a bivalve speculum is introduced into the rectum so that it passes the internal sphincter, and, extending the valves to their utmost capacity, the speculum is withdrawn. Where the sphincter is thick and strong it may be sometimes necessary to introduce a larger speculum, so that the stretching is fully accomplished. The patient is then put to bed, and cold compresses laid on the anus. The

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operation lasts hardly a minute, and neither hæmorrhage, nor purulent infection, nor weakness of the sphincters was ever observed. The moderate pains may last for a few hours. After two or three days the mucous membrane of the anus may protrude, but this passes off as the sphincters regain their strength, and in five or six days the patient may be considered cured.—*Med.-Chir. Centralbl.*, 8, 1877.

Epilepsia Larvata, by Dr. Westphal.—A man of 40 became epileptic after a severe emotional trouble. His epilepsia larvata manifests itself in two different forms. In one kind he acts as if he were intoxicated. He holds fast to every object near by, there are slight twitchings in the face and jaws, the eyes remain half opened, respiration accelerated and sighing. During these attacks he appears to be conscious, but unable to speak, but he makes on others the impression of being unconscious. In the second form he sleeps. During a conversation his hands suddenly fall on his chest, the eyes close, and he sits there breathing easily and naturally, like one sleeping, but is easily awakened. He may be attacked on the street with this sleep, and then runs against obstacles. Strong corporeal labor prevents these fits of sleeping. His mother suffers from similar attacks of sleeping.

Westphal also remarks, that epilepsia larvata may precede for a long time general paralysis. He recites where a man, behaving strictly morally in every other way, was several times taken up and punished by the police on account of exposing his sexual organs in the street, and using lewd language to the other sex. Epileptic antecedentia were proved, he sleeps badly, has vertiginous paroxysms, unequal pupils, hesitancy of speech, no delusion, and intelligence intact. For three years he remained in an asylum for nervous patients, when delusions manifested themselves (considers himself the colonel of the regiment in which he formerly served, considers his wife insane), and a few weeks afterwards paralysis developed itself, and he died in a maniacal fit.—*B. K. W., February*, 1877.

Treatment of Spina Bifida with Injections of Iod-Glycerin.—Prof. Morton made a puncture in the sac of a spina bifida lumbalis, which was in danger of bursting, and injected in it 2.0 Iod-glycerin, and then painted it with collodion. As the operation was not entirely successful, he repeated the operation after eight days, and in three weeks the infant (two weeks old) was cured. Morton treated thus fourteen cases, and cured eleven. Most of them are spinæ bifidæ lumbalis, as the dorsales are less frequent, and the cervicalis rare. —*Med. Central Zeit., February*, 1877.

Treatment of Irregular Position of the Incisor Teeth.—Under orthopædic treatment the teeth may be brought slowly in their right position, but in complicated cases it fails often, whereas operative treatment corrects the abnormal position radically and immediately. The dentist takes hold of the tooth with straight forceps enveloped in silk, and brings it by a careful but forced torsion in the desired place, where it frequently remains without any other aid, or it

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may be held there by a small piece of gutta-percha. The pain is moderate and there is no hæmorrhage. or only a slight one. After eight to ten days the tooth, loose at first, becomes firmly imbedded, during which time the patient ought to take only fluid nourishment. It ought to be done between the eighth and tenth year of life, although the operation has been performed in older persons.—*Centralbl. f. Chir.*, 5, 1877.

Emphysema Pulmonum, by Dr. Eppinger.—There is an acute and chronic emphysema pulmonum. Acute emphysema arises from excessive expansion of the alveoli (pure alveolar ectasy), whereby the walls remain perfectly intact, and is the sequel of repeated forced inspirations. The alveoli show at most twice the size of their normal volume, and they never coalesce. It appears, 1st, in acute diseases, pneumonia, acute œdema, tuberculosis (cheesy pneumonia), infiltrations running a rapid course, rapid pleuritic or hydropic exudations in the pleural cavities, etc.; or, 2d, from sudden suffocation (slow strangulation by the neck, croup, and diphtheritis of the larynx, foreign substances in the larynx and trachea or in the large bowels). Acute emphysema may be total or partial, according as the cause is in the lung and pleura or in the conducting respiratory organs; we find it chiefly developed at the edges of the lungs. By removing the cause and restoring normal respiration the lungs become normal again, or it may pass into chronic emphysema, *i. e.*, an abnormal expansion of alveoli by air, with simultaneous rarefaction of the alveolar walls, increased even to their total disappearance, so that several ectatic air-cells unite into one.

Chronic emphysema may be idiopathic (substantial), or symptomatic (vicarious, consecutive). The idiopathic one may be general, where large vesicles are rare, and which is always accompanied by bronchial catarrh, and in a partial emphysema bullosum, appearing nearly always at the edges, and exhibiting bullæ of the size of a hazelnut to a lemon, sometimes pedunculated, from which the air can only be expressed with difficulty, and injection of the bloodvessels is not easy. The thickened pleura is usually adherent to the wall; adhesions with the costal pleura rare. Symptomatic emphysema is only observed where parts of the lung become obsolete, and may be either lobar (vicarious) or lobular (cirrhosis pulmonum). The former we meet with in atelectasis of whole lobes (kyphoscoliosis, tuberculosis, chronic exudative pleuritis, etc.), and never reaches a high degree; the latter is seen in multiple, small, mostly cicatrized atelectatic foci, and reaches different degrees. Here, also, the air can hardly be expressed, nor the bloodvessels easily injected.

Emphysema always arises from a mechanical cause, the acute one by forced inspiration, the chronic one mostly by difficult, obstructed, and thus increased, expiration, and in numerous cases from forced inspiration alone. Difficult expiration causes the general idiopathic, the bullous, and the symptomatic lobular emphysema. Whereas the acute one easily disappears in the centre of the lung, the chronic one increases around the edges, as the diminished elasticity renders perfect expiration impossible. Lobar symptomatic emphysema is only a stationary acute emphysema. Neither the bullous nor the symptomatic emphysema cause consequent diseased states, but a general

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idiopathic emphysema may lead to dilatation of the thorax, a rise of blood-pressure in the pulmonary artery; finally, hypertrophy and dilatation of the right ventricle.—*Med. Cent. Zeit.*, 23, 1877.

Yerba Mansa.—And still we have another of the old Spanish-American remedies, the Yerba Mansa, through the kindness of Dr. W. H. George, of California. He will send us specimens of the plant this summer, and we will determine its botanical name. He says:

"Yerba Mansa is found in the southern part of the State of California (and perhaps in all parts); grows on high dry ground, as well as low and moist ground. The top is more luxuriant on moist ground, but the root is best developed in the dry. It resembles somewhat, in its manner of taking root, the common strawberry. Flowers said to be white. By the native or Spanish population it is considered a panacea. The Yerba Santa they esteem very highly, but the Yerba Mansa as a universal remedy they think far excels it. In all malarious fevers they use it, and in one case under my own observation, where Quinine had failed, the Yerba Mansa was given (expressed juice of the green root), and in a few days improvement was manifest and continued till a complete cure was accomplished, occupying eighteen to twenty days. The whites as well as the Mexicans use it in diarrhœa and dysentery, and with good results. It seems to be a stimulant, astringent, and tonic.—*Eclectic Med. Jour.*, *May*, 1877.

Ovariotomies.—In the Royal Medical and Chirurgical Society, session of 27th February, A. C., Spencer Wells reported over 300 new cases since 1872, on which he performed the operation of ovariotomy (he had reported at former meetings on 500 cases). The mortality in the sixth hundred was 28, in the seventh and eighth 24. Such a mortality corresponds about to the number lost in the former 500 cases; but the celebrated surgeon believes, that of late more severe cases are treated, as the chances at present are more favorable for the operation, and many cases are now indicating an operation which formerly any surgeon would have been afraid to touch. Wells does not favor Marion Sims's prophylactic drainage, and wishes it reserved for extraordinary cases, where an extraordinary large quantity of blood or serum might follow the operation. His judgment about antiseptic treatment is not made up yet. He intends to treat the next hundred cases under full antiseptic cautels, and then to publish the result. Of the 90 he has treated thus so far 27 cases without any loss.—*B. K. Z.*, 15, 1877.

Reviews and Bibliographical Notices.

Hering's Condensed Materia Medica. Boericke & Tafel, 1877.—Dr. Adolph Lippe reviews this work in the March number of the *Medical Advance*, and "considers it, without any exception, the best work of the kind ever offered to the profession. The setting aside of symptoms which others have found

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confirmed by the practical experiments, but not confirmed by the knowledge of the author and his assistants, only shows how painstaking they were in their work."

When Lippe praises, it must be well merited, inasmuch as this sturdy fighter is usually not given to sing pæans.

Shortly after the appearance of this *Condensed Materia Medica* a student of our college came to me in great tribulation. He wanted to buy Hering, but greenbacks were not over plentiful with him, and still he hated to part with his Lippe, a text-book which had been to him a friend in need. "To be or not to be," was the question, and for its solution he looked to me imploringly. I took down my Lippe, and showed to him that there were seventy remedies in the text-book which were not in the *Condensed Materia Medica*, and *vice versâ*. "You must have both," was my reply, "for they supplement each other."

The need of such a work none felt more keenly than those who teach, and how quickly our students took to it was the best proof how they valued this necessary acquisition to our medical armamentarium. We cannot agree with Dr. G. B. Durrie, the reviewer of it in the *Homœopathic Times*, who sees in it a mere condensation, and sneers at the ridiculous expansion of the *Encyclopædia*, for it is not the mere condensation which makes Hering's work so valuable, but the thoroughness with which every symptom was weighed before a place was allowed to it in the text. Even only at a cursory view we missed some very characteristic symptoms in many remedies, which will be found in the *Encyclopædia*, but, at the same time, we feel satisfied that there was some potent reason for such omission. The profession, the professor, and the students feel happy to have now in their possession a work so long desired, that hope deferred nearly made the heart sick; now hope rises again triumphantly in our bosoms, and we look forward with eagerness to the forthcoming volume, *The Guiding Symptoms of Homœopathic Materia Medica*, by Constantine Hering and his faithful colaborers.

Mothers and Daughters, by T. S. Verdi, M.D. New York, J. B. Ford & Co., 1877.—Our genial friend, Dr. Verdi, the author of *Maternity*, gives us here another work from his prolific pen "for the conservation of the health of girls," and for the purity of thought and expression which pervades the whole work we have the best proof in the dedication "To my daughter, as the emblem of her sex."

Know thyself is just as much, if not more, needed by woman, as by the other sex, and Verdi is right when he says that ignorance leads to coarseness and slovenliness of thought, to insinuation and suspicion; and therein lies the vulgar fear of knowing anything regarding the human economy.

Really we do not know which chapters to prefer, there is so much common sense pervading the whole book; and even where our friend treats of delicate subjects, it is done in such an off-hand manner that gives no offence to the purest taste. With one word, *Mothers and Daughters* is a capital book, and as soon as my sons marry I intend to invest in a copy of both books for the benefit of my daughters-in-law.

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Art and Science of Surgery, by A. J. Howe, M.D. Cincinnati, 1876.—The whole boundless world is *not* ours, and, although we may know something of insanity and other nervous disorders, we acknowledge our deficiency in the art of mutilation. But just here is the point where the Cincinnati professor shines best, as in his whole work we find good words for conservative surgery. He passes slightly over the intricate definition of inflammation, and leaves us in doubt whether the dilatation of the bloodvessels is an active process of the vasomotors or, as formerly thought, a paretic state. These questions must be met at the bedside, for herein lies just the difference whether Aconite or Veratrum (viride) is the remedy to combat the diseased state. Whether boiled pickled pork is a good diet for a sick man we know not; we acknowledge us guilty of that senseless prejudice against pork, and perhaps the only reason for it may be that we were not brought up with it, although at the South they give it to a nursing baby; and we acknowledge our gratitude to pickled fat pork in rescuing marastic children from the jaws of the grave. Page 110 we find Howe an adherent to the good doctrine that "free air does no harm to the wound, but imprisoned air is very dangerous," and, though Lister's (Nussbaum, Thiersch) antiseptic treatment is all the rage just now, we hope to see Billroth's free-air treatment finally prevail.

How "delirium tremens" comes into a work on the *Art and Science of Surgery* is a mystery to us, but there it is, page 170. We could wish that in a second edition Professor Howe would differentiate between the delirium tremens of the novice and when it attacks the habitual drinker. In the former rest and mild nourishment is all that is required; in the latter case champagne, even small doses of the stimulant (and we prefer here a tablespoonful of pure alcohol in six ounces water p. r. n.), may be good treatment. We never use opium in any case of delirium tremens.

The same may be said of cutaneous diseases. Dermatology is nowadays a branch for itself, and certainly belongs far more to the domain of internal diseases (the eruption being only an outward sign of an internal disorder) than to surgery. In fact, we do not like this mixing up matters, and then to set the work down superficially. This chapter is one of the weakest, and not up to the latest studies in this interesting department.

Through the whole surgical part of the work we find histological investigations neglected, and, after all, perhaps Dr. Howe is right. What is the use of troubling the student with mere guesswork? It is far better to eliminate all dubious matter from our text-books. Make them short and concise, and in our examinations let us also be short and concise. It is time enough during our practical life to delve into the intricacies of the human economy.

Annals of the British Homœopathic Society and of the London Homœopathic Hospital.—Transactions of the British Homœopathic Congress, held at Bristol, September 21st, 1876.—Our English cousins work out their essays far better than we are in the habit of doing, and their papers, for that very reason, are perhaps more learned and more scientific. The average American takes no time; he jots down thoughts and ideas just as they rise in his mind, and hopes he or somebody else will elucidate them in the future. Our cousins also

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consider us transcendentalists, whereas they, noble descendants of John Bull, stubbornly stick to their old prejudices, and continually carp at the degeneracy of high dilutions. Why, they even put in their vote against provings with high potencies, and still they must acknowledge that they have not advanced one iota in the elucidation of primary and secondary symptoms, in spite of antipraxis, organopathy, *et id omne genus*. After all, homœopathy individualizes us, and what harm can it do if we cure, each of us, according to our own rules?

Obituary.

John W. Temple, William E. Payne, G. A. Beebe.—The angel of death is busy among us, and strikes down sometimes in the bloom of life men who cannot well be spared from our ranks. The ink is hardly dry on the paper which contained eulogies of our never-to-be-forgotten Dunham, and from the East and the West the news is flashed to us, another one has finished his accounts.

We heard first of the death of William E. Payne, of Bath, Maine, and, as our thoughts reverted to the provings of Lilium tigrinum, we involuntarily exclaimed, "Par nobile fratrum," for these provings were made under the leadership of Dunham and Payne, and now both went home, one following quickly the other, to receive the reward promised to faithful stewards. Payne was one of the old guard in our American Institute, and for seven years one of the editors of the *North American Journal of Homœopathy*. The present editor of this time-honored quarterly is just of the same age as the deceased was, and well might he ask, Who next? Give him, therefore, your cordial support while he is still permitted to work; support him with your labors, in order to enable him by and by to leave this arduous work in better and in abler hands.

John W. Temple, of St. Louis, Mo.—Another old guard, though we are sorry to see, not a member of the American Institute. Temple was one of the pioneers who planted the standard of homœopathy in the (at that time) far West, and took good care that its roots should bear good fruits and a plentiful harvest. We are glad to be able to record that, in the evening of his life, he could bear witness to the success of his efforts in relation to a homœopathic education.

Dr. Gaylord A. Beebe, of Chicago.—Why we thought our friend Beebe would be good for many a year yet. He was always so cheerful, so genial, and we had no idea that an insidious foe was gnawing on the threads of this valuable and valued life. Really this is life, and we do not know when the hour cometh! As a surgeon Beebe stood in the front rank of his profession, and we will ever owe him a debt of gratitude, he being one of the surgeons who rescued homœopathy from the reproach that our school neglects other branches of medical art and science. Beebe was a successful surgeon, because he also held fast to the principles of homœopathy.

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Original and Translated Papers.

ARTICLE XII.—A Layman's Experience of Homœopathy.

BY W. H. FURNESS.

A higher knowledge tends continually to limit our interference with the processes of life.—*Herbert Spencer.*

SOME five-and-thirty years ago a fatal catarrh fever prevailed in our city among children of two to three years of age. I was cognizant of a number of cases in the families of my friends, which all terminated fatally. They were treated by eminent physicians, and in every case the little patients were freely bled. The disease always terminated in the head before death. As my youngest child was of the age that exposed him to the disease, in my anxiety for him, seeing what an utter failure the established method of treatment appeared to be, I consulted Dr Hering, then beginning to be known in Philadelphia, as a devoted and distinguished homœopathic physician. I was drawn to him, not so much by any particular acquaintance with the doctrines of Hahnemann, as by a distrust which I had for some time felt of the old practice, and which had been greatly increased by observation of its results in the epidemic above mentioned. In previous times, when my children were ill, I

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was accustomed to yield implicit obedience to the physician, but,—it was long before I had heard of homœopathy—I was always haunted, when on the way to the apothecary's to obtain a doctor's prescription, by doubts of the virtues of the various drugs which were prescribed. I used to say to myself, "If the doctor does not certainly know that this medicine will do good, how can it be, if it does not prove beneficial, but that it must do harm and make matters worse, for if I, who am in health, were to take it, it would certainly make me ill. How then can I be sure that I am not on an errand that will end in aggravating the suffering I am seeking to relieve?"

Thus it was, I repeat, not any real knowledge of Homœopathy, but a growing dread of the old practice, that sent me to Dr H. From the vague information I had, I was confident of one thing at least, that if Homœopathy did no good, it certainly did no harm.

In answer to what I stated to Dr H. of my observation of the treatment of catarrh fever, and of the profuse bleeding employed he observed that, if a hog be bled to death, and his head be then opened, there will be found signs of incipient inflammation. "The head" he said, "demands a good deal of blood."

My child happily escaped the epidemic. From that time, however, I had resort to Dr H. when any of my family required medical attendance. From that time to this there has been no death in my household, which happy fact is due in part to our uniform good health. We have had some experience, however, of pretty severe sickness, and no slight portion of our good health must be accredited to the skill of our physician.

Still for years I cannot say I had faith, certainly not as a grain of mustard seed, in the homœopathic method of cure. I had lost the last particle of faith in the old method. I was accustomed to say, that I was grateful to homœopathy for what it did *not* do.

It must be remembered that the old method has greatly moderated within the last twenty years. The profession of bleeders has, I believe, entirely disappeared. Formerly one could not walk many squares without seeing a sign upon which

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was portrayed a lady seated in a chair, with a jet of blood passing from her arm into a bowl, to indicate the residence of a professional bleeder. Regular physicians very rarely bled their patients. They handed them over to the profession just mentioned. In the time of the influenza in 1825-26 or thereabouts, our streets might be said, (speaking after the manner of our "Western Orientalism," as Mr Nicholas Biddle styled American grandiloquence) to run blood, and blue pill was taken by the ton. Indeed, Philadelphia medical practice was so heroic in those days, that, when Homœopathy first began to be talked about, an eminent allœopathic physician of Boston, Dr John Ware, was reported to have said that "it was high time for Homœopathy to appear in our city, to abate the violence of the existing practice." For my own part, so absolute had my loss of faith in the old school become (although its leading men personally commanded my entire respect) that I felt that if every member of my family were to succumb under fatal diseases, in homœopathic hands, I should feel that I had done my best for them. There was no alternative, in my mind between allœopathy and homœopathy.

Still my faith in the latter grew very slowly. It was hard to put any trust in infinitesimals. Upon every occasion of their use, I had to make a fresh draft on my faith. And when the sick recovered, there was always suggested the possibility that they might have been restored, even had no remedy been administered.

It was not until some fifteen years ago, that a positive faith in the homœopathic method was forced upon me, and that by experience of it in my own person. About that time I was attacked by violent pain in the chest. It came on at intervals of weeks, with increasing violence, and was at first invariably and speedily relieved by the application to the chest of flannel wrung out of hot water, under which I fell asleep and awoke entirely relieved. But at last there came an attack that resisted that remedy and I writhed all one night in pain. I would not consent that Dr H. should be summoned, as I did not believe that he could help me and why should his sleep be disturbed? I took some thirty drops of laudanum without effect.

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When day broke, however, I yielded to earnest importunities, and Dr H. was sent for. He came, called for a tumbler of water, dropped into it some invisible drug, which affected neither the color nor the taste, and brought it to my bedside and requested me to take a sip of it. I was then tossing about, as unable to lie still as an eel. I obeyed his request, but never was a dose taken with less expectations of relief. In an incredibly short space of time, however, before I was aware of it, I found myself, although still in great pain, lying perfectly quiet,—motionless. I was conscious of great nervous exhilaration. The old school, I knew, would have had nothing to do for me but to stupefy me with laudanum, and so sink me below all sensibility to pain. But now I felt myself raised above it. Although the pain was still severe, I could have conversed with any one seated at my bedside, as composedly as in perfect health. I asked the doctor what he had done for me. "I have given you," he replied "*Veratrum album* to relieve you of this horrible restlessness, which is a part of the disease." The pain gradually died away, and there has been no recurrence of the disease since.

I do not believe that any one could fail to be deeply impressed by such an experience as this. I have had frequent similar experiences since, but none more striking than this. That they have had the effect to interest me more and more in Homœopathy is only natural.

But it is not these personal experiences alone that have led me to put confidence in the infinitesimal doses of the homœopathic school. It appears to me the whole tendency of modern Science is in accord with homœopathic ideas in this respect, and I wonder that our men of science do not perceive this. Dr Tyndall states that far down beyond the reach of the most powerful microscopes that man can make the mightiest potencies are at work. I saw it stated some time ago in the *Edinburgh Review* upon the authority of Faraday, the Exact, that a quantity of dissolved gold, $\frac{1}{500000}$ of the weight of any quantity of water into which it is put, will turn the water a bright ruby color; and that, in some factories, where the material, which is

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worked up, is deleterious, the operatives are effectually protected against it by drinking water which contains one drop of sulphuric acid to the gallon. To what do the miracles of the spectroscope bear witness but to the activity of agencies inconceivably minute? When, in the employment of the subtile forces of electricity, galvanism, etc., science resorts for the initiative to agents, apparently the weakest, such as, for example, the pressure of a child's finger to blow up Hell Gate, why should not the same method be followed in dealing with the most delicate of all forces: Vital force, Life? See *Popular Science Monthly* for June, 1877. Art. "Initiatory Forces." It is stated in the same article upon the authority of an eminent scientist, that a stratum of the atmosphere of the earth may be in a state that will be entirely changed by the dropping into it of a single flake of snow. Again we learn from this same article that "a new surgical method of covering a wound with skin employs as centres of growth *tiny* morsels of skin supplied from elsewhere." Do not instances of this sort show that Homœopathy is only doing in medicine what Science is doing in other departments?

And then, when one comes to think of it, can anything be more preposterous than for man to turn up his little nose at infinitesimals, when he himself is an infinitesimal of the infinitesimals? Just consider, what is the whole solar system to the myriads of systems which every night reveals to us? And what is this globe, to the surface of which we are confined, to our solar system? Why, as Mrs. Somerville has told us, it is not even an object of telescopic observation to the planets Jupiter and Saturn, supposing they have telescopes as powerful as our own. It is hardly becoming in us to talk of having "the eyes of the Universe" upon us, when the members of his own planetary system are not aware of the existence of our globe. Even to this microscopic atom, on which he dwells, man is in size about what an animalcule $\frac{1}{728}$ of an inch high is to a globe 800 feet in diameter. So it is stated. The eyes of the Universe must be armed with powerful instruments to discover him. And yet in this minute organism, the human body, there exists the very highest power that we know: the POWER OF MIND. What, in heaven's name, is man himself but

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a homœopathic dose, both in bulk and in potency! Let him sneer, if he will, at the Huge, the Big. He may do so with some reason. Has he not made the stars of heaven his servants? Is he not commanding the far off nebulæ to tell him what they are made of, and do they not obey his behests? Can he not, in the twinkling of an eye, reduce, in his imagination, the whole visible flaming spectacle of Nature to a luminous point? Yes, he may look down upon the Large as upon his inferior,—pit himself, if he please, against the whole Firmament, and his personal dignity will not be compromised. But, unless he is bent upon making himself the laughing stock of "the Universe," let the atomy beware how he insults the Little with his contempt. That there may be existences to which the least that he perceives are gigantic, and in comparison with the strength of which, his strength is weakness, his own position in the Universe pointedly suggests.

We often hear it objected to Homœopathy that, if its high dilutions are efficacious, then must we all, whether healthy or sick, be in a manner constantly under medical treatment, for the atmosphere that we are breathing every moment is full of such minute medicaments. The objection carries with it its own answer, for is it not even so? Are we not continually inhaling health or disease? What is all the talk we are hearing in these latter days of fungi, spores, and I know not what, swimming in immense shoals in the air we breathe invisible to the naked eye and producing the deadliest diseases? Why it is that the able men of the old school who are investigating these causes of disease with so much care and skill, do not perceive that such minute causes of disease are to be met by preventives and remedies of like minuteness, that one might as well fight mosquitoes with cannon balls, as to expect to rout these invisible agencies by the rough and coarse methods still so widely in use,—why conclusions so close at hand, that it would seem as if one must tumble in to them, will ye, nill ye, —why intelligent and learned men hang back from them, is well nigh unaccountable. Can it be that the ghost of Hahnemann, stands in their way, and that, after having laughed at him so long, they cannot endure the apparent humiliation of following

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his lead, a regularly educated member, though he was, of their own most honorable profession?

It appears to me that Homœopathy may confidently claim to be thoroughly scientific in another respect also, viz., in the stress which it lays upon not admitting into the *Materia Medica* any drug which has not been tested in all ways possible, on healthy organisms as well as on diseased. It is a *sine quâ non* in the new school to ascertain with all possible exactness the properties of the medicines which it employs, since a drug, only partially known, while it may have a partially beneficial effect in one direction, may inflict an overbalancing injury in another.

I have been greatly impressed by the determination with which my doctor sets his face against mere palliatives, and makes it his aim to deal with the disease at the centre, in its citadel. From what I have seen, it seems to me that it is at a dangerous cost that a physician yields to the strong temptation to endeavor to crush a disease at once. Does not experience show that it is with diseases as it is with plants? Cut off the tops, and you will enable the roots to put forth more vigorous shoots? Is it not thus that diseases are often rendered chronic, and that medicines become less and less effective?

It is frequently remarked that the influence of Homœopathy is seen in the increasing moderation of the old practice. Of this there can hardly be a question. Certain it is, the universal boast of the adherents of the old practice now-a-days is that their physicians give little or no medicine. It is true, they do not—unless they get frightened. But after all, if Homœopathy is a cause, is it not itself an effect also, a reaction from the extremes of the old school?

Finally, whatever may be thought of the claims of Homœopathy as a method of cure, it can hardly be denied that, by the importance which it attaches to minute doses and symptoms, and its determination to obey the Apostolic injunction and "*prove* all things," in their medical pretensions at least, it tends to stimulate the spirit of inquiry, and to form those habits of nice observation, without which no progress in science is ever made.

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ARTICLE XIII.—Cannabis Indica and Tabaccum.

By S. L.

Dr. W. Preobraschensky publishes in No. 14, a. c., of the St. Petersburg *Medicinische Wochenschrift*, his experiments with Cannabis indica. He treated Haschisch with water, alcohol, ether, acids, alkalies, etc., distilled it in different manners, till he succeeded to produce a volatile alkaloid, which proved by its taste, smell and reaction to be Nicotin, and which he considers to be the acting principle of Cannabis indica and its preparations. From one hundred grammes Haschisch, treated with alkalies, he got over 10.0 milligrammes; by distillation with water-vapors, 22.23 milligrammes Nicotin; dry distillation of 10 grammes Haschish gave 3.81 milligrammes Nicotin; and distillation in the sand-bath with caustic alkalies, gave 56.69 milligrammes Nicotin from 20 grammes Haschisch. The alkaloid was also prepared from the dried leaves of the indian hemp and from its extract. The alkaloid, made from fifty grammes Haschisch, and injected under the skin of a dog, caused death in five minutes.

No two plants can be perfectly identical, though they contain the same alkaloid as their acting principle; they can only be similar in their action, and it may be, therefore, worth while to compare these two heroic remedies one with another.

Prof. Koehler (*Mat. Med.*, 1241), mentions that large doses of Haschisch cause furibund deliria, a true mania, a high degree of depression, catalepsy and unconsciousness; smaller doses produce a state of intoxication with considerable nervous excitation, hallucinations, a kind of beatitude, with a desire of expressing one's happiness, and muscular action; but such a primary state need not take place at all, and instead of it, nausea, thirst and a sensation of great psychical depression present themselves. Christison observed, an hour after taking 0.25 grammes of the extract, relief from toothache, a heaviness of the extremities, vertigo, sleep, and the following morning he felt exhausted, time hung heavy upon him, his memory was weak, with disinclination to work. Respiration decreases dur-

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ing Cannabis-narcosis (from 30.7 to 28.8), the frequency of the pulse very slightly increased (94.5 to 94.9).

The folia Nicotianæ also produce in warm-blooded animals a transient excited state, followed by paralysis of the cerebral functions. Respiration is at first slightly accelerated, then becomes slower and slower, and stops. Paralysis of the respiratory centre is a chief cause of death by Nicotin.

H. C. Wood (*Mat. Med.*, 226), remarks that Gunjah, or the dried Cannabis indica is sold in the bazaars of Calcutta for smoking. According to this author a full dose produces a feeling of exhilaration and a train of mental and nervous phenomena which varies very much, according to the temperament or idiosyncracies of the subject, and very probably, also, according to the nature of his surroundings. This sensation of happy ecstasy is followed by severe malaise, and two mental phenomena deserve special mention: the sense of prolongation of time—evidently due to the immense rapidity of the succession of ideas, and the condition of double consciousness—a sense of having two existences; of being at the same time one's self and somebody else. Convulsions, local spasms and catalepsy have been observed. Partial anæsthesia, partial loss of strength, especially of the lower extremities, dilatation of the pupils; a quickened pulse followed, and then a deep sleep, out of which he generally awakens hungry. Cannabis exerts no constipating influence upon the bowels, and appears to increase the excretion of the kidneys.

Tobacco, on the contrary, acts as a very powerful depressant, producing horrible nausea and vomiting, with giddiness and a feeling of intense wretchedness and weakness. If the amount taken has been large, to these symptoms are added, burning pain in the stomach, purging, free urination, extreme giddiness passing into delirium, a rapid, running, and finally imperceptible pulse, cramps in the limbs, absolute loss of muscular strength, a cold, clammy skin, and finally complete collapse, terminating in death. Upon the brain Nicotin probably exerts very little direct influence; the convulsions are certainly of spinal origin, and the first stage of nicotin-poisoning is one of

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spinal excitement, and the paralysis of the second stage is probably due to spinal depression.

Quite in a different strain again speaks Nothnagel (*Mat. Med.*, 35), in relation to Cannabis indica and Tobacco. Of the former he says, that after a pretty large dose, a sensation of warmth presents itself in the lower extremities, spreads over the whole body with a sensation of crawling and prickling, arms and legs feel heavy, as if loaded down by weights, the head gets hot, heavy, dull, with vertigo, and surring in the ears, the eyes shine and are injected. This is followed by a sensation of lightness, it seems that all movements could be carried out with greatest ease, the scalp is lifted from the brain, which feels mentally and bodily released, and inward happiness reigns supreme. This may soon be followed by sleep, with pleasant dreams, and the patient awakens in a perfectly normal state, or he may feel mentally and bodily tired out, and all he wishes for is rest.

In other cases even the primary state may be a fearful one, full of anguish, terror, and fear of death. Again every influence on mental functions may remain absent, and the prover complains only of heaviness, dulness, and painfulness of the head, of nausea and vomiting, of general malaise, frequent yawning, followed by deep sleep. Or convulsive phenomena are the first symptoms observed, paroxysmal contractions of the pectorales, with dyspnœa, spasms of the eye-muscles, of the muscles for chewing (even to trismus), or clonic twitchings all over, the pupils are strongly dilated, and micturition increased. Fatal cases of poisoning with Cannabis indica are unknown.

After a preceding slight stage of excitation, Nicotin acts as a paralyzing agent to the functions of the hemispheres (loss of consciousness), of voluntary motions. It stimulates at first the spinal cord, producing tonic and clonic spasms, followed by paralysis, an insensibility of the cord to direct or reflex irritation, probably caused by paralysis of the gray substance in the anterior horns. The motory nerve-trunks are only slightly and at a late period affected. The intramuscular nerve-termini are at first strongly stimulated, finally paralyzed. Small doses, according to Traube, stimulate at first the vagus and slightly also the musculomotory cardiac nervous system, also followed

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by paralysis, but we must keep in mind that each dose reduces more and more the susceptibility for the next one. At first respiration is accelerated, then paralysis. It causes decrease of heat of the body.

Alas! there is still so much vagary in these physiological deductions, that we turn with some fear to our authors, whether they are more able to clear up the mist; at any rate, a comparison of symptoms, as found in the *Materia Medica Pura*, must always remain our best and safest refuge.

Burt, in his characteristic *Materia Medica*, passes off with a few lines our first drug, and remarks of Cannabis indica, that through the cerebro-spinal system it especially selects the brain and genito-urinary organs for its centre of action. Of Tobacco, he says that it acts especially on the cerebro-spinal centres, more particularly affecting the medulla oblongata and pneumogastric nerve. The motor nerves that preside over the muscular system are perfectly and completely paralyzed. (Alas!! still more confusion worse confounded.)

The pharmacodynamics of Hughes do not help us in this hour of trouble.

Hale (*Therapeutics*, p. 102) calls Cannabis indica almost the only medicine that seems to possess the power of acting on the soul. It seems to give us some idea of the vast capabilities of emotion, comprehension and capacity for happiness and sorrow which the soul of man possesses, but which lie latent while the body encloses it. (Query: What is the soul? Can the soul have hemicrania and other bodily ailments?) Oh! for those vagaries, when will we be rid of them. Now Hale is on the right track when he says that Cannabis indica will act best in mental diseases of purely psychical origin, and not depending on any bodily (meaning probably reflex) ailment. But leave the soul out when speaking of disease and its treatment, for that mystery will never be solved in the body.

Let us then turn with confidence to our old friend, the provings, as given by our best authorities, Allen, Hering, Hempel, Jahr, Lippe.

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Cannabis indica.	*Tabaccum.*
MIND.	
Painful emptiness of the head.	Forgetful; slow perception.
Great exaltation of mind, at times with enthusiastic language.	Cheerful and merry, sings the whole day; dances on one leg the whole day, from mirth and good humor, laughing frequently without cause.
Hallucinations and imaginations innumerable, perfect satisfaction with one's own's state; all notion of time and extent of space disappears.	
Full of fun and mischief, laughs immoderately.	
Anguish accompanied by great depression, better in open air.	Melancholy, anxiety, better from weeping, accompanied with a dying sickness of the stomach, going off by vomiting.
Sadness, anxiety, with absence of thought, disposition to despair or suicide, obscuration of sight, griping pain at the top of the head, pressure and dull beating at occiput.	Stupid, is unable to collect his thoughts, with heaviness and dulness of the head, going off after vomiting.
Head feels very heavy, loses consciousness and falls.	Excessive heaviness of the head.
SENSORIUM.	
Vertigo, on rising, with stunning pain in occiput.	Vertigo with qualmishness of the stomach, better out of doors.
Swimming in the head with transient feeling of constriction round head.	Vertigo increasing to loss of consciousness.
HEAD INNER.	
Violent shocks pass through the brain.	Feeble, tremulous motion of the head, when reading.
Frequent involuntary shaking of the head.	
Seething and crisping of blood through the brain, like a flash of sheet lightning.	Weariness of the head, he is scarcely able to keep it erect; sick headache, coming on early in the morning, intolerable at noon; deathly nausea, with vomiting, greatly aggravated by light and noise, amelioration in the fresh air.
Heaviness of the head, wandering of the mind, and fear that he was going to faint.	

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Cannabis indica.	*Tabaccum.*
Great constriction in head, as from an iron skull-cap.	
Dull drawing pain in the forehead, especially over eyes.	Dull, aching pain deep in the forehead, with pressure in the eyes; congestion of blood to the head with flushes of heat.
Throbbing, aching pain in forehead; jerking in right side of forehead, toward the interior and back part of the head.	
Aching, stitching in temples, more on right side.	Compressive-contractive sensation in temples.
Dull, heavy, throbbing pain through the head, with a sensation like a heavy blow on the back of head and neck.	
Feeling of something surging like waves up to neck into the head, seeming to press it forward.	Stitches from the forehead to the occiput, going off in the open air and when lying.

HEAD OUTER.

Scalp and skin of forehead felt as though tightly stretched over the skull.	Violent itching of the hairy scalp; burning of the head, with formication.
Crawling in the scalp, on the top of the head.	
Soreness of the scalp to touch.	A good deal of hair comes out while combing.

EYES.

Visual clairvoyance; wild looking eyes; fixed gaze; languid eyes; dull and swollen.	Dimsightedness; as through a veil, in the evening; black spots before the eyes, scintillations.
Heaviness; burning and smarting of the eyes.	Heat and burning of the eyes.
Twinkling, trembling and glimmering before the eyes.	Twitching of the eyelids.
Drooping of the eyelids, which feel heavy.	Contraction of the eyelids, with smarting pains in the eyes.
Injections of vessels of conjunctiva in both eyes.	Digging, drawing pains in the eyeballs, with distension in the blood-vessels and increased beating in the same.
Pupils widely dilated, followed by contraction.	Great contraction of the pupils, then dilatation and staring look.

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Cannabis indica.	*Tabaccum.*
EARS.	
Hearing very acute; noise in the ears, like of water boiling; ringing and buzzing in the ears; throbbing and fulness in the ears. Periodical singing in the ears, that always ceased when he came to himself.	Nervous deafness; sensation as if the ears were closed; whizzing in the left ear; dull humming before the ears, increased by violent noise, or going into a warm room out of the open air.
NOSE.	
Sneezing; he blew coagulated blood from his nostril; fulness and aching at the root of the nose.	Smell feeble, increasing sneezing, almost killing him, fluent coryza with fine smell.
FACE.	
Wearied, exhausted appearance; drowsy and stupid look; pale face, as in fainting, better in fresh air.	Face blue, pinched, emaciation and death-like pallor in the face during the sickness of the stomach.
Redness of face, as during intoxication; face flushed during motion.	Glowing heat of the face, with redness frequently only on one side.
The skin of the face feels as if it were drawn tightly around the jaw; his lips are glued together.	Permanent contraction of the muscles on the left side of the face, pointing to apoplexy.
Drawings in the muscles of mastication.	Violent tearing in the facial bones and teeth, towards evening.
Cold burning (like turpentine) in vermillion border of lip and point of nose, left side.	Chapped, painful lips, with burning sensation.
MOUTH AND TEETH.	
Gritting and grinding of the teeth, while sleeping.	
Aching in all the teeth of the upper jaw, which felt as if they were loose. Heavy throbbing at the roots of the teeth.	Drawing, rending toothache with heat in the face and reeling in the head; violent beating pains in several hollow teeth.
Tongue white and sickly looking, with a bad taste.	Flat taste in the mouth.
Tongue feels dry, as if scalded, but no particular desire for water.	Dryness of the whole mouth with violent thirst; accumulation of saliva in the mouth, which he has to spit up frequently.
Peculiar metallic sensation.	
THROAT.	
The throat is parched, accompanied with intense desire for cold water.	Dryness of the throat, can hardly swallow, burning in throat and mouth.

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Cannabis indica.	*Tabaccum.*
Sensation as if tongue and throat were covered with a dry, soft body; sensation of a plug rising in the throat, causing him to choke; sensation as of a fleshy body at the pit of the throat, impeding deglutition; burning in throat.	Violent constriction in the throat, much viscid phlegm in the throat; pressure in the throat as if something had lodged in it; periodical sensation as of a plug in the throat, with dull pressure in that region.
STOMACH, APPETITE.	
Ravenous hunger, which is not decreased by eating enormously, followed by loss of appetite.	Voracious appetite. Constant hunger, she feels sick at the stomach, if she does not eat.
It improves the appetite and general health and seems to improve all the secretions.	
Desire for and dread of water.	No thirst, aversion to water.
Eructations reminding him of the extract; eructations of tasteless wind, which relieves a dull pain in the epigastrium.	Frequent empty eructations, particularly after eating; spasmodic hiccough; heartburn from the stomach to the throat.
Pain in the cardiac orifice, relieved by pressure.	
Nausea, slight nausea.	Nausea and accumulation of water; nausea with delirium.
Sinking at the stomach.	Feeling of pressure in the stomach.
Disagreeable cold feeling in the stomach, as if he had drunk cold water.	Feeling of coldness in the stomach and along the vertebral column, with nausea and disposition to vomit.
Burning sensation in the stomach.	Burning in the stomach.
Agonizing clutching, or cutting griping in stomach; nervous grumbling sensation in stomach, coming on every few minutes and extending up into the thorax.	Cardialgia, spasmodic pressure in the region of the pylorus; violent tearing in the stomach after a meal; sensation as if the stomach would turn.
	Sticking in the pit of the stomach, through to the back.
While eating, the stomach felt so swelled and his chest so oppressed, as if he would suffocate, had to loosen his clothes.	Violent vomiting, hæmatemesis; retching after vomiting.
ABDOMEN.	
Abdomen feels swollen, relieved by belching.	Abdomen tympanitic, costive.
Flatulent rumbling in the bowels at night, as though looseness was coming on.	Shifting of flatulence, gurgling in the bowels; violent burning, horrible pains.

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Cannabis indica.	*Tabaccum.*
	Strangulated hernia, nausea, deathly faintness; cold sweat, vomiting, sudden cerebral hyperæmia.
Tenesmus; sensation in the anus, as if he were sitting on a ball, as if the anus and a part of the urethra were filled up by a hard, round body.	Frequent tenesmus of the rectum as if the fever were prevented from passing out, during soft stool.
STOOL.	
Painless yellow diarrhœa, followed by constipation.	Sudden papescent, yellow green or greenish, slimy stools, tenesmus, shifting flatus.
	Stools yellow, sometimes greenish slime, vomiting, debility, cold sweat; cholera infantum.
	Cholera, body cold, face distorted, spasms, vomiting, or no stool or vomit, collapse.
	Cholera infantum, body cold, abdomen hot; not satisfied until clothing is all off the abdomen.
	Soft stool, tenesmus, burning backache.
	Constipation, stool delays, is harder and darker than usual.
URINE.	
Pain in the kidneys, when laughing, burning aching in the kidneys, keeping him awake at night, sharp stitches in both kidneys.	Renal colic; violent pains along ureters, cold sweat, deathly nausea.
Feeling in the urethra as if there were a gonorrhœa.	The orifice of the urethra is inflamed and sticky.
Burning and scalding, or stinging pain, before, during and after urination.	
Sharp prickings, like needles, in the urethra so severe as to send a thrill to the cheeks and hands.	
Continual desire to urinate.	Increased emission of urine.
Urine loaded with slimy mucus.	Reddish urine with ammoniacal odor.
Urinates frequently, but in small quantity; has to wait some time before the urine flows; has to force out the last few drops with his hand;	The secretion of urine is entirely suppressed.

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Cannabis indica.	*Tabaccum.*
urging to urinate, but cannot pass a drop.	
The urine dribbles out after the stream ceases.	Enuresis.
Copious discharge of clear, light-colored urine, in a full, clear stream.	The urine is clear, lemon-colored, and more copious than usual.
SEXUAL ORGANS.	
Sexual desire excessively increased, in both sexes.	
Erections while riding, walking and also while sitting still; violent, painful; not caused by amorous thoughts; priapism, chordee.	A number of erections toward morning without any voluptuous sensations; nocturnal emissions.
The sexual thrill is much prolonged, with more than a dozen seminal discharges.	
Penis relaxed and shrunken; in the night, during coitus, little or no sensation.	
Itching of the glans penis, itching and burning of the scrotum.	
Excessive discharge of prostatic fluid, at night, during a hard evacuation.	Discharge of prostatic fluid.
Very profuse catamenia, lasting five days.	The menses appear more profusely than usual.
Nymphomania; excites sexual desire, but causes sterility.	Morning sickness during pregnancy.
RESPIRATORY ORGANS.	
Inability to measure the compass and the volume of the voice, while speaking.	
Rough cough, scratching the breast immediately under the sternum.	Sticking under sternum, with inability to take deep breath.
It requires great effort to take a deep inspiration.	Hurried, anxious, irregular respirations; dyspnœa.
Oppression of chest, with deep, labored breathing, worse when ascending.	Violent constriction of the chest with slow respiration, the walls of the thorax being hardly raised.
Feels as if suffocated and has to be fanned.	Paroxysms of suffocation, asphyxia.
Stitches extending from both nipples through the chest.	Stitches shooting through the chest, from before backwards.

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Cannabis indica.	*Tabaccum.*
The least pressure on the stomach brings on a fit of suffocation.	
HEART AND PULSE.	
Sense of weight in region of the heart with oppression and feeling of sickness and anguish.	Violent oppression of the heart with feeble, irregular pulse; sudden præcordial anguish.
Pressing pain in the heart with dyspnœa.	
Stitches in the heart, accompanied by great oppression, the latter relieved by deep breathing.	
Impulse of the heart very weak, at times scarcely perceptible.	Palpitations lying on left side, goes off when turning to right.
Palpitations of the heart awakening him from sleep.	Palpitations in attacks at night, tight across chest, with angina pectoris.
Pulse full and bounding, 120 and 160.	Violent beating of heart and carotids.
Pulse below the natural standard, as low as 46, with long intermissions.	Pulse quick, full, large—imperceptible, small, intermittent—exceedingly slow.
NECK, BACK.	
Peculiar feeling like a stream of warm water, which gradually stole up the back and made its way to the spine.	Neuralgic pains up into the neck, with angina pectoris; pains between shoulders.
Sensation as though a red-hot iron rod was passed from sacrum up the spine to the atlas, around the occiput, over the eyes from right side stopping at left ear, leaving a feeling as if charred.	
Reflex movements of spinal column, a wave-like motion beginning at dorsal region and extending to pelvis, alternately raising and depressing first the dorsum, afterwards the pelvis, slowly and involuntary.	Dull pain in the centre of the spinal column with bruised pain in the body, particularly the upper limbs.
	Stiff neck, preventing him from turning.
Pain across the shoulder and spine, forcing him to stoop.	Violent pain in small of back, throbbing in sacral region.

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Cannabis indica.	*Tabaccum.*
EXTREMITIES.	
Agreeable thrilling through the arms and hands.	Cramps in arms and hands, or in single fingers.
Leaden feeling in the limbs, as though he could not move them.	Hands feel lame, icy-cold, then burning, with bloated finger-tips; body warm.
Agreeable thrilling from the knees down.	Icy-coldness and trembling of limbs.
Is unable to walk up stairs on account of an almost entire paralysis of the limbs, with stiffness and tired aching in both knees.	Cannot walk, with angina pectoris.
Entire paralysis of the lower extremities.	Tremor and disabling weakness of the feet.
NERVES.	
Exhaustion, followed by deep sleep.	Horrid pains, spasmodic contractions of muscles, general insensibility, relaxation.
SLEEP.	
Excessive sleepiness.	Stupefying sleep at night.
Dreamy attacks, even in daytime. Vivid, delightful, or dreams of danger; nightmare.	Anxious, painful, even frightful dreams.
FEVER.	
Loss of animal heat; general chilliness.	Violent chills, shaking and shuddering of the whole body.
Coldness of the face, nose, hands, after dinner. with inability to get warm.	Warmth of the body with icy-cold hands.
	External warmth with internal shuddering, or internal coldness with feeling of heat, without thirst.
Pleasant sensation of heat, beginning in the spine and extending all through the body.	Hot skin, with great thirst and restlessness.
Pleasant burning heat all over the body.	
Profuse sticky sweat, standing out in drops on the forehead.	Profuse sweat about the head and chest.
	Cold sweat, viscid, with languor and slow intermitting pulse.
SKIN.	
Formication or itching on various parts.	Livid, cold skin—in cholera, angina pectoris.

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Cannabis indica.	*Tabaccum.*
Tension in the skin of head and face.	Red, burning spots in face and on right shoulder. Itching, with red or yellow spots on chest and shoulders.

Analysis of the Symptoms.

Boeck (*Ziemssen*, xv., 452), thinks that Nicotin especially affects the terminal fibres of the vagus, causing there an irritation. Hence in relation to the heart we find at first a retardation of the beats of the heart, and finally the beats of the heart increase again, from paralysis of the same terminal fibres of the vagus. The same contracting influence Nicotin exerts at first on the arteries, followed by-and-by by dilatation. The contraction of the blood vessels causes an increase of blood-pressure, the dilatation a decrease; Nicotin acts, therefore, at first stimulating and then paralyzing on the vasomotor centre, hence the pallor, the cold sweat, the collapse, etc. Thus may be also explained the action of Nicotin on the brain and spinal cord: at first stimulation, followed by palsy. Hence we have clonic and tonic spasms of central origin, and the irritation lasts longer in the brain than in the spinal cord.

Most authorities fail in analyzing the symptoms of Cannabis indica to come to a conclusion in relation to its action. That it acts especially on the hemispheres of the brain is clear, but as the action of this drug is more evanescent, cases of intoxication from it are rare, and autopsies have never been made, or failed to be recorded in the countries where its habitual use ought to present opportunities, once in a while, to dissect the body of an old, inveterate Haschisch eater. The rapidity of the succession of ideas, presenting itself as a prolongation of time, and the consciousness of being at the same time one's self and somebody else, clearly demonstrates the primary action of hemp to be on the hemispheres proper, on some of the many ganglia contained therein; secondarily or curatively we meet only drowsiness, and through the soothing effect of sleep a restoration of the mental equilibrium. Even the spasms and convulsions (catalepsy) which it causes and perhaps cures, must be considered of central origin. Handfield Jones neatly describes

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its action when he calls it "physiologically a nervous stimulant, and therapeutically a nervous sedative."

How can its action in gonorrhœa be explained? For that is certainly a matter of fact complaint, the opprobrium medicorum, with which the hemispheres have nothing to do whatever. Even here, it seems to me, it relieves only the nervous erethism, so often associated with the first stage of the nasty disease, but is without any influence on the inflammation, *per se*, which needs the mercurials, the lime preparations, or Hepar Sulph. or Calcis Murias for its removal. I candidly acknowledge to many disappointments in the use of this remedy in gonorrhœa, although some of my esteemed colleagues have been more successful, and praise it in the same ratio.

Ignatia amara and Nux vomica contain the same alkaloid, Strychnine, and yet what a vast difference in the symptoms of these two polychrests. The action of the Ignatia rather evanescent, never deep and lasting, just as we found the same to be the case with our Cannabis indica; the other, our Strychnos Nux vomica, throws its most powerful action upon the spinal cord, upon the nervo-muscular tissue of the bowels and sexual organs, and in its effects leaves most lasting impressions. Differently and yet in a similar manner, acts Tobacco, but here we find far more the pneumogastric implicated; but the diseases produced by the continued action of the weed are of a chronic character, and it will cure the same or similar diseased states wherever homœopathically indicated. Let us take, for example, that old, chronic, troublesome complaint, usually denominated Asthma; how different the Asthma of Tobacco or its relative, Lobelia, from the Asthma suitable to Nux. The former a most outspoken, paroxysmal asthma, evincing thus its nervous character with violent constriction of the chest, and hurried, anxious, irregular respirations, the latter connected with imperfect and slow digestion, with an orgasm of the blood from portal congestion, nightmare first, and suffocative paroxysms afterwards. But we run astray from our theme; here, in our Materia Medica, comparisons are not odious; may our younger members take the hint, and thus prove to their seniors that by their work they show themselves the worthy disciples of our immortal Master.

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ARTICLE XIV.—A Dozen Cases from an Old Journal.

By S. L.

In the 17th Volume of Stapf's *Archiv.*, 1838, Dr. Friedr. Emmerich, in Meiningen, publishes a dozen cases, showing how well these men of the olden time were versed in the intricacies of our Materia Medica. How few of our younger colleagues know anything of this mine of knowledge, and really it may be said of homœopathic journals that they are like wine, the older they are the better, and therein the very opposite of the old school, which is constantly chasing after new gods. But to our cases, to which we may be allowed to add some glossaries for the benefit of those who need the proofs:

1. K., butcher, æt. 18, tall and slender, brown hair. The father suffers from hæmorrhoids. In his childhood he had varicella and some inflammatory fever of the respiratory organs. Six years ago he had an itch-like eruption of the hands and feet, which passed quickly off after a few Sulphur-powders. About the middle of August, 1837, he got a furuncle under the false ribs of the left side, which suppurated copiously. After it healed, dull-stitching pains in the right hypochondrium set in, increasing steadily so that he had to go to bed (Sept. 1st). Hardly any fever. He complained most of obstinate constipation. Clysmata, baths, leeches, vesicantia, Tart. emet. ointment, etc., and many internal remedies were used, without any benefit. He emaciated rapidly, with continued hectic fever, and was left to die. Thus he came under homœopathic treatment; my diagnosis was: phthisis hepatica, in consequence of suppurative hepatitis.

Oct. 18. Excessive prostration, hardly any vital reaction. He cannot sit upright for a moment, or move about without fainting; a living skeleton, yellow, sallow features; transient roses on the cheeks during the fever; eyes suffused, with a suffering expression. Flying heat, a kind of hot flashes, followed by cold sweat, especially in the morning, after eating; in the evening, and after the least exertion, with small, very rapid pulse. At all other times the pulse is small, weak, slow, some-

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times intermitting. The liver, under the edge of the false ribs, protruding, somewhat swollen, hard and painful to deep pressuse; frequently a dull, pressing pain, deeply in it. Sometimes tearing-lancinating pains in the right side, extending from the pectoral muscles to the shoulder and upper arm; sometimes more severe between the shoulders and small of the back, then again somewhat easier, and sometimes ceasing entirely for hours. He can only lie on the right, affected side; the pain increases when he changes to the left side. No appetite, no thirst. Great despondency. Bowels regular since a week. The urine deposits, a few minutes after passing it, a gluey, reddish, sometimes flocculent sediment, looking like hepatic pus. The urine shows this ominous deposit already for a week. His diet has been chicken-broth, or something similar. Stimulants, even wine, forbidden. From Oct. 18th to 22d, every day one dose Kali carb.^{30}. The pains in the left side decreased already, after the first dose, but on the 20th he was so weak, that death was momentarily expected. Oct. 21st, he could lie on left side without pain. Oct. 22d, a scraping, dry cough. Acon.^{30}, six powders for six days. 22d and 23d, urine clear, then again as muddy as before. Oct. 27th, 12 powders Kali carb.^{30}, in alternation with Acon.^{30}, every day a powder. Oct. 29th to Nov. 4th, improvement; more appetite, but still very weak. A kind of faintness around the heart at the least exertion, and he has to lie down again. Coughs most when lying on left side. Urine only cloudy, and contains no hepatic pus any more. He is free from pain. Nov. 8th, Kali carb. and Acon. in alternation. Nov. 11th, still that dry, troublesome cough. He eats with appetite, sleeps well, has no pains, but feels very weak yet. Towards evening still some fever, followed by sweat and frequent pulse. Nov. 16th. Less cough. Nov. 19th. Kali carb. six powders, to take one every other day. Dec. 5th. Normal appetite, normal stools, urine clear. He coughs too much yet, but expectorates now some phlegm. Dec. 6th. Sulphur,^{30}, six powders. Jan. 4th, 1838, the patient could be dismissed cured.

Allen's Encyclopædia, V., 293: 649. Feeling of heat in hepatic region. 648. Sticking tearing in right hypochondriac region. 655. Frequent dull stitches in the hepatic region, in a

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small spot, with a sore pain when touched. Pain in the liver while walking. 852. Constipation. 881. Dark yellow urine, with a cloud. 896. Urine turbid. 897. Urine like mealy water, with much sediment when standing. 959. Cough from tickling in the throat. 977. Scraping, scratching cough. 955. Hacking cough, with some expectoration. 1128. Sharp stitches in the right scapula. 1132. Sticking, bruised pain in the right scapula, on motion, perceptible as far as into the chest. 1436. Exhaustion and weariness. 1440. Attack of faintness, as soon as he moves but little. 1680. Heat and redness of the face, in the morning in bed. 1682. Very hot hands in the evening in bed, with momentary shuddering. 1685. Night sweat. 1690. Profuse perspiration on every exertion.

We see thus plainly that Kali carbonicum is a simillimum to the whole case, the cough included, and it is therefore a mystery, why the Doctor alternated it with Aconite. True enough, Aconite gives us: 872. Tickling in the larynx, provoking cough. 895. Dry, short cough, excited by scratching in throat. 900. Hoarse, dry, loud cough. 1597. Towards evening burning heat in the head and face, with redness of the cheeks and outpressing headache. 1607. Towards evening dry heat in the face, with anxiety. 1626. Increase of febrile symptoms towards evening. 1640. Profuse sweat. 1650. Nocturnal transpiration—but 1651 reads: Violent sweat without exhaustion, and it is a question whether Aconite is a simile to hectic fever. Even leaving the inflammatory fever and the hyperfibrinosis out of the question, we see nothing in this case of that anxious impatience, a restlessness not to be quieted, of that distress and agonizing tossing about, so characteristic of Aconite.

It is a consolation to us, poor, miserable sinners, to see other physicians, even of the ancient type, make not only mistakes, but to find them transgressors of the principles laid down by Hahnemann. Certainly the case could have been cured with Kali carb. alone, and therefore the interpolation of Aconite is at least unnecessary.

2. Maria S., æt. 7, delicate, pale, emaciated. When six months old, she had the measles, which left her with a severe morning cough. Especially during dentition, she could hardly

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expose herself to the fresh air, without suffering from fever and cough. She never had convulsions. She always suffered the most during the winter. In her fourth year she passed through a febrile attack, which her attending physicians considered worm fever, typhoid fever. She never passed a worm, but although she recovered, it left her with her old cough and a lentescent fever. A year later she passed through an attack of scarlatina, and during that time the cough often became quite croupy. Last summer she enjoyed pretty fair health, but now cough and fever increase again.

Status presens. Oct. 29, 1837. Great emaciation and lentescent fever. Uninterrupted, short, hacking, spasmodic, whistling or barking cough, preventing sleep at night. Vomiting of phlegm when the cough is scarce. Sometimes the cough is dry, at other times she expectorates suspicious matter. Pains off and on in the head, chest, and abdomen. Constant spasmodic twitching of the left eyelid and left corner of the mouth, perhaps caused by the chronic titillation in the larynx and trachea, and desire to keep back the cough as long as possible. No appetite. After regulating the diet for a few days, treatment began with Aconite,^{30}. Cough and fever decreased, she had more appetite and slept better. Nov. 10. Sepia,^{30}, four powders, one to be taken every third day. Nov. 17th. Milky urine, hardly any cough. Nov. 20. Sepia,^{30}, two powders, one every fifth day. Dec. 2. For a week coryza, which aggravated the cough, and vomiting. Dec. 3d. Kali carb,^{30}, seven powders, one every day. Dec. 18. Since she took Aconite no fever any more. The cough is better again, her nose discharges freely, appetite and stool normal. Dec. 20. Kali carb., seven powders. April, 1838. Went to school the whole winter, and enjoys now excellent health.

As the disease began with a slight attack of measles, involving more the mucous membrane of the respiratory organs than the skin, we may, perhaps, consider the final coryza as a crisis, and the question is open, which remedy did the work, Aconite, Sepia, or Kali carb.? Aconite broke the fever, but showed no influence on the cough, although the symptoms of such a cough are clearly delineated in the symptomatology of Aconite. The

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reason of it may be that it was not an inflammatory cough, but one based on some poison (measles?) still lurking in the system. Did Sepia throw this poison out, and thus develope the critical coryza? We unhesitatingly reply in the affirmative, for we find in Sepia a want of tone. a weakness of the vital forces, a state of depression, a passive congestion, whereas Aconite, on the contrary, gives us increased functional activity. The Sepia congestion of the lungs is based on a venous hyperæmia, and therefore the beginning of the treatment with Aconite, merely on account of the fever, was loss of time. In relation to the cough, Sepia gives us: dry cough, with vomiting of a bitter liquid, in the evening, when in bed. When coughing she feels nauseated, is occasionally obliged to retch, and then becomes hot and perspires slightly. Cough, fatiguing the chest and stomach. Violent dry cough, with stitches in the right side of the chest. Scraping cough. Expectoration of white mucus of the size of a millet seed. Grey and yellow expectoration from the chest. Frequent sneezing, with scarcely any cold, dryness of the nose followed by severe fluent catarrh.

It seems that the coryza, which aggravated the cough and vomiting, frightened the attending physician unnecessarily, and he changed the Sepia to Kali carb., but we see that Sepia also has coryza, and we still incline to the idea that Sepia alone would have sufficed to cure the case. We find under Kali carb: 335. Stoppage of the nose. 340. Stopped catarrh, with much yellowish-green mucus in the nose. 349. Excessive fluent coryza. Gross gives us a comparison of Kali carb. and Sepia, but it is far from being complete, and we earnestly request Brother Farrington to do the work which he so ably and thoroughly began.

3. William T., æt. 5, blonde, large for his age, with a slender chest. He had, when two years old, convulsions in consequence of fright. He saw figures, black animals, and then fell down unconscious. Cured by homœopathic remedies. About a week ago he caught cold and complained of stitches in the chest, especially on the right side, and of cough with bloody-tinged expectoration. Fever set in, and the little fellow had to go to bed. June 15th, Acon.,[30], five powders; every day one. June

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15th. The child is of good spirit, no fever nor pains, good appetite. Green expectoration. Sulph.^{30}, removed this and the boy was all right again.

4. Anton S., cabinet maker, æt. 27, a small, delicate man, with sallow features, suffering look, as if afraid of everything. Great lassitude, debility, and mental depression. Three years married, and father of a nice little boy. His father was a drunkard, and died from induratio ventriculi. A similar disease seemed to develope itself, but was prevented to come to an issue by homœopathic remedies. Two years ago he had the Varioloids, which left some marks. He was sick two weeks, and after the eruption had dried up, he complained of the following troubles, which, since then, have steadily increased: Frequent gastralgia, the stomach contracts, then bloats up again, pressing pain or a sensation of deadness in the gastric region. Sour eructations and vomiturition, but no vomiting. He suffers most an hour after eating, when the stomach feels swollen like a drum for several hours and painful. When the pains decrease, there is gurgling in the intestines with ructus and flatus. Sometimes abdominal pains join the cardialgia, and the abdomen is then contracted, at other times it is bloated up by flatus. Constipation. With relaxed abdominal walls the stomach feels prominent, tense, some parts harder and sensitive to pressure. At night he is free from pain and rests well, during the day he has hardly an hour's rest. Dry, short cough, with dyspnœa. Frequent headache, especially pressing in occiput, moving to the forehead and rotary vertigo. Spasmodic drawing in the back, scapulæ, left leg, stitches in the left hip and knee. Emaciation and weakness of the legs. He is very careful with his diet, and abominates liquors. Carbo veg.,^{30}, two pellets. Dec. 21st, 25th, and 31st, removed all the trouble.

Hughes (*Pharmacodynamics*, II., 252), remarks: that since the power of charcoal to check fermentation and to absorb gases has been known, it has been largely used in dyspepsia attended with acidity and flatulence. It is most suitable for cases where the gas distends the stomach more than the intestines, and where the tendency is to diarrhœa rather than to constipation —in this last feature contrasted with Lycopodium. Allen

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(*Encyclopedia*, II., 565), gives us the following symptoms: 4. Everything frightened him and he seemed to despair. 18. Discouraged and frightened. 49. Vertigo so that he is obliged to hold on to something. 149. Dull headache in the occiput. 154. Pressive headache, first in the neck, then in the forehead, followed by lachrymation of the eyes. 267. Color of the face greyish-yellow. 415. Violent, almost constant eructations. 421. Empty eructations, accompanied, especially in the afternoon, with much accumulation of flatulence in the abdomen. 451. The stomach feels tense and full. 455. Contractive pain near the pit of the stomach. 456. Griping in the pit of the stomach, as from flatulence. 457. Contractive pain in the stomach, even at night, extending up into the chest, with distension of the abdomen. 490. Abdomen distended by flatulence. 499. Audible rumbling in the abdomen, with some griping. 540. Flatulent colic, with passage of odorless flatus. 632. Complete constipation. 713. Cough every time, as soon as he has eaten sufficiently. 736. Difficult breathing, from oppression of the chest. 746. Sensation of weakness and fatigue in the chest. 815. Drawing pain in the back. 822. Burning in the right shoulder blade. 831. Tearing pressure in the small of the back. 948. Tension in the hip and knee.

5. Caroline W., æt. 9, blonde, finely built, had measles and several inflammatory catarrhal fevers. Lately she grew very rapidly, and complained often of her chest. The whole of last winter she and her three sisters suffered from a foul-smelling tinea capitis, which passed off without anything being done for it. For a year she has paroxysms every eight weeks. During the night or in daytime she suddenly screams out, head and eyes become red, she strikes about and speaks foolishly, sees figures, ugly old persons who frighten her. The head gets hot, the other body keeps its natural heat, and the fingers are spasmodically drawn in. After one to five minutes consciousness returns, and she complains of headache, spasmodic contraction of the chest, till perspiration breaks out all over the body. A few days before and after the fit she has general malaise, headache, loss of appetite. During the interval she feels well. She received worm-remedies and passed two lumbrici, but without re-

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lief. The child looks like the mother, who also suffers from spasmodic affections of the chest, and who had, from her ninth to thirteenth year, when she became regular, similar fits, but always in the night. She felt then as if she had fire in her eyes, heaviness in the head, she screamed and kicked about in every possible manner. For some time she was afraid to go to bed. The father also had a weak chest. The pulse is spasmodically contracted during the fit, and the eyes turned upwards. From the 10th to 17th of April, 1835, she received Kali carb.^{30}. 1838. She never had any fit any more, and enjoys good health.

A very interesting case. We have here before us a case of hereditary epilepsy, based on a psoric constitution, for all the children suffered from tinea capitis, an effort of nature to throw out the materia peccans, but it seems the vis medicatrix naturæ was only partially successful. What is scrofula, psora or by whatever name you may call this blood-poison? A tyro would have been inclined to give Belladonna or Atropine, but the very hereditariness hints to antipsoric treatment and the Doctor chose wisely the Carbonate of Potash. Schüssler is also very fond of the Kali remedies, although he prefers the muriate and sulphate for the affections of the external and internal skin, and the phosphate in nervous debility and septic condition of the blood. Noack and Trinks recommend Kali carb. for humid tetters with itching and stinging and for other scrofulous affections. Perhaps the so much vaunted bromide of potash will, by and by, be individualized, and receive its right place in the treatment of this dire disease when based on a psoric diathesis, where we can easily understand that it will not take half ounce doses, but only a potency to set the curative ball in the right motion. We again quote from Allen's Encyclopædia, where we read: 24. She is frightened with a loud cry, by an imaginary apparition. 42. She easily becomes very violent. 58. Loss of consciousness for a few minutes, so violent that all his senses disappear. 190. Redness and heat of the eyes. 28. Frequent lachrymation and rays around the candlelight. 261. Sparks of light before the eyes. 538. Little appetite, with insipid taste in the mouth, though food tastes good. 1514. Pustular eruptions. 1588. The whole body moves in sleep, as in

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epilepsy, with jerking of the arms and stamping of the feet, though without rattling respiration; after waking he knows nothing about it.

6. B., aet. 34, married, of small size, pale features. In his eleventh year he had the itch and afterwards frequently rheumatism in the left arm. Four years ago he passed through an inflammatory affection of the chest. Since the rheumatic pains left him, a year ago, he complains of palpitations, a tremulous motion or a slight beating, especially when moving quietly or when mentally excited. Vertigo and a sensation of syncope comes on so that he has to take hold of something. Appetite and stool normal. March 13th, 1837 Cocculus[30], three powders, to take one every fourth day. After the second powder a severe diarrhœa set in and after that passed off he had no return of his former trouble.

Why Cocculus? Most of us would have thought rather of Psorinum and Sulphur on account of his former itch, especially as scabies, externally chased away, does produce rheumatism and we all know that in rheumatism the heart is easily affected. Teste (*Materia Medica*), 388 considers Cocculus to resemble Causticum in its action and remarks that it is principally in the diseases which resemble those to which Causticum corresponds, and frequently even in certain stages of such diseases, that Cocculus is particularly useful. Be it, as it may, good Father Hering (Condensed *Mat. Med.* 306) vouches for the following symptoms: Much itching, especially in the evening when undressing or at night in a feather-bed; palpitation of the heart, from quick motion and mental excitement, with dizziness and faintness, vertigo, when rising up in bed, must lie down; great lassitude of the whole body, it is an exertion to stand firmly.

7. Catharine F. æt. 36, her face disfigured by variola, features sallow, spirits depressed. Ailing for many years. Menses irregular, too copious and too long, discharges also much blood from hæmmorrhoids. Digestion out of order, hardly any appetite, cardialgia, pressure in stomach, sour eructations and heartburn, sour, flat taste in the mouth, diarrhœa alternating with constipation. Often, especially during change of temperature, arthritic tearing in all extremities, frequent pains in small

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of back, tearing headache and toothache. Swollen, bleeding gums, frequently arthritis angina. Sometimes itching over the whole body with small pimples. The eyes red and inflamed. Sepia[30] July 24th, 25th and August 4th. All symptoms disappeared, and she felt better than she had done for a long time.

Veit Meyer (*Hom. Vierteljahrschrift*, IV., 2. and *Brit. J. of H.*, XIV., 91) speaks thus of the rheumatic and gouty affections, corresponding to Sepia. While arthritis originates in a dyscrasic condition, this is not usually the case with rheumatism. While uric acid abounding in the blood gives rise to gout, rheumatism is certainly caused by the application of cold to the skin. The predominance of uric acid is caused by the redundancy of acids in the digestive passages, by which the whole of the blood becomes affected. The ease with which the skin becomes affected by cold may on the other hand arise from varied causes. Both conditions may exist with a high degree of venous congestion. Sepia is capable of producing the primary state of both diseases, from which other conditions arise, presenting either the gouty or rheumatic diathesis. In passing in review a summary of the individual symptoms, we find jerks and twitches, tearing, drawing and shooting pains in the head sometimes periodical with nausea and actual vomiting (migrane); toothache aggravated by eating, going off by warmth and in bed, but occasionally returning at night, the pains are drawing and tearing, rheumatic stiffness, especially of the back and neck, drawing and shooting pains in the same parts; drawing and tearing in the muscles and joints of the extremities, the pains are mostly worst at night and when at rest; hæmmorrhoidal affections and discharge of blood during stool; aversion to food, desire for vinegar; acidity after a meal; great weakness of digestion, bitter and sour eructations; menses too early; itching and itching pimples on the joints, itching over the whole body.

8. Carl A., coachman, æt. 40, married and father of several children; yellow, unclean features, frequently pimples on forehead. For several years he complains in the morning of mucus in the stomach and throat with nausea and vomiting. Nov. 30th, 1834, he caught cold and complains of stitches in the right

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side. High fever. Severe chill, burning heat and sweat. Very restless night. Heaviness and dullness of the head, so that he cannot sit up in bed, the eyes shining and inflamed. Yellow, coated, fissured, dry tongue. Sometimes rumbling in the stomach and intestines. Twitching from the right side of the chest towards the abdomen, so that the whole body is shaken. Great mental depression and lassitude. Constipation; red, murky urine. Acon.^{30} a dose morning and evening. Dec. 1st. Fever and stitches in the side not so severe. Nux^{30}. Dec. 2d. No fever, pain in small of back, constipation. Nux^{30}. Dec. 3d. Five stools with great relief. Dec. 5th. Sulph.^{30} and recovery.

A regular Nux case from beginning to end, but we cannot see any indication for Aconite, for catching cold is not always caused by sharp cutting winds and the Doctor forgot to give us the cause of this cold. We acknowledge that in such a case our mind would have reverted rather to Bryonia or Nux with a strong leaning towards the latter, for we find in Nux not only the morning aggravation, the gastric and intestinal symptoms, the constipation from irregular peristaltic motion, the reddish urine with brickdust sediment, but also stitches in the muscles of the chest and painful pulsative shocks; and certainly the febrile symptoms are fully expressed in Nux vom. Dr. Emmerich loves to begin his treatment with Aconite, wherever fever presents itself and finishes it up with a dose of Sulphur, to drive off every remnant.

9. Christiana S., æt. 67, a weak, decrepid old lady. At the age of 24 she had a severe attack of scabies, of late arthritis, so that her fingers became curved. Her chief complaint is arthritic headache, so that she cannot rest day or night. She already suffered terribly for a week, when a few pellets of China^{30} removed it entirely.

Believe it who can, we want to know the why and wherefore China was found indicated. Emmerich does not mention periodicity, and arthritis alone is too vague an expression. Thus it must have been that kind of headache we find under China: "Headache from the occiput spreading over the whole head, lasting from morning till afternoon, aggravated by lying down, ameliorated by walking or standing, great sensitiveness of the

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scalp;" or, "Sensation as if the head would burst, with sleeplessness, worse from motion or any jar, brain feels bruised, worse on moving, even opening the eyes."

10. Mrs. N., æt. 51, slender, delicate, suffered for many years from a suffocative cough, which deprived her of sleep. Somebody advised her to use wild plums preserved in vinegar for it.

The cough ceased, but a few weeks afterwards she suffered from diarrhœa with discharge of lumps of coagulated blood (morbus niger Hippocratis). She also complained of stomachache, a sweetish taste in the mouth, inclination to vomit and inappetency. Hence all the symptoms of great loss of blood, great debility, paleness, vertigo, dimness before the eyes, filiform pulse. China[4], two pellets, repeated again on the fifth day, acted well, and she recovered rapidly.

The kernels of the sloe or wild plum, as well as those of the peach and almond, contain prussic acid, and we can thus easily understand its beneficial influence on the cough, for we find under Laurocerasus (Allen V. 521): violent frequent short cough with a feeling as if mucus were hanging in the throat and could not be loosened, but we find also: 364. Sweetish eructations. 376. Nausea and qualmishness of the stomach. 396. Pain and nausea in the stomach. 459. Audible rumbling all through the abdomen. 522. Diarrhœa of thin, greenish mucus. 525. Involuntary stool and micturition. Our patient was already past the climaxis, but as Laurocerasus gives us profuse menstruation, the discharge of blood per anum may still have been the consequence of the wild plums. *Quien sabe!*

11. Christopher N., æt. 29, tailor, married and father of two children. Small, lean, thin, weak; blonde hair, pale yellow features. He looks irresolute and full of fear. The father, 66 years old, suffers constantly from hæmmorrhoids. Two of his brothers died in convulsions, and one from typhoid fever, which he had at the same time. Three years ago he had a pneumonia for three weeks, and complains since then of his chest. It is a sensation of soreness in the chest, as if the lungs were exposed to a draught of air, so that speech and inspiration is painful. Every exertion puts him out of breath. In the morning he coughs and expectorates, during the day tussiculation and

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sometimes expectoration of blood. About eight months ago he had a full hæmoptoe of clear, bright-red blood. He had no pain, but only a sensation of great heat in the chest. Since a year he has constant buzzing in the right ear, which sometimes occupies the whole head, sometimes ringing of bells, and he does not hear well in that ear. Sometimes rotary vertigo and dimness of vision. White, dull-looking urine; appetite, stool and sleep normal. Great lassitude, the least exertion tires him out. No fever, but always a small, irritable pulse. April 14th and 17th Petroleum^{30}. After the first powder stitches in the left temple, extending down to the shoulder and passing off under the false ribs, followed by diarrhœa which kept on for two days. April 22d and 26th Sulphur^{30}. He feels decidedly better. May 2d, 5th, 8th, 11th, 15th, 18th, Psorinum^{30}. Itching of the skin appeared and he felt and looked decidedly better. In fact Psorinum is an excellent remedy in diseases of the respiratory organs, and in most cases a critical eruption appears on the skin, which must not be meddled with. In other cases we meet only critical perspiration, sometimes of a peculiar smell. Psorinum may yet help, where all other remedies failed.

To all of which we can only say: Amen! Amen! for we had the proof of it in several dangerous and doubtful cases. It is a pity that such a close observer, as Hughes is, fears to soil his fingers by touching such an abomination, and our English colleagues, by refusing all nosodes, certainly fall even behind the advancing physiologists of the old school. Never mind, where it comes from or what it is, give it high, then all matter is gone and the dynamical remedy need not frighten you.

12. Marie G., æt. 2, was a hearty, lively child. Since her vaccination, a moist, pustular eruption covers the whole left side of the hairy scalp, especially towards the occiput, and now attacks the left ear and the face. The whole face is swollen, principally the lips, which are covered by a scab. Pustules also appear on other parts of her body. The right eye is inflamed and small vesicles cover the cornea. Appetite fair, but the swollen lips only allow fluid nourishment. The upper molars are cutting through with some fever and diarrhœa. None of

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the other children ever had any eruption. March 18th and 20th Sulph.^{30}. March 29th and April 2d, Psorinum^{30}. April 12th, 15th, 18th Sulph.^{30}. Although the child had been many weeks before under allopathic treatment, these few doses sufficed to make the child well again.

He says in conclusion: The physician must study nature, in order to choose the best for a cure. I bind myself to no system, just as allpowerful nature can not be confined into one, hatched by a weak human brain. I always use, what I find the most suitable, be they decoctions, infusa, tinctures, low, medium, high or highest potencies. Cures are here recorded, where the higher potencies aided the divine vis medicatrix naturæ, in as much as I consider it our highest aim, to accomplish the most with simple things. Hahnemann taught us to observe nature in its simplicity, let us follow his precepts and we will be as successful as our glorious Master was. "Mach's nach, mach's aber recht nach."

ARTICLE XV.—Electro-therapeutics and Electro-Surgery.

By John Butler, M.D.

(Continued from page 30.)

PART II.

THERAPEUTICS.

CHAPTER IV.

Having established and admitted the truthfulness of the preceding chapters, the reader is forced to the following conclusions:

1st. That electricity is neither a panacea nor the contrary—a worthless remedy, but a polychrest of infinite value.

2d. That the symptoms produced by it are unique and peculiar—that is to say it has but few analogues in the *Materia*

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Medica, and there is no remedy or number of remedies that can completely fill its place, or be used as an efficient substitute for it.

3d. That on most of the organs affected by it, it shows two distinct* and separate sets of symptoms. One set occurring during the transmission of the current, and the other after the electrodes are removed, and continuing minutes, hours, or days, as the case may be.

4th. That these sets of *primary* and *secondary* symptoms are often the direct antipodes of each other, from a pathological standpoint, and correspond with the actions of our drug remedies.

As no proving can be considered complete, and entirely acceptable to the profession, without clinical verification, the following cases are recorded, collected mostly from Allopathic sources. The author refraining, as far as possible, from reporting his own cases, preferring to prove the correctness of his theory from the experience of others.

These cases are given in the usual repertory order, commencing with diseases of the head, and ending with generalities:

HEAD AND CERVICAL SYMPATHETIC.

Cerebral Anæmia.

Almost every author extols galvanism as the remedy for this disease, although they all admit (as before mentioned) that it produces it. They try to get out of what seems to them to be a contradiction, by saying that the ascending current produces congestion, and the descending—anæmia. But this is emphatically not so; although I am ready to admit that descending galvanization of the cervical sympathetic produces more quickly anæmia of retina and brain, than ascending; the tension of the currents being the same. But whether we transmit the current in a direction ascending, descending, or transversely, anæmia is produced *primarily;* hyperæmia *secondarily.*

Hammond, in his treatise on Diseases of the Nervous System, honestly admits that it both produces and cures cerebral anæ-

* See especially Pathogenesis of Head and Cervical Sympathetic, page 20.

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mia. At page 64, he says: "It may seem strange with the cases I have given, and with the knowledge from experiment and ophthalmoscopic examination, relative to the power of the primary galvanic current applied to the brain or sympathetic nerve, to contract the cerebral blood-vessels, that I should recommend the use of galvanism in cerebral anæmia. Clinical experience, however, shows that it is decidedly beneficial, provided the tension be very low. I am satisfied that not more than two or three cells should be brought into action in such cases, and that the current should not be passed for more than a few seconds at a time. It appears to give increased tone to the vessels, and promote the nutrition of the brain in a remarkable degree."

If we open any text-book on diseases of the nervous system, we find the symptoms given as belonging to cerebral anæmia, to be:

SENSORIUM.

Weakened power of mental perception.
Intellectual lassitude.

HEAD.

Vertigo. *Pallor of countenance.*
Tendency to syncope and convulsions.

EYES.

Pupils dilated and not sensitive to light.
Muscæ Volitantes.
Retina pale, also choroid.

EARS.

Ringing in the ears. Sensitiveness to noise.

GENERALITIES.

General muscular and nervous debility, with occasionally nausea and vomiting.

Now if we compare these symptoms with those produced by galvanism, page 20, we must admit that galvanism is the remedy most homœopathic to the condition, and that the symptoms of it are completely covered by this *one* remedy. The two following cases are illustrative:

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Case I.—T. S., æt. 34. A salesman in a dry goods house, consulted me May 23d, 1874. Said he suffered from extreme *mental and physical prostration*, for several weeks, *was unable to concentrate his thoughts on any subject.* Easily annoyed by trifles. *Face pale*, *pupils dilated*, pulse compressible. Complained of *dizziness*, *vertigo*, and headache. Slept soundly, but was not refreshed by sleep. Extreme drowsiness after awaking in the morning, and at other times. Extreme weakness of the legs, which he says sometimes felt as if they would give way under him. Retina not examined. I galvanized cervical sympathetic with three, four and five Smee cells every day for a week, giving him five minute seances. After the third treatment the dizziness and headache disappeared, and at the end of the week he was so much improved, that I increased the interval between the treatments, to once every three days, and at the end of three weeks dismissed him cured.

Case II.—L. B., æt. 42. Merchant, was sent to me for treatment by my friend, Dr. W. Tod Helmuth, Jan. 22d, 1877. He complained of mental exhaustion and depression, produced by brain fag, consequent upon large speculations in business which had not turned out favorably. He also complained of considerable pains in the legs and thighs (not sciatic), inability to walk any distance without great fatigue, though previously could walk a whole day without being tired. *No capacity or inclination for mental labor of any kind.* Trying to think gave him a severe headache, slept soundly, could go to sleep at any time of the day, *pupils dilated. Dizziness, paleness of face, general muscular and nervous debility.* Having faradized the muscles of the legs and thighs, with a view to removing the pains and lameness, I galvanized the cervical sympathetic (both sides) with a very weak current, for five or six minutes, using a Rheostat of several hundred ohms resistance. The improvement was immediate; on the 27th he expressed himself as feeling much better. I repeated the treatment on that day, and on February 3d, 17th, 24th, and on March 7th. On the latter date I dismissed him cured.

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CHAPTER V.

Cerebral Hyperæmia.

The symptoms of cerebral hyperæmia are admirably covered homœopathically, as a general rule, by the secondary effects of galvanization of the head and cervical sympathetic.

The symptoms we most commonly meet with in this disease are:

HEAD.

Insomnia, or very light sleep, broken by frightful or disagreeable dreams. *Ideas confused*, forgets words or names of persons and things. Uses wrong words to express his ideas. Pronounces indistinctly. Illusions. Hallucinations. Irascible, impatient, peevish and fretful. *Severe throbbing headache*, with a feeling of fulness in the head. *Vertigo. Vigor of mind diminished.*

EYES.

Muscæ Volitantes. Conjunctiva suffused. Intolerance of light. *Eyes painful. Retina hyperœmic.*

EARS.

Ringing in the ears, roaring in the ears. Intolerance of noise.

GENERALITIES.

Muscular paralysis, or paresis at various parts of the body. Twitching of muscles. *Loss of equilibrium. Loss of muscular power.*

The curative effects of galvanism in this disease are such, that in the allopathic school it is fast superceding every other mode of treatment.

Hammond says:* "The good effects of this treatment are well marked, a few applications being often sufficient to abolish the *vertigo and unpleasant feelings in the head*, and to restore mental and physical activity."

Case III.—Beard and Rockwell† report the subjoined case: "Mrs. H. was directed to us by Dr. H. Brayton Ball, to be

* Diseases of the Nervous System, p. 51.

† A practical treatise on the medical and surgical uses of electricity.

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treated for symptoms of cerebral congestion. Her general condition was much below par, and her menstruation, though regular, was painful, and prolonged from eight to ten days. Severe headaches were frequent, and for two years she had suffered from decided numbness of the whole left side, sufficient to prevent much labor or exercise. Faradization both general and local was essayed without good effect. Indeed, the numbness and vertigo were *decidedly* aggravated.* The second application, three days subsequently, was made with a current generated from four zinc-carbon cells. The positive pole was applied to the top of the head, and the negative immediately below the sternum. *A slight increase of numbness was observed* even from the weak current used, but in a few hours this effect passed away, leaving hardly a trace of the usual anæsthesia. This treatment was continued at intervals of several days, for over a month, during which time she was annoyed but little, if any, by either vertigo or numbness." In the work above alluded to, are recorded a number of other cases of cerebral hyperæmia, cured by galvanization of the head.† They are well worth studying.

The aggravation, such as produced in case III, is nothing unusual, and though by no means constant with such a mild current, is sufficiently alarming to show the need of great caution and skill in the administration of such a remedy. Occasionally even with a much milder‡ current than that used in this case, symptoms of severe aggravation are produced, which, though transient, and as far as my experience goes of no grave importance, are extremely disagreeable to the patient, and likely to shake his confidence in the physician who causes them, and, as they are quite unnecessary, should be avoided.

Grave's Disease, or Exophthalmic Goitre.

The most constant symptoms of this disease point out some form of electricity as the most suitable remedy. Almost all

* The italics are my own.

† Ibid, pages 465, 466, and following.

‡ See *Medical Union* for October, 1874, page 233. "Three cases of Cerebral Hyperæmia reported by John Butler, M. D."

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allopathic authorities are now agreed that the lesion causing the trouble exists in the sympathetic nerve, and hence prescribe galvanization of this part as the remedy, and with generally good results. That they are unconsciously homœopathizing, there is as little doubt as that they would indignantly deny it, if charged with it. The common symptoms of this affection are:

HEAD.

More or less *Insomnia*, or disturbed sleep. *Throbbing headache. Vertigo.* Irritability of temper.

EYES.

Protrusion of the eyeballs, pupils dilated. On looking down, the upper eyelid does not follow the movement of globe.

EARS.

Noises in the ears.

GENERALITIES.

Enlargement of thyroid.

Tumultuous circulation. *Profuse sweating, principally in the axillæ. Cough. Nausea. Increase of temperature, etc.*

Dusch,[1] Eulenberg, Guttman,[2] Neftel,[3] Hammond[4] and many other authorities speak highly of the results they have obtained by galvanization of the sympathetic.

The latter authority says:[5] "The primary galvanic current is undoubtedly the principal agent to be relied upon for the cure of the disease. I first used it successfully in 1865, in the cases of two sisters subject to exophthalmic goitre, who were referred to me by Dr. J. W. Richards. The beneficial influence over all the symptoms was at once perceived, and in less than a month both were free from manifestations of the disease. Since then I have not treated a single case without this remedy."

Dr. M. Meyer[6] records four cases of this affection which were cured by galvanization of the sympathetic.

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[1] Lehrbuch der Herz-Krankheiten, p. 362.

[2] Die Pathologie des Sympathicus. *Greisinger's Archiv*, Band I, Heft 2, S. 453.

[3] Galvano-therapeutics, p. 125.

[4] Diseases of the Nervous System, p. 800.

[5] Ibid, p. 799.

[6] *Berliner Klinische Wochenschrift*, No. 33, 1872.

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Professor Roberts Bartholow gives a history of three cases which were successfully treated by this method, of which here follow a synopsis.

Case IV.—Mrs. H., a Jewess, brunette, æt. 32. Her present symptoms began 3 years ago by pain in right side, especially between 5th and 6th ribs. Palpitation of heart, starting terrified from sleep, anxiety and apprehension during attacks of palpitation, suffocative sensation about throat and neck. General health declined; she got out of breath upon the least exertion. Lips and tongue pale, sclerotic pearly-white, appetite poor, digestion slow and painful. *Wakeful at night. Dizziness. Singing in the ears, sight dim.* Occasional fulness of thyroid and slight exophthalmus. "Abandoning all medicines," he says, "I used the constant galvanic current as the remedial agent. I applied twenty Siemen's and Halske's elements, the negative pole being placed on the epigastrium, and the positive being so applied as to include the cervical sympathetic, the pneumogastric and cilio-spinal region within the circuit. The seances were ten minutes in duration. The immediate effect of the application was to slow the action of the heart to about normal, and several applications caused the almost total disappearance of the unpleasant symptoms.

Case V.—Mrs. R., æt. 54. Palpitation and increased action of heart. Goitre of many years standing. *Vertigo.* Strange sensations in the head. *Sleep disturbed. Noises in the ears.* Digestion disordered. Weakness and huskiness of voice. Pigmentary discoloration of neck and hands. Cachexia. Pulse never less than 96, and during the paroxysms of palpitation, rises to 120, and even to 140. Becomes fatigued very easily, and gets out of breath on making any slight exertion.

Treatment.—The Doctor goes on to say "Recognizing the case as the chronic form of exophthalmic goitre, I commenced at once the treatment by the constant current, using fifteen to thirty elements of Siemen's and Halske's, on alternate days. The applications were made as in the case just described. An immediate improvement took place in the paroxysms of palpi-

[1] *Chicago Journal of Mental and Nervous Disease*, Vol. II, p. 344.

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tation, and in the pulsations in the neck, and the thyroid rapidly diminished in size. The isthmus still remains hard, and is yet prominent, but the rest of the gland appears now, after four months' treatment, to be normal in size and firmness. The expansile movement of the gland has disappeared, and the unpleasant beating of the carotids are no longer felt. The disorders of digestion have almost entirely ceased, and she is beginning to gain slowly in weight. There has been no decided change in the abnormal pigmentation. The paroxysms of palpitation are less frequent, and much less severe. She is still under treatment; receiving, however, now, but one electrical application each week.

Case VI.—Mrs. B., æt. 50. *Very marked exophthalmus* of two years' duration, slight enlargement of thyroid, *palpitations of heart and increased pulse rate. Dizziness and sense of pulsation in ears*, and anæmia. She was treated in the manner described in the two preceding cases, and entirely cured in six months. These cases stand out in bold relief from those we generally find described in old school journals, inasmuch as they were not drugged and dosed with other remedies while under treatment. They are peculiarly instructive and interesting, and did space permit, the entire history would be copied here. The case which follows, is reported by Professor Rosanelli, of Berlin:

Case VII.*—"A girl, æt. 19 (whose father died of progressive muscular atrophy, and whose sister suffers from hemicrania), has from infancy been subject to obstinate diarrhœas and colic. Two years ago she observed a prominence of the eyeballs, some palpitations and general malaise, rush of blood to the face, diarrhœa, swelling of the thyroid gland, loss of appetite and melancholy. With an apparatus of ten elements, the ganglion of the sympathetic was galvanized. Two broad electrodes, covered with sponge, were applied to both sides of the neck, behind the angle of the maxilla, and moved down the margin of the sterno-mastoid, from behind forwards. It was daily applied for two or three minutes, and the direction of the current changed. The physiological action of the current consisted in

* *Med. Centr. Zeitung*, 37, 1877.

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dilatation of the pupil with every closure of the circuit, more with the negative pole; in contraction of the sterno-mastoid, in secretion of saliva and metallic taste; sometimes vertigo. After one hundred applications the patient was cured. It may be worth while mentioning, that during the treatment she took small doses of Arsenic. She gained twenty-seven pounds in weight, and face and mucous membranes showed a healthy color. The eyes look normal, and the thyroid gland rather small, and without any arterial pulsation. The beat of the heart diminished by forty strokes, and normal, and menstruation regular. She is now as lively as a cricket, and enjoys life as much as any girl of her age."

CHAPTER VI.

Epilepsy.

The symptoms of this disease are so inconstant, and so variable in character, that it is impossible, with any proximity to precision, to give any list of symptoms that could at all be considered as occurring in the majority of cases we are called upon to treat. In many instances this disease has been cured by electrizing the sympathetic, either in the cervical, dorsal, or lumbar portion; in others, galvanization of the spinal cord is indicated and curative. In a third variety Electricity is not indicated, and consequently will not cure. Numbers of cases have been reported by various authorities as having been blindly experimented upon with Electricity; and it is a fact worth noting, that only in those where this remedy was homœopathically indicated, was any benefit derived.

The case annexed is reported by Dr. Neftel, of this city:

Case VIII.*—"Mr. L., of New York, a married gentleman, forty years old, of a healthy constitution and well nourished, had been suffering for three years with the following symptoms: epileptic attacks, with *complete loss of consciousness*, an intense *headache*, with which he awakens, and which lasts without a moment's suspense for the whole day, especially increas-

* Galvano-therapeutics, p. 113.

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ing about eleven o'clock and toward evening, and extending over the whole head. He could not read at all, *being unable to distinguish the letters*, and presented a high degree of amblyopia. It was impossible for him to express his ideas, for *his memory failed him* every time he attempted to speak, and he could not find the necessary words. This latter symptom annoyed him extremely, for he felt himself quite helpless, except for the assistance of his wife and daughter. His family and the patient himself expected insanity, because for the last few years his intellect had been steadily giving way, unfitting him to pursue his ordinary vocation. He had been unsuccessfully treated by several physicians, until Dr. Ceccarini, of New York, sent him to me, October 11th, 1868. My first impression with regard to the prognosis was very unfavorable. There was evidently some important affection of the brain, some kind of aphasia. The ophthalmoscopic examination revealed optic neuritis. I began to treat the brain with the galvanic current, but without any particular result, his condition remaining the same during a fortnight, and the *epileptic* attacks appearing oftener and severer*. I then proceeded to galvanization of the sympathetic, when soon no trace of the disease remained; and on the 20th of December, 1868, the treatment was at an end. The headache had entirely disappeared. The patient reads and expresses himself perfectly well, and has not had a single epileptic attack since. He is quite healthy, his sight is perfect, and he has long ago resumed his occupation as before the disease."

While we are on the subject, it would be well perhaps, to consider the phases of this disease in which electrization of other portions of the organism is homœopathically indicated. Should we have a case of this disease, where great *pallor of surface and tendency to syncope* are the prominent symptoms, and where the *aura* at the same time proceeds from the pit of the stomach, we would at once think of the similarity of galvanism of the splanchnic nerves and such a case. But will galvanism of the splanchnics cure such a case? Neftel says it will, and he is right. He reports the following case,† which, leav-

* Italics are my own. J. B.

† Galvano-Therapeutics, p. 106.

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ing out his *physiological* (?) theories and deductions, I quote in full.

Case IX.—"A. M., of New York, æt. 7, after a severe diphtheria when one year old, was attacked with epilepsy. The paroxysms at first appeared but once a year, then every month, and afterwards quite frequently. Besides those great attacks, he had several times a day (occasionally eleven times) fits of petit mal.

The parents consulted several eminent physicians in this country and abroad, among them Brown-Séquard. This great physiologist and neuro-pathologist pointed out, as of great importance the aura which invariably precedes every attack. The little patient always grasps with both hands at the epigastric region, where he feels a sudden pain, accompanied by an unpleasant sensation in the head, and *pallor of the face*, immediately after which the epileptic fit follows. Notwithstanding the different methods of treatment during six years, the epileptic attacks continued, and the child finally presented a considerable degree of idiocy, associated with general debility and anæmia. I began at once the galvanization of the splanchnic nerves twice a week, and it was followed at once by a marked beneficial effect. From the very first day, the child *has not had a single attack of epilepsy*, and the petit mal, which before the treatment, occurred many times every day, appears about once a week, and so slightly that it is scarcely noticeable. For the last fortnight he has not had it at all. The general condition has undergone a most remarkable change. The child has a healthy appearance, his intellect is brighter, and his disposition formerly irritable and unmanageable, is now becoming quiet and orderly."

The symptoms in this case were well marked, and are detailed in a manner that we do not generally find or expect in an old school work. The indications for splanchnic galvanization are explicit, and the cure complete.

We may sometimes find cases of epilepsy, where the application of some form of electricity to the spinal cord, or from the mouth to the anus is indicated, and others again where it is necessary to bring all the nervous centres under its influ-

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ence. A strong current is generally necessary as well as frequent applications, and long seances. Althaus,[1] Hamilton,[2] Beard and Rockwell[3] speak highly of the use of electricity in this affection, and Hammond[4] in the fifth edition of his work on *Diseases of the Nervous System*, reports that he cured fifty-nine cases out of one hundred and thirty, by galvanization of the brain and cervical sympathetic; while in the last edition he ignores the treatment by not even mentioning it. Whether the omission was unintentional, or whether the doctor got tired of the remedy because it would not cure cases where it was not homœopathically indicated, does not appear; most probably the latter; as ever since electricity began to be used as a remedy by the allopathists, it seems to have suffered from a sort of intermittent fever. To-day paroxysm cures everything —to-morrow intermission cures nothing, and like all their drugs when they come out new, are heralded and paraded before the profession, and after a few weeks we hear nothing more of them, until taken up and proved by some member of our school, by whom they are put in their proper place in the Materia Medica.

Hemicrania, or Migraine.

As in the last mentioned disease we rarely meet with two cases of hemicrania presenting exactly, or nearly exactly, the same group of symptoms, still there is a greater approach to uniformity in them, than in those of epilepsy; so much so that we are able to give a group of symptoms which tolerably represent an every-day case.

HEAD AND SENSORIUM.

Excruciating pains in one or other side of head. Temporal artery of the side affected hard and resistant. *Pallor of face*, followed by *redness and increase of temperature* as the attack passes off. *Dizziness. Vertigo. Dimness of sight. Loss of*

[1] Medical Electricity, p. 125.
[2] Clinical Electro-Therapeutics, p. 119.
[3] Electricity in Medicine and Surgery, p. 558.
[4] p. 585.

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equilibrium. Soreness of scalp and muscles of neck. Loathing of food and drink.

EYES.

Dilatation of pupil of the side affected. *Muscæ volitantes. Conjunctiva at first pale, afterwards hyperæmic.* Photophobia.

EARS.

Noises in the ears. Sensitiveness to noise.

STOMACH AND GENERALITIES.

Sinking at epigastrium, with nausea and vomiting. Wishes to remain perfectly quiet and not be disturbed for any thing.

These symptoms present the salient points of an ordinary attack of hemicrania. Of course in many cases several of these symptoms are absent or obscurely marked, and in others they are masked by the prominence of other symptoms. Faradism of the superior cervical ganglion of the sympathetic, is as frequently curative in this disease as galvanism, and it is often astonishing, the intensity of current a patient will tolerate in this sensitive region, during an attack, that could not possibly be borne during an intermission, or by the average person in health, contrary to the general rule observed in other diseases. The most marked improvement in all my cases took place after the use of intense currents frequently repeated. Domenico Severi* reports the following case:

Case X.—"The patient, a man æt. 40, suffered frequently from attacks of hemicrania of the left side. Before each attack, the veins of the affected side became turgid, with great increase of temperature of the part. The recurrence of the paroxysm was always as often as once a month, and occasionally occurred oftener, as a consequence of mental fatigue.

An application of electricity from Pizzorno's induction machine was made to the cervical sympathetic, taking care to apply one rheophore along the whole course of the sympathetic in the neck. Length of seance ten minutes. All the symptoms: heat, venous turgesence and pain disappeared.

At the end of a month a new attack came on. Electricity

* *Galvani* for September, 1874.

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was not used, but it was noticed that the intensity and duration of the paroxysm was less than before.

When the next seizure occurred, electricity was again applied and with success in stopping the attack."

I have treated a number of cases of this disease with electrization of the cervical sympathetic, and all with marked success; even very old standing cases were so much relieved, that the attacks were reduced in severity, and the interval between them very much lengthened; and recent cases in young patients were, I think, without exception entirely cured, and though a number of them were treated several years ago, in only one case, as far as I know, was there any return of the disease.

Other* forms of headache, such as rheumatic, neuralgic, etc., when the symptoms indicate it, are generally readily cured by electricity; most of them yielding to the galvanic current.

CHAPTER VII.

EYES.

The action of electricity on the eyes is very marked, especially so is the effect of the galvanic current on the retina, and it is to be regretted, that a remedy so potent, is not more used in such diseases of these organs, as it seems so positively indicated.

AMAUROSIS.

Neftel in his work on Galvano-Therapeutics, page 86, speaking of this affection, says: "The earliest record of the successful use of the galvanic current in amaurosis dates as far back as 1801. The celebrated anatomist, Loder, of Jena, on the advice of Alexander Von Humboldt, to whom he gave instruction in anatomy, instituted experiments on patients of his clinic. He describes in his "*Journal of Surgery*" two authentic cases of aumorosis, cured with the galvanic current by Lichtenstein and Bischoff, and witnessed by himself.[1] Of recent observers I

* Beard and Rockwell, op. cit., page 478.

[1] "Vide Remak, Galvano-therapie der Nerven-und Muskel-Krankheiten page 151."

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will mention Remak, who was able to convince himself and Graefe of the beneficial effects of the galvanic current in some affections of the retina."[1]

Dr. Driver*, of Chemnitz, has used the galvanic current very successfully in the treatment of this disease, and De Saussure cured a case by statical electricity. Duchenne† records a case of paralysis of the retina, produced by the action of the galvanic current, and after relating the case gives the following advice to his readers: "By reason of its power to excite the retina, galvanism should be applied to the face with great circumspection. The luminous sensation produced by it is so dazzling that it may injure the sight if too prolonged, the intermissions too rapid, or the current too intense."

Retinitis.

In retinal hyperæmia we would naturally suppose electricity homœopathically indicated. Neftel‡ reports a case of that most intractable disease,—retinitis pigmentosa, very much benefited by galvanism; and Beard and Rockwell and other authorities speak highly of it in neuro-retinitis.§

Asthenopia.

Retinal asthenopia is benefited by almost any form of electricity, especially when the symptoms indicating it are well marked. I have had very uniform success with it in my own practice, and Beard[2] and Rockwell report three cases cured by it in their last edition of their "*Medical and Surgical uses of Electricity*," one of which I copy in full.

Case XI.—"A lady, æt. 60, for two years had observed a constantly decreasing strength of vision, associated with a local irritability that precluded any attempt at continued use of the

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[1] "Op. Cit., page 460.

* Archiv. Otol. and Opthalmology, Vol. III, No. 1.

† Localized Electrization, page 17.

‡ Op. Cit., page 87.

§ Case of Retinitis caused by Lightning.—*London Med. Gazette*, Vol. II., page 58.

[2] Page 644.

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eyes. Finally so weak did the organs become, that she found it utterly impossible to read or sew, or in any way concentrate her sight for a moment, without suffering pain and obscuration of vision. She was treated wholly by localized faradization. The tips of the fingers alone being used as electrodes.

But about twelve applications were given, with the result of complete and permanent recovery. During the three years that have elapsed since this treatment, the sight has remained perfectly strong."

Amblyopia.

Electricity ought to be capable of doing much to relieve this affection, especially the Faradic current. There is very little in medical literature on the subject. Beard and Rockwell barely allude to it "*en passant*," and other recent authorities do not mention it at all. My own experience in the treatment of it has been so far confined to three cases, all of which yielded to daily applications of the induced current; applied negative pole to eyeball, positive to nucha. In two of these cases galvanism was tried first with little or no benefit.

Paralysis of the Muscles of Eye.

Peripheral paralysis or paresis of any of the muscles of the eye, either orbital or ocular, points homœopathically to the electric current as the remedy. Faradism is generally the successful form. Duchenne,[1] Althaus,[2] Meyer,[3] Wells,[4] and other authorities recommend the induced current, and say that it frequently succeeds after the failure of the galvanic current.

Dr. Henry C. Angell[5] in his work on "Diseases of the Eye," says: "When other means fail, paralysis of the ocular muscles, from peripheral or extra-cranial causes, may be frequently cured by electricity.

Faradisation does not appear to be as efficacious as the pri-

[1] Localized Electricity, p. 17.
[2] Medical and Surgical Electricity, p. 493.
[3] Medical Electricity, p. 378.
[4] Diseases of Eye, p. 568.
[5] p. 248.

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mary current. Benedict[1] had unusual facilities for testing the value of electricity, at the clinics of Professor Arlt, in Vienna. Of twenty-seven cases all but five were benefitted and seventeen of them cured. Contrary to the generally received opinion, which attributes the benefit to the direct excitation of the paralized nerve, he found that the cure was dependent, generally speaking, upon reflex irritation, through the fifth pair of nerves. He found further, that in most cases the curative action was only produced when the excitation was relatively weak. He used from three to fifteen of Daniell's elements. The excitation should only continue about *half a minute* at each sitting, the improvement occurring in most cases *instantaneously.* In operating, the copper pole is generally placed on the forehead, while the zinc pole is in affection of the external rectus, placed over the cheek bone; in ptosis, over the affected lid; in paralysis of the internal rectus, or the inferior oblique, over the side of the nose, at the inner angle of the eye; in case of the inferior rectus, over the lower margin of the orbit; and in paralysis of the superior oblique, on the nose, at the internal angle of the eye. In midriasis, the zinc pole being on the cheek bone, the copper pole should be applied over the closed eyelid."

Conjunctivitis.

It is often astonishing, the rapidity with which either form of electric current will reduce the hyperæmia of the conjunctiva, attendant upon this affection; relieving the pain as if by magic, and, in fact, dispersing all the symptoms. The little engorged blood-vessels can almost be seen to empty themselves, and at the end of a seance of ten or fifteen minutes, the diseased organ often looks as healthy as the unaffected one, and remains so, seldom needing a repitition of the application. But a very mild current is needed; and, if we choose, we may operate upon the part indirectly, through the medium of the superior cervical ganglion of the sympathetic. Inflammatory

[1] His experience seems to differ on this point with that of the authorities before mentioned, as also does Benedict's.

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conditions of other parts of the eye have been treated successfully by the galvanic current.

Nictitation, blepharospasm and hyperæthesia retinæ, are diseased conditions, that frequently point to one or other form of electric current as the remedial agent; and strabismus is occasionally benefitted by it, and even after division of the tendon of the muscle producing the latter affection. Faradism of the opposing muscle is often requisite to restore its tone and vigor.

EARS.

Tinnitus Aurium.

Of all symptoms, produced by the galvanic current on the ear, this one is by far the most constant and most marked; and, for that reason, I place it first on the list of ear diseases requiring electrical treatment. It is a symptom that can always be relieved by the galvanic current, even, when depending upon grave cerebral disease; and, when not so dependant, is readily cured. I would here repeat the caution, before given, not to give too strong a dose, or too long a seance, in treating this organ, as the mischief, that may be done, is incalculable. *No one should think of using electricity, in any form, on the ear, without the use of a Brenner's rheostat;* and we should commence with the current at a minimum, and be sure, not to increase it beyond the amount absolutely necessary to be used.

The case, following, is reported by Dr. G. V. Poore*; and, while I cannot recommend such a rough, slip-shod kind of treatment, is a fair example of what can be accomplished in this complaint by electricity.

Case XII.—"The patient was a middle-aged man, and, when he applied for relief at the Charing Cross Hospital, he was suffering and had suffered for nine months, from that most troublesome annoyance, *tinnitus aurium*. There was, he said, a noise 'like the blowing off of steam,' constantly going on in his left ear. The least jarring of his body, even when walk-

* Electricity in Medicine and Surgery, p. 175.

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ing, was most painful to him, and the roar of the London streets had become intolerable. We will not hazard an opinion as to the pathology of this disease; but it will perhaps suffice to say, that a careful examination of the ear revealed to us nothing physically wrong with it, and that the clearing the ears of wax and the employment of nervine tonics and sedatives had proved of no use. We thought of giving galvanism a trial, and putting one rheophore in the patient's hand; we applied the other to the meatus of the affected ear. He was immediately relieved; and, at his visit, a few weeks later, he stated that he had been free from the noise for five days, and it then returned, but not so severely. We repeated the application, and the result has been that he has almost entirely lost his trouble."

Dr. Thos. F. Rumbold, of St. Louis, reports two cases in the *Archives of Electrology and Neurology*, Vol. I., p. 54, in which the galvanic current proved curative, after he had tried a number of other remedies in vain.

An extremely interesting case is reported by Dr. Friedrich, of this city.

Case XIII.—"M. a Dr. Med., Russian, æt. 29; married, admitted on January 27th, 1874.

History.—Was deaf mute up to his eighth year, when he began to stammer, which he is still doing in a slight degree. Four years ago he was suddenly attacked, at night time, with violent tinnitus in the left ear, that has continued since with varying severity. Patient is nervous and easily excited.

Status præsens.—Otoscopic examination by Professor Politzer.

Right ear.—Perforation of memb. tymp. and otorrhœa.

Left ear.—Normal.

Electro-otiatric examination.—(External appl. electrodes).

Right ear.—13 el. (5° dev. of galv. needle),			Ca.	Cl.	S.*
"	"	"	An.	D.	S.
"	"	"	Ca.	O.	S.
"	"	"	An.	Cl.	S.
"	"	"	An.	O.	S.

* *Archiv. Electrol. and Neur.*, Vol. II., p. 47. (Reports of Professor Benedict's Clinics).

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Left ear.—12 el. (dev. of galv. needle 3°) †	Ca.	Cl.	S.
	An.	Cl.	S.
13 el., 3°.	An.	O.	S.
	Same.		

Patient being daily galvanized, the tinnitus was, after three days, already diminished, but still continues; 13 elements were used, and the sitting lasted two minutes. After two weeks' treatment, the tinnitus had nearly disappeared when patient left."

Neftel reports a case of *tinnitus aurium* with *dizziness and headache*, cured by galvanism, at page 74 of his work, already quoted.

Paresis and Paralysis of the Tympanic Muscles.

This disease is often coincident with, and caused by chronic catarrhal inflammation of the middle ear; and not only will the application of the galvanic current cure the nervous lesion, but it will often entirely remove the catarrhal inflammatory condition.

My friend, Dr. Henry C. Houghton, of this city, kindly sends me reports of the following three cases of chronic otitis media, in which the use of the galvanic proved curative:‡

Case XIV.—"Chronic catarrhal inflammation of the middle ear. Dr. A. B., æt. 40. Dec. 11th, 1874. Has had naso-pharyngeal catarrh for a number of years; lately he has noticed that upon attempting auscultation in his daily practice, he was unable to detect murmurs as well with the left as the right ear.

"R. M. E., normal; M. T., normal; E. T., dilatable. Hears, $\frac{20}{20}$. L. M. E., normal; M. T., retracted, but mobile; E. T., dilatable, after two trials by Politzer's method of inflation. Hears, $\frac{24}{240}$.

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* Ca. means cathode; An. anode; Cl. closing; D. duration; O. opening; S. sound.

† The deviation of the needle gives no idea of the strength of current used, and only represents the fluctuations in strength of any one battery.

‡ The italics are my own, and refer to the symptoms produced by Electricity.

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"After a few treatments it was clear to me that the lesion was due to *lack of motor power in the tympanic muscles*,* as the Eustachian tube was readily dilated by Valsalva's experiment, and the membrana-tympani was easily moved by Siegle's speculum. Hence the galvanic current was employed. The electrodes were placed in such a manner that both the cerebro-spinal and the organic nerve supply to the tympanum, were brought into the circuit, the positive pole being placed over the trifacial in front of the auricle, the negative over the superior cervical ganglion at the angle of the inferior maxillary. For one month the applications were made three times each week.

"Jan. 13th.—Hears, $\frac{5}{20}$. During the second month the treatment was more irregular.

"Feb. 13th.—Hears before treatment, $\frac{14}{20}$; after treatment, $\frac{20}{20}$.

"Feb. 18.—Hears $\frac{20}{20}$.

"Oct. 6, 1875.—The hearing has remained good ever since."

Case XV.—"Mrs. L. D., æt. 30. May 2d, 1877. *Diagnosis.*—Otitis media catarrhalis chronica. *History.*—For a number of years has been dull of hearing; during last six months markedly so. On consulting one of the leading aurists of the world, was told that her case was progressive—would be so in spite of any known treatment, if in a climate similar to that of New York. She was supplied with a Politzer's apparatus, and instructed in its use. Being urged to try homœopathic treatment, she was sent to me.

Symptoms—Objective.—Both membrana tympani depressed, but mobile. Eustachian tube dilatable by forcible inflation, but closed immediately on discontinuing it. Pharynx granular.

Hearing Right.— $\frac{4}{240}$. *Left.*— $\frac{4}{240}$.

Galvanic current applied to the tongue by spatula connected with the positive pole. Sponge electrode in each meatus externa, connected with negative.

After three minutes, R. $\frac{10}{240}$. L. $\frac{12}{240}$.

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* See Pathogenesis, p. 26. Temporary paralysis of any muscle may be caused even by a very moderate electric current. This fact is most easily demonstrable by experiments on the interossei muscles.

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May 4.—R. $\frac{14}{240}$.	L. $\frac{15}{240}$.	After galv.—	R. $\frac{15}{240}$.	L. $\frac{16}{240}$.
" 7.—R. $\frac{14}{240}$.	L. $\frac{15}{240}$.	" "	R. $\frac{16}{240}$.	L. $\frac{20}{240}$.
" 9.—R. $\frac{18}{240}$.	L. $\frac{22}{240}$.	" "	R. $\frac{30}{240}$.	L. $\frac{30}{240}$.
" 11.—R. $\frac{21}{240}$.	L. $\frac{32}{240}$.	" "	R. $\frac{36}{240}$.	L. $\frac{5}{20}$.
" 14.—R. $\frac{40}{240}$.	L. $\frac{5}{20}$.	" "	R. $\frac{5}{20}$.	L. $\frac{10}{20}$.
" 16.—R. $\frac{6}{20}$.	L. $\frac{12}{20}$.	" "	R. $\frac{8}{20}$.	L. $\frac{16}{20}$.
" 18.—R. $\frac{10}{20}$.	L. $\frac{14}{20}$.	" "	R. $\frac{14}{20}$.	L. $\frac{18}{20}$.
" 21.—R. $\frac{12}{20}$.	L. $\frac{16}{20}$.	" "	R. $\frac{30}{20}$.	L. $\frac{20}{20}$.
" 23.—R. $\frac{18}{20}$.	L. $\frac{18}{20}$.	" "	R. $\frac{20}{20}$.	L. $\frac{20}{20}$.

June 1st.—Hearing remains normal, and hears all sounds as well to day as any member of the family."

Case XVI.—" D. L., æt. 40. May 11th, 1877. *Diagnosis.*—Otitis media catarrhalis chronica.

History.—After pneumonia noticed a slight loss of power and a subjective noise. Convalescence being established, and *tinnitus* continuing, came to me for advice,

Present condition.—Right and left membrana tympani depressed, and adherent at the long process of manubrium; the remainder of the membrane fairly movable by Siegle's speculum. Eustachian tube dilatable. Pharynx varicose, and of weak, flabby texture. Hears, R. $\frac{7}{40}$, L. $\frac{3}{20}$. The electrodes were applied upon the trifacial in front, and upon the mastoid process behind the auricle. The line connecting the two being parallel with the antero-posterior diameter of head, and a gentle current allowed to run two minutes. Then the commutator was used one minute.

Hearing.—R. $\frac{20}{20}$. L. $\frac{18}{20}$., *and the tinnitus had ceased.*

May 14th. Hears, R. $\frac{14}{20}$. L. $\frac{14}{20}$. Current applied as at last date, for same length of times.

After seance.—R. $\frac{18}{20}$. L. $\frac{16}{20}$.

May 19.	Before seance.—	R. $\frac{10}{20}$.	L. $\frac{10}{20}$.	After,	R. $\frac{16}{20}$.	L. $\frac{16}{20}$.
" 22.	" "	R. $\frac{10}{20}$.	L. $\frac{10}{20}$.	"	R. $\frac{16}{20}$.	L. $\frac{16}{20}$.
" 26.	" "	R. $\frac{12}{20}$.	L. $\frac{12}{20}$.	"	R. $\frac{16}{20}$.	L. $\frac{16}{20}$.
" 29.	" "	R. $\frac{20}{20}$.	L. $\frac{20}{20}$.	"	Same.	

June 11th. Remains same. The fact that adhesions exist in the tympana makes the prognosis less favorable, but injections of the Iod. potas. and the application of the current for its

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chemical and mechanical effects would be suggested if the future of the case should demand it."*

Dr. Houghton, in a private letter I lately received from him, on the subject of "Electricity in Ear Disease," says: "In cases of *hyperæsthesia of the nerve*, galvanization seldom fails to modify or abolish the subjective sounds."

"*In torpor of the nerve.* The galvanic current is a valuable remedy as shown in the case before the last recorded. The doctor's method of applying electricity to the middle and internal ear is a very ingenious one, and will be given in full in another chapter, when we come to consider the methods of using electricity.

Nervous deafness, hysterical deafness, otalgia, and even deaf-mutism, have all been benefited and cured by the galvanic current.

Duchenne† reports five cases of nervous hysterical deafness cured, and several cases of deaf-mutism improved by Faradism.

Brenner‡ also records a number of cases, as well as one case of thickening of the typanum, in which latter the galvanic current caused absorption.

There is no lack of literature on this subject as the works of Moos, Erb, Neftel, St. John Roosa, Hagen and others testify. The use of the galvanic current in aural diagnosis will be alluded to again in a future chapter, as will also its mechanical action in breaking up adhesions, etc.

CHAPTER VIII.

NOSE.

The proving of electricity on this organ is more meagre in detail than perhaps that of any organ in the body. However, we would expect it to be a useful remedy in some cases of catarrh, acute coryza, anosmia and ozœna.

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* For a number of cases treated by galvanism, see *N. Y. State Transactions*, 1873–4, p. 469.

† *Diseases of the Ear*, translated by Roosa, 2nd Edition, p. 1013, et. seq.

‡ *Untersuchungen und Beobachtungen auf dem Gebiete der Electro-Therapie*, Band I., 2 Abth., p. 233.

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Catarrh.

The subjoined cases occurred in my own practice, which on account of the paucity of cases reported by other authorities, I here give in full.

Case XVII.—Mrs. T., æt. 33, a woman of phlegmatic temperament, and who, aside from the disease under consideration, has always enjoyed very fair health, suffered from nasal catarrh of six years' standing. *Secretion profuse and thick*, and of a greenish color; ethmoid and turbinated bones somewhat denuded. No resonance to voice. Follicular inflammation of pharynx, with thick, viscid secretion. Breath extremely offensive. Complete loss of taste and smell.

Treated by galvanic current by means of a douche made for that purpose, negative pole being applied to the seat of the disease, positive to some indifferent point. This treatment of five to ten minute seances was repeated twice a week. At the end of six weeks, taste and smell were fully restored; and at the end of four months the disease was entirely removed.

Case XVIII.—Miss P., æt. 19, of rather a strumous habit. Nasal and Eustachian catarrh for two years. *Secretion profuse, yellow and thick.* No ulceration could be discovered. Partial deafness. *Loss of smell.* Fetor of breath. Was treated as the previous case, and entirely cured in five months.

A number of other cases have been successfully treated, and perhaps at some future time will be reported elsewhere.

Beard and Rockwell* report one case of eight years' standing, and of a most persistent and annoying type, which was cured entirely in four months; the patient having had during that time sixty applications of the galvanic current.

Coryza.

In acute coryza the faradic current gives rapid relief; especially in cases where darting pains extend into the frontal sinuses, with a sense of stuffiness and fulness in the head. The authorities last quoted explain its action by saying:† "Aside

* Op. cit., p. 683.

† Op. cit., p. 683.

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from the chemical effect of the current, its mechanical action alone would be sufficient to theoretically account for the relief it gives to inflamed mucous membranes."(!) Although a little farther on, on the same page, occur these lines: "Its primary effect is to increase the amount of blood in the mucous membrane to which it is applied, and experience shows that this hyperæmic condition thus created soon passes away."

In other words, these gentlemen cure hyperæmia of mucous membranes, by a remedy that in health produces hyperæmia, and still will not acknowledge the homœopathy of the cure, but make a bungling explanation of how it takes place; which, to say the least, is an extremely unsatisfactory one.

Anosmia.

This symptom, when caused by a peripheral lesion, may be relieved by either galvanism and faradism. In my practice, however, I have generally got the best results from the use of the galvanic current. The last mentioned authors, on the same page of their work, just quoted, give the accompanying case.

Case XIX.—"Mr. H. L., a medical student, æt. 30, was referred to us by Dr. Roosa, May, 1869. Some six years previous the patient had fallen from a horse, and sustained severe bruises about the head and face. From that time he had been unable to distinguish any odor, with the exception of that of fresh-ground coffee and kerosene oil.

A powerful application of the faradic current was made on either side of the bridge of the nose, near the eyes, enabling him in a few hours to smell certain strong perfumes.

On the following morning he was surprised to find himself able to smell tobacco-smoke, camphor, etc.

His sense of smell remained thus acute until three or four in the afternoon, when it suddenly disappeared.

A second application was followed by the beneficial result of the first, and with only a partial relapse, while the third and fourth seances rendered him sensible to most of the ordinary odors." This was a remarkable cure. All my cases were much longer under treatment, but most of them were complicated

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with nasal catarrh. In such cases the anosmia was the first symptom to disappear, which it generally did at the close of the fifth or sixth week of treatment.

MOUTH, TONGUE, TEETH, ETC.

Odontalgia.

Toothache, from hyperæsthesia of the dental nerve, may often be benefitted by either form of current, and there are cases on record, where the pain has been checked instantly, by discharges from the Leyden jar. Frommhold devotes a chapter to this subject, in his "*Electro-Therapie, mit besonderer Rücksicht auf Nerven-Krankheiten;*" it is well worth perusal, but too long, to be more than alluded to in these limits. In this country, as this disease rarely comes under the care of a physician, I have but little to say, personally, on the subject. I have applied the faradic current in one or two instances, however, with almost immediate benefit.

Loss of Taste.

This is one of the most prominent symptoms, produced by galvanism, in this region. In cases of naso-pharyngeal catarrh, where it is present, it generally disappears soon after the sense of smell is restored, under the same treatment, as in the case of Mrs. T., before mentioned. There is nothing, that I know of, in medical literature on this subject; but it is certainly a matter that would repay further investigation.

Salivation.

From the proving of both forms of electric current, one would naturally be led to expect good results from their exhibition in that often intractable trouble, salivation in pregnancy, which is frequently so very unamenable to ordinary remedies. I regret exceedingly, that I have no experience, in this matter, to offer to the profession; and all I can now say on the subject, is, that it is a question still to be decided by further research and experience.

Paralysis of the palate, tongue, face, etc., will be alluded to further on, under the heading of Peripheral Paralysis.

(To be continued.)

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ARTICLE XVI.—Zincum.

By Dr. Adolph Gerstel.

(Translated from the Internationale Presse.)

[Continued from page 67.]

Frank reports the following case of poisoning, pointing to the action of Zincum on the vagus: An apothecary's apprentice carelessly filled the whole laboratory with the fumes of Zinc., while preparing flores Zinci. He soon complained of oppression in the chest, headache and vertigo, was sleepless during the night, and had the following day cough, vomiting, stiffness of the limbs; on the third day a strong coppery taste in the mouth, ptyalism, gastralgia and enteralgia, the vertigo was still so severe that he could not stand up. After a copious evacuation the symptoms moderated, fever set in, followed by perspiration, but he felt weak yet for three weeks. We witness in this case the general malaise keeping on for a long time, even after a partial crisis by sweating.

Dr. Weyner (*Hygea*, XIV., 492), reports the following interesting case: Smelting works for Zinc were opened in May at Herzenrod; soon afterwards, the cows pasturing in the neighborhood, took sick and died, and others were removed in time to other pasturage, where they recovered their health. During July the animals lost their appetite and their milk, and began to cough, finally a continual diarrhœa set in. Weyner found the following symptoms: general emaciation, the skin closely adhering, in some still smooth, eyes retracted in the orbits. Horns and ears unequally warm, mouth hot and full of mucus, the animals ate their fodder, but ruminated slowly, fæcal discharges grass-green, thin and foul-smelling; pulse small, accelerated, breathing quiet, sometimes cough. The cows steadily emaciated and died from exhaustion. The cadavers showed general emaciation and anæmia, but the meat looked fresh and of good color. The intestines were shrunken and contained a greyish-green mucus. Its mucous membrane was loosened,

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interspersed with black points and small ulcers, in some places it looked as if covered by pulverized charcoal. The two first stomachs contained very little food, the third stomach the same, but the rennet contained some greyish-green pultaceous food, its mucous membrane was inflamed, loosened, and this inflamed state continued into the duodenum. The liver was partly pale-yellow and soft, interspersed with bluish streaks; the gall-bladder extended, containing a dark, safran-yellow bile; the spleen smaller than usual and anæmic, of a pale-blue color; heart and lungs flabby; brain mostly pultaceous; the blood-vessels sometimes strongly injected and much serum in the ventricles.

The diminished size and the anæmia of the spleen, the pultaceous brain, the general emaciation lead to a disturbed nutrition, in consequence of which a genuine anæmia takes place, whereas at the same time the color of the muscles remains intact, hence we are convinced that this zinc-disease started in the nerves of nutrition, and that the anæmia is a secondary process, differing here entirely with friend Kafka, who considers the anæmia primary and the nervous affection secondary. Kafka (*Zeitschr. f. hom. Klinik*, 2, 116), relates the following interesting case of cephalalgia comita amblyopia sympathetica: A strong, pale woman, æt. 40, suffered for two years already from a periodical headache, appearing without any prodromata every ten to fourteen days, and having the peculiarity that at the same time her eyesight became dim, so that she could not discern even large objects. The headache, sometimes decreasing, then again increasing, and lasting three days, is a pressure on vertex and in the forehead from outside inwards, with great dulness, pale features, loss of appetite, the tongue not coated, ill-humored and easily angered. During the forenoon the pain is bearable, in the afternoon more severe, and towards evening the worst, with reflex to the stomach, so that she vomits. Stool retarded, every two or three days, everything else normal. The amblyopia appears simultaneously with the headache, and increases nearly to blindness with the aggravation of the pain. The pupils rather contracted, the eyes otherwise normal. As soon as the headache decreases the sight improves also. After fruitless allopathic dosing she came under Kafka's care, who

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immediately prescribed Zinc. met.^{3}, a dose morning and evening. After the first dose the headache diminished, the paroxysm lasted only 24 hours, and, by taking a dose every evening, the headache ceased entirely. (On account of the paleness of the blood she took afterwards Ferrum carb.^{1}, for a month).

We read in Hahnemann's *Materia Medica Pura*: Amaurosis with contracted pupils. 218. Dimness of sight. 219. Dimness and haziness of the eyes in the morning. 220. Whirling motions before the eyes. 221. Yellow, blue and green wheels before the eyes, with drowsiness and a wretched look. 222. Fiery balls hover before the eyes in large demi-circles when looking up to the skies. These symptoms may be considered as affections of the sympathetic plexus of the head, accompanying the arteria ophthalmica. It is well known that the retina cannot be considered a mere expansion of the optic nerve, as the former consists of several layers, whose elements are partly missed in the opticus, among which the cellular layer, according to Brücke, consists of several cerebral cells.

The following case happened in my own practice: St., a counsellor, æt. 56, strongly built, of nervous constitution, and of phlegmatic choleric temperament, slept poorly already as a child, and complained often in his youth of sleeplessness after overexertion, as after a chase, whereas he slept well after a full supper or when keeping quiet. When 23 years old, he entered the public service, and worked assiduously on his desk from morning till night, smoked a great deal and passed very little time in the fresh air. His migrane began already in his 20th year. There was an unbearable stitching-tearing pain on the right side of his head, with photophobia, relieved only by rest, darkness and sleep, and lasting eight to ten hours. He had six to eight such paroxysms during the year. At the same time pressure in the stomach, nausea, a crampy sensation all over, ending with loud, empty, long continued eructations. The migrane only ceased in his 49th year. Till then he had off and on periods of sleeplessness, lasting for weeks, for which Terebinthina, given in allopathic doses, sometimes brought relief. Instead of the migrane, he suffered from a stupefying dulness of the head, a kind of vertigo, whereby all objects

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appeared to tremble before his eyes, with a general chilly sensation and malaise, nausea and vomiting, continuing for several hours, of mucus and bile, but no food, photophobia. His brain seemed to be irritated, but not painful; obstinate constipation, whereas, for several years before, he suffered from diarrhœa and icteric complexion. He suffered most from his constipation, which caused congestion to the head, rotary vertigo, photophobia, a tremor before the eyes, nausea and vomiturition. Water enemata and castor oil had been used ad nauseam, also hydropathic treatment. In 1868 he retired from active duties and passed a season again at Grafenberg. March, 1869, he observed for the first time, that with his left eye he saw only half of the objects, especially only the lower half, and in order to see the upper portion he had to raise his head. Ophthalmoscopic examination revealed a dull spot on the retina, which the oculist took for an exudation or neoplasma, which may still further extend over the retina, and for which nothing could be done. By January, 1870, sight was entirely gone from that eye. About this time he took a great deal of Opium, on account of intestinal catarrhs, but was still able to take his walks. During May he could hardly rely any more on his feet, on account of the dizziness. In June this rotary vertigo prevailed. When lying in bed he felt as if the bed turned round with him, at the same time cold sweat on his forehead, with an unspeakable restlessness in the head. He suffered nearly constantly with it, felt nauseous, and, notwithstanding it was July, his skin felt dry, cool, drawn, and he slept very little. His bowels moved only with the aid of injections. I visited him professionally July 22d, 1870, and found him sitting in a darkened room, and he had to support himself with a cane when he tried to rise. He complained especially of the irritation in his brain, this uneasy sensation and rotary vertigo, with constant fear to fall down. He distinguished clearly two kinds of vertigo. One, with fear of falling down, is abdominal, he feels retrograde motions in abdomen, rising up to the head, with nausea, and passes through the back into the occiput, without any preceding cerebral irritation, at the same time all his strength leaves him, he remains conscious, but has to be

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very careful not to fall down suddenly. The other kind of vertigo appears when lying down, especially with the occiput low or when he bends his head backwards when standing up. This is the rotary vertigo, with cold hands, filiform pulse and frequent, but futile inclination to micturate. The left eye is blind, but has a perfectly normal appearance, pupils moveable and no photophobia; the features are sunken and of a grey hue; tongue clean; appetite good, he eats frequently and a great deal at a time. Frequent, empty eructations, without any relation to the food taken. Pit of stomach flat, not sensitive to pressure; liver and spleen normal; abdomen flat, sunken, nowhere sensitive. Dull sound on percussion in abdomen, as if from fæces. Stool consists of hard masses, and is passed with difficulty with the aid of cold injections. Chest normal, muscles on extremities flabby, skin dry and cool, feet cold, although he keeps them constantly covered, pulse 64 to 74, regular, easily compressible, sleep now mostly good, if not disturbed by abdominal molimina. Very irritable.

August 30th, he received Veratrum^{30}, on account of the troublesome, empty eructations. About the 8th the left eye suddenly swelled up, as he thought, from exposure to a draught. Conjunctiva injected, cornea dull, pupil invisible, pressing pain in the eye, along the supraorbital region, the eyelids secreted a great deal of mucus; lachrymation. The pain in the eye became nearly unbearable, stitching, tearing, hammering, as if the eye would burst, sensitive to the least touch, it felt hard and resistent. Every noise, even his own talking, every motion of the eye increased the pain. This deep-seated pain in the eye radiated on the left side deeply into the brain, externally all over the supraorbital and maxillary region. A third pain, a remnant of his old migrane, was seated on the top of the vertex. During the acme of the ocular pain the rotary vertigo set in and brought him to the verge of despair, as it was then nearly impossible for him to keep quiet. No fever, pulse small, 70. Thus the state kept on, in spite of all medication, for twelve long weeks, and my diagnosis was carcinomatous degeneration, emanating from the retina and extending to the brain and meninges; prognosis infausta. Finally, September 9th, I

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tried Zincum, whose pathogenesis shows: 25. Easily carried away by anger and starts easily. 28. Irritable and fretful; the talking of other people and every little noise are intolerable to him. 33. Talking of others, even of persons dear to him, makes him nervous and peevish. 65. Violent vertigo, when sitting in bed, as if the bed were balancing to and fro. W. 2. Headache with some vertigo. W. 5. Dulness of head, pressure on forehead. W. 6. Dulness and heaviness of the whole forehead. W. 7. Tension and pressure in the forehead. 71. Headache after dinner in the region of the left frontal eminence. 73. Violent pain in the head, eyes and abdomen, in the evening after going to bed. 77. Dull pain in the left half of the head. 139. Stitching-tearing in the left forehead, as if the parts would be pressed asunder. 146. Boring in the left parietal bone, from without inward. 149. Pressing, drawing, boring pain in the left half of the head, after dinner. 154. Painful tumult here and there in the head. 155. Groaning and sounding in the head, when talking aloud. 177. Pressure in the left eye, continuous; in the evening. 182. Pressing tearing in the left eye. 183. Lancinating tearing in the eyes and in the head. 184. Lancinating tearing in and over the left eyebrows. 200. Burning and smarting in the eye, with photophobia, with lachrymation in the evening and agglutination in the morning. 201. Dread of the light of the sun with dim eyes and lachrymation. Gradually and only gradually the severe pains diminished, and by November the photophobia had so much decreased, that he could keep his eyes free; the conjunctiva was less injected, the lids secreted less mucus and the lachrymation nearly ceased. December 20th, he left the bed for the first time; he was extremely emaciated and his legs felt like paralyzed. Dr. Adler examined the eye and found: Slightly enlarged bulbus, subconjunctiva greatly injected, cornea dull, iris protruding in anterior chamber, hemorrhage in papillary region, tension and excessive hyperæsthesia of the bulbus, perfect amaurosis. He advised extirpation of the eye, although there is danger that the malignant process extended into the brain.

January 1st, 1871, I gave a few doses Arsen.^{3}, but seeing no

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benefit, returned to Zincum², and gave it uninterruptedly. The pain in the eyeball gradually diminished, and with it the corresponding pain in the brain and the left-sided pressing tearing pain on the vertex; the supraorbital pain lasted the longest, but was less intensive. March 1st, all pains in the eye and head had left him. Dr. Adler examined the eye April 15th and found: paleness of the conjunctiva, applanatio corneæ, slight phthisis bulbi, amaurosis. The cornea and sclerotica have their natural lustre, the motions of the eye are normal. This oculist considered the case to be a neoplasma (glioma?) bulbi, emanating from the retina, producing the cerebral manifestations, which increased with its growth and diminished with its decrease, and thought that such a spontaneous (?) diminution of an intrabulbar tumor is very rare. Our patient now enjoyed good sleep, digestion was normal, and during May he could again venture out in the fresh air. His abdominal organs are still as irregular as ever.

We tried already in a former case to give a differential diagnosis between Belladonna and Zincum, in relation to cerebral diseases, and may be allowed to add, that Oxyd of Zinc was the antidote to half an ounce of Belladonna, which a mare had taken. She suffered from subsultus tendinum and muscular twitchings, respiration was changed, the animal could not keep the erect position and was costive. Dr. Chiovetti ordered three drachms zinc-oxyd to be mixed with bran and to be divided into four parts, to be taken during the day. After an hour and a half the nervous symptoms had disappeared, but returned on the fifth day; 1 drachm zinc oxyd removed them again (*Hygea*, VI., 282). Arnold mentions a case of chronic headache, from which a hale woman in the country suffered from her infancy. It took eight months to eradicate it, and the remedies were Belladonna and Zincum. The headache prevented the child to keep up her studies, and many a time she had to be dismissed from school. Menstruation appeared in her 16th year, but very weak, irregular, often only every six weeks. In her 18th year she passed through a severe encephalitis, with unconsciousness, treated with venesections, leeches, etc. When Arnold took her in hand, she was married and

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had children. She complained at that time of a dull pressing pain running straight through the forehead, as if the head were compressed in a vice, formerly it was more hammering and lancinating; the eyes inflame, the forehead becomes red and swollen; she has to lie down and suffers from the most horrible visions (she sees her child with the head dashed to pieces, etc.), and hears at the same time every thing which passes around her. She has to use all her will-power to convince herself of the falsity of her visions. After the acme is reached, the headache gradually diminishes, and she falls asleep. The head then feels dry and cold. The most severe pain lasts only one day, but the attack itself may last two weeks, during which it exacerbates and diminishes, and the poor woman feels satisfied if it is only bearable. At the time of the scanty period the headache is more severe and stupefying, and decreases after it. Several days before and after the menses, she has a painful tearing and sensation of weakness in the spine. She does not look sick and has a good color. After the failure of Pulsatilla she received Belladonna[6]. After five weeks the headache did not seem quite as severe, and the menses were a little more copious. After further six weeks' continuation of Bell. the headache intermitted for a longer period, and the paroxysms, except in damp weather, were not as severe; menstruation more copious, of a darker color, and after four weeks more a decided improvement could be declared, but she complained now of an irresistible sleepiness; and sometimes she has to vomit (on account of a gastric-catarrhal fever, as she thinks). She received now zincum sulfur., 2d trit., a dose daily for sixteen days, and then once a week. The headache appeared now only during and after the menses, and she was free from pain between them. The same remedies were thus thrice repeated, and after three months more she could be considered perfectly cured. Arnold remarks: Pulsatilla was wrong, inasmuch as the scanty menses were not the cause, but the consequence of the hyperæmia in the meninges; and the pain existed a long time before menstruation, and as soon as the hyperæmia was relieved by Belladonna, the menses flowed more copiously. But why did not Belladonna cure the case fully?

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By the repeated attacks for so many years, the hyperæmia in the meninges became habitual, and thus changed the nutrition in the brain. We know the quick power of Zincum on the organization of the brain, and its ability of removing abnormal actions. Such an anomaly in the nutrition of the brain showed itself characteristically in the constant sleepiness, with vomiting off and on. It is indeed that cerebral region which is connected with the vagus, to which Zincum is especially related. Symptoms 1295 to 1300 in relation to sleepiness. Symptoms of vomiting are found all through the pathogenesis of Zincum, and even the old school uses the sulphate of zinc constantly in order to cause vomiting. But homœopathically it will hardly ever be indicated in idiopathic vomiting. In a full dose it only acts as an astringent and irritates the gastric nerves, and thus produces vomiting, and it is thus used in narcosis and torpor ventriculi enanthiopathically. Homœopathically Zincum is only indicated in vomiting, emanating either from a direct primary irritation of the gastric plexus of the vagus or secondarily from its original focus, the medulla oblongata. The physiological provings of Werneck prove that the vomiting produced by the artificial zinc-disease appears only after several hours, and after preceding headache, vertigo, palpitations, etc., and sometimes even only an inclination to vomit sets in, notwithstanding the intensity of the other symptoms. Thus, a medical student, strong and hearty, took in 12 hours 21 grs. flores zinci. His pulse was 80 to the minute, quiet, full and strong. After having taken four grains, he only felt: W. 51. A slight pressure in the stomach. After eight hours: W. 2. Headache, some vertigo. W. 28. Empty eructations. W. 61. Slight colic. W. 33. Stitches in the diaphragm. W. 150. Pulse spasmodic; towards evening, anguish in the pit of the stomach with transient palpitations and formication in all extremities. W. 103. The pains between the shoulders run down the sacrum to the coccyx. W. 40. After supper inclination to vomit. W. 157. Restless night. W. 147. Pulse constantly spasmodic. W. 160. Towards morning perspiration and the symptoms gradually disappeared, but he felt tired the whole day. It is clear that the Zincum was here

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taken up by the sensory sphere of the plexus-gastricus vagi, ascended to the medulla oblongata, and to the head branch of the sympatheticus, and affected the latter in many ways. Hence through the rami cardiaci vagi the cardiac affections; through the Sympatheticus the vasomotory spasm and the lysis by perspiration, for the sensorium commune remained still affected, as the debility showed. The inclination to vomit is not a primary affection of the stomach, but reflex, just as it was in the case of intoxication by zinc-vapors, where the vomiting appeared on the second day, and salivation and colic on the third day. We candidly believe that the mucous membranes as well as the skin may be immediately affected by Zincum, but only in so far as they are critical organs for the zinc-disease, and always in the sphere of the cerebral nerves, primarily affected by Zincum or of the sensory fibres of the sympatheticus.

We come now to another affection of the eye, to Pterygium, a disease apparently perfectly objective; for according to Payr (*A. H. Z.*, 78, 197), it is only a partial degeneration of the conjunctiva of the bulbus, a shrinking of some part of the conjunctiva which was formerly full of hyperæmic blood-vessels and exudations, and finally changed to a fibrinous mass. It developes itself originally from small ulcers of the cornea, and we observe sometimes one of them still at the tip of the pterygium. It follows the direction of the straight muscles of the eye, and is more frequently seen at the internal corner of the eye, more in men than in women, in advanced age, and may be caused by some splinter of stone, by calcareous masses, by burns with powder, or from acrid ammoniacal vapors. Recent pterygia may heal spontaneously after removal of the cause. We give now two cases cured by Zincum. Carroll Dunham (A. H. Z., 71, 118) relates: A gentleman æt. 55, generally healthy, got three years ago a pterygium on each eye. Starting from the internal corner of the eye it spread over the sclerotica and cornea, covered half the pupil and made the patient nearly blind. The conjunctiva of the other parts of the eye was strongly injected. In the morning the eyes were covered with a purulent mucus. He could not bear artificial light and covered his eyes carefully, even during the day. For the last six months the

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pterygium had grown immensely. The eyes were very painful, especially in the evening. The prickling, sore pain was most felt in the internal corner of the eye, and appeared to be deeply seated. Dust in the air increased the pain. He also felt a strong pressure at the root of the nose and in the supraorbital region. Much lachrymation in the evening. From the subjective symptoms: 194. Smarting in the inner corner of the right eye, relieved by rubbing. 197. Sensation of soreness at the inner corner of the eye. 205. Inflammation and redness of the conjunctiva of the right eye, with suppuration of the internal canthus; the eye is especially painful in the evening and night, as if sand were in the eye, with frequent lachrymation; that part of the upper lid which is near the inner canthus, is likewise red and swollen. 209. Agglutination of the inner canthus in the morning, with feeling of soreness and pressure. 248, 249. Pressure at the root of the nose, etc. 250. Crampy feeling at the root of the nose with stitches in the jaw, and extending into the eye, etc. Dunham prescribed Zincum^{2c}, fourteen doses; no external application. After two weeks he was free from pain, lachrymation had ceased, the mucous morning discharge less, the eye was less inflamed. After four weeks the pterygium visibly decreased, and after four months under the continued use of this remedy, there was only a slight colorless streak left, which also gradually disappeared.

Dr. Allen, of New York (*A. H. Z.*, 82, 6), also leads our attention to Zincum as a most valuable eye remedy. A laundry woman suffered already with her eyes for three years. Allen found in the right eye a pterygium, just passing the edges of the cornea; in the left eye it extended from the inner canthus to the pupil, was about 1½ lines in breadth, thick and vascular; the inner portion of the conjunctiva was strongly injected, the linear surface of the lid contracted, the eyelashes turned inward. The eyes are painful and feel hot when walking in the cold air, better in the warm room. At night the heat and the itching is severe, and lachrymation copious. She covers her eyes at night with a cloth, for lachrymation is very profuse at night when she opens them. With the left eye she sees in the evening a green halo around the light. She only counts the

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fingers at a distance of ten feet. The blood frequently rushes to her head and face, followed by sweat. A steady treatment with Zincum^{2c} cured the case after several months. At first the halo disappeared, then the lachrymation at night; the pterygium became paler and thinner, and then passed off. We see here a verification of: 178. Pressure in the margin of the left lower eyelid, near the inner canthus. 180. Painful pressure in the right inner canthus, with redness of the conjunctiva. 200. Burning and smarting in the eye with lachrymation, especially in the evening, and agglutination in the morning. 201. Continual burning of the eyes, afternoons. 202. Burning of the left eyelid, as if it were too dry. 203. A good deal of burning in the eyes and lids, morning and evening, with feeling of dryness and pressure in eyes. We meet this same sensation of dryness also in other mucous membranes.

A characteristic symptom hinting to Zincum was the aggravation from cold and amelioration from heat. We also find: 208. Lachrymation mornings when waking up or in the fresh air. 1270. Sensitive to fresh air in the afternoon and evening. 1268. A pressing pain in the left eye when walking in the fresh air.

Let us now study how Zincum affects the sensorium and the organs standing in close relation to it. Of the cerebral nerves it affects especially those which like the trigeminus, vagus (also glossopharyngeus and hypoglossus), and like the capital part of the sympatheticus have their mutual source of origin in the pons varoli and medulla oblongata. Zinc is taken up into the organism through the sensory sphere of the nerves just mentioned, irritating at the same time the ganglia closely connected with it and the sympathetic fibres, and thus draw into co-affection the larger part of the sympatheticus. Hence vasomotory and finally also nutritive disturbances may arise in the organs receiving their nervous supply from those nerves, or from consensual or reflex action. In relation to the sympatheticus we would mention, that a spasm of the ganglionic nerves is nearly always local, and never reaches such an extension as in spasms emanating directly or by reflex from cerebral or spinal nerves. Zincum therefore causes far more locally

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limited diseases, and general ones only then, when the blood-making function is secondarily inhibited through the vasomotory nerves, which, if of long duration, might produce a leucophlegmasia (often only acute and local), and other nutritive disturbances. Such an acute disease, e. g., emanating originally from the vagus, and followed by vasomotory disturbances, is the following case of poisoning:

Rabouttеau (*Allg. H. Z.*, 74, 117) observed in the workers of a brass foundry and on himself, being present several times when they smelted, the following peculiar symptoms: at first a feeling of heaviness and painfulness in the hypochondria and loins, malaise, difficulty of breathing, loss of appetite; after a while chills with malaise, pale, changed features; weak, frequent, irregular pulse; sometimes nausea and vomiting; finally the pulse becomes large and full, a general heat sets in, the face turns red and animated, the patient falls into a restless sleep, troubled by fearful dreams and the whole attack closes with copious perspiration, lasting eight to ten hours. Usually the attack sets in towards the end of the day's labor, lasts during the night and is done towards morning, so that the laborer can return to his work. There is no periodicity about these attacks, but laborers may suffer from them after every new exposure. By and by the health of these workers declines, they complain of asthma and other affections of the chest; hence enduring nutritive changes must have arisen in the organs supplied by the vagus, and exposed to inhalation of the vapors.

But let us return to the trigeminus with the glossopharyngeus and hypoglossus. Kunkel (l. c., 62) narrates: A young man, æt. 34, exposed to depressing emotions and anger, suffered in the summer of 1857, from an obstinate but not very intensive stomacace, revealing all the characteristics of Zinc, but for which he took no medicine. Two months after its disappearance cerebral symptoms set in, with sensitiveness of the buccal mucous membrane, removed in a few days by Zincum. The symptoms were the same as in the original stomacace, only more intensive and therefore he asked for advice. Kunkel truly remarks, that the process was analagous to zoster, a genuine neuralgia. Such facial neuralgiæ, especially in the jaws and teeth,

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affecting also the ears, are various and we will only give hints for the indication of Zinc. 1. The neuralgic pains of Zinc appear mostly in short intermissions and the pains themselves are short, a twinch, shock, lancinating twitches, short lancinating and tearing pain. The tearing pain is more in fibrous tissues, affects more the muscular sheaths, whereas in the muscles a bruised sensation prevails, accompanied in the extremities by a feeling of paresis and deadness. This partial sensation of paresis corresponds to the general lassitude of mind and body, and to the weakness so characteristic of Zincum in general. 2. The symptoms frequently change the sides of the body, but are more apt to appear on the left side. A woman, æt. 38 (*A. H. Z.*, 31, 107), of irritable constitution, dark complexion, lean, inclined to constipation and copious menstruation, passed already after emotions through three attacks of facial neuralgia, which Hahnemann always subdued by allowing her to smell a certain drug. After the death of Hahnemann, she suffered from a new attack in consequence of a fright, which neither treatment of Quinine, nor medicines from a homœopathic physician alleviated. She complained of severe burning lancinations and lightning-like shocks and rucks from foramen infraorbitale extending over the whole right side of the head to the occiput and mandibula. The face on the right side was swollen, tense and felt hot, the eye smaller and retracted into the orbita, the eyelids bluish, a sensation in the teeth as if they would be pulled out, the tongue numb, the throat constricted, secretion of saliva increased; the attacks came mostly after eating (between 5 and 7 P.M.), lasted 1 to 3 hours and during that time patient could not bear the least touch of the head, and screamed from the severity of the pain. Dr. Perry oscillated between Magnesia and Zincum, decided for the latter, as symptoms 272 and 273 are purely neuralgic, whereas symptom 180 of Magnesia carb. has more relation to the bones. We read 272: Pricking in the face, as with needles, at intervals and suddenly; and 273: Sudden stitch with pressure from the right malar bone to the upper border of the orbit, deep in the bone; afterwards the place is very sensitive to pain, in the evening. Just during a very severe attack, Zincum[30] was given to her by olfaction and after

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a few minutes she felt perfectly relieved. The attack next day was slight and was quickly removed by olfaction, and though twenty months had passed, there was no return of it.

We do not find among the symptoms of Zincum that sensation of deadness of the tongue, but we do find that Zincum has specific relations to the tongue through the glossopharyngeus, also to the pharynx, a sensation appearing here as constriction. We must here also look at the cause, fright, which easily produces paralysis of the facial nerves and thus passive hyperæmia on one side and a paretic sensation. This passive hyperæmia evinced itself here in the bluish hue of the eyelids. The toothache of Zincum affects mostly the roots of the molars. Its seat appears to be the periost, as 324: Sensitiveness and painful soreness in the upper molars with drawing sore pain in one of the left lower molars, which becomes raised up of its socket and feels loose, accompanied by swelling of the submaxillary glands on the same side and extends to the buccal mucous membrane and the gums. Nutrition is here again at fault, the gums become loose, bleed easily, and even ulcers are seen at the buccal mucous membrane and lips. We consider these, as also the eczemata of the lips as consequences of a morbid innervation, as secondary processes. The same also in relation to the ears. Franz mentions in his introduction to Zincum a kind of tenesmus aurium (of rheumatic nature), with tearing lancinations and swelling of the meatus auditorius externus. The symptoms follow here in the same consecutive order: 234. Itching in the left ear with sensation, when inserting the finger into it, as if fleas were jumping about in it. 235. Itching in the right ear, removed by boring. 236. Titillation in the left ear, not going off when rubbing the part. 237. Discharge from the left ear. 238. Fetid humor from the left ear. 239. Purulent discharge from the left ear, day and night; the orifice of the meatus is hot and swollen, with headache on the left side, after twenty-four hours.

All these symptoms belonging to the secretory organs of the meatus auditorius externus are affections of the lower branch of the ramus inframaxillaris quinti, especially of the ganglion oticum seu Arnoldi, so closely connected with it.

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The latter, to which also belong the nutritive nerves of the tympanum, causes the material changes in the tympanum and its different tensions, and thus the different auditory sensations corresponding to symptoms 241 to 246, as buzzing, whizzing, surring, ringing of bells, detonations, and even hardness of hearing.

Still all these symptoms show nothing in common with the acusticus, and we will find the same in relation to the senses of smell and taste. We mentioned already the characteristic neuralgia (248–251) around the root of the nose, when speaking of meningitis and pterygium. The external affections of the nose also show the same character, so that they follow or accompany nutritive disturbances, thus: 253. Jerking tearing in the right side of the nose. 254. A fissure externally to the right nostril. 255. Sharp cutting in the inner margin of the left wing of the nose. 257 to 261. Swelling of the right side of the nose. 260. Chilliness of the tip of the nose and of the lobules, although the weather is not very cold (suppression of vital turgor, passively succumbing to external influence). But the sensory branches of the trigeminus supplying the nasal mucous membrane are similarly affected, therefore: 247. The septum nasi pains to the touch. 256. Sensation of soreness high up in the nostrils, tearing in the right side. 259. Itching in the right nostril. 736. Sneezing after preceding cutting titillation in the nose, evening. 764 to 776. Sneezing several times during the day, without coryza. 767. Itching in the nostrils, followed by sneezing and severe epistaxis, stopped by cold water (tenth day). 762. Blowing of blood from the nose, the first days (all these hæmmorrhages are passive ones). 769. Sensation of coryza with soreness of the inner nose. The coryza is mostly a dry coryza, only the first few days the secretion is rather thin, a kind of fluid coryza (770 to 777), but we find also increased discharge of mucus from the nose without coryza. Here again we fail of discovering a symptom hinting to an affection of the olfactories.

(To be continued.)

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ARTICLE XVII.—Hip-joint Disease.

Reprinted

By Frederick Hiller, M.D.

This disease is often called *morbus coxarius*, spontaneous luxation, *claudicatio spontanea*, *coxarthrocace*, etc.

On a visit to San Francisco, in 1867 (residing at the time in Virginia City, Nevada), it attracted my attention to find so many children between the ages of four to fifteen years, which were suffering from the effects of hip-joint disease. It seemed as if they were associated in pairs or triplets. One day I found six children in company with others engaged in play, with legs shortened from two to six inches. The phenomena were so new and interesting to me, that I stopped to ascertain some facts relative to the disease. I found also that each of them had its own history. All had suffered for years from the disease and a severe tortuous treatment, which ended in four of the cases, with the usual operation of removing a portion or the whole of the joint, and as much of the shaft of the femur as had been destroyed by the effect of the disease.

Having had considerable experience during a long term of practice, and having in many instances prevented such deformities, even in advanced cases, by the simple administration of homœopathic medicines, and being fully satisfied that in the majority of cases of this formidable, insidious and destructive disease, deformities can be prevented, I have given this form of disease my special attention.

No greater obscurity or diversity of opinion exists as to the cause, the pathology and treatment of any ailment than that of diseases of the hip-joint. There cannot be found a complete, rational, practical and precise chapter on this form of disease in the medical literature of any language. Most authors of the present century, Dupuytren, Diefenbach, Sir Astley Cooper, Gross and many others, widely differ in their views and opinions about its pathology and treatment, which has been the cause of grave errors in diagnosis and practice, leading to lamentable results.

The progress in all the departments of medical science, par-

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ticularly the closer study of anatomy, physiology and pathology, demand of the surgeon of the present day, not only the ability of performing dexterously a complicated operation, but also a profound knowledge of the various pathological conditions to which the human organism is liable.

Without such knowledge, a correct diagnosis of the various morbid affections of the body cannot be attained; it must be uncertain for want of reliable data for a basis, nor can remedial measures be adopted judiciously. It is to be hoped that the time has gone by for the recurrence of so many grave errors heretofore committed.

Hip-joint diseases have been known since the earliest days. Hippocrates had a dim idea of this malady, which evinces that it existed long before the Christian era. No further information can be gleaned from the authors of the past.

Palletta, an Italian surgeon, at the beginning of this century, is the first who is entitled to the credit of having given an intelligent and pathological description of the diseases of the hip-joint.

Surgeons in all countries have given, since, special attention to this form of disease, but the developments in surgical and cellular pathology during the past twenty years, have thrown new light not only upon this special form of disease, but upon all other pathological conditions of human suffering.

Etiology.

Inflammation of the hip-joint, usually called *morbus coxarius*, is to be considered under two divisions: it appears either spontaneously (luxatio spontanea), or traumatically (luxatio traumatica).

The spontaneous or tuberculous form befalls most generally scrofulous, strumous children with a hereditary syphilitic taint. It affects children only during the first decade of life, seldom after; it is equally common among both sexes, and occasionally witnessed in several members of the same family. Not only weakly, poorly fed children are the victims, it attacks also apparently robust and healthy children, particularly those with a rheumatic constitution, or who suffer from the effects of

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impure vaccination or from the effects of any form of suppressed disease.

The traumatic form of this disease may develope itself in any child. It is occasioned by a direct injury to the joint. A fall or blow, which may frequently pass unnoticed, may cause inflammation of the joint after weeks or months. This form of disease is seldom witnessed after the fifteenth year of life, for the reason that at that age the frame is more perfectly developed.

It has been asserted by some authors, that the children of the poorer classes are more subjected to hip diseases than the children of the rich. This is an error; it is true, the poorer classes raise more children, and children alone suffer from hip diseases, but it is also an established fact that the children of the poor on the average are physically better developed and stronger than those of the rich; they acquire early a self-reliance which instinctively keeps them on the alert for self-protection, so that a hurt, a bruise from fall or blow, which perhaps would produce a joint disease in a child which is watched at every breath for fear it would get hurt, is hardly noticed by them, because they have more power of resistance and endurance.

Pathology.

Spontaneous inflammation of the hip-joint differs from the traumatic form, which is caused by external violence, only in its origin. Both forms of this disease, however, most generally are implicated in their progress by the removal of the head of the femur from its natural receptacle, the acetabulum.

To have a more thorough understanding of the pathological changes which the hip-joint undergoes, during the progress of the disease, it is necessary to consider the anatomical construction of the joint, which is so frequently the seat of one of the most destructive forms of disease.

The hip-joint is a ball and socket-joint, formed by the reception of the head of the femur into the cup-shaped cavity of the acetabulum.

The acetabulum is composed of three osseous parts; the ilium,

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ischium and pubes; about two-fifths being formed by the ilium, a little more than two-fifths by the ischium, the remaining fifth by the pubes. It is bounded by a prominent, uneven rim, which is thick and strong above, and serves for the attachment of a fibro-cartilaginous structure, which contracts its orifice and deepens the surface for the articulation. It presents on its inner margin a deep notch, the cotyloid notch, which transmits the nutrient vessels into the interior of the joint, and is continuous with a circular depression at the bottom of the cavity. This depression is perforated by numerous apertures, and its margin serves for the attachment of the ligamentum teres. The notch is converted, in the natural state, into a foramen by a dense ligamentous band which passes across it. Through this foramen the nutrient vessels and nerves enter the joint.

Above the acetabulum, the dorsum of the ilium is seen presenting upon its surface a slight elevation or ridge, which extends from the anterior third of the chest to the upper part of the acetabulum. This ridge, only slightly marked, divides the dorsum into two unequal parts. The more posterior presents a concave surface, which becomes continuous with the margin of the acetabulum by an inclined plane, upon which the head of the femur, when dislocated, will glide upwards towards the external iliac fossa upon the dorsum. Below the cotyloid cavity and between its inferior margin and the tuberosity of the ischium, is the groove in which passes the tendon of the obturator externus; while posteriorly are seen the spine of the ischium, still cartilaginous, the groove for the passage of the obturator internus, and the several points which give origin to the small pelvi-trochantric muscles. In front and below is the obturator foramen filled by the membrane of the same name, which supports on its two surfaces the origin of the obturator muscles. Extending forward from the anterior portion of the acetabulum, is the horizontal branch of the pubes, terminating in its body. The horizontal ramus gives attachment to the pectineus, while the anterior surface of the body of the pubes and its descending ramus, and the ascending branch of the ischium, give points of origin to the other adductors of the thigh.

The head of the femur, which with the acetabulum compo-

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ses the ilio-femural articulation, is globular and forms rather more than a hemisphere. Its surface is smooth, coated with cartilage. The articular cartilaginous surface is covered by synovial membrane, and presents at its inner and inferior part, a depression for the insertion of the ligamentum teres. It is supported by the neck, the pedicle of which in infants is but little developed. The trochantor major gives attachment to the two glutei muscles, which take their origin from the dorsum of the ilium, and is apparently continuous with the shaft of the femur; its summit being placed on a plane somewhat below the highest point of the head of the femur.

The articulating surfaces of the hip-joint are maintained in their natural relations by means of several ligaments. The capsular ligament which is strong in the adult, is delicate in the articulation of infants. It is attached on one side to the margin of the acetabulum and the contiguous surface around its circumference; on the other to the neck of the femur. The accessory fibrous band, which has received the name of ligamentum superius, and which strengthens the capsule in adults anteriorly, is scarcely perceptible in infants at birth; it gradually develops during infantile life, for the support of the articulation. The capsule is lined upon its surface by a layer of synovial membrane, which passes also over the ligamentum teres and the other parts of the articulation. This capsule, when deprived of the support of its ligaments and tendons, by which it is surrounded, permits the head of the femur to be separated considerably from the cotyloid cavity.

The round ligament, extends from the apex of the head of the femur, and becomes inserted at the marginal notch as well as at the depression found at the anterior and inferior part of the bottom of the acetabulum. Many muscles and ligaments named hereafter are grouped around the ilio-femoral articulation, which protect the joint from external injury.

These anatomical details will facilitate a more thorough comprehension of the pathological changes which the articulation undergoes in the state of disease.

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Pathology.

The bones of the child at birth are soft, particularly the joints are yet of a cartilaginous nature. As ossification advances, the cartilage is removed by the absorbents, and is gradually replaced by membranous cellular tissue, in the interstices of which the earthy particles are deposited, which are essential to the formation of the homogeneous whole, which is called bone. Although it is to the softer material alone that vital properties belong, it is usual to speak of life of the vessels, of the nerves and of the bones, because life belongs equally to the bones as well as to all tissues and organs of which the body is composed. It is only by means of the processes of growth and renewal that bones can adapt themselves to the wants of the system. The fractured bone readily unites, if the conditions of the system are in harmony, from the fact that the bones possess a circulation of their own which supplies them with nutriment. Insensible as they may seem to pain, they possess all the attributes of living and organized parts; the irritation produced in the ends of the bone after a fracture serve the purpose of increasing the vital powers of the injured parts, and producing that excitement which is necessary for the formation of new bone.

In a state of health, the bones are apparently insensible to pain, but when they are bruised or broken by an accident, or when their texture is destroyed or injured, the pain is severe; this pain, however, is the surest indicator of their recovering. Pain accompanies that inflammation and vascular activity, without which the work of reunion of the broken part cannot be accomplished.

Physicians have at all times and still are committing the gravest error in attempting to subdue pain by the administration of anodynes, by which means the disease is not only prolonged but made in many cases incurable.

Both forms of disease of the hip-joint are primarily inaugurated by inflammation of the cartilaginous tissue covering the joint. At first only a small portion of the joint is congested, the patient complains of an occasional pain in the small of the

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back; or, in the knee or foot. Sometimes a sharp stitch flashes through the leg or hip. As the inflammation progresses, the pain becomes fixed in the hip-joint, which with its surroundings is now found to be congested and swollen. The pain is intense and persistent directly over the articulation, deep seated and extremely acute, tearing, burning, stitching and shooting, aggravated by every motion of the lower extremities. The pain is sometimes relieved by a horizontal posture. The patient may yet stand erect and be able to walk, but he complains of numbness of the affected parts, his gait becomes unsteady, tottering and limping. The numbness and tottering gait are owing to irritation in some of the principal nerves and muscles of the limb, especially the obturators and of the long head of the femoral muscle, which is intimately attached to the capsular ligament of the hip-joint. The irritation above referred to as well as that in the cancellated structure of the head of the femur, is the cause of pain in the leg, knee and foot.

In some cases, the external changes of the hip are so slight, that they often elude detection. The general health is not seriously impaired; the appetite is good, even the muscles of the affected hip are not materially altered, except that they appear a little thinner and softer than usual in health.

In health the nates are firm and globular, from a large accumulation of fat over the great muscles of the buttocks. The wasting of one is an early symptom of hip-joint disease.

After weeks or even months the second stage is inaugurated with a high fever and pain. The pulse rises frequently to 120. Amid symptoms of this kind, the following objective phenomena become manifest:

The affected hip and the buttock are swollen, so that the fold between the nates is much deeper; the thigh is irritated outward and slightly drawn towards the abdomen; the knee is half bent; extension and rotation of the thigh are very painful; the diseased leg appears longer, thinner, weaker and more relaxed than the other; the buttock on the affected side is in striking contrast with the other; the trochanter major is turned more outward and downward.

These alterations in shape are noticed, no matter in what

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position the limbs may be placed, and if the patient should stand on a level so that the sides of both feet touch each other, the knee of the diseased leg will be found to project from three to four inches. The foot is either turned outward or inward.

These phenomena are caused by the great changes the joint undergoes at this stage of the disease. The articular cartilage deprived of its synovial fluid, or the usual amount of vascular nutrition, being discontinued, undergoes disintegration; the joint becomes thus denuded of its cartilage; the cotyloid cavity fills up with an effusion of plastic matter or morbid vegetation, which presses the head of the femur outward and downward, the leg apparently being about one or two inches longer than the sound member. When the head passes the rim of the acetabulum, it slides upward and backward, generally resting upon the external iliac; the toes turned outward.

The leg then appears to be from two to four inches shorter.

It happens frequently that at this period the joint is relieved either by resolution or suppuration, before the osseous tissue is involved.

After the head of the femur has escaped from its natural receptacle, nature makes an effort to restore the disabled limb to something like its former condition. A new capsular ligament is formed which on the one hand is attached to the dorsum and continuous portion of the ilium, and on the other to the outer and posterior surface of the old capsule, and to the margin of the perforation made, through which the head of the femur has made its escape.

In some cases the head of the femur wastes away, and in proportion as the head disappears, the sides of the old capsule become coalesced and glued together. A set of radiating fibres, springing from the margins of the dorsum ilium to the upper parts of the femur, where they become attached and thus fortify the joint.

Or the head of the femur has been absorbed, and not escaped from the capsule, the walls of the capsule coalescing, have finally become conglomerated into a firm, dense ligamentous band, which unites the remains of the acetabulum with the stunted upper extremity of the femur. Numerous auxiliary

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ligamentous fibres which surround the new capsule, take their origin from the margin of the cotyloid cavity, converging to become incorporated with the remains of the former capsule.

These essentially distinct pathological conditions, which manifest themselves in the different forms of malformations of the joint, must exert an important bearing upon the prognosis and the therapeutic means which may be employed.

In one case, the capsule is found to retain its continuity of structure, and the head of the femur rests inclosed in it, on the ilium near the acetabulum, or entirely upon the dorsum ilii. In another the capsule is found converted into a conglomerated, fibrous, cylindrical band, one of its attachments surrounds firmly the upper part of the femur, and is sufficiently extended to allow the head of this bone to play upon the dorsum ilii, through a space of from one to three inches. In either of these cases, a new capsule is produced, and a kind of pseudo-articulalation is the result.

Such cases frequently recover in time without severe surgical interference, and with the exception of a shortened limb and slight deformities of the pelvis, the patient may gain strength and good health.

If the disease progresses, or should it have a malignant tendency from the beginning, it passes into the third stage, which is accompanied with extensive and frightful destruction. Abscesses now form, the suppuration is profuse, and as the matter increases in quantity, it works its way toward the nearest surface, discharging frequently through numerous openings, either directly over the joint, or a short distance below the trochanter major, or the superior and external part of the groin.

In such cases should recovery ensue, there is no disinclination; the acetabulum and the head and neck of the femur thus partially or completely destroyed, being in time firmly united by a semi-osseous cartilaginous structure which forms a socket as a substitute for the destroyed joint.

The muscles surrounding the joint undergo also great pathological changes when diseased, owing to the contraction resulting from the unnatural position in which they are placed after

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dislocation. They may present a fibrous appearance or be pervaded by a fatty degeneration and become atrophied, or in some cases may even become hypertrophied. The increased exercise which certain muscles have to undergo, induces a hypertrophic state, as often happens in some portions of the gluteus maximus, gracilis, etc., while, where the retraction is still more energetic, and continued fibrous degeneration takes place, as we find in the conjoined tendons of the psoas magnus and iliacus internus, and frequently of the gluteus minimus, while fatty degeneration and atrophy are the consequences of relaxation and inertia which follow the approximation of the points of origin and insertion of some of the muscles.

This morbid retraction of the muscles, and the fibrous transformation which prevades the tissue of some of them, is an insurmountable obstacle to the permanent reduction of the head of the femur, in cases of dislocation. Upon this fact is based the operation of dividing the contracted muscle or tendon by subcutaneous section.

We have but seldom an opportunity of examining the pathological changes, which the joint undergoes in the primary stage of disease. In a case where the patient died of an intercurrent affection, I discovered a partial injection of the articular synovial membrane, and conclude from this, that a moderate inflammation of the synovial membrane, which soon involves the fibrous parts surrounding the joint, is the incipient sign of the disease.

A post mortem examination upon two bodies, respectively seven and twelve years of age, which succumbed from the effects of the disease and very severe treatment, on dissection revealed the following pathological conditions.

In both, the skin covering the region of the haunch was soft, flacid and discolored. The subcutaneous cellular tissue was dense and interspersed with adipose tissue. The aponeurosis covering the glutei, was natural, but in attempting to remove this from the gluteus maximus, the fibres of this muscle were found to be so friable, that it was impossible to remove the investing fascia, without carrying along with it some of the degenerated muscular tissue. The condition of the mus-

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cular tissue, consisting of the gluteus maximus, the anterior portion of the gluteus medius, and the upper portion of the semi-membranosus, semi-tendinosus and biceps, was soft, flabby and pale, having been changed from a muscular to a kind of yellow, fatty tissue. The muscular fibres, in regard to their length, seem to have accommodated themselves to their altered position. After dividing the gluteus maximus, an unusual quantity of adipose cellular tissue was met with, enveloping the large nerves, arteries and veins, situated beneath this muscle. By removing this loose tissue, the deep seated muscles were exposed, and found to have undergone the same fatty degeneration as the more superficial layer. Thus the quadratus femoris, obturator externus, gemelli and obturator internus, instead of passing transversely outward, assumed a direction almost directly upward. Viewing the parts from above downward, the gluteus medius, pyriformis, and obturator internus, instead of resting upon the posterior portion of the cotyloid cavity, lie upon the partially destroyed head of the femur and the posterior surface of the coxo-femoral capsule. Beneath the tendons of the psoas and iliacus, large channels were discovered, extending in various directions; the inserted finger met with an extensive cavity, which in health would have been occupied by the acetabulum and a portion of the head and neck of the femur. In both cases the acetabulum was destroyed. In one case the remains of the neck of the femur rested in the perforated bottom of the acetabulum.

Diagnosis.

The advanced state of medical science, particularly in surgical and cellular pathology, and increased clinical experience, which we have obtained in the treatment of this disorder, enables us to establish an almost positive diagnosis. But in order to diagnose this disease correctly, it is necessary to have observed some cases of it.

In the first stage the symptoms are so obscure, so slow and insidious, that even experienced physicians are liable to mistake them for other affections of the joint.

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The child apparently in full health and vigor, suddenly lifts up the leg and screams; this may last only a few moments, when it either laughs, with tears rolling from the eyes, or it stands with an expression of surprise, the hip drawn up resting the leg upon the toes, afraid to step or to walk; even during play the child may suddenly fall to the ground; after a while it gets up as if nothing had happened, except that in most of the cases an expression of bewilderment is noticed, with fear to step. It appears as if a sharp stitch had flashed through the joint or the leg. Older children complain of a strange sensation in the hip-joint, stiffness and sharp pains in various parts of the leg. Little by little the disease progresses; the child, however, goes about, manifesting the same interest in out-door exercise and amusements, but soon exhibits a sense of weariness and prostration. The pain increases; darting stitches go through the hip-joint, or through the knee or foot. The child appears awkward, tired and languid. In rare cases is the pain noticed in the hip, before it shows itself in the knee, thigh or leg. In this manner the case may go on for weeks, or even months, without perceptible aggravation, except that the pain at times is more than at others.

At this period there is nothing abnormal to be discovered about the hip-joint, but the pain becomes gradually more steady and fixed; and as the disease advances, severe suffering is occasioned by moving the hip-joint. Pressure of the head of the femur against the acetabulum, locates the pain distinctly in the joint. A distinct limp is now apparent; sleep is disturbed by spasmodic twitches of the extremities, the pain comes as if spontaneously, it is sometimes felt deep in the joint, sharp, lancinating, or dull, heavy and aching, worse at night, aggravated by damp weather. On inspection the knee is found to be free from pain and swelling. Although the pain being at times severe, the case may go on for some time under trifling symptoms, before more serious changes are manifest.

In some cases the pain is first keenly felt in the tendo Achillis just above the ankle-joint, and may be very severe in the instep. Sometimes it may shift from one of these points to another, and the patient is unable to locate the pain cor-

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rectly. These pains are most frequently taken for rheumatic, neuralgic, or for growing pains.

In some cases there is little or no pain; the patient complains only of stiffness in the joint, which is worse on motion. As these appearances may be only transitory, it is necessary to make frequent examinations.

These symptoms, which inaugurate the first stage of the disease, are most universally overlooked; they are attributed to most everything else except to the true cause, and what is most remarkable, they are rarely recognized by the parents, until some mischief is done, or at least too late to arrest the disease before it has caused deformity.

The second stage is marked by visible disturbances. The hip-joint is swollen; the pain is now firmly located and more intense in the joint and its surroundings, it either has left the knee entirely, or it is less severe; frequently fluctuation is readily discovered; the diseased leg appears to be longer than other, weaker and relaxed; the foot generally turned outwards, seldom inward; the shoulder of the affected side stands higher than the other.

A careful examination of the body at this period will not fail to establish the real pathological condition beyond a doubt. If the child is stripped naked and laid in a horizontal position, with the knee-joints held down, the internal malleoli will be found not exactly opposite each other, the fold in the groin on the affected side lower than on the other, the anterior superior process of the ilium on the affected side lower than on the sound side. Turning the patient on his face, similar deviations from symmetry will be observed. The fold below the nates of the affected side will be lower than on the opposite, and the affected leg will appear longer. A curve will be found in the lower part of the spine, and its convexity will be toward the affected or sagging side. The whole half of the diseased side will be less tense in its attachments.

The temperature will be found increased in the diseased hip, from one to four degrees, according to the time of the day and the extent of the inflammation present in the joint.

Day after day new symptoms will make their appearance.

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The hip, over the affected joint, will become more rounded, red and tender; the knee will be bent, the thigh partially flexed, and motion of the limb instinctively avoided. As soon as the patient falls asleep, muscular spasms will extort the most frightful screams.

If we make now an examination with the aid of chloroform, we will find that the knee but not the hip-joint can be straightened, the well leg drawn in towards the affected one (adducted), the latter being somewhat more drawn outward than natural (abducted). If the thigh is pressed down, the back will arch up, and if the trunk is pushed down, so that the back-bone rests on a level the whole of its length, the thigh will rise up, making with the trunk a more or less obtuse angle, according to the violence of the disease.

If the shortening is caused by the contraction of the tensor vaginæ femoris muscle, it may be relieved by dividing a few fibres of the tensor. But if contraction of the psoas magnus (which is attached to the trochantor minor), together with the iliacus, which is inserted just below its eminence and acts with the psoas, causes the shortening of the leg, the contraction can only be overcome by either risking the tearing of the muscle, by forcible extension, or what is better, by sub-cutaneously dividing these muscles near their insertion.

If the disease has not been arrested at this period, it passes into the third stage, which it is conceded, either with the rupture of the capsule or when the bones become involved and necrosis has set in. If life has not been destroyed by the drain upon the system from profuse suppuration and hectic fever, recovery with the loss of the joint is yet possible under homœopathic treatment. Either the fragments of the bones are discharged through the fistulous channels, or the diseased bone is removed by the excision of the joint.

While writing this I have before me a boy, scrofulous, strumous, fourteen years of age, who has now suffered for four years through all the stages of the disease. The joint has wasted away, the exfoliated, carious bone was discharged through numerous fistulous openings, which are not all closed yet; one abscess was opened only a few weeks since. The leg

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is but one and one-half inches shorter, he is able to move on crutches with great freedom, and already bears the weight of the body upon the new articulation which adapts itself kindly to its purpose.

Treatment.

The treatment of the disease of the hip-joint, on account of its slow and insidious development during the first stage, and the obstacles thrown in the path of the intelligent practitioner, by ignorance on the one hand and squalid prejudice on the other, is a difficult task.

Every experienced homœopathic practitioner has met with cases of this disease which, if they had come into his hands before they had been tampered with by severe medication and external applications, would have yielded kindly to the homœopathic remedy. Years of suffering from the disease and its terrible consequences would have been prevented.

Hahnemann says in the Organon, § 199: "If the remedy homœopathic to the disease was not yet discovered when the local symptom was destroyed by cauterization, excision, or dessicatives, the case becomes still more embarrassing, on account of the uncertainty and inconsistency of the symptoms that remain. And this difficulty is inevitable, because the external symptom which would have been the guide in the choice of a remedy, and have pointed out the proper time of using it internally, is removed from our observation."

The correctness of the above has long since been verified by an abundance of clinical results, which have been obtained in the treatment of this disorder.

The preventive treatment (*prophylaxis*) when the disease is based upon a scrofulous diathesis, embraces in our practice a vast range. The homœopathic practitioner cannot help administering now and then a remedy which will affect the dyscrasia. This is the reason why children who grow up under homœopathic treatment and advice are less susceptible, and less liable to be affected by disease.

I have no space to exhaust the whole subject of prophylaxis, but experience has established the fact, that physicians pay too

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little attention to the first development of disease in early childhood; the treatment is directed rather to the suppression of existing diseases than to their prevention or cure.

To prevent or to eradicate disease has never been profitable to the physician, but the homœopathic practitioner cannot avoid it.

Comparing the two modes of treatment which are employed in disease of the hip-joint, it will be readily seen that the homœopathic is not only superior, but much more safe and sure than the allopathic which latter, summed up briefly, will be given here a short notice.

The so-called categorical allopathic treatment, during the first stage, according to Prof. Lewis A. Sayer, consists of leeching, cupping and depletion, ice-bags around the joint, or hot fomentations. The general treatment consists of the employment of the mercurials, in all forms and application; the bark, iodine, morphine, and chloral-hydrate; the potassas, sodas and iron; sarsaparilla, rhubarb, cod-liver and croton oil; synapisms, blisters, counter-irritants and cathartics; caustics, leeches, etc. These are promiscuously administered, without any positive indication or guide, more or less heroically, according to the fancy of the physician.

(To be continued.)

ARTICLE XVIII.—Synopsis of Zincum metallicum.

By H. V. Miller, M.D.

Though hitherto generally neglected by the profession, Zincum is a remedy of very extensive application in disease. It causes a powerful lesion of the cerebro spinal nervous system, greatly depressing the intellectual faculties, and by its action upon the motor and the sensitive roots of the spinal nerves, producing spasms, convulsions, paralysis, hyperæsthesia or anæsthesia of the various organs supplied by these nerves.

It is characterized by weakness of memory, taciturnity and dulness of intellect. It may be indicated in typhus or in scar-

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latina, when there is impending paralysis of the brain, with complete unconsciousness; jerking of the whole body or twitchings of single limbs, etc.

Like Pulsatilla, its headache is worse in the room and better in the open air. Oxalic acid has headache caused by drinking wine. Zincum has headache caused by drinking even small quantities of wine.

An excessively obstinate, violent and intermittent pain in the brain sometimes accompanies uterine ulcers having a bloody, acrid discharge, the uterus itself being comparatively free from pain. The headache subsides during the menstrual flow. Zincum will not only relieve the headache, but remove its cause by curing the ulceration.

It cures stupefying headache when everything gets black before the eyes; worse in the morning, in the warm room, and after eating; better in the open air. Kali bich. has complete blindness, followed by headache, which increases as the blindness disappears. Zincum has baldness at the vertex, with *soreness* of the scalp. In Graphites the hair turns gray early. Various remedies have baldness at the vertex, but without the sensitiveness of the scalp.

Like Aconite and Kali bich. Zincum has neuralgic pressure at the root of the nose, but in Zincum it seems as if the root of the nose would be pressed into the head, a symptom sometimes occurring in meningitis. Zincum produces itching, biting, pricking, and soreness in the eyes, lids and inner angle of the eyes. Also lachrymation worse in the evening. Hence its clinical value not only in conjunctivitis, but also in pterygium. Argentum nit. cures pterygium, characterized by pinkish redness.

Like Causticum and Sepia, Zincum causes the upper eyelids to fall down from paralysis of the levator palpebræ superioris.

Like Calcarea and Pulsatilla it has otalgia, with tearing stitches and inflammation of the external ear. Like these remedies it also has discharge of fetid pus from the ear.

Like Mercurius and Sepia it has bleeding of the gums, which are also swollen, white, sore and ulcerated.

In catarrh of the posterior nares, it may be indicated when

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there is accumulation of mucus in the mouth from the posterior nares.

Argentum nitric. has accumulation of mucus in the throat, obliging one to hawk, and causing hoarseness. The mucus may also be thick and tenacious.

Like Plumbum, it causes retraction of the abdomen suggestive of lead-colic.

Among its urinary symptoms, is enuresis when walking, coughing and sneezing (Causticum, Natrum mur., Petroleum and Pulsatilla).

It may be indicated in urinary calculi.

Like Pulsatilla it has orchitis, but as distinguished from that remedy it is indicated when one or the other testicle is drawn up. It also has drawing pain in the testes, extending up the spermatic cord, and it has violent, long-lasting erections.

In ovaritis it cures boring pain in left ovary, relieved while pressing upon the affected part and during the menstrual flow, when other complaints generally are also relieved.—On the other hand in Thuja the sufferings are greatly increased and may become intolerable at every menstrual period. Thuja also affects particularly the left ovary. The pain extends through the left iliac region, into the groin, and sometimes into the left leg. The pain may be excited by walking or riding, and become so severe, that the patient must lie down.

Characteristic of Zincum in menstrual derangements, is painfulness of the breasts and genitals.

Zincum cures a spasmodic form of cough, as if the chest would fly to pieces. It produces a constrictive sensation around the chest, with pain in the chest as if cut to pieces. This spasm and pain are caused by irritation of the intercostal nerves. Cactus and picric acid have a similar sensation of constriction around the chest.

Zincum is indicated in palpitatio cordis, when there is an occasional violent jump of the heart.

It should be a valuable remedy in spinal irritation, with pains only when sitting. It has violent, long-lasting, aching pain in the last lumbar vertebra, worse sitting, better standing. It has burning along the whole spine.

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It is curative in painful varices of the legs. (Ham.). It has rheumatic pains affecting various parts of the upper and lower extremities, or twisting pain in the affected limbs, with frequent jerking of the whole body during sleep, and aggravation from becoming heated and from physical exertion.

It is suggested in paralysis, aggravated by drinking wine.

It has restlessness of the feet (Arsen., Cimicif., Natrum mur. and Psorinum).

It has herpes in the bends of the joints. (Natrum mur. with acrid moisture).

It is indicated in convulsions, with screaming and starting in sleep; jerking of different muscles; enuresis, etc. (The spasms of Cuprum commence in the fingers and toes).

And it is indicated in scirrhous tumors in various parts, and in pulmonary and abdominal phthisis, characterized by a pewter-like hue of the face.

ARTICLE XIX.—The Desiderata of our School.

By Dr. C. Hering.

From the beginning it has been the aim of our school on this side of the ocean to "heal the sick;" and this, our "sine qua non," has not only increased our number of adherents but accelerated our progress.

Our societies and our whole organization, in accordance with the spirit of the United States, is without a parallel in the history of sciences; and, if we never allow a split in our new school, a final triumph over all other medical schools will be secured.

Our journals are so well conducted and so rich in valuable observations, that they have become the source of contributions to all others in the world.

Our provings, to increase our great treasury, our Materia Medica, can be fearlessly put into the scale to be weighed in value with all other provings made by the rest of the world

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within our age, or during the last fifty years; if we except Hahnemann's own provings.

Our colleges are all progressive and come nearer and nearer to the model we are all striving after; of which the outlines have been given by our school in the plan of a voluntary system.

Our literature is the only branch in which we are behind the wishes and aspirations of the greater number, the only point where we have to confess that we are not satisfied.

As a matter of course, we have had to depend on translations; but, with the exception of some small works of Bönninghausen and the great work of our late Grauvogl, these were made in great haste, and soon became obsolete. Of original works, we have a few monographs written in a masterly manner; and can say with regard to surgery and especially midwifery that more has been done here than any where else. But that is all.

A publishing society has been formed in Philadelphia, which will soon be chartered; it promises to open a new era in our literature. A board of censors, elected from the board of directors by a majority of votes, is to pass sentence upon the works offered for publication. The members have the privilege of getting every book printed at cost of manufacture, and of course have the free choice of buying only such as they like. Authors will be remunerated on the usual terms.

The first book required is a repertory. The next is a collection of all cured symptoms, a complementary work to Allen's Encyclopedia. Further, we ought to have a retrospective work like Raue's Record; if not every year, it should at least be published every two or three years.

We ought to have a digest of all effects ever observed from drugs on men and animals, produced or cured. All such effects recorded as following the action of a single drug we ought to have registered. A collection of such symptoms is Frank's Magazine; but it is only in four volumes, the substance of what he could find in the French and German journals and pamphlets. He had made extracts from over twelve hundred volumes, from the year 1754 to 1851. In the preface to Vol. 4, the author

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quotes the following remarks made by C. Hering in the first volume of the North American Journal of Homœopathy: "The industrious editor of this magazine has, at immense pains collected and condensed from European Medical Literature, every reported case in which the administration of a single drug was the apparent cause of the appearance or disappearance of a symptom. It is evident, that it is thus, an immense and exceedingly valuable treasury of knowledge derived from the accumulated experience of the old school and containing all that is of special value to the disciples of the new."

What we ought to have, is a similar *extract* from all American journals and pamphlets; from dissertations and even from large works, if they contain observations of the effects of one poison or one drug in producing or curing symptoms.

This could be done by apportioning off the labor and giving to each compiler the space of a few years. It ought to include all that originated in the old school, and all our homœopathic observations; we may say, down to the World's Meeting. It might be published in volumes of small or large size, if only a complete index is given.

Doctor Berridge has performed this gigantic work for British literature, principally by quotations; but it could easily now be united with ours. Germany would follow our example.

Further propositions might be made, but it is clear that this is the most important.

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ARTICLE XX.—Terebinthinæ oleum.

(The Oil of Turpentine.)

A specimen of the forthcoming "GUIDING SYMPTOMS" of Dr. C. Hering, assisted by Dr. E. A. Farrington.

NOTE.—IN the preface of the "Condensed," page viii, a much larger work, containing all cured symptoms, united with the characteristics, is mentioned. Such a work, we may say, is an absolute necessity, since we have in Allen but a complete collection of symptoms *produced*. This will be a complementary work to the Cyclopedia and thoroughly practical. The row of manuscripts to be used for this work measures twenty-three yards on the author's shelves. When printed they will scarcely occupy half a yard of space. The symptoms of *Chamomilla* fill forty-four pages in the Cyclopedia; in the "Guiding Symptoms" this remedy, including a number of cured cases, will occupy but twelve, at the utmost twenty-four pages. A Repertory will be made while the work is being printed and will follow at its heels.

Terebinthinæ was chosen, for a specimen on account of its importance in many serious diseases, among which are to be mentioned the malarial fevers of Africa, to which attention has been lately called. We hope our practitioners will make a number of cures and report them to the author before this remedy is reached in the last volume of his forthcoming work. The following is a mere sketch.

The old school remarks have been added, and Dr. Hale's valuable recommendation in typhoid diseases, which had been entirely overlooked when the article on African fevers was written for *The Homœopathic Times*, confirm the old school observations. Still more important are the additions to Jahr's Forty Years Practice in *Shipman's Quarterly*, vol. 67, by Dr. Hull. They have been inserted here, for they really belong to the "Guiding Symptoms."

Signs: ǀ prominent in the provings; ǁ occurring repeatedly in the provings; ? symptoms cured; ?? symptoms cured frequently; ℨ cures made by the old school; ¶ refers to diseases.

[1] **Mind.** After easier thinking and a clear mind, gets unconscious.

ǀ Inability to concentrate the mind.

ǀ During mental work, 14. Inability to think or to work; ¶ nervous headache.

ǀ Stupefaction and deep sleep; ¶ uræmia; ¶ fainting.

ǀ Mind unconscious, followed by inability to concentrate his mind.

ǀ Dull, languid; relieved by free micturition.

ǁ Maniacal state, lasting several days.

ǀ Despondency; ¶ nervous headache.

Worse from being engaged in mental work, 3.

ǁ Weary of life; ¶ nervous headache.

Suicide by hanging, in two cases following the washing of laces with oil of turpentine and alcohol.

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Anxiety on going to bed.
‖ Hypochondriasis.
Fear; in apoplexy, 3.
‖ Slight delirium, stupor and diarrhœa; ¶ typhus.

[2] **Sensorium.** ‖ Sudden vertigo, with obscuration of sight; he falls down.
‖ Sensation of vertigo; later stage of typhus.
Vertigo and dulness, with lassitude.
Slight vertigo and general chilliness.
Dizziness (see 5), with nausea and diminished appetite.
Dulness in the head.
Slightly drunk for several hours.
‖ Tendency to syncope; ¶ nervous headache.

[3] **Head, Inner.** Slight neuralgic headache, coming and going all day, till evening.
‖ Headache, with thirst; ¶ perit. puerperal.
Dull headache, with colic.
‖ Headache; ¶ catarrh of the urethra.
‖ Pain in the head continuous and fixed; lasts for weeks, months, even years, with rare intermissions.
Stitch in the forehead, as from a knife.
Neuralgic pains going to the right side of the head.
‖ Pain dull, or shooting, throbbing, on a high point of head or the whole cranium.
Great fulness and pressure in the head; she cried, "my head," "my head;" apoplexy was feared.
Dull pressing above the left eye; evening, while engaged in mental work.
‖ Pressing headache in the whole head, coming or going, with vomituritio.
Contusive headache. See 8.
Painful drawing, extending gradually from the neck to the occiput, whence it spreads to the forehead.
Drawing pain in the forehead, extending down to the hips; ¶ hæmaturia.
§ Hydrocephalus, acutus and chronicus.

[4] **Head, Outer.** Rending, tickling pain in the left temporal region, coming and going while in bed in the evening; rubbing removes it.

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§ Erysipelas capitis.

5 **Sight, Eyes.** While walking in the open air, muscæ volitantes and transient dizziness.

Obscuration of sight.

§ Photophobia; ¶ opth. scrophulosa.

Pain above left eye.

§ Iritis; especially for recurrence after calomel.

§ Chronic iritis of traumatic or rheumatic origin.

I In outer corner of each eye ecchymosis on the conjunctiva; ¶ purpura hemorrhagica.

II Inflamed eyes and eyelids.

§ Ophthalmia.

6 **Hearing, Ears.** Hearing affected, voice sounds unnatural; her right ear is worse; sounding and humming in left ear as of a sea shell; can't tell where the person is who speaks, unless she sees him; talking loud to her is very painful; from right to left ear.

Sensation in the ears as of the striking of a clock.

Pains from forehead to right ear, which feels, to her, very hot; the left ear feels cold.

Sudden stitch in the mastoid process, behind the right ear.

7 **Smell, Nose.** I Violent nosebleed; ¶ albuminuria.

I Passive epistaxis in children.

I Hæmorrhage from the nose; ¶ typhus.

I Frequent, watery coryza, now from one, then from both nostrils; no other symptoms of a cold.

8 **Face.** I Spasmodic sensation, but no visible contractions, extending from the chin to the superior maxillary bones; followed by contusive headache over the eyes.

II Drawing in the bones; right side and forehead.

I Fulness and flushes in the face; ¶ typhus. See 23.

I Hot flushes in the face, followed by slight sweat; ¶ neuralgia vaga.

II Earthy color of the face, sunken features.

I Face very pale; ¶ albuminuria.

II Erysipelas of the face (chronic).

9 **Lower Jaw.** Lips cracked and slightly bleeding; ¶ albuminuria.

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§ Lockjaw.

[10] **Teeth, Gums.** ‖ Drawing in the teeth.

§ Toothache.

‖ Gums burned every morning, were spongy and painful to the touch; brushing them sets them to bleeding.

‖ Bleeding gums; ¶ albuminuria.

[11] **Taste, Speech, Tongue.** ‖ Bright or red tongue, or as the coating leaves or begins to leave the tongue; ¶ typhus.

‖ Coating of tongue peels off in patches, presenting bright red spots here and there, or the whole substance cleans off simultaneously; ¶ typhus.

‖ Tongue dry and red; ¶ albuminuria.

‖ Brown dry tongue; ¶ perit. puerperal.

Burning in the tip of the tongue; elevated papillæ.

‖‖ Tongue remains dry, with abdominal tension; ¶ typhoid.

‖‖ Tongue, after cleansing, becomes dry again, with increase of tympanitis; ¶ typhoid.

‖‖ Tongue does not clean gradually, but rapidly and in large flakes, first from the middle, leaving the tongue smooth and glossy; ¶ typhoid.

As if deprived of its papillæ, or as if glazed or varnished.

[12] **Mouth.** ‖ Foul breath; ¶ helminthiasis.

Burning in the mouth.

‖ Ulcers in the mouth.

§ Mercurial ptyalism. § Stomacace.

‖ In the mouth and at the angles of the lips, ecchymosis, which bleed; ¶ purpura hæmorrhagica.

[13] **Hard Palate and Œsophagus.** ‖ Scraping, scratching in the throat, frequently with coughing in the evening.

| A pleasant cool feeling immediately.

Burning in the throat.

Warmth and scratching in pharynx and stomach, see 19.

[14] **Changes in Appetite, Thirst.** Hunger and thirst, with debility.

| Sharp appetite and thirst; has to take something at once.

Craving for drink, 23; appetite lessened, 2.

‖ Appetite good; ¶ albuminuria; ¶ catarrh of the urethra.

Anorexia and thirst; from the vapors.

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Longing for favorite dishes; she can eat but very little.
While engaged in pleasant mental work in the evening, after a fully satisfying meal, a sudden desire to eat rue.*
|| Aversion to meat.

[15] **Eating and Drinking.** After eating, sick at the stomach. See 16.
Pressure in the epigastrium, as from hasty swallowing.
§ Pressing below the diaphragm, extending from left to right.
Loud rumbling in the bowels; immediately after eating, while pain in the hypochondria disappears.
§ Abdomen distended.
On lying down the umbilical region feels retracted and cold, as if covered by a round, cold plate.
After a satisfying meal strange appetite, 14.

[16] **Nausea and Vomiting.** || Eructations rancid.
| Flatulent; acrid eructations; ¶ hæmatemesis.
Heartburn and waterbrash in the evening.
Belching and nausea; better after belching, 17.
|| Nausea.
Nausea and vertigo, see 2; || sickness and vomiting.
| Nausea and vomiting; ¶ nervous headache; ¶ perit. puerperalis.
Vomituritio, 3.
Vomiting of yellowish mucus.
| Vomiting of food; ¶ albuminuria.
|| Vomiting of blood (after turpentine with white of egg).

[17] **Stomach.** Dull pain in the epigastrium.
Pressure as if he had swallowed a bullet, which had lodged in the pit of the stomach.
Slight pressing pain in a small spot in the epigastrium; better stooping, lying down, or taking a deep breath.
Pressure in scrobiculum, as from without.
Pinching below pit of stomach, with belching and nausea.
Burning in the stomach and hypochondria.
Scratching, 12.

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* It is customary in Germany to eat the leaves of rue (Ruta graveolens), a garden plant, chopped fine like the cress, spread on bread and butter.

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Pressing in the stomach, turning into slight nausea; relieved by belching.

Pressing, evening in bed, lying on left side, preventing sleep; improves on turning to the right and passing wind.

‖ Gastritis; cannot bear the least touch.

[18] **Hypochondria.** Aching in the hypochondriac regions.

Burning in the right hypochondrium; in both, 17.

Severe burning pressure in the hypochondrium.

Pain in hypochondria disappears, 15.

‖ Tension and pain about the epigastrium, with faintness and a sense of utter prostration or anxiety in this region; ¶ hæmatemesis.

‖ The liver can be felt below the ribs; ¶ emphysematous asthma.

§ Relieves colic from calculi, but does not dissolve the gallstones.

§ Chronic liver complaints.

Pressing and cutting pains in the left hypochondriac region while sitting; disappeared on moving about.

[19] **Abdomen.** Sensation as if the intestines were being drawn towards the spine.

Irritability and weakness of the bowels; ¶ albuminuria.

Anxiety in epigastric region, 18; abdomen fuller than usual, 23.

Fulness, as after eating too much.

Heaviness in the abdomen after siesta.

Pressure and heaviness in the abdomen and passage of flatus.

Tension, see 11.

‖ Rumbling, with bellyache and brown stools.

Rumbling and gurgling in the abdomen in the evening; bothered by colic in the morning.

‖ Distension and flatulency; ‖ distended abdomen sore to the touch; ¶ perit. puerperal.

Abdomen tender, 20.

‖‖ Tympanitis; abdomen sensitive; ¶ typhus.

Distended abdomen; frequent colic with constipation.

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‖ Pain upon pressure about the abdomen; ¶ typhus.
Griping pains.
Pain in umbilicus, 21.
Sensation in the abdomen as if diarrhœa would follow.
§ Colica pituitosa, see 3.
§ Colic with diarrhœa.
Colic with mushy stools, 20.
Constant cutting extending into the thighs; at rest and during motion.
‖ Colic with lively motion of the intestines and meteorism after a feeling of warmth and scratching in pharynx and stomach; some anxiety; nausea, rarely vomiting.
Cutting in the abdomen with local distensions, as if a hernia would protrude.
Cold sensation in the abdomen, as if exposed.
Coldness in umbilical region, 15.
Burning, itching on the abdomen.
Peritonitis and other inflammatory affections of abdomen.
‖ Pain in the iliac region; ¶ typhus.
Painfulness in the groin.
Groins slightly swollen and painful in the evening while sitting.
‖ Pains and movements in the groins as if a hernia would appear, most when, while sitting, the thigh is extended; is felt sometimes in the right, sometimes in the left groin.
Continuous urging and cutting pain in right groin; sometimes more, sometimes less severe.
Cutting pain in the right groin.
§ Strangulated hernia.
Burning itching of the skin in the right groin.
‖ Effusion of serum into the abdominal cavity; ¶ typhus.
‖ Beginning of ulceration of the bowels; ¶ typhus.
‖ Ulceration of bowels, increase of tympanitis; the tongue gets dry again; ¶ typhus.

[20] **Rectum and Stool.** ‖ Ineffectual urging.
‖ Tenesmus; see the bloody stools.
After flatus passes stomach is relieved, 17.

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‖ With a loose stool immediate cessation of nausea.
Copious and frequent evacuations upward and downward.
Stools of mucus and water; worse in the morning.
Mushy evacuations, with burning in the rectum and colic.
‖ Copious discharges with burning in anus.
Simple diarrhœa, see 1; abdomen tense and tender; tongue dry or moist; ¶ typhus.
‖ Intestinal catarrh and diarrhœa; ¶ nephritis.
Thin, greenish-yellow stools, smelling strongly of the turpentine.
‖ Diarrhœa with blood intermixed with the discharge; ¶ typhus.
‖ Green stools, like water, with mucus; stench filling the whole house.
‖ Fetid stools; ¶ typhus.
‖ Diarrhœa with tetanic spasms.
‖ Bilious diarrhœa; ¶ albuminuria.
‖ Stools sooty; look like coffee-grounds; ¶ purpura hemorrhagica.
§ Chronic diarrhœa.
§ Dysentery; ‖ dysenteria alba.
Intestinal egesta passed of a dark purple color, approximating even to the blackness of soot; ¶ hæmatemesis.
The quantity of large coagulated masses, resembling a mixture of fœtid water, blood and soot, effused during the present paroxysm, would not have been accurately estimated at less than several pints; ¶ hæmatemesis.
‖ Bowels regular or constipated; ¶ albuminuria.
‖ Constipation with abdominal distension.
‖ Stool scanty, hard and dry; dark brown.
‖ Bloody stools with tenesmus.
‖ Intestinal hemorrhages.
‖ Passive intestinal hemorrhage.
‖‖ Hemorrhages from the bowels, with ulceration; epithelial degeneration.
‖ Piles internal, bleeding.
‖ Hemorrhage from the anus; ¶ typhus.
| Burning in rectum lessened by applying cold water.

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‖ Violent burning in the rectum and at the anus after stool.

‖ Passes segments of tape-worm; ‖‖ ascarides.

‖ Burning and tingling at the anus, with sensation as if ascarides were crawling about; ¶ worms.

Expels not only tænia solius but also mediocanellata and the entire worm in one piece; caused ascarides and tape-worms to be expelled.

[21] **Urinary Organs.** ‖ Violent burning and drawing pains in kidneys; ¶ hæmaturia.

‖ Pressure in the kidneys when sitting, better from motion.

‖ Stiff all over; heaviness and pains in the region of the kidneys.

‖ Burning and drawing from the right kidney to the hip.

§ Pituitous neuralgia of kidneys.

§ Prevents and dissolves renal calculi.

‖‖ Adapted to the early stages, when blood and albumen abound more than casts and epithelium; ¶ albuminuria.

‖ Renal dropsy, attacking rapidly, with pain in lumbar region; urine much diminished in quantity; loaded with albumen, casts of tubes with blood discs; ¶ albuminuria.

§ Catarrhal affections of kidneys and bladder.

§ Suppuration of kidneys and bladder.

‖ Affections of the kidneys, worse from living in damp dwellings.

‖‖ Sensitiveness of the hypogastrium, tenesmus of the bladder.

‖ Hypogastric region very sensitive to touch, which excites tenesmus of the bladder, strangury and pains in the urethra.

Spasmodic urging and pressing in the region of the bladder while sitting; going up in streaks to either kidney; better from exercise.

‖ Tenesmus of bladder; ¶ gonorrhœa.

‖‖ Violent burning and cutting in the bladder, alternating with a similar pain at the umbilicus; worse at rest; less when walking in the open air; ¶ hæmaturia.

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Suppression of urine.
Urine suppressed.
Retained urine from atony of the fundus vesicæ.
I Catarrh of the bladder in old persons of sedentary habits.
II Burning in the urethra when urinating.
II Strangury; spasmodic retention of urine.
I Strangury; II gonorrhœa.
II Frequent urination at night, with intense burning and pain in the small of the back.
II Produced painful urination every ten minutes.
I Urine is increased; ¶ typhus.
I Smarting in the urethra; ¶ gonorrhœa.
I Urine abundant; three to four pints in twenty-four hours; pale color; sp. gr. 1010; reaction neutral; freely coagulated by boiling or nitric acid.
Increase of quantity, violet odor, bloody; ¶ strangury or ischuria.
Passes water often with burning; gets up at night; pain in the small of the back.
II Urine has a violet odor.
I Fetid urine; ¶ typhus.
II Clear, watery, profuse; I incontinence at night.
Is said to produce sugar in urine, by German physiologists.
Bloody urine.
I Urine red, thick, scanty; ¶ articular rheumatism.
II Blood in the urine, from a cut, from extracting a tooth; with bleeders.
I Thick, scanty urine, with mucus and disintegrated blood-corpuscles present; ¶ typhus.
Urine scanty, bloody (from the vapor).
I Scanty urine, dark, sometimes bloody; containing albumen, cylindrical coagula, renal elements, oxalate of lime; ¶ albuminuria.
I Urine highly charged with blood, especially if it is bright and passing in very small quantities; ¶ albuminuria.
II Bloody, the blood thoroughly mixed with the urine.
II Urine black, with coffee-grounds sediment; ¶ liver complaint.

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On standing, urine deposits a reddish-white sediment.

Urine deposits a slimy, thick, muddy sediment; ¶ vesical catarrh.

I Under the microscope, blood-globules visible in the urine; ¶ albuminuria.

I Nitric acid added to urine made it a solid mass; ¶ albuminuria.

I Urine deep smoky opalescent color; spec. gravity 1078; thirty to thirty-five ounces in twenty-four hours; ¶ albuminuria.

I Urine boiled became a solid mass of albumen; ¶ albuminuria.

I Urine color of blood, highly albuminous, and throwing down, when standing, a large layer of grumous blood; ¶ purpura hemorrhagica.

I Peculiarly adapted to the early stage, when blood is the most liable to appear; ¶ albuminuria.

I Urine scanty, smoky in appearance, with dark epithelial or granular sediment, or a deposit of blood-corpuscles; prevented dropsical effusion in some cases after scarlet fever; when it failed, *Arsenicum* was given.

II After scarlatina: passes small quantities of dark, sweet-smelling urine, turbid, and having a sediment like coffee-grounds; II sometimes the mind is dull or the patient drowsy, even in stupor; I dropsy; II urine, though rich in albumen and blood, contains but few if any casts.

One drop twice a day, repeated occasionally in first or third decimal, was followed by a rapid improvement; ¶ albuminuria.

I Some pain after urination; swelling; ¶ catarrh of uropoetic organs.

Relieved by free micturition, see 1.

[22] **Male Organs.** Tearing pain in the os pubis.

Feels as if the symphysis pubis was suddenly forced asunder.

Seminal emission.

Transient burning in the posterior part of the right testicle.

Spasmodic drawing in the left testicle and along the cord.

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Cutting, drawing from the ring into the left testicle; passes off on stooping.

‖ Chordee; ¶ gonorrhœa.

§ Gleet.

‖ Gonorrhœal rheumatism.

[23] **Female Organs.** § Ovarian dropsy.

Transient tearing pains in the symphysis pubis.

‖ Terrible burning in the uterus, with great bearing down pain; caused great heat all over her; craves drink; inward heat all the time; abdomen is fuller than usual.

Drawing in the thighs and colic as if menses would set in, a week after she had had them.

§ Menorrhagia.

Menses two days late and scanty, with disturbed menstrual function or ‖ during climaxis; ¶ neuralgia vaga.

‖ During climaxis: flushes, sweat, pains.

§ Leucorrhœa.

§ Herpes labialis.

[24] **Pregnancy.** During pregnancy; ¶ neuralgia.

§ Abortion.

‖ Burning and bearing down in the uterus, and burning urination.

§ Puerperal metritis with tendency to mortification.

‖ Lochia checked; ¶ perit. puerperal.

[25] **Larynx to Bronchia.** Respiratory tract dry, mucous membrane feels hot and congested.

§ Bronchial catarrh of the aged, with muco-purulent sputa.

[26] **Respiration.** ‖ Short breathing; difficult respiration, as if from congestion of the lungs.

‖ Difficult breathing for six months; always worse from motion; ¶ emphysema.

‖ Suffering dyspnœa all night, propped up in bed, scarcely able to breathe; ¶ albuminuria.

Choking sensations; ¶ worms.

‖ Sits erect, breathes rapidly, cannot expand the chest, abdominal respiration relieved by a deep breath, see 17.

[27] **Cough.** Cough as if a foreign body had entered the wind-

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pipe, with a spasmodic inspiration similar to pertussis, but with (see 6 and 7) interruptions, and finally all inspiration ceasing.

‖ Cough with a little bloody expectoration, without pain in chest.

‖ Bronchial catarrh, with spitting of much phlegm.

‖ Dry cough, no expectoration, or blood-streaked sputa.

Dry hacking cough; ¶ worms.

Dry cough, worse on lying down after eating.

| Copious mucous sputa; ¶ albuminuria.

‖ Bloody expectoration; ¶ typhus.

‖ Great distress and restlessness, followed by hæmoptysis.

‖ Dangerous bronchial symptoms in case of typhus.

[28] **Lungs.** After the spasmodic cough with loss of breath, a very pronounced or longlasting soreness in the lower part of the chest.

Unbearable burning and tightness across the chest, with great dryness of the mucous membranes, or profuse expectoration.

Pressing pain behind the sternum.

‖ Distension of the air vesicles in the highest degree; ¶ emphysema.

§ Prevents or resolves hepatization of the lungs.

‖ Moist râles in the chest.

‖ Bronchial catarrh and pneumonia; ¶ typhus.

‖ Catarrh on the chest; lungs "stuffed up."

‖‖ Bronchial catarrh and pneumonia in typhus.

‖ In upper or middle parts of chest moist, crepitating râles; left side the same but slighter: ¶ albuminuria.

| Entire posterior inferior region of the right side of chest dull on percussion; ¶ albuminuria.

‖ Effusion of serum into the pleural cavity; ¶ typhus.

[29] **Heart.** Palpitation with irregular pulse on going to bed.

Organic disease of heart and large vessels; ¶ Morbus Brightii.

‖ Apex beats are felt in pit of stomach; ¶ emphysema.

‖ Heart and liver pushed down; ¶ emphysema.

Pulse intermitting, irregular; on going to bed, with great weakness.

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Pulse increased in force and frequency.
Carotid pulse smaller and less resistant than normal.
Pulse feeble or rapid, slow in diarrhœa; ¶ typhus.
Pulse small, with general debility.
‖ Pulse 130 to 140; ¶ peritonitis puerperalis.
‖ Small wiry pulse; ¶ typhus.

[30] **Chest, External.** Burning in the chest along the sternum, gradually spreading over the whole chest; passes off with stitches through the nipples; after a warm drink.
Stitching of short duration in the left pectoralis major.

[31] **Neck and Back.** From neck to occiput, see 3.
Pressing pain in the back; it comes up between the shoulders and is there felt as a throbbing.
Drawing in the back while sitting down in the evening.
Drawing in the back and lumbar muscles (see 21), with lassitude; on exercising in the open air.
§ Backache and soreness, with kidney affections (see 21).
Severe pains in the lumbar region, with fever.

[32] **Limbs, Upper,** Drawing in the bones of the upper arm in the morning.
Pain as if sprained in the muscles of the left upper arm.
Hands trembling, with debility.
§ Neuralgic brachialis or subscapularis.

[33] **Limbs, Lower.** Increased insensibility of the extremities, particularly the lower.
§ Lumbago; ischiatic.
Pain going to the hip from forehead, 3; from kidneys, 21.
Drawing, tearing in the right hip-joint.
Neuralgia of the hip.
Drawing along the thighs.
‖ Erythema on the thighs and body, resembling scarlet rash.
When extending the thighs, pain in groin, 19.
Contracting spasms of the thigh muscles during the remission of the neuralgia.
‖ Swelling and stiffness of the right knee, with pain in the calf, and swelling of the vastus externus.
Profuse sweat on the legs, evening in bed.

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‖ Tearing in the feet, now here, now there; but principally in soles and heels; ¶ neuralgia vaga.
‖ Legs œdematous; ¶ albuminuria.

[34] **Limbs, in General.** ‖ Numbness of the limbs; ¶ nervous headache.
Heaviness in the limbs.
Nerves of the limbs, particularly the lower, exceedingly sensitive.
Intense pains along the larger nerves.
‖ Limbs enormously swollen; ¶ albuminuria.
‖ Could scarcely leave her bed for the enormous size of her limbs; ¶ albuminuria.
§ Coldness of extremities.

[35] **Positions, Motions.** Tottering gait, with debility.
All muscles stiff, walks bent like an old man.
‖ He loses his breath with the least exertion, avoids even walking; ¶ emphysema.
‖ Motion difficult, starts or increases the pains; ¶ neuralgia.
‖ On the least exertion or on lying down in bed sudden faintness and oppression of breathing; ¶ albuminuria.
‖ Could only with difficulty move a step, on account of the swelling of limbs; ¶ albuminuria.
Lying down: navel feels retracted, 15; worse lying on left side, better on right, 17.
Better lying: pressing in the epigastrium, 17.
Better stooping: pressing in the epigastrium, 17; cutting into left testicle, 22.
Worse at rest: cutting in abdomen, 19; burning in bladder, 21.
Worse sitting: groins, 19; backache, 31.
Worse sitting, better moving about: cutting in left hypochondrium, 18; pressure in kidneys, 21; spasmodic urging in region of bladder, 21.
Worse during motion: cutting in abdomen to thighs, 19; asthma, 26.
Better walking in the open air: burning in bladder, 21.

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Worse during motion in the open air: drawing in the back, 31.

‖ Must sit up; ¶ emphysema.

Motion: lessens pains; increases the asthma.

Motion: 21, 26. Climbing: 36.

[36] **Nerves.** ‖ Great prostration with unusual loss of flesh; ¶ typhus.

Has no power of balancing the body; stands with his feet far apart (after large doses for tænia). Great weakness; ¶ liver complaint. Fainting, 2, 18. ‖ Tendency to syncope; ¶ nervous headache. Lassitude, 2; utter prostration, 18; ‖ Bodily weakness increases rapidly; ¶ purpura hæmorrhagia.

Muscular stiffness; contraction of muscles of thorax.

‖ Weakness, languor; great weakness on going to bed; lassitude, 31; debility, see 32.

‖ General debility; ¶ albuminuria; ¶ neuralgia vaga.

Nervous and muscular weakness; want of sensibility.

§ Paralysis; paraplegia.

Spasms; ¶ helminthiasis.

§ Tetanic spasms, see 20; lockjaw, see 9.

‖ Sudden twitching of the limbs as from electric shocks; ¶ neuralgia.

§ Chorea; § epilepsy.

§ Trismus and tetanus.

[37] **Sleep.** Gets very drowsy in the evening.

‖ Somnolency; ¶ typhus.

‖ Very drowsy; ¶ scarlatina.

Cannot go to sleep, tosses in bed.

Sleep prevented by pain in stomach, 17.

Sleepless, excitable; skin hot.

Nightmare wakes him as he drops off to sleep.

‖ Habitual dreams disappear with the prover.

[38] **Changes as to Time.** Neuralgia mostly evenings and during the night in bed till morning.

Night: frequent urination, 21.

At night, seminal emissions, 22.

Morning: mucus stools, 20; drawing in bones of upper arm, 32.

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In the evening: dull pressure over the left eye, 3; while in bed external pain on temple, 4; sudden desire for rue, 14; groins swollen, 19; drawing in back, 31; sweat on legs, 33; urination, 21.

[39] **Temperature and Weather.** Walking in the open air: muscæ volitantes, 5.

Exercising in the open air; lassitude, 31.

Better walking in open air: urination, 21.

‖ Neuralgia in winter and cold season; worse in damp weather; ¶ neuralgia.

Worse in damp dwellings; kidney complaint, 21; ¶ neuralgia.

Worse from a warm drink; burning in chest, 30.

‖ Cold drinking, after being heated, seems to cause catarrh of the uropoetic organs.

Cold water lessens burning in the rectum, 20.

Warmth relieves with some, with others uncovering; ¶ neuralgia.

[40] **Fever.** ‖ Rigors, followed by feverish heat through the whole body; headache, red face; ¶ Bright's disease.

‖ Violent coldness with restless tossing about.

Violent chill, cold limbs, trunk hot.

‖ After a strong chill violent pain in abdomen; ¶ peritonitis puerperalis.

Chilliness, 2.

‖ Irregular chills and flushes of heat; ¶ hæmatemesis.

‖ Great heat.

Inward heat all the time, 23.

Great heat all over, from uterine pain, 23.

‖ Skin hot and dry; diarrhœa; ¶ typhus.

Fever with violent thirst; face red; mucous surfaces feel dry; pulse hard and frequent.

Slight sweat, 8.

‖ Profuse sweat, see 23.

Suddenly checked sweat; ¶ neuralgia.

‖ Typhus, stupor, delirium, subsultus tendinum; contracted pupils; tongue dry, 11; meteorism, 19; bloody stool, 20.

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Typhoid pneumonia, see 28.

❙ Middle or last of second week of typhus.

❙❙ If tongue becomes dry about the middle or towards the close of the second week of typhus.

❙ If the tongue, after cleaning at the back, remains moist, a slow convalescence may be expected; but if it becomes dry again, with increase of tympanitis and aggravation of other symptoms, give *Tereb.;* ¶ typhus.

41 **Attacks.** ❙❙ Coming and going, 3 to 4.

❙ Neuralgia appears in irregular paroxysms, lasting for hours.

42 **Locality and Direction.** Right: pains in head, 3; sound of voice unnatural, 6; pain to ear, 6; stitch in mastoid process, 6; burning in hypochondrium, 18; cutting in the groin, 19; drawing, burning, pressing in the kidney, 21; burning posterior of testicle, 22; tearing in hip-joint, 33; knee stiff, 33.

In changing, right to left groin, 19.

Left: dull pressure above the eye, 3; rending in the temple, 4; sound as of a sea shell in ear, 6; drawing in the bones of the face, 8; cutting in the hypochondrium, 18; spasmodic drawing in testicle, 22; stitches in pectoralis major, 30; muscles of upper arm as if sprained, 32.

Right to left: sensitiveness of ears; hearing affected, 6; right ear hot, the left cold, 6.

43 **Sensations.** ❙ Neuralgia following the course of the nerve.

❙❙ Intense pains along the tracks of the large nerve trunks; ¶ hæmatemesis.

❙ Violent neuralgia in the course of the supraorbital nerve; (inhaled).

Sudden twitching of the limbs, as from an electric shock; ¶ neuralgia vaga.

❙ Shooting pain, like lightning, or heavy beating, squeezing.

Crawling tingling, with a feeling as if asleep or of heaviness; ¶ neuralgia.

❙ Neuralgia, with a sensation of coldness in the nerve occasionally, but seldom, like hot water running through a tube.

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Acted as an anæsthetic, like chloroform sprinkled on a handkerchief and inhaled.

" **Tissues.** | Passive hemorrhages.

| Fresh ecchymosis made their appearances in great number from day to day.

|| Purpura hemorrhagica.

Increases the number of colorless blood-corpuscles (probably by causing hyperæmia of the lymphatic glands).

|| Congestion and inflammation of the viscera; see kidneys, bladder, lungs, intestines and uterus; see also skin, 46.

| Mucous membranes dry, burning; later, secretion of mucus, which may be blood-streaked.

| Joints swollen, stiff; pain on motion; ¶ rheumatism.

| Dropsy, with kidney affections; associated with great prostration.

| General dropsy dependent on degeneration of kidney, probably granular.

| Legs and body œdematous; ¶ albuminuria.

|| Ascites with anasarca.

| General dropsy after pleurisy; ¶ albuminuria; scarlatina.

| Anasarca; ¶ Bright's disease.

| Anasarca of the integuments of body and chest; ¶ albuminuria.

| Emaciation; ¶ liver complaint; ¶ Bright's disease; ¶ typhus, 36.

§ Atonic gout. § Rheumatism and gout. § Asthenic inflammation. § Passive hemorrhage. § Purpura hemorrhagica. § Burns. § Hospital gangrene. § Cold gangrene. § Hydrophobia. § Gangrenous wound from the bite of a dog. § Wounds of the skin, tendons and nerves. § Dissection wounds. § Old ulcers.

" **Touch, Passive Motions.** § Traumatic iritis.

Worse from the least touch: gastritis, 17; abdomen sensitive, 19, 20, 21; chest sore, 28, 30; lumbar and renal regions sore, 21, 31.

| Wherever any, even the slightest pressure was made, a

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large bruise mark was sure to be seen shortly after; ¶ purpura hæmorrhagica.

External pressure has no influence; ¶ in neuralgia rubbing improves, 4.

After a severe kick in the loins from his horse, bloody urine was passed with severe aching pains across the loins; ¶ albuminuria.

Various accidental falls; ¶ albuminuria.

" **Skin.** I Pitting deeply on pressure; ¶ albuminuria.

I Skin less hot and dry; ¶ typhus.

I Skin warm and moist, and diarrhœa; ¶ typhus.

Eruption of pale-red, round and elevated blotches; at first isolated, later confluent; in these vesicles appear, with fever and itching.

Erysipelas bullosa; here and there the yellow vesicles with large red areolæ, turn bluish-black.

Erythema looking like scarlet rash.

Erythema resembling scarlet rash spreading over the thigh and greater part of body, (after external applications to the right knee for rheumatism,) for a few hours the parts swelled rapidly assumiug a look like erysipelas vesiculosa.

Burning pains, irritation and fever, no sleep, no appetite; later desquamation.

II Scarlatina, especially when the kidneys are involved, with stupor; bloody, smoky urine, 21; ¶ dropsy.

Scarlatina when the eruption is slow in appearing.

Erythematous, scrofulous, even vesicular eruption, analogous to those appearing after eating shellfish.

Chronic icterus.

Scabies; pytiriasis of old people.

Erysipelas bullosa, skin red, with indurated swelling; clusters of small, flat, pale yellow vesicles, often confluent, with large red halos, here and there turning bluish-black, showing a tendency to gangrene. After application to the inner thigh, the vesicles also appeared on other localities, particularly on the forearm.

I Erysipelas of the face and lower leg, in some of the worst

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cases external applications cured without causing bad effects.

Eruptions in spots, often about noon, or after vomiting.

Eruption consisting of pale, red, round and raised blotches, at first isolated later confluent, in which soon appear small isolated, pointed vesicles, filled with clear, watery fluid; marked swelling of the affected parts, violent tormenting itching and considerable fever, occasionally dyspeptic or diuretic symptoms. In five or six days the redness grows paler, the blotches shrink, the vesicles turn into yellowish scales, from beneath which moisture oozes for some time.

Erythematous eruption resembling scarlet rash, passing from the affected knee downward to the ankle-joint, afterward appearing on the chest and right foot, spreading over the better portion of the body.

A girl wore long gloves cleansed with turpentine; in half an hour violent itching of the skin as far as covered by the glove. In spite of the gloves being removed at once, an intense redness spread over hands and arms with innumerable vesicles filled with transparent lymph. Many of them becoming confluent forming blisters resembling pemphigus. Increasing pain and fever were added. The affected skin peeled off.

[47] **Stages of Life, Constitution.** Children, nosebleed, 7.

Bleeders, see 2.

Old people of sedentary habits, catarrh of bladder, 27.

Complaints of old people.

Especially chronic rheumatic and gouty complaints.

Man, æt. 36: ¶ emphysematic asthma.

Nervous women, sometimes with amenorrhœa or dysmenorrhœa; ¶ headache.

Man, æt. 59, bilious temperament, deep sallow complexion; ¶ albuminuria.

Miss, æt. 26, feeble, relaxed constitution, lymphatic, sanguine temperament; ¶ albuminuria.

Girl, æt. 9, urine scanty, turbid, dark, albumen abundant, face and abdomen swollen, feet not, after Bryon.; ¶ postscarlatinal albuminuria.

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A widow, æt. 65, spare habit, broken health, very infirm, after suffering for want of food, arthritic cough; ¶ purpura hæmorrhagica.

[48] **Relationship.** Similar to and to be given after: *Arnic.* ¶ (melæna); *Alum.* (intestinal hemorrhage in typhus); ARSEN. (chest symptoms, albuminuria, ischuria, etc.); *Camphor.* (passive hemorrhages, strangury); CANTHAR. (kidneys and bladder); *Carb. veg.; Copaib.; Kali bichr.; Laches.; Lycop.; Mercur.; Nitr. ac.; Pix liquid.* (catarrh on chest); PHOSPHOR. (somnolency; tottering weakness; hyperæmia of lungs, kidneys, intestines; hemorrhages); *Rhus tox.; Secal. corn.; Sulphur.*

Similar to *Bellad.* in some scarlatinal renal diseases, if they are more intense and inflammatory.

§ Poisoning by *Opium;* § by prussic acid.

Iritis recurring after calomel, 5.

§ Abuse of mercurials: stomacace, albuminuria, etc.

After calomel his general health upset and limbs œdematous; ¶ albuminuria.

Enormous quantities of calomel had injured his constitution; ¶ albuminuria.

Tereb. is antidoted by *Phosphor.*

Antidote to *Phosphor.* in poisoning cases (Germ. Gazette).

Nitr. ac. and *Sulphur.* did no good; ¶ catarrh of urethra.

Tereb. and balsam copaiva seem to act first on the kidneys and afterwards on the heart, which is the reverse of *Kali ars.* (Fowler's solution), Buchner.

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ARTICLE XXI.—Therapeutics of Myelitis Acuta.

A STUDY.

By Martin Deschere, M.D.

(Appendix to Myelitis, page 89).

Aconitum.

Changing mood; now full of mirth, now disposed to tears. Peevish, irritable, malicious, or sad, desponding.
Vertigo: reeling as if drunk.
Tongue trembling and temporary stammering.
Numbness of mouth and tongue.
Numbness of the small of the back extending into the lower limbs.
Spasms from *inflammatory* affections of spine.
Formication in arms, hands, fingers.
Arms hang down powerless, as if paralyzed by blows.
Numbness of the left arm, can scarcely move the hand, tingling of the fingers.
Shooting pains, tearing, erratic in arms, forearms, wrists, finger-joints.
Paralysis of the wrists.
Creeping in the fingers while writing.
Legs almost powerless; after sitting, numbness.
Legs and feet feel numb; tingling commencing in the feet and *spreading upwards.*
Toes "go to sleep" while walking.
Icy coldness and insensibility of hands and feet.
Numbness, tingling, left side lame; paralysis of the limbs.
Coldness and retarded venous circulation.

Angustura vera (Lippe).

Weakness of the whole body.
The spinal marrow and the exterior muscles are principally affected.
Twitching and jerking along back like electric shocks.

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Paralysis.
Violent chill every afternoon (3 P.M).
Tension of muscles of face.
Lockjaw; the lips are drawn back, showing teeth.
Intermittent spasmodic breathing.

NOTE.—Noak and Trinks say: the action of Ang. upon the *motory*, especially the *spinal nerves* is very remarkable. It was used successfully in *spinal irritations* and diseases of the mucous membranes.

Noak and Trinks give many symptoms pointing to *progressive loc. atax.*; the quintessence of which is given above.

ANACARDIUM.

Diminution of the senses (smell, sight, hearing).
Trembling, debility and paralytic weakness.
Sensation as of a hoop or band around parts.
Great weakness of memory (key-note).
Vision indistinct.
Heaviness of tongue, sensation as if swollen.
Impedes speech.
Gastricismus.
Left arm goes "to sleep."
Numbness of the fingers.
Knees feel paralyzed, is scarcely able to walk.
Tired feeling in the limbs.
Restlessness of body, cannot keep still.
Paralysis of single parts.
Prefers sunny places, feels cold.
Emaciation.

NOTE.—Although above symptoms do not give a clear characteristic, the decided influence upon the brain and spinal cord is very marked.

ARSENICUM (Hering).

Weakness of memory.
Anxious, restless, depressed mood.
Weakness of sight, as through white gauze.
Twitching of facial muscles.
Contractive quivering and jerking on one side of upper lip.
Loss of power of speech.

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Involuntary stools and urine (*paralysis of sphincter?*)
Greatly oppressed breathing and anxiety.
Constriction, tightness of chest as if bound with a hoop.
Palpitation after suppressed herpes or foot sweat.
Heart beats strong, visibly and audibly; chiefly at night.
Trembling of hands.
Tingling in fingers.
Weakness of feet, numbness.
Twitching, trembling, violent starting while falling asleep, numbness, lassitude, weariness *in all the limbs.*
Excessive weakness and exhaustion of limbs obliges him to lie down.
Frequent fainting; epileptic convulsions.
Tetanic spasms.
Exhaustion from slightest exertion.
Muscles lax.
Cold damp cellars aggravate or bring on complaints.

NOTE.—May be indicated in locomotor ataxia as well as sclerosis.

BISMUTH (Allen).

Weakness and exhaustion.
Rotary vertigo very marked.
All sensations in head are great heaviness, dullness and pressure; especially in forehead.
Paralytic weakness and weariness in right arm.
Spasmodic, contractive tearing in muscles of right arm.
Trembling of hands when eating.
The gastric and gastralgic symptoms are known.
Great oppression of chest.
Burning contraction of chest, so that it is difficult to breathe and speak.
Heart beating.

NOTE.—Bismuth is a purely nervous remedy, but seems to act more upon the pneumogastricus and the ganglionic nervous system (solar plexus?)
The few paralytic symptoms may be reflex from the junction of sympathetic and spinal fibres.
Brain symptoms appear to be gastric.

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Causticum.

Melancholy mood; hopelessness.
Sight obscured as from a mist.
Lids seem heavy; even paralysis of upper lids.
Paralysis of one side of face.
Speechlessness from paralysis of organs of speech.
Distortion of tongue and mouth when talking.
Stuttering, difficult, indistinct speech.
Shortness of breath and palpitation of heart.
Sensation as if clothing were too tight around chest.
Painful compression of chest from both sides toward the sternum, with oppression of breath and weakness of voice.
Paralytic feeling in the right hand.
Trembling of the hands.
Weakness and trembling of all the limbs.
Chill and chilliness predominating.

Note.—This deeply penetrating remedy gives a very good picture of cerebral form of sclerosis, especially of the paralysis of organs of speech, pointing also to involve the pneumogastric and recurrent laryngeal nerves, but does not seem to extend below the medulla.

Colchicum.

Perception entirely lost (*mentally*).
Risus sardonicus.
Loss of speech (during typhus).
Tongue heavy, stiff and numb, projected with difficulty.
Spasm of sphincter ani during or independent of discharge, with a shuddering over the back.
Oppression of chest; violent palpitation.
Sudden tearing and shooting in the loins.
Spot on sacrum feels sore, as if ulcerated; very sensitive to touch.
Laming pain in arms, which makes it impossible to hold the lightest thing.
Knees strike together, can hardly walk.
Tingling in toes like after being frosted.
Numbness of hands and feet, with prickling as if asleep.
Extreme nervous prostration.

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Paralysis after sudden suppression of sweat, especially foot sweat, by getting wet.

NOTE.—Seems well indicated in locomotor ataxia, especially after getting wet.

CONIUM MAC.

Vertigo like turning in a circle.
Weakness of sight.
Sluggish adaptation of the eye to varied range of vision.
Weakness and dazzling of the eyes, together with giddiness and debility, especially of arms and legs; on walking, staggering as if drunken.
Could scarcely raise the eyelids, they seemed pressed down by a heavy weight.
Speech difficult.
(Tongue swollen, painful, stiff).
Gastricismus severe.
Asthmatic paroxysms come on in wet weather.
Violent palpitation of heart after drinking.
Limbs trembling.
Difficulty in using the limbs; unable to walk.
Unpainful lameness.
Muscular paralysis without spasms.
Exhausted, faint, and as if paralyzed after a short walk.
Fainting fits.
Chill and coldness and profuse hot sweats predominate.
Painful tightness around hypochondria as from a tight band.

CUPR. ARSENICOSUM (Allen).

Sensation of gentle rotary motion in brain, after studying.
Twitching and jerking of facial muscles of left side, very violent between eyes and corner of mouth on left side.
Tongue tremulous and cool.
Speech difficult.
Gastric symptoms of great violence, vomiting, purging, etc.
Respiration short and oppressed.
Pulsation of heart moving, walls of chest up and down.
Lameness of back; stiff, lame feeling in back, dorsal, also in lumbar region.

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Spasms of extremities.
Constantly moving arms up and down.
Left arm feels numb and powerless, and a similar sensation in left leg.
Numbness and pain in internal surface of left arm and hand, with tingling in palm of hand and fingers.
While walking, limbs ache and gait is unsteady.
Great weakness, prostration and debility, also sudden with oppression around heart and dyspnœa.
Chillinesss over entire body very marked.
Clear picture of *cerebral sclerosis* on *right side.*

Fluoric acid.

Forgetfulness in his daily employment.
Greatly depressed in mind.
Sensation of weakness, like numbness in the head; same in the hands.
Headache in the occiput.
Sensation of numbness on forehead externally.
Tongue always more or less tender, feeling of rigidity in it with restricted mobility.
Tongue painful when talking.
Pressing pain in region of spleen.
Increased sexual desire in old men, with violent erections at night.
Difficult breathing, afternoon and evening.
Pain in third cervical vertebra.
Rigidity of nape.
Slight lameness in right arm.
Weakness and numbness of the hands.
Lameness in left hip.
Left leg goes "to sleep" easily.
Loss of strength.

Note.—There is a decided action upon the cerebellum and posterior part of cerebrum, the nature of which must be disclosed by a greater use of this deeply penetrating and very valuable remedy, which is entirely too much neglected on account of wants of "characteristic hints," for those who do not care to study their Materia Medica.

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GINSENG (Allen).

Reeling vertigo, also reeling sensation in occiput, with grey spots before eyes.

Dizziness, with unsteadiness in walking, which seems to start from the hips, so that the thighs seem to him to be pushed outward.

Vision indistinct.

On looking steadily at an object it appears double.

Objects swim before the eyes with unsteady gait.

Tight constriction at lower part of chest, constant.

Oppressed breathing.

Heart's action stronger and irregular, sudden jerking, violent beats with præcordial anguish.

Painful lassitude along the back with bruised feeling down to the sacrum.

Weakness alternately in the back, knees and arms, as after great exertion.

Great weakness of the extremities.

Objects are held with uncertainty, so that they easily fall from the hands, with a certain hastiness in all his movements.

Loss of sensation in fingers.

Gait uncertain and tottering, with the knees somewhat bent, the legs spread apart.

Great difficulty of ascending steps.

Heaviness of lower limbs.

NOTE.—Noak and Trinks say (*Arzn. M. L.* Vol. I., page 762): This remedy shows clearly a decided action upon the lower part of the spinal cord. "Jouve" (*Bibl. homœop. de Genève.* Vol. VIII., page 156) cured with it a bruised pain in sacrum and thighs (on rising from bed), and great weariness with paralytic-rheumatic pains in the lower extremities. "Bigelow" (*Americ. Med. Botany.* Boston, 1818. Vol. II., page 82) gives as a probable cause of the inefficacy of the root, about which English and American physicians complain, that it is not gathered in the cold season, but while the plant is blooming.

Ginseng is a remedy entirely neglected by us, and this surely undeserved, as the Chinese keep it in very high value in many diseases, especially of lost strength, etc.

We should study it in *locomotor ataxia* also, caused by excessive loss of fluids.

(To be continued.)

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General Record of Medical Science.

Indications for the Stretching of Nerves, by Dr. P. Vogt.—This operation has so far been performed twelve times, for neuralgia seven times, once for clonic spasms, twice for reflex epilepsy and twice for traumatic tetanus. In a severe case of traumatic tetanus, the stretching of the plexus brachialis stopped instantaneously the tetanus. Every considerable stretching of a nerve diminishes its irritability and thus also its reflex-action. It remains without influence on the central organs, but extends to the periphery, so that it produces a dislocation and loosening of the fibrillæ and of the blood-vessels in the sheath of the affected nerve.—*Med. Neuigk.*, 33, 1877.

The Relations of Diseased Organs to Traumata, by Dr. Duret.—Paget already treated this interesting subject in his latest work: "On the various risks of operations." Longuet, a disciple of Verneuil, studied the connection of liver-affections to trauma, and came to the following conclusions: 1. Persons suffering only from a slight injury, perish sometimes rapidly in consequence of severe complications. 2. Such complications stand in no relation whatever to the local slight injury, and must be considered as a constitutional affection. Hemorrhages, grangrene, œdema and diffuse inflammations are only observed where the patients suffer from an organic disease. 3. Such hepatic affections often precede the trauma for a long time, and autopsy mostly revealed fatty degeneration, amyloid disease and cirrhosis. Tremblay led our attention to splenetic affections. Verneuil reports the case of a young man, suffering from a slight injury of the foot, who, during treatment, had frequent phlegmonous affections of the lower leg up to the knee. Suddenly a severe chill set in, and an enormous swelling of the spleen was observed. After Quinine the fever and the affection of the leg disappeared. Affections of the kidneys are known to cause serious results, and even mere catheterizing may produce serious manifestations in persons suffering from kidney diseases. Examination of the urine and of the urinary organs ought to precede every operation, even when performed in distant parts, or by such neglect pernicious erysipelas may set in or other affections causing death. Verneuil and his school are now engaged in the study of the circulatory and respiratory organs in relation to trauma, as it is the duty of the surgeon not only to heal the wound, but also to restore to society a man perfectly healthy in his internal organs. —*Progrès Medical*, 14, 1877.

Differential Diagnosis between Acute Phosphor-poisoning and Acute Atrophy of the Liver, by Prof. Maschka.—In both cases we meet during life a rapid course of the disease, vomiting, icterus, pains in the hepatic region, unconsciousness, sopor, sometimes deliria which appear in phosphor-poisoning shortly before death, in acute hepatic atrophy much sooner, and collapse. In phosphor-poisoning the symptoms of gastric irritation appear from the very beginning with great intensity, in acute hepatic atrophy we rather find

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a general malaise, the symptoms of a general diseased state, and the gastric symptoms are less severe. In phosphor-poisoning we find already during life a rapid increase in the size of the liver, whereas we find in atrophy a diminution in the size of the liver. In relation to autopsies, we find in both icteric coloring, extravasation of blood in the fat, muscles, connective tissue and serous membranes, fatty deposits in the heart, kidneys, and bloody or tarry contents in the stomach. But we find: 1. In phosphor-poisoning a fatty and enlarged liver; in hepatic atrophy dimunition in all diameters, and microscopically enlarged hepatic cells filled with detritus and finely granulated fat, often crystals of leucine and tyrosine. 2. In acute hepatic atrophy the small intestines are filled with a bloody, tarry fluid, whereas in phosphor-poisoning such a fluid is only found in the cavity of the stomach. 3. Hyperæmia, swelling, bloody suffusion and arosions of the gastric mucous membrane—if present—hint to phosphor-poisoning, though they may be absent in such poisoning. 4. In acute hepatic atrophy we meet in the colon hard, knobby fæces of a grayish color, in phosphor-poisoning the colon is full of fluid fæces from the catarrhal affection of its mucous membrane. 5. The presence of leucine and tyrosine is of no value, in as much as they are found in either case, or they may be absent.—*W. M. Wchschrift*, 17, 1877.

Taynya (*Dermophylla pendulina*) *a new remedy for Syphilis and Scrofulosis.*—Ubicini, of Pavia, travelling in Brazil, found the Taynya in general use among the natives of this empire. The plant grows wild in forests and on mountains, on stony soil and often also between coffee plantations. All parts of the plant are medicinal, but the root is preferable, and two tinctures are extracted from it. The stronger one, tinctura madre, is used in gramme doses for hypodermic injections and diluted with water as a compress. A decoction of the root may also be used as a poultice. The dilute tincture (tinctura diluita) consists of one part tinctura madre and three parts rectified alcohol, and 2 to 20 drops given internally two to three times a day.

Prof. Garovaglia counts this plant among the cucurbitaceæ. Prof. Martin could not find any alkaloid, but only a green rosin, fatty parts of a lemon color, a bitter aromatic extractive matter, tannin, gummi, glycose, starch, a volatile oil, magnesia, chalk, alum, iron and kali. Prof. Gabba, of Milan, experimented with 1200 grammes, and found that the root, boiled with alcohol, gives a brown, neutral-acting solution. After evaporation in the water-bath he got an amorphous mass, partially soluble in cold water and entirely so in boiling water. After addition of sulphuric acid no change took place at first, but after a while with Fehling's solution the sugar reaction proved the presence of glycose. Provings on healthy persons gave increased secretion of saliva and of the gastric juice, increased appetite, improved digestion and opened the bowels even after small doses. Large doses cause vomiting, colic, diarrhœa, increased perspiration and salivation. Clinical experience shows that Taynya is a mild, but active remedy, which often could be substituted for mercurials, as it offers none of its disadvantages.—*Allg. Med. Centralzeitung*, 53, 1877.

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Mental Anguish and Grief, a frequent cause of Granulated Kidney.—Dr. T. Clifford Albut affirms that mental anguish and grief are a frequent cause of granulated kidney. At first the patients complain that they tire easily and become dyspnœic after any mental excitement. Objectively it can be observed that they are emaciated, the pulse tense, the heart enlarged and the specific gravity of the urine light, containing small quantities of albumen. In thirty-five cases, Albut found this the cause in twenty-four cases. In eight cases persons, formerly in happy circumstances, became exposed to severe mental strains, and came down with interstitial nephritis.—*Brit. Med. Jour.*, 841.

Action of the Constant Current on the Suppuration of Wounds and Ulcers.—According to Prof. Onimus the constant current, according to its direction, increases or diminishes suppuration of wounds and ulcers. The descending current, *i. e.* the positive pole near the nerve centre, the negative one at the periphery, increases suppuration and granulation increases rapidly. The ascending current diminishes rapidly all suppuration, a crust forms under which cicatrization proceeds. In atonic ulcers, as in varices or local affections, it is desirable to use only weak currents for five or six hours. Two or three slightly energetic elements suffice, and the operation repeated for several days. Where the wounds or ulcers emanate from a nervous disturbance, stronger currents, but of shorter duration, are indicated. Onimus attaches a silver probe to a current of 10 to 20 elements, and passes it over the wounded surface up and down for two or three minutes. The pole, not attached to the probe, is applied to the spinal column, at the origin of the nerves of the extremities. He then passes a current of 40 to 60 elements through the nerves, holding the poles close to the intact skin near the affected spot. It is advisable to use at first for a few days the descending current, then change the direction and put the positive pole on the wound. Even where all caustics had failed, Onimus saw beautiful results from this treatment.—*Gaz. des Hóp.*, Feb., 1877.

Treatment of Delirium Tremens.—Dr. Weinberg observed in fifty-one of one hundred and fifty-six cases of delirium tremens a perfect coincidence of the duration of albuminuria with that of the delirium. In no case did he find pathological tissue elements in the urine which might hint to a diseased kidney, and this transitory albuminuria must therefore be considered a disturbance of innervation. His whole treatment was mostly expectative, in some cases symptomatically. The patients were isolated, received good nourishment and according to their state of nutrition small doses of alcohol. In 30 per cent. hydrate of chloral (5.0) was given in the final stage of delirium, after which the patients soon fell asleep and awoke perfectly conscious. The average duration of treatment was two and a half days.—*Deut. Med. Wchschrift.*, 17, 1877.

Radical Treatment of Facial Neuralgia with Aconitine.—Prof. Gubler gives Aconitine with great success in neuralgia of the quintus, even in tic douloureux. The best preparation is that of Hottot and a solution is far preferable

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to powders and pills. He uses the Aconitinum nitricum in a dose of half a milligram ($\frac{1}{110}$ of a grain) which contains about $\frac{1}{4}$ milligram ($\frac{1}{280}$ grain) Aconitine. Where success fails at first, the dose may be increased to 0.006. Heart disease is a contra-indication to the use of Aconitine. In one case where Nélaton already performed the resection of the nerve with only partial effect, and where the patient preferred death to a continuation of his pains, Aconitine 0.005, in divided doses, cured the patient entirely.—*Paris méd.*, 6, 1877.

Electricity for Sleeplessness.—It was known for a long time that the galvanization of the head acts as a hypnotic. Vigoureux observed excellent effects from it in sleeplessness, except where dyspnœa prevents sleep. He puts the broad and flat electrodes on the temples, and passes through them a weak current for half or one minute. Where the application is done in the morning, the patient may feel sleepy all day. Sometimes the action of a galvanization extends over several nights.—*Gaz. des Hôp., June*, 1877.

Treatment of Ichorous Uterine Carcinoma with Alcohol-tampons.—Whereas it is always troublesome to remove the penetrating fetor of such a carcinoma with Carbolic acid, Condy's fluid, etc., we may succeed rapidly and safely by soaking tampons made of cotton-batting with alcohol. The foul discharge stopped in a few days, and the ulcerating carcinoma showed with the speculum a clean, granulating surface. It is self-evident that no other benefit can be realized from this local treatment than mere disinfection.—*Med. Chir. Centralbl.*, 26, 1877.

Phthisis Syphilitica, by Dr. Robinson, (surgeon of the Royal Scotch Guards).—Phthisis in consequence of syphilis, originates mostly then when deposits took place in other organs, when the blood became deteriorated, the constitution weakened. It appears in two different forms. The first, less frequent, is that one where the larger part of the lung is affected, where the disease sets in at the base of the lungs, ascending in front and back to the apex. In the second, more frequent form, one or both apices are affected. In both cases secondary syphilis is present in the body, though no traces appeared exteriorly. The state of the patient in secondary syphilis differs little from chronic pneumonia. Rise of temperature, febrile states are rare and dyspnœa is only felt after exertions. Sputa are absent, the lung-tissue is for a longer or shorter period in a consolidated state and a cure is possible. The differential diagnosis between chronic tuberculosis and tuberculosis in consequence of syphilis, consists: 1. The characteristic, physical manifestations of phthisis are wanting; the chest is well developed, the body well nourished. 2. Symptoms of constitutional irritation are absent. The thermometer hardly ever rises above the norm, nightsweats are not present and the patient is hardly ever troubled with cough. 3. The dull sound on percussion is not pronounced and not greatly extended, mostly limited to the apices. 4. The characteristic sputa of tuberculosis are wanting; the patients have a pale, waxy, cachectic color. Auscultation gives a loud,

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sharp inspiratory murmur and a weak expiratory one, bronchial breathing only when the disease is far advanced. More or less clear resonance of the voice; pulse frequent, but not so quick as in common phthisis. Sputa scanty and are more thrown out than coughed up. The whole state of the patient is more chronic and stationary and does not reduce him so rapidly, nor does death set in so soon. A nourishing diet and sea voyages are recommended.—*Lancet*, 18, 1877. *All. Med. Zeit.*, 25, 1877.

Operations never made before on Living Subjects.—Prof. Gerny, of Heidelberg, performed this year the following new operations: 1. *Resection of the œsophagus.* On account of a ring-like cancer, through which the œsophageal sound could not be passed, Gerny excised a piece of 6 ctm. through the whole thickness of the œsophagus and transfixed the lower end of the œsophagus to the wound in the neck. The woman was dismissed cured in a month.

2. *Extirpation of a Retroœsophageal Goitre.*—For the last five years a tumor developed itself on the œsophagus behind the larynx in a woman of thirty, which necessitated tracheotomy on account of pressing dyspnœa. With the incision usual for œsophagotomy the surgeon penetrated to the tumor, wedged in between œsophagus and vertebral column and enucleated it successfully from its capsule without injuring the œsophagus. The wound on the neck is nearly well, but the patient wears yet a canula on account of dislocation of the larynx.

3. *Enteroraphy on account of a Fæcal Fistula in the Hernial Sac.*—A man æt. 47, suffered from a fæcal fistula in a scrotal hernia on the right side. June 15th the sac was opened, the intestine adherent to it dissected off with the knife, the opening closed with catgut and the intestine returned into the abdomen. The radical operation for the cure of hernia followed and the patient discharged cured in three weeks.—*Centralbl. f. Chir.*, 28, 1877.

The Warm Bath a Prophylacticum against Puerperal Fever.—Dr. Konitz saw, that during an epidemic of puerperal fever, several women took a warm bath immediately after their lying-in, and remained perfectly healthy. In Southern Russia it is the custom that every woman takes a warm bath after her confinement and then is brought in a clean, warm bed. It cannot be denied, that such a purifying bath is decidedly refreshing and it would be therefore advisable, not only to adopt such a plan in private practice, but to attend to it carefully in lying-in asylums, especially when infectious diseases are around.—*Allg. Med. Centralzeit., August*, 1877.

Treatment of Ischias with Prolonged Warm Sand-baths.—Dr. Fleming praises his success in about forty cases of ischias. He puts the patient in a wooden bath-tub and the affected lower extremity is enveloped in sand of a temperature of 38° R. and left there at least for half an hour, a warm water-bath follows this application. About twenty-four sand-baths were usually required.—*B. K. W.*, 11, 1877.

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Shock, by Prof. Nussbaum.—We understand by shock the paralytic state of the heart caused in a reflex manner by forced and sudden irritation of numerous sensory nerve fibres, which when lasting for some time, leads to death. Whenever after severe injuries or operations no cause of death could be discovered during autopsies, it was ascribed to shock. But when the patient does not succumb to immediate collapse, but where an interval of relatively well-feeling exists between the operation and the fatal issue, death is more probably the consequence of septicæmia, of loss of blood or of fatty emboly.

The resorption of septic matter is very rapid in some tissues, most rapidly in the peritoneal cavity. Death in consequence of loss of blood is often observed in aged people. Here the operation may be succeeded by an apparent well-feeling for hours or for days, because nutrition still takes place from the juices of the parenchyma and only when they are used up and cannot be replaced soon enough on account of the rigidity of the blood-vessels, collapse sets in. The third cause, fatty emboly in the lungs, leads to death after crushing of bones. Here the cavity of the marrow of the bones is destroyed, and when larger quantities of fat thus pass into the circulation, a fatal œdema pulmonum thus arises, though smaller quantities, may pass without doing much injury. Another danger in laparotomies is the sudden cooling off of the peritoneum, followed reflectorily by cardiac paralysis. Such a sudden coolness may be produced by the enormous extent of the peritoneum; by the evaporation of a large quantity of fluids thus suddenly exposed and by the rapid filling of the blood-vesels and lymphatics, in as much as by the opening of the abdominal cavity, the pressure on its contents is suddenly taken off.

Though we cannot remove senile marasmus, we can husband the blood in operating on old people. In severe osseous injuries early amputation is indicated, and thus the resorption of fat prevented, and where it still takes place, heart and respiration need stimulants for the elimination of the fat. Septicæmia may be prevented by Lister's treatment aud laparotomy only performed with despatch in a warm room.—*B. Aerzt. Int. Blatt.*, 11, 1877.

Reviews and Bibliographical Notices.

Homœopathy, the Science of Therapeutics. A Collection of papers by the late Carroll Dunham, M. D. For sale at all Homœopathic Pharmacies.

"De Mortuis nil nisi bonum," is an old, trite, though not overtrue proverb, arising from that truly religious sentiment: To do unto others as we wish that others might do unto us. It might therefore seem flattery, to speak in eulogistic terms of the labors of our late beloved colleague, and still we heartily agree with the sentiment, given to me by one of our best western physicians, who said: "I prefer Dunham's writings to those of any other author, for He possessed the great gift to make the truth so plain

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that any one could understand it, and whatever He says carries with it the impression of truth and of a deep conviction."

In the preface the words of the Author are quoted: "The object of our professional life is to find out the truth, and shape our practice accordingly. Consistency to this object is true consistency, while consistency to any form of opinion and doctrine which may at one time have been supposed to be the truth and proclaimed by us as such, consistency to such an opinion merely because we may have once publicly uttered it, this is the basest and most ignoble bigotry and cowardice."

From such a standpoint, the papers issued in the volume before us have to be judged, and it reveals to us the progressive spirit which quickened all his labors, and though many a reader might not agree with the opinions held by Dunham at different times, still each of us willingly grants him that liberty of thought and action (not licentiousness, as his adversaries consider it), which he promulgated so earnestly from the rostrum at Chicago. What a pleasure it must have been to a man like Dunham, to see "the weak spot in our Materia Medica," which he hinted at in 1870, pass away through His efforts and those of his collaborers. Under Dunham's and Payne's directions Lilium was proved; Dunham instigated the re-proving of Sepia, and thus uterine and ovarian diseases are now hardly any more the terra incognita, which they were a few years ago.

We feel glad that no interpolation was allowed, and that the papers are given to us just as they came from the hand of the writer, with all their treasures, even with all their faults. We wanted Dunham, and in such posthumous editions nothing must be left out. Give us, therefore, immediately those beautiful lectures on Materia Medica, delivered by Dunham to eager listeners in the New York College; give us each and all of his excellent essays on different remedies, with which he enriched our current literature. Do not wait till this first volume is sold out, for the publisher just held back the very best of his labors.

If Dunham's first volume falls stillborn on the public, the fault lies with the publisher, whoever he is. On the title-page it reads: "For sale at all Homœopathic Pharmacies." I went to Hurlburt's, and the clerks hardly knew that such a work is out; at Smith's the proprietor had only one copy for his own use; finally I succeeded, through the kindness of Mr. Tafel, to get his only copy in exchange for the regular price, four dollars lawful currency. We did not grumble at the price, for to us every word, uttered by Dunham, is worth its full value; but we could have wished to see *this legacy* at a mere nominal price, so that even the poorest of our physicians would be enabled to call such a work his own.

Dunham's writings need no puffing; but even the volumes of a Dunham need pushing. They ought to lie open for inspection at every pharmacy, instead of being obliged to send to a little country town for a copy. Look at the catalogues, gratuitously distributed by Wood, by Lea, Randolph, or our own Boericke & Tafel, and we see that the works of equally celebrated authors need pushing to bring them to the notice of a reading public. We consider it a moral wrong to our beloved teacher, a false notion of the

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publisher, in considering his duty done by the mere issuing of this volume and then allow it to languish and to get dusty on the shelves. What is sold is merchandise, and falls under the rules which govern every trade.

We speak with a full and oppressed heart. Oh that we possessed more of this world's riches, for we would buy up every copy even at the full price and distribute them among our thirsty students. *Hahnemann and Dunham!* What more does the student need to be convinced and to acknowledge that

Homœopathy is the Science of Therapeutics.

S. L.

Annals of the British Homœopathic Society. Published half-yearly. London, Trubner & Co., August, 1877.

We congratulate our trans-atlantic colleagues on the success which their half-yearly annals achieve, and after carefully reading every article, we could not find a single one, which was not worth publishing. But even their Homœopathy is improving; there Hughes (279) remarks, that Hahnemann's views on the question of duration of medicinal action and the repitition of doses contain more truth than later practice seemed to suppose, and the worthy Licentiate found no slight advantage from allowing his remedies, when once they had made an impression on the system, to act for a time undisturbed by repitition.

Strict adherents to "S. S. C.," they, like good and true physicians, do not neglect the therapeutical study of adjuvantia; Maberly's and Roth's papers on electrical and will-treatment deserve republication, so that they may come in the hands of many physicians; Carprae's essays on the pathology and treatment of Diseases of Women clearly shows that pathological guesswork is one thing and to heal, another thing. They are right when they say, that pathology is more necessary for our diagnosis and less so for the selection of the appropriate remedy.

The Annals for the year make only a volume of about 300 pages. May the publishing committees of state societies as well as of the American Institute take a lesson from our British colleagues, and give us also "multum in parvo."

Clinical Therapeutics, Part I. and II., by T. S. Hoyne, M. D.—A new and improved Rückert. How easily such a work reads, but what an amount of labor and patient collecting is necessary to procure such a collection, and Professor Hoyne certainly deserves the thanks of the profession, for thus giving us in a handy form all the clinical facts of our remedies, as found in the various journals and periodicals of our school.

Hering, Allen, Hoyne, noble workers in the field of Materia Medica pura, and still we are constantly confronted with the cry, that Homœopathy, pure and simple, is not taught in our schools. We candidly acknowledge that we rather enjoy the wail: "Watchman, what of the night?" We rather delight in the constant battle carried on against everybody who does not sign the pledge, after confessing his transgressions, and getting absolution from the high-priests; we take pleasure in the reproaches hurled against

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each and all of us for neglecting to read our bible night and morning, for "constant watchfulness is the price of liberty."

But joking all aside, has there ever been done so much for the advance of pure Homœopathy? Ought we not rather feel proud at the advancements made in our Materia Medica; at the treasures gathered from different parts of the globe, and then collected by such men as Hoyne and Hale of Chicago, by our own Allen, and given in a faithful, condensed form for our juniors by Father Hering. Though there is no royal road for the study of our Materia Medica, still the labors of Hoyne, of Oehme, now, as of Rückert of old, give us valuable hints in the application of remedies, without infringing on our duties of individualizing. Some purists might object to the titles given different diseased states, and insist that we must heal our patients without such pathological liveries; but what is the "totality of symptoms," so justly insisted upon by Hahnemann, but a picture of an abnormal state, put for convenience sake into a frame? To us the works of a Rückert, the "forty years' practice" of a Jahr, have been and are of incalculable value, and to us the labors of a Hoyne are treasures; for they hold before us constantly the characteristic symptoms, the key-notes of every remedy; the cases given elucidate the points in question, and we can most heartily endorse "Hoyne's Clinical Therapeutics" as a work which ought to find a constant place *upon* the table of every homœopathic physician.

Allen's Encyclopædia of Pure Materia Medica Vol. VI., containing all the Mercurial and Natrum preparations.—How the world is given to grunting and to fault-finding! What may be the cause of it? Is it envy, is it mere cussedness, as friend Jones calls it, or what is it? During my late visit to our far Western States, I dropped in to many of our physicians, and my curiosity was, whether they possessed Allen's Encyclopædia; some did and more did not. One, who had a pretty decent library, found fault because it did not contain the clinical symptoms. I asked him whether he had the last number of the *North American*, and as he was not a subscriber to this Quarterly, I began to think very little of him, but drawing out my copy, I showed him that Lycopodium alone gives us twenty pages of clinical symptoms, and how many more volumes would we be bothered with, if Professor Allen would not have used sound judgment, and reserved the clinical symptoms for a separate work.

Is there any use for such a work? In the September number of the Investigator, page 240, there is a case for consultation, where the patient suffered from soreness in the region of the bladder and the whole length of the urethra. There is intense burning and smarting the whole length of the urethra, and throbbing during, and worse after urinating. Aggravation by motion, or walking, or eating, worse about 4 P. M. or 2 A. M., but never entirely free from distress; relieved by friction in the lumbar region or a warm sitz-bath. Urinates about every hour with much difficulty. Often has to wait some time for the water to flow. Urine normal. Can only urinate out-door. Took Erigeron, Eupat. purp., Canth., Cann., Apis, Arsen., Nitric acid, Spig., Sulph, without much benefit.

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Not one of all these remedies covers the totality of these symptoms, hence the failure. Now for a secret. Prof. Allen prepares an index to his work and B. & T. would publish it, if five hundred (500) bona fida subscribers could be found. (Deep sighing all around, for the ghost of Raue's Record appears to chide us for our old negligence). In the quarterly Bulletin for August a sample page of this index is given; now compare and read: Micturition stopped at intervals: *Caust.*; constant urging: *Chel.*, ineffectual urging: *Caust.*, *Cedron*; accompanied by pain in bladder: *Caust.*, Cent. tag.; burning in urethra: Cast., *Caust.*, Cedron, Cent. tag., Chel.; burning at root of urethra and near frænum in urethra: *Caust.*; that same Causticum gives us also aggravation from motion, at 4 P. M. and towards morning; amelioration in the open air where the pains disappear.

It would be impossible to give an example of a more generalizing mode of making prescriptions, nor to show a better case which proves the value of strict individualization, a practice only possible for those who constantly refer to their works on Materia Medica. To such physicians Allen's Encyclopædia and the Index to it are necessary tools, without which they would find it impossible to work, and we hope and trust, that not only 500, but 5000 subscribers may send their V's to the publishers. Never mind grumblers, friend Allen, for the working bees bless thee and thy work.

Correspondence.

DR. SAMUEL LILIENTHAL.

DEAR SIR:—In accordance with your request, I will write an article on the Hot Springs of Arkansas, from a homœopathic standpoint.

Possibly I will make no better beginning than to say right here, that the self-styled "Regulars" (whose number here is legion) do not agree, not any two of them, in their opinions of the curative action of these waters, and of course of the cures worked here.

But there is one thing they do agree in, viz.: To give *every one* that comes under their care (no matter what their ailment) the most unheard of (except here at Hot Springs) doses of mercury and potash. 200 to 300 grains of potash and mercurial ung., in proportion, daily, is the *Regular* style without exception.

Many of our best homœopathic physicians visit us from time to time; some in quest of health, others viewing the South, give us a call.

So far as I am able to learn, there is only one opinion by homœopathic physicians, both resident and visiting, as to the remedial action of these waters.

Principal among the elements found in this hot water, are: Silicea, Calcarea, Magnesia and Iron and of Sulphur a very *small* per cent.; any of your readers who will take pains to turn to the first two (Sil. and Cal. carb.) in Hull's Jahr, will find a better description of the class of tissues and form of tissue destruction benefited here, than I can possibly write.

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The heat performs a secondary but very essential part, viz.: At a proper temperature the heat opens the pores, both eliminators and absorbents, thus enabling the system to eliminate effete and poisonous matter, otherwise retained to cause trouble, and also enabling absorption of a necessary amount of these tissue-building elements which are held in solution in a form superior to any thing produced artificially.

Silicea and Calc. carb. are peculiarly tissue builders, not of any particular tissue, but of the very vegetative structure of cell growth, if I may so speak. That being the very commencement of growth in the system, either normal or abnormal, according to the character of material presented for selection to the different tissues of the body.

If the eliminators of the system, the kidneys, skin and bowels, have imperfectly performed their office, and left in the system some subtle agent which combines with the nutritive particles of the blood rendering them abnormal, then the tissue, which selects those abnormal particles, becomes abnormal and a diseased condition is thus established, which varies according to the particular form of tissue affected. It may be the serous tissues of the joints, the ligaments around the joints, the periosteum, the muscles, the nerves, etc., thus giving us as many forms of rheumatism, or the skin giving eczema, or the glands giving us boils, fistula, scrofula, and other forms of ulcerative difficulties.

Many other causes besides impaired elimination, may produce similar abnormal conditions of tissue, prominent among which are, congenital, contagion (such as syphilis, etc.), poisons (mercurial, lead, etc.); all of those named at least come under the list of those benefited here, and are *strictly* in keeping with our law of cure.

Thinking the profession might be pleased to see a report of a typical case, I have requested Mrs. P. J. Wait, M. D., of your city, to make a report of the case of her child, which she brought here and you so kindly recommended to our care. She has written out a very fine report of the case, which I will submit right here.

"O. B. W.—Born in New York City, July 13th, 1872, so that he has now nearly terminated his fifth year. Being a twin he was from birth accustomed to a mixed diet, having the breast during the night and occasionally during the day, but at all other times the bottle. The food used in the bottle was, for the first three or four months, goats' milk, after which it was substituted by cows' milk. This mixture of food in a delicate, little stomach, naturally resulted in a train of ills, such as, indigestion, constipation, malassimilation, and before the fifth month, eczematous patches made their appearance upon the face and head.

These patches spread and coalesced, until both the face and head were almost entirely covered, while others appeared upon the dorsal surface of the arms and legs.

This soon assumed a chronic form, with its typical serous exudations and scalings, as well as profuse formation of pus and crusts, and notwithstanding what seemed to be the most carefully selected remedies, together with equally careful hygienic regulations, the results were but little more than

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palliative during much of the time consumed in the process of dentition; or, at least until the following July, when he was attacked with measles, followed by a profuse intestinal catarrh, which continued until the child was a complete skeleton.

During this illness, the action of which was clearly vicarious, all the eczematous trouble disappeared, leaving not a trace of its presence behind.

Tilbury Fox, Skin Diseases, page 180, truly remarks: "There is no difficulty in understanding, that when active disease is going on in the mucous membrane, the skin will be quiescent, and vice versa."

The child made a slow recovery, which consumed the entire autumn and winter; but when spring again approached, the eczema returned, though with less violence than at first, this time yielding kindly in a few weeks. The following autumn we were again vexed and mortified by the reappearance of our old enemy; and so each spring and fall brought it back, with more or less severity.

In the spring of 1876 the eczema showed itself in but one spot, the right popliteal space, where it remained stationary during the summer; but in the autumn it began to spread gradually over the leg, then made its appearance upon the other leg, and so successively upon the back, arms, neck, head and lastly the face.

By this time the condition of the child was truly pitiable; the itching was so terrible that he seldom got two consecutive hours of natural sleep, while the serous exudations and the discharge of pus was so great, that the bandages about the legs under the stockings, together with the stockings themselves, were literally soaked often in a short time, and the bed at night had to be specially arranged with old, soft linen, to absorb the enormous drainage. Added to this, boils began to form upon the posterior aspect of the body; some small, others large, which also discharged profusely.

There was much inflammation upon all the eczematous surface; both legs were swollen, the right one being nearly twice its natural size.

What with the pain during the day, the itching at night, together with the constant drain, it is no wonder that his health gave out entirely; his appetite was gone, his temper soured; regular afternoon fevers were set up, and he had every appearance of speedily wearing out.

At this stage of his disease we decided to try the Hot Springs of Arkansas, as other things seemed all to have failed us.

I left New York with him upon the 7th day of May, and reached Hot Springs the 10th; he standing the journey better than I had dared to hope.

The night after our arrival and the following morning he was very ill, crying constantly with the pain in his legs; and during the forenoon of that day, in desperation, I gave him his first bath, being obliged to carry him forcibly as he was afraid of the idea of hot water, and not only put him in but also held him into the tub. The temperature of the bath was at 94° F., and he was in the water perhaps three minutes, after which he was thoroughly dried off and carried to his bed, where he soon fell into a

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gentle and refreshing sleep, which lasted upwards of four hours. This was so hopeful a beginning that a similar bath was administered upon three succeeding days, and with correspondingly good results, after which he had his bath only upon alternate days, lest the debilitating effects of the waters might be too much upon his already debilitated system.

Improvement began with the first bath, and has continued regularly since; after one months' treatment he has now not a particle of exudation upon the entire surface of the body; the swelling has disappeared, and with it the burning, heat and itching of the parts; the appetite has returned; the sleep is normal, and the temper and spirits of the child are all that could be asked.

The baths will be continued for a few weeks longer, or until the discoloration of the skin is removed, which there is every reason to hope for.

In connection with bathing, the child has drank as freely of the waters as he could be induced to do, but no other medicine has been given.

It would be difficult to enumerate the list of remedies which have been used in this case (previous to coming to Hot Springs), during the five years it has been under treatment; but prominently appear Rhus tox., Iris vers., Viola tric., Arsenicum, Merc. sol. and Petroleum, together with a large modicum of Silicea, Calcarea and Sulphur, of which last three (especially Sil. and Calc.) these springs are abundantly impregnated."

The most casual reader will see that this case is plainly one of those cases of malassimilation producing the serious abnormal conditions so well related above.

Fraternally yours, L. S. ORDWAY, M. D.,
of the Firm of BROOKS & ORDWAY,
Hot Springs, Arkansas.

Nosodes, by E. W. Berridge, M. D.—I was pleased on reading in the August number of the N. A. J., a paper by Dr. C. Hering with the above title, and still more pleased to find that he intends to publish the provings and clinical symptoms of these nosodes, as an appendix to the Journal, arranged like his Materia Medica. Let me take this opportunity of saying that we MUST have his Materia Medica, and if the profession will not buy it in volumes, then let it come out at the end of our Journal, separately stitched and paged, thus forming Vol. II. of his great work. I trust, therefore, that we shall have soon not only those nosodes to which he alludes, but also Swan's provings of *Syphilinum* and *Medorrhoin*, and also in addition a translation of his "American Provings" brought down to date, especially *Lachesis*.

After these preliminary remarks, let me ask Dr. Hering to elucidate further a statement which he makes in the above paper; I have always held an opposite view, and shall be glad to have the matter explained.

Dr. Hering says: "Every contagion acts in an entirely different way if communicated to the circulating fluids, than if taken inwardly. If inoculated, or given by sub-cutaneous injection, like the snake-bites, or the bite of a dog, they act without exception as ferments, thus by zymosis. But when taken inwardly, by the alcoholic extract, containing some salts so far

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chemically unknown, or some similar chemical combination, it then acts like any other poison or drug."

This doctrine of ferments I never could accept, and if it be really untrue, it ought to be openly disproved, as it is one of the strongholds of the Allopaths that they argue against us. If an Allopath is asked why he does not cut short a fever, as the homœopaths do, he at once replies that the cases supposed to be cut short were not fever at all, and that fever cannot be cut short, *because it is a ferment*, and that we can only guide it, as the pilot guides the vessel, without being able to quell the storm. Again, if a too inquiring patient suggests that there *may* be something in infinitesimal doses, because infinitesimal doses of the variolous poison will cause variola, he is immediately told that infinitesimal doses of variolous poison can cause disease *because it is a ferment*, which drugs are not.

One of the chief arguments for the zymotic theory is that it accounts for contagion. Perhaps it does; but not by any means in all cases. Cases are on record in which a mesmerist has removed symptoms (e. g. toothache), and immediately suffered from them himself. Is toothache caused by a ferment?

But the chief objections to the doctrine are these: (1.) Fermentation is a chemical action, and therefore steadily and continuously proceeds from its commencement to its termination; in fevers, however, we find periods of remission, which is not in accordance with the continuous action of a ferment. (2.) *Sulphies* stop fermentation, but they will not cure all cases of fever, which they should do if the theory is true. (See *Medical Times and Gazette*, April, 1866, p. 406).

However, putting aside all theory, the question remains to be solved whether the symptoms of the pure nosode are really totally different from those of the potentized alcoholic extract. Doubtless a difference may be found, but not, I think, more than may be found between the symptoms of an almost fatal dose of prussic acid and a potency of the same. A single dose of a potency of *Hydrophobinum* would not cause death from hydrophobia, but long-repeated doses might produce symptoms very similar. Long-continued doses of potentized *Lachesis* might cause gangrene, like the bite of the snake. It is extremely difficult to speak positively on this subject; we cannot say of any dose or potency that it *cannot* produce a certain effect, but only that it *has* not; all the rest is mere probability. Now the points to be determined are these: (1.) Do the potentized nosodes produce symptoms similar to those of the inoculated virus itself? and (2.) will the potentized nosode cure when given to the sick according to symptoms similar to those which we find caused by the inoculated virus?

The following is some of my experience in the matter, and though slight, it points to an affirmative answer to both questions:

Case 1.—Mr. ——, suffering from chronic gleet, took *Medorrhoin*,[3mm] (Swan) twice a day, with great relief, though other medicines were needed by the changing symptoms. If he took an extra dose, it caused burning or urination like incipient gonorrhœa. It cured an inability to retain the urine more than an hour, in the evening after 5 or 6 P. M.

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Case 2.—Mr. ——, an old man, suffering from chronic stricture and inability to retain the urine through the night, took two doses of the same proportion. It cured the urinary weakness, but next day he had burning on urinating, all day.

Case 3.—In *Cincinnati Advance*, vol. V., p. 189, I published a case of enuresis, from seeing running water cured by *Hydrophobinum*,^{cm} (Swan). In *Hahnemannian Monthly*, vol. i. p. 220, an analogous case is reported. This aggravation from leaving or seeing running water, is not to be found in the provings of *Hydrophobinum*, but it is one of the most characteristic symptoms of hydrophobic poisoning.

Case 4.—A patient suffered from a discharge from the throat resembling that of *Glanders*. I gave her *Glanderin*^{cm} (Swan) with great relief.

These cases seem to me to show that the action of the inoculated virus and the potentized alcoholic extract is fundamentally the same. In my "Index to Cases of Poisoning," I have incorporated these nosodes. I can bear testimony to the curative value of these preparations, as also to those of the Milk series, which Dr. Swan has investigated.

Let me also take this opportunity of asking Dr. Hering a question with regard to his condensed Materia Medica. Some of the symptoms are said to go from right to left, or from left to right. Does this mean in provers, or with the sick in cured cases?

Philadelphia, September 1st, 1877.

DEAR COLLEAGUE:—At the recent meeting of the "American Institute of Homœopathy," held at Lake Chatauqua, I was appointed Chairman of the Bureau of Gynæcology for the ensuing year.

"Puerperal Thermometry" was selected by the Bureau as the subject for its consideration at the next meeting of the Institute. It was decided to observe closely, all the thermic conditions of lying-in-women, beginning a few days prior to their expected accouchement and continuing to observe until their complete recovery.

The observations should be accurately taken, in bad cases twice daily, and the temperature, pulse, respiration and remedy given, noted upon the accompanying tables. With this end in view I have prepared two sets of tables. The smaller are to be used at the bedside; the larger are for use in our offices, and are to be filled up from the smaller, either daily, as the case progresses, or at its termination.

HOW TO USE THESE OFFICE TABLES.

Be provided with three kinds of ink—red, blue and black. A seperate pen must be used for each kind of ink. Mark with a pen a *red* dot in its proper place to show the degree of temperature. A *blue* dot must be placed to show the frequency of the pulse and a *black* dot to show the number of respirations per minute. This being done, connect with a continuous *red* line all the *red* dots, so the *blue* dots with a *blue* line and the *black* dots with a *black* line. Mark the remedy below in its proper place.

Now if these directions be faithfully carried out, the real progress of our

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cases will appear before us at a glance, and it will be seen that the temperature, the pulse and the respiration will approach the normal standard more rapidly, and with fewer variations, as the proper remedy is allowed to act. A brief and lucid description of each case should be written on the back of its table, and such remarks made as will serve to render the record thoroughly comprehensive and intelligible. Cases accurately reported in this manner will be of great value in making up statistics for future use, and will do far more for "Thermometry" and the "Healing Art" than if Thermometry were observed alone without reference to the influence of treatment.

In this way, too, we can prove conclusively which method of practice is the most successful for suffering humanity; a very loose kind of Homœopathy, or one conducted strictly according to the principles laid down in "Hahnemann's Organon." We need thousands of these reports and comparisons till there shall be no doubt in the mind of any one, as to which is the better form of practice. I therefore beg you to engage in this good work at once and tabulate, as above directed, every case of midwifery that falls to your care. A good work on Medical Thermometry and Human Temperature, such as that of "*Seguin's*," will be of great assistance to every physician. The age of progress in which we live absolutely demands of us an intimate knowledge and a perfect mastery of the whole subject, including even the relation of Human Thermometry to the Homœopathic Materia Medica.

Each table should be carefully and legibly signed, and sent to me at the completion of each case. This will enable me to arrange for a systematic report, the large number I hope to receive. Full credit will be given to each observer for his labors at the meeting of the Institute. If the tables are sent to me continuously, as above requested, I can receive them until June 1st,—comparing and preparing a comprehensive report of the whole work. If they are kept back and forwarded all at once I must certainly receive them by April 1st in conformity with the rules of the Institute. But two months of observation would then be lost.

THERMOMETER.—The greatest care must be observed in procuring a thoroughly reliable instrument,—one that has a guarantee certifying to its accuracy.

A FEW SPECIAL POINTS FOR OBSERVATION.

Will the Thermic condition of the lying-in-woman immediately after the birth of the child foretell Uterine Hemorrhage?

What is the Thermic state of one suffering from Uterine Hemorrhage?

Thermic condition during Mastitis or Abcess of the Mammæ.

Thermic condition during persistent after-pains?

Thermic condition during Puerperal Metritis or Peritonitis, etc., etc.?

Thermic condition during what is called Milk Fever.

Thermic condition of Puerperal Septicæmia?

Thermic condition during Phlegmasia alba dolens?

And any other phenomena that may be worthy of note. Of course

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observations in regard to the pulse, respiration and the remedies used must also be duly noted.

Fraternally Yours,

H. N. GUERNSEY, M. D., 1423 Chestnut Street.

The above communication I address not only to my Gynæcological bureau, but to *every Homœopathic Medical practitioner*. I earnestly invite such members of the profession as are willing, to co-operate with me in this important and useful work. To all who desire to assist, I will forward the tables, *free of charge* on application.

H. N. G.

Editorial.

How quickly a year passes by and how few take a retrospect of it. 1877 will be long remembered as the year which called home some of the brightest stars on our firmament. Dunham, Payne, Beebe, Temple, Detwiler, Grauvogl and others in Europe have ceased their labors, but left us a rich legacy. I will, I cannot say the old-fashioned "*Requiescant in pace*," for it is my hope and my trust, that our higher labors only begin, after having shuffled off this mortal coil.

1877 brought two additions to our editorial fraternity. We hail with unfeigned pleasure the appearance of the "*American Homœopathist*" under the able management of Dr. Mills. Minerva-like it sprung in full armor from the head of its maker and immediately takes rank with the best of our journals. In fact, in the few numbers before us, we see constantly old and tried names supporting it and may it ever keep on the path so auspiciously begun. Our other new-comer is still a baby in its swaddling clothes, but it was a courageous undertaking of Drs. Hiller and Worth, of San Francisco, to start their Pacific journal, "*The California Medical Times*," when obstacles threaten them everywhere. May it become the harbinger of good feeling, for in union is strength and there is good material enough on the coast to give us as good a journal as the old school possesses in their sterling "*Pacific Medical and Surgical Journal*."

Our other and older journals go the even tenor of their way and are doing well. Sometimes we could wish a more scientific handling, a clearer expression, but even our best journals are yet in their teens and alas! so many of our best writers have gone home to that bourne from whence no contributions were ever sent to any journal.

In spite of some croaking, the meeting of the American Institute at Chautauqua was a success. It makes us better acquainted one with another, and even after returning to our labors, we think more of our friends in different parts of our country. It will be partially a failure as a scientific gathering, till we copy the regulations of other scientific bodies and meet in sections, thus, and thus only, days can be allowed to a bureau, where now a few hurried hours must suffice. Let us have one or two general meetings and let the remainder be devoted to sectional labors, and better results may be expected.

S. L.

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Original and Translated Papers.

ARTICLE XXII.—Report on the Epidemic of Yellow Fever in Savannah, Georgia, during the Months of September, October and November, 1876.

Reprinted

By Dr. Louis A. Falligant.

Like the unharmed veterans of a desperate conflict, the survivors of a plague, such as that which visited our fair city, should first give thanks to Almighty God for their preservation through such a prolonged and fatal scourge, and then furnish the world the benefit of their experience, wherefrom to glean lessons of prudence by which to ameliorate future dangers and future sufferings. In this spirit I avail myself of the opportunity to place before my brethren of the medical schools such facts as I have accumulated from super-abundant observations, and to arrange them with such analytic skill and amend them with such practical suggestions as have occurred to myself during their exhibition.

The summer of 1876 found the city of Savannah in a condition widely different from that of many previous years, both in a hygienic and thermometrical sense. Some years since, a system of underground sewerage was projected and constructed through the most central and densely populated sections of the

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city, having its outlets at the surface on the eastern and western declivities of the hill on which the city is built. The original purpose of this sewerage was to drain off the water from the streets and bath-rooms attached to private residences. The soil of the city is of a porous sandy nature, readily absorbing fluids; and these sewers, intended as I before stated for *surface drainage* especially, were constructed at a depth *above* the natural percolative water-level of the adjacent and subjacent soil, so that much of the fluids passing along them percolated through the uncemented bottom circles of the sewers and infiltrated the subjacent ground. So long as the sewers were confined to their original purpose, that is, the drainage of water only, no anxiety was felt as to their influence on the health of the city; but gradually they were perverted from this excellent use, and the occupants of adjacent premises were permitted to make pipe-connections, through which to empty the filthy contents of dishtroughs, slopbuckets, house-privies or water-closets, and other deleterious fluids and excretions, until they became hot-beds of noxious and putrid gaseous emanations. It will be easily seen that if the fluids could percolate through the sewer-walls into the adjacent soil, necessarily the solids would be left in quantities along the inner beds of the sewers. From the very first I denounced this conversion of these conductors of water into conductors of filthy and human excretory matters as a most unwise step, which would certainly end in the prolific generation of typhoid and malignant disease; but the protest was unheeded and the evil continued to increase, until it was a common thing for persons residing and passing near the sewer mouths to complain of the offensive smell arising therefrom.

Another source of malignant poison exists in the numerous dry-wells scattered through the city, and connected with house-privies or water-closets; also by a similar pipe-system through which the exhaled odors of the dry-wells regurgitate back into the sleeping rooms of the tenants (with which they are more especially connected for convenience), and render pure nightly respiration a practical impossibility.

And still another condition in the same class of disorders

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was that many of the yard-privies (which are constructed by digging a hole five to eight feet deep into the soil, and bricking the sides up to or above the surface level) were filled to overflowing by the heavy June rains, and from their flooded contents emitted into the surrounding atmosphere the greatest amount of offensive odors, until the entire neighborhood became almost unendurable because of the stench. I have in my mind's eye just now one on State street, near Whitaker, against which numerous complaints were unsuccessfully made for a long time, and within fifty yards of which not less than *fifteen* persons died of the most malignant congestive type of yellow fever, with coffee-grounds black-vomit and complete suppression of urine.

On the northern, eastern, south-eastern, and western borders, the city is surrounded by a cordon of low wet lands, originally in rice-culture, which is still carried on across our eastern border, scarcely a mile from the section where yellow fever first made its appearance in 1854 and 1876, and between which and the built-up eastern border of the city there is scarcely a shrub to serve as a shield against the ingress of its deadly exhalations. These lowlands, almost entirely encompassing us, must either be kept in good hygienic condition by proper drainage, or remain cesspools of stagnant and filthy fluids, percolating from our spring-edged marginal hillsides, and pouring from our slopes and sewers into their clogged ditches and upon their boggy surfaces, until the combination of street-washings, sewer fluids, and stagnant swash presents a surface of animal and vegetable decomposition, capable of generating just such a stench as every passer-by noticed and complained of during the unhappy season of 1876.

And across the eastern border, in addition to the low grounds, rice fields, and undrained and foul ditches which I have already described, we have that great hot-bed of filthy and partially decomposed excrementitious gatherings, the Bilbo Canal, the open-surfaced outlet of the sewer-system of the city —a canal most happily arranged for the surface expansion of its contents, so as to spread them out as broadly as possible to solar heat and gaseous evaporation, whereby the greatest

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amount of odor may be exhaled into the surrounding atmosphere. Imagine to yourself a drain of this character a mile in length and twenty feet in breadth, with its filthy contents spread over its flattened bottom, and you have before you Savannah's ideal of a privy-sewer-drain under an August sun. Not far from this line of ammoniaco-putrid exhalations I observed the first cases of *watery red eyes*, with high and in some cases erythematous types of fever, which led me to suspect the inception of the epidemic; and may we not stop for a moment, and ask ourselves the question, whether these pestilential exhalations may not, in this early symptomatology, have given us a clue to the intense affinity which the scourge manifested for the urinary apparatus and mucous membranes, with their associated blood-poisonings and nervous prostration? The very fact that it was most prevalent and most deadly when human effluvia were most offensive, is abundant reason for serious consideration. Is it possible for solar intensity to ferment such debris into new and more pernicious death-dealing gases?

Beyond this canal, on the east, lie the tier of wet-culture ricefields, the property of gentlemen whose social position enables them to plant rice by this system within a mile of and opening onto the eastern breast of the city, when in all other directions it has been forbidden and prevented for fully two miles away, even though long ranges of woods shelter the adjacent borders of the city from their obnoxious exhalations. It is unnecessary for me to dwell on the hygienic nature of these fields during the late summer and early autumn harvest flows—their deadly influence being too well known by practical experience to render hypothetical reasoning or toleration at all admissible. Yet whilst other medical gentlemen have patiently labored upon the varied miasmatic and cryptogamic theories to which science or speculation have given origin, I feel more inclined to believe, that the exhalations of the wet-cultured ricefield in the period of the harvest-flow becomes more deadly not so much from vegetable as from organic or insectivorous decomposition, superinduced in these stagnant waters by the hot summer suns. It is perfectly well known that no such effluvia arise from *running* streams, and conse-

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quently *stagnation* is a condition essential to their production. Take a barrel of pure distilled or rain water, stand it on end, knock out the upper head, and let it remain a few days, or longer, in your yard exposed to the summer's atmosphere: soon you have a most disagreeable stench arising therefrom, undoubtedly caused by the decomposition of animalculæ, which are generated, live, die, and decompose therein by the myriad. If running water were constantly passed through the barrel, or if the water therein were replaced daily by fresh water, no such offensive condition could arise; but by the prolonged retention of the same water, infused with the products of organic decay, the offensiveness increases until it reaches the zenith of its putrid capacity.

These ricefields, during the harvest-flow (or stagnation), and the shallow puddles that coated the flat surfaces and lined the unclean ditches and canals in all directions around the city in 1876, present a superficial area of stagnation equivalent to millions of such barrels! What wonder then that our atmosphere became infiltrated with poisonous emanata! And when we add to this the special pestilential element infused from the ammoniaco-putrid odors of the opensurfaced Bilbo sewer outlet (which I am officially informed had not been flooded with fresh water from the river for eight or ten months prior to the breaking out of the epidemic), the foul gases everywhere exuding from unflushed sewers, privies and dry-wells, and the filthy street-washings which the heavy rains of June and a portion of July had spread out over the bogs and uncleaned ditches near the eastern and western slopes, is it a marvel that the pestilence traversed back from the east and the west along the directions whence its deadly poisons flowed, until it gathered density and ever-renewing vitality from the aggregation of its elimentary sources?

In addition to these local causes of disease, which had by neglect been permitted to organize their elementary forces for a deadly assault on our lives, nature, offended by our carelessness, supplied all additional conditions for our punishment. During the month of June and latter part of July the rains came in torrents, the fall of water being 18.80 in the former

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month, and 5.67 inches on the 24th, 25th, and 30th of July. Recalling my statement that the sewers and connecting drain, and surface lines, were only washed out during *heavy rainfalls*, it will readily be seen how the sewer-filth and street-garbage was at these times carried off in quantities, and poured out beyond the eastern and western slopes, and along the flat-bottomed and neglected outer canals, where it lay for fermentation under the burning rays of the August suns. Out of a total rainfall of 6.88 inches during the month of August, we again find a surge of 3.40 inches in one day, the 21st; and during the entire month of September, which was hot, dry, and feverish, and during which the epidemic swept like a tornado from one extreme of the city to the other, the total rainfall was only 2.63 inches. I am of the opinion that frequent heavy washing rains, which would have scoured our streets and sewers, would have greatly modified the malignity of the pestilence, *provided* the outer drains, ditches, surfaces, and canals had been properly cleaned and freshened by the afflux and influx of purer water, and their contents carried off in freely opened and running streams of exit to the river. But such was not the case in 1876, and no systematic artificial flushing of the sewers was attempted until the scourge was under full headway about the last of August, nor any continued effort made at any time to improve the sanitary condition of our filthy lowgrounds. Unhappily the dry weather of September lent no assistance to scattering individual efforts in this latter direction, and our stagnant, filthy, marginal swash-expanses steamed and fermented, and exhaled their noxious gases, until the cooler weather of October and November gradually tempered their putridity.

In this connection I call particular attention to a most remarkable exhibition of the truth of my assertion in regard to freshening stagnated waters. When the epidemic of 1854 was at its height, about Sept. 12th, a great storm came, the rains deluged and washed our streets, the river rose over its banks and flooded the lowgrounds and ricefields with purer waters, and in a few days the pestilence rapidly subsided, until there were but two or three deaths daily from its influence. At

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that time there was no Bilbo Canal and connecting sewerage system, but there was animal and vegetable putrescence and expanded stagnant surfaces, perhaps even more extensive than in 1876. May not the added poisons of our pestilential sewerage system and Bilbo Canal have supplied those additional morbific agencies, which gave to the scourge of 1876 so much of the nature and complication of an infectious typhoid.

Now as to the temperature. From the 21st of June to the 24th of July the daily average *mean temperature* was never below 80 degrees for a single day, and for twenty-five days of that period it ranged from 85 to 90 degrees; and in August we find twenty-seven days with an average mean temperature above 80 degrees, of which eleven were 84 degrees or above; and up to the twenty-seventh day of September there were but two days in which the mean temperature fell below 77 degrees. I may truly say that for continuous intensity of heat, and extensity of surrounding stagnation and putrescent decomposition, I have never known since 1854 a season like that of 1876.

The Inception of the Epidemic.

During the earlier part of August my attention was called by friends to the offensive odors permeating the atmosphere in the region of the Bilbo Canal, on the eastern border of the city; and not many days thereafter I detected in cases of fever in this region the red suffused eyes, flushed cheeks, frontal headache, dorsal and lumbar pains, pains in the extremities, abdominal lethargy, and high bounding pulse, that reminded me forcibly of the milder form of yellow fever which infected our city in 1858. Within a few days thereafter, between the 15th and 20th of August, I was called to cases in extremely diverse sections of the city, which exhibited more decidedly the severer symptoms of the disease, the paroxysms of fever being longer, more obstinate, and more typhoidal, the skin more sallow, the pains in the head, back, lumbar region and extremities more severe, and frequent and obstinate vomiting of bile, and frothy, glairy mucus oft-times present. The advance in the type of disease from the milder and more erythe-

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matous to the congestive, malignant and typhoid, was so rapid in different localities, that I at once advised my friends that in my opinion we were on the threshhold of a pestilence more terrible than that which had devastated our fair community in 1854! How soon, and how awfully was this dreadful prediction fulfilled! By the first week in September the cloud of suffering hung like a pall over every district, and misery and woe found echo only in the wail of the mourner and the dull thud of the coffin.

Here began the heroic work of our medical fraternity of all schools, each and all of whom battled with the destroyer with fortitude, patience, industry and endurance, that will ever in its memories warm my affection for the devoted band of co-laborers, whose visiting rounds occupied all hours from the rising of the sun to the small hours after midnight—16 to 18 hours actual constant travelling during every successive day, being no uncommon task to those of us upon whom fell the heaviest burdens of the work, and this lasting without intermission or possibility of respite from the second week in September to the middle of October. My own work will give a just idea: My visits to different houses, scattered through all sections of the city, averaged for the second week of September, 80 a day; for the third week, 90 a day; and for the fourth week, 100 a day—the highest daily round being 106 visits on Sept. 30th; after which the decline was somewhat more rapid than the advance. Indeed, I was so exhausted, that I was compelled to reject numerous additional calls. In many houses there were three, four, five, or six cases to be treated, so that my average examinations of cases varied from 130 to 180 a day during this month of enormous work.

Yellow fever has been truly called *a hydro-headed monster.* In some cases there were symptoms of warning, languor and general malaise, cerebral distress, loss of appetite, feverish flushed skin, and a gradual advance to the more positive symptoms of the disease. In others, little or no premonition existed —the attack coming on suddenly with or without chilliness, ofttimes with a simple creeping shuddering, rapidly sweeping into the intensity of febrile irritation. The mind was in most

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cases excited and alarmed, until it became an absolute necessity for the physician to persuade his patient, that those who said he had yellow fever did not know what they were talking about. Others again realized the nature of their attack, and would say: "Do the best you can for me, doctor; I'm not at all alarmed;" and with well-poised confidence in their physician and their chances of recovery, would pass through the varied stages of even the severer grades of the disease, with as much *sang froid* as a man would get himself out of a river into which he had accidentally been immersed. In hundreds of instances, as the desired physician entered the sick room, the patient would philosophically compose himself with the comforting exclamation: "I'm all right now—I've got you to attend me!"—so potent on the mind of the sufferer is this influence of confidence in his attending physician. Of course it does not always hold good in result; but I am persuaded that it is of vast effect in a considerable proportion of cases. The mere term *yellow fever* is so full of terrible import, that I think the general alarm existing during an epidemic of this disease is similar in its operation on the afflicted to the fright that carries away so many helpless beings during a scourge of its twin-destroyer, cholera.

Many cases were of an extremely mild character, especially during the early period of the epidemic, and would scarcely have been recognized but for the manner in which it swept through almost entire households. The face was flushed, the eyes slightly reddened, the skin hot and dry, the pulse quick, full and regular, the frontal headache moderate, the urine but little altered, little or no emesis, and the bowels generally confined. In from 12 to 36 hours the fever declines, a gentle transpiration exudes through the skin, and the disease passes away without much consecutive prostration. This was the simplest type of the disease. In some of these cases there appeared an efflorescence on the skin, erythematous in character, and slowly fading away; and in others there were slight attacks of nose-bleeding.

Others, severer in degree, were attended with delirium, bounding full pulse, throbbing and darting frontal headache,

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red suffused eyes, severe pains in the back and extremities, and intense general bodily aching and distress, with occasional nausea and vomiting, chiefly of biliary substances intermingled with the contents of the stomach—mostly with high-colored urine, and lethargic bowels.

Again there were cases of a distinctly congestive type without malignant complication, in which the pulse was rapid, and at times full and hard, and at other times small and tremulous; the temperature high; the thirst intense; the redness of the eyes less marked, but the nausea and vomiting more frequent, obstinate, and of a more mucous, frothy quality; the mind anxious and alarmed, with moaning, sighing, and tossing about the bed. In these cases the pulse usually rose to 130 or 140 within the first twelve hours, and began to recede or remit towards morning of the day following. The gastric irritability was severe and easily excited by almost any liquid introduced into the stomach; the pains of the head, back and extremities, often distressing to the sufferer; the urine more scanty and orange-colored, and the bowels confined. Milk and champagne frequently soured on the stomach and were speedily ejected; but iced soda-water, and cracked and pounded ice in constant small quantities proved peculiarly grateful.

Again there were cases of a malignant congestive type, in which, in addition to many of the symptoms above recited, there was a dry, red, parched and crusted tongue; the countenance exhibited a dull and stupid look; the chin at times hung down; the eyes deep red and congested, at times crossed, and at times with the pupils dilated; the brain congested and comatose, anxious and muttering delirium; the urine scanty, dark red and strong-smelling; the skin reddish or yellow, at times burning hot and dry, and at times covered with profuse hot and alternate cold sweats; the *fever-smell* intense, and the bowels mostly confined, but occasionally discharging flocculent watery fluids. These cases, when not reacting, passed rapidly through the condition of uræmia and black-vomit, and death ensued between the third and fifth days.

Again there were numerous cases of the hemorrhagic type, in which the fever assumed a remittent, continued, or typhoid

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character. The eyes were at times red and at times yellow; the skin but slightly altered, and again sallow, orange-colored, or mottled; the tongue at times moist and natural, again coated with a heavy white or dirty yellowish fur, and again rough, corrugated, parched, crusted, and bleeding; the nose thin and pointed; the lips thin and pale, or red, cracked, and bleeding; the gums sore and congested; the mind less disturbed than seemed warranted by the general condition, but at times indifferent and dull; occasional thin sanious discharges from the nasal, buccal, urinal and intestinal mucous surfaces; clammy colliquative sweats frequently present; occasional vomiting of frothy, glairy mucus, often followed by dark flocculent hemorrhagic emesis, and again a general lethargic condition of the bowels.

Again there were cases of a type closely resembling malignant petechial fever, in which the blood appeared disorganized from the beginning of the attack; the headache less violent but more depressive; the mind excited and anxious, and at times running into restless delirium, until the patient appeared as if suffering from delirium tremens, jumping up and out of bed, attempting to escape through the doors and windows; little or no pain complained of anywhere; the urine scanty and speedily suppressed; the vomiting frequent, spasmodic, and rapidly passing from the muco-flocculent to the coffee-grounds ejecta; the pulse and temperature, after the first febrile flush, ofttimes approximately normal; the bowels at first lethargic, but later pouring out similar fluids to those ejected from the stomach; clammy sweats breaking through the leadened and mottled skin, and the unhappy victim rapidly sinks into collapse, coma, and death.

And again were many cases of the (assumed only) characteristic type of yellow fever, in which the orange tint of the skin was decided, the buccal membranes softened and hemorrhagic, thick dark brown and black incrustations of disorganized blood around the lips and alæ nasi, coffee-ground vomits and similar and tarry-looking dejecta, suppression of urine, delirium, carpologia, and final collapse from exhaustion and colliquative discharges.

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After the transition beyond the earlier stages of the disease, many cases of different types developed into a secondary, nervous, continued, or typhoid type of fever, which was often more troublesome and harder to manage than the earlier form of the attack; and others again remained for weeks, and even during the entire season, in a state of easily excited febrile flush, which required but little imprudence to again put on the alarming conditions of *relapse*.

I did not observe, during this epidemic, a great proportion of *erythematous* or other *eruptive manifestations*—indeed I may say that such exhibitions were comparatively infrequent. But there were large numbers of cases presenting the *orange-hued skin* in all degrees, from the pale lemon to *the* deep, mottled, yellowish bronzed tints; and this discoloration was more especially apparent in the malignant congestive, hemorrhagic, typhoid, and petechial types of the disease. Nor was it always present at the inception of the attack, but displayed itself more frequently during the progress and in the later stages of the malady. Still, there were not a few cases in which it was well marked from the very inception of the disease.

The redness of the eyes was a more common symptom in all types, though I saw numerous cases, particularly in the severer grades of disease, in which it was scarcely noticeable at all.

The most uniform symptoms in all types were, redness of the eyes, frontal headache, flushed countenance, mental alarm, nausea and vomiting, pains in the head, back, and limbs, high colored scanty urine, and lethargic bowels—an embodiment of symptoms pointing directly to the sympathy of the spinal system of nerves in the general orgy of suffering; and this sympathy was especially manifest in the *atony* of the abdominal nervous forces as well as in the frequent dilatation of the pupils of the eyes. Occasionally this latter symptom was so prominent, that I held a lighted candle in front of the eye to test whether effusion or cerebral congestion existed, but was generally agreeably comforted with the readiness with which the pupils contracted, and persuaded myself that the dilatation arose from *atony* or loss of contractile power of the nerves controlling this circle. This diagnosis was in perfect harmony

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with the general exhibitions of nervous prostration throughout the entire system.

The indications of the tongue could not be relied on in any class of cases—except the malignant, congestive and typhoid. There were clean tongues, and white and yellow coated tongues, moist tongues and dry tongues, tongues with clean surfaces and red margins, and coated surfaces and clean margins, crusted tongues, and red, seared, parched, cracked, and bleeding tongues; and these conditions were as common in the cases that recovered as in the cases that died.

Anorexia was more uniformly present, especially during high febrile excitement. Yet I have seen cases in which *intense hunger* existed during the fever, and became craving immediately thereafter. No one indication was more uniformly *favorable in prognosis.*

The gastric disturbances usually began with vomiting of biliary fluids, followed successively by frothy and glairy mucus, degenerating into flocculent and coffee-grounds ejecta in the more malignant cases. Whilst the emesis in the earlier stages of the disease was usually severe and straining, in the later stages, and especially after the decadence to black-vomit, the fluids in the stomach were gulped up with spasmodic force, sufficient ofttimes to throw them all over the bed, upon the floor, and not infrequently against the walls of the room. This ejection is similar in spasmodic nature to the spirting ejections so common in cases of cerebral disease.

The *urine* was usually scanty, high-colored, and strong-smelling in the earlier stages; and of a brown, reddish-brown, or greenish-brown color later in the disease, especially in the jaundiced and malignant types; and in these types also we find the profuse colliquative and biliary sweats, often staining the clothing and bed-linen, and compelling their frequent changes.

The bowels.—A wonderfully prevalent symptom in all types of the disease was *the lethargic condition of the bowels*, which my friends of the old school regarded as a state of constipation, and applied their purgative treatment accordingly—unhappily too often bringing on that which was most to be avoided, an irritated state of the alimentary canal, usually leading to

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severer emesis, prostration and collapse. I do not think a greater mistake can occur than the adoption of such treatment. The bowels *are not constipated;* for the very excreta expelled by this forced purgation were generally of a lax or fluid consistency. On the contrary, this inaction is clearly due to *nervous atony*, and that treatment alone is safe which looks to a renewal of the nervous powers of the system, so that the abdominal nerves may recover from their atonic state and again fulfil their natural peristaltic function. The system is so overpowered by morbific influence, that its nervous forces lie prostrate under the feet of the destroyer—the disease primarily attacking the circulatory and prostrating the nervous apparatus, and rapidly extending its sphere of action to the mucous structures, which successively soften and disintegrate, and to the internal functional glandular organs, from which follow atonic and congestive conditions of the liver and kidneys. I have seen uræmia and black-vomit in all the severer types of the disease; but the unjaundiced hue of the skin in the great majority of the cases renders it seriously doubtful, whether the mahogany-colored liver could have existed without cutaneous and sclerotic pigmentary sallowness, the evident effect of atonic hepatic functional derangement. Symptoms were piled on symptoms to indicate the rapid disorganization and disintegration of the blood—congestions of the cutaneous and mucous surfaces, leaden and purplish hues of the skin and lips, hemorrhagic discharges from the nasal, buccal, cystitic and intestinal mucous linings, erythemata, petechiæ, etc. The hemorrhagical malignant, congestive, typhoid, orange-hued, and petechial types of the fever especially, furnished abundant proof of the steady decomposition of this life-sustaining fluid. In the earlier stages of these types, the hemorrhagic discharges were often but little deteriorated; but as the disease progressed, they became darker, more disorganized and decomposed, until the exudations of flocculent and coffee-grounds black-vomit followed each other in quick succession on the road to death. Not unfrequently the lips and *alœ nasi* were cracked, and the oozing blood incrusted itself thereon in black and hardened masses, until respiration became difficult and reception of food by the mouth almost an impossibility.

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A symptom of almost certain fatal premonition appeared even in the earliest stages of some of the malignant, congestive, orange-hued and petechial cases—*purple lips.* Whenever I saw this unhappy omen, I at once warned the family of approaching danger.

A remarkable functional disturbance showed itself in a large number of cases of females who had passed the age of puberty, viz.: the appearance of the catamenia during the progress of the fever, and this without any reference to its usual monthly periodicity. So frequent was this derangement, that I habituated myself to direct inquiry as to its exhibition in every case where the age of the patient rendered its secretion possible. The discharges were almost always thin, dark, and unclotted.

I am not prepared, however, to endorse the generally accepted doctrine, that yellow fever necessarily or even frequently produces *abortion* in pregnant females. No such misfortune occurred in a single instance out of numbers of gestative women who came under my care, one of whom I particularly remember, because of the intense anxiety I felt regarding her case. She was a stout, ruddy, plethoric German woman, seven months advanced in pregnancy, and had one of the severest attacks of yellow fever observed by me during the epidemic, her pulse ranging from 140 to 150 per minute for an entire week, and the disease being complicated with hemorrhages from the nose and mouth, the tongue dry, red and parched, an extensive purplish-red erythema spread over her face and body, and nightly delirium frequently present. Yet under the benign influence of homœopathic remedies, she passed safely through the fiery ordeal, and was delivered of a healthy child about two months thereafter. If *abortion or miscarriage* has been found frequent under purgative allopathic treatment, such misfortune is more probably due to sympathetic irritation of the womb, *created by adjacent intestinal straining* (as in dysentery), resulting from their system of forced anal discharges, just as puerperal fever so often results from their third day dose of oil after confinement, before the abdominal viscera have had time to recover from the soreness and inactivity caused by the pains of labor. I recall two cases of this kind to which I was

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called in the emergency. One had already miscarried, the child lying dead between her legs when I got there; the other was in violent forcing labor which was soon over, and by the severity of which the child was so crushed, that it lived but a few hours after birth. Both of these mothers had been *purged secundum artem.*

The pulse presented many anomalous features. Generally full, hard, bounding, and rapid, there were not a few congestive and malignant cases in which it was small, thready, feeble, tremulous and slow; and again other cases in which it was full, compressible, and squeezed down by cerebral congestion, until the temperature would often mark 103 to 105 degrees, with a pulse languid and declined below the normal standard. I saw two cases in one room, one an old lady of 70 years whose pulse descended gradually until it beat only 36 to the minute, whilst her temperature was nearly normal and her mind remained intelligent and clear; and the other, a boy of 18 years, whose pulse kept on going down until it reached the phenomenon of 30 beats to the minute, attended with hemorrhagic discharges from the bladder and flocculent, dark black-vomit dejections, but with no other marked symptoms beyond a singular nightly delirium. Both of these cases recovered.

The temperature also exhibited many remarkable phenomena. I have seen black-vomit and suppression of urine with violent meningeal excitement, with a pulse at 150 and a temperature at 105; and again the same conditions with a pulse at 60 to 150 (and higher in children), and at all degrees of temperature from 105 downwards, until it fell below the normal standard.

I regard the *aggregation of cases* in beds, rooms, and houses, as one of the most serious errors that can be committed in their distribution; and I have frequently known cases, mild in their incipiency, to take on the malignant features of other adjacent cases, and to absorb from the beds, on which previous more malignant cases had lain, the more destructive features of these associate cases.

Again in some houses, and some quarters, most of the cases presented milder characteristics, whilst in other families, and other locations, almost every case partook of malignant, con-

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gestive, hemorrhagic, or typhoid similarities. This was especially the case where they occupied similar beds, and the same or adjacent rooms. It is on this theory alone that I can account for the alarming fatality that usually attends upon hospital treatment.

The characteristic smell of yellow fever is as intense as that of variola, and more dense in proportion to the number and severity of cases crowded together; and no part of the hygiene is more important than free ventilation, prompt removal of the excreta, and clean changes of the clothing and bedding, after they have become strong-smelling from saturation with the sweats and excretory fluids of the patient. I have never seen any trouble arise from careful attention to these necessary adjuncts of cleanliness.

Intemperance piled up its victims during the scourge of 1876. Whilst many persons addicted to such habits escaped, most of whom were veterans who had passed through previous epidemics, the pro rata of those who died in ratio to the number who were stricken down by the disease is filled out to savage proportion on the death-role of the victims. In most of these cases which came under my notice, the fever rapidly assumed the malignant and petechial types, and flocculent and coffee-grounds vomits and collapse hurried them into untimely graves. I scarcely remember a case amongst this class of patients which wended a slow course into the typhoidal state. In most, delirium, nervous tremor and exhaustion hastily succeeded each other, until black-vomit and collapse ended the struggle.

(To be continued.) on page 458

ARTICLE XXIII.—A Case of Tumor at the Base of the Brain, which serves to prove semi-decussation of the Optic Nerve Fibres.

By Geo. S. Norton, M.D.

(Read before the Homœopathic Medical Society of the County of New York, Oct. 10th, 1877.)

R. L., colored, æt. 34, was sent to me by Dr. F. E. Doughty, in the Spring of 1875, for treatment of a lachrymal fistula.

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He was suffering, also, at this time, from syphilitic necrosis of the septum of the nose and turbinated bones. A specific history was obtained, dating from first inoculation, eighteen years previous. Under treatment, a speedy recovery from the lachrymal fistula was made, when he was lost sight of.

March 30th, 1877, he again appeared for treatment, complaining that his vision was failing. Then found that he had been comparatively well until last fall, with the exception of frequent headaches. The necrosis in the nose had been cured, with partial loss of the affected bones, under the use of a weak solution of carbolic acid. Last fall the pain in his head became more severe and he was taken with "fits"; would lose consciousness and become so furious, that it was with difficulty two or three could prevent him from injuring himself and others. These varied in frequency; one day having as many as ten within twelve hours. At this time total paralysis of the left facial nerve was present. He was then placed in an allopathic institution and large doses of iodide of potassium administered, which has been continued to the present date. It seemed to benefit at first, so that he was discharged after a few weeks, improved.

Two weeks ago, on rising in the morning, noticed that the sight was foggy; this continued to increase for a week, when he found that he could see nothing to his left.

Status præsens. V. = $\frac{2}{20}$, with difficulty in either eye. Hm. = $\frac{1}{18}$, with which ($\times$ 18) v. = $\frac{2}{20}$. *The left half of the field of vision, exactly through fixation point, is wanting.* Ophthalmoscope shows no change in the fundus in either eye. Partial paralysis of the left facial nerve still present. Hearing in left ear decidedly impaired. Examination of ear shows membrana tympani normal, but the tuning fork very indistinctly heard on that side, whether held in front of the ear, or conducted through the cranial bones.

Suffers severely from headache and has for several months, chiefly confined to vertex and temples, worse on the left side, aggravated in the afternoon and evening, and better in the open air. Mind seems clear and memory good.

Believing in the semi-decussation of the optic nerve fibres,

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and taking into consideration the history and attendant symptoms, the diagnosis of a syphilitic gumma at the base of the brain, involving the right optic tract behind the chiasm, was made and a very unfavorable prognosis given. ℞. Aurum fol.^{30}.

April 8th. Called to see him and found that two days ago had had another fit. Since then has been confined to bed. The left half of the body is partially paralyzed, so that it is with extreme difficulty he can walk a few steps. The severe pain in the head still present. Some nausea. No change in the fundus. ℞. Nitric ac.^{1}.

April 18th. As he could not be attended properly at home, sent him to the Ward's Island Hospital. Condition same as last date, except slight increase in the paralysis of the left side, which is not, however, complete and involves only the nerves of motion, sensation being intact. The oculo-motor nerve of left side is beginning to lose its power. Has had no sleep for five days, owing to the severe pain. Pulse 80.

The further history of this case is taken from the case book of Dr. Carleton, interne at Ward's Island Hospital.

April 19th. Complains of throbbing pain in the forehead and eyes. Pulse 86. Temperature 101$\frac{4}{5}$. ℞. Bell.^{30}.

April 20th. Pulse 76. Temperature 99$\frac{4}{5}$. When he passes urine, has a throbbing pain in head, which lasts for one or two minutes; dull headache all the time; head hot to touch; not much thirst; restless all night, especially the latter part. ℞. Gelsem.

April 21. Pulse 80. Temperature 100$\frac{4}{5}$. Headache not quite so severe. Otherwise remains about the same.

April 22d. General condition same; is gaining some power over legs and upper extremities.

April 23d. Pulse 92. Temperature 101$\frac{1}{5}$.

April 24th. Pulse 92. Head hot; contraction of the pupil of right eye, left markedly dilated; keeps the left eye closed, though can raise the lid when he wishes. Bowels constipated. Is gaining power over the right internal rectus and elevator of right upper lid, which have seemed weak. Can move his arm and leg of left side much better. Still a dull unabating headache.

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April 25th. Pulse 96. Temperature 101⅜. No improvement in symptoms. ℞. Merc. sol.

April 26th. Pulse 84. Temperature 99¼. Feels much better and wants to sit up; appetite increasing; can move his arm a little. Repeat.

April 28th. Pulse 84. Temperature 99. Eyes improving; headache remains the same; appetite ravenous, complaining of not having enough of anything. Continue.

April 29th. Headache improving every day, and on passing his water, has no pain in his head, but as soon as he commences to urinate, has no power over it. Continue Merc. sol.

May 2d. Conjunctiva of right eye considerably inflamed; tongue remains about the same; headache slightly improved; complains of some sharp shooting pain in the left arm. Pulse 88. Temperature 99. Same treatment.

May 3d. Pain in head about the same. Pulse 84. Merc. prot.[1].

May 5th. Is losing his appetite and failing in strength. Pain at posterior portion of vertex dull in character. Pulse 80. Repeat Merc. prot.[1].

May 7th. Is in a semi-comatose condition this morning. Pulse 65. Continue medicine.

May 8th. Pulse 72. Comatose, cannot rouse him. At 5 P.M. was taken with stertorous breathing and cyanotic look of face; right pupil markedly dilated, as well as left; frothy blood from mouth; pulse 144, full and strong. Died at 5.50 P.M.

Post-mortem Examination.

May 9th. Was present at autopsy, made by Dr. Carleton, this afternoon (3 P.M.).

On removing the top of the skull, marked venous congestion of the membranes, which were slightly thickened, was first observed. After opening the membranes, evidences of congestion of the vessels of the cerebrum were found. The brain was now removed from its enveloping membranes, when an examination, commencing at its base, revealed the following pathological conditions: *A tumor*, size of a pigeons egg, was first

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observed a little to the right of the median line, involving the right optic tract, causing entire degeneration of its fibres; it extended nearly as far forwards as the chiasm, though the remainder of the right optic tract was disorganized and soft, even the chiasma was softer than usual, but still some fibres from the left optic tract could be traced through it intact. This tumor was very hard, nearly round, and involved, besides the optic tract, the tuber cinereum, corpora albicantia, posterior perforated space and a portion of the right crus cerebri, extending upwards as far as the third ventricle of the right side; it had involved or caused disintegration of the corpus striatum, thalamus opticus and all other structures included in the space below the third ventricle. The right side of the pons varolii was degenerated, while the left seemed normal. The anterior and middle lobes of the cerebrum, on the right side, had undergone purulent degeneration, while a small portion of the anterior and middle lobes of left side were softer than normal, though the left lateral ventricle appeared intact. At the junction of the crus cerebri and pons of left side, a small tumor, size of a pea, was found. The origin of the third pair of nerves of the left side were involved. The posterior lobes of cerebrum and all portions of the cerebellum were normal.

The microscopical examination of the tumor showed all the well known characteristics of a true syphilitic gumma.

Remarks.

Of late years there has been considerable discussion among anatomists and ophthalmologists regarding the crossing of the optic nerve fibres at the chiasm. The former have especially been in favor of a total decussation, viz., that the right optic tract supplies the left retina, and the left the right retina, which they claim to have demonstrated under the microscope. It is almost wholly upon these histological researches that their claim is based. Chief among the believers in this theory may be mentioned, Biesiadecki, Michel and Mandelstamm. The latter has especially adopted this view, and endeavored to confirm his anatomical facts by clinical observations. His

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strongest point in confirmation of a total crossing at the chiasma is, in that rare form of half sight, called nasal hemiopia, in which the inner half of the field of vision in both eyes is lost, showing a loss of power in the outer half of each retina. Only ten or twelve of these cases have ever been reported, and among these but three or four were subjected to a post-mortem examination. In one of these, reported by Knapp, nothing abnormal was found, except a high degree of arterial atheroma, especially of anterior and posterior communicating arteries, which pressed unduly on the outer sides of the chiasma. This case could, therefore, be explained on either theory, though it seems more probable upon the belief of semi-decussation, in which the outer fibres of each optic tract supply the outer half of each eye. Another case, which, at first sight, seems to be more in favor of a total crossing, is reported by Wegner and Schmidt, in which a tumor was found involving the infundibulum, fornix and septum pellucidum, thus pressing upon the posterior angle of the chiasm, but the microscope showed nothing abnormal in the orbital course of the optic nerve. This, as we have said, is apparently in favor of a total decussation, yet as it is about the only case that is, think that we are justified in endeavoring to explain it in some other way. It is possible, and I think probable, that the true explanation of the majority of these cases of nasal hemiopia, as suggested by Mauthner, is as follows: From a tumor or some other cause, a double-sided neuritis develops, and owing to some anatomical condition, as a greater rigidity of the lamina cribrosa at the outer side, or the like, an undue pressure is made on those fibres supplying the outer half of the retina, so that they first lose their power. In confirmation of this view it may be stated that in all, or nearly all cases, neuritis was observed and the cases went on to total loss of sight.

The explanation of temporal hemiopia is also not clear or borne out by facts, upon the total decussation theory.

The explanation of the most common form of hemiopia, viz., equilateral, can only be satisfactorily given when we assume a partial crossing of the optic nerve fibres at the chiasm. The manner in which Mandelstamm and other "total decussation-

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ists" account for it are very obscure, impracticable and not borne out by autopsies; owing to the amount of space required to recount these improbable theories will omit them here, as they can be found in the *Archiv f. Ophth.*, 1860."

Let us now consider, for a few moments, in what manner we can reconcile the clinical facts obtained in equilateral hemiopia with the theories advanced in favor of decussation and semi-decussation. First, we will explain what we understand by these different terms. Equilateral hemiopia is lateral half sight, of which there are two varieties, left sided and right sided hemiopia. In left sided hemiopia, all objects held to the left of the median line are not seen, showing that the outer half of the right retina and inner half of left retina are amaurotic. In right sided hemiopia, all objects to the right are invisible, with loss of power of corresponding portions of the retinæ. Total decussation has already been explained, namely, that the right optic tract crosses at the chiasm and wholly supplies the left eye, while the left is distributed to the right eye. By semi-decussation or partial crossing of the optic nerve fibres at the chiasm, we mean that the right optic tract is distributed to the right halves of each retina, that is, to the outer half of the right eye and the inner half of the left eye, while the left optic tract supplies the outer half of the left retina and the inner half of the right, with its power of perception.

We have said that the majority of those who believed in a total crossing at the chiasm were anatomists, but there are some who claim to have demonstrated an opposite condition, namely, a partial crossing. And chief among these may be mentioned Gudden, whose experiments in this direction have been quite extensive.

As anatomical investigations, therefore, prove nothing, in favor of either one or the other theories, it remains for clinical observations to decide which is correct. It is for this purpose that the above case has been reported. Here we had a man who could *see nothing to the left of the median line*, (the line of separation from dark and light was exactly through the fixation point) showing that the right half of each retina was amaurotic (outer half of the right eye and inner half of the

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left). An autopsy revealed a tumor (syphilitic gumma) at the base of the brain, involving and destroying the right optic tract, while the left was intact. "Ergo," putting these two facts together, it proves, beyond the shadow of a doubt, to my mind, that there must have been, in this case, a *semi-decussation of the optic nerve fibres at the chiasm*, and I see no reason why we should not assume that such is always the case, for I do not imagine that this man's optic nerves were constructed on any different principle than others.

Autopsies, in other cases of equilateral hemiopia, have also demonstrated the truth of the above theory, though none of them as clearly or any more so than the one just reported. The one most similar to this is reported by J. Hirschberg, of right sided hemiopia, in which a large tumor was found in the left frontal lobe, implicating the left optic tract. Another interesting case is given by Pooley, of right sided binocular hemiopia, in which a gummy tumor was found in the left posterior lobe of the brain, implicating the origin of the left optic tract.

ARTICLE XXIV.—Therapeutics of Myelitis Acuta.

A STUDY.

By Martin Deschere, M.D.

(Continued from page 271.)

Graphites.

Slow in thought.
Mood: changeable, sad with thoughts of death, sad and weeping, forlorn, depressed, dejected.
Frequently feels faint with partial loss of senses.
Letters appear double when writing.
Sees as through a mist.
Heaviness of eyelids, cannot open his eyes.
Twitchings beneath the eyes.

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Weakness in back and loins on walking.
Arms feel "asleep."
Left hand becomes numb like dead, with formication extending up the arm.
Heaviness of legs.
Weakness of feet, cannot walk.
Tremulous sensation through the whole body.
Weakness, exhaustion, prostration.

Marum verum.

Twitching in the muscles of the upper and lower extremities, especially in the region of the hip-joint.
Limbs go to sleep, with tingling, when sitting.
Chilliness from want of animal heat; icy-cold hands.
Irritable mood: indolence physical and mental.
Dull, pressing pains in sinciput and occiput.
Sexual desire at a very low ebb, hardly any erection.
Oppressing sensation with anguish (without affecting the breathing) under the short ribs moving upward and downward; sensation of heaviness in the whole arm, so that it hangs down powerless. He has hardly strength enough to lift it up.
Visible, painless trembling of the right biceps brachii, appearing in paroxyms.

Note.—It may be perhaps indicated in the cerebral form of sclerosis and certainly deserves study and a closer acquaintance. Although hardly used now-a-days, old physicians used it for epilepsy (Waiz), apoplexia nervosa (Linné), paralysis of the extremities (Voigtel), concussions of the brain and their sequels (Bergius), dry asthma (Linné).

Magnesia muriatica.

Sensation of heaviness over the whole body, or in single parts (hips, thighs, knees, calves).
Sensation of great fatigue in the legs even while sitting.
Paralytic drawing and tearing in hands and feet.
Sudden loss of power in the legs.
Staggering gait, especially when beginning to walk.

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He can hardly stand up, he feels so weak with bruised sensation all over, and vertigo.
Great lassitude, as if he would faint away.

NOTE.—The symptoms of this remedy point more clearly to abdominal ailments, and nervous symptoms can only be taken as reflex symptoms.

OLEUM ANIMALE.

Unsteadiness of the body and shuffling gait.
Giddiness and reeling sensation.
Pressing, drawing, boring headache, fixed on small spots in different regions of the head. Spasmodic quivering of the lids. Mistiness of sight. Dimsightedness. Dark clouds before the eyes when looking at an object.
Weariness with heaviness of the whole body.
Weariness and languor with trembling of the extremeties.

NOTE.—Oleum animale was considered by ancient authorities a grand remedy in cerebral and spinal affections.

MURIATIC ACID.

Vertigo with tottering gait.
Perpendicular half-sight.
Obscured sight (with heaviness in occiput).
Want of feeling in the internal meatus.
Sudden red face with coma.
Lower jaw hangs down.
Tongue heavy as lead, hinders talking; feels lame, sore.
Pressing and tension in Hypochondria.
Stool involuntary (while urinating).
Urine involuntary.
Male organs weak, relaxed; impotence; desire weak.
Dyspnœa and constriction of the chest.
Palpitation of heart felt in the face.
Heaviness of the arms, especially forearms.
Numbness, coldness and deadness of the fingers, at night.
Wavering gait from weakness of thighs.
Paralysis, generally one-sided.

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Paralyzed tongue and sphincter ani.
Sensitive to cold, damp, storming weather.

NOTE.—Mur. acid shows many symptoms of deep brain troubles, but the general nature of its action seems to me doubtful as to sclerosis; softening may rather be its sphere. The cerebellum seems mostly affected.

NUX VOMICA.

Vertigo as if the bed was turning in a circle.
Tongue heavy, with difficult speech.
Paralysis of the bladder.
Bad effects of sexual excess.
Spine effected by sexual excess.
Paralytic heaviness in shoulders, with weak arm.
Paresis of the arms, with shocks as if the blood would start from the vessels.
Arms go to sleep, numb, stiff feeling.
Numbness and deadness of the legs.
Paralysis of the lower limbs; from overexertion, getting wet, sexual excess, or after apoplexy.
Limbs cold, bluish, emaciated.
When walking, legs tremble; unsteady gait.
Drags the feet.
Stitches through the body in jerks.
Paralysis, parts cold, numb, emaciated, caused by apoplexy or cerebral softening, with vertigo and weak memory.

OPIUM (Espanet).

Ailments of senility.
Diminished sensibility. Numbness and insensibility of the limbs, with coldness.
General insensibility of the nervous system. Trembling of the limbs; convulsive, spasmodic, with jerking of the muscles, shocks through the body and general coldness.
The muscles respond only with difficulty, there is less energy in the action of the voluntary muscles.
Relaxation of the muscles of the limbs, the gait is shuffling and trembling.

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Paralysis, the limbs remain in any position given to them.
Apoplexy. Paralysis of the tongue and difficult articulation.
Cannot bear the fresh air and catches cold easily.
Vertigo, as if everything turns round with him.
Paralysis of the bladder (not of the sphincter); paralysis of the intestinal muscles (not of the anus). Hahnemann recognizes this relaxation of the involuntary muscles as a primary effect of the drug.

NOTE.—Opium does not seem to be indicated in pure myelitis. The paralytic as well as the apoplectic symptoms arise from hyperæmic pressure on the brain alone. There are no symptoms hinting to any sclerosis.

OXALIC ACID.

Diminished power to concentrate ideas.
Vertigo, a swimming sensation on lying down.
Vanishing of sight with giddiness.
Constant involuntary stools (paralysis of anus?)
Difficulty of breathing and oppression.
Back numb, weak.
Back feels too weak to support the body.
Paralysis from inflammation of spinal cord, limbs stiff, paroxisms of dyspnœa.
Hand feels heavy, can move fingers but slowly.
Twitching of the fingers.
Legs cold, powerless, stiff, numb, weak.

NOTE.—This is certainly a remedy which deserves our attention, but also our close study to find its peculiarities, which are not yet clearly enough developed to give it a certain place. Hering remarks that it is indicated in "Paralysis from *inflammation* of spinal cord."

PHOSPHOR.

Melancholy, sheds tears or attacks of involuntary laughter.
While reflecting, headache and dispnœa.
Nervous vertigo.
Apoplexy, grasps at the head; mouth drawn to the left.
Impending paralysis of the brain and collapse; burning pain in the brain.
Softening of the brain, with persistent headache, slow answering

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questions, vertigo, feet drag, formication, numbness in the limbs.
Momentary blindness, as from fainting.
Amblyopia (from loss of fluids).
Tongue dry, immovable, covered with black crusts, cracked, parched or glossy.
Gastricism marked.
Sexual excitement, followed by impotence.
Burning in a small spot in the small of the back, better from rubbing.
Arms weak, can hardly move them; they tremble.
Tremor of the hands.
Finger tips feel numb and insensible.
Twitching of the feet.
When walking, he makes missteps, from weakness.
Spasms on the paralyzed side.
Paralysis; formication and tearing in the limbs.

NOTE.—Invaluable in *softening;* no picture of *sclerosis.*

PETROLEUM.

The limbs go to sleep easily and become stiff.
Twitching in the limbs, when rising.
Aversion to the open air, and from it chilliness.
Great heaviness in all limbs, especially in the legs and feet; lassitude and unsteadiness in walking. Hands and feet perspire easily.
Did not know where she was in the street; changeable mood.
Vertigo in occiput. Most ailments are in the occiput and neck, as heaviness, drawing, pressure, tension, twitching.
Misty sight and diplopia.
Gastricismus and dyspepsia.
Chilliness prevailing all over the body, especially in the hands, relief by being covered.
Enuresis, constant dripping of urine.
Nightly erections without any lewd fancies, emission of semen while dallying with a woman. (Affection of cerebellum?)
It may be indicated in progressive locomotor ataxia, when the medulla oblongata and perhaps the cerebellum are chiefly affected.

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Rhododendron.

Heavy, weak feeling and formication in the back and limbs; worse at rest and in damp weather. Sensation of crawling, stinging, burning in the limbs.

Loss of sensibility in the limbs. Sensation in lower legs and feet as if asleep.

General paralytic debility; great weakness after slight exertion.

Unsteady gait. Depression of mind. Rotary vertigo in bed.

Note.—It may be indicated in spinal affections (ataxia, not sclerosis) caused by cold, damp inclement weather.

Rhus toxicodendron.

Spinal membranes inflamed, even myelitis, from getting wet or sleeping on damp ground. Rumbling jerking and contractive sensation as if the sinews were shortened.

Numbness of some parts, with tingling and loss of sensibility.

Complete paralysis, especially of the lower extremities, with slow, shuffling, difficult gait.

Sensation of trembling in arms and legs. Tremors, cannot hold anything steady.

The limbs tremble after using them, become easily fatigued, requiring rest again.

Sensation of faintness, with consciousness undisturbed, feels more cold than warm, and so weak that he can hardly walk.

Low spirited, with prostration; inclination to weep. Rotary vertigo.

Pressure in the pit of the stomach, as if drawn together, with beating in the pit of the stomach. Gastricismus.

Secale and Ergotin.

Melancholy, stupid, anxiety, apathy.

Giddiness; unsteady gait.

Heaviness of the head and tingling in the legs.

Twisting of head to and fro.

Obscuration of sight.

Double or triple vision.

Paralysis of the upper eyelids.

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Muscular twitchings, usually commence in the face and then spread over the whole body.
Spasmodic distortion of mouth and lips.
Lockjaw.
Spasm of the tongue, projecting it from the mouth, forcing it between the teeth.
Feeble, stuttering, indistinct speech as if the tongue were paralyzed.
Gastricism.
Painful constriction of epigastrium.
Paralysis of the rectum; also anus.
Palpitation of the heart, oftener at night.
Tingling in the back, extending to the fingers and toes.
Pressure upon the affected portion of the spine, causes pain there.
Spasmodic jerks of the hand, with flexion of the hand at the wrist or of the forearm.
Numbness and insensibiliy of the hands.
Loss of muscular power and of feeling in the hand.
Coldness and numbness of right hand with tingling of the ring and little fingers.
Legs heavy and tired.
Tingling in the legs.
Shuffling gait, as if the feet were dragged along.
Tingling in the toes.
Lassitude, heaviness, trembling of the limbs.
Limbs cold, covered with cold sweat.
Paraplegia.
Irregular movement of the whole body.
Loss of power, of voluntary motion.
Sudden and great exhaustion.

NOTE.—The great riches of cerebral and spinal symptoms of this remedy, would at the first glimpse persuade us to take it for a polychrest in locomotor ataxia, as well as in cerebral and spinal sclerosis. At a closer study though, we shall find that it corresponds more to acute congestive conditions of those organs, or in the beginning stages were meningeal inflammation is present.

The same symptoms may be simulated in an anæmic condition, and our remedy be well selected.

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Silicea.

Twitching of the limbs, night and day.
Limbs go to sleep easily, sore and lame.
Feet give way under her, when walking.
Lame feeling in region of sacrum, paralytic symptoms in the lower extremities; he can hardly walk. Sensation of loss of power in legs.
All extremities heavy as if they were of lead.
Paralysis of hands.
Desponding, melancholy, tired of life. Confusion of mind; difficulty in fixing the attention.
Vertigo, ascending from dorsal region, through nape of neck into head, as if one would fall forward.
Gastricismus.
Palpitation of the heart while sitting, so that he had to hold on to something.
Violent hammering palpitation, after every quick or violent motion.
Oppression of the chest, dyspnoea, asthma; *tightness across chest.*
Headache worse in the fresh air.
Pains wandering about; prickling and numbness in different parts.
Spinal ailments, after suppressed footsweat, from a fall.

Note.—Corresponds more to myelitis from imperfect assimilation, and thus faulty nutrition.

Stramonium (Hering).

Alternate exaltation and melancholy.
Mania, etc.
Dulness of senses.
Vertigo: cannot walk with eyes closed or in the dark.
Staggering.
Double vision, obliquely. Vision cloudy as through a veil.
Total blindness.
Squinting.
Speechless, sometimes with spasmodic laughter at night.
Stammering; distorts face; makes great effort to speak; mouth drawn to right and then to left.

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Tongue swollen, hangs out of mouth.
Exalted sexual passion.
Spasms of muscles of chest; single parts twitch; spasmodic motion of arms.
Palpitation; beating very strong.
Constant pain in cervical and upper dorsal vertebræ.
Spot in back pains, when touched.
Hands and arms tremble. Difficult to bring hands to tumbler or carry latter to mouth.
Paralysis of lower limbs; (loss of speech).
Constant trembling of feet.
Fingers and heels feel numb. Limbs feel as if "gone to sleep."
Totters as if giddy, cannot make even a few steps without help.
Frequent twitching, sudden jerks through the body.
Trembling of limbs; muscles will not obey the will.
Eructation.

NOTE.—Stramonium affects far more the brain than the spinal cord. The irritation of the spinal nerve is frequently of a reflex order, and we find this remedy more frequently indicated in functional disorders, than in organic affections.

SULPHUR.

Weak memory, dullness, melancholy mood.
Frequent spasmodic jerking in whole body.
Great debility and trembling, talking fatigues.
Epilepsy with stiffness.
Unsteady gait, tremor of hands.
Cannot walk erect, stoop-shouldered.
Limbs "go to sleep."

NOTE.—There is no characteristic picture of spinal disease; still a few symptoms hint towards such affections.
Sulphur will therefore be no remedy "*par excellence*" in sclerosis and locom. atax: but must be studied if the cause can be traced to some "psoric" influence and it will then facilitate the truly indicated remedy to do its work.

TARTAR EMET.

Vertigo on closing the eyes;—on walking.
Trembling of the head, particularly when coughing.

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Sees only as through a thick veil.
Inclination to press the lids tightly together.
Convulsive twitches in almost every muscle of the face.
Difficult, even painful to move the tongue.
Gastricism very marked ("*reflex*" Burt).
Great dyspnœa.
Child breathless and pale when born.
Palpitation of heart.
Cramp in muscles of the neck.
Pain in the back as from fatigue.
Trembling of the hands.
Tips of fingers appear dead, dry and hard; without sensation.
Numbness and coldness in the legs.
Feet "go to sleep" immediately after sitting down.
Trembling: of whole body, of head, and paralytic trembling of hands on every motion.
Alternation of unsteadiness and syncope.

NOTE.—The action upon the pneumogastric is well known; but above symptoms show a great deal farther range especially in the cerebral form of sclerosis, to which several signs point unmistakably.

ZINCUM.

General debility and internal malaise. Great loss of turgor vitalis.
Emaciation and constant lassitude, so that he is hardly able to drag his feet along.
Restlessness of mind, as if guilty of a crime. Mental depression; feels himself unable to attend to any business.
Spasmodic twitchings in the face. Risus sardonicus.
Gastric and dyspeptic symptoms.
Constriction in the chest with headache and vertigo; dyspnœa.
Sensation of anguish with palpitation. Frequent beating of the heart, which feels as if constricted in a vice.

NOTE.—Does Zincum give us a picture of multiple sclerosis of the brain? The spinal symptoms seem to be secondary to the cerebral affection.

PROGR. LOCOM. ATAXIA.

Gait, difficult:	Zinc. oxd.
" dragging:	Rhus tox.
Gait, staggering:	Opium, Petrol., Rhod., Bismuth, Cupr. ars., Magn. mur., Mar. ver.

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Gait, heavy:	Silic.
" shuffling:	Ol. animale.
Electric shocks in general:	Colch., Strychnin, Sulph. ac., Xanthox.
Electric shocks in upper extremities:	Nux jugl., Tarax., Galv., Mgnt.
Constriction around the waist:	Acon., Conium, Digit., Ignat.
Formication in tips of fingers:	Cannab., Coccul., Kali carb., Kreosot., Rhus tox.
Formication in toes:	Acon., Arsen., Chamom., Phosph. ac., Plumb. ac.
Numbness of sole of foot:	Bryon., Pulsat., Sulphur.
Loss of feeling in foot:	Arsen.
Numbness of heel:	Alum., Argent., Caust., Ignat., Lycop., Nux vom., Sepia, Stront.
Cobweb on hand, feeling of:	Borax.
Coldness, subjective and objective:	Agn. cast., Bovist., Cyclam., Ignat., Phosph. ac., Pulsat., Ran. bulb.
Paralysis of sphincter ani:	Bellad., Coloc., Graphit., Hyosc., Lauroc.
Paralysis of sphincter vesicæ:	Bellad., Canthar., Hyosc., Lauroc.
Strabism.:	Alum., Bellad., Secale, Stramon.
Diplopia:	Agar., Amm. carb., Aurum, Bar. carb., Bellad., Conium, Digit., Eup., Euphras., Graphit., Hyosc., Iod., Nitr. ac., Petrol., Pulsat., Secale, Stramon., Veratr., M. austr.
Causes:	
Cold, moist atmosph.:	Acon., Amm., Borax, Calc., Carb. veg., Cepa, Dulc., Laches., Rhodod., Rhus, Veratr.
Suppression of foot-sweat:	Cuprum, Nitr. ac., Pulsat., Chamom., Merc., Natr. carb., Rhus, Sepia, Silic.
Heredity:	Sulphur? Psorin.? Syphilin?
Mental depressing emotions:	Ignat., Phosph. ac., Staph., Arsen., Coloc., Graph., Hyosc., Laches., Lycop., Nux vom., Veratr.
Syphilis:	Mercur., Syphilin, Aurum, Nitr. ac., Sarsap., Hep.
Excess in Venere:	Anac., Gelsem., Nux vom., Phosphor., Phosph. ac., Staphis., Sarsap., Zincum.

MULTIPLE SCLEROSIS (CEREBRAL).

Speech:	
Tongue catching:	Natr. carb., Nitr. ac.
" lisping:	Conium, Stramon.
" difficult:	Carb. an., Secale.
" dragging:	Carb. an., Tabac.
" heavy:	Amm. carb., Bellad., Conium, Crotal., Mezer., Helleb., Iod., Natr. carb., Natr. mur., Mercur., Plumbum, Secal., Stramon., Merc. perenn.
" stammering:	Bellad., Bovist, Euphras., Hyosc., Mercur., Opium, Secal., Stramon., Veratr.
" slow:	Natr. carb.
Laughing and crying alternately:	Aurum, Bellad., Capsic., Stramon.
Apoplectiform attacks	Ant., Bellad., China, Chin. sulph., Conium, Copaiv., Croccus, Digit., Hydr. ac., Hyosc., Iod., Kali hydr., Mercur., Nux mosch., Opium, Morph., Plumbum, Plumb. ac., Secal., Tabac., Veratr.
Convuls. concussions:	Arnic., Morph., Magnet., Mezer., Strychnin.

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ARTICLE XXIV.—Electro-therapeutics and Electro-Surgery.

By John Butler, M.D.

(Continued from page 205.)

CHAPTER IX.

PNEUMOGASTRIC NERVE.

A study of the effects, produced by electricity on this nerve, opens us a large field for conjecture and speculation, as to its probable uses in therapeutics. It is, indeed, full of fertile suggestions. The symptoms produced by it on the organs controlled by this great nerve, are so entirely different to those of any drug remedy, supplying a deficiency in the Materia Medica, in the treatment of those very diseases that hitherto were considered most intractible, and often entirely incurable, that even were it deprived of its effects on other organs in the body, every physician in our school should welcome its enrolment among our list of therapeutic measures.

The first symptom, given under the heading *Pathogenesis*, is

Spasm of Glottis.

The renowned Laryngoscopist, Tobold, in his work, speaks of a case he cured by central galvanization; that, of course, gives us no very definite information, although, what is known in the old school as central galvanization, includes the pneumogastric nerves in the circuit; and it requires no very great stretch of imagination to assume, that the cure of his case was due to the effects of the current on this nerve; it being the only part included in the circuit that gives this symptom in the proving.

Asthma.

Of the other symptoms of the current on this nerve the first group present a very excellent picture of a case of asthma. We have prominent: *The contraction of the muscular fibres of the bronchial tube. Respiration accelerated,* even to tetanic respiration. Spasmodic breathing and cough, and difficulty of inspira-*

* The most noticeable acceleration seems to be in inspiration. The expiration seems to be prolonged.

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tion, together with a *sense of suffocation*. Now, will electrization of this nerve, cure asthma? We have abundant proof that it will.

Neftel* reports the three cases, which here follow.

Case XX.—"Mr. P., æt. 43, commenced to be asthmatic in his ninth year, after whooping-cough. The symptoms at first slight, increased every year in severity and frequency, until they assumed the true character of asthma, appearing in paroxysms, between which the patient had no difficulty of breathing. There were especially some circumstances, which would always call forth an attack; for instance: some articles of diet, and especially a late dinner. Sexual intercourse would invariably be followed by an attack, and so also would the least cold. There were some places, or houses, where he could never remain over night, without suffering from asthma, while in others, on the contrary, he felt quite free from it. In this case the galvanization of the pneumogastric (anelectrotonus) was followed immediately by a beneficial effect. Since the first treatment, which was occasionally repeated, the patient has not had a single attack during the remainder of the winter, although he was out every day, even in the most inclement weather."

Case XXI.—"Mrs. C., æt. 30, sent to me by Dr. Marion Sims, December 9th, 1868. She has been affected with severe asthma from her childhood, and different kinds of treatment have been used without any benefit. Galvanization of the vagus (catelectrotonus) has immediately relieved her from an attack, and she remains still free from asthma, after having been treated fifteen times." (1873).

Case XXII.—"Mr. J., æt. 35, suffered from severe asthma, for which he had been treated by many excellent physicians. Dr. Elsberg sent him to me September 21st, 1869, during an intense attack, which had already lasted for a fortnight, entirely depriving him of sleep. After the first application of the galvanic current, by means of which I endeavored to produce a condition of anelectrotonus of the vagus, he slept very comfortably the whole night, and the paroxysm disappeared."

* *Galvano-Therapeutics*, p. 153.

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The reader will observe, that in the treatment of these cases, two of them were treated by the descending current and one by the ascending, and the results, as far as the cure was concerned, were identical. Benedict, Beard and Rockwell,[1] Wilson Phillip,[2] and many other authorities, speak in the highest terms of this method of treating asthma; and Adolph Wahltuch, in a contribution of his to the *British Medical Journal*, reports several cases permanently cured.

Pertussis.

I am afraid, that electro-therapeutists generally have been extremely negligent, in prosecuting experimental research in this direction; and, I believe, to Neftel[3] belongs the credit of being the first to bring the matter to the notice of the profession. He, however, says, that his observations are not sufficiently matured for publication (1873). But, I sincerely hope, he will throw some light on the subject, at a time not far distant.

The cases, I have myself treated, have been too few, (and were all taking other remedies at the time they were under treatment), for me to hazard an opinion on the subject. However, this is a legitimate field for further experiment, as fully warranted by the proving.

Hay Fever.

Autumnal or summer catarrh, or rose cold—called also hay asthma, and by a hundred other synonyms, has of late years been treated considerably by electricity. Neftel[4] gives a case in his work, cured by galvanization of the vagus. Dr. W. F. Hutchinson, of Providence, says he is quite successful in breaking up the attacks. Drs. Beard and Rockwell[5] allude to this method of treatment, and recommend its use.

Angina Pectoris.

This is an affection that from the proving certainly ought to be amenable to electrization of the vagus. Beard and Rock-

[1] Op. cit., 2 cases reported, p. 554.
[2] 22 cases treated in the Worcester Infirmary, and all cured.
[3] Op. cit., p. 156.
[4] Op. cit., p. 688.
[5] Op. cit., p. 156.

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well[1] report three cases. One case derived decided relief from central galvanization. (This grape-shot process, as was before remarked under this heading, includes the pneumogastric nerve, part of the time of the seance, in the circuit). A second case was *aggravated* by *strong galvanization*, and afterwards relieved by *mild, general faradization;* and a third case, that also recovered under general mild faradism.

Dr. G. V. Poore reports the following case.*

Case XXIII.—P. M.. æt. 42, admitted into the Seamen's Hospital, for angina pectoris, under Dr. Ralfe, Feb. 24th, 1874.

History of attack.—Four weeks before admission, whilst engaged at his work on board ship, had a sudden attack of acute pain, starting from the cardiac region and then coursing down the left arm as far as the fingers. This was accompanied by a feeling of great oppression in the chest. Has had three or four attacks since.

Present condition.—Aged appearance; grey hairs plentiful; slight arcus senilis; pulse slow, weak, intermittent; enlarged area of cardiac dulness. Was treated with spirits of chloroform and Hoffman's anodyne, at first. Had several attacks of pain. The voltaic battery was then ordered, March 10th. After the third application patient felt much better, the pain being less severe. About thirty cells of Foveaux' battery were applied. Still better after a fourth application.

The method of application was to place the negative pole to the nape of the neck, and the positive over the cardiac region, and down the inner side of the arm. Dr. Ralfe, writing in reference to this patient, says: "Not only is the pain less, but the general appearance had improved greatly. He looks less aged and anxious. The pulse, which at first was very irregular, is now steady, though feeble."

Diabetes Mellitus.

Cl. Bernard,† in experimenting on dogs, found that temporary diabetes occurred in those in which he faradized the pneumogastric nerve. This, I believe, was the first instance in

[1] Ibid, p. 668, et seq.

* Op. cit., p. 165, et seq.

† Leçons de Physiologie experimentale, 1856. Tome I.

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which the symptom was noticed; at least it is the earliest mention of the fact, as far as I can discover, in any medical work or journal. Later, Duchenne* discovered that the same occurrence took place in the human subject. He says: "I cannot leave this subject without mentioning an experiment that I made upon a man, after faradization of the pneumogastric. I examined his urine (once only it is true), and discovered the presence of glucose by the usual tests (liquor potassæ and Barreswell's solution). There was no glucose in his urine ordinarily." Afterwards this fact was noticed by a number of other authorities, and now it is an established truth well known to the profession in general. Acting upon this hint, in 1873, I treated two cases of diabetes by faradizing both vagi, after Duchenne's method (to be hereafter described); the sugar gradually lessened in quantity, as did also the amount of urine passed, and finally disappeared, and the men are to-day (1877) hale and hearty. These cases have already been reported elsewhere,† or they would be given here in detail. As these kind of cases are not ones generally sent to an electro-therapeutist, my experience in treating them has thus far been very limited; in fact these are the only cases in which I have had an opportunity to try the experiment.

Althaus,‡ in the new edition of his work, makes these remarks: "Whatever may be the nature and causation of diabetes, there can be no doubt that the parts forming the floor of the fourth ventricle, and more particularly the roots of the pneumogastric nerves, play an important part in its production and continuance.

It is likewise certain that the continuous current, when applied to the pneumogastric, is transmitted to the floor of the fourth ventricle, and galvanization of the pneumogastric seems to be the rational remedy for diabetes. Signor Mariano Semmola§ states that electrization, both by the continuous and induced currents, causes in diabetic patients a diminution of the

* Op. cit., p. 104, et seq; published 1871.

† Medical Union, June, 1874.

‡ Op. cit., p. 624.

§ *Comptes Rendus*, 1861, Vol. III., p. 399.

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quantity of sugar excreted, and sometimes also of the quantity of urine. The results of the treatment are said to be either temporary or permanent. When the patients recover, he believes them to have suffered from an idiopathic neurosis; but where the results were temporary, he suspects the presence of structural lesions in the floor of the fourth ventricle." Now here are two men who stand at the very head of the profession in Europe, in the department of electro-therapeutics, who know that galvanization and faradization of the vagi will both cause and cure excretion of sugar in the urine—will both produce and counteract an excessive flow of urine—and still will not admit that there is even one grain of truth in the doctrine taught by the immortal Hahnemann. It is very probable that these authorities are quite right in their location of the lesion; indeed we have every reason to believe it is so situated. Dr. William Dickenson* made post mortem examinations of a number of patients who died of diabetes, and found this to be the fact, but in many of them there were also pathological changes in the spinal cord, medulla oblongata, and in other parts of the nervous centres. This seems to correspond with the experience of other and later authorities. But surely these pathological facts do not "*point to electrization of the pneumogastric as the rational remedy* as Dr. Althaus says. Will any homœopathic physician accept such an explanation as to how the cure takes place? Surely not. There is only one explanation, and a very plain one: galvanization, or faradization of the pneumogastric nerves cures diabetes, according to the law of similars.

Nausea and Vomiting.

The effect, produced on the stomach by electrization of the lower ends of the vagi, is very marked, in causing gastralgia, nausea and vomiting. The symptoms are first mentioned by Bernard and described by M. Meyer,[1] and are constant symptoms with a strong current; and even sometimes, in very sensitive patients, occur after using a very medium

* *Med. Times and Gazette*, March, 1870.

[1] Medical Electricity, p. 86.

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strength. Dr. Frederic D. Lente, of Cold Spring, N. Y., reports eighteen cases of vomiting, of the most troublesome and intractable types, entirely cured by a faradic current, transmitted from spine to pit of stomach. This included the lower part of the pneumogastrics in the circuit; we cannot, therefore, but conclude, that the cures depended upon the effect the electricity produced on these nerves. All his cases, with one or two exceptions, began to improve after the first treatment; and these were *first aggravated*, temporarily, by too strong a dose, and afterwards cured. M. Le Coniat,* a French physician, presented a paper to the New York Medical Association, on the treatment of sea-sickness by the faradic current; but, unfortunately, he combined the use of atropine with his treatment, which, of course, destroys the value of his experiments. He says, that ninety per cent. of his cases were cured. These facts, I think, should justify us in enlisting electricity as a remedy for the obstinate vomiting that occurs sometimes in pregnancy, and so often resists all ordinary treatment, and sets, both patient and physician, at their wits' end; also in the vomiting that supervenes in cases of puerperal fever, and, in fact, wherever we meet this symptom, where it is not controllable by drug medication. I am not aware of galvanization of the vagi ever having been used as a remedy for gastralgia; but this symptom often yields to topical applications of the faradic current to the pit of the stomach; indeed, it sometimes seems little short of magical, how a seance of one or two minutes will lull the pain, even, when caused by chronic organic disease.

Heart and Lungs.

The treatment of diseases of these organs, by electrizing the vagi, has met with but little attention at the hands of the electro-therapeutists; in fact, it is scarcely alluded to in any work. Beard and Rockwell[1] say, that "Fliess experimented with the galvanic current in twenty-four cases of heart trouble,

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* *Archives of Neuralogy and Electrology*, Vol. I, p. 193.

[1] Op. cit., p. 667.

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nineteen of which were functional, and five of an organic character.

All the cases were more or less relieved, even those, dependant on structural lesion, while the majority of the cases were permanently cured.

His method of treatment was daily application to the pneumogastric in the neck, of mild, descending galvanic currents, for one or two minutes. Temporary abatement of the symptoms followed each application." What the symptoms were, that were abated, they do not say, and it certainly is not likely that the whole twenty-four cases presented the same group of symptoms. There is not much, that is definite, to be learned from these *very general* observations; but they serve to show that there is a wide field of usefulness in the future of this method of treating some cardiac difficulties; a whole territory indeed, as yet unexplored and full of promise.

In lung diseases medical literature is, if possible, more barren of information. I can find *nothing* trustworthy at all on the subject. It is true, that there are some astounding assertions made by one man, with regard to the cures he has made of a great number of cases of phthisis, even when in advanced stages; but, I regret to say, they do not bear the stamp of truth, and for that reason I forbear even recording the name of the author. As far as my own experience goes, I do not believe, that disease affecting the lung structure itself, is at all influenced by any form of electricity applied to the pneumogastrics; however, at the same time, I must say that I do not feel qualified to give that as a positive opinion; but, judging from the provings of the current on the healthy nerve, and what little clinical experience I have had in these diseases, I am strongly impressed with the idea, that it is not homœopathic to diseases of nutrition, affecting parenchyma of the lung.

Cough.

There is a cough very similar to that of rumex crispus, or lachesis, produced by galvanizing the central portion of the vagi. There are some patients so extremely sensitive to the action of the current, that even when administered to them in

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the mildest possible degree of intensity, this symptom becomes so annoying, as to necessitate a discontinuance of the seance. These are of course very exceptional cases; but I have never met with a patient, who could not be made to cough by a very moderate current. It is most easily caused by closure of the cathode, next by opening of the anode, and is most difficult and requires a current that cannot be used with safety, to cause it at duration. As far as I can gather, I know of no instance of this symptom having been made any clinical use of. Possibly it might prove useful in hyperæsthesia of the larynx, with nervous cough, where the symptoms are not quite covered by any drug remedy. Before leaving this subject, I would call special attention to the fact, that in the hands of tyro-electro-therapeutists, electrization of the vagi is an operation that is full of danger, indeed, no matter how experienced a physician may be in this department of medicine, it behooves him to proceed with a great deal of caution, and to recollect that he cannot commence his seance with too mild a current, and that *he must not increase it beyond the point at which the patient is conscious that the current is being transmitted.* It may be well here to quote Duchenne's opinion on the subject.*

"This procedure is not always free from danger. I need only recall the important organs that are subject to the pneumogastric, in order to impress upon my brethren the need of great caution in similar researches. The following accident occurred in my practice, and may serve as a warning to others. Whilst moving a rheophore over the lateral and superior parts of the pharynx, with a current of rapid intermission, but moderate intensity, the patient fell suddenly into syncope. When restored, he said he had experienced a kind of suffocation and an indefinable sensation.

Since then having faradized the pneumogastric many times, and at the same height, with one intermission per second, and with a very moderate current, the same accident has not occurred, but the præ cordial sensation has been felt every time. I once saw the necessary caution neglected, in faradizing the

* Op cit., p. 104.

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pharynx of a young man in whom that organ and the velum palati were paralyzed, consecutive to an angina. A profound syncope was immediately produced by the operation, and in this case I have no doubt that the pneumogastric had been irritated by the current." Several years ago a very similar accident occurred in my own practice. While faradizing the soft palate, the patient happened to turn her head around, and the electrode slipped off the palate and on to the posterior and lateral part of the pharynx, just over the seat of the pneumogastric nerve, and although the current could not possibly have acted upon the part for more than a fraction of a second, an immediate swoon was the result. Though considerably alarmed for the safety of my patient, I could not help comparing her condition with an ordinary fainting fit. In the latter the patient begins to feel sick, cold perspiration appears, he turns deathly pale and finally falls. But this patient, to use a common expression, "fell all in a heap," muscles totally relaxed, eyes set, face gradually turned pale, and I think she must have remained in this condition half an hour. All the ordinary means of favoring resuscitation having been used, she finally showed signs of returning vitality; but only for a moment or two, when she again fainted, and continued to have fainting spells of a few minutes duration, with only short intermissions, all the forenoon of that day. She could not afterwards describe any of her sensations. The period of her fainting and awakening until she finally came to, seemed to have been one of total oblivion. I hope that these warnings may prove of service to such of my readers as contemplate administering this remedy, and that it may save them having a case of the kind to treat or record.

CHAPTER X.

SPLANCHNIC NERVES.

In speaking of epilepsy, page 188, we entered fully into the symptoms of that disease in which galvanism of these nerves appeared to be indicated. What was then stated, embraced pretty much all that we have to say in regard to the first

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symptom of the proving. The second symptom is:—Peristaltic motions of intestines cease. I have but little to say with regard to the utility of this symptom in clinical practice. It was first described as before mentioned by Pfluger, and the current seems to act in producing both symptoms, by its effect on the vasomotor nerves: causing engorgement of the blood-vessels of the intestinal canal, and at the same time depriving the brain of its accustomed blood supply. Hence pallor of countenance—peristaltic motions of intestines cease. Electrization of this nerve might be tried in obstinate constipation, caused by a deficiency of peristaltic action. It certainly seems as if it were homœopathic to the condition.

PHRENIC NERVES.

Electrical stimulation of these nerves has mostly been made use of antipathically in cases of suspended animation, as from drowning, etc., in order to produce contraction of the diaphragm, and thus assist in keeping up artificial respiration.

Homœopathically it ought to cure spasmodic action of the diaphragm, hiccough, etc. I once used it successfully in a case of obstinate hiccough. It is very difficult, however, to make a satisfactory application of electricity to the phrenic nerves, without at the same time influencing both the sympathetic and pneumogastric, except in very lean persons, in whom the muscles of the neck (which act as land-marks) stand out in bold relief. Beard and Rockwell, mention two cases of obstinate hiccough, which they claim to have cured by galvanization of the sympathetic and pneumogastric. It is possible that the cure may have been due to the galvanization of the vagus; as electrization of that nerve produces hiccough, but not in the same degree as electrization of the phrenic; but it is not at all likely that the effect of the current on the sympathetic nerve had anything whatever to do with the cure; and taking into consideration that in the ordinary methods of galvanizing, the pneumogastrics, (that is outside the neck), the phrenic nerves must be included in the circuit. I think galvanism of the phrenic is entitled to the credit of the cure. Certainly it is entitled to as large a share of it as the pneumogastric.

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CHAPTER XI.

SPINAL CORD.

Electrization of the spine is used, or rather abused for every possible form of nervous disease, whether it is indicated or not. It is a "dernier resort" for the old school to fall back upon, whenever they don't know exactly what to do for a case. "Try electricity along the spine," they say. Well, how do they *try it*? An old second-hand magnetic machine is often borrowed and the handle turned by a cook, bottle-washer, or stable boy, and the electrodes manipulated by a well meaning daughter or son of the patient. Up and down, the spine is rubbed with the sponges, or worse still, with the naked metallic electrodes. At one moment the patient feels no current, at the next he screams with the pain. The person applying it is frightened, the young man at the "wheel" is scared. The patient feels much worse, but *electricity has been tried*, and failed. The treatment was too severe. The shock produced by it on the nervous system was too great, and so poor electricity gets blamed for the ignorance of the doctor, and the short-coming of the nurses.

In applying electricity to the spine, other parts, as portions of the great spmpathetic, pneumogastric roots of the spinal nerves, etc., are unavoidably included in the circuit, so that in addition to the symptoms given under the sub-heading, *Spinal Cord*, page 24, we have also a number of the symptoms which are recorded under *sympathetic*, etc. Practically, however, this is a matter of no importance whatever, as the location to apply the current is the principal point to know after all; and if we understand that, by applying a pair of rheophores to certain points of the body we produce or cure a certain train of symptoms; I do not think it makes much difference whether the patient is cured by the action on one or the other tissue, that is as long as it is utterly impossible to electrize one, without at the same time affecting the other.

Electricity is often useful in spinal anæmia, congestion, in many forms of spinal paralysis, epilepsy, chorea, backache of

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women of uncertain pathology, spasm of single muscles, as torticollis, etc., and even in tetanus it is frequently indicated, and we have on record many cases of this latter affection, which have been cured by its use.

Spinal Anæmia.

The characteristic symptoms of spinal anæmia differ somewhat according to location at which it exists. We will therefore take up for consideration the different parts of the spine in their order from above downwards.

Cervical region.—Tenderness over seat of the disease. *Vertigo. Noise in ears. Muscæ volitantes. Headache. Insomnia.* Neuralgic pains in cervical region. *Clonic spasms. Contraction of muscles, supplied by nerves issuing from cervical region. Nausea. Pains in stomach. Aphonia. Hiccough, etc.* Some one or more of these symptoms are often absent, or obscurely marked, but no matter which one is absent, we have in this affection a complete picture of a proving of the electric current.

Dorsal region.—*Tenderness. Gastralgia. Nausea. Vomiting. Pyrosis.* Acidity of stomach. *Palpitations of heart,* and irregularity, occasional attacks of *syncope. Difficulty of breathing, cough. Intercostal neuralgia, spams* of *muscles* or *paralysis,* occasionally *epileptiform convulsions.*

Lumbar region.—*Tenderness.* Neuralgia affecting thighs, legs, and muscles of the back. *Difficult urination. Incontinence of urine. Pain in uterus, ovaries and rectum. Contraction of muscles of lower extremities, paralysis.*

In many cases we have any two of these regions affected, commonly the cervical and lumbar, or cervical and dorsal regions, and occasionally the whole spine.

A favorable prognosis may almost always be given in this affection, although long standing cases are sometimes troublesome at first. I can call to mind no instance of persevering treatment by one or other form of current having failed to make a complete and perfect cure.

Hammond[1] remarks: "There is a remedy which apparently

[1] Op. Cit., p. 404, and seq.

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either contracts or enlarges the diameter of the blood-vessels, and which is more efficatious in removing spinal irritation than any other with which I am acquainted, and that is the direct galvanic current." This authority on the pages immediately following this quotation, reports a number of cases illustrating the force of these remarks. Beard and Rockwell[1] also record several cases. Dr. W. F. Hutchinson,[2] of Providence, R. I., has on record the annexed case.

Case XXIV.—"Mrs. M., æt. 40, native of Rhode Island. Has suffered for two years from spinal irritation in so advanced a state as to call for medical interference, during which time she was seen by a number of physicians, returning finally to where she should have remained from the first, to the care of her family attendant, Dr. Baker, by whom she was placed under my charge. The symptoms were *nausea*, great distress after meals, flatulence, and *persistent insomnia*. *Pain was almost constant*, and was of neuralgic lancinating character, extending from the cervio-occipital region down the spine as far as the first lumbar vertebra, and thence around the waist, giving the sense of constriction which we usually notice in spinal irritation.

Menstruation was regular and bowels in excellent condition, considering the quantities of drugs aimlessly given by various charlatans whom she had consulted. The difficulty most complained of was sleeplessness. "If I can only sleep, Doctor, without an anodyne, I shall soon get well." Concurring in this opinion and believing that the case was one of general nervous hyperæsthesia, induced by spinal irritation, a careful examination was made of the column. Firm pressure with both thumbs over the transverse process was steadily carried down from the nape of the neck, but no sensitive spot was found. With a small rubber-tipped hammer and pleximeter, percussion was practiced upon the body of each vertebra successively, with a negative result, until the first lumbar was reached, when she exclaimed: "O Doctor, that goes through

[1] Op. Cit. p. 449, et-seq.

[2] Archiv Electrol. and Neurology, p. 66, and seq.

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me like fire!" No amount of pressure my thumbs could make would produce this result, which a slight tap repeated.

Treatment was at once commenced with the same battery* previously employed, in the following manner: Upon a stool which is fitted with a copper plate in the centre of the seat, covered with sponge, the patient was seated in such a manner as to cause the coccyx to press firmly upon the plate, to which was attached the cathodic pole cord, the anode being a carbon plate, two inches square, also sponge covered. The latter was strongly pressed against the seventh cervical vertebra, and the current from four cells turned on. No sensation being felt, the force was gradually increased to ten cells, when she felt, as she expressed it, a current as if of warm water flowing down her back as far as the painful point, and thence all over and through the pelvis. The first application lasted ten minutes, with the ordinary soothing effect, and the patient was directed to abstain from her usual anodyne at bed-time, taking in its place a cup of strong beef-tea, and to return the next day. Next day came and with it Mrs. M., jaded and worn from a restless night. The same mode of application was practiced, with the addition of two or three rapid reversals of current, by means of the commutator. Next day, she reported about an hours sleep, and, to make a short story, from this time until complete recovery from every symptom was established, a period of three months, the upward march was with a steady step, and but few back slidings. To-day, four months since, I last saw the lady, her husband tells me that she continues in excellent health."

I have selected this case to show that even when applied in the most bungling, unscientific manner, electricity will sometimes affect a cure. There is no doubt in my mind that if in this case a current of a much less intensity so applied, that its force would be concentrated as nearly as possible in the painful spot, and without the use of the rheotrope (to which Dr. H. gives so much importance), that the cure of this case would have taken place much sooner. All Dr. Hammonds cases, just

* Siemens and Halske's as made by the Galvano Faradic Mf'ng. Co.

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alluded to, (but which were correctly treated), were cured in a very much shorter time. The average time under treatment being five weeks.

SPINAL CONGESTION.

This affection has a great many symptoms that also exist in the disease last described. The salient symptoms of an ordinary case of this disease are: *Heat in the part affected*, with *a dull aching sensation* but *no* tenderness on pressure. *Paralysis* or *paresis*, with *anæsthesia* or else *hyperæsthesia* of the parts of the body below the location of the difficulty. *Twitching* of *muscles. Darting pains along the nerves.*

When the congestion exists in the cervico-dorsal region, there are *dyspnœa* and *palpitation* of the heart. When below that point, difficult urination, with incontinence, constipation but involuntary evacuations. Pain and sense of constriction of chest and abdomen. We certainly have symptoms enough here characteristic of the efforts of electricity, to warrant us prescribing it in a case of the kind. Hammond[1] says: "Electricity is always useful. The constant current should be applied to the spine over the part affected, and the intensity and quantity should be as great as the patient can endure without much discomfort. I am not sure that it makes much difference in which direction the current be passed. Of its benefit I have no doubt."

All authorities are agreed upon this point. Perhaps there is no affection more generally sent to specialist for treatment; and I doubt if any can be given a more favorable prognosis, if uncomplicated and met with in the early stage.

CHOREA.

When I had charge of the department of nervous disease at the Brooklyn Homœopathic Hospital Dispensary, I had ample opportunity of testing the value of electrization of the spine in this affection. I think almost without exception, my cases all got well without any other treatment.

[1] Op. Cit., p. 385.

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Onimus[1] treats all his cases with an ascending galvanic current, passed along the vertebral column and through the affected limb for thirty to fifty minutes, and reports successes.

Duchenne[2] speaks in the highest terms of the treatment and reports the subjoined cases.

Cases XXV. and XXVI.—"I have submitted to the action of continuous currents of from 30 to 50 elements of my sulphate of lead battery two cases of chorea, in young subjects, aged respectively 14 and 16 years; the current traversing the affected limbs and the vertebral column, in a direction sometimes ascending, and sometimes descending, and each seance having lasted from ten to fifteen minutes. In one of these cases, both the upper and one of the lower limbs were affected by the partial muscular contractions. The patient was cured in fifteen applications; a progressive improvement having been obtained after the first few. The other case, in which the muscular spasms were less general, but of more than a years duration, derived no benefit from the continuous current applied in the same manner."

Case XXVII.—"A young lad had been suffering from chorea for five months. I caused the passage of a descending current from 30 elements of my sulphate of lead battery, during five or six minutes, through each of the limbs agitated by choreic contractions. The hands were placed alternately in a basin of water in relation with the negative pole; and the rheophore of the positive was placed on a point corresponding to the origin of the brachial plexas. After the second application, the agitation of the upper limbs had notably diminished. I then passed a descending current through the lower limbs and (following the direction of the spinal cord) through the trunk, which was the seat of some isolated convulsive contractions. From that time the improvement was progressive, and after fourteen applications the young patient was cured."

Most works on electro-therapy, are full of just such cases; but, as in these, galvanism of the affected parts was made use

[1] Onimus. De l'action des courants continus (*Gaz. des. Hôspital*, Sept. 1869.)

[2] Op. Cit., p. 205.

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of as well as galvanism of the spine. True to their faith, the allopaths seem bound to mix their medicines, and think there is no virtue in any prescription that does not contain an adjuvant. In these cases, galvanism of the affected muscles was unnecessary as an auxilliary measure, which Duchenne, had he taken the trouble to try the effect of galvanizing the spine, alone would have discovered.

Backache.

For the want of a better term, I am obliged to use the above, although well aware that the vagueness of the name will be found fault with. Before proceeding any further with the subject, I will define accurately what I mean by the term, or rather on the principle of exclusion will first describe what I do not mean. I do not mean the pain that occurs as a symptom of various spinal diseases, as myelitis, spinal anæmia, or hyperæmia, cervico-occipital, cervico-brachial, intercostal, or other forms of pure neuralgia, nor do I mean the pain symptomatic of fatty disease of the heart, of ovarian or uterine diseases, or that which occurs in malignant diseases of the viscera. The affection I allude to is simply backache and nothing more. We examine the uterus and its appendages and nothing abnormal is found. We carefully percuss and auscultate the lungs, and find them sound: the abdominal viscera are entirely free from disease, the spine is not tender to pressure. In short, as far as human senses can ascertain, the patient is free from any pathological lesion whatever; but the backache remains and is positively the only symptom the patient complains of.

It is both constant and severe, sometimes relieved by the pressure of a tight fitting corset, which the patient is often obliged to wear all night, so excruciating is the agony when the pressure of it is removed. In other cases the reverse of this is true, and the patient can wear nothing tight around the body. The pain is sometimes aggravated by motion, sometimes by rest. Some persons are worse before a storm, others are not affected by the condition of the weather, it is an affection almost exclusively confined to females of the upper classes living in cities, between the ages of 17 and 40, who move in the

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best society, who have little to employ either body or mind, who live amidst continual excitement, are quite irregular as to eating and sleeping, constantly violating every law of nature, and in short leading a very artificial sort of life. The pain may occur in any part of the spine, but is most commonly located just above the small of the back. This is what I mean by backache, and if anyone will suggest a better term, I will be happy to discard this one. This disease is a bugbear to the profession. Remedy after remedy is prescribed with little or no benefit, and as a *dernier resort* the patient is sent to the office of the electro-therapeutist. A large proportion of the cases sent to me for treatment are cases of this kind, and I have no doubt that the experience of other specialists is similar. The first impression a physician gets on seeing a patient afflicted with this trouble is, that it is a case of rheumatism. Now I am well convinced that it is not. For in the first place it yields readily to galvanism assiduously used, after a certain method, to be again described, which rheumatism does not. In the second place, it occurs in patients, who show no tendency to rheumatism elsewhere, and who never have had it in any form, and thirdly because when the backache is once removed it does not show the same disposition to return that rheumatism does, nor has it any tendency to metastasis. I have never seen any description of the disease in a medical work. Neftel,* however, reports several cases of backache cured by electricity. The two following cases among the number, which I select as representative types of the ordinary cases we are called upon to treat, and also fairly representing what can be done by electricity in curing such cases.

Case XXVIII.—"Miss G., æt. 23, suffered for years from pain in the middle portion of the back. Her general health was very good, and no affection of any organ could be found. I applied the elongated anode to the painful part of the spine, the broad cathode being placed in the palm of the hand. The intensity of the current was gradually increased to 20 Siem.

* Brown Sequard, *Archives of Scientific and Practical Medicine*, Nos. III., IV. and V., 1873.

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elements, and then slowly diminished, carefully avoiding large fluctuations of the current-density by means of a rheostat. Duration of each treatment, six to ten minutes. At the end of five weeks the backache had entirely disappeared."

Case XXIX.—"Miss A. C., æt. 35, principal of a school, extremely anæmic, though her appetite was good and all the functions apparently normal. She consulted me, October, 29, 1870, in regard to her backache, being alarmed by the recent death of her mother and sister from spinal meningitis. I applied to the spine every other day, and with considerable benefit, a weak, perfectly painless induced current. I occasionally tried the electric brush, *but it invariably increased the backache. Even a less painful current, just sufficient, however, to produce muscular contractions, would also aggravate the backache. Having thus satisfied myself that the backache could be favorably influenced only by very weak and scarcely perceptible currents*, I continued this treatment at first every other day, afterwards twice and once a week, and then only occasionally during eight months until the backache entirely disappeared."

The italics here are my own, and refer to the aggravation which is always produced by too strong a current or too prolonged a seance in treating this affection. Indeed, here, as in many other diseases, it is impossible to overestimate, or lay too much stress on absolute necessity of commencing the treatment with the weakest current it is possible to use, and *not increasing it beyond the point at which improvement commences, as long as such improvement continues.* Should, however, the patient not continue to improve, and the tendency towards convalescence flag after a few seances, we may *very cautiously* increase the dose.

Now, although I have already in this work several times repeated this rule, I do not think I owe my readers any apology for so doing, as attention to this point is one of the great secrets of success in electro-therapeutics.

Lumbago.

About half the cases we meet of this disease yield to the faradic current, about a fourth to the galvanic current ex-

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ternaly applied, while the remaining fourth require galvano-puncture of the affected muscles to complete the cure. Occasionally we meet with a case that cannot be benefited by any form of electrization, but such cases are exceptional, and probably in these the intervertebral discs are more or less rheumatic, or even there may exist rheumatic arthritis. The duration of the treatment most commonly bears some proportion to the length of time that the disease has existed, and is generally tedious, although some improvement is as a rule apparent after the first seance. Once in a great while, a brilliant cure is made in a very chronic case by one or two treatments, and still more seldom, we find a very recent case which resists weeks of treatment.

Dr. G. V. Poore,* of London, reports the case which here follows:

Case XXX.—"W. G., a brass finisher, æt. 35, was admitted as an out-patient on July 16, 1873." (Charing Cross Hospital.) "He was bent almost double, walked with the greatest difficulty, complained of intense "lumbago pain," and gave the following history:—He had been accustomed to work a good deal with the lathe, standing up and moving the treadle with his right foot. About six years ago a pain came on gradually, affecting the back of the thighs, and hips, which the medical man attending him called sciatica. The pain became so severe that he was obliged to give up work, and has not since been able to resume his employment. The pain left his legs and finally settled in his back; it was most marked in the lower dorsal and lumbar regions, and was of a plunging-shooting character, aggravated by the slightest movement or lightest touch, and implicating not only the dorsal muscles, but the intercostals as well. Movement had become so difficult, that he was often as much as two or three hours in dressing and undressing himself. The back was considerably "bowed," the curoatuae being far more noticeable at night than in the morning. There was no indication whatever of any disease of the vertebra, and the ailment seemed to be mainly muscular.

* Op. Cit., page 174.

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The positive pole was placed at the upper part of the spinal column, in the middle line; and the lower part of the back, and the lateral regions of the thorax were thoroughly sponged with the negative pole.

The sponging had the immediate effect of annulling his pain, and produced great redness of the skin of the back and chest. While the current was being used, he was made to exercise his muscles, to flex and extend his back, to rotate his spine, and to inspire rhythmically and repeatedly. The result of this treatment was his rapid improvement and he was soon enabled to resume his employment, which he had discontinued for six years."

As such cases are of every day occurrence and familiar to every busy medical practitioner, it is useless to bore the reader with the history of others, which from their sameness would only be uninteresting.

Tetanus.

The homœopathic relation of electricity to tetanus is a fact that has long ago been unwittingly and unwillingly established by Mattencci. *See page* 24. After experimenting on healthy animals, he makes the discovery that electrization of the spinal cord produces "rigid cramps of all the muscles of the body"—that "the muscles of the trunk and extremities are thrown into convulsions, which last some time after breaking the circuit," and he also admits as the result of his experiments, that frogs, when tetanized by strychnia, were at once restored to their normal condition by a galvanic current, transmitted through the spinal cord. He repeated several times these experiments, as also did Nobili, and always with the same result; but as far as my knowedge of the literature of the subject extends, I believe it was reserved to Dr. Mendel, of Berlin, to first put these facts to clinical use, or at least to be the first to bring the matter to the notice of the profession. Dr. Mendel's first case is reported in the *Berliner Klinische Wochenschrift*, Sept. 21, 1868, and translated by Dr. A. McC. Hamilton of this city in his work on *Clinical Electro-therapeutics*, page 121.

Dr. Hamilton on the following page of the work just quoted

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gives the history of an interesting case of idiopathic tetanus, occurring in a little girl, æt. 11, which was cured in ten days by the galvanic current. I here copy it in full:

Case XXXI.—"Commencement of disease on June 15, with trismus. On June 17 contraction of muscles of neck and calf, followed by general tetanus, with greatly exaggerated reflex irritability. High fever; temperature 104.° Eight to twelve elements were employed, the relaxation continuing some time after cessation of the current. After two sittings marked improvement followed, recti-abductor muscles being tense; their relaxation was accomplished by the application of the anode to the second lumbar vertebra, and the cathode to the sternum.

June 23. The interval between the attacks lengthened, and the attacks shortened. Temperature 102.° During the following days the patient continued to improve, with galvanization ten to fifteen minutes in duration.

June 29. Temperature normal; no more tetanic rigidity, and only slight tension of the masseters. Cured." The Doctor in his observation on this case, says: "The direction of the current seems to have no influence on the effect."

Onimus and Legros also report good results in this disease from the use of galvanism.

Spinal Exhaustion.

Under this heading I place the disease generally marked by the following group of symptoms: *General nervousness and irritability. Insomnia, or broken sleep. Feeling of weariness and exhaustion, and utter disinclination to perform labor of any kind.* Easily excited and worried by little things. Intolerant of noise. Heaviness on the chest. Imperfect digestion. Flatulence and pyrosis. Dislike to food. Little appetite. Excess of urea, or phosphates eliminated. *Frequent desire to pass water.* Occasionally *twitching of single muscles*; especially at night. *Frequent attacks of dizziness.* I have in my mind many cases of this kind that were cured by galvanization of the spine. Some of them occurring in men, were put down to the credit of hypochondriasis; and others in women, to hyste-

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ria. It occurs most often in young people who grow too fast, or in persons who are in the habit of trying to get four days work into one, and thus expending their vital energies too fast: From the effects of grief and anxiety, etc. Althaus* gives two cases entirely cured by galvanization of the spine.

Progressive Muscular Atrophy, Cruveilhier's Disease.

The pathology of this disease is now generally attributed to some lesion of the grey matter of the antero-lateral columns of the cord. Some of the symptoms correspond with galvanism of the cord, and are frequently relieved by it, but faradization of the affected muscles is also generally required to complete the cure. Dr. Neumann,† of Magdeburg, has published a case of this disease which had proceeded to paralysis of both arms and legs, cured by galvanism of the spine alone.

Spinal Paralysis.

When this affection occurs as a consequence of tumors pressing on the antero-lateral columns of the cord, or follows caries of the vertebra, fractures, dislocations, or absolute destruction of part of the spinal cord itself, no possible benefit can be expected from electricity. But when it happens as a sequel to typhoid fever, scarlatina, or other exhausting disease, we may generally expect a cure from galvanism.

Althaus,[1] Meyer,[2] Hitzig,[3] Tibbitts,[4] and others report several cases.

Progressive Locomotor Ataxia.

Notwithstanding having had a considerable amount of experience in the treatment of this disease, I regret to say, that I have as yet formed no positive opinion regarding the value

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* Op. Cit., page 618.

† *Berliner Klinische Wochenschrift*, Sept. 14., 1868.

[1] Op. Cit., page 517.

[2] *Die Electricität, etc.*, p. 328.

[3] *Virchow's Archives*, 1867. Vol. 60.

[4] *Medical Electricity*, 2d Edition, p. 178.

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of electricity in its treatment, as far as the ultimate result is concerned. Many cases, which had seemingly benefited for a time, would get tired of the troublesome treatment, and leave my care to try some other physician, and I of course would hear nothing of the final result. Indeed lack of mental co-ordination or a want of definiteness of purpose is a common symptom of sufferers from this complaint. Others were not at all benefited by any form of current, though the treatment seemed strongly indicated, except so far as the violent pains they suffered from were mitigated.

Hammond in his work already referred to, p. 612, says, that ordinarily electricity did not appear to him to be of any material service; he, however, quotes Meyer, Benedict, Rosenthal, and other authorities, as having reported several cases. Dr. Foot, of Dublin, reports a case, following diphtheria, cured by electrization of the spine, but from his description of the case, and the fact of the disease following diphtheria, I am inclined to look npon his diagnosis with considerable doubt; and to infer that he mistook one of those obscure paralytic affections which commonly follows diphtheria, and which, without any treatment whatever get well of themselves, for progressive locomotor ataxia.

Dr. Poore in his work, merely alludes to the fact that electricity has been used in this disease, and dismisses the subject with a few directions for and cautions in using it. Beard and Rockwell* report some cases benefited, and others that were not at all improved, even by persistent and long continued treatment.

The transmission of a current of electricity from mouth to anus, has been practiced by Aldini and Duchenne, and is a convenient method of bringing all the nervous centres under the influence of the current simultaneously. That it has other advantages, I am unable to say, except the more powerful action on the points where the electrodes are in contact, viz., the rectum and tongue. As the effects of the current on the nerve centres have already been fully entered into, it is unnecessary to further allude to this method of treatment.

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* Op. Cit., p. 530 and seq.

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CHAPTER XII.

Direct Electrization of Viscera.

In a previous chapter it was fully pointed out, how internal viscera, as stomach, lungs, heart, liver, intestines, uterus, etc., could be influenced electrically through the medium of the nerves supplying them, and even through the medium of the nerve centre from whence the nerve supplying viscus arises.

As nothing was then said about the *direct* electrization of these organs, we will now proceed to a consideration of it. By direct electrization is understood the transmission of an electric current through the organ or part to be acted upon, either by contact of moistened rheophores with the skin or mucous membrane covering the part, or by the insertion of needles conveying the current into the part.

By indirect electrization we understand galvanism or faradism being made to influence an organ viscus or muscle, by acting upon the nerve supplying such organ viscus or muscle. In many instances direct electrization of a part is to be preferred to indirect, when it is practicable; for instance:

1. When we wish to concentrate the force of current in any one organ or part of any one organ. 2. When the organ to be acted upon is more superficial than the nerve supplying it. 3. When it is desirable to electrize a part without affecting other parts supplied by the same nerve, or the nerve centre itself. 4. When the resistance of the circuit is less directly than indirectly, and for various other reasons, which will be explained when we come to consider each organ separately.

With the exception of the hyperæmia which occurs at the points where the rheophores are in contact, I am unaware of any symptoms being caused or cured by direct electrization, that cannot also be caused or cured by indirect. I must, however, except the uterus and bladder; as from what I have seen (making allowance for resistance, and taking into account only the actual current traversing these organs, at any one given time), I must say that direct electrization seems to have a much greater effect than indirect, and many valuable symp-

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toms given at pp. 24 and 25 cannot be caused by indirect electrization in these organs.

What has already been said with regard to the treatment of gastralgia, nausea, vomiting, etc., by electrization of the pneumogastric, applies also to its treatment by direct electrization of the stomach, though these symptoms are not so easily or so quickly controlled aud cured by the current transmitted directly through the stomach, as by the first mentioned method; and though direct electrization of the stomach is practiced by many eminent authorities, it certainly has no advantages over the indirect method, which latter is much more convenient for the operator, and less disagreeable to the patient.

Direct Electrization of the Liver.

Faradization of the liver is a favorite mode of treating every form of so-called bilious derangement by old school physicians, and also by electrical charlatans. When a patient complains of anything they do not quite understand, the unfortunate liver is immediately blamed for being the cause of the disturbance; and if the patient happens to have been through a course of blue pill and colocynth *et hoc genus omne*, without improvement, he immediately is made to submit to several seances of faradization, with a view of increasing the flow of bile! There is really more confusion and uncertainty in this department of electrotherapy than any other, for the very reason that no one has made any attempt to discriminate between the affections that the electric current benefits, and those that are not influenced by it. There is nothing in medical literature that is at all definite enough to be recorded.

In answer to a letter of enquiry on the subject, I have rereceived the following from my friend, Dr. R. N. Tooker, of Chicago, who is well known to the profession as a scientific physician and accurate observer, and whose opinion on anything relating to the use of electricity in medicine I highly value. He says:

"There is a field of practice wherein electricity, I think,

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stands unrivalled, and that is, in certain hepatic affections which I am accustomed to regard as due to chronic congestion. I do not know that you meet those cases often in the East, but here they are quite common. Often they have had "ague" and been treated heroically, (quinia and mercury) and are apt to have occasional relapses of ague more or less clearly marked; especially after errors in diet: abuse of coffee, spirits, etc. The subjects are usually fat, flabby, and more or less sallow. They have trouble from indigestion, constipation, and headache. They say they are bilious. The fact is, the liver is torpid and overloaded; its function is not actively performed.

Such cases are ameliorated by Podophyllum, Mercur and China, but according to my experience, are radically cured only by *electricity.*

I think I have never failed in promptly relieving every case of this kind, and curing every case permanently that I have treated for a series of weeks. I have cases in mind that I treated three and four years ago, that have never had a return of their old trouble since I thus treated them."

These few lines really give us more positive information than is to be found in any medical work; and Dr. T. informs me that he is still pursuing experimental investigations in this direction, and hopes at some future time to give the profession the result of his experience.

The pain caused by the passage of gall-stones is said to be relieved by applications of faradism, and the treatment has in the profession many advocates. Hepatalgia, or hepatic neuralgia, may be similarly treated with great benefit.

Direct Electrization of Intestines.

The intestinal canal, besides being amenable to the action of the electric current when transmitted from mouth to anus, or when passed through the splanchnic nerves, can also be affected by rheophores applied to the abdominal walls, or by one rheophore placed on the abdomen and the other in the rectum. Chronic constipation has been treated by faradism very successfully. Althaus, and Beard and Rockwell, speak highly

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in its favor, and they, as well as other authorities, report several cases cured, but give no indications for the preference of the current over any drug remedy, or any homœopathic indications therefor. The cases of chronic constipation that I have myself treated, were old standing ones that were not benefited by medication. In nearly every instance they were old persons, mostly women, who had been in the habit of using, or rather abusing drastic purgatives; and had got into such a condition that purgatives would not act. They then tried homœopathic medication, and in that way fell into my hands. In all instances there was atony of the rectum and lower intestines. Some of the cases required long treatment, but all were cured. I regret exceedingly that I can give no characteristic symptoms whereby to select the electric current as *the remedy* except this. Whenever we have a case of chronic constipation in an old woman who has all her life been fond of taking medicine, and that we cannot cure her by the remedies apparently indicated, even when given the extra stimulus of sulphur, let us give faradism a *fair* trial. I do not think it will disappoint us if skillfully used. Dr. Tooker kindly sent me the following report of a case of his:

Case XXXII.—"The patient was a lady, æt. 35, who had been a school-teacher and was naturally of sedentary habits, which tended to produce a most stubborn constipation. To relieve this, she had been accustomed to use injections, and had continued this practice for years. Finally injections utterly failed to move the bowels, and they would go unmoved for two or three weeks at a time.

A digital examination of the rectum showed that its normal tonicity was entirely absent. The rectal walls were loose and flaccid, and gave evidence of having been greatly distended. She had not at this time had a natural, *i. e.*, spontaneous evacuation for several years. I applied the faradic current (negative pole in rectum), full strength, every other day for about a month, effecting a perfect cure. Her bowels moved spontaneously after the third application, and continued regular to this day. It is a year or more since I first saw her.

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Colic.

Colic has been treated very successfully by the faradic current, to which it seems to be thoroughly homœopathic, not only as regards the pain, but also as regards the muscular spasm. It is also a favorite form of treatment for old standing cases of prolapsus ani.

Pruritus Ani.

In pruritus ani, one or other form of current will, as far as my experience goes, always effect a cure; most commonly the faradic current is all that is needed, and so prompt and quick is its action that any drug remedy, when compared with it, sinks into insignificance. Practically speaking, indeed, electricity may be said to be the only remedy in this most tormenting trouble.

CHAPTER XIII.

Urinary and Sexual Organs.

Irritable bladder; paralysis of bladder; enuresis nocturna; incontinence of urine from paralyzed sphincter vesicæ; atony of bladder from over distention, as well as that rare trouble, neuralgia of the bladder, have all symptoms that are homœopathically covered by one or other form of electricity, and all are amenable to electrical treatment. Dr. Taylor,[1] of Annerly, records a case of paralysis of the bladder caused by a forceps delivery, cured by faradization after ordinary remedies had failed; and Althaus[2] gives a case of the same affection occurring in consequence of disease of the lumbar portion of the spinal cord, that was much benefited by galvanization.

My own experience with the use of electricity in enuresis nocturna in children and young adults has been very satisfactory. I generally use the faradic current.

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[1] *Lancet*, Febr., 1868.

[2] Op. Cit., p. 664.

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Irritable Urethra.

Hyperæsthesia of the whole or any part of the urethra, (as hyperæsthesia elsewhere) whether occurring as a consequence of masturbation (the most common cause) or otherwise, may always be promptly relieved by the use of the galvanic current. The greatest difficulty attendant upon the treatment of this trouble, is the first insertion of the electrode into the highly sensitive canal. Generally the most sensitive portion is about the orifice of the common ejaculatory duct, but in some cases the whole urethral canal from the meatus is in a highly irritable condition. I have treated a great number of these cases, and have been always gratified with the results. A few seances are sufficient to show the benefit of the treatment, and as the hyperæsthesia becomes subdued, the tendency to masturbation becomes less, and the nocturnal emissions of semen, the usual companion of the trouble, less and less frequent. This fact is well known to many spermatorrhœa quacks, and knowledge of it is to them a valuable stock in trade. The utmost caution must be used in galvanizing any portion of the urethra, but a few cells must be used; and even then a high resistance must be introduced into the accessary circuit to prevent electrolysis of the mucous membrane occurring, which would be not only fatal to success, but, needless to add, extremely detrimental to the integrity of the patients' urethral canal.

Impotence.

Impotence from a diminution of the power of erection of the penis, when not caused by a central lesion, is capable of being benefited by faradization locally applied. I have cured two such cases by faradization of the ischio-cavernosus and bulbo-cavernosus muscles. Althaus[1] reports a case of impotence occurring after a gonorrhœa cured in this manner. Duchenne[2] also records a case similarly treated.

Impotence from too great spasmodic contraction of the

[1] Medical Electricity, 669.

[2] De l'électrization localisée, etc., page 764.

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muscular fibres of the wall of the common ejaculatory ducts, (to which the name of aspermatism was given by Raubaud) we may fairly presume from the pathogenesis of the galvanic, current on muscular tissue, would be benefited by local galvanic applications. However, I never have been fortunate enough to meet with such a case in my practice. Beard and Rockwell[1] mention having treated two instances with negative results.

Impotence, as a consequence of anæsthesia of the penis, is another condition in which we would expect great good from faradization: especially when the disease depends upon peripheral causes. There is nothing on record, however, at all worthy of being given in illustration. Impotence from neuralgia of the urethra, testicle, or spermatic cord, can (as neuralgia elsewhere) often be remedied by electrical treatment, more especially by the galvanic current.

UTERUS AND APPENDAGES.

Gynæcology, medical and surgical, has been a fruitful field as regards electrical treatment. This department of medical science has done much for electrology; and electrology in its turn has amply repaid the time and attention bestowed upon it. Of course in this part of the work we have only to do with the therapeutic uses of electricity; as I propose devoting another chapter to its many uses in uterine surgery.

Uterine Displacements.

The common displacements of the uterus, ante, retro, and lateral flexions and versions, are usually named as separate diseases, and treated as such in all the text-books we meet with. The unfortunate hyperæmic uterus, is bolstered and propped up by every form of pessary that the ingenuity of man can devise; and in nine cases out of ten, nothing is done to relieve the disease, as the version or flexion is not the disease but the consequence of the disease. The pathological con-

[1] Op. Cit., page 621.

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dition which causes the displacement is: (1.) Hyperæmia, which afterwards produces (2.) a blood stasis, or may go on by a (3.) chronic form of inflammation, which in many cases is followed by (4.) a conjunctive hyperplasia. Any of these conditions will produce increased weight and volume of the organ and strain upon the ligaments which are no longer adequate to the task required of them, of holding in position an organ so much heavier than they had been accustomed to bear, and so the uterus falls from its position.

Now it is obvious to the greatest tyro in medicine, that mechanical means for taking the place of the stretched or torn ligaments, and for holding the uterus in position, will not cure the disease, the primary trouble, the hyperæmia. So we have to think of some remedy that in health produces hyperæmia. Now I know of no remedy that will produce local hyperæmia that at all compares with electricity. The faradic current is all we need, unless the disease has gone on to hypertrophy or hyperplasia. Hear what Tripier[1] says:—

"General faradization of any part of the body causes a hyperæmia, which is limited as to its duration, to the time during which the currents of induction are continued."

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"The object of the operation is to *cause* a transient hyperæmia, which *cures* soonest and with most certainty, stasis and even congestion." In the same article from which these lines are taken, he goes on to describe the operation of faradizing the uterus, and says, in cases of retroflexion, he introduces one pole of the battery into the bladder, and the other into the cervix uteri; and in cases of anteflexion, one into the rectum and the other into the cervix, and allows a strong current to flow until bearing down pains are felt. He extols the treatment, and speaks of the results he obtains in the highest terms. I have no doubt Dr. Tripier does get good results, and cures the majority of his cases by this method. But is it necessary to produce the bearing down pain and to faradize the sensitive

[1] Disorders of Nutrition and Displacement of the womb. Archiv. Neurology and Electrology, Vol. I, page 148.

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bladder in these cases? I think not—I would call it very crude homœopathy. In my practice, I get the best possible results, by concentrating the action of the current in the womb itself, transmitting the current (generally the faradic) from the fundus internally to the os, making applications with a mild current daily, or at the farthest every other day, until the uterus comes down to about its normal internal measurement. The operation is painless in this way, and though not always so easy to the operator as Tripier's method, is, I believe, the correct mode of treatment. I have treated a great number of cases in this way, and have never found any that were not benefited. It is true that in some cases of great hyperplasia, I was obliged to use a temporary support for the uterus, until the hypertrophy and prolapse diminished sufficiently to trust the weakened ligaments with the weight of the womb. Recent cases are quickly cured. Old standing ones take a *long* time.

Dysmenorrhœa.

Without touching upon the many views of the pathology of this affection, and the number of theories that have from time to time been laid before the profession respecting it, I would first draw the attention of my readers to the symptoms produced upon the uterus by electricity, page 29, and ask them to compare these symptoms with those of any ordinary case of the difficulty that they may have met with in their practice; and also to compare them with the case below given, reported by Dr. Neftel[1] of this city. And having considered carefully the facts of the case, I would ask whether I am right in attributing the cause to Homœopathy.

Case XXXIII.—Miss E., æt. 29, has inherited a neuropathic constitution; her father having died from softening of the brain. She always suffered from dysmenorrhœa, and though well nourished and looking tolerably healthy, was frequently subject to headaches, flushed very readily, and often had fainting fits, especially during the menstrual pains. The dysmenorrhœa was always accompanied with a sensation of cold in the

[1] *Medical Record*, Oct. 6th, 1877.

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extremities, with congestion to the head and other vaso-motor phenomena. Dr. Sims found anteflexion of the uterus, and proposed an operation (incision of the cervix), as nothing else could relieve her dysmenorrhœa. She was afraid of an operation and therefore Dr. Sims kindly referred her to me for galvanic treatment, October 23d, 1874. As all the usual remedies had been tried without benefit for so many years, I concluded to observe the effect of the galvanic treatment, unsupported by any other medication, in order to obtain and demonstrate the uncomplicated result of the galvanic treatment of dysmenorrhœa. In the progress of this case there was nothing of particular interest which would require any special notice. Under the influence of daily galvanic treatments, the menstruation appeared November 5th, with considerable pain, which, however, lasted only a few hours. The next menstruations (December 5th and 31st), were entirely painless. Moreover, she was relieved from the headaches, fainting fits, coldness of the extremities and other morbid symptoms within the vaso-motor sphere, and left New York, January 12th, 1875, in a perfectly healthy condition, which still continues. Last fall on her way from the Centennial Exhibition, she visited New York, and called on Dr. Sims, whom she informed that she is permanently cured of the dysmenorrhœa and other morbid symptoms by the galvanic treatment. Dr. Sims, referring to this case in a note to me, writes: "On examination I found the uterus of the same shape and size, and with the same relations as when I saw her (before the galvanic treatment). But there was no congestion of the cervical mucous membrane as before."

This examination proves beyond any possibility of doubt, that the dysmenorrhœa, which lasted in our patient from the first appearance of catamenia, over fifteen years, and could be ascribed to the existing structural disorder of the uterus, has been permanently cured by means of the galvanic current, notwithstanding the persistency of the organic affections. The circumstances that a congestion of the cervix was not noticed several years after the galvanic treatment, can evidently be left out of consideration. Such congestion of the cervix must be ascribed to the result of dysmenorrhœa, rather than to its causes.

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Cases of this affection are also reported by Beard and Rockwell,[1] cured in a similar manner. I believe that in our Materia Medica we possess no remedy that can at all compare with electricity in this painful trouble. Faradism will sometimes cure when galvanism fails, and *vice versa*; it is impossible to tell before hand which form of current is required any more than we can always with certainty prescribe the exact dilution of a drug remedy.

Amenorrhœa.

This is a symptom of the secondary effect of the current, and either form of current is a valuable remedy, in some cases the menses often reappearing after one or two seances. Dr. Golding Bird[2] says, that he believes electricity is the only effectual emmenagogue we have. In the allopathic school it is indeed now becoming routine practice to treat every case of cessation of menstrual flow with electricity, (with all due respect to that fraternity of course I except pregnancy). Duchenne, Althaus, Schultz, Bairlacher, Sir James Simpson, and a great number of other electro-therapeutists, and gynæcologists record numbers of cases cured by this remedy.

In our school we are apt to be more discriminating, and we treat absence of the menstrual flow, not as a disease, but merely as a symptom, and writing, as I do, exclusively for homœopaths, I need not here say, that it is not wise to treat every case of non-appearance of the menstrual discharge by electricity; indeed, I would be sorry to advocate any such treatment. For we may have stoppage of the menses from mechanical retention, or we may have emansio mensium from abscence of uterus or ovaries, and a number of other conditions in which we could not possibly expect any good result from electricity.

Briefly summed up: my experience in the treatment of the affection is this, that where this symptom exists in any disease, and the other symptoms of that disease correspond with those produced by either form of electrical current, then the case is

[1] Op. Cit., p. 597.

[2] Lectures on Electricity and Galvanism, *London Med. Gazette*, 1847, p. 705

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one for electrical treatment, and I feel certain I am not saying or claiming too much for it when I say, that when properly used, according to the method hereafter given, that it will seldom disappoint us. I have treated a great many cases of chlorosis, anæmia, tendency to obesity, etc., where this symptom was the prominent feature, and if my recollection serves me aright, have had so far only two failures.

As this goes to the press, I have the following from Dr. Tooker, of Chicago:

"In amenorrhœa I regard faradism as nearly specific. I have treated successfully a number of young ladies in whom the menstrual function had never been regularly established. In one case the patient was 19. First menses had appeared when she was 14. During five years she menstruated but eleven times. Was subject to 'nervous spells;' would get numb at times. Abdomen distended and hard. Uterus somewhat congested but otherwise normal. A few applications of electricity established the menses and she has been regular ever since (about eight months)."

Menorrhagia.

As will be seen from the pathogenesis, this symptom is one of the primary effects of the current, and must also be considered as a single symptom, and not as a disease *per se*. It occurs as a consequence of a variety of pathological conditions, I of course limit the meaning of the term to profuse menstrual flow, which may be too often and too profuse, or regular as to time but the quantity too great, or too frequent but the quantity normal, in which latter case, the quantity excreted during the month is in excess of the normal amount. I do not include metrorrhagia from any cause.

When the ordinary drug remedies fail to act and other indications point out the electrical pathogenesis, let us think of electricity as the remedy; and not only think of it, but have it employed.

Case XXXIV.—The most aggravated case of the trouble I ever saw, was that of a lady, æt., 32, who came to me

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about a year and a half ago, to be treated. She was feeble, pale and emaciated, and had œdema of hands and feet. She gave me the following history:—About two years ago she had her last child, and three or four months after that she began to menstruate with considerable pain, the flow lasting at first five or six days, and very profuse. Each menses was more copious, and lasted longer than the preceding one, up to the time I saw her; at which time not more than three or four days elapsed between the periods. A physical examination revealed the following condition of things. Paleness of vagina. Retroversion of the uterus, *which measures 4½ inches in length*, internal measurement. Was soft and spongy to the feel, but perfectly movable. A pale sanguinolent discharge oozing from os. She had been through a number of allopathic hands, and had been scarified, cupped, leeched, blistered, and dosed *secundum artem*, without any benefit; but she seemed to think, was made worse. I commenced treating her at once with a mild faradic current, internally applied, which I used daily. The result was that during the first month of the treatment, she menstruated three times, during the second month twice, during third month twice, which lasted only five days; three times during the next two months, at the end of which time the measurement of the uterus has decreased by one inch, and was harder and firmer. She continued steadily to improve, and I reduced the frequency of the applications gradually to once a week, continuing them for a year, at the end of which time the menses were nearly normal, that is to say about every twenty-six or twenty-seven days, about the proper quantity, and occurred with very little pain. The measurement of the uterus was also about normal, so I discontinued the treatment, perfectly satisfied with the result. She is now a healthy, robust looking woman, some twenty-five pounds heavier than when she came under my care, and is about three months pregnant; all of which (except the last) I must attribute to the treatment, as the only other remedy she used, that had any bearing on her condition, was Crotalus[6], which I prescribed for her when she was nine months under my charge, for a number of echymosed looking spots on the skin, which by the way it cured very effectually.

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Catarrh of the Uterus.

Chronic cervico-metritis, and even endo-metritis is susceptible of being entirely cured by the galvanic current alone, and unaided by any drug remedy. For this disease I use a few cells of large quantity, and do not repeat the applications oftener than twice a week, using the negative pole directly in contact with the diseased surface which in the cervix at least should be first cleansed thoroughly. I have treated over twenty cases in this manner, and in all the result was very satisfactory. Erosions and ulcers may be treated in a like manner.

Vaginismus.

It is not unreasonable to expect that this trouble, as hyperæsthesia in other parts, would be benefited by the galvanic current. I treated one very aggravated case with decided benefit, but the patient got tired of the treatment (five seances) before I had time to thoroughly test the remedy.

Pruritus.

Purulent and follicular vulvitus have both this characteristic symptom, which, indeed, generally the only thing the patient afflicted with either of these diseases complains of. It also occurs from herpetic eczematous eruptions, from simple hyperæsthesia of the mucous membrane, and from a variety of other causes. When it occurs from hyperæsthesia, which is common in very nervous women, it yields readily to either form of electric current. When it exists as a consequence of the other diseases mentioned, galvanism is the form of current from which most good may be expected.

Vaginal Catarrh.

Chronic muco-purulent vaginal leucorrhœa, I can positively assert gets *well* quicker when treated by the galvanic current than under the influence of any other remedy. Indeed, I have

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never yet seen any case of this affection positively and entirely *cured* by any internal medication. In treating it by electricity, it is necessary to have a vaginal rheophore that will not only fill, but also slightly distend the vaginal canal. Either pole will benefit—negative seems to give the best and quickest results.

(To be continued.)

ARTICLE XXVI.—Some Indications for Remedies in the Ante-Partum, Parturient and Post-Partum States, with Remarks.

By A. M. Piersons, M.D.

Mind.

Fear of approaching death, she predicts the time to die: *Aconite.*
Dread of death, with great tearfulness and jealousy: *Apis mel.*
Haughty, taciturn, or desire to kiss every body; is very proud of her condition: *Verat. alb.*
After confinement, she imagines there is another baby in bed with her, which requires her attention: *Petroleum.*
Despondency, moody, grieving, weeping, is very sensitive, desires to be alone: *Lycopod.*
Bad effects from sudden joy: *Coffea.*

Head.

Headache relieved at once by urinating: *Gelseminum.*
Headache relieved by profuse urination: *Silic.*

Hair.

The hair falls out after confinement: *Lycopod.*

Eyes—Vision.

During pregnancy pupils much dilated; sees double: *Bellad., Cicuta, Gelsem.*

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Teeth.

Toothache during pregnancy: *Magn. carb.*
Pain in front teeth during pregnancy: *Nux mosch.*
Toothache while nursing: *Cinchona.*
Teeth suddenly decay: *Carbo. veg.*, *Mezer.*
Toothache from excessive use of tea: *Cinchona*, *Laches.*, *Selenium*, *Thuya* and *Verat. alb.*
Teeth get black: *Argent. nitr.*, *Plumbum* and *Staphis.*
Teeth get yellow: *Lycop.*, *Nitr. ac.*, *Phosph. ac.* and *Thuya.*

Larynx.

Cough during pregnancy, worse at night: *Conium.*

Back.

Violent pain in small of back during pregnancy: *Kali carb.*
Backache relieved by urinating: *Lycop.*

Uterus.

Menses return regularly during pregnancy: *Nux mosch.*
During pregnancy, discharge occasionally of pure blood: *Rhus tox.*; of bloody mucus: *Coccul.*
Sensation of want of room, in uterus or abdomen, for the fœtus: *Plumb. met.*
In early months of gestation she can only lie on abdomen: *Pod.*
Sensation as if fœtus lay crosswise: *Arnica.*
Sensation as if uterus and fœtus lay too low: *Pod.*
After confinement, hemorrhage of arterial blood in continuous stream, with nausea or faintness: *Ipecac.*

Locomotion.

Pain and weakness in sacro-illiac symphises while walking: *Aesc. hipp.*
Her muscles do not obey the will, she can not walk with safety: *Gelsem.*

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Stools.

Constipation with or without frequent desire, with very large hard stools, or small hard pieces feeling like sharp irregular pebbles while passing the anus: *Nux vom.*

Constipation with very large hard stools, having the appearance of being smeared over with tallow, or in large balls, each piece being connected to the other by strings of yellowish or white mucus: *Graph.*

Constipation, with the sensation as if much remained in the rectum after each stool: *Sepia.*

Albuminuria.

Consult *Apis mel.*, *Colch.*, *Gelsem.*, *Glonoine*, *Helonias* and *Plumb. met.*, and choose the remedy best adapted to all the symptoms presented by the *individual.*

Urine.

After labor, retention of the urine, with no desire, or call, to urinate: *Arsen. alb.*

The urine is retained with frequent desire and much tenesmus: *Arnica.*

Paralysis of urethra with constant dribbling after confinement: *Arnica.*

Fœtal Movements.

The movements cause nausea and vomiting: *Arnica.*

Fœtal movements disturb her sleep: *Conium.*

They produce soreness of whole abdomen; she feels the movements too sensitively: *Sepia.*

Very violent movements: *Opium.*

Movements violent with tympanitic abdomen: *Psorin.*

Tumultuous but not painful movements: *Lyc.*

Movements so violent as to waken her, with cutting pain in bladder and urgent desire to urinate: *Thuya.*

The movements hurt or make her sore even when not violent: *Arnica.*

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Threatened Abortion.

Threatening at third month: *Kreosot.*, *Thuya.*
At third month with flow of black liquid blood: *Secale.*
At third month with severe pain from sacrum to pubis: *Sabina.*
Threatened abortion from uterine debility: *Cauloph.*
From fright especially in last months of pregnancy, the fear of the fright still remaining: *Opium.*
Habitual abortion: *Helonias.*

Labor.

Pains make her desperate: *Aurum.*
With each pain face flushes up fiery red: *Ferrum.*
Pains go upward to back or chest: *Gelsem.*
Pains go upward: *Lyc.* and *Calc. ostr.*
They make her cross; scolds husband or physician: *Chamom.*
Rigidity of os uteri, hour-glass contractions; can not endure pain: *Chamom.*
Pains begin in back, extending to buttocks and thighs: *Kali carb.*
During labor pains she must keep in constant motion, often with weeping: *Lyc.*

After-pains.

After-pains excited by the least movement or by taking a deep breath, which satisfies or relieves the chest: *Bryonia.*
After-pains extending into legs; flow clotted: *Chamom.*
Pains beginning in right side and shooting across abdomen toward the left, or with marked aggravation at 4 P.M.: *Lyc.*

Lochia.

Flow of blood every time child nurses: *Silic.*
Lochia offensive, feeling hot to the parts: *Bellad.*
Offensive lochia, excoriating labiæ, and nipples cracked across the crowns: *Sepia.*
Lochia long-lasting, thin, offensive, excoriating, with numbness of legs: *Carbo an.*

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Lochia of a milky color: *Calc. ostr.*

Discharge offensive, lasting too long or frequently returning: *Rhus tox.*

Lochia black and stringy: *Crocus.*

Bloody discharge returns from the least motion, better from rest: *Bryon.* and *Erigeron.*

Flow blackish, lumpy and very offensive, excoriating, ceasing and repeatedly freshening up: *Kreosotum.*

Lochia returns after the body begins going about the house: *Aconite.*

Mammæ.

Cicatrices in breasts and obstructed flow of milk from former abscesses: *Graph.*

Breasts tumefied, abscesses threatening: *Phytol.*

Mammæ excessively tender to touch or to the jar of the bed: *Bellad.*

While nursing, excruciating pain runs through nipple to scapula of same side: *Croton tig.*

Pain in small of back while child nurses: *Silic.*

Constant pain in left breast while child nurses from the right: *Borax.*

Generalities.

Diarrhœa of puerperal women: *Rheum.*

Convulsions from over-taxed nerves: *Gelsem.*

A bruised, sore feeling, ante or post partum, of all the muscles: *Arnica.*

When a lady has been allowed, during labor, to pull on sheets or any of the miserable contrivances of some lying-in rooms she should have *Cinnamomum* or *Rhus tox.* until the bad effects have passed away.

Infant.

Retention of urine in the new-born: *Acon.*, *Benz. acid.*

Nipples swollen and tender: *Chamom.*

When nurse has pinched them to break the nipple cord: *Arnic.*

Infant looses flesh, gets marasmus, will die early: *Acet. ac.*, *Argent. nit.*

Teeth look black and decay as fast as they appear: *Kreosotum.*

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Remarks.

In arranging some therapeutics for the disorders attending the puerperal state, nothing new is offered or attempted. It is only by this constant rehash that some practitioners can be made to change an old custom for a new one. Hence it is sincerely hoped that by severely condensing the symptomatology of a few remedies, the eye of the busy practitioner may sometimes be arrested and thus these medicines more often be made the means of affording sure relief to some weary suffering mother. I may be in error in supposing there are homœopathic practitioners who do not thoroughly study Guernsey's admirable therapeutics. However, it is an undeniable fact that a large number of women go to term bearing the thousand ailments incident to pregnancy, without the slightest relief from their medical advisers. It is also an undeniable fact that many physicians have, apparently, "shelved" the Materia Medica, and, instead of prescribing a safe, sure and agreeable means of cure, resort to the miserable contrivances of the old school of medicine. I do not deny others the same right that I myself enjoy, the right to think and act for myself. But I will submit a few comparisons. After labor is over, it is no uncommon occurence for the lady's urine to be retained. It is equally common for the physician or instructed nurse to draw off the urine by the catheter. A simple process certainly. But is it more than palliative? Is the cause of that retention removed? True, the urine will flow naturally after a few applications of the catheter, but nature has cured the patient and *no thanks* to the doctor. Is the introduction of the catheter within an inflamed and irritable urethra more agreeable to the patient or the doctor, than the giving of a single powder on the tongue? There is but one answer. But what shall the medicine be? From many provings and large clinical experience, *Arsenicum* is *the* remedy in nine-tenths of the cases. Should any one, being sure from the symptoms that this is the remedy, yet be unable to obtain satisfactory results,—let him give a single dose of *Arsen.*^{8m}, and the cure will *not* be long delayed. It not unfrequently happens that a lady having been

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married for eight or ten years has never been *enciente.* Supposing herself sterile, she unexpectedly becomes pregnant and her joy knows no bound; or she may have had half a dozen children of one sex. Great is her anxiety for a change. The seventh child is pretty sure to be of an opposite sex, and thus with the birth of it her longing ends in excessive joy. Again she may have been firmly impressed during the puerperal state that her pregnancy would result in some malformation, or even monstrosity. When informed that the child is perfect, she weeps from uncontrollable delight. Puerperal mania or hysterical convulsions may be the result. Is *Coffea,* high, always given to ward off the evil consequences? Is not the patient oftener allowed to get well as best she can? Or, perhaps, she is chided, by her august medical adviser, for doing just what any sensible mother should do—laugh and be joyful that her heart's idol is born alive. Is it not better to give her a dose of *Coffea* and bid her smile and laugh with a mother's joy, rather than frown her into the submission of a slave, or dose her with an anesthetic? When a pregnant lady applies to her physician, stating that the fœtus *feels* as if it were laying crosswise, does she get a dose of *Arnica* and go to full term rejoicing? Or, does she, who feels the lack of room for the fœtus in the uterus (a sensation by no means confined to primiparæ) get a dose of *Plumbum met.?* So long as these remedies will surely give relief, why not give our patients the benefit of a cure, always remembering that the timely cure of even these simple disturbances may prove the ounce of prevention against some more serious trouble.

Three times in twice as many years I have saved lives by a single dose of *Ipecac.*, high, when it seemed in each case that she must flow to death before the pellets could dissolve upon the tongue. Was it accident or nature which saved each of these three women? If so, I am everlastingly indebted to dame Nature. However, I am inclined to think none of my would-be critics will be willing in any similar and equally severe cases to trust wholly or even in part to *nature.*

But for my present purpose I will deal more with such cases as are not at all dangerous, but painful and troublesome.

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Constipation is not the least of a pregnant lady's trouble. Of course she can *live* through pregnancy, parturition and piles, but what a life! Can nothing be done? Yes, so many will say and at once advise a thousand and one purgatives, which in the end make her a thousand times worse than if she had taken nothing. But then something must be *given* to make a show! I am happy to state I can make a better *show* by giving a powder as the case demands, generally *Nux vom.*[2m] or *Sepia*[2m], every night on retiring. I am sure of satisfactory results in a few days, and don't even bother my head about their diet so long as they eat enough. Many times have I smiled at the beautiful effects of a single dose of *Lycopodium*[5m], when, during pregnancy, the fœtus seemed to turn frequent summersaults, or in labor the patient constantly walked the room weeping—*because she must.*

One year ago, this time, I astonished myself and made several converts to our beloved cause, by curing a fearfully tumefied breast with a single dose of *Phytolacca*[75m]. It was no accidental recovery either. She had endured six weeks of suffering and torture uncalled for—in this world at least. The breast (left) had been lanced several times; had been constantly poulticed for three successive weeks; it would neither heal nor suppurate; it was of a purplish color; it had been smeared with iodine until the entire skin had peeled off twice; was nearly twice its natural size and as hard as an old cheese. Dare I whisper that in less than three days after taking the *Phytolacca* the gland was as soft and natural as nature had formed it? Dare I say that in two hours after the powder was placed upon her tongue, all pain had ceased, never to return? Faith did not cure her, for she had not a particle of it. I was only called to treat—and did cure—her babe, which was given over to the undertaker by other medical skill. Perhaps it is unnecessary to carry these comparisons further. There is no finer field for the display of *similia* than in the treatment of puerperal women. Whenever a failure is recorded it is not homœopathy that has failed, but our own inability to apply that law to the given case. Too often, when puzzled over some intricate disease, we spend precious time searching among new and untried, unproved

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remedies, when the whole picture can be plainly seen in some one of the polychrests. I repeat, that nearly all of the above indications with their curative remedies have been verified by me over and over again. Should any of my readers fail to cure like conditions with the remedies which have so uniformly and faithfully served me, may I not be allowed to inquire the potency used? I will admit that the potency *may* have nothing to do with it—*and yet it may*. I have no hesitancy in stating that the potencies used by me in all the puerperal diseases, which have been most happily cured, have *not* been lower than the 1,000 and *not* above the 100,000. All I have a right to ask of any colleague is to try to cure all the disorders of pregnancy. It is not my province to inquire *how* the cure is performed. But, believing in the law, *similia similibus curantur*, as I believe in the law of gravitation, I most respectfully beg that, by all homœopathists, the treatment be purely homœopathic.

ARTICLE XXVII.—Hip-joint Disease.

By Frederick Hiller, M.D.

(Continued from page 237.)

Rest for months or years, together with the use of stretchers and apparatus in great variety. When these means fail, resort is taken to the knife. If the patient survives, he comes out a cripple at best.

Hartmann, in his Diseases of Children, says: "Without wishing to censure the old school treatment of this disease, I ought, nevertheless, say to my younger colleagues, that I have never had occasion to regret having abandoned that treatment and substituted the homœopathic treatment in its place. Even when assailed by entreaties of parents to employ the allopathic means of cure, I have invariably refused to do so, and have always been rewarded by successful results for my faithful adherence to the homœopathic law. Even cases that came to me

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from the hands of allopathic physicians, were subjected by me, for weighty and justifiable reasons, to a strict homœopathic treatment, in spite of the reviling sneers of my allopathic opponents, and even of pretended homœopathists." "Truth is progressing and conquering the prejudices and jealous pride of false science, and I advise my younger brethren to remain faithful to the demands of the strictest homœopathic art, and never participate in the barbarous practices of the allopathic school."

Although we have but few remedies which we employ in the first stage of morbus coxarius, yet, the success with which they are used in this disease, is a source of pride to our practice. Whether the existing condition is of a scrofulous nature, or the consequence of a traumatic lesion, or both, the essential nature of the disease is an inflammatory process, going on in the joint, the seat of which is either the acetabulum, the head of the femur, or the synovial membrane, the cartilage or the fibrous tissue.

Merc. sol., Bellad., Coloc. and Rhus tox. have in many cases arrested this inflammation in a few days.

Hartmann says: "In one case I gave Merc. sol.^{3}, one grain, and the disease was removed in four days. In other cases I have given Mercurius with the same good results, only when suppuration had already commenced, and the inflammation had probably been irritated by mechanical manipulation, I give Bellad."

Many practitioners, as well as myself, fully corroborate the above statement, and add, that I have seen similar good effects from Coloc. and Rhus tox.

A careful study of the pathogenesis of the various remedies which we employ in this form of disease, as we find them recorded in our *Materia Medica*, reveals the fact that a number of them present symptoms, resembling very closely the phenomena of the disease during the various stages of its development.

MERCURIUS SOL. is of all the remedies yet known the most important. It should be used when the first signs of the disease manifest themselves, and when the patient complains of sharp stitches flashing periodically through the joint; acute stitches

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in right ilium, at regular short intervals, and in the anterior inferior spinous process of ilium and when there is boring pain in right glutei muscles. Burning of the nates. Red pimple with a white tip on the nates, painful and stinging. Tearing pain in the hip-joint, in the knee and in the femur, worse during motion. Tearing, drawing from heel to buttocks, worse at night, with contraction and giving away of the knee; the limbs feel stiff when walking. Stitches in the thighs and legs during motion. Involuntary twitchings in the limbs. Trembling when walking, worse about the knees and in the inguinal region. Pain in right thigh as if bruised, aggravated after walking. During nightly slumber (without sleep) he feels a violent, tensive pain in the posterior part of left thigh and in buttock, most violent between buttock and thigh, and extending as far as the bend of the knee; relieved in a recumbent position, by supporting the thigh by something laid underneath; cannot sit on the posterior part on account of pain, which is periodically worse. Single pointed stitches, of about five minutes duration each, in the region of the external condyle of tibia, not in the knee. Spasmodic drawing up of the legs; they remain contracted all night.

MERCURIUS is required at various times during the development of the disease, particularly in cases of individuals which are afflicted with hereditary disease, complicated with syphilis. We give it also in cases where suppuration is retarded, it either favors resorption or hastens suppuration. Acute inflammatory affections of the cartilage or bones have been removed by Merc. within twenty-four hours, if administered in frequently repeated small doses. It has also been used with marked success after necrosis has set in, when the inflammation of the periost was characterized by stinging, boring, and gnawing pains, becoming intolerable at night, with redness and swelling of the soft parts.

BELLADONNA is particularly suitable for scrofulous individuals, disposed to phlegmonous inflammation, which have blue eyes, blonde hair, delicate skin and florid complexion, which are subject to be taken with sudden, violent cramps. Bell. is useful in morbus coxarius with burning and stinging in the

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articulation, most violent at night and by contact, with stiffness of the joints, and difficulty to rise after sitting. When there is soreness of the inner side of the thigh. Pain in leg and thigh as if bruised, stinging and gnawing pain near the bones, accompanied by violent tearing in the joints; the pain gradually rises from the tarsal joints to the hip. When the patient complains of heaviness of the thighs and legs during and after walking, accompanied by stiffness of the knees. Cramps in glutei muscles, with tension in bending the body forwards. Three or four violent stitches in right thigh, in short intervals, and pain in left hip with limping.

Belladonna is also very suitable for nervous, highly irritable individuals, when the disease sets in with an erysipelatous swelling of the parts; and when the pain is wandering from one place to another, but not after the pain is fixed in a circumscribed locality.

The characteristic indication for Belladonna in the second stage is the pain in the knee, although only a secondary reflex symptom, occasioned by the tension of the muscles or the stretching of the nerves, caused by the inflammation going on in the acetabulum. The tendon of the outer hamstring feels as if too short and contracted; this symptom is alternately felt in the tendon of the inner, but more in the outer.

Colocynthis is frequently useful when we find that the first signs of the disease have not been detected, or when the primary symptoms are masked or complicated, either by symptoms of other forms of disease, or by superficial medication. Coloc. has cured cases when the inflammation was very violent at the outset, with flying pains from shoulder to the hip and knee; when the pain is constant, resembling coxalgia, and is increasing or decreasing in violence, independently of external conditions; or, when the patient experiences a sensation as if the diseased parts were clasped as with an iron band.

Coloc. is suitable for dry, bilious, choleric temperaments, and when the pains are tearing, tensive, drawing, and pressing. Darting pains from tuberosity of the ischium to the knee. Tension in anterior superior spine of the right ilium, extending to the groin and upper half of the internal femoral region,

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and when there is pulsation in the diseased gluteal region. The pains of Coloc. are worse in the afternoon and evening, also when lying on the painless side.

RHUS TOXICODENDRON has been successfully employed in traumatic cases of inflammation of the hip-joint; frequently after Arnica, in bad effects from contusion, and from the straining of the capsular ligaments, and of the tendons and muscles of the thigh, with swelling and great pain in the affected parts, or when the disease was caused by exposing the perspiring skin to a sudden cold, or by getting wet, or from lying on the wet ground after the body has been in perspiration. Rhus tox. is beneficial in cases when the patient complains of aching, drawing, tearing, or tensive pains, with a sensation as if the skin around the diseased parts is too tight, and when the pain is aggravated in a recumbent posture.

Rhus tox. is also an excellent remedy for scrofulosis and rachitis generally; it is frequently, with marked benefit, employed during the various stages of the disease, when there is a tensive feeling in the diseased limb as if the tendons were too short, and bruising pains, causing the patient to scream; worse when touched.

Aggravation of pains during rest and in open air, in the morning and at night. Better from moving; it affects generally the right side.

ACONITUM NAPELLUS is the remedy which has made the lancet, formerly in use, obsolete. It governs inflammation of all forms, particularly when accompanied with full, hurried, or intermittent pulse, great restlessness and intense thirst. It acts by dispersing the functional power of the capillary ramifications of the ganglionic nerves, leaving the brain mainly undisturbed. If Hahnemann had done no more than to introduce into, and to enrich the *Materia Medica* with this invaluable drug, it would have made his name immortal. It has no analogue in our *Materia Medica.* In diseases of the hip-joint, whether the inflammation be located in the joint or any portion of the thigh corresponding to the tract of the crural nerve, it has acted, when carefully administered and in proper time, with mathematical certainty; its effects can be at all times relied upon under such circumstance.

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BELLADONNA, the next powerful agent acts precisely in a reverse order. It governs inflammation by affecting the brain primarily and the ganglionic system secondarily; whereas Aconitum affects primarily the ganglionic system and secondarily the brain.

The particular indications for Belladonna are: when the thighs and legs feel lame and weak, with tensive pain and pressure in the thighs, as if a tight bandage was drawn around them. Weakness in the region of the head of the femur, and inability to walk, owing to an indescribable pain as if the head of the femur had been crushed. Swelling and burning heat of the skin over the affected parts. When there is an aggravation in the evening and at night, also in the warm room and when rising, and relief in the open air and when resting.

CALCAREA CARBONICA is suitable for venous, lymphatic, slow and heavy, or to the scrofulous, rickety constitutions, particularly in poorly developed children with muscular and nervous weakness, or when they have been so in early life, but suffer afterwards from muscular weakness; and to children which are subject to glandular swellings.

Calc. carb. is more adopted for the advanced stages of the disease of the hip-joint, particularly in chronic protracted cases. The special indications cannot well be stated *a priori*, like for *Sulphur*, *Silicia*, etc., because they generally result from the constitutional symptoms, which the disease may happen to develop.

Calc. carb. is useful in cases: when the pain in the nates, when touched, appears to be as from subcutaneous suppuration, less when sitting or at rest, than when moving or walking; pain as from ulceration at the hip-joint, and in cases when the patient complains of numbness in the hip and thigh, and when he walks on the tip of his toes, and is limping. It acts upon the ganglionic vegetative nervous system, it favors particularly the process of ossification, and regulates obstructions and defects in the reproductive system.

Calc. carb. symptoms are worse at night and in the morning; also from cold, and from pressure of the clothes; relieved from warmth, and on loosening garments, and on drawing up the limbs. It affects generally the right side.

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ARNICA is the sovereign remedy in traumatic cases, when administered soon after the accident has occurred. A judicious application of Arnica has in many cases prevented all further disturbances. Arnica is only useful for the primary effects following an accident; for the secondary, a number of remedies are more efficacious, as Calendula, Ledum pal., Rhus tox. or Kali causticum, according to the symptoms as they may develop, should Arnica not have fully relieved the lesion entirely.

Arnica is particularly indicated when the patient complains of pain in the hip-joint as if bruised, with stitches and prickling in the knee when touched, and feels as if the joint was lacerated, and when the swelling is accompanied with great heat, and is hard and shining. The pain is worse in the morning, also on moving and from being touched, and from cold.

It is impossible to give more general indications for the selection and application of each remedy, on account of the changeable nature of the disease and of the constitutional differences.

The pathogenesis of each remedy must be studied in the Materia Medica.

The selection of the remedy will be greatly facilitated, if the patient is sufficiently intelligent and capable to express himself with clearness and to ascribe his pains correctly.

Besides the remedies already mentioned, we have a number of others, which have been useful in the more advanced stages of the disease, and in protracted and mismanaged cases.

These are: Sulphur, Hepar sulph. calc., Silicea, Lycopodium, Lachesis, Arsenicum, Carbo veg., Petroleum, Aurum, Phosphor, Phosphor. ac., Nitric. ac., Pulsatilla, and Kali caust.

SULPHUR, the invaluable polychrest, is the mighty agent around which centres the whole Materia Medica.

Sulphur is particularly indicated in cases which result from the suppression of cutaneous diseases (*metastasis*), and is useful in cases which have been treated excessively with mercurials, and when the disease is complicated with scrofulosis.

Sulphur diminishes profuse suppuration and changes offensive into laudable pus.

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HEPAR SULPHURIS CALC. is the most valuable remedy when the suppurative process has not been arrested by Mercurius, and when suppuration seems inevitable; it hastens the formation of abscesses.

Hepar s. c. is particularly adapted for strumous individuals, subject to glandular swellings, and which suffer frequently from suppurating boils.

SILICEA exerts also an extraordinary control over the suppurative process; it favors the formation of abscesses and reduces excessive suppuration.

Silicea arrests inflammation and caries of the bone, and has been of great service in cases where gangrene was inevitable. It is also of value, when the fistulous openings discharge a thin fetid pus, together with bone fragments.

Silicia is particularly of importance in cases where the disease can be traced back to the effects of vaccination, and when the condition of the patient is aggravated at every new moon.

LYCOPODIUM is useful during the suppurative stage, when the wounds are very irritable and the patient complains of a burning pain in them; when the patient is much emaciated from protracted suffering; and in cases of hectic fever. It is also valuable in inflammation of the bones, and when the pus is ichorous and bloody with a sour smell, and when the patient feels worse between four and eight o'clock, P.M.

LACHESIS is the sovereign remedy for traumatic gangrene. I have frequently witnessed the formation of lines of demarkation formed within twenty-four hours, and the eschar sloughing off in a few days, leaving a healthy granulation after the administration of a single highly attenuated dose; even in cases where the lesion was very extensive. It is an important remedy in cases where the ulcers look blue and livid, and when there is an exceedingly offensive odor, and when the wound is surrounded by a number of smaller ulcers.

Lachesis is particularly to be recommended in malignant cases, and when the pus carries with it black particles of blood.

ARSENICUM is a most important remedy in malignant cases and in cases of blood-poisoning, and when the abscesses dis-

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charge a dark ichorous fetid pus, which is interspersed with clots of black blood.

Arsenicum has arrested gangrene; and cannot be replaced by any other remedy, when the pain in the wounds is of a nature, as if they were burning like fire, accompanied with burning heat over the whole body, with cracked lips and dry cracked tongue.

CARBO VEGETABILIS deserves attention in cases where we find great prostration; when the ulcers have a livid appearance and emitting a fetid odor.

PETROLEUM is useful in scrofulous and rachitic affections. It is useful in protracted ill-treated cases, with hectic fever, and profuse fetid suppuration. I have in several cases witnessed marked effects. It seems to arrest necrosis, by favoring exfoliation and the discharge of the dead bone.

AURUM METALLICUM is a very important remedy during the last stage of the disease, in cases where a syphilitic diathesis complicated with the effects of mercury can be established.

AURUM is useful in inflammation and caries of the bones, and when the patient experiences a cramp-like sensation in the region of the hip and of the inner brim of the pelvis, with fine stitches in the glutei muscles, which are aggravated by rubbing.

PHOSPHOR is a powerful remedy when the fistulous ulcers have callous edges and secrete a thin foul pus, and when the wounds and areolas are livid and blue; also when the wounds are bleeding by the slightest irritation.

PHOSPHOR. ACIDUM is especially suitable for individuals which are emaciated from drain by excessive suppuration and general debility, and when all the joints are swollen.

Phosphor. ac., has been successfully employed, when the disease originated from suppressed or mismanaged scarlatina or other exanthemes. It is useful in necrosis of the bones of the joint, when there is a sensation as if the bones were scraped with a knife.

NITRI ACIDUM, the universal antidote to mercurial abuses, is particularly useful when the pain is of an rheumatic or arthritic nature. It has been employed with great benefit in diseases of the periosteum and in necrosis of the bones of the joint.

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PULSATILLA is a valuable remedy in *morbus coxarius*. A number of practitioners have used it with remarkable success during the first stages of the disease. I am unable to give any positive indications. It is adapted to individuals of a mild temperament, and affects the ganglionic nerves that govern nutrition.

There are a number of other remedies which have been employed in *morbus coxarius* with good results. Their selection depends upon the conditions of the patient and the nature of the disease. The experienced physician will be at all times enabled to select the proper remedy according to the group of symptoms, as they may present themselves in each case.

The doses is a matter individual to the physician, he must be governed by his own experience, and have the whole scale of attenuations at his command. There are no two persons identical in health, nor are they alike affected by the influence of drugs; neither are two diseased constitutions identical. During the first years of practice, I have used as a standard, the third attenuation and the third and sixth trituration, with satisfactory results. Growing older in practice and more experienced, I have learned the use of more remedies and employed higher attenuations. During the past ten years I have frequently administered higher attenuations and occasionally climbed up to the highest with remarkable results.

The dressing and external treatment of abcesses of the hip-joint is common to all suppurating wounds. A great variety of drugs have found application, with more or less success, but none has proven more beneficial and given more satisfaction to me as the judicious employment of caustic potassa. It possesses advantages over all other medicated watery dressings. Its cleansing and antiseptic properties, promoting granulation without any irritation, provided the solution is sufficiently weak as to cause no irritation; and what is of equal importance is, that it prevents the pus from becoming foul; not a particle of odor, which usually emanates from suppurating wounds, is perceptible. Argentum nitricum in a similarly weak lotion, may at times be substituted for a day, after which the potassa will act with renewed vigor. I have the fistulous

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channels and abcesses daily well syringed and thoroughly cleansed with this lotion, and never needed a more effective anticeptic in an extensive surgical practice.

The rest of treatment may be condensed in the following points:

The patient should keep on moving about on crutches as long as not prevented by the severity of the disease. Only if the bones are affected and the joint is destroyed by caries, he should be kept at rest, to prevent luxation; in such circumstances we support the joint with a suitable extension splint or apparatus, which gives the desired support to the weakened frame, but all mechanical means should be used with the greatest caution.

ARTICLE XXVIII.—Zincum.

By Dr. Adolph Gerstel.

(Translated from the Internationale Presse.)

(Continued from page 221.)

The third branch of the trigeminus goes especially to the musc. risorius Santorini. Among the symptoms of Zinc we read: W. 12. Spasmodic twitching of the laugh-muscles and constant inclination to laugh. W. 14. Laughing spasms. W. 13. Contraction and spasmodic twitching of the facial muscles with constant nausea and vomiturition. Altschul (*A. H. Z.*, 44, 146) reports this beautiful case: A teacher of leucophlegmatic habitus, frequently has vertigo, and for several months complains of an involuntary, periodically appearing fit of laughing, which he cannot suppress. Such fits appear several times a day and cause severe convulsions of the chest and abdomen, rush of blood to the head and brain in a patient having a tendency to constipation and apoplexy. Bell.[6] brought a slight amelioration but no cure, but Zincum, first trit., twice a day a grain cured him perfectly in two weeks. Continuing the

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remedy even his obstinate constipation disappeared. Leitner (*Hufeland's Journal* 61, 5) relates that a woman, æt. 22, who had taken all sorts of remedies for her laughing fits, found great relief from taking every hour one grain oxdide of zinc.

Here we deal with an affection of a part of the upper twig of the third branch of the trigeminus, whose fibrillæ have no ganglia and serve only motory purposes; whereas the parts supplied by the lower twig, especially the buccal cavity and here again principally the fibrillæ coming from the ganglion Gasseri, are sensory and closely connected with nutrition. Knorre (*A. H. Z.*, 6, 24) found the crude carbonate of zinc in repeated doses effectual in herpetic eruptions of the tonsils, of the soft palate and of the root of the tongue, considered as sequelæ of gonorrhœa. This angina is by and by accompanied by smarting, stitching pains in the throat, aggravated by swallowing and hawking. The tonsils are swollen, slightly reddened, as also the velum palati, covered with bluish-white, lardaceous, flat or slightly raised spots, which feel hard and firm. Not a trace of suppuration. Mercury fails. We deal here again with a change in the mucous membrane, coming on after preceding neuralgic affections, which still belong to the trigeminus, and would remark that, according to Raron (*Pract. Beitr. Z. A. M. L.*), Hering succeeded in removing a scirrhous lump of the size of a walnut, on the right cheek, with Zinc., and that the organic changes produced by Zinc., develope in the mucous membrane and on the skin more the character of firm exudations in the interstitial tissues, than of increased secretion on the external surface. The prevailing sensation of dryness in the corresponding mucous membranes correspond with these changes. 357. Stitching and prickling in the gums, close to the roots of the incisors and in them. 358. Swelling of the gums closely behind the incisors, with painfulness to the touch for three days. 361. Dryness of the throat in the evening. 362. Dryness behind the fauces, in the morning when waking up and later in the day with thirst. 363. Dryness of the throat, when swallowing or not, after dinner. 364. Scraping rawness in the pharynx towards evening. 366. Smarting scraping in the posterior fauces, as in violent catarrh. 367 to 369. Accumulation of mucus in the throat,

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which is expectorated with or without hawking, sometimes with a sensation of soreness, as if it came from the lower part of the throat. 370. Pressing pain in both tonsils, when swallowing, in the evening and during the night. 374. Pain in the throat, as from an internal swelling, also during empty deglutition. 376. Pain in the throat when swallowing, with swelling externally and of the tonsils.

Prof. Santesson relates the following case of poisoning: A young woman suffered with slight interruption for two years from chronic diarrhœa, the stools green, blood mixed, fluid with severe colicky pains and gurgling, during that time she passed through her pregnancy, nursed her baby afterwards, and thus emaciated to a skeleton. She took at once a dose by mistake, four drachms sulfas zinci, and soon the following symptoms of poisoning appeared.

Severe vomiting, severe burning pain in the pit of the stomach and heaviness of the whole body. She took copious draughts of mucilaginous drinks, which were vomited as soon as taken. She became sleepy and dull, wanted to sleep and die in peace. Her dysenteric diarrhœa grew worse, with severe pains all through the colon. Thus it lasted to December. Patient had several abscesses on the neck, which discharged at first bloody water, finally thin, greenish, foul-smelling pus. After another month the gums began to swell, small blisters formed, from the size of the head of a pin to the size of a pea, which bursted and discharged a foul-smelling and foul-tasting matter. Now the lips and tongue began to swell, so that the patient could hardly speak. After feeling easier a relapse set in, accompanied by severe pains in the enlarged tongue and swollen lips. The swelling steadily increased, spread over the face, neck and throat, especially on the left side. Feet and legs began to swell and the pains were unbearable. She, who had formerly very copious footsweats, complained now continually of icy-cold feet. Entering the hospital, Santesson found: papillary hypertrophy of the tongue and of both lips, especially the mucous membrane of the lower lip. The tongue had hardly room enough in the mouth, its surface was uneven and fissured, with protruding and thickened papillæ. The lower

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lip hung down, its pale-red mucous membrane fissured and discharging a thin, light-yellow acrid fluid. This affection of the tongue and papillæ nearly simulated the syphilitic plaques muqueuses, which are known to have a predilection for these parts, but no objective specific symptoms could be discovered. She soon succumbed to the severe colitis, and the obduction revealed large and deep ulcerations through the whole colon, follicular hypertrophy of the gastric mucous membrane, which was covered with a layer of thick, tough mucous.

Comparing this case of poisoning and the one of Knorre again with the symptoms of Zincum, we find: 347. Stinging at the inner surface of the cheeks, as from large blisters. 348. A small yellow ulcer on the left inner surface of the cheeks, especially painful in the morning. 349. The tongue pains as if sore. 350. Yellowish-white coated tongue, especially towards the root, without taste, but with a feeling of icy coldness. 352. Dryness of the tongue. 353. Blisters on the tongue. 354. Blister on the tongue, painful when eating. 355. Swelling of the left side of the tongue, preventing speech. 291. Dry fissured lips. W. 15. Dryness of the lips. 290. Thick, viscid humor on the lips, having neither taste nor smell. 277. Jerking tearing on the right side of the upper lip. 281. Swelling of the lips. 278. Fine stinging, shooting pain in the upper lip. 285. Pimples and vesicles on the upper lip. 293. Ulcer in the centre of the upper lip, burning rhagades in the inner surface of the upper lip. 289. Yellow little ulcer on the internal surface of the lower lip, tensive painful rhagades in the lower lip. 292. Sore, ulcerated corners of the mouth. W. 19. 343. Accumulation of saliva in the mouth, with inclination to vomit. W. 18. 344. Increased secretion of saliva, with metallic taste in the mouth and shootings in the tip of the tongue. 346. Increased secretion of saliva, with creeping in the inner surface of the cheek. All these parts receive their nervous supply from the lower part of the third branch of the trigeminus and from the glossopharyngeus.

Closely connected with the former are the ganglion supramaxillare, and especially the ganglion linguale, accompanying the ductus whartonianus to the buccal mucous membrane,

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which cause by reflex action, copious salivation and the secretion of the glandula submaxillaris. The hypoglossus, the nerve supplying the muscles and motor-power of the tongue, is very little affected, and we find only: 356. Weakness of the organs of speech when reading loud; a paretic state. The trigeminus and glossopharyngeus take their origin from the same point and are sensory nerves; the lingualis, supplying the sensation of taste at the tip of the tongue, is also a sensory nerve, whereas the glossopharyngeus exercises this function at the root of the tongue, on the fauces and pharynx, and by its sensation of nausea it shows connection with the vagus.

The sensations of taste are two-fold, the one based on a change of sensation in one or the other nerve of taste, and the other hinting to diverse changed secretions emanating from accompanying ganglia. Zincum stands in especial relations to sweetness, thus: 385. Sweet taste on the anterior surface of the tongue. 409. Aversion and nausea to the sweetness of sugar. 422. After eating sweet things, an acrid fluid arises into the fauces, causing a troublesome scraping in the larynx, like heartburn. 441. Sweetish eructations. 419. It appears to create acidity in the stomach. 386. Salty taste in the mouth and dryness of the throat. 389. Taste in the mouth as of raw peas chewed (somewhat related to the sensation of sweet). As gustatory sensations from altered secretions.: 380. Taste of blood in the mouth and sweetish risings from the stomach. 382. Sweetish taste of blood in the throat, when lying down in the evening. 384. Taste of blood in the mouth with dryness of the throat, and sensation of soreness rising from the chest. 383. Taste in the mouth as of spoiled cheese, going off during deglutition, which the mucus forced him to do. 387. Bitter taste in the mouth. 388. Bitter, slimy taste in the mouth, when awaking in the morning and passing off after rising. 344. Metallic taste of the saliva.

In relation to morbid sensations, we see here again prevailing, dryness, rawness, and soreness. Zincum stands not only in close relation to the fauces, but also to the pharynx and œsophagus, thus: 371. Spasmodic and crampy sensation in the pit of the throat, or in the upper part of the œsophagus, resemb-

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ling a pressure from below upward, or as when swallowing. 373. Cramp-like strangling pain in the throat, with desire of swallowing frequently. 375. Sore pain in the throat. with sensation as if the œsophagus were crammed full. 423. After dinner, the food seemed to have remained lodged in the throat. 459. Disagreeable sensation in the cardia and lower part of œsophagus. 1336. Painful soreness in the throat with anguish, especially at night. In studying more closely these symptoms, we again meet an analogous affection to that in the mouth and throat. The vagus is a sensory nerve, extending over œsophagus, larynx, lungs, heart, stomach, and reaches down to the abdominal ganglionic plexus, but by reflex may act on the motory nerves.

The first prover of Zincum, Dr. Franz, says, in the introduction to his first proving made with eight grains of the first trituration: Its action extended at first to the muscles of the œsophagus and larynx, a kind of cramp, and then to the extremities by increased mobility and lightness, a kind of curative action which soon gave way to great debility and clumsiness; then after a quarter to a full hour he felt an uneasy sensation in the pit of the stomach and abdomen. 427. Two hours after dinner disagreeable sensation of emptiness in stomach and abdomen with hunger. 528. Tensive sensation above the umbilicus without the feeling of qualmishness in the pit of the stomach, followed in the course of the day by several stools with hemorrhoidal flow. In the afternoon, after five or six hours, oppression in the chest, transient headache and towards evening troublesome itching of the skin.

Haubold from ten grains of the same trituration observed the same series of symptoms. He felt at first pressure at the orifice of the stomach and the lower part of the œsophagus, then gurgling in abdomen, transient itching of the skin, then oppression of the chest and stiffness of the hands. 1028. Paralytic condition of the right hand, it looks bluish, is dead, heavy and insensible and the pulse is small, scarcely perceptible and thready.

Here also Franz cites Voigtel, who says: Zincum acts exclusively on the nervous system, especially on the nervous ends

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of the stomach and intestinal canal, and on the nervous plexus of the abdomen (sympatheticus), and it diminishes muscular activity. In both provings of Franz and Haubold we have a perfect picture of affections of the vagus in the œsophagus, throat, stomach and chest (without cardiac affections), but, lasting only one day, it did not cause yet any secretory anomalies in the sphere of the vagus, still it produced vasomotory spasm, passive hyperæmia, sensation of deadness and paresis in muscles, and critical itching of the skin.

The other symptoms of œsophagus from Hahnemann hint more to simultaneous congestive states in the mucous membrane of the œsophagus with sensation of soreness and swelling. Spasm especially prevails. Dr. Kunkel (*A. H. Z.*, 67, 22), relates a case of dysphagia in consequence of stenosis of the œsophagus in two places, the one in the upper part of the œsophagus somewhat below the edge of the sternum, the other near to the cardia so severe that the sound could not pass—and this dysphagia is said to have been cured by one dose of Zincum.

We come now to another chapter in our study of Zincum, where clinical material is still wanting to elucidate the subject. The thoracic part of the vagus supplies through the laryngeus recurrens the muscles of the larynx, and forms, by branching off, the rami cardiaci and tracheales, the plexus brachiales, which combine with branches of the sympatheticus in the pulmonary parenchyma, to form the plexus pulmonalis, and finally it forms the plexus œsophageus, which ends as the abdominal part of the vagus in the plexus gastricus, anterior and posterior. The latter sends yet radiations to the plexus coeliacus and hepaticus. We must also consider the close connection of the vagus with the abdominal plexus. The plexus coeliacus, called also solaris or cerebrum abdominale, is the largest and most important plexus of the sympatheticus, supplying the stomach (in partnership with the vagus), spleen, kidneys, bladder, rectum and sexual organs; the vagus is a most sensitive nerve, forming, as it were, the mediator between head and abdomen. Expressions of its plexus gastricus are especially sensations of hunger, thirst and of satiety, whereas the secretions and functions of the gastric mucous membrane are more governed by the plexus

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from the sympatheticus. Both, especially the sensitive fibres of the plexus coronarii sympathetici take part in the painful sensations, where it is sometimes difficult to differentiate between stomach and pit of the stomach. As the functional expressions of a nerve, here of the vagus, cannot be limited according to regions which it supplies, or according to its diverse branches, we observe in relation to the thoracic part: desire for more air, oppression and palpitation, and we lead your attention to a connection of the cervical vagus in its plexus nodosus with the plexus cervicalis of the four cervical upper spinal nerves, from which the consensual symptoms of the occiput and lateral parts of the head, of the ear and of the shoulders, find their easy explanation, also of the diaphragm, in as much as the nervous phrenicus originates there. The vagus possesses only very few motory nerves, and the motory functions are mostly brought about by reflex actions emanating from the sympatheticus. But even the sensory functional expressions of the vagus do not always originate from its immediate affections, but sympathetically through remote regions of the sympatheticus, *e. g.* of the sexual or renal sphere.

Coming back to our study of Zincum, let us collect the little found in homœopathic literature:

1. Kurz (*Z. f. h. K.*, II., 100): Uneasiness of digestion go commonly hand in hand in Zincum with cerebral affections, and it is a question, whether the digestive troubles are accompanied by the production of butyric acid. In the reproductive sphere of Zincum we only meet affections of the skin and mucous membranes.

2. Schwarze (*Annals d. H. K.*., 1, 97): Diagnosis, flatulency. A young woman, æt. 24, who suffered before the setting in of her catemenia from menstrual spasms, complained for several years without cause of frequent noises and gurgling in the abdomen, especially below the navel and in the left hypochondrium, accompanied by pressing pains. Neither food nor drink, nor the passus of flatus made any difference; only firm lacing moderated it. She was treated by several physicians internally and externally without relief. A solitary dose of the eighth dilution of Zincum sufficed to remove it totally.

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3. Hartman (*Ther.* II., 392): In flatulent colic, Zincum is indicated, when the pressing pains are aggravated by wine or appear in the evening, when at rest; constipation is usually present, loud rumbling and gurgling with retracted abdomen, hot and sometimes moist flatus passes without relief.

4. Hahnemann (Introduction to Zinc., diseased states removed): after supper gastralgia with nausea; a tensive pain in the sides of the abdomen; bloatedness of the abdomen during menstruation; inguinal hernia; constipation; soft and fluid stool: involuntary defecation.

5. Lilienthal (*A. H. Z.*, 81, 128). Zincum depresses the nerve-centres and the functions of nutrition, and causes a kind of tabes sicca. It acts well in constipation, with affections of the liver or flatulent colic, or pains in the renal region, or with rheumatic pains in the back and extremities; bloated abdomen, with dry, hard, insufficient stool, which can only be discharged after severe pressing downward.

6. Hering (*A. H. Z.*, 82, 203). Gastric troubles during pregnancy: canine hunger, she cannot eat rapidly enough; severe heartburn after sweets, bloody taste in the mouth and sweet-tasting eructations; nausea and vomiting with restlessness in the extremities; constipation; unusual dryness of the stool, insufficient with difficult defecation.

7. Raron (l. c., 110). As soon as the first spoonful reaches the stomach it is vomited again, (perhaps useful in vomiting of pregnancy, heartburn, swollen feet and varicose veins, according to C. Hg.)

In Journals of the old school we find:

8. In a case mentioned already, where somnabulism was an essential symptom: loss of appetite with a perfectly clean tongue.

9. Oppolzer uses flores Zinci with success in neuralgia of the spleen and in intercostal neuralgia.

10. Frick (*Frank's Mag.*, 4, 356) narrates: *a.* A fat woman, æt. 50, always well and in good spirits, complained for the last two years before the appearance of the scanty and irregular menses of palpitations, dyspnœa, pains in the back and spasmodic constriction in the gastric region. No relief from medicine,

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rather aggravation from climaxis. Even after the removal of the other troubles the cardialgia persisted. Every afternoon between 3 and 4 she suffered from a severe, stitching pain in the stomach, with nausea, vomiturition, sometimes vomiting of a tough phlegm and pain in the left hypochondrium. Her tongue was clean, her appetite normal—after a meal for two hours pressure over the stomach (hardy food is more easily digested; constipation and lassitude. ℞. Flores Zinci gr. i, morning and evening. After the third dose improvement, and in sixteen days (32 grs.) a perfect cure.

b. A lady of delicate constitution, æt. 52, having passed her climaxis, complained for the last two years of palpitations, anxious respiration, pains in head and back, tension in abdomen, pain in the pit of the stomach, nausea, sometimes vomiting and a sensation as if cold water were poured down her back. Her tongue is clean, appetite good, but after eating, especially sweet things, severe pressure in the stomach, constipation. Patient looks weak, pale and emaciated. After 24 powders flores Zinci every symptom disappeared, except the weakness of the stomach, which needed 12 powders more (afterwards China) for its removal.

11. Two similar cases are related, and in annotation he says: *a.* This remedy is only indicated in idiopathic or consensually increased sensibility of the gastric nerves. Consensual gastralgia is most frequently observed from disordered menstruation. *b.* Sélle remarks, that flores Zinci acts in gastralgia very quickly or not at all.

Looking over all these cases mentioned, we find that Zincum is only indicated in uncomplicated purely nervous affections with a clean, uncoated tongue. In the pathogenesis of this drug we read: 398 to 405. Loss of appetite with or without disgust for food, and for some particular kinds of food; no taste for food in the afternoon and evening. W. 24. Total loss of appetite. 418. Difficult digestion. As curative symptoms we may put down: 410. Dinner tastes better than usual. Other provers showed a kind of idiosyncrasy, thus: 400 to 402. Disgust to fishes, cooked warm food, to meat; nausea and aversion to sweets; aversion to veal, which she usually liked. And again

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in opposition to this inappetency based on a purely nervous uneasiness of the termini of the vagus, we find: increased appepetite, hunger and bulimy, and many troubles after eating. Thus: 406. Hardly any hunger at noon, better appetite in the afternoon. 415. Cannot eat enough, although food has no taste. 411 to 15. Hunger can hardly be appeased; great desire to eat and hasty swallowing, bulimy and hasty eating. 1279. Sudden sensation of weakness in the arms and legs, with canine hunger. Equivalent to the feeling of hunger, the hyperæsthesia of the termini of the vagi may cause: 390 to 394. Burning thirst; constant thirst for water, beer; thirst from early in the day till evening, or during and after dinner. W. 21. Increased thirst, desire for cold water which refreshed him.

In relation to these apparent contradictions, we would remark, that it is a characteristic manifestation of the specific relation of a drug to a certain sphere of the organism, when it shows the alternate action. Hahnemann distinguishes them from secondary or opposite actions; they rather evince an alternate state of the different first impressions or attacks of a drug on a certain sphere. Whereas, we already found the chief character of the action of Zincum on the cerebral nerves standing in close connection with it, and especially on the ganglia connected with them, to produce a depression of their action, we find the same again in the positive termini of the plexus gastrici vagi, and we will find it again in the abdominal ganglia of the sympatheticus. Corresponding to this we find the curative indications and mode of action given by Kurtz and Lilienthal (Nos. 1 and 5). But we find also prevailing sensitive irritability, hyperæsthesia, expressing itself primarily or consecutively in the corresponding plexus of the vagus and sympatheticus. Both alternate actions are of a purely nervous character, for all the provers took only small doses of triturations of Zinc. and at intervals, whereas the symptoms, caused by the vapors of Zincum, attacked especially the plexus of the vagus and sympatheticus, with painfulness in the hypochondria, and loss of appetite, and are also of a purely nervous character.

The troubles after eating may be perhaps thus explained:

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the hyperæsthesia of the gastric nerves, presenting itself as increased hunger, is not necessarily combined with a corresponding increased power of digestion; it rather demonstrates a diminished energy, hence the food taken into the stomach may produce far more indisposition than satisfaction, and other consensual symptoms. We find therefore also under Zincum: 1243. After dinner and towards evening the patient feels worst, his troubles are either in the stomach itself or in more distant and related parts. Of the former are: 416 to 442. Insatiability, hunger and yet sensation of fullness after eating, sensation of emptiness and goneness in the stomach; pain in the pit of the stomach, bloatedness of abdomen; empty, acidulous eructations, especially after sweets, or eructations with the taste of milk. In relation to the latter Franz says: Zincum caused more tearing than lancinating headache in the lateral parts, arising or at any rate increasing after dinner. Considering then the connection of the vagus with the spinal cervical plexus, we easily understand, why with a hyperæsthesia of the vagus, especially when disagreeably affected by food, it will draw the latter into co-affection. We see the same in Zincum which gives us: 140 to 151. After dinner tearing in the temples with stitches in the ears, pressing tearing in the left frontal eminence, pressing drawing boring in the left side of the head, pulsating tearing in the forehead. 36, 91, 216, 432 to 454. Add to it the affections of the sympatheticus, hence dulness, great stupefaction of the head affecting the eyes with pressure in forehead or intoxication (also after preceding epistaxis). 623. Very soft stool with vertigo and surring in the head, having had a hard stool in the morning. 1225. Fulness in the head, slight nausea, trembling sensation in the chest, frontal headache with stupid feeling so that he does not understand what he reads. 1278. Worn out and tired with trembling and heaviness of the head. 491. Sharp jerking stitches in the hepatic region. 506. Stitches in the renal region, running towards the chest, also in the evening. 363. Dryness of the throat, when swallowing or not. 780. Rawness and dyspepsia of the throat and pharynx at different times, especially mornings, with hawking and coughing, passing off after eating.

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In the abdomen we meet different flatulent affections in consequence of eating with painful sensations. Gersdorff's proving gives us, pre sing and gurgling in the upper part of the abdomen. The pressure appears also after eating ever so little with flatulency. The pressure changes to stitches and is removed after passing flatus (91, 491, 429, 518, etc.). Ng, in Hartlaub and Trinks, recorded: After dinner or supper nausea, bloatedness and inclination to vomit with inclination to eructate, going off after bringing up wind. In the hypochondria, around and below the navel contraction, griping and cutting pains, rumbling and gurgling in bowels with frequent discharge of flatus, especially in the evening. Stitching pinching in the hypochondria and right inguinal region, the stitches extend into the right side of the chest and left forearm. The bellyache ceases after a short stool, chilliness continuing till evening. Hahnemann recorded: 431. After eating soup, griping pain in epigastrium. 531. Immediately after eating, fulness of the abdomen as from flatulency. 609. After eating and in the morning, desire for stool.

Taking all these symptoms in their totality, we find the head symptoms and the flatulency to be of a primary nervous character. The so called cardialgic or painful symptoms emanate not so much from the stomach, as from the hypochondria and pit of the stomach, and are genuine idiopathic neuralgic affections.

Such pains show a twofold character, being partly based on a hyperæsthesia of the gastric nerves, which communicates itself to the gastric mucous membrane, and displays a more inflammatory or irritable nervous character, as we find this so often in nervous and hysterical persons. We find then the pit of the stomach and the gastric region puffed out and sensitive to pressure. Such a pressure may arise from various causes, as, from external pressure or by internal one, *e. g.* from deep breathing, yawning, flatulency, or food. The painful sensation is rather sharp and burning, and corresponds to symptoms 363 and 780, which hint to a sensation of dryness in the fauces and organs of deglutition.

Another kind of pains, emanating mostly from the hypo-

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chondria, are of a purely spasmodic nature, and are rather ameliorated by pressure. They seem to emanate from the coeliac plexus. The sensation of pain is that of pressure, compression or contraction. In many cases we may find both kinds of pain combined.

In relation to the former we read: 461. Sharp pains in the stomach and pit of the stomach. 462. Pain in the pit of the stomach when taking an inspiration, the breathing is impeded after dinner. 463. Pain in the pit of the stomach, where a burning pain is experienced when pressing upon it. 470 to 472. Squeezing and sensation of anguish in the pit of the stomach, pinching, increased by deep inspiration. W. 58, 59, 477. Burning in stomach and gastric region, before breakfast, also with nausea. 478. 479. Sensation of coldness in the stomach. 750. During menses sudden tightness and oppression of the region of the stomach; she had to loosen her dress. In relation to the latter, we find: 460. Pain in the stomach and abdomen, early in the morning. W. 51 to 55, 464 to 466. *Pressure in the stomach*, also with stitches in the pit of the stomach or sensation of coldness in the stomach, with eructations and continued spasmodic pressure and a sensation of tension in the gastric region. 467 to 469, 473. Contraction from both sides of the stomach, with anxiousness and increased warmth in the head and whole body. 474, 475. Tearing and pinching in and below the pit of the stomach, stitches in the direction of each other, starting from both sides of the stomach, accompanied with a stitch in the middle of the sternum.

The gastric troubles show themselves, as: 456. A goneness in the stomach with nausea, especially early in the morning and appearing often from consense with the sexual sphere, as during pregnancy. 449, 458. Nausea during or weakness after breakfast. 450. Nausea in the morning as from an emetic. 457. Nausea and weakness in the morning in bed, disappearing after getting up. In relation to vomiting, physiology teaches that the movements of the stomach as well as of the intestines are governed by the sympatheticus, and that stimulants, increasing, in small quantities, the peristaltic motions of the affected parts, cause, when used in greater force, antiperistal-

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tic motion, and thus by nervous consensus, produce concurrent movements in parts which are not primarily irritated. This we find fully exemplified in Zincum, as we read in Werneck's provings: Sweet, flat taste in the mouth. W. 111. Paralytic aching pain in the small of the back, extending to the hip and toward evening more in the left side. W. 155. Beating, hammering pain below the lower third of the left scapula. 138. Malaise after dinner. 113. Backache when turning in bed at night. W. 41. Slight nausea; he feels like vomiting when hawking. 112. Pains in loins and small of the back when stooping. 118. Bruised sensation in left deltoid.

The proving displays clearly the connection of the vagus symptoms with the spinal nerves through the plexus cervicales, and especially with the scapular region. The gastric uneasiness after a meal caused at first only nausea with inclination to vomit, and we shall see how this irratability of the gastric nerves, to which also the plexus cœliacus belongs, becomes more clearly defined. When resuming the proving he took six, and two days afterwards eight grains flores Zinci. W. 107. Malaise in the bend of the right elbow. 86. Weakness and malaise of the extremities. 18. Increased salivation. 60. Bloatedness of the abdomen. 104. Stitches to the left from the right scapula. 136. Nausea so that he had to sit down. 38. Nausea, he would like to vomit, with eructations and desire for stool. 134. It is irksome to talk or to hear talking. 36. Sensation of pressure in the pharynx. 120. Frequent gnawing in the left knee-joint.

After five o'clock he has to walk out, although he hates to do it; coming into society he feels increased heat. W. 49. Fulness of the gastric region with pressure in it; slight perspiration of the head and hands, and while he declines the proferred beverage, vomiting without nausea, twice in succession, of the contents of the stomach; afterwards great appetite. The following day only slight nausea. W. 156. Pulsations in the glutæi. 121. Drawing in the bones of the left leg; paretic sensation in the right foot. 15. Dryness of the lips. 115. A weakness of the lower extremities, continuing for some time. 163. No inclination to work. 164. Downheartedness. 126.

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Finally a red, then dark brown furuncle on the left side near the pubes, discharging a yellowish dirty pus. The areola remained hard and red for some time. The prover, already predisposed by the first proving, was certainly over-irritated by his second proving with increased doses. The ganglia were here primarily more affected than the vagus, as shown by the changed acrid gastric juice; the depression of mind, expressing itself especially in the muscles of the extremities by lassitude and paresis, and by the critical furuncle. We find the left side especially affected.

In the M. M. pura we read only of: 454. Nausea with retching and vomiting of a bitter, slimy fluid, and lastly of the ingesta, with turns of cough, feeling of warmth, especially in the stomach, sweat, chilliness of the arms, shaking of the body, empty eructations, hiccough, rumbling and pinching in the abdomen; the nausea is relieved by sitting bent, but nausea and vomiting return immediately on sitting erect, moving about, or when pressing on the abdomen. Hartlaub gives us the symptoms, which were felt for three and a half hours and ten hours after taking the drug. Let us examine them more closely as found in the M. M. of Hartlaub and Trinks, Vol. I, p. 344: After ten minutes, sensation in the stomach as if he would vomit, he felt it coming up, but it passed off again. After twenty minutes feels more nauseous, with rising of water, and a general mild perspiration, which soon got cold and causes chilliness, trembling and malaise over the whole body; empty hiccupy eructations, the hand trembles when writing. The nausea is diminished by sitting bent, but increased by the slightest pressure on the abdomen. After the vomiturition, felt better for about ten minutes; this was followed by a sensation of warmth in the abdomen and flatulent rumbling; when rising from his seat, vomiting of a bitter, slimy fluid, with great distress, shivering and sweat, the water ran from his eyes, sitting down again brought back the heat over the whole abdomen, hiccupy empty eructations, spitting of saliva, the pulse all the time very small, but neither quicker nor more frequent. After one hour the heat increases over the whole body and face, with sensation of perspiring and fear of a renewal of vomit-

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ing. The abdomen especially feels hot. Very exhausted, can hardly speak low. Copious vomiting again of a bitter, slimy fluid, with shivering, sweating and lachrymation, followed by general feeling of ease, hiccup and eructations. Rumbling and colicky pains in the hypogastrium, and constant chilliness over the arms, are again followed by vomiting, coughing, lachrymation and retching; he threw up the little bread which he had taken; afterwards a bitter fluid came up with the eructations, and then he felt better. When he tries to sit straight or to move about, pulsations begin in the abdomen, with heat and retching; he always feels better when sitting bent and keeping quiet; he only suffered then from flatulency, which on the left side caused rumbling and then passed off, and on the right side caused a sensation as of rumbling in a hollow vessel. After three and a half hours he could again walk about without becoming nauseated, felt stronger, and the trembling wore off. We see here the slight irritability, beginning in the stomach with nausea, spread itself to the diaphragm and intestines, causing there the same flatulency as in the stomach. Sitting up straight or moving about causes pressure and thus increases the pain; a bent position and rest on the contrary diminishes this pressure, when simultaneously every irritation of the intestines causes secondarily reflex movements, displaying themselves by hiccough, eructations, retching, and as the contents of the stomach had been already evacuated, bilious vomiting from the biliary ducts. This character of sensual irritability extends all through the small intestines, whereas we find all activity suppressed in the large intestines.

Every irritation of the sympathetic nerve fibres causes immediately a nutritive disturbance, showing itself by a change in the secretions. In the stomach we witnessed increased activity, perhaps standing in connection with the eating of sweet things; in the intestinal tract they cause flatulency, which by their painfulness irritate secondarily the motory fibres, and thus cause rumbling and grumbling, followed by discharge of wind, diarrhœa and uneasiness in the bowels. Such an irritation of the mucous membranes, appoaching nearly to inflammation, was found in the cadavers of the poisoned

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cows, and still the remaining part of the bowels were shrunk and dried up.

We spoke already several times of this dryness of the mucous membranes, and we may be excused therefore by citing the following interesting case. Landesmann (A. H. Z., 85, 147) mentions the case of a young man, who complained for several weeks of constant sensation of pressure in the left chest and of dryness in the throat, which rendered speaking difficult, so that he had to clear his throat constantly. Ambra did nothing. After olfaction of Lycopodium, the pain in the chest ceased, but it needed olfaction of Zincum[30] to remove the dry sensation of the throat. In relation to the intestinal parts it would be hard to decide on something positive, for we find only a similar state in the symptoms of the stool, as Zincum only affects the ganglia and plexus of the sympatheticus, situated low down, supplying the colon descendens and rectum, uterus, vesica, seminal vescicles, ovaries, prostrata, vagina, penis or clitoris. Let us examine the symptoms of the stool, 604 to 631, and they read: Constipation through the first stage of the proving. Constipation with no or ineffectual urging to stool. Long urging to stool, which was finally passed with great difficulty; tough, scanty, with discharge of prostratic juice. The feces are dry, hard, small, large, frequently in lumps, insufficient, and accompanied with pressiug in the anus. After a dry stool, pressure in the anus.

Hahneman adds the remark to symptom 627, several loose and thin stools (six hours), that every medicine, whose primary action is hard and delaying stool, may produce in the first hours even soft and copious defecation, if taken in a large dose, especially in persons habitually constipated. Hahnemann shows us that the hard delaying stool is characteristic of Zinc., and that this retention is caused by a want of energy of the motory activity of the intestines in consequence of depression of the ganglia in the pelvic cavity, whereas the upper parts stand in connection with radiation of the vagus and show its irritability; hence there is an increased secretion in the upper parts, even with painfulness and flatulency, and we find therefore a hard stool, delaying in the lower parts, followed by soft excreta of

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the upper intestines. In consequence of the paretic state, caused by Zinc. in the colon, especially in the colon descendens, we see that the provers of Zincum needed the action of the abdominal muscles to discharge not only the hard fæcal masses, but even the consequent soft stool. 610. Difficult expulsion of soft stool; the first part of the stool is hard, the latter part soft. W. 69. Colicky pains, followed by two thin, bilious stools and great ease. W. 70. A watery bilious discharge, then no stool for twenty-four hours. Franz remarks that colic always accompanies these soft stools, and that these discharges remove the colic as well as the flatulency; the colicky pains either attack the entire or only the central parts of the abdomen and the pultaceous soft stools are often only consensual in consequence of rectal and sexual irritation, thus: 626. Several loose papescent stools, without pain, followed by some pressing, as if more would be discharged. W. 68. Diarrhœic stool, colic and tenesmus. 630. Two diarrhœic stools in two days, followed by leucorrhœa. 614. Difficult discharge of a soft stool. 1284. In the morning, when awaking, involuntary soft stool.

Hahnemann puts this last symptom among the signs of weakness, caused by Zinc. Rummel is responsible for it, and the same observer gives us also: 534. Constrictive colic, arresting the breathing. 564. Pains moving about in the intestines before every discharge of wind, in the morning, when in bed. The same observer gives us, curiously enough, also symptom: 615. Stool of a large size, expelled only with difficulty.

This purely nervous constipation of Zincum is caused by the lassitude and laziness of the motory apparatus in the colon and rectum, which, by their dryness, render also the fæcal masses dry, hard, and lumpy, with hot flatulency. Even the largeness of the fæces hint to a laxity, by which the lumen in the colon does not contract. Soft and diarrhœic stools *per se* are no indication for Zinc., and it can only be prescribed in such cases where other essential symptoms hint to it.

But this state of the intestinal canal does not apparently agree with the anatomical state, as found in the cows poisoned by Zinc. vapors. We may offer such an explanation; as the noxa acted here uninterruptedly, a natural reaction was im-

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possible; destructive processes were the necessary consequences, especially in those organs which under normal relations would cast out the poison. In such a Zinc disease, the suppurative process of the intestinal mucous membrane was therefore not a primary manifestation of its action, but a consequence of a reaction, exhausting itself in the attempt of its removal. But if such a morbid process, arising from any other cause, would show symptoms similar to this last stage of the drug disease, we might then consider it an indication for Zincum; for in the Zinc disease such changes are not primary manifestations of its action. Let us not be misunderstood. We lead your attention, when speaking of pterygium and of the neoplasma retinæ, that even far advanced plastic changes and material disorganisations are curable by dynamic means, if their origin stands in homœopathic relation to a proven remedy; we might say, when the primary action or the beginning of the disease is similar to the primary action of the drug, as we have shown this to be the case, *e. g.* in the pterygium, with the hint to the left corner of the eye, to the sensation of dryness and nasal neuralgia. In all such cases our indications cannot be taken from the final symptoms of the drug, they concern us only in so far as the preceding dynamic symptoms of the drug and their anatomical (not anatomico-pathological) and physiological basis stand in homœopathic relation to the case in hand. It is the root of the disease which gives the indication and which Hahnemann called the primary action of the drug. And still the knowledge of the full drug disease, *i. e.* the knowledge of these secondary, or after-action and of the material changes, are of great practical importance, *e. g.* to find the so-called epidemic remedies; and Rademacher and Kunkel acknowledged Zincum as such.

After having discovered such a homœopathic remedy, corresponding to the genius epidemicus, we see that it not only covers the most solitary and diverse morbid symptoms, apparently standing in no connection whatever, but also very rapidly the most developed diseases, if the disease and the remedy stand in close similarity in relation to their secondary symptoms as well as to their primary symptoms.

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But let us return to our subject. We derivated the defecation, characteristic of Zincum, from an atony in the lower intestinal tract, and it is natural that, with the considerable formation of flatus in the middle portion of the intestinal tract, and with the diminished resistance below, the flatus accumulate there in large quantity. Hence we read: 584. Accumulation and incarceration of flatulence in the abdomen, more in the hypogastrium and oppressive flatulent colic, in the evening (after twelve hours). Symptoms 553, 542, 547, 551, 554, 556 and others show painful sensations below the umbilicus, caused by flatulence. W. 60. Bloatedness of the abdomen. W. 66. Dull colicky pains around and below the navel. The flatus push especially towards the inguinal region and rectum, and thus inguinal herniæ may be produced, as Zincum causes so often relaxation and loss of power in the muscular system, or the hæmorrhoids may protrude from the same cause, or also, in as much as the relaxation of the vasomotory fibres favor their formation, or a pushing against the bladder and sexual organs, which also stand in close relation to Zincum.

The tendency for the production of herniæ is shown: 562. Dull tearing pain deep in the right hypogastrium, extending to the groin. 566. Bruised feeling in the right iliac region, as if the part where that pain is felt, were decaying. 569. Violent clawing in the right groin and inguinal region, as in retention of urine, in rest and motion, and recurring when rising from one's seat. 570 to 574. Stitches, stitching pressure or a drawing pain in the left inguinal region, even disturbing sleep. 575 to 577. Pressing and pushing in the pubic and inguinal region, for many days. 578. Painful strangulating sensation in the left groin, as if a hernia would set in. 579. Protrusion of an inguinal hernia. 580. It violently pushes out the inguinal hernia.

In relation to the hæmorrhoids we cite: 585. Accumulation of flatulence in the abdomen, which causes the varices to protrude, which feel painful when lying down. 638. The rectum is full of flatus, but none pass. 639. Sensation in the rectum as if the flatus were pushed against the sacrum and there retained. 640. Pressing and boring pains from the rectum into

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the abdomen so that she could not sit down. 644. Heaviness in the rectum when standing, relieved by the passage of flatus.

In relation to the bladder and sexual organs: 689. A pressure on the bladder, but no inclination to urinate. 690. Like a spasm in the bladder, after preceding colic. 519. A pressing sensation in the hypogastrium, with crawling to the forepart of the urethra. 709. Drawing-tearing in the root of the penis, with dull stitches in the hypogastrium near the sexual organs. 734. Pressing in the pudendum and rectum. 735. Pushing towards the pudendum with cutting around the navel.

To understand more clearly let us subdivide them topographically.

HEPATIC REGION.	SPLENETIC REGION.	RENAL REGION.
481. Pressure on a small spot.	492. Pressure.	501. On the left side pressure, sometimes severely squeezing.
482, 483. Squeezing or squeezing-pinching pressure. 485. At intervals tearing, drawing and pressure.	493. Sometimes at intervals squeezing-pressing pains.	502. Squeezing. 503. Tearing pain on the right side, sometimes stitching. 506. Cutting-tearing, sometimes drawing-pressing on same side.
487 to 490. W. 64. Stitches or sharp lancinating stitches, down to the right hip at different times, when taking breath, or sour eructations, extremely severe. Stitches on right side of abdomen.	495. Deep seated stitches, and increased by pressure. 498. Dull stitches.	500. The left is sensitive to touch. 509. On both sides stitching-pressure. 506. Stitches extending some-times into the chest, after dinner and in the evening. 507. At intervals stitches in the left side. 509. Dull stitches on the right side.
491. Sharp, jerking stitches after supper.	496 and 497. Stitches in the evening when standing or walking.	510. Stitches and bruised sensation, left, when standing or walking.
	499. Slowly pulsating sensation of soreness.	511. Sensation of soreness, left.

Now, in relation to the hypochondria, we cite yet the following symptoms: 480. Spasmodic pains in the hypochondria, alternating with oppression of the chest and difficult breathing. The pains we meet in the hypochondria and renal region are mostly short, as jerking, jerking and lancinating, or tearing stitches, all of which may be considered more of a neuralgic character. Most of these painful sensations rather appear to be seated in the muscular system, and have their seat in the abdominal walls; we find them therefore sensitive to the touch or pressure, and increased by motion and deep breathing.

The pressing and griping pains, on the contrary, arise from

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flatulency, and it is especially the pressing pains by which the Zinc. flatulence makes itself known. Thus we have: 484. Clawing in the right hypochondrium and right abdominal side, as from flatus which do not pass off, increased by motion. 514. Pressing pains in abdomen as from flatus. 515. Pressing pains over the whole abdomen. 516. Pressure in right side of abdomen, close to the hip joint. Taking all these symptoms together, we closely observe, that liver, spleen and kidneys are only slightly affected by our drug. In relation to the liver, we have hardly a symptom hinting to a changed secretion of bile, except perhaps: 350. Yellowish-white tongue, especially towards the root. The vomiting of a bitter slimy fluid, mentioned already, was forced, and we know that every such exertion with an empty stomach produces antiperistaltic discharges of bile into the stomach, but such a vomiting does not stand in any specific relation to the liver. In relation to the spleen, we already mentioned that the neuralgic pains in the pit of the stomach emanate from the left hypochondrium, and that Zinc. acts well in neuralgia of the spleen. As Zincum is not a blood-remedy, we do not believe that it affects the parenchyma of the spleen, and that its symptoms are more of a congestive or neuralgic nature, affecting more the abdominal walls and serous membranes.

Let us now study the uropoetic system. Just like the external and internal skin may also the uropoetic system be affected two-fold. One or more of its organs may be individually irritated through nervous influence, and thus its function be altered, or these organs are by the drug disease drawn into co-affection as critical organs. Here also we find again that the renal symptoms are merely superficial, not affecting the parenchyma of the kidneys. In relation to the secretion of urine, we read: 673. Diminished pale urine, evening and morning. 675. Increased micturition of a light or lemon-colored urine. 676. Constant desire to urinate, which is passed in great quantities. 677. After midnight, passes some very light-yellow urine, though not in large quantity. 678. She urinates a good deal at night, without having taken much drink (first night). 680. Reddish urine. 681. The scanty

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urine becomes turbid and lemon-colored. 682. The urine, passed at night is in the morning turbid and lemon-colored. 685. The intensely yellow urine, when standing a while, deposits a flocculent sediment. We must thus consider: *a.* The urine in most cases is passed more copiously. *b.* It is clear, mostly light-yellow. *c.* It deposits after a while a lemon-colored or flocculent sediment. Hence we may conclude that the kidneys are somewhat irritated, which agrees with the hyperæsthesia found in the central parts of the intestinal canal, in as much as the plexus renalis is mostly formed from the plexus mesentericus superior, which supplies the small intestines and the colon, with the exception of the colon descendens and rectum. And as we found an increased secretion in these central intestinal parts, so also leads this slightly congestive and irritated state of the kidneys to an increased secretion of a more watery urine, carrying mucous elements without simultaneously increased uric acid. But as these mucous elements are not only mixed with it, but carried to the kidneys through the blood, or are simultaneously secreted in the urinary canaliculi, and thus intimately united with the urine secreted in the kidneys, the urine must remain clear at first, or only more intensely colored, but the mucous sediment will only be found, after standing some time, from the consequent decomposition of the urine.

Symptom 630 gives us reddish urine, which might be hæmaturia, or it stands in relation to the fibrous membranes and to a kind of rheumatismus. We lean to the latter opinion, as Hering gives as a symptom of Zincum: Constant desire to urinate, can only pass water while sitting bent backward; much sand in urine (*Condensed M. M.*, p. 866). Future observations must decide whether this irritation of the kidneys emanates from the fibrous covering, analogous to the spleen, or whether it arises from the parenchyma, though we incline from analogy more to the former.

The body of the bladder, especially the upper and central part, receives its nerves from the plexus vesico-vaginalis, a branch of the plexus hypogastricus inferior, which is connected with the plexus pudendalis; but the fundus vesicæ has the

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same nerves which supply the levator and sphincter ani (the middle and lower hemorrhoidal and rectal nerves) and corresponds with the upper rectal nerves, arising from the unpaired plexus mesentericus inferior, which supplies the colon descendens and rectum. Thus the bladder possesses on one side sensory spinal nerves, and on the other side it has nerves corresponding with the rectum, and it is therefore already a priori possible, that we may find a similar torpor in the muscular fibres, which only is conquered by the quantity of urine, carried forward from the kidneys. By such a laxity, even involuntary micturition may set in. Correspondingly we read: 667. Pressure of the urine on the bladder. 668. Pressure on the bladder, but no desire to urinate. 669. Desire to urinate every evening, after having passed urine when going to bed, but he can only pass a few drops without pain. 670. Urine passes slowly and in a thin stream. 671, 672. Apparently diminished urination, after dinner. 679. Involuntary discharge of urine when blowing the nose.

The coincidence of the vesical and rectal affection is shown by: 665. Hemorrhoids appear with pains as from fissures. 666. Blood passes per anum. 687. Blood passes from the urethra after painful micturition. Hemorrhage from the urethra. Symptoms hinting to a consense of the kidneys with the central intestinal canal, and more of a sensitive character, are: 689. A pressure on the bladder without any desire to urinate. 690. A spasm in the bladder, after preceding belly-ache. Constant desire to urinate, which can only be passed while sitting bent backward.

The sexual organs receive their nerves not only from the plexus spermaticus, which is partly a branch of the plexus renales, but the cerebellum and upper part of the spinal cord are also a central point for the sexual sphere, and we find here also hyperæsthesia, with a simultaneous want of reaction in the muscular activity.

Thus we read in relation to the male organs: 691. Sensitiveness and drawing in the forepart of the urethra and penis. 692 to 704. Very acute sensations in the urethra, especially at its orifice and forepart. 710. Tearing at the tip of the gland or dull stitches, proceeding from the scrotum. 706. Penis very

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sensitive to pain when walking, as if the shirt was too rough and produced friction. 707. Jerking from the groin towards the penis. 708 and 709. Painful jerking in the root of the penis; dull stitching near the genital organs in the abdomen, succeeded by tearing-drawing in the root of the penis. 712 to 714. Shuddering about the scrotum and adjoining parts; the scrotum becomes shrivelled. 715 to 717. Violent itching of the scrotum, which cannot be removed by scratching, for many evenings in succession; small, red and sore pimples. 718 to 723. Testicle painful to the touch; shooting with pressure in the testicle; frequent drawing, commencing in the testicles and following the course of the spermatic cord. 725. Either the right or left testicle is drawn up, with some pain and swelling. 726. The sexual organs are easily excited and the semen is emitted too rapidly during an embrace. 727. Great desire for an embrace in the genital organs, but the emission of semen is difficult and almost impossible. 728 to 729. Violent and long lasting erections, with pressure in abdomen. 730. Pollution without dreams, two nights in succession. 731. Copious discharge of prostatic fluid without any cause.

In relation to the female sexual organs: 735. Pressing in the pudendum and rectum. 756. During the menses heaviness in the limbs, with violent drawing around the knees, as if they would be twisted off. 819. Pressure below the left nipple. 845. A stitch below the right nipple. W. 38. Stitches in the left chest with a painful sensation in the left nipple. 875. Feeling of severe pressure in the right mamma. 876. Sensation of extension in the left mamma. 877. Stitches in and below the mamma. 737. Lochia suppressed with deficiency of milk. 732. Sexual orgasm for several nights, without lewd dreams. 733. Irresistible desire for onanism without lewd dreams. 738. Reappearance of the menses, which had been suppressed for three months, with alternate redness and paleness of the face. 740. Menses which have been delayed for thirty-seven days, too copious, especially at night and when walking, with cutting and pressing pains in abdomen and sacrum. 741 to 743. Menses too early and too long. 750 to 793. Weeping mood and out of humor during the menses, anxiety; starting in sleep, though

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unconscious of it; trembling of the hands; ophthalmia; sudden tightness and oppression in the region of the stomach, she had to loosen her dress; burning when urinating; thirst and dry cough, which awakens her from sleep.

(To be continued.)

To all Friends of Lachesis.

Be it known, that next 28th of July it will be fifty years since the first trituration and first dilution in alcohol of the snake poison Trigonocephalus Lachesis, was made.

We intend to celebrate that day by closing a collection of reports, consisting of provings, toxicological effects, cures, characteristics, corroborations, etc., etc. Quotations from books or journals where *Lachesis* has been mentioned, are solicited, since it is possible that some may have escaped the authors notice.

In the life of the author the order of the Parcæ or Fates has been reversed. Atropos, the inevitable, who cuts the thread, came to him first when a little boy in the form of a caterpillar on his father's grapevine and gave the incentive to the study of natural history.

Then came *Lachesis*, the disposer of destinies; and Clotho, comes last and holds the distaff while the author spins the fabric of symptoms.

The son and daughter of *Lachesis*, by name *Psorinum* and *Lyssinum*, heretofore called *Hydrophobinum*, are receiving a careful revision and will be printed before long. The several brothers and sisters of *Lachesis*, are waiting to be acknowledged and proved, particularly the Naja of East India, and the Lance viper of Martinique. We do not even have a complete collection of the effects of the bite of any of these snakes.

The *Lachesis Jubilee* could not be better celebrated than by sending contributions to such a collection; also cured cases, provings, etc., etc., all of which will be gratefully acknowledged by the author and embodied in the monograph.

Constantine Hering.

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Obituary.

Dr. Clotar Müller was the son of Dr. Moritz Müller, one of the first propagators of Hahnemann's doctrines in Leipzig, where he was Dean of the University. He openly declared in favor of the new school after Hahnemann, tormented by the apothecaries, left Leipzig and accepted the invitation of the Duke of Cöthen. Dr. Clotar Müller was like his father in favor of more liberal views in the realization and application of the new practice. He proved the *Nux juglans* and the *Coca*, and has been very active in defending the new school. He was the main supporter of the Hospital and Dispensary in Leipzig. In 1876 he honored us with his presence at the World's Meeting. He officiated as one of the vice presidents. He hurried home to attend to the meeting of the German Institute in Buda Pest, in August. Last winter he had a serious attack of pneumonia, after recovering from which he was advised to change climate and went to the Southern part of Switzerland to spend the winter.

The last he wrote was a manly disapproval of the exclusion of laymen from the meetings of homœopathic physicians, in which he says that even if we formed a guild, we should not allow the spirit of the middle age craft to rule us.

In apparent health, a suddden death met him on the 10th of November, 1877, showing again how very little real improvement change of climate is able to produce. C. Hg.

Doctor Jacob Jeanes, of Philadelphia, born December, 1799, died December 18th, 1877. He was one of the oldest converts to our school in Philadelphia. The works published by the *Allentown Academy*, convinced him of the truth of the new doctrine. Already a scholar in the French, he commenced the study of German, and published at his own expense a work containing a collection of instructive cases, partly from foreign sources, partly his own: *Homœopathic Practice of Medicine*, by Jacob Jeanes, M.D., Philadelphia, 1838, printed by A. Waldie. This book was the first of all American productions that had the honor of being translated into the German, under the title of *Praktische Erfahrungen im Gebiete der Homöopathie*, by Fr. Fleischer, Leipzig, 1842. Dr. Jeanes was the first elected professor in the Philadelphia College, chartered in 1848, but served only one year in the chair of Institutes. He was an original character, a man of great ingenuity and independence of mind; liberal in his views, and never tried to force any one into his belief. He was the first who introduced potencies made from one moistened globule with about 100 drops of alcohol. He proved a great many new drugs, and his constant aim was to get one or two characteristic symptoms. A large number of his practical observations have again and again been corroborated and confirmed. He was the first to prescribe *Berberis* for fistula in ano, etc., etc. He was one of the first who laid great weight on the localities. It was one of his observations that led to the manufacture of the so-called fluxion potencies. He never kept any thing secret, but freely gave to all the fruits of his experience. In the night, of the 16th to the 17th, after having been perfectly well (he administered to his patients the previous day), he was taken with apoplexy; a large effusion of blood paralyzed his right side, while the other was in a spasmodic tremor. His friend, Dr. Korndörfer, was immediately sent for, and after his arrival Dr. Raue was summoned, but the most accurate selection and the most careful nursing on the part of his devoted wife, could not even restore him to consciousness. At quarter of five on the morning of the 18th, his breathing ceased in a quiet sleep. He will never be forgotten by his many, many friends. C. Hg.

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General Record of Medical Science.

Acidum Lacticum as an Hypnotic.—Prof. Nothnagel experimented with this drug on patients, who never had anodynes, and found it as an hypnotic remedy inferior to morphine or chloral. Whenever it acts well, sleep follows an hour or two after taking it. Its hypnotic action follows more easily with an empty stomach, and in the evening. Sleep is not preceded by a stage of excitation, and the only disagreeable sequelæ are disturbances in the digestive organs. It acts more advantageously in young persons and in the female sex. Though lactic acid is a normal constituent of the body, still according to English authorities an accumulation of it in the organism may become the cause of rheumatism, and Rauch asserts that it may produce parenchymatous inflammation of the endocardium and of the valves Goltz found that after the continued use of this drug, the red blood-corpuscles become dissolved, fatty degeneration of the liver, kidneys, and heart follows, even ecchymoses and hemorrhages of the gastric mucous membrane have been observed.—*B. K. W.*, 37, 1877.

Pityriasis Rubra Universalis a Trophoneurosis.—Prof. Fleischman publishes two cases, which showed highgraded atrophy of the papillary body as well as of the whole skin. Hebra found in a similar case in a child solitary tubercles in the brain. We may therefore consider this chronic disturbance of the trophic cutaneous nerves as the cause of the changes in the skin, and the disease a trophoneurosis. Hebra concluded from the anamnesis in his cases, that the cutaneous trouble began in infancy, and it is not improbable that the tubercles in the brain originated at the same age, without producing any other disturbances, except on the skin.—*Zeitschrift, f. pract. Med.* 38, 1877.

Arsenicum bromidum in Epilepsy.—Dr. Theodore Clemens uses for the last twenty years this preparation with benefit in epilepsy. He dissolves āā 3.75 Acid. arsenicosum and Kali carb. in half a pint distilled water, heating it to the boiling point, add then 360 grm. distilled water and 7.5 grm. pure brom. After standing for some time, the mixture is clear and colorless. (Liquor Arsen. bromidi Clementis). One or two drops of this solution in a glass of water is given two or three times a day, and continued without interruption for years. Although a perfect cure happened only twice, a reduction in the number of fits and an improvement in the general health of the patient was constantly observed. *Abundant animal diet and fresh air by day and night* are important supports. The dose is never increased, as in bromide of potash.—*Med. Cent. Zeit.* 42, 1876.

Epilepsy from high living in sanguinic persons and its treatment.—A young butcher, æt. 23, whose mother was nervous, but not epileptic, devoured large quantities of meat, drank heavily and gave himself up to excesses in

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venere. For the last three years he suffered from nocturnal epilepsy, four to five fits a night, and several times during the day. Brom. kalium had so far failed to give any relief. His build was herculean, pulse full, strong, 84. By the advice of Dr. Sturgis he received Br. k. 8 grm.+Tinct. Digit. 1 grm. pro. die, and after a week+Tinct. Digit. 2 grm. The fits diminished, but returned as soon as the Digitalis had to be stopped on account of symptoms of intoxication. The patient was put *on an exclusive vegetable diet* and at different times venesection performed, in the five phlebotomies about 150 to 400 grm. Careful examination of the blood showed that the blood corpuscles diminished considerably in size and numbers. He improved gradually and as 44 days passed without any fit, he was discharged.—*Revue mensuelle, July* 1877.

Diphtheritis and Cubebs.—Trideau praises Cubebs in the treatment of Diphtheria. He says: 1. the cubebs are freshly powdered and suspended in water; 2. they must be given at a very early period of the disease; 3. the doses ought to be large, according to the age of the patient, 8 to 24 grm; 4. the remedy must be continued for three to four days even after pseudo-membranes ceased to form, and 5. must be again renewed in full doses, whenever a trace of a relapse occurs; 6. nourishing and strengthing diet is necessary. His formula is ℞.: Pulv. Cubeb. 8.0 to 30.0 Vin. Malayens. Syr. cort. aur. āā 60.0. M. to be used up in 24 hours. Where the stomach rebels against the drug, it may be given in injections.—*Gaz. med. de Paris* 15, 1877.

Fracture of both Clavicles.—Carl M., æt. 18, fell from a height of two meters with both arms extended to the ground. The right clavicle was broken outwardly from lig. coraco-claviculare; there was only a slight dislocation of the fractured ends at latus. On the left side the clavicle was fractured centrally and the dislocation considerable. The external end was drawn inwardly and downwards, and the inner fractured piece rested on the outer one. Reposition succeeded easily by drawing the shoulder backward and outward, and retention was kept up by putting the patient on a tightly padded roller, laid under the vertebral column. The shoulders were thus free and were drawn backward and outward by their own gravity. Consolidation of the fractures followed in 25 days without any deformity. Such cases prove that judicious position of the patient renders unnecessary the complicated bandages, recommended in the text-books, for fractures of the clavicles.—*Allg. Med. Cent. Zeitung* 74, 1877.

Blatta Orientalis in Nephritis Scarlatinosa.—Unterberger used this remedy successfully in the Children's Hospital of St. Petersburg, and came to the conclusion that the action of blatta orientalis produces a disappearance of all œdematous manifestations; urination increases and albuminuria decreases. Where, after the disappearance of the nephritis, albumen appears again in the urine, we may opine that the restitution of the walls of the blood-vessels to its norm has not yet fully taken place; they remained permeable for a shorter or longer time to albuminous corpuscles and formed

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elements of the blood, and months may pass before a *restitutio ad integrum* exists. (Bartels). Strict milk diet and Ergotin (0.18 grm. thrice daily) with its precise action on the smallest blood-vessels (Klebs.) render the urine perfectly analbuminous.

Blatta orientalis irritates neither the kidneys nor the intestines. Doses of 0.54 grm. and 0.09 grm. pro die, hardly affect the intestines. The hæmaturia observed in some cases, disappeared with the œdema. He thus confirms the results which Bogomolow achieved with it in grown persons, that the œdematous symptoms decrease as also the weight of the body, whereby micturition increases without irritating the kidneys and intestines. It is easily taken, as it has neither smell nor taste.—*St. Petersburg Med. Wchscrift*, 34, 1877.

Observations on Yellow Fever in Montevideo.—Dr. Brendel, who resides in that city, remarks: 1. A person takes the yellow fever only when susceptible to its poison, by remaining even only for a short time in the infected place. 2. The arrival of infected objects from an infected place to another, susceptible to its reception by position and time of year, may breed the disease without the interposition of infected persons. 3. To a place, not susceptible to the influence of the poison, though it may be situated in nearly immediate proximity to an infected, somewhat lower situated place, objects and persons can be carried without spreading the disease. 4. The stage of incubation is at least eight days. 5. The disease hardly ever goes far from the coast, in Montevideo only one-quarter of a mile inland. 6. It never arose spontaneously in Montevideo. 7. Yellow fever never appears there before the middle of January and ends in June, and it may therefore be considered an autumnal disease (Southern hemisphere). Albuminuria is a constant symptom towards the end of the first day, and increases steadily to the end, be this favorable or fatal; in favorable cases it passes off then in a few hours. Neither the severity of the icterus nor of the albuminuria has anything to do with the prognosis. Hydropathic packs, three times a day, acted very favorably. In recent cases copious perspiration follows, and the patient may be saved. Quinine, calomel and camphor treatment cannot be recommended.—*B. K. W.*, 33, 1877.

Aetiology of Dysentery.—All infectious diseases depend for their spreading either on intercourse, or locality, or on both. Thus, *e. g.*, malarial diseases are absolutely dependent on locality, hectic ones on the contrary on intercourse; the so called pestilential diseases, as cholera, yellow fever, pest, acute exanthemata, influenza, whooping-cough, depend in their pandemic spread solely on intercourse, whereas in the spreading of other infectious diseases, as intestinal and exanthematic typhus, dysentery, etc., intercourse plays a relatively unimportant part. Dysentery especially may appear epidemically, but it will always be localized and stationary, not progressively epidemic; it never spreads by being carried from one place to another. Dr. Brunner lays great stress in dysentery on the influence of locality (appearance in certain barracks, ships, prisons, etc.), and per exclusionem

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he considers food greatly to blame, in as much as the anatomical changes in the intestinal tract stand in due proportion to the fever, and as the frequent complication with scurvy owes its origin to alimentary noxæ, the influence of a high temperature and of moisture must also be considered in relation to the injurious effect of spoiled aliments. During the siege of Metz he found the mustiness of the bread a great cause of dysentery.—*B. K. W.*, 25, 1877.

Electrolytic Treatment of Malignant Tumors.—Dr. Neftel uses electrolytic necrotisation of malignant tumors according to two different methods. He inserts during narcosis a platina needle in the centre of the tumor, connects it with the anode and whereas the broad kathode is applied percutaneously on different places of the periphery, a strong galvanic current is brought in action on the tumor, alternately also in the opposite direction. The session lasts about an hour and a half. In as much as rapid necrotization also of the peripheric parts seems necessary to prevent carcinomatous infection of the surrounding healthy tissue, he divides in his second method the kathode on several needles by inserting them in the periphery, whereas the anode needle remains in the centre. Reaction seems to be moderate during the action on the necrosed parts.—*Virchow's Archiv.*, 70, 2.

Hydrate of Chloral for Foul-smelling Foot-sweats.—Ortega uses a solution containing one per cent of Chloral-hydrate successfully for foul-smelling foot-sweats. A strong mechanic suffered from it, after congelation of his feet, for the last seven years to such a degree, that his fellow-workmen refused to work in his proximity. The epidermis of his soles shone like mother-of-pearl and in its furrows and around the toes were small superficial ulcers. On the second day after using the wash all the foul-smell was gone, after six days the ulcers discharged less and were covered with a slight film. Ortega considers the wash only as a disinfectant, but that it never causes a radical cure.—*Schmidt's Jahrb.*, 5, 1877.

Clinical Contributions to the Localization of Cerebral Tumors.—Petrina gives us 23 observations; 7 tumors of the convexity; three of the anterior lobes; one of the vertical lobe; three of the hemispheric ganglia; one of the posterior lobe; two of the base of the brain; three of the pons; three of the base of the brain, with lesion of the cerebellum. 1. The tumors of the convexity give us the clinical picture of cortical affections. In the first case the patient suffered for three years from frontal headache and hemi-epilepsy, with at first transient, then lasting paralysis. Difficult mobility of the tongue, paresis of the facialis oris, aphasia, contraction in flexion of the upper and paralysis of the lower extremities were the chief symptoms. A sarcoma of the size of a chestnut was found between the flattened middle frontal convolutions, the anterior central convolution and the so-called third convolution. The second case ran its course in six weeks, without headache, with aphasia and progressive paralysis of the right side of the body. The upper extremity was in strong, the lower in less contraction in

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flexion. A thyxoglioma of the size of an orange was found in the left frontal lobe, bordering on the softened middle portion of the anterior central convolution and on the softened convolution of Broca. The third case lasted five months with dull headache. Symptoms were hemi-epileptic fits, aphasia, paralysis of the arm, paresis of the leg, without facial paralysis. A fibroglioma of the size of a fist, of the left vertical lobe, was imbedded between the central convolutions, pressing them asunder and dislocating the ganglia. In the fourth case the patient suffered for weeks from severe headache in the left temporal region, and had two apoplectic fits. After the second, the right side of the face and the right extremities remained paralyzed, also trismus and dilatation of the right pupil. A glioma of the size of an apple of the left vertical lobe with softening around it, compression of the central convolutions of the island and dislocation of the great ganglia. The disease ran its course in about three months. The fifth case began with an apoplectic fit, accompanied by twitching of the right arm. Patient remained for a few hours speechless, followed by complete paralysis of the right arm, paresis of the leg and of the facialis. No headache. Death after seven weeks with meningeal symptoms simultaneously with phthisis. A few lines from the upper margin of the hemisphere was a tubercle of the size of a walnut. Tuberculosis meningealis and pulmonum. Case sixth showed left-sided convulsions, appearing with undisturbed consciousness and having a transient weakness. Intercurrently there was a paroxysm of unconsciousness, lasting for several hours. Paralysis of the leg. A tumor of the size of a bean was imbedded between the central convolutions in their upper third. A second one, of the size of a plum (both sarcomata of the dura), with softened surroundings was above the præcuneus. He lived four months. In the seventh case lassitude and sensation of numbness began in the left lower, then in the upper extremity with slight vertigo. These manifestations remained stationary for about two years. Then clonic spasms of the left arm set in with perfect consciousness, followed by transient paresis and after a while extending to the face and lower extremity. Frontal headache, severe vertigo, dimness of the left eye, loss of sensibility on the left side followed, finally painful contractions of the left extremities. The disease lasted three years. Autopsy revealed a glioma of the size of an apple in the right vertical lobe with compression and softening of the two upper thirds of the anterior central convolution, and a small cyst in the left thalamus opticus. Petrina emphasizes as characteristic that the convulsions were always limited to solitary groups of muscles with consciousness undisturbed. He fully believes that certain regions of the cerebral surface exist, where irritation passes off with partial convulsions and contractions, and whose partial or total destruction causes manifestations of circumscript paralysis, whereas complete hemiplegia or extensive palsies are never observed in tumors of the convexity, but the lesion of the medullary mass is more deeply seated, reaching mostly to the great ganglia. According to his view, disturbances of motility limited to solitary groups of muscles, hint directly to the region of the central convolutions. In relation to the different centres themselves, he agrees with the data given by Hitzig in relation to the brain of apes.

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2. The tumors of the anterior lobes manifest themselves by severe frontal headache, vertigo, vomiting, paresis and diminution of the intellectual sphere. His eighth case led in four months to total blindness *cum stagnatione papillæ*. The eyelid twitched steadily, oscillation of the bulbus was present and gradually a weakness of the right arm and facial paresis developed itself, also difficult hearing in the left ear. Death after ten months. A glioma of the size of a fist in the left anterior lobe. In the ninth case, which showed strong psychical disturbance and with which stagnation of the papillæ was also combined, the gait was tottering, as if he were unconsciously, but powerfully drawn backward to the right, facial paresis and chorea-like, automatic movements of the right arm, finally, contraction of both elbow-joints. Urine transiently diabetic. A large glioma, emanating from the septum, laid in the medullary portion of both anterior lobes with compression of the ganglia. It ran its course in six weeks. The symptoms of the tenth case were epilepsy, weakness of the right arm, perfect paralysis of the right leg for the last three years. No facial palsy. It was a cholesteatoma of the size of a fist at the base between both anterior lobes.

3. Case eleventh was a tumor of the vertical lobe. With frontal headache and several apoplectic fits; right-sided paralysis and aphasia developed itself. Trismus, and convulsions of the right facialis and of the right arm were observed, with clear consciousness. Death after six months. Myxoglioma of the size of an orange on the left vertical lobe, corresponding to the region of the lobulus, with compression of the lower part of the central convolutions, of the island and of the left-sided ganglia. The organs of the senses here were intact, nor were there any sensory disturbances.

4. Cases 12 to 14 are tumors of the hemispheric ganglia, showing a combination of hemi-plegia, with rapidly appearing blindness (case 13, atrophy of the optic nerve) or disturbances of the muscles of the eye, as ptosis, strabismus divergens, nystagmus. Autopsy revealed a spiral-cellular sarcoma of the size of an orange in the right temporal lobe, passing over into the great ganglia and co-affection of the posterior portion of the internal capsule; a glioma of the size of a fist in the left anterior lobe, a tubercle of the size of a hazelnut in the external portion of the left thalamus opticus, with some small ones in the right half of the pons varoli. All three cases caused a lesion of the thalamus opticus and certain remarkable vasomotory disturbances, namely, considerable oscillations in temperature, or a very low one, and high-graded cyanosis of the extremities and of the face. Petrina considers such vasomotory disturbances characteristic for tumors of the thalamus.

5. Case 15, a glioma of the size of a lemon in the right posterior lobe with compression of the right thalamus, showed dilatation of the right pupil with absence of reaction to light, although visual power was perfectly intact.

6. Cases 16 and 17 are tumors at the base in the region of the hypophyses, characterized by excessive sleepiness. Bulimy existed in the 16th

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case. Contractions of the left extremity are caused by a contusion of the right gyrus fornicatus. In the 17th case there was an abnormal position of the head to the right and downwards.

7. Cases 18, 19, and 20, tumors of the pons. In the first two cases there were small infiltrated foci, tubercles. In the tumors at the base of the brain with lesion of the cerebellum (21 to 23) there was hard hearing and nervous ophthalmia, and in case 22 hemi-plegia and facial paralysis of the same side, hinting to an affection of the pons.—*Prager Vierteljahrschrift*, 133 and 134.

Treatment of Hemi-anæsthesia with the Constant Current.—Magnan recommends the constant current in hysterical women and in alcoholists, suffering from unilateral motory and sensory paralysis, in order to reproduce the diminished or gone sensibility of the skin and of the senses. The positive pole rests on the neck, the negative one, connected with a metallic brush, is carried over the anaesthetic parts. The number of cells varies according to the individuality (7–30).—*Gaz. hebd.* 20, 1877.

Kali Oxalicum in Metritis.—Thirty years ago a Swiss physician recommended Potassium oxalate, C_2HKO_4. 2 Aq., for metritis and peritonitis, and Lange, of Konigsberg, affirms its beneficial results. Caspari uses it with great success, and with the exception, perhaps, of hot poultices, and exceptionally a dose of Opium, found it all-sufficient for its removal. whether the inflammation followed natural or instrumental labor. It fails entirely in puerperal fever. He gives Kali oxal. 0.8 to 1.25 pro die in emulsio amygdal.—*Zeitschr. f. pr. Med.* 35, 1877.

On catching Cold.—Prof. Rosenthal experimented on animals and came to the conclusion that in animals, exposed to a higher atmosphere (38° to 40° C.) than that of the body, *a paralytic state of the cutaneous blood-vessels* is produced which is the cause of the cold. The circulating blood is cooled off, flows to the parenchymatous organs, causes irritation and nutritive disturbances, manifesting themselves in inflammatory changes.—*Med. Cent. Zeit.*, 72, 1877.

On Salycilic Acid and the Salycilates.—Prof. Sée closes a long article with the following resumé:

1. As an antizymotic remedy the salycilic acid stands below the carbolic, its only advantage being that it has no smell.

2. As an antipyreticum it cannot be compared with quinine and it failed entirely in variola.

3. It acts promptly and successfully in acute articular rheumatism; 2 to 4 days suffice to a cure.

4. It acts well in simple chronic rheumatism, even in arthritis nodosa, the painful paroxysm passes off quickly, the articular swellings decrease and motility becomes more free, though the disease may have lasted for years, but the affection of the bones must not have progressed too far.

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5. It is *the* remedy for acute and chronic arthritis. It arrests promptly the painful acute attacks, and articular fluxion, the redness of the skin and the sensitiveness to touch disappears. Continued treatment with moderate doses prevents new attacks in chronic arthritis, the tophi decrease and cease to be inflamed, and even a cure may be possible without the least danger of a metastasis to the heart, lungs, brain or stomach. The usual arthritic sediments in the urine also disappear.

6. It may act favorably in facial neuralgia and sciatica.

7. Salicylate of soda showed a calming effect in some spinal affections. Continued too long, it may produce some debility.

Disagreeable manifestations are slight deafness and narcotismus, showing itself by weakness; but they usually pass off by decreasing the dose or by omitting the drug.—*France medicale*, 55, 1877.

The Mental Disease of Drunkards.—Dr. Nasse, the Superintendent of the Insane Asylum at Siegburg, writes that in one-quarter to one-third of his patients the psychosis originated in Alcoholic drinks, and showed itself in the most different forms: mania, melancholy, paralysis; and in a fifth of his cases the patients labored under the delusion of persecution. In none of the cases was the disease preceded by delirium tremens, and in most cases they accused their own surroundings, thus husbands accused their wives of infidelity and of all sorts of machinations. Hallucinations of hearing and of sight, sensations of something turning in their bodies, burning and lancinating in the skin, disagreeable sensations in the abdomen and sexual organs. The monomania of being poisoned is frequent and cannot always be considered a hallucination of taste. Exaltation often follows this state of depression, the patients consider themselves in communion with God, are prophets and apostles, etc. Remarkable and characteristic for the psychosis from drunkards is the sudden change in their feelings, the want of energy and endurance in their affects, and the decrease of will-power. In some cases tremors of the extremities, difficult speech, fibrillary twitchings of the facial muscles, which were relaxed, and inaquality of the pupils were observed. Vertigo and epileptic fits are more rare; atherosis of the vascular system frequent, hence the nutrition of the brain changed, which may be the cause of the psychosis.—*Zeitschrift f. Psychiatrie*, 34, 1877.

Quinine Exanthema.—Prof. Pfluger and Dr. Shelby-Buch publish cases in the *B. K. W.*, where after the use of Chininum sulphur. an exanthema appeared all over the body. In Buch's case it was a red, papular exanthema, disappearing on pressure and without itching and without fever. Pfluger's case began with high fever, severe itching and burning in hands and arms, less so in the face and feet, which were very red and swollen. The patient complained of anguish and thirst. The fever gradually disappeared after three days, and after two weeks the desquamation was over. Koebner also published a similar case with fever and exanthema in conjunction with rheumatoid pains in the knee-joint. Most of these patients were also syphilitic.—*B. K. W.*, 37, 1877.

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On Drug-exanthemata.—Koebner calls drug-exanthemata all acute eruptions, which soon disappear again and which are caused by the absorption of drugs, be they given per os, by hypodermic injections, or by inhalation. They are mostly simple hyperæmiæ or inflammations, appearing as urticaria, erythema exudativum, phlyctænæ, acne, furuncles, more rarely as atonic ulcerations, gangrene of the skin, or hemorrhages. Sometimes they remain limited to a circumscript spot, without any other complications, in other cases they spread all over the body. The eruption may appear without fever, as the Iodine exanthema, or they appear with fever, malaise and affection of the mucous membranes, and the eruption is sudden and general. It may even happen after minimal doses of a drug. All symptoms are relieved by leaving off the drug and reappear by its renewal. Such exanthemata are observed from the use of Chininum, Strychnine (0.0004, Skinner), Digitalis (Traube), Chloral. Koebner does not consider them as a vasomotory neurosis, but as an intoxication. Apolant observed a similar eruption after subcutaneous injection of Morphium hydrochloricum. *B. K. W.*, 23 and 34, 1877.

Dementia paralytica (general progressive paralysis).—Whereas the prognosis of dementia paralytica is totally unfavorable with expectative treatment, and in 400 cases Prof. *Ludwig Meyer* did not witness one solitary spontaneous cure, he has for the last decennium tried a more active treatment, especially in recent cases, and cured eight cases radically. He applies over the large fontanelle, where all the hair must be shaved off, an issue of the size of a silver dollar, using Unguent. Tart. stib. (1.4) as the menstruum. The scalp is thus destroyed down to the bone and suppuration must be kept up for months with Ungu. basilicum. Internally he prescribes Kalium jodatum 4. 180,0, 4 tablespoonfuls a day. Antisyphilitic treatment fails, even where syphilis preceded the progressive paralysis.—*B. K. W.*, 21, 1877.

Pityriasis rubra universalis.—Dr. Hans Hebra considers pityriasis rubra universalis a skin-disease, which during its whole course is accompanied by no other manifestation than a lasting intensively dark-red coloring of the skin, without considerable infiltration, without formation of nodules or fissures, without any moist discharge or formation of vesicles, only slightly itching and mostly spreading over the whole body. Sometimes considerable desquamation is associated with it. This tedious and often incurable disease may be mistaken for other cutaneous diseases, thus for lichen rubrum in the stage where the nodules, covered with desquamating epidermis, become confluent. The formation of nodules at the periphery would ensure the differential diagnosis from pityriasis rubra, where nodules never appear. Anamnesis clears up the differential diagnosis from psoriasis universalis. It ought never be taken for eczema squammosum universale, when we consider that the latter causes severe itching and runs through different stages of development; pityriasis rubra troubles more by tension and burning of the skin than by itching.—*Vierteljahrschrift f. Dermotologie*, 4, 1876.

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Du pansement de l'alcool.—In the hospitals of Paris alcohol is constantly used for dressing wounds. Its disadvantage is its painfulness and that it takes the wound a longer time to heal, but on the contrary it diminishes greatly the general and local traumatic reaction and the danger of hospital complications. In the amputations of the mammæ Débus lost not a case, and Desprès saw traumatic erysipelas only twice after 91 operations and saved every case. After the hemorrhage is stopped, the wound is washed out with pure alcohol and covered with lint soaked in pure alcohol, which remains untouched till the accumulating pus softens it. The lint during all this time must be daily moistened with diluted alcohol. The skin around the wound shows no reactive redness, it remains rather pale and anæmic; muscles divided through, which usually cause retention by their swelling, shrink, and the fatty tissue looks mummified. Suppuration, though not suppressed, is reduced to a minimum. If the surgeon desires more rapid granulation after removal of the lint, he may change now without danger his mode of dressing. Guyon explains the action of the alcohol by withdrawal of water from the granulating tissue and opposes the habit of disturbing this action by covering the dressing with oil-silk and rubber-paper, as this fluid might be retained at the surface of the wound. The painfulness of the dressing may be modified by the application of the ice-bladder, but in fact only the first dressings are painful.—*Bull. de la Soc. de Chirurgie de Paris. N. S.* III.

Pemphigus in the Practice of Midwifes.—Dohrn reports, that in the practice of a midwife, of 65 births 29 infants were attacked with pemphigus; she was ordered to abstain from all practice for four weeks, but of nine infants, which she subsequently brought into the world, three again were attacked. Another rest for four weeks, disinfection of her person, her dwelling, her instruments, etc., before resuming work, and still of 14 children, attended by her, 12 took the disease. It was found that the cause of it was rough usage of the infants when bathing or dressing them, especially the places where she handled them the most, were chiefly affected.—*Archiv. f. Gynæcol.* XI., p. 567.

Sciatica and Diabetes Mellitus.—Eulenburg observed three cases where diabetes mellitus appeared in patients suffering from neuralgia of the ischiaticus. It may be thought, that to the neuritis ischiatica, an ascending myelitis especially of the posterior column may be added. Niedieck found in all animals, where diabetes could be shown, changes in the spinal cord, which always cause a venous hyperæmia of the abdominal organs, especially of the liver.—*Med. Neuigk.*, 39, 1877.

On the Therapeutical Action of Erythroxylon Coca.—The Coca-preparations of Mariani, Elixir, Pasta and Wine, are frequently used by French physisicians. Babuteau gives it successfully in arthritis, rheumatismus and diabetes; increased discharge of urea of 10 per cent. Fauvel praises Vin de Coca (prepared with Bordeaux) in obstinate pharyngitis granulosa and in

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laryngeal affection; Cintrat in the dietetic treatment of obesity, as it contains tannin, but no sugar. Coca may therefore be considered a stimulant and tonic, and it can be recommended in pharyngitis, angina tonsillaris, albuminuria, diabetes; it acts as a stimulant to the central nervous system. Fauvel calls it the tensor of the vocal chords *par excellence.*—*Union Méd.*, 94, 1877.

Cases of Allantiasis.—A farmer's family was poisoned by eating smoked sausages. The disease set in with vomiting and purging, followed by ptosis, severe mydriasis, dryness of the mouth and fauces, loss of timber in the voice, difficulty of swallowing, weak pulse with a febrile state, vertigo, obstinate constipation, etc., followed by collapse. Two of the family died, and the cadavers soon stiffened without any symptom of putrefaction. Zenker failed to find any trichinæ in the sausages. In all cases so far observed, nausea and vomiting, with or without diarrhœa, formed the initial stage. The constitutional action of the poison shows itself in remarkable disturbances of motility in the eyes (troubles of accommodation, with or without mydriasis, ptosis, in severe cases paralysis of all external muscles of the eyes with diplopia. Purkhauer considers it a direct paralysis of the muscles of the eyes, as also the nearly constant paralysis of the muscles of the throat and larynx as a direct myoparalysis, the characteristic stiffness and loss of expression of the face as a consequence of a loss of contractile power in the facial muscles, the weakness of the heart's sounds as a direct influence of the poison on the muscles of the heart, the obstinate constipation arises from a paralysis of the muscles of the intestinal canal. This action of the poison on the muscles shows itself also in the stiffness after death. Its action on the cells of the glands evinces itself by dryness of the mucous membranes. Emetics or washing out the stomach frequently suffice to remove the poison from the stomach.—*Bay. Aerzt. Intell. Blatt.*, 24, 1877.

Treatment of Tetanus.—Dr. de Nenzi proved in several cases of tetanus that medical treatment with drugs is of little benefit in this disease, and he succeeded more to his satisfaction when he kept his patient in a dark room, free from all noise. He puts his patient in a dark (not a darkened) room, the floor covered with heavy carpets, and the door is only opened once every four hours in order to give nourishment; the meatus auditorius externus of the patient is closed with wax, and the strictest quiet enforced. The diet consist in beef tea, eggs, white wine. Of four cases of tetanus thus treated, three recovered.—*Gaz. Med. de Paris*, 32, 1877.

Iodine purpura.—Fournier observed closely three cases of iodine purpura, which has its seat regularly on the anterior surface of the thigh, and consists of disseminated petechiæ, there are no general symptoms. It appears a few days after beginning the iodine treatment, increases when the dosis is raised, and disappears when the treatment is stopped. It appears with the renewed use of the drug.—*Revue Mensuelle de Méd.*, 9, 1877.

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Inhibitory cures of Epilepsy.—Nothnagel published a case of epilepsy, where the aura arose from the epigastric region and then the full paroxysm set in. He ordered the patient at the very first outset of the aura to take a tablespoonful of kitchen salt and swallow it slowly with some water. A perfect cure was the result.

Surgeon Schultz, of the Prussian navy, relates a similar case. A sailor, of excellent health and with no hereditary taint, became epileptic during the voyage to India. He had an attack daily at a certain hour, preceded by an aura of general malaise and a peculiar sensation of pressure, rising from the stomach up to the œsophagus. After the fit he slept soundly for several hours (affection of the vagus). The same treatment was carried out with the same happy result, and the discharged mariner enabled to return to duty.—*B. K. W.*, 45, 1877.

Death from Septicæmia, produced by a Rubber Pessary.—Dr. Tassius was called to a woman, who formerly enjoying the very best of health, complained for the last three or four months of great prostration, inappetency, tearing in the extremities, alternate chills and heat, oppression of the chest with hæmoptœ, foul breath and foul taste, headache and mental depression, sleeplessness, irregular defecation and menstruation; pulse accelerated and irritated, but no regular fever. After the failure of the usual treatment, the doctor accidentally discovered the cause of the disease to be a rubber pessary, which the woman had worn for nine months without ever removing it, and which had become decomposed. It could only be removed with difficulty, and disinfecting injections had to be used for some time in order to remove the pestilential smell. In spite of general tonic treatment, she gradually declined, and finally succumbed to the phthisis pulmonalis, which probably originated from this blood-poisoning.—*Allg. Med. Cent. Zeit.*, 89, 1877.

Diabetes mellitus of Childhood.—Redon observed it in thirty-two cases, and thinks it could be more frequently detected, if the urine of the children were more frequently examined. It is most frequently connected with a parental diathesis, as gout, scrofula, or a mental affection; most children were between nine and twelve years. Of the symptoms, polyuria is constant, polyphagy in four-sixths of the cases, emaciation sets in quickly; pulmonary affections are rare, only in one case was hæmoptœ observed. The children mostly succumb to marasmus. A constant symptom also is the change of character, at first they are restless and irritable, finally taciturn and morose. The disease may last from a few months to two years. Prognosis is not absolutely fatal, as ten cases recovered through antidiabetic diet, and where such treatment is followed out from the very outset of the disease, there is more hope of recovery.—*Memoirs de la Societé de Biologie.*

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Correspondence.

DEAR JOURNAL:—The following case was one of unusual interest to me, and I can but believe it may prove of interest to some of your readers.

In July, 1876, I was called in consultation to see Mrs. ——, æt. 28, a primipara, who had been in labor thirty hours.

The membranes were ruptured when labor began. She had had very little sleep during these hours of pain. The pains had been very constant, but now from exhaustion, they were weak and ineffective.

Examination per vaginam, indicated a left vertex presentation.

The head, large and unyielding, was fixed in the inferior straight, and had not, as the attending physician informed me, changed position for several hours.

The parts involved were swollen, dry, and exquisitively sensitive to the touch.

A tepid sitz-bath of six minutes duration was given the patient. After a long and tedious resistence to its effects, she was sufficiently etherized to apply the forceps, which application was made difficult, owing to an unyielding rigidity of the anterior portion of the cervix.

The pains now became very infrequent and were only momentary in duration; advantage was taken of every contraction however slight, with relaxation of the instruments during the intervals of rest. Repeated tractions were made without the least apparent advance of the head, but taking advantage to act in unison with a telling pain, the head was found to advance and a few added efforts soon brought it so low as to remove the forceps, when delivery was made with great deliberation and caution, in order to avoid a rupture, which was greatly to be feared, owing to the condition of the mother and the size of the child's head.

It was, indeed, a satisfaction, upon examination, to find the parts intact, and the child alive and vigorous.

After waiting fifteen minutes for the placenta it came, and mother and child were left in a comfortable condition and in care of the attending physician.

After the lapse of a week, I was called again to see Mrs. ——, because of a persistent incontinence of the urine. The parts were so swollen and sensitive, that it was impossible to make a thorough and satisfactory examination.

In passing the finger about the region of the urethra, it was found that the tissue, posterior to it, had been severed from the under surface of the symphysis pubes, extending nearly its entire length, and there was a cavity of sufficient depth to introduce almost the entire hand.

The first impression was a startling one, viz., that the peritoneum had been lacerated, thus exposing to external contact the abdominal cavity. A moments reflection dispelled this fear, since there had been no constitutional disturbance, and no unusual tenderness over the abdominal region.

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A copious injection of tepid water, with a weak solution of carbolic acid, was thrown into the cavity, and there passed from it a profuse flow of fetid pus. Lint, saturated in glycerine, with a few drops of carbolic acid added, was then introduced into the cavity, and in this manner it was syringed and dressed twice a day, till the discharge ceased and the healing was well under way.

A rubber recepticle for the urine was left under the patient. She was put upon a nourishing diet, and Arsenicum^{30c} was at first given. As soon as it was possible, a more thorough examination was made. Milk injected into the bladder, with the urethra closed, found no exit, which excluded the fear of its being ruptured. The urethra itself was not lacerated, and the incontinence appeared to be wholly due to the relaxed and bruised condition of its sphincters. Running my finger along the under surface of the symphysis, an exostosis was found extending its entire length. Some points protruded with the prominence and sharpness of needles, others had the regular serrated feel of saw teeth.

The exostosis followed the median line of the bone, but they were more prominent and numerous at the articulation of the symphysis pubis.

It does not seem to me probable that this laceration of the mucous membrane occurred at the moment of delivery, but it was so violent by prolonged and severe pressure upon these bony spicula, that sloughing and separation followed as the result.

The patient made a rapid recovery.

The cavity closed up gradually, and within two months was entirely healed. The normal function of the urethral sphincters was slowly restored, until the patient now has perfect control of the flow of urine. Doubtless this is not the first instance on record of exostosis upon this part of the body, and with corresponding results at parturition, but I do not remember to have seen any such reported.

Prof. Patruban, of Vienna, who has made an especial study of bone exostosis, told me that it was an occurence of much more frequency than was usually supposed. He gave me some statistics based upon his own observation of the hundreds of cadavers he had examined, with this especial object in view, which are not at hand, and I dare not quote them from memory, lest they be inaccurate.

There are many instances given of exostosis in the orbit, as also upon the external and internal plate of the skull.

If others have found it in the especial region indicated in the case above described, with serious complications during child bearing, I shall be glad to know of it.

DR. MARY STAFFORD BLAKE.

Boston, May 2d, 1877.

Clinical Contributions, by H. V. Miller, M.D.—1. Intermittent Fever. Pulsatilla^{30}, 1876. Mr. J., adult, blue eyes, light hair and mild disposition, for about two months has had intermittent fever, which has been unsuccessfully treated allopathically. Every evening and night he has a hard chill,

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followed by moderate heat, but with no sweating stage and no thirst during the paroxism. One slight paroxism after commencing treatment.

2. Intermittent Fever. Natrum mur.^{6}. A little boy has had repeated paroxysms of the tertian variety, commencing at ten o'clock, A.M. First chill, then heat, and lastly little sweat. Not much thirst nor headache. No vomiting. As in the previous case, the time of the paroxysm suggested the remedy. The paroxysms immediately began to postpone and they soon ceased.

3. Gastric Derangement. Tartar emet.^{6}. A fleshy lady having bilious and gastric derangement, complained for two weeks of deathly *nausea* every little while by spells, relieved by *gaseous eructation*. This remedy gave almost immediate and perfect relief of the nausea and eructation.

4. Diarrhœa. Gamboge^{200}. An elderly lady had for four days a troublesome diarrhœa. Stools dark, yellowish-brown, watery, copious, discharged forcibly with a single somewhat prolonged effort. Much flatus. Rumbling and gurgling as of a fluid running from a bottle. After stool, feeling of great relief in the abdomen. Great lassitude. Speedy cure.

5. Occlusion of the Lachrymal Ducts. Silicia^{30}. Cause, catarrh. Blepharitis marginalis chronicus was also present.—Both cured by same remedy.

6. Chronic Enuresis complicated with Bronchitis. Pulsatilla^{6m}. A boy, æt. 9, of light complexion and mild disposition, had a severe cough three or four week, chiefly *on lying down at night, with nausea* and painful sensibility of the epigastrium. When coughing, he had to pass his hand upon the epigastrium. In the morning, *cough loose with thick yellow expectoration.* No appetite. Emaciation. For seven years he has been subject to incontinence of urine, particularly *when seated.* Gave the unicum Pulsatilla^{6m}, one dose. The cough and appetite immediately improved and after the second day the enurisis ceased. On the sixth day the enurisis returned with a decided aggravation of the bronchitis. Pulsatilla^{6m}, another dose, immediately cured both complaints. December 13th, 1876, I find, on enquiry, that there has never been a return of either complaint since the second dose of Pulsatilla was administered, nine years ago. I frequently find this remedy curative in enuresis.

In a Letter to Dr. Hering, dated November 13, 1877, Dr. Jos. Buchner, of Munich, the physician of our late Grauvogl, states that the latter returned from Gastein, a favorite watering place in Bavaria, very much broken down in health. About the middle of August he sent to the country for Dr. Buchner, who made an examination and diagnosed cancer of the stomach. He prescribed *Calcarea. ars.* Eight days after he was somewhat improved, but in another week in a dying condition. Grauvogl himself believed that he was suffering from an intestinal stricture, which he ascribed to an attack of dysentery, contracted during the campaign of 1870. In 1874 he had a light attack of cholera.

Lapis albus, a favorite remedy of Grauvogl's for cancer, is, according to Buchner, Dolomite, occurring in large quantities in some of the mountains of the Tyrol, Southern Germany and French Switzerland. It consists of 47.25 per cent. of Magnesia carb., and the rest Calcarea sulph.

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Oleum Terebinthinæ in Fibroid Enlargement of the Uterus. In April, 1867, my wife was seized with a severe attack of Peritonitis, for which she was treated by an Allopath, with morphia internally, and turpentine applied to the bowels for ten days. During and for some time after, there was a taste and smell of turpentine in the breath and discharges. In June she was so far recovered that she returned to her school. She then put on corsets and laced them pretty tight, and as a result had falling of the bowels, from which she was a constant sufferer from constipation, hæmorrhoids, pain and sensitiveness of bowels. In April, 1870, we were married, but not until 1872, did I notice any enlargement of womb, although a great deal of tenderness on moving the womb and a constant leucorrhœa, with pain in back. In 1872 the neck of womb began to enlarge, and in examining by rectum, in 1875, found womb as large as an orange. Dec. 2, 1875, she was seized with a severe pain in bowels, which proved to be a severe metritis, with great discharge of blood, very offensive. She was very sick all winter, besides a rapid enlargement of uterus, which was packed low down in pelvis, which completely closed the rectum and produced stercoraceous vomiting for two days, when the womb was raised up higher, and gave her a free movement of bowels and relief from vomiting.

From the time the fibroid enlargement first showed itself, there was a great deal of pain at crest of ilium left side, shooting over the bowels to the right and upward. March 1st, 1876, she was first able to leave her room, and through the summer of '76, was a constant sufferer from pain in left ilium, and the least jar in walking or riding making the pain worse. There was a slow but steady growth during the year. In Nov. '76, she took a severe cold, which confined her to the bed for the winter again. The pain was more severe at times than the winter previous.

Turpentine was applied externally, which caused a terrible aggravation of symptoms. Dr. McFarlan was called in consultation some time in December, when Terebinth[30] was given, every two hours. It first caused a great aggravation and then a great amelioration of pain, which in the course of a month was all gone, and she was able to sit up. The leucorrhœa had nearly ceased, and a great improvement in all symptoms, but the fibroid enlargement remained the same, which was large enough to be felt distinctly over the pubes. In June of present year she went to Vermont to spend the summer, but continued Terebinth[30] to the present time, November 1st. She began to notice a diminution in size of tumor in May, which went steadily on to present time. At this time the womb is normal or nearly normal in size, with no hardness or pain and she is better than she has been for years. Her bowels have gone back to their natural position. Although in 1875 she discarded corsets and used a waist with skirts fastened upon it, which no doubt had a good deal to do towards her bowels returning to their normal position. She still continues Terebinth for fear she will get "bed fast" again, and she has so much faith in the drug, that she feels safe when she is taking it. Sometimes during the last two years, the pain moved more to the right side over crest of ilium, when Terebinth would not relieve, but Ammonia carb.[6] would give immediate relief.

W. LOWELL DODGE, M.D.

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Original and Translated Papers.

ARTICLE XXIX.—Similia Similibus Generantur.

BY WALTER Y. COWL, M.D.

(House Surgeon, Homœopathic Hospital, Ward's Island, New York.)

"LIKE BEGETS LIKE."—This is the law of heredity in the abstract. The following article is an effort to show that this thesis is true in the concrete, *without exception*, and also that its practical application is of immense importance to the future of civilized man, its present benefits invaluable to individual men. If it is a law, and not merely a rule, it cannot have exceptions. That it is a law, we believe can easily be proven by showing that the exceptions—so-called—are really in accordance with it.

It is affirmed in the physiological works of Flint, Huxley and Youmans, that the subject belongs to physiology. Yet the first-mentioned—whose treatise is otherwise most complete—dismisses the subject in a few lines, with the avowal (Vol. v., p. 44) that although there are in it many questions approaching a scientific explanation, which would be of interest; and that—"although the facts of hereditary influence as regards the inheritance both of physiological and morbid attributes and tendencies, the *influence* of the *maternal mind* on the develop-

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ment of the fœtus, the effects of previous pregnancies, etc., cannot be doubted; yet their consideration would involve little more than a mere enumeration of remarkable phenomena"—while the two latter authors dismiss it simply with the statement of its place in physiology. In fact this department of physiology has been left almost entirely to the exclusively scientific, and by them pursued without an eye to its utility.

Heredity, or hereditary influence, has been a subject of discussion and matter of belief from the earliest times; even Aristotle vigorously expounding it. Probably the most impressive of the ancient declarations respecting it is the proclamation that the iniquity of the father is visited upon the children even unto the third and fourth generation.

There are but few works on heredity extant; although many upon kindred subjects, containing more or less allusion to it have been published. There are, however, two most excellent works in the French:—"*Heredity—A Psychological Study*," by Th. Ribot; (translation published by D. Appleton & Co.) a recent and invaluable book; and "*Traité Physiologique et Philosophique de l'Heredité Naturelle*," by Dr. Prosper Lucas, treating of the physiological aspect of the subject; while to Ribot is left the discussion of its psychological bearing.

By Geoffrey St. Hilaire there is a wonderful treatise on the general and special development of organic anomalies:—"*Histoire Gen. et Part. des Anomalies de l'Organization.*" English works are more scarce. Francis Galton, F. R. S., has written two valuable ones, however, on "*Hereditary Genius*" and "*English Men of Science.*" O. S. Fowler, of this city, has a large volume, entitled: "*Sexual Science*," and last but not least, a small book by Mrs. Hester Pendleton, also of this city, "*The Parents Guide;* or, *Human Development.*" The works of Spencer, Darwin and Huxley, strange to say, contain but slight allusions to the subject, especially in regard to its methods; even although the theory of evolution, of which they are the great exponents, has in heredity its most important factor.

The above is not all the literature of the subject, yet it contains without doubt all the prominent theories upon it. Most of the facts in this paper are taken from the works mentioned,

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yet we believe the treatment of the subject to be essentially original. In an article like this it is not possible to give a large number of examples of each kind of heredity, but merely a few markedly illustrative ones. Therefore it may seem that our basis of fact is scant. To widen this basis, however, a reference only is needed to the above-mentioned literature.

To prove that there is a law of heredity, it is first necessary to show, that every organism inherits its structure,—that progeny have the structure of their parents. This is evident to the most unlearned. To the anatomist and physiologist it is apparent in the most complicate portions of the system. With this admitted, there is strong probability of such a law.

But on further pursuing the proof, there immediately appear before us seeming exceptions, more especially in man and the higher animals. These apparent exceptions, however, we believe can all be simply and rationally explained, thus rendering the proof of the law complete.

Although there is a general belief in heredity, that belief is vague. The import of many facts proving the extent of heredity in man is lost to the student, because they are scattered among many people, often individually known but to a few and by them generally held in secret. Many facts are known by stock-breeders with regard to the lower animals, which go to show the importance of heredity.

Daily are facts discovered with regard to the physiology of man, by the study of the higher animals, and more and more is his organism found to correspond with theirs. Indeed, on the first page of his work on "*Hereditary Genius*," Mr. Galton says:—"I propose to show in this book that a man's natural abilities are derived by inheritance under exactly the same limitations as are the forms and physical features of the whole organic world;" and with statistics from various authentic sources, he does this most effectually.

Different authors in treating of heredity relate many positive cases of exact transmission of qualities, and hundreds might be given if but generally known.

The kind of heredity most apparent is that of physical form and feature. Among the most peculiar cases are those of

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Edward Lambert, who was possessed of an entire integument of horny scales that crackled in walking, and which appeared in all of his children at the age of six weeks; and the Russian and his son who were almost entirely covered with hair. A Greek woman—mentioned by Plutarch—who had by her husband a black child resembling a negro was brought to court to be tried and punished for adultery, but was acquitted on proving that one of her ancestors, four generations back, was an Ethiopian.

Ribot relates that two African slaves in Virginia were married; the wife gave birth to a white child, which greatly alarmed her. On the husband's seeing it he seemed much pleased. A few days afterward he told her that his father was white, although his grandparents were as black as himself, and that there had always been one white child in families related to his.

As to stature and strength, examples are unnecessary.

Of habits, there are many cases that are very remarkable. One especially, is that of Lord Brougham, whose handwriting, although totally unlike his father's, he discovered to be exactly similar to the most peculiar style of his grandfather, who died before he—Lord B.—was born.

A beautiful instance of the heredity of *acquired* habit in animals is related by Knight of England, who has made many interesting experiments. He took several pure-blooded pointer pups into the field alone by themselves, and for the first time. They had been kept secluded during their short lives from all other dogs, and from all game. After running about a little they found a scent, and immediately struck a true and steady point, trembling the while with excitement. This heredity of habit has been shown to be identical with instinct, in an interesting article on "*Instinct and Intelligence*," by Joseph Le Conte of the University of California, and by Mr. D. A. Spalding of the British Association for the Advancement of Science, in one on "*Instinct and Acquisition*," contained in the Popular Science Monthly, respectively for October, 1875, and January, 1876. The latter proves that the acts of nursing, flying, walking, etc., in animals, are instinctive even at their first perform-

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ance; and logically shows that in man also, natural acts like these are perfectly performed as soon as that physical state arrives in the development of the individual which will permit their consummation, and *therefore* that they are not the result of experiment or individual experience, as is so stoutly maintained by Carpenter and others.

Of longevity, perhaps the most noted case is that of Thomas Parr, who died in 1635, æt. 152, his father before him æt. 109, grandfather æt. 113, and his great-grandfather æt. 124; in all nearly 500 years.

Of fecundity and early maternity, who cannot supply numerous instances.

Of comparative infecundity there is a much greater prevalence than is generally supposed. This is fully shown in Galton's "*Hereditary Genius.*" He proves that the one reason—so long sought in vain—why so many of the English peerages have within the last half century become extinct, is, that the peers *will marry heiresses.* Especially is this practice to be lamented in the case of those who have been elevated to the peerage because of merit, for they are of the very cream of the nation. And it is painful to relate that with few exceptions, either they or their sons, more especially the eldest, marry heiresses in order to maintain a style of living proper to their position in society, but, with terrible destruction to their race. Out of thirty-one such peerages successively bestowed for great worth, before 1830, twelve are now extinct. Of all the alliances with heiresses, one-fifth produced no male children; a full third, not more than one child; three-fifths, not more than two; even though more were undoubtedly desired, to make sure the perpetuation of the title. Of course the motives on the part of the heiresses are natural and honorable.

To render these facts—proofs, Mr. Galton shows further, that eminent men are not more sterile than men of less ability, as artisans, for instance. Here is an Englishman of the best class, and intimate with the nobility, brought to look upon the peerage as "a disastrous institution, owing to its destructive effects upon the valuable races." This all shows the danger of marrying an heiress, to any man desirous of family, even under

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the best conditions of life and health, such as the English nobility very generally enjoy.

That comparative infecundity is frequent in men, would appear by analogy; although it is probably much less so, as in them the reproductive system is simpler and far less liable to diseases producing sterility.

Of mind. This can be happily illustrated by three most remarkable men, viz.: James Crichton, surnamed "The Admirable," Francis, Lord Bacon, and Napoleon Bonaparte; three men who, all of them, possessed most able mothers, as well as talented fathers.

The first, by his twentieth year, had run through the circle of the sciences as then known, and because of his vast memory, was master of ten languages. Yet he was without a rival in all physical exercises; possessed of a fine voice, and great skill in playing upon musical instruments; and withal was as beautiful in person and manner as he was wise. At the above age he started from his home in Scotland for the Continent, where he vanquished the wise men of Paris in logic and learning on the fourth day of February, 1579; on the next—the fifth—at the Louvre, in a tilting-match he bore away the ring fifteen times successively. He came to an untimely end through perfidy soon afterward, in the twenty-second year of his age, at Mantua. It was his boast that through his mother he was descended from the old Scottish Kings.

Francis Bacon, the illustrious exponent of the inductive philosophy, had for his mother the learned Anne Cook, one of the most intelligent women in all England, for his father the Lord Chancellor of England. The famous title—"The greatest and meanest of mankind," given to him by Macaulay, has since been shorn of its sting by Dr. John Lord.

Of Napoleon it is only necessary to instance his ability to predict the movements of the armies, when going into battle, to fore-see victory or defeat, and to perceive the causes which must lead to the result. His career is too well known to require further notice here.

The Adams's and the Herschel's may be merely mentioned.

A most marked case of distinct double heredity is re-

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lated by Ribot. An intelligent white in the West Indies, had by a very stupid, though strong and healthy negress, a son,—Lislet Geoffroy,—who became a distinguished civil engineer, vanquished the prejudice of blood, so strong in the colonies, had the *entrè* of the most aristocratic houses, and a short time before his death became a corresponding member of the French Academy. He had the jet black hue, the woolly hair, the features, and moreover the peculiar odor of his mother's race. This case may be explained by the fact that parents' strongest traits are generally transmitted.

Ribot gives another and more wonderful instance of peculiar heredity: a lady from England, who, one day in Paris, conversing with a friend while standing before a mirror in his house, suddenly, and with a scream, fainted and fell to the floor. On recovering her senses, she stated that she had but exactly one month to live; for an apparition, such as had suddenly appeared to her in the glass, had occurred to members of her family for generations back, at *one month* before their deaths. She died as predicted.

Of crime. Criminal records present momentous and truly appalling results. All who have been for a length of time engaged in the care, observation and reformation of criminals, testify to the same fact, viz.: that a large portion are incorrigible, abstinence from crime it is impossible to induce, so strong is their natural tendency thereto.

Of disease, both physical and mental, each day brings proof.

The production of progeny exactly similar to their parents, has heretofore alone been considered as perfect heredity. Only in such cases of transmission has the law of heredity been thought to have full sway, *i. e.* had the law of heredity been perfect, all men would have been precisely alike. But no two persons are alike in every particular, therefore every human being is, to a greater or lesser extent, an exception, so-called, to the law of heredity. To further show this, children of the same parents, with the exception of some cases of twins, differ markedly in their natures, which they would not of course, were they like unto their parents.

The difficulty of explaining these so-called exceptions has

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been such, that Lucas has supposed them to be due to a law of innate variation, which prevents the law of heredity from fully governing the organization of progeny, while it allows the latter to greatly determine the structure, habits and capabilities of offspring. This we believe cannot be, for it would indeed be perfectly analogous for a man, knowing that the law of gravitation causes objects in the air or water to fall, to suppose that a balloon rises in the air, or a stick in the water, because of a law of innate elevation; whereas if he fully understood the law of gravitation, he would see that just as solids are heavier than equal volumes of air, or certain solids heavier than water, and therefore sink in those media, so does water, heavier than wood, sink below it, or air heavier than a light vessel,—as a balloon—filled with hydrogen gas, sink below it, thus causing it to rise. There is no law of innate elevation, neither can there be a law of innate variation.

It is irrational to suppose a law of innate variation constantly opposing a law of heredity. For as Ribot says, a law of spontaneity is a contradiction in terms; it is therefore impossible to recognise two antagonistic laws. To conceive of a law of spontaneity, is to conceive of an effect without a cause; as there would be, in case there was such a law, no more reason for one variation than for another.

However, the difficulty is still unsurmounted. These so-called exceptions are by the prominent writers on heredity, considered inexplicable. We find Ribot, the latest and one of the best authorities, saying, on page 202: "In truth there is no problem more difficult and more complex than that of accounting for these exceptions,"—"In the present state of physiology and psychology it is impossible to explain these exceptional cases in a complete and satisfactory manner."

Mr. G. H. Lewes, in his "*Physiology of Common Life*," states that: "We may point to the fact of a genius, suddenly starting up in an ordinary family, or to a thousand other illustrative examples, in which the law of individual transmission seems at fault: to explain these, would be to have mastered the whole mystery of heritage." And Ribot expresses a similar idea in saying, on page 174: "that great talent in a mediocre

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family may be the result of some quiet works of nature, for who can tell how, and through what metamorphoses she produces talent?"

M. Ferdinand Papillon, in a paper on "*The Phenomena of Heredity*," contained in the Popular Science Monthly for Nov. 1873, says: "These questions (of heredity) so refractory to all manner of theoretic explanation, are precisely the ones with which our empirical acquaintance is fullest. Here a knowledge of effects seems in no wise to pave the way to a knowledge of causes."

Mr. Galton, who obtains in his book both positive and striking results regarding heredity from the statistics therein contained, attempts beside to explain all manner of diversity in man, by the hypothesis of pangenesis or of floating gemmules, —each representing some ancestral quality,—which do or do not determine every one of them a certain characteristic of the individual, according as they become fixed or not in the organism. This hypothesis had been offered by Mr. Darwin as a way of explaining certain cases of atavism, (indirect heredity from an ancestor). In fact Mr. Galton thus tries to show that heredity is almost entirely atavism. And especially that all suddenly appearing genius, can be and is the result of a combination of the special characteristics of a number of ancestors, which as gemmules themselves prevent the fixation of antagonistic ones. The suppositions necessary to this hypothesis are so many and so great, as to leave it but a slight foundation in fact. For instance, does it seem possible that the added wisdom of his ancestors could have been equal to that of the immortal Shakespere? Again, if true, all children of the same parents would be alike, possessing the same characteristics.

Darwin in his "*Descent of Man*," says: "With respect to the causes of variability (of man) we are in all cases very ignorant." And again, "The laws governing inheritance are quite unknown; no one can say why the same peculiarity in different individuals of the same species is sometimes inherited and sometimes not." Neither Spencer nor Huxley offer any explanation of these so-called exceptions to the law of heredity.

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Here it is proper to state the relation which exists between heredity and evolution. Dr. John W. Draper in a recent lecture showed that *heredity* is the first of the three great factors which produce evolution; the other two being *environment*, or the sum total of the physical, and in man the intellectual and moral conditions also, by which the organism is surrounded; and, *adaptation*, or the capability of modification possessed by the organism.

To any animal heredity insures the transmission of the structure, habits and capabilities of its parents. Environment furnishes the ever changing concourse of external things, which is constantly by the power of adaptation in the organism effecting a change in the individual, that by heredity will be transmitted to its offspring. This is evolution. The evolution of one organism from another organism, to a greater or lesser extent different. According to this we perceive heredity to be the great fixing power of all progress in human development.

Although Ribot despairs of any explanation for the exceptional cases as before stated, he yet records in all, four classes of causes, of which different ones have been advanced to explain human diversity, at various times since the day of Aristotle.

It is the first object of this thesis to prove that these four classes of causes are fully adequate to account for all the so-called exceptions, and to show that these exceptions come within the extended interpretation of the law of heredity advanced in this article. Among these the latter classes of causes, are by far the more essential and of by far the greater practical benefi to mankind in particular.

The four classes of causes of diversity, not only in the human kind, but also among all other animals, may be best expressed as follows:

First.—The diversity of parents.

Second.—The environment of post-natal life, or causes acting after birth.

Third.—The environment and adaptation of ante-natal life, or as Ribot puts it:—"All the physical and moral disturbances of uterine existence; all those influences which can act through the mother upon the fœtus during the period of gesta-

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tion; impressions, emotions, defective nutrition, effects of imagination, etc." These causes, he says, are very real as far as they go.

Fourth.—The environment and adaptation of conception,* or, according to Ribot:—"There are causes anterior to intra- and extra-uterine life, which act at the instant of conception. These depend less upon the physiological and moral natures of the parents than on the particular state in which they are at the moment of conception."

The reason for M. Ribot's disbelief in the adequacy of the above classes of causes, may be, that he is not a physician. He has probably had to obtain most of his facts from the records of literature, and has not had the opportunity to hear directly many personal histories of gestation, etc., etc., told only to the doctor. Thus it has resulted that his treatment of the subject is rather metaphysical than utilitarian, while it is both original and able.

The causes of diversity above mentioned may be dealt with *seriatim.*

First.—The diversity of parents. This may be divided into two kinds, namely:—that existing between parents of different families, and that between the parents of the same family. The former variety will largely explain the diversity between children of different families at any one time, although it will not explain the great difference between nations and races, between the genius and the fool. The latter shows to a certain degree why children are different from either of their parents, but it does not explain why children of the same parents are different from each other. As parents increase, during their productive years in knowledge and wisdom, if not in health and strength, the later children should differ from the earlier in having more intellectual ability. This, as every one knows, is not generally the case.

Atavism, as a full explanation of diversity has been offered as before stated by Mr. Galton. That it cannot explain many

* Conception, in this article, being considered as the moment of a fruitful coition, in contra-distinction to fecundation, or the entrance of the spermatazoa into the ovum, occurring some time later.

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of the so-called exceptions will be seen when considering the third and fourth classes of causes. However, that atavism is a fact, and sometimes a cause of diversity, numerous instances prove. Not seldom are children seen who, differing greatly from their immediate parents, resemble markedly some ancestor not very remote. The case of the Greek woman and her black child, of the two virginian slaves, and of Lord Brougham's handwriting may be recalled. Among animals cases of atavism are frequent. Any breeder of horses will confirm the statement that the form of even a remote progenitor of common breed will occasionally re-appear in the progeny of stock otherwise thoroughbred.

The explanation of atavism or indirect heredity is, that the intermediary generation or generations are possessed of the characteristics which later appear, but that they are unobservable, as stronger antagonistic characteristics prevent their action; *i. e.*, render them latent; and also that they are rendered patent in an individual, either by a latent presence of the same characteristics in both parents, becoming the more powerful thus by union, or by the action of the third or fourth class of causes, and perhaps rendered still stronger through such an antagonism between the patent characteristics of the two parents as shall cause them to become latent.

One of the best proofs that an individual may possess latent characteristics is given by Darwin. He says:—"In every female, all the secondary male characters, and in every male, all the secondary female characters exist in a latent state, ready to be evolved, under certain conditions. It is well known that a large number of female birds, when old or diseased, or when operated upon, partly assume the secondary male characters of their species." Waterton gives an instance of a hen which ceased laying and assumed the plumage, voice, spurs and war-like disposition of the cock. Cazeaux speaks of the non-menstruating spayed women of Central Asia, who possess no breasts, nipples, nor apparent vaginal orifice, have a narrow pelvis, and withal, a marked masculine character. As latent characteristics we may instance the mammæ in men, and the beard in women, the latter often appearing on the upper lip as a consequence of sexual disorder.

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Second.—The environment of post-natal life, or causes acting after birth. The effect of these upon the character and ability of individuals has been greatly overestimated, as has been brilliantly and positively shown by Galton, in his article on the "*History of Twins as a Criterion of the Relative Powers of Nature and Nurture*," contained in Frazer's Magazine and later copied into the Popular Science Monthly for January, 1876. Mr. Galton received information regarding a large number of cases by sending circulars of inquiry to twins or near relatives of twins, of whom he was aware, and adding a request for the addresses of other cases. On studying the answers, he found that twins are naturally divided into three distinct classes, with but few intermediate cases; namely:—strongly alike, moderately alike, and extremely dissimilar; and that when of opposite sexes, they were never closely alike.

Of eighty cases of close similarity, thirty-five entered into many instructive details; in a few, not a single point of difference could be specified. He records a number of wonderful resemblances and remarkable mistakes, and says:—"They (the returns of the thirty-five pairs) showed me that in some cases, the resemblance of both body and mind had continued unaltered up to old age, notwithstanding very different conditions of life; and they showed me in the other cases that the parents ascribed such dissimilarity as there was, wholly, or almost wholly, to some form of illness."—"In only a very few cases is there some allusion to the dissimilarity being even partly due to the combined action of many small influences. In not a single instance have I met with a word about the growing dissimilarity being due to the action of the firm free-will of one or both of the twins, which had triumphed over the natural tendencies; and yet a large proportion of my correspondents happen to be clergymen, whose bent of mind is opposed—as I feel assured from the tone of their letters—to a necessitarian view of life." Again:—"We may broadly conclude that the only circumstances within the range of those by which persons of similar conditions in life are affected, capable of producing a marked effect on the character of adults, is illness or some accident which produces physical

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deformity"—and incidentally he shows that illness (including the less severe) produces a permanent effect

He further states his possession of twenty instances of sharply contrasted characteristics, both of body and mind, given with much detail; a number of pairs being of the same sex. And also says that the evidence given by these twenty cases is absolutely concordant "with that of the thirty-five," so that the character of the whole may be exactly conveyed by two or three quotations from the answers to the inquiries. One parent says: "They have had *exactly the same nurture* from their birth to the present time, they are both perfectly healthy and strong, yet they are otherwise as dissimilar as two boys could be, physically, mentally, and in their emotional nature." Here is another case: "I can answer most decidedly that the twins have been perfectly dissimilar in character, habits and likeness from their birth to the present time, and were never separated till the age of fifteen." "The impression that all this leaves on the mind, is one of some wonder whether nurture can do anything at all beyond giving instruction and professional training. It emphatically corroborates and goes far beyond the conclusions to which we had been driven by the cases of similarity."

"There is no escape from the conclusion that nature prevails enormously over nurture, when the differences of nurture do not exceed, what is commonly to be found among persons of the same rank of society, and in the same country." "The one element which varies in different individuals, but is constant in each of them, is the natural tendency it corresponds to the current of a stream and inevitably asserts itself."

The influence in general ascribed to nurture or environment, (education in its broad sense) is very great. This influence, was at one time considered by the writer to be all-powerful. But education can create neither genius nor talent, the most it can do is to modify the ability and character before existent.

Although the conclusion of Mr. Galton, that nature prevails enormously over nurture, seems radical enough. M. Taine, author of the celebrated "*Notes on England*," in his work "*On Intelligence*" goes as far if not further, in contending funda-

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mentally, that man is the unconscious agent and manifestation of unseen forces; and in his essay on Livy, stating that there is a dominant principle, a ruling faculty, which regulates thought, and imparts an irresistable and inevitable impulse to the human machine. For this he was forcibly attacked by the priesthood of his country, as denying the freedom of the will and becoming an apostle of fatalism.

Third.—The environment and adaptation of pre-natal life, or as Ribot puts it: "All the physical, mental and moral states, acts and occurrences present during utero-gestation, consisting of thought pre-eminently, of habits and occupation, of health and strength, of personal comfort and pleasure, of disposition, and last but not least, of emotions."

This class of causes, it is here maintained, must largely determine the particular structure, character and ability of offspring. The truth of this is proved by numerous instances, where occurrences during gestation are followed by corresponding effects, upon the offspring, whose peculiarity would preclude any other cause; else one would have to deny that immutable law of chances, which all tacitly believe and daily act upon. However, by writers upon the subject of heredity, such cases are not recorded as indicating a cause of diversity; and although there appears to be no disbelief in the fact of such cases, yet they are not held to be instances of heredity strictly speaking. As one reason for this, we may remember that these writers in general, are not physicians.

But three authors speak positively of this or of the fourth class of causes, as a general kind of heredity, (leaving one to infer, however, that these are the important factors in producing human diversity.) These three are O. S. Fowler, Mrs. Hester Pendleton and the late A. K. Gardner, M.D., all of this city. The first named, relates cases that go to prove both the third and fourth classes of causes. The second gives instances of the action of third class, and seems to ignore the fourth. The last apparently does not believe in the third class of causes.

But few of the infinite number of examples, which prove the power and scope of the heredity of gestation in producing diversity, can in this thesis be given; yet it is believed that

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only a few will be necessary for proof; as to deny its action in the most marked cases, would be to deny the law of chances; while to admit it in a few instances, is to admit that it may, and probably does, act in every case. Such cases only as are given on authority, will be here brought forward, while there are but few persons who cannot individually supply others.

Mrs. Pendleton, in that valuable little book, "*The Parent's Guide*, (S. R. Wells, 1871), relates the case of a pregnant woman, that playfully mimicked the lameness of the betrothed of her younger sister, in the presence of the latter, who was moved to tears. This considerably affected the elder one, though merely at the time. A few months thereafter she gave birth to a boy with deficient growth and ossification of the bones of one leg, and he always walked with a limp similar to that of his uncle. In another case an expectant mother, boarding in St. Louis, and having to sit alone in her room for hours, derived much pleasure from the piano-forte playing of a poor music teacher, occupying the adjoining apartment, yet who so annoyed the other boarders as to cause them to ask the landlady for her removal; but the first-mentioned, refusing to join in the request, in fact standing firm for her retention, the musician was retained. A girl was born not long afterward, who at five years of age manifested a most extraordinary talent for music. She readily improvised the sweetest harmony, and possessed besides, a conviction of duty as firm as a rock, concerning anything that she believed to be right. Neither her parents nor their ancestors were possessed of musical talent.

Prof. Gause, of Philadelphia, in the volume of Transactions of the American Institute of Homœopathy for 1875, in a paper upon "*Mental Influences on Maternity*" explaining the physiological process by which mothers' marks and personal idiosyncrasies are transmitted, records the case of a woman during gestation, who, in a dark pantry unexpectedly put her hand on the head of a negro hiding in a barrel. Her child had an unmistakably woolly head.

O. S. Fowler, the well-known expounder of phrenology, infatuated with the absurdity as well as the truth in that

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theory, in his work entitled "*Maternity*" states that the great mathematical genius Zerah Colburn was born of a mother who during her pregnancy was taxed with weaving work that required much calculation, which she performed in the quiet of night after retiring to rest. Again he gives another well marked example where a mother's craving for gin was not satisfied. Her child cried incessantly for the first six weeks of its life, becoming almost a skeleton. Nothing pacified it until gin was given, which it eagerly clutched and imbibed in considerable quantity, health being soon restored. It is not further stated whether this child became in after years a confirmed drinker or not.

In his large work called "*Sexual Science*" Fowler states that a young married couple traversed all Boston for a beautiful picture of a child. They obtained one and placed it where it could be constantly seen by the wife who was at the time pregnant. A girl was born who resembled almost exactly the picture, so that subsequently the latter was supposed by strangers to be a portrait of the daughter, who, it is stated, was greatly unlike either of her parents in feature.

In the issue of this journal for August, 1873, is related the case of a mother who had hemiplegia with aphasia during pregnancy. Her son when born was imperfectly developed upon the right side of the body which never became as large as the left. The larynx appeared to be normal, but he could only indistinctly pronounce a few words.

Esquirol relates that many of the children born in Paris during the French Revolution were nervous, fickle, giddy and weak in body and mind; in fact often becoming insane. In the late civil war it was noticed that regiments from different parts of the country differed greatly in strength, bravery, endurance, personal appearance, and above all in character, even when composed of Native Americans.

An article on "*Social Experiments in Utah*," by J. H. Beadle, in the Popular Science Monthly for August, 1876, contains the following which is quite pertinent:—"A very curious and subtile effect of polygamy is a tendency towards extreme reticence—habitual concealment of feelings. It is often said

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by the Mormon preachers, and daily conversation confirms it, that no people in the world keep their feelings and thoughts to themselves so well as the Mormons. Your host may be torn by internal torments, but you will sit at his table many a day ere you discover it. This might be well enough perhaps, but with it is connected an habitual deceit, which, of certain kinds is almost universal in Utah."—"Its genesis is partly to be sought in polygamy. Any man with more than one wife *necessarily lives a lie*, pretending an equal affection which he cannot possibly feel, and a policy of concealment is absolutely necessary to maintain peace."—"The wife too has her reasons for concealment or prevarication. It would never do to reveal her actual feelings if she means to retain her share of his affections."—"Whether this continued through the period of ante-natal growth has a marked effect on offspring is a question for another branch of science, but certainly that or something else has affected the children of Utah."—"The polygamous nations are universally more deceitful in their social relations than the monogamous."

Regarding the "Sports" of nature, so-called, Sinibaldi asks:—"How comes it that at Rome ugly boors and women from the dregs of the people, with hideous features, sometimes produce sons and daughters of surprising beauty, and of such perfect form that their equals are not to be found in the palaces of princes? Is it not because the mothers of these have intently regarded with wonder, and admiration perhaps, the grand statuary and paintings in which that famous city abounds, and at the same time with maternal wishes and hopes for progeny as beautiful?"

There is now a prominent lawyer in Boston, closely resembling Napoleon Bonaparte. His house is full of pictures of the "Little Corporal" and his battles, and he takes an intense interest in everything martial. His maternal parent had for some time before his birth taken great interest in all the history of that great general, reading everything obtainable concerning him and his triumphant career then in progress. Mention only need be made of Bacon and of Cuvier, both of whom had able and talented mothers. In fact there is an

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aphorism which must have a basis of truth, that—"Great men have great mothers."

Geoffroy St. Hilaire made a special study of monstrosities, and it was he who with Meckel has so beautifully shown that a monster or freak of nature so-called is the product of precisely the same laws as those which produce the normal being, and that in a great number of cases they were the result of an accident, as a fall, a blow or a strong mental impression, which disturbs the pregnancy, causes it to continue abnormal, and to shorten one or two months. St. Hilaire performed a long series of experiments in a vast incubating establishment in France; varnishing eggs in different portions, shaking them with more or less force, etc., etc., and obtained most wonderful results, yet results truly analagous to those present in human monstrosities.

It should be stated that Fowler in his "*Sexual Science*" relates a number of cases proving the influence of causes acting during pregnancy, and then gives as the result of his observations, the opinion that during the first four or five months of gestation, the physical form and abilities of the future being are determined; while later than this the brain (with the mind) is formed, being continually increased in extent from behind forward, and becoming larger or not as the mother is or is not engaged in mental occupations and profitable thought.

It may seem impossible that either spermatozoa or the ovum can within so short a time as that of coition become so modified as to produce the undoubted results that have been recorded, yet which can only be due to such modification. Although not the physiological reason, for that can not be given, the fact that children have suddenly died after being nursed by a mother when in a fit of rage, will afford a logical reason for belief in the sudden modification of ova or spermatozoa. For if a certain powerful emotion can produce change in one distinct product of the body within so short a time as that of nursing, surely another emotion fully as strong may equally effect a change in other products (not tissues) of the body. The cases which positively show the great power of the fourth

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class of causes, and that are recorded in literature, are quite numerous, although scattered. Their evidence is fully sufficient to prove the fact that in many instances, the thoughts, physical state and vigor of parents at procreation determine the character, abilities and personal appearance of the individual.

To what a great extent both peculiar and valuable qualities have been transmitted is best ascertained by the collection and study of as many cases as possible. Working this vein alone, M. Bernard Moulin has produced a book, entitled: "*Phrenyogenie*," in which, with other visionary statements, he claims that all children are living phototypes of their parents as they were at the moment of conception. He gives examples of the action of the fourth class of causes both wonderful and positive as far as they go, yet omits to consider any cases adverse to his doctrine; as for instance those short-lived acephalous monsters shown by St. Hilaire to be due to a disturbed pregnancy.

Mr. George Combe of Edinburg, one of the first to consider in a lucid manner the facts of transmission, in his work on "*Physiology*," entertained views somewhat similar, and has stated his belief that the character of an individual is formed at procreation. Mrs. Pendleton in her work combats this idea, and seems to think that character is formed only during gestation, which she considers the great determinative period. Yet towards the end of her book she relates cases of idiocy and imbecility due to coitus during intoxication. Dr. Gardner in his excellent book, entitled: "*Our Children*," expresses a view similar to that of Combe, when speaking of the formation of character, not admitting among its factors the heredity of gestation, although later on he speaks of that heredity and records a few instances.

The recognition of the influence of the condition and environment of the parents at conception is very old, for we find David, in Psalm LI, saying:—"Behold I was shapen in wickedness, and in sin my mother conceived me." It is also recorded that Diogenes once remarked to a very stupid youth:—"Young man, thy father must have been very drunk when thy mother conceived thee."

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One of the best examples of the influence of conception is that related by Combe. In 1827 an unmarried woman of good family was delivered of a male child which, even when six years of age, was unable to recognize any one; could not even make signs, could only shriek. On the night of conception this woman had, at a ball, danced and drank throughout the evening with a young army officer of intelligent family. In the morning the pair were found in a glen hard by, recovering from their drunkenness in sleep.

Ribot details the case of an artisan and his wife belonging to families all of whose members were of sound mind and body. They had four children. The two elder were quiet and intelligent, the third child was half idiotic and very deaf, and the fourth was like the former two. The mother informed him that the third child had been conceived when the father was brutally drunk.

Where the effects are due to the heredity of conception or of gestation, or of both, with the presumption in favor of the first, the instances are more numerously recorded. The best one probably is that of Napoleon, who is alike an example of magnitude of intellect and the power of heredity. The cause of his genius is diversely given by Fowler and Moulin. The former ascribed it to the fact that his mother, before her son's birth, accompanied her husband during his campaigns in the civil war, riding upon a horse, commingling with the troops and entering vigorously into the cause for which they were fighting. The latter, his countryman, goes more into detail with his relation, saying, that before his hero's conception, the father was aid-de-camp to the great Paoli, who was then engaged in quelling a civil war and in preventing an invasion by foreigners. Charles Bonaparte displayed great courage. He had with him his wife, a woman of Roman beauty and of a strong and masculine character. Napoleon, truly "a man of circumstances" as he was wont to call himself, though in a different sense, was conceived in his father's tent, on the eve of battle, and at a distance of two paces from the batteries which faced the enemy.

It is vouched for that a certain man of leisure became enamored of a pretty brunette, whom he thereupon hired as a

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waiting-maid for his wife. He approached her improperly and was refused; but being full of passion, sought relief in the lawful direction, yet with his mind strongly fixed upon the other *parti*. When his child, the result of this coitus, was born, its mother was quite as much surprised as its paternal parent, to find that it should look so much like the waiting-maid, and not in the least resemble either of its parents, both of whom were blondes.

Madam de Montespau, when a widow, had by the king a son (the Duc de Maine), who resembled only her deceased husband, especially in his Gascon disposition and his buffoonery. Whether this fact was due to thought or reminder of her former spouse during her pregnancy, or whether it is a case analogous to that of the mare once put to a zebra, and which bore to several Arabian stallions thereafter, colts with suggestive stripes, although she never saw the zebra but once, it is impossible to say. There is an interesting narration in Genesis xxx. of a bargain and its fulfilment, which shows an early knowledge of the value of the practical use of heredity. It relates how the shrewd Jacob most severely retaliated upon his uncle Laban, by the intelligent use of causes belonging to this fourth class.

Dr. Newman, of South America, writes that at the time when variegated horses particularly of certain patterns, were the raging fashion in that part of the globe, the jockeys were accustomed to hold in full sight of the mare and stallion, a chart of whatever mottle was desired, and actually obtained foal with the same marking.

Fowler claims that it is the practice of all animals, except man, to procreate after vigorous but not exhausting exercise of their most prominent function, upon their congenial element. For instance with the deer, it is after an excited chase of the doe by the buck; with the duck upon the water after an active swim, with the goose after the same, but upon the brink of the stream; with birds that fly, in the air; with the elephant after he has exerted his great strength in making an excavation, for the female to stand in; with the lion after a severe, perhaps mortal combat with his fellows.

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An example here may intensify the idea. A prominent judge in the West, who, being aware of the assertion that the influence upon offspring of causes acting at conception, was very great, determined to test the effect of such, soon after a large and joyful party, which he gave for such purpose. The daughter that was born as the result, is possessed of the most amiable disposition, and during her childhood would sit happy for hours, and amuse herself without attention from others. Several years ago she enjoyed the reputation of being the reigning belle of Washington, where her father had been called to fill a position high in the government.

Dissimilar twins as a proof of the fourth class of causes, will be spoken of farther on.

There appear to be few and unimportant denials of the fact, that this fourth class of causes does act in those marked cases which are recorded in literature; more especially of the effect of intoxication at conception. But these causes are not seized upon by the eminent writers on heredity, as an explanation in great part of what is almost universally spoken of as its great mystery; no more in fact than those other important causes which act during gestation.

If a blow has positively caused a mother's mark, if the hearing of music has been productive of a musical genius in a non-musical family, if the sight and thought of a lovely face have been productive of a beautiful person, unlike her parents in feature, if a perfect idiot is the result of procreation in drunkenness, if the life of the greatest captain of modern times was initiated in the actual presence of war, and almost of battle, if the personal appearance of a child totally unlike that of its parents is due to mere thought of its prototype, if the color and characteristics of animals have been determined by the states and impressions of their parents at the time of conception, and what is true of organic life in animals, is largely true of organic life in man, as the investigations of science are daily proving, then! does not all that is *thought* and *done* during pregnancy, and all that is *thought* and *is* in procreation, produce corresponding *effect* in all offspring?

A remark of M. de Quatrefages illustrates this idea. He

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says: "One fact which proves the universality of the law of heredity, is the frequent transmission from parent to child of the actual and momentary state of the former at the instant of conception."

We have seen that different authors have believed the difference between children and their parents, to be due to one of three different kinds of hereditary causes; those of conception, those of gestation, or those of atavism or latent characteristics; each author citing instances in which one of these classes of causes apparently had sway. If we believe that each class of causes produces an effect equal to its intensity in every individual, we may easily explain these various cases. For where a pregnancy is markedly disturbed, or strongly characterized in some certain way, while the conception was not a vigorous one, and the latent characteristics of the parents either weak or antagonistic; the organization and capabilities of the progeny, will be almost entirely determined by the heredity of gestation. And in a similar way, marked heredity of conception and evident atavism can be accounted for, while at the same time we believe that in all but these distinctive instances, which are few, the three kinds of heredity less disproportionately, together govern, to a large extent, the structure, mode of life, ability, health and disposition of individuals. Or in other words, all the essential differences between parents and their children, between children of the same parents, and thus in fact between all individuals,—all the so-called exceptions to heredity, the sports or freaks of nature, the suddenly appearing geniuses, giants, beauties, dwarfs and fools,—are fully and satisfactorily explained by the three kinds of heredity,—of gestation, of conception, and of atavism. An adequate solution it is believed is offered for that wonderful diversity between individuals, which is the very life of civilization and of progress everywhere.

Immediately upon accepting this solution, one discerns the conditions that have caused those cases, so frequent, of physical and mental imbecility, of ugliness and stupidity, (occurring even among the most intelligent families,) to be listless, unwilling, often debauching conceptions; or unhappy, hated or

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drudging gestations, coupled perhaps with vicious characteristics, latent in the parents.

One perceives the reason for the lack of able, honest men, apparent everywhere, and especially in our public life, in a failure to properly build and care for those whom, after their birth with the utmost pains and great expense, parents endeavor to train in those ways of culture, and to fill with that knowledge, which will make them a success for themselves, and an honor to their families and their country. Whereas, had a little of the later exertion been put forth before their birth, a far more noble result would have been attained.

To really conceive how great are the possibilities open to man, one has only to compare the capabilities possessed by intelligent people in general with such examples of genius, as are offered by the annals of authentic literature. For instance, Lord Macaulay, it is said, was able from memory to repeat verbatim, many pages of hundreds of volumes by various authors, which he had acquired by merely reading them. What is more, Chambers Encyclopædia records the fact, that in addition, he had a sagacity and swiftness of understanding that enabled him to comprehend, and rapidly methodize his vast array of facts. And most wonderful of all, his style—singularly beautiful—was not in the least affected by the immensity of his attainments.

To fully understand how these great powers belong only to those who are born with them, and cannot be acquired by the greatest effort through education alone, one has merely to study the achievements of different individuals, placed under the same conditions. For this twins, schools and large industries furnish the best fields. The two latter have been made a part of the subject matter of Mr. Galton's work on "*Hereditary Genius;*" the first, that of his article on "Twins" already mentioned. The conclusion drawn, is that every man is endowed by heredity with a certain character, ability, health, strength and physical conformation, which he possesses in a certain quantity and quality, and which therefore are capable of certain things only, and none beyond. Though much he

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may do to culture, to improve himself, his powers are limited, their extent depends upon his natural capabilities.

Mr. Galton shows that everywhere else in his life as well as in college, a man, with few exceptions, finds his true level, start he rich or poor, a genius or a fool. For instance, he says: "Let the blacksmith labor as he will, there are certain feats beyond his power, that are well within the strength of a man of herculean make, even though the latter may have led a sedentary life." And again, "Opportunities occur—they occur to every man—and he finds himself incapable of grasping them." "He tries, and is tried in many things." "He learns precisely of what he is capable, and what lies beyond his power, and finds true moral repose in an honest conviction, that he is engaged in as much work as his nature has rendered him capable of performing."

In his article on "Twins," he apparently agrees with the general belief, that they are due to a single coitus, as in the case of animals bearing more than one at a time. Within late years however, this has been proved to be not always the case, by the discovery that super-fecundation has undoubtedly taken place in a number of cases, within a few days after the first impregnation.

Coste, who has probably made the greatest number of experiments and post mortem examinations with reference to gestation, says that fecundation *may* occur at any time, i. e. without reference to the menses, and that coitus at any other time than during menstruation, may give rise to the same ripening of a Graafian follicle as the regular monthly ovulation, although impregnation is most liable to occur at the latter period. Thus, theoretically, it is apparent that each of two coitus may ripen a separate follicle, and cause the fecundation of its egg, while practically this is proven by the numerous positive cases of super-fecundation. For had the follicle ripened by the second coition, been ripe at the time of the first coitus, its egg would in all probability have been then fecundated.

In a number of these cases super-fecundation has been effected by a second male, consequently we can divide twins into three kinds, according as they are produced by one male

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parent through one coitus, by one male parent through two coitus, or by two male parents through two coitus.

Galton, as we have before stated, finds that twins belong to one of three distinct classes, according as they are strongly alike, moderately alike, or extremely dissimilar; twins of opposite sexes never being closely alike. In explanation of this fact, he says:—"The word twins is a vague expression, which covers two very dissimilar events; the one corresponding to the progeny of animals that have usually more than one at a birth, and the other corresponding to those double-yolked eggs, that are due to two germinal spots in a single ovum. The consequence is that I find a curious discontinuity in my results."

This explanation cannot be the correct one for the following reasons:—

First.—It could account for but two classes of twins while there are actually three.

Second.—As all the ova thrown off by any female are present at her birth, therefore any two ova ripening at the same time have no non-morbid cause for difference. Or in other words, twins, which correspond to the progeny of animals that have more than one at a birth—as the sow which may have a large litter of pigs after having been covered but once—must be strongly alike as well as the twins due to two germinal spots in a single ovum, unless there were two coitus; thus bringing in an element of differentiation. For in this latter event not only does one ovum ripen later than the other, but under circumstances different just so far as the state of the body and mind, and the environment vary at the two separate periods of time. But this idea is not advanced by Mr. Galton.

We believe, however, that the two classes of twins can be explained, and in the following simple way.

First.—Twins strongly alike are the result of one coitus, which causes the fecundation of one egg having two germinal spots, of two eggs within one Graafian follicle, or of an egg in each of two follicles ripening at the same time. The first case is proven by the existence of a common chorion. In this event, Schroeder, in his "*Manual of Widwifery*," says, that the twins are always of the same sex and strongly alike. Of 131

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cases of twin births, there was in 36, but a single ovum, while in 95 there were two. The second case is mentioned by Schroeder and by Waldeyer in Stricker's "*Histology;*" the third, by Flint in his "*Physiology,*" and by Schroeder.

Second.—Twins moderately alike result from two coitus by the same male; the second coitus ripening a second Graafian follicle within a few days after the first. The experiments of Coste and the cases of super-fœtation which prove the causes of dissimilar twins show that this may be and probably is a fact. This probability is increased when the daily change in individuals and their surroundings is considered, even though this be generally slight.

Third.—Twins that are extremely dissimilar are due to a coitus by each of two males, the two coitus occurring within a few days of each other and ripening separate follicles; or to two coitus by the same man, which in their conditions differ so much themselves and perchance vary so in power relatively with gestation, that the products are of necessity greatly different. There are too many cases of extremely dissimilar twins among the children of irreproachable women to believe that there were two fathers to each pair. These very cases of dissimilar twins are a strong proof of the heredity of conception, of the action of the fourth class of causes before discussed; for in these instances there can be no other cause for variation than dissimilar coitus.

A beautiful and well authenticated instance of super-fecundation is given by Flint in his "*Physiology*" with an excellent portrait. Frances Hunt, a mulatto, was delivered of male twins on February 4th, 1867. One almost white, with long, straight, light-colored hair, and no features of a negro but his flat nose. The other a genuine black son of Ham. The woman, the wife of a pure-blooded negro, lived with him in the house of a white, for whom they both labored, from which house, however, she was cast out by her husband after the birth of the children, who died within a year from exposure. Ramsbotham, in his work on "*Midwifery,*" mentions a number of analogous cases occurring with both white and colored women. One in particular where a black compelled the gratification of his desires but a few moments after the white had left his wife.

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The question of pre-natal determination of sex is a most important practical part of heredity. A rule by which the sex of an individual could be predetermined according to desire, coupled with a full knowledge of the power of the heredity of gestation and conception, would make possible the production of individuals with great special gifts; as for instance in law, medicine, theology, engineering, architecture, manufacturing and mercantile life, etc., etc., in men; and in household art, rearing of children, nursing the sick, etc., etc., in women; and all this without the unhappy occurrence of persons of one sex adapted to vocations peculiar to or better pursued by the other. Such a rule (not law) of sex, we believe, there is.

A number of fanciful and useless hypotheses based upon the method of determination of sex have gained credence among authors on heredity; but they are either entirely unsupported or controverted by established facts in physiology, and need no further mention here.

Flint, in his "*Physiology*," after recording the fact that it requires the presence of several spermatozoa in the ovum to fructify it, states, merely as an hypothesis, the supposition that it takes a less number of spermatozoa to determine the female sex than the male, *i. e.* when the female element preponderates, the female sex is determined and *vice versa*.

A prevalent tradition among Swiss stock-breeders, that if copulation take place shortly before or during the first part of heat in the female, the progeny will be female, while if occurring after this the product will be male, has been made the subject of a monograph by a French physician, who certifies to the truth of the rule in man, Dr. Egbert Guernsey of this city has in his obstetric practice verified the rule in almost all cases where the time of the fruitful coitus relative to the last menstrual flux was positively known, or was inferred from the length of the pregnancy, (counting from the last appearance of the catamenia) and from the scantiness or normal amount of the last menstrual flux; a small flow preceding a short pregnancy being strongly presumptive of conception before menstruation and *vice versa*.

An hypothesis which may be found to explain the procrea-

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tion of females before, and of males after the middle of a menstrual period, is, that in the former case, the ovum has not yet ceased its direct communication with the maternal organism; (the Graafian follicle according to most authorities, bursting during menstruation) while in the latter such connection has ceased, by its liberation from the granular membrane of the follicle. To make this hypothesis strongly presumptive, the collection of a considerable number of cases of ovarian pregnancy is needed, containing no instance of a male fœtus. It is also supposed moreover, that fecundation may take place either within or without the ovary. To which view we believe there is the least objection when regarding all the facts; for the matter is yet largely one of supposition. The one important objection raised against the possibility of extra-ovarian fecundation,—that in such no initial impulse can be given to the uterus to prepare for the ovum, because there is then no tissue connection between the ovum and the maternal organism,—can be met by the fact that a venereal orgasm in the female, in other words a marked uterine congestion, (Flint,) occurs in fruitful coitus;* which of itself would furnish a nutritive cause for the general hypertrophy required. But it may be asked, why does not every coitus cause such change? Because, First,—in the female, orgasm is not necessary to coitus. Second,—the greater number (Egbert Guernsey) of coitus in the female probably occasion no such orgasm. This with infrequent fecundation is proverbially the case with prostitutes, and, Third,—Coitus with orgasm is to be divided into two kinds—that occurring during the uterine congestion of menstruation; (which it is asserted occupies one half of the menstrual life of woman) and that occurring during the absence of

* Fecundation without a preceeding orgasm undoubtedly occurs in rare instances; yet this can be partly if not wholly explained; for if the ovum has not yet left the ovary, which it propably does most often about the middle of menstruation, (Coste), the fecundated egg can give rise to the necessary impulse to preparation through the ovary to the uterus: the product in this case would always be female, according to the above hypothesis: whether males ever result from coitus without orgasm in the female is a question yet to be settled.

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this congestion. The former constituting probably much less than one quarter of all coitus; for coition between-times—only is very prevalent. Therefore there remain but few cases of non-fecundating coitus with orgasm, during menstrual congestion; and in all probability these can be explained by the very many morbid causes which are recorded as preventive;—catarrhal inflammation, obstruction of canal, ovarian adhesions, etc., etc. The latter kind of coitus in all likelihood constitutes a large majority. And although in very erethistic individuals, conception will probably, in rare instances, take place, yet in the great mass of cases, no preparation of the uterus occurs, as the congestion of orgasm here is not superadded to an already existing one, (of menstruation), and therefore tends more to be transient.

Again, it may be asked, how those cases of fecundation without a preceding orgasm at conception (Flint,) can cause uterine gestation? It is easy to explain the occurrence of uterine preparation in the case of female embryos by the recognized opinion that an impulse is sent from the fecundated egg, within the Graafian follicle, through the maternal organism to the uterus; while with males, if they occur as the result of such conception (without orgasm), some other explanation would be needed to account for the development of the uterine decidua in their case.

As undoubtedly in some domestic animals, the most vigorous males procreate a larger ratio of male offspring than the weaker, and also beget more males than females, when the female parents are less strong; so may it also be to some extent in man. Thus we can account for some if not all of the exceptions to the rule of sex above laid down.

There is also a probability that the will of parents at conception occasionally determines the sex.

In considering the heredity of conception and of gestation, we must come to the conclusions,—First.—That an individual inherits to a greater or lesser extent from the male parent his form, features, disposition or physical and intellectual ability, as they were present in that parent at his conception, if he

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does inherit from the father. Second.—An individual will inherit the qualities of the mother, as possessed and exercised by her during gestation and conception. Thirdly.—One may inherit the qualities of any person who is uppermost in the mind of the mother during gestation and conception. This we conceive to be a direct inheritance from the mother, it is a material representation of thought; that person, especially in first pregnancies, is usually the father.

Cases of drunkenness in the male, at the time of coitus, and consequent idiocy in the child, afford a strong proof of the first induction. A case illustrative of the second is given by Mrs. Pendleton. A mother, past forty years of age, of energetic temperament, active habits and withal self-educated; for some months previous to the birth of her fifth child, believing in the heredity of gestation, and in order to test its truth, exercised her mental powers to their fullest extent. She attended lectures, both literary and scientific, and read much of such works, as tended to strengthen the reason and judgment. At the same time she was also engaged in the active duties consequent upon the care of a large family, the unpleasant incidents in which she did not allow to ruffle her temper. Her labor, always before short and easy, was this time two days in duration and exceedingly painful, owing to a very large fœtal head, with especial prominence of the forehead. The child, a son now grown, bids fair to outstrip in ability all her other children. We may truly say with the author, "Use and disuse is the great secret." As a converse to the above, how often do we see comparative imbeciles the offspring of talented parents?

Remembering the cases of the advent of special talent in families not possessing it before, and the many instances of genius, the offspring of parents far beneath them in mental power, the scope and power of true heredity appear vast indeed. That the power of heredity for producing great talent can be practically used, seems apparent when properly looking at the facts, both those recorded and those daily occurring in our practice. Thus, that parents can rear a family, every member of which shall be an honor to them, seems obvious; as well as the fact that but little of the care ordinarily required

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is needed when given before birth, rather than during the score of years succeeding it. Therefore, one would think that when this was brought to the attention of young married women, they would earnestly follow its teaching. Yet after some experience, the author of "The Parents' Guide" avows their general indifference to the subject.

A proper course for parents to pursue, would be to have themselves for some time before conception, in as good a condition as possible, physically, mentally and morally; to have at procreation a distinct view of what they most desire in their offspring; and during gestation and lactation, to have the mother live as nearly as possible up to the standard maintained before fecundation, always keeping in view the desires she had in common with the father at conception. In this way new and valuable traits can be secured, while those vicious ones, so often observed to run through many generations, may be extinguished. Then can Emerson's question be answered—"What shall a man do to escape his ancestors?" Selection by marriage, is the remedy oft quoted for the cure of such unfortunate hereditary traits; but practically, we believe that the facility of its application diminishes directly as its necessity increases.

Undoubtedly what is needed in the present state of civilization, more especially in this country, is an increased general ability among all classes of people, in order to adequately meet the yearly increasing complex and exacting conditions now necessary to success in both individual and national life. To raise the ability of a whole people may seem to be absolutely impossible. Yet if we recognize the power that even a few men, such as Cicero, Bacon, Napoleon or Webster have over vast masses of people, and the effect which they produce in thought, education and national prosperity, we must admit that should some such appear, they would so educate the people and elevate thought, that by heredity, a more able race would appear in the next generation.

That such men as the above can be produced is most probable. For if Bacon and "The Admirable" Crichton, were brought forth in an age when heredity and its facts were quite

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unknown and unnoticed, how can one not believe that men as great could be produced in the present day by cultured parents who possessed a knowledge of heredity.

The physician and not the scientist alone should carefully study heredity and constantly apply its great practical truths. First.—Because his training to habits of exact research in allied subjects, has eminently fitted him to investigate this important scientific subject. Second.—Because of his daily contact with many people of all positions in life and his wide and constantly increasing knowledge of their most secret histories, known alike to none else: Third.—By the physician alone can be imparted the knowledge of heredity and its vitally important practical rules to all intelligent people. Thus is he the one, who more than any other can effect the future of the race.

And should not he who believes and practices according to the law "Similia Similibus Curantur," believe and proclaim the law "Similia Similibus Generantur?" thereby securing success to those for which man most wishes honor, riches, life—his family and his country.

ARTICLE XXX.—Report on the Epidemic of Yellow Fever in Savannah, Georgia, during the Months of September, October and November, 1876.

Reprinted

By Dr. Louis A. Falligant.

(Continued from page 305.)

Desiring to present to my readers not the post-mortem exhibitions of structural alteration, but a true picture of yellow fever as it paints itself on the living body, I deem it appropriate to cite a few characteristic cases of its various types as seen in the epidemic in this city in 1876, so that the experienced and inexperienced may seem to go with me to the bedside of the sufferer and glean knowledge from the cauldron of human woe.

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The milder types have already been sufficiently well described to render separate illustration unnecessary, except to add that they readily yielded to Aconite and Belladonna tinctures, in watery solutions of five drops to a tumbler of water, given in table-spoonful doses in hourly alternation—warm mustard foot-baths being additionally employed to facilitate transpiration. In some cases, Arsen., Ipecac., Merc. sol., China, Nux vomica, Rhus tox., and Sulphur were found useful in relieving associated derangements. After the subsidence of the fever I generally used Sulphate of Quinine to ward off a secondary recurrence. Much controversy has at times existed in regard to the use of this remedial agent in large doses, and objections have been strongly urged by Homœopathists, especially against this *violation*, as they are pleased to term it, of the *dose-law* in the use of similars. Experience, however, is an excellent teacher; and whilst it is perfectly clear that a remedy may be employed in full accordance with the foundation principle of "similia similibus," we can only determine the effect of the *quantity* by the result of its action. If any one rule has been settled by the experience of practitioners, it is that *large doses of Quinine* should never be given during the *rise and high stage of fever;* but when employed in the intermission, remission or decline of febrile excitement, it possesses the happy faculty of cutting off the further progress of the disease in a large proportion of cases. Whilst the heroic doses given by some of my Allopathic friends, contrary to the established laws herein cited, did, in my judgment, cause much of the local congestion incident to its primary action, I rarely found cause for distrust of its beneficial effect when used in accordance with the above rules.

Special Illustrative Cases.

Case 1.—*The non-malignant congestive type.*—Dr. S——, æt. 40, was taken down with the fever on the morning of September 12th. Driving to his office, I found him lying on a lounge, having given up after making some twenty or more visits during the early morning. His pulse was 120, skin

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sallow, eyes dull and heavy, frontal headache, frequent yawning and stretching, intense thirst, and pains in the back and limbs. I immediately ordered him to bed, and sent for and placed my mother in charge to carry out my instructions. Hot mustard foot-baths were applied every three hours, and Aconite, Belladonna, and Arsenicum given internally at alternate half hours. The pulse and temperature rapidly rose, until the former reached 136 and the latter 103½, and at this grade the disease pursued its steady course until after midnight, when there were slight symptoms of moisture on the forehead. I retired for a little rest until 4 o'clock A. M., when I was roused by a friend of Dr. S.'s, who had been watching him for me during the earlier hours, and on examination found the pulse 120 and declining, and considerable perspiration over the body. Waiting until six o'clock, I again counted the pulse, which had fallen to 108 and become softer, the brain less excited, and the general pains less troublesome. I then administered Sulphate of Quinine in 6 gr. capsules, one every hour for six hours, keeping up the other remedies in the intermediate half hours. The pulse steadily declined until it fell below 90, the temperature lessened to 100, the headache subsided, (not even the roaring, fulness, and other indications of the primary action of the Quinine showing themselves,) the mental depression was greatly relieved, and the fever was so thoroughly broken that it never rose again. Considerable prostration, nausea, and abdominal uneasiness and flatulence existed for several days, but convalescence was steady and uninterrupted, and a week or ten days thereafter he left for Richmond County on a recuperative excursion. The associate symptoms in this case were controlled by Ipecac., Merc. sol., Nux vom. and Tart. emet. The intense thirst was appeased by constant and unremitting supplies of cracked and pounded ice and iced soda-water; but champagne speedily soured on his stomach, and was violently ejected therefrom, and this, too, in the non-febrile stage, wherein it is so highly recommended by other writers. I observed this in a large number of cases, and also that *lemonade* was the frequent cause of severe pains in the abdomen.

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CASE 2.—*The congestive meningeal type.*—Miss E. B. S——, a child, æt. 9, was attacked with fever on the morning of September 6th. Calling to see her brother, who was then dangerously ill with the disease, I found her sitting on a chair in his room. Her languid appearance impressed me strongly, and on examination I found her pulse 120, small and nervous, the skin flushed, hot and dry, the countenance anxious, and a general heavy oppressed state of her system manifest. She was at once placed in bed, hot foot-baths applied, and Aconite and Belladonna given alternately. The pulse rapidly increased to 150 and the temperature to 105½; the march of the fever continued at this rate almost without a lull, the pulse falling to 136 an hour or two on the morning of the 8th, but quickly advancing to and beyond its previous frequency. The nausea and vomiting was excessive and incontrollable, the ejecta consisting at first of watery, frothy, glairy mucus, and this again rapidly degenerating into dark, flocculent and subsequent coffee-grounds vomit. The urine, at first scanty and orange colored, finally became suppressed; and the bowels, lethargic in the beginning of the attack, finally discharged black, tarry looking dejecta, attended with incessant straining efforts. The brain was wildly excited, until her frequent shrill screams and snappish passionate utterances could be heard all around the neighborhood. She would stand up erect on the bed, and wildly entreat to be allowed to get out of it; and finally, on September 10th, she sank back exhausted and glided into eternity. In this case black-vomit came on and continued whilst the fever raged in its greatest intensity; nor was there any decline of the pulse following upon this ominous indication of approaching disintegration. Little perspiration showed itself at any stage, except the cold sweats of the death throe, the tongue remained nearly natural, the eyes became more yellow and the skin of a pale lemon tint as fatal indications appeared, and the whole force of the disease seemed to expend itself on the nervous and circulatory systems, until the blood was destroyed with a steady, consuming fire, and Nature, exhausted, sank into collapse and death.

A singular circumstance in connection with this case was

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this: About the last of December I was called to see her sister, æt. 7, who returned to the city after frost and slept in the bed on which the other had died. The case appeared in all respects similar to the one above described, and about the fifth day a well marked emesis of dark, flocculent, hemorrhagic black-vomit occurred and continued at intervals for several days. On the ninth day suppression of urine followed and no water was passed for nearly forty hours, percussion over the region of the bladder yielded a hollow, tympanitic response. Stupor, carpologia, and great prostration, attended with clammy, disagreeable sweats and muttering delirium, rendered the prospects of her recovery ghastly indeed. I had given her all the usual remedies considered appropriate to her desperate condition, and was now resting my hopes on Sulphuric acid (in watery solution strong enough to be distinctly tasted,) and Arsenicum.θ In addition, in this extremity, I administered a teaspoonful of Spts. Nitre, with a tablespoonful of gin, in a *wine glass of water-melon seed tea*, every third hour. She had not swallowed more than two or three doses of this mixture, before the urinary secretions returned in large quantities, and were maintained thenceforward; the brain became less cppressed, the colliquative sweats diminished, the typhoid crusted tongue gradually resumed its natural appearance, the pulse and temperature slowly declined, and I discharged her doing well on the twenty-first day. This is a fair specimen of a number of cases of typhoid fever, occurring during the winter as sequelæ of the previous epidemic. The three last cases of flocculent black-vomit with suppressed urine, which came under my care, were promptly relieved in a similar manner.

CASE III.—*The malignant congestive type.*—Miss E. S., æt. 18, full habit, plethoric temperament, was seen by me on September 27th, having been taken sick some hours previously. Her face was deeply flushed, eyes very red, deeply congested, rolling and crossed; the pulse 140 and full, throbbing and hard, intense throbbing and oppressive headache, and anxious delirium and alarm; the respiration hurried and labored, the skin hot and dry, the complexion of the body of a venous red

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hue, violent pains in the back and extremities, scanty dark red urine, (afterwards suppressed,) lethargic confined bowels, and great restlessness and tossing about the bed. The tongue was dry and red, the lips parched, and intense thirst and gastric irritability existed. The temperature was high, and the transient sweats brought out by the foot-baths rapidly dried up again. This state continued without relief, the congestive symptoms increased, uræmia and flocculent and coffee-grounds vomits rapidly succeeded each other, and death took place on the third day of the disease. This was one of the most rapidly destructive attacks seen by me during the season. Like case II, it ran a violent course from beginning to end, and black-vomit and uræmia exhibited their direful symptoms, whilst the fever raged in intensity. Towards the close of life, the brain became stupefied from uræmic poison, and she sank into a comatose state, and death ended the scene.

In viewing these cases the thought naturally arises, does not the association of scanty and suppressed urine with softening mucous membranes degenerating into muco-sanious, hæmorrhagic, flocculent and coffee-grounds black-vomits, indicate putrid and petechial disorganization of the blood from poisoning with similarly disorganized urine? And can the suppression of an urine not altered in its composition give rise to such a train of destructive alterations? In case III the congestion of the brain and kidneys took place in the very inception of the disease, and blood decomposition, black-vomit and uræmia speedily followed.

The peculiar *indications of approaching uræmia* are well worth recording. The patient, though at times wilder, usually becomes more quiet; complains of no pain anywhere; when asked how he feels, will look at you for a moment before replying, giving you the impression that he is studying what answer to make, or as if your query took time, like a telegram, to traverse the auricular nerve to the brain, produce its impression there, and bring back the response through the lips. At other times, particularly before uræmia is far advanced, he will answer in quick, short-spoken, monosyllabic sentences, "I feel very well!" "Does anywhere hurt you?" "No!" Gradually, as this con-

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dition advances, however, the brain becomes stupefied and comatose, the head sinks down from the pillow to the bed, or the occiput bores into the yielding pillow, and it is almost impossible to arouse him even by vigorous shaking—scarcely at all to obtain an intelligent recognition or response, and often not even a vacant stare. In several instances, however, I observed remarkable exceptions to this torpid state, which I will more fully illustrate hereafter.

Case IV.—*The malignant meningeal type.*—Judge L. S. R., æt. 67, was first seen by me on September 11th, when I found him in a state of cerebral congestion with muttering delirium and constant, tremulous, sighing moaning, as if he would give all the world to be able to tell of his distress. The head was bored down in the pillow, the eyes congested and blood-shot, the skin of a deep venous hue, the tongue heavily plastered with a dirty yellowish-white fur extending completely over its margins, the pulse full, slow, and compressed, beating only 56 to the minute, the temperature but little elevated, the urine scanty and of an orange-red hue, and the bowels lethargic. No vomit or hæmorrhage, or jaundice of any kind occurred, but the strong smell of the fever was intensely characteristic, and the ever present tremulous moaning distressing to listen to. In this state he lingered for two days until his troubled spirit left its earthly frame. Death seemed caused by cerebral congestion and nervous exhaustion.

Case V.—*The malignant congestive hæmorrhagic type.*—F. B., a lad æt. 16, was first placed under my care September 22d, and presented as desperate a picture as I witnessed at any time in the earlier stages of the disease. His pulse was full, hard, throbbing and 120; the skin of a mottled-leaden and venous hue, discolored with brownish and petechial patches, and later in the attack resembled the mahogany-yellow streaks that are apparent in cases of venomous poisons. The eyes were dark red and crossed, the tongue dry, parched and cracked, the gums sore and bleeding, and the lips of a bluish-red color. He rolled and tossed and groaned like a man I once saw under the influence of a rattle-snake bite; violent emesis came on, and vomiting of a glairy, frothy mucus was soon followed by flocculent,

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dark hæmorrhagic ejecta. The urine was strong smelling, of a reddish-brown color, and at times somewhat sanious; and after two days lethargy, dark flocculent dejecta were expelled from the bowels. The brain was restless and alarmed, the headache heavy and oppressive, the lumbar pains violently intense, and the extremities rolled and tossed in agony. About the third day paralysis of the bladder supervened, and the urine had to be drawn off with a catheter. As this paralysis came on, the brain seemed less oppressed and more intelligent, the pulse lowered to 96, and the general aching and restlessness became less troublesome. I ordered him to be placed in a sitting position in a tub of cold water and bathed freely around the pubic, lumbar and sacral regions every three hours, and administered internally Sulphuric acid, Belladonna and Nux vomica, at alternate periods of an hour. In a few days the severer symptoms gradually declined, the bladder resumed its normal function, and recovery was soon complete. The dependence of the pains in the extremities upon spinal irritation was peculiarly exhibited in this case by their subsidence after paralysis of the cystic branch of nerves.

Case VI and others together.—*The hæmorrhagic and hæmorrhagic congestive types.*—The most characteristic association of cases of this class came under my treatment in a family named M——, on Harris street, near West Broad, and in the neighborhood of which many desperate cases had previously occurred. Here I had five children, ranging from 6 to 18 years of age, under my care together. Several at times displayed jaundiced hues of the skin, all had at various times, and especially during relapses, hæmorrhages from the nose or mouth, one or two of the boys ejected dark, flocculent, hæmorrhagic emesis, and the daughter, a young girl, æt. 15, passed into the malignant congestive state, the brain being stupid and comatose, the eyes dull and yellow, the skin of a pale yellow tint, bleedings at the gums, and flocculent and coffee-grounds black-vomit, which continues at intervals for about a week. At various times partial or complete suppression of urine came on, and cold, colliquative sweats, cold body and extremities, cold face and tongue, diminished temperature, and heavy, stupid lethargy

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promised speedy dissolution. I placed the whole party under Sulphuric acid and Arsenicumθ, and alcoholic stimulants and strong nutritious diet, and to the daughter more especially applied frequent warm alcoholic lotions, and rubbings with mustard. It was a struggle of life and death with her for well nigh a fortnight, but finally the disease yielded to the perseverance and devotion of her nurses and attendants; and with all her brothers she rejoices in restored health and strength.

I have cited this set of cases for the special purpose of illustrating how the aggregation of cases in the same or adjacent rooms causes frequent relapses, constantly putting on greater similarities of type because of the re-absorption of similarities of poison from one to the other. Several of the cases were comparatively mild when first taken; but each and all, from constant re-infection, suffered subsequent similar hæmorrhagic relapses. It is an unquestionable fact connected with the late epidemic that no one, two, or any number of attacks, rendered the individual exempt from re-infection and subsequent relapse. But one sure relief was afforded and that was in quitting our infected atmosphere; and even this failed in many unhappy instances in which the system had been surcharged with the poison before the victim left the city.

Case VII.—*The hæmorrhagic typhoid type.*—Patrick Boyle, an Irishman, æt. 40, came under my care September 3d; pulse 60 and apparently normal, temperature slightly elevated, nervous symptoms remarkably quiet, except a wandering delirium during portions of the night, slight dull headache, mind intelligent and composed, anorexia and gastric irritability, eyes congested and deep red, tongue dry, seared, red, and polished and glistening near the margins, extensive cutaneous efflorescence, dark red, scanty urine, and lethargic bowels. The emesis was at first of a glairy mucous nature, but on the fifth day he ejected dark flocculent substances, like threads of beef boiled into extreme fineness. I placed him under Bellad. and Rhus tox. during the first four days, but on the appearance of these hæmorrhagic symptoms, I at once administered Sulph. acid and Arsenicum, and ordered brandy stimulants intercurrently with beef broths. Under this treatment the

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symptoms gradually improved, the pulse crept back to 72, and I discharged him on the eleventh day of my attendance.

CASE VIII.—*The mild nervous typhoid type.*—J. A. B., a merchant of sober, temperate habits and nervous, sanguine temperament, sent for me on November 2d. He appeared quite comfortable, and said to me jovially that he didn't know whether there was much the matter, but he didn't feel exactly right and thought he had better call me in. He had but little headache, face and skin flushed and slightly erythematous (the eruption becoming more marked at a later period of his illness), pulse quick but not hard, eyes red, tongue moist and clean on the centre but bright red on the tip and margins, lips of a bright cherry-red hue, appetite good (ate three light made meals every day during his illness), bowels natural, brain undisturbed, sleep not always satisfactory, urine of a pale orange color, pulse ranging from 84 to 112, and temperature from 100 to 103½. Every forenoon he would experience a chilly shuddering, followed by a rise of fever, lasting from three to five hours, and subsiding again until the pulse would fall to about 88 and the temperature to 101. There was no nausea, nor jaundice, nor intestinal disturbance, nor hæmorrhage—nothing but the continued nervous fever, with the intermittent daily increase, and erythematous flush. His system was evidently not seriously disorganized by the poison of the fever. Neither Quinine, nor Arsenic, nor Fowler's solution, nor Eupatorium, had any apparent effect in removing the intermittent complication; but this and the whole morbid state was relieved by Sulphur^{9} given towards the close of the fourth week.

CASE IX.—*The malignant orange-colored Type.*—Miss M. V. M., æt. 14, came under my care on September 23d. Her skin was of a decided jaundiced hue, the eyes yellow and lids drooping, pulse 120 and hard, nausea and vomiting of biliary fluids, lethargic bowels, anxious, alarmed condition of the mind, beseeching speech, dull heavy headache, high colored scanty urine, and intense mental anxiety and fear of death, attended with great prostration and restless tossing about and sighing as in distress. The lips were *purple—an unfavorable omen.* The disease steadily progressed, the urine became sup-

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pressed, the brain sank into a comatose condition, the head bored down in the bed, the chin drooped, black-vomit was spasmodically ejected from her stomach, the sweats of death exuded from her features, and her tender spirit fled from its poisoned encasement. The disease ran its course in seven days.

CASE X.—*The orange-colored Typhoid Type.*—W. S. P., U. S. Signal officer, was taken sick at Tybee Island and brought to the city under the care of Dr. Smith, with whom he became dissatisfied and sent for me on October 9th. His two colleagues had been already stricken down with the fever, and he was in a state of almost uncontrollable alarm. His pulse was full, heavy and hard, his face and body of a venous congested hue tinged with yellow, the eyes congested and jaundiced, the tongue heavily coated with a dry brown fur, and its tip and margins red and parched, the skin at times dry and at times tempered with transient moistures, the stomach irritable, with frequent nausea, gagging and biliary emesis, the urine scanty, dark red, and attended with frequent efforts at micturition, the bowels lethargic and flatulent, and severe pains in the head, back and extremities. By some unguarded means he obtained information of the death of one of his companions, and the approaching death of the other. Then followed a state of irritable, anxious, restless alarm, quarrelsome distrust and delirium, obstinate, hard headed interference with his bowels, and alternate quiet and illhumour, the like of which I have never seen in any other case. At times placid and hopeful, the least flatulent gripe or nervous pain sent him reeling again into the seething vortex of unsatisfiable anxiety. His constant theme was the state of his bowels and kidneys, and his constant demand was for frequent rectal discharges. For his intestines to remain unpurged for a day, was to his mind a certain road to death. During day-light, he was comparatively manageable, but his nights bordered on the wild excitement of *delirium tremens*. The pulse and temperature became variable and unreliable, the skin, at times almost mahogany colored, was at times hot and dry, and alternately covered with profuse clammy sweats, (especially during sleep) which stained his clothing and bed linen, and gave to them such strong, rancid

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odor, as to compel their frequent change; the urine scanty and red, and attended with constant desire for its frequent emission, and during the third week, *dark brown, tinted with a deep green shade.* After the twenty-first day, the disease slowly passed away, and on November 10th, I discharged him from further treatment and sent him in the country to recuperate. The details of the treatment of a case like this would be too lengthy for my present space.

CASE XI.—*The Colliquative Type.*—On September 14th, I was requested by a member of the Benevolent Association, to call and see Winnie Home, a colored woman, æt. 25, who, during the previous night, had been nursing a white man dying with black-vomit, and who had been terribly frightened by her lonesome nightwatch at the bed side of the corpse. I found her in a complete state of collapse, the eyes sunken, the face hippocratic, the body cold and clammy, cold sweats dripping from the cutaneous surfaces, the pulse feeble, tremulous and intermittent, the voice husky and whispering, black sordes around the teeth and gums, and black-vomit dejecta pouring from her bowels. The mind was clear, but frightened, and the stare of death seemed already glazing her vision. I immediately placed her under Sulphuric acid and Arsenicum θ in alternation every half-hour, and ordered brandy stimulants to be given in tablespoonful doses each intermediate fifteen minutes. Alcoholic fomentations were also applied with warm flannels to her abdomen and extremities. I called again in the evening, doubting whether I should find her alive, but was gratified to discover a slight reaction, which steadily continued until I discharged her well on September 18th.

CASE XII.—Referring to the absence of coma in some cases of uræmia, the following case illustrates my statement. On November 16th, I was called to Bresnan's Hotel to see a man named Charles Ewald. When I pronounced the case yellow fever, the proprietor declared he could not remain there, as it would frighten off his boarders; and within an hour had the sufferer removed to St. Joseph's Hospital, where he died on November 21st. From the time I first saw him to the hour of his death, six days, not a drop of water was secreted through the kidneys,

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but a copious, watery, dark flocculent discharge took place at irregular intervals from his bowels, and was accompanied during the last two days by coffee-grounds black-vomit. The pulse declined below 100 after the first day, the temperature ranged from 97½ to 101, and the brain remained clear until the day of his decease. The eyes were congested, and the lips and skin of a leaden venous hue, but the cutaneous pigment remained unjaundiced.

Case XIII.—This list of special cases may be fitly concluded with one of peculiar features. Mrs. T., æt. 19, who returned to the city after frost in the latter part of November, was taken in labor during the morning of December 21st, and delivered at midnight. During the labor she suffered from intense thirst, some febrile excitement, and profuse perspirations. When I called to see her early the following morning, I found her with all the symptoms of a mild case of yellow fever, which ran its course and terminated favorably. The infant was completely jaundiced, refused to nurse, and its pulse barely numbered 80 beats to the minute. In this state it continued about five or six days, and on the second or third day ejected from its stomach unto its gown what I took to be black-vomit. This opinion was concurred in by Drs. Semmes and Myers of this city, to whom I exhibited the stained garment. The case was relieved by Sulphur.[2]

Between the above types were thousands of cases of all shades of combination and modification. The simple and erythematous types generally terminated favorably, though many of these took on severer grades of the disease in subsequent relapses. Much of the treatment adopted by me has already been illustrated, but some special conditions deserve direct reference. Whilst it is uniformly advisable to establish a free perspiratory secretion *during the rise and progress* of the inflammatory and congestive types of the fever, it is equally important to control the *colliquative and debilitating sweats* which often manifest themselves after febrile subsidence. Here again I found the dilute Sulphuric acid of great value.

I never disturbed the bowels, nor administered cathartics; but in cases of evident flatulent annoyance, relief was speedily

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obtained by warm enemas. In nearly all cases, however, as the fever declined and the nervous forces rallied from their prostrate condition, the returned natural peristaltic action of the intestines afforded satisfactory relief. In many cases, however, this was facilitated by the alternate administration of Merc. sol. and Nux vom.

Ordinary emesis was usually controlled by Ipecac., China, and Tart. emet.; but whenever the ejecta degenerated into muco-sanious, flocculent and coffee-grounds vomits, I at once placed the patient under Sulphuric acid and Arsenicum$^{\theta}$, with brandy stimulants, and alcoholic abdominal fomentations; and my success in these cases is abundant proof of the judicious selection of my remedies. I regarded the *Sulphuric acid* as my sheet-anchor in the hæmorrhagic and flocculent black-vomit, in which it scarcely ever failed to produce good results; nor was it of less value than other agents in coffee-grounds ejecta as well.

Complicated with and following upon many cases of the continued, nervous, typhoid and hæmorrhagic types of the disease, were hard swellings of the parotid and salivary glands, not infrequently developing into abscesses. These conditions were generally relieved by Bellad., Calc. carb., Hepar sulph., Merc. viv. and Nitric acid.

Of all the remedies suggested for giving tone to the system after the debilitating waste incident to the fever, I have found none so beneficial as Præcip. Carb. Ferrum.

The etiology of this terrible scourge is a subject requiring too extended a review for the present article; yet it may not be inappropriate to scan some facts touching upon this branch of our subject. Whilst the poison is undoubtedly often imported, it is equally certain that it has been known to show itself in sporadic cases at our very doors, and under circumstances which preclude any possibility of doubt as to its local source. In defence of this statement I need only refer to the case of Robert Feagan, an attaché of the Confederate naval service during the late war, and James Zittrouer, another young man whose case was well known at the time. So could

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I recall other well-marked cases if I should apply myself to this task. That morbific force which produces yellow fever can be developed here if all the combination of elements necessary to its production happen to come together in one and the same location and season, I firmly believe. That it is a disease having a singular affinity for *cities*, cannot be gainsaid; that it may make its appearance on shipboard at sea in tropical regions, is a matter of experience; that it may raise its hydra head on vessels in harbor, is beyond all doubt. And so also may we have malignant pestilential typhus, to which so many closely allied cases showed themselves in this city in 1876; and the extensive typhoid and relapsing symptomatology manifested by such an enormous proportion of the cases, lends additional strength to the opinion which I herein express, viz.:—That the odors and gases emanating from our sewers, privies, dry-wells, and surrounding filthy bogs and stagnations, which were swashed by the heavy rains of June, and left to be acted upon, fermented, and developed into new combinations of special, destructive and putrescent malignity by the hot suns of July and August, were the real infectious poisons that spread pestilence and havoc through Savannah in 1876.

It is the opposite of wisdom to bolster our sins of omission and heedlessness by unsustained assertions of direct morbific importation, when the ghastly facts of our own internal filthiness stare us in the face. Let us have the truth, be the censure on whom it may.

Imagine a man placing a large slop-bucket in his room and emptying therein the contents of his wash-bowls and excretory vessels, nor ever removing or disinfecting them, but letting them stay there and ferment and give out their pestilential gases until himself and his family are driven out of their abode by the noisome exhalations! Then look at Savannah in 1876, sleeping over her slop-bucket! the filth of the city, swashed by the heavy June rains unto the unclean, undrained, and stagnant flats to the east and west, where the hot summer suns fermented and diffused its noxious gases into the surrounding atmosphere; and the unflushed sewers, dry-wells and

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stinking privy vaults exhaling under our nostrils the typhoidal poisons of their excrementitious contents! Is it any wonder that the pestilence came creeping back from the east and the west to the regions from whence its organic elements coursed their fœtid flow!

The transition from the sporadic, or *local foci*, to the epidemic type of disease can be best illustrated by a circumstance familiar to us all. It is well known that when the wounded of an army are crowded together into hospitals, there will be developed occasional cases of erysipelas; and if these be not speedily removed and effective hygienic measures promptly made use of, there will soon exist in that hospital *epidemic erysipelas*. What gives this new infectious or contagious force to the disease? Just so in particular localities the essential productive elements of yellow fever get into approximation under thermometrical conditions favorable to their ignition and developement of new combinations and disease producing forces.

It is unnecessary for me to enter into any dissertation on the differences between malarial diseases and those originating from the gases and poisonous exhalations of sewers, stagnations, and other filthy depositaries of decomposing carniverous elements, organic debris, and human excretions. Indeed, the more deadly nature of the latter are scarcely yet realized. Too much stress has been laid upon the former, and too little upon the latter.

Whilst yellow fever is chiefly confined to cities and commercial water-lines, so are these water-lines the drains, and these commercial centres the hot-beds of organic decomposition and putridity; and it is an equally certain fact that the disease generally makes its first appearance in noxious and squalid localities. Why then should we turn to the cobblestones and ballast to shield us from the censure and punishment our neglect of nature's laws of cleanliness has caused us to suffer! Who will venture to assert that those poisonous gases and evaporations which breed typhoid and diptheritic disorders even in the wintry seasons, may not take on new combinations with other elements, and greater pestilential

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activity, under the more favorable temperature of the August dog-days!

Disinfection.

I have read with much pleasure and profit a paper on "Disinfection in Yellow-fever," by Dr. C. B. White, of New Orleans, which I cheerfully commend to my readers.

Review.

Dr. O. A. White, of New York, in his report on the late epidemic, delivered before the New York Academy of Medicine, says in substance:

The efflorescence about the head, neck, face, chest, and back, though searched for, was not apparent during the epidemic.

No case presented the noted *orange-hue of the skin.*

When black-vomit occurred, it was *invariably after* the subsidence of the fever, and during the calm—"—

—in all of which the doctor is grievously mistaken, and his observations must have been much more circumscribed than his sweeping declarations would lead one to suppose. Equally incorrect were his additional assertions that "black-vomit was rarely seen, and those exhibiting it recovered with the rest; that there was no evidence of the communication of the disease from one person to the other by direct contact, or transmission by the exhalations, or secretions, or clothing; and that it did not run through families." The very opposite was the case; and the doctor's statements must have been developed out of his own theoretical imagination. If those who had black-vomit "recovered with the rest," it is most singular how about 1600 persons died in four months, of whom nearly 1200 can be safely attributed to yellow fever.

Summary.

Number of cases of yellow fever treated by me, between 900 and 1000.

Number of deaths in cases to which I was called before

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fatal symptoms (black-vomit, and suppression of urine) had set in, ... 17
Number of deaths in cases to which I was called *after* fatal symptoms had set in, ... 15
Number of black-vomit cases recovered,. . . . 45

Of the thirty-two deaths, eight were cases of relapse, and twenty-four were original first attack.

Of the 17 cases seen by me before fatal symptoms had set in, five were "death-struck" from the inception of the disease.

I treated over 100 cases of the hæmorrhagic type without a single death.

ARTICLE XXXI.—Electro-therapeutics and Electro-Surgery.

By John Butler, M.D.

(Continued from page 363.)

CHAPTER XIV.

SKIN DISEASES.

Many skin diseases are attended by hyperæmia and by hyperæsthesia, increase of temperature of the part, pain and itching.

Now we have already seen the power of the action of electricity in causing and curing these symptoms when occurring in other parts, and we have also seen, by the pathogenesis, that the electric current causes these symptoms on the skin; it now remains to show that it cures them.

Erythema.

Dr. Lilienthal,[1] in his excellent work on "Diseases of the Skin," says: "Erythema, being a mere *hyperæmia of the skin*, makes itself objectively known by *redness* and *swelling* of the

[1] Page 11.

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skin, *the temperature of which is somewhat increased*, and subjectively, sometimes, by a sensation of *burning* and *itching*." (The italics are mine). I have already elsewhere[1] reported a case of erythema fugax of the neck and chest entirely cured by the use of the galvanic current. None of the authorities on electro-therapy, however, make any mention of this disease in their treatises.

URTICARIA.

Not only the prominent symptoms of this eruption, but as far as human senses can discern, the actual disease itself is produced by the galvanic current, as before mentioned in the pathogenesis. Indeed it often appears in patients being treated even with the very mildest currents, after one or two seances. I have had but little experience in the treatment of it by electricity, as the cases I have had, generally yielded to appropriate dieting and internal remedies; but should I ever have a case resist ordinary medication, I would not hesitate to rely on some form of electrical treatment for its cure.

HERPES.

Here we have another eruption, the symptoms of which are produced in totality by galvanism and are curable by the same agent. I recently reported at the County Society a case of a tumor of the breast treated by electrolysis (three treatments), and after each treatment there appeared fresh patches of a herpetic eruption on the face and neck. To exemplify the curative effects the case below given is reported by Dr. A. McLane Hamilton, in his "Clinical Electro-therapeutics."

Case XXXV.—"*Herpes Zoster associated with Intercostal Neuralgia.*—M. C., æt. 25. The patient had been affected for some time with a vesicular eruption on the right side, beginning in the groin and arching over the crest of the ilium, extending as far back as the vertebral column. Two successive patches had appeared, and he was so tortured with neuralgic pains as to lose all rest. I applied a metallic electrode

[1] *Medical Union*, November, 1874.

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(negative) to the eruption itself, and the positive pole over the lumbar vertebræ. The pain disappeared in two or three minutes; and, when I next saw him (a week afterward), the eruption had completely dried up."

In a work entitled "Clinical Researches in Electro-Surgery," by Beard and Rockwell, the authors report cases of herpes-zoster and herpes-frontalis successfully treated by applications of galvanism.

Eczema.

This affection is more intractable to ordinary medication than any of the preceding, and consequently a greater number of cases of it fall to the lot of electro-therapeutists. There is, therefore, no lack of information of the effects of electricity in its treatment. As we have already seen, most of its prominent symptoms, both objective and subjective, are caused by galvanism. Drs. Beard and Rockwell, in their work last quoted, record three cases of the disease cured by galvanism of the nervous centres, and remark, that the result of their experience is, that eczema yields to galvanic treatment and gives better and more satisfactory results than any other form of cutaneous disorder.[1]

One of their cases I here copy:

Case XXXVI.—"John B., æt. 3 months, was admitted to the Demilt Dispensary, March 8th, 1872. The child was affected with eczema of the scalp and face, which was most marked between the eyes, and extended down the back, and on the legs from the knees to the feet.

The eruption was very moist, and the diseased part was covered with thick yellow scabs. The child was very restless at night; was very constipated, and could scarcely open its eyes. The case had been treated by various poultices and ointments. At the time we were experimenting with central galvanization in diseases of the skin, and we resolved to test the method in this case. After the third application the bowels became more free, the child slept well, and the eruption

[1] Page 49.

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had dried up, and the scabs peeled off. At the end of two weeks the fourth and last application was given; the disease had then nearly disappeared from the back and legs. Since that time we have seen nothing of the patient."

Dr. E. L. Mann,[1] of Brooklyn, has published in the *Medical Record* several cures of eczema made by galvanization: one case of which only required four seances; the length of his applications is fifteen minutes, and he generally repeats them about twice a week. I must confess I have never seen any case yield in so short a time; and cannot think that either Dr. Beard's or Dr. Mann's cases represent the average we meet with.

Prurigo.

This tormenting affliction yields readily to any form of electric current. I reported some time ago some cases cured.[2] Tibbits, Althaus, and other authors allude to it as being very amenable to galvanic treatment.

Acne.

This most rebellious skin eruption often disappears under a judicious use of one or other form of current, but often on the contrary it will not. I had a case of acne-simplex of the face, last winter, occurring in a young lady, who was very anxious to have it cured, and gave me every opportunity to do so if I could; but after using galvanism and faradism for two months without benefit, both patient and physician became discouraged. I sent her to my friend, Dr. Lilienthal, who cured her with a few doses of *Natrum mur.*[200].

It is impossible, in the present state of the science of electro-therapy, to discriminate between the cases of this disease as to the applicability of the remedy. We may have five cases of *acne faciei*, all possessing seemingly the same symptoms, and three of them will get well under electrization, while the remaining two will not. Why? is a question for future discovery.

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[1] *Medical Record*, October 1, 1872.

[2] *Medical Union*, November, 1874.

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Dr. W. B. Cheadle[1] has given the profession a valuable paper on acne rosacea, in which he reports three cases almost cured, and one improved, and still under treatment. He used the faradic current in all his cases. Other skin affections have been treated by electrization by Beard and Rockwell, who report favorably of the affects of the current in lichen, psoriasis, pityriasis, and alopecia.

From what is here set forth, I feel certain that every physician among my readers will value electricity as an important addition to our other remedies, in the treatment of skin diseases, and though the proving is meagre, and the absolute indications are not clear in every instance, I hope I have shown conclusively, that at least it *does* cure according to the law of similars.

CHAPTER XV.

NEURALGIA.

The culpable looseness with which the term neuralgia has been used of late years, both by the profession and the public generally, has led to much confusion in this department of medical science. The word is unfortunately made an equivalent oftentimes for any kind of pain, the pathology of which we may be ignorant. The pains of rheumatism, gout, syphilis, locomotor ataxy, spinal irritation, myalgia, etc., are often mistaken for, and confounded with true neuralgia, even by those who ought to know better. For these reasons I may be pardoned, if I here define what I mean by the heading. There is no term which describes the disease so well as that used by Hammond:—*Neural Hyperæsthesia.*

It is indeed a hyperæsthetic condition, sometimes involving the whole course of a nerve, from its origin to its ultimate ramifications, at others only affecting a small portion, either of the trunk of the nerve, or one of the fibrillary terminations. The pathological condition causing this hyperæsthesia may be,

[1] *Practitioner*, July, 1874.

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as Anstie* says, "*atrophy of the posterior root of the spinal nerve in which the pain is felt*," (which, I feel certain, it often is), or a lesion of nerve trunk itself, or otherwise.

The essential characteristics of this condition are:

1. Pain, which in intense acuteness is out of all proportion to the constitutional disturbance, is intermitting, or at least remitting in character.

2. Severely tender points at different places along the affected nerve, and corresponding to the spots where the nerve enters, or emerges from a fascia, bone or muscle; with often anæsthesia or partial anæsthesia between these points.

3. Secondary phenomena; motor, vaso-motor, secretory or trophic. The special symptoms varying according to the location of the nerve and parts supplied by it.

That transmissions of a strong electric current produce a condition analogous to neuralgia, we have already proved, page 20.

Duchenne,† speaking of faradizing the terminal branches of nerves, says:—"Consecutive to the treatment, some of the patients experienced deep-seated pains in the course of the nerves, the extremities of which had been excited, pains that have frequently been persistent and have assumed the character of neuralgia;" and again,‡ in speaking of the differential action of the current, says:—"These experiments are not harmless; because in many cases the acute sensations have been followed by neuralgic pains in the organs ever excited." In every work on electro-therapy we find the treatment of neuralgia more dwelt upon than of any other disease, except paralysis; and it is in this affection that electricity, as a remedy, has earned most of its laurels. I here quote the opinions of a number of eminent authorities. Anstie§ remarks, "The constant current, as I now estimate it, is a remedy for neuralgia unapproached in power by any other, save only blistering and hypodermic morphia, and even the latter is often surpassed

* Neuralgia and its counterfeits, page 110.

† Localized electrization, page 125.

‡ Page 35.

§ Neuralgia and its counterfeits, page 200.

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by it in permanence of effect; while it is also applicable in not a few cases where blistering would be useless or worse." Althaus[1] lays down, as a rule, "That in the milder cases of hyperæsthesia all the different forms of electricity may be usefully employed, but in the severe forms of it only the continuous current affords relief." Hammond's opinion is, "Above all local means, not only for relieving the pain of any particular paroxysm, but also for effecting a permanent cure, electricity stands first. I have employed it in every possible form, and am satisfied that the primary galvanic current is the preferable agent." Beard and Rockwell[2] express their estimation of the remedy in the following language: "The success achieved by electrization in the treatment of neuralgia has been brilliant and remarkable." Dr. G. V. Poore[3] speaks very highly of the excellent results he gets from electricity, and says, "There are many cases of neuralgia on record, which have resisted every known method of treatment, but have yielded after a few applications of the galvanic current." Erb[4] says, "Electricity, and especially the galvanic current, has been found to yield the most gratifying results in the so-called idiopathic neuralgia, in most of those which are due to a rheumatic or neuritic process, and which have become habitual, and finally in a certain proportion of eccentric neuralgia. Indeed the results are sometimes astonishing, so quickly do they appear. In other cases, however, it is necessary to persevere in this mode of treatment for a long time, and with great regularity, before a cure is effected." In the works of Meyer, Rosenthal, Benedict, Tibbits and others, we have the most uncontradictable evidence brought to bear on this subject; and the cases recorded by these eminent physicians permanently cured by electricity, can be counted by the hundreds. Most of these authorities, however, admit two great secrets of success.

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[1] Op. cit., page 600.
[2] Op. cit., page 471.
[3] Electricity in Medicine and Surgery, page 162.
[4] Diseases of the Nervous System, page 80.

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1. The whole of the trunk of the affected nerve must be included in the circuit.

2. *Regularity* of applications, which in all cases ought to be *repeated at least* daily.

These conditions being strictly observed, it matters little whether the current be transmitted in an ascending or descending direction, that is to say, whether we use a direct or inverse current, or whether we produce the so-called electrotonus or anelectrotonus of the affected nerve.

All the facts that we can possibly demonstrate, are, that a strong current of electricity, transmitted through a nerve in any direction, causes a condition similar to neuralgia, and a weak current will cure neuralgia when occurring idiopathically. It will be noticed that most of the authorities quoted, lay great stress on the use of the galvanic current, and either entirely ignore or deprecate the use of the faradic. Now it appears to me, that the reason of this must be that those physicians, in endeavoring to produce an effect on the hyperæsthetic nerve, transmit a current of too great intensity through it, which it will in no instance tolerate without the most excruciating aggravations being produced. They do not seem to calculate, or they seem to have lost sight of the fact, that the faradic current, though shorn of its chemical effects and diminished in quantity, is infinitely more intense in its dynamic action than the primary force generating it, and, as we before remarked, the longer and finer the wire used in the induction coil, the more intense the current, though more reduced in quantity, just as with the high potencies of our drug remedies. In my own practice I have observed the following:

1. That whatever form of current be used, only the very mildest intensities are curative.

2. That a large percentage of cases are curable by strict attention to this rule.

3. That high intensities of either form of current produce serious aggravations.

4. That a certain proportion of cases yield to the galvanic current, that cannot be cured by the faradic, and *vice versa*.

5. That it is impossible always to tell beforehand, which

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form of electricity will cure any given case, any more than we can always tell which potency of a drug remedy is the proper one to use.

6. That there are undoubtedly a small proportion of cases that will yield to neither forms of current administered alone, that will rapidly improve under a judicious alternation of the forms.

7. That the number of cases which entirely resist every form of electrical treatment are very small indeed.

8. That where the nerve is deeply seated, electro-puncture of the sheath, or even of the nerve itself, becomes necessary, as otherwise recomposition takes place in the more superficial structures, without the current reaching the nerve at all. This operation must be performed by a thorough expert in electro-therapeutics, as without the greatest skill being exhibited, electrolysis of the nerve takes place, which is not only fatal to success, but disastrous in its consequences.

9. A Brenner's rheostat should always be used in the circuit; also a galvanometer; for obvious reasons.

Among a number of cases reported by Althaus,* there is one which is so very remarkable and instructive, that notwithstanding its length, I here copy in full, as it would be impossible to omit any part of the report, without detracting from its value.

Case XXXVII.—"The patient was a huntsman, æt. 64, accustomed to live in the open air and to 'rough it.' Five years before he came under Professor Niemeyer's care, he first felt a 'painless shock' through the left side of the head and face; and such shocks returned at frequent intervals. After this had gone on for a twelvemonth, attacks of severe pain came on, which commenced at the angle of the left jaw and proceeded through the zygomatic arch right into the skull. Such attacks occurred at first about once in three weeks, and were generally owing to some exciting cause, such as smoking, masticating, speaking, wiping the mouth, etc. Pressure neither increased or diminished the pain, the fits of which gradually

* Medical Electricity, page 603, et seq.

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became more frequent. The shocks lasted only one or two seconds, but recurred twenty or thirty times in the course of the day in the third year of the disease. In 1864 the patient consulted Professor Billroth, of Zurich, with the view of undergoing a surgical operation. The pain at that time never came on without touching or moving the left side of the face, nor did it occur during sleep; it affected the left cheek, the upper lip, the upper jaw, and the teeth. A few decayed teeth were extracted, but this gave no relief whatever. A number of remedies, such as quinine, iron, arsenic, iodine and veratrine, were then given, with the same result; and only subcutaneous injections of morphine produced temporary benefit. By the advice of the late Professor Griesinger, four leeches were put to the diseased side; and this was repeated a week after, but the condition of the patient remained exactly the same. Professor Billroth then excised a piece of the infraorbital nerve, one and a quarter inch long, from the infraorbital canal. The piece of nerve which had been excised was carefully examined with the microscope, but was found to be perfectly healthy. The patient only remained free from pain a few days, after which the attacks reappeared, although not quite so frequently, nor so severely. At that time the attacks were brought on by pressure on the left upper jaw, and the parts animated by the infraorbital nerve remained free from pain. The paroxysms, however, getting continually worse, Professor Griesinger advised the removal of the painful parts of the alveolar process of the jaw by means of raspatories. The patient was not put under the influence of chloroform for this operation, as he had to state which parts of the bone were tender. The operation was excessively painful, but had a favorable result; the patient was discharged on May 27th, 1864, being then apparently quite well. He came back in February, 1866, and reported that for some time he had been quite easy, but that the attacks soon returned and gradually became more frequent and severe. He urgently demanded a radical operation. The left cheek was now free from pain, but all the other parts, which are animated by the second branch of the fifth nerve, were affected. Professor Billroth

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then performed osteoplastic resection of the upper jaw, as proposed by Professor Langenbeck. He broke off the posterior wall of the antrum, and the posterior part of the lower portion of the orbit, dissected away the second branch of the fifth nerve up to the foramen ovale, and divided the nerve close to the foramen rotundum. The zygomatic and superior alveolar branches were then drawn out as far as possible and likewise removed, and the infraorbital nerve was entirely taken away. The operation was not followed by any bad symptoms, and the wound of the jaw healed well together. A careful microscopic examination of the excised piece of the nerve again showed no alteration whatever. This operation did good for a time, but towards the end of March, of the same year, fresh paroxysms of pain occurred on touching the left upper lip. They soon became so severe, that Professor Billroth excised on April 6th, 1866, the buccinatorius nerve, which branches off from the third ramus of the fifth. This operation was rendered difficult by the numerous cicatrices consequent upon previous operations; the ductus stenonianus was injured close to its point of exit from the gland, and erysipelas set in afterwards, but yielded to treatment. The pain was now quite gone, but a salivary fistula remained. In May the tic was again as bad as ever in the left side of the palate and chin. On May 9th, therefore, Professor Billroth cut away from the cavum oris through the lateral wall of the antrum, in order to excise the posterior dental nerves, and resected at the same time the mental nerve at its exit from the inframaxillary canal. On May 21st salivary fistula was operated for, the anterior portion of the gland being removed, and the skin united by sutures. The parts did not heal, but suppuration set in, and the whole gland gradually sloughed away. In July, 1866, the patient left the hospital free from pain, and also cured of the fistula.

He did not, however, long continue in good condition. In December, 1866, the attacks were again very frequent. He was re-admitted in July, 1867, when the pain was excessively severe; it then proceeded from the dental process of the upper jaw, and radiated towards the nose, the lower eyelid, ear, and

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temple, from where it penetrated into the cavity of the skull. Professor Billroth then advised the use of the constant current; but as the patient believed that he could only be cured by a surgical operation, the professor, on the urgent entreaties of the poor man to do something for him, tied the left common carotid artery, just below the omohyoid muscle. During the first few days after this operation, a few feeble shoots of pain came on, but they soon ceased, and on the 17th day the patient left the hospital apparently well. But again the improvement was only temporary, and as Professor Billroth had, in the mean time, left Zurich for Vienna, the patient went to Tübingen, to consult Professor Niemeyer concerning the applicability of galvanism.

He was admitted into the hospital in December, 1867. At that time he used every day eight grains of morphia for subcutaneous injections, this being divided into three doses: Fits of pain came on twenty or thirty times during the day; their starting point being the maxillary articulation, whence they spread to the anterior side of the ear, and the left parietal bone. They came on chiefly on touching the left upper lip. The constant current was now used, and with such beneficial effect, that the patient was soon enabled to discontinue the subcutaneous injection of morphine. After three months' treatment, the current having been applied nearly every day, the patient left the hospital apparently cured. Whether the effect of galvanism will be more permanent than that of the surgical operations, remains to be seen; but if a relapse should occur, the same remedy would probably produce the same effect. The current was applied by moistened electrodes to the affected nerves, no regard being had to the direction of the current, and for five minutes at a time; sometimes both electrodes were directed to the skin, at other times one was directed to the skin and the other to the mucous membrane of the mouth."

If the use of electricity was even entirely confined to the saving of such terrible butchery as this, (I can call it nothing else), would it not even then be a boon to suffering humanity? There is no doubt in my mind, that if this unfortunate sufferer had been treated at the outset by galvanism, that the cure

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would have been a brilliant one. Although in our school, of course, no such wholesale nerve-slaughter would have been thought of, I doubt if any known remedy in our Materia Medica would, in a case of this kind, give even a tithe of the relief of the galvanic current properly used. This case is given to show the decided advantage of electricity in such cases over surgery; and in order to demonstrate its superiority over ordinary medical treatment, I quote the following case, reported by the same physician.*

Case XXXVIII.—"The patient, æt. 74, at the time he came under treatment, had been already a sufferer from the neuralgia for twenty-nine years. In this case a host of external and internal remedies had been used without effect. M. Nélaton had refused to perform an operation, and so had Professor Bruns, of Tübingen. The induced current had been used as an 'electric moxa,' but without producing any benefit. In July, 1867, Professor Niemeyer used the constant current, connecting the positive pole with a moistened conductor, and the negative with a wire brush. After twenty such applications the pain was gone, and only a slight increase of sensibility remained in the upper lip. Some months afterwards there was a relapse, but this yielded rapidly to galvanism."

Althaus† relates one case of facial neuralgia cured by the faradic current, after bleeding, blistering, purging and dosing had entirely failed; all of which, he says, were given a *fair* (?) trial.

Anstie‡ mentions a case, treated by Dr. Russell Reynolds, of a lady who had been the victim for twenty years of an extremely severe neuralgia of the ophthalmic division of the fifth nerve, which attacked her *daily*, and had caused great injury to her general health and nutrition, was not merely benefitted, but absolutely removed, at any rate for a long period by a single application of the galvanic current.

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* *Berliner Klinische Wochenschrift*, No. 77, 1863.

† Op. cit., page 601.

‡ Neuralgia and its counterfeits, page 208.

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Cervico-occipital Neuralgia.

I mention this form of neuralgia as it is given under Valleix' classification. All authorities admit that neuralgia occurring in this location (that is, in the first four cervical nerves), seldom remains stationary, or limited to these parts, but shows a disposition to extend itself either toward the lower parts of the face, in which case it often becomes extremely difficult to distinguish it from neuralgia of the third division of the trigeminus; or towards the lower cervical and first dorsal nerves, in which case it merges into cervico-brachial or dorso-intercostal neuralgia; and the pains are felt in shoulder, arm, mammary gland, scapular region, and at any one or all the parts supplied by these nerves. Cervico-occipital neuralgia therefore being such a very rare disease, I here include under the same heading, cervico-brachial and dorso-intercostal neuralgias. In treating this form of disease, aggravations are very easily produced; in illustration of which the accompanying case is quoted.*

Case XXXIX.—"Mrs. A. F., æt. 35, a woman of small stature, graceful in form, and of a lively temperament, the mother of several children, had been suffering for the last seven years, with a considerable degree, of anæmia. On January 9th, 1856, while present at an evening company, she caught a cold, which brought a severe griping pain in the left ear and shoulder. Her domestic affairs having at the same time called forth unusual exertions, this and a perturbed emotional condition excited, about January 16th, a feverish state, united with palpitation of the heart, labored breathing, and tearing pains in various parts of the body. A light anti-phlogistic treatment, continued for fourteen days, removed all these symptoms except the pain in the limbs, which harrassed the patient more especially at night; these after a while concentrated in the left shoulder, extending thence into the left ear and soon attacked the third branch of the trigeminus. On the 28th of January, the pains thus located, attacked her in a

* Medical Electricity—Moritz Meyer, page 314.

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new and peculiar manner; the pain in the face came on like a flash, lasted from five to ten minutes, and then as quickly passed off. At first these attacks recurred after intervals of considerable length, afterward they visited her daily about ten o'clock in the evening, but always lasted but a few minutes; gradually they increased in frequency, intensity and duration, being at least repeated five or six times a day, when they included also the other branches of the trigeminus, and robbed the patient of rest at night for whole weeks. Quinine, arsenic, a tonic diet, the removal as far as possible of all causes of excitement, a salve of Veratrum—all were tried with none or at most with doubtful effect, and the patient consequently upon the advice of Drs. Phillip and Friedländer, applied to me May 3d, 1856, for a trial of electrical treatment. *After the first sitting a marked exacerbation of the pains occurred; they raged for more than fourteen hours with a fearful intensity;* they then, however, underwent a marked subsidence, and after two applications, repeated on the 5th and 9th, with *weaker currents*, the neuralgic pain completely and permanently disappeared."

A case very similar to this was sent to me for treatment some years ago by my friend, Dr. Searle, of Brooklyn, who, previous to applying to him, had been under the tender mercy of several allopaths, who cupped, leached, and applied the actual cautery, without benefit. After two treatments with the galvanic current he was very much relieved, and after thirteen daily seances entirely cured and has remained so ever since.

When neuralgia attacks the dorso-intercostal nerves, the length of the treatment necessary is generally much greater than that required in any other location. The seances must be more frequent (about twice a day), and each intercostal nerve treated separately. The following of these directions requires the sacrifice of much time, and demands precision in attending to the carrying out of the tedious details on the part of the physician, and considerable patience and perseverance on the part of the patient. However, even with all its drawbacks, electricity will cure intercostal neuralgia quicker than any other remedy that I know of. I here speak of the average cases we meet with, for occasionally, as with other diseases, we may hit

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upon a brilliant success with a few short seances. In my own practice, I only met with one case that yielded to less than two or three weeks persevering treatment, and that was a case occuring in a young man sent to me by my friend, Dr. Wm. T. Helmuth, last winter, who was relieved in three treatments.

An error in diagnosis may often lead us to imagine that we make a cure; for instance, it is quite possible to confound a case of myalgia—those wandering muscular pains occuring in this vicinity—which a single seance of faradization will generally speedily ameliorate, for a case of true neuralgia.

Sciatica.

Next after the trigeminus, the great sciatic nerve is the one perhaps most commonly attacked by neuralgia. It has been treated successfully by several methods.

1. By external galvanization or faradization, the moistened sponge rheophores, being applied one on the skin to a point where the nerve emerges from the sciatic notch, and the other to a point of the nerve lower down.

2. By one electrode placed within the rectum as near as possible to the point of origin of the nerve (as recommended by Duchenne and largely used by Benedict), and the other on the skin over the sciatic notch.

3. By galvano-puncture or farado-puncture of the sheath of the nerve, or of the nerve itself.

In very fat subjects the first method is generally unsuccessful, as the amount of adipose tissue intervening between the electrode and the nerve (fat being a non-conductor) precludes the possibility of the current penetrating deeply enough to act upon the diseased part; recomposition taking place in the more superficial structures; hence Duchenne suggested the treatment by the rectal rheophore. In my hands galvano-puncture has made the most brilliant cures, and when properly performed is not by any means the painful operation it would seem at first sight to be. Indeed I never yet have performed it upon any patient who did not gladly welcome its repetition; the relief obtained from the agonizing pain was in the first instance so great.

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To further illustrate this fact I copy the subjoined case from my note book.

Case XL.—Mr. Thos. I., æt. 40, was sent to me for treatment April 2d, 1877, by my friend and late colleague, Dr. Everitt Hasbrouck, of Brooklyn. I found him suffering terrible pain in the right thigh, behind the great trochanter; also in the popliteal space, and in the heel of same side; he was unable to move in bed without the greatest aggravation of his sufferings, and standing or walking was out of the question.

He gave me the following history of his case: About two years ago, he had a severe fall from a wagon, on the right side of the gluteal region, which ecchymosed the part considerably, and made him lame for several days. As he got better of the injury, he noticed occasionally a pain in the outside and back part of the thigh, which would sometimes shoot up to the small of his back. He at first thought nothing of it, especially as it would sometimes not trouble him for several weeks, and only last a day or two; but each attack became more and more severe, until about six months before my first visit, when he was obliged to go to bed and call in medical assistance.

His first medical adviser (old school) dosed him with anodynes, blistered him, etc., until finding these nostrums of no benefit, he called a specialist in consultation, who scientifically cauterized the skin over the nerve, but it was not of the slightest use, but made him worse; then to relieve the pain of the mischief done, he injects morphia subcutaneously, twice and three times a day, for several days. This, the patient says, gave him great relief from the pain for a time, but made him otherwise so sick, that he made up his mind not to continue it, as it did him no permanent good; so he sent for Dr. Hasbrouck, who, finding the case not amenable to ordinary remedies, referred him to me for electrical treatment. He was now so reduced in flesh and strength, being in bed and unable to move since January 1st (three months), that I at once made up my mind that any interference must be of such a kind as to promise the most speedy relief; and thinking that electro-puncture was the most likely to ease the pain, I described the operation to the patient, who at once consented to have it performed.

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I introduced two *very* fine hair-like needles into the nerve, about two inches apart, just where he felt the pain the greatest; these I attached to three small Daniells' cells, a rheostat of a hundred ohms being in the circuit; gradually I lessened the resistance, and finally removed it altogether. I moved the negative needle from place to place in the nerve during a seance of twenty minutes. The patient never once complained of the pain, but on the contrary, expressed himself much relieved at the close of the operation.

April 3d. Slept fairly last night, feels considerably improved.

4th. Better. Electro-puncture repeated.

5th. Still improving. Made external application with sponge electrodes.

6th. Better. Can turn in bed. Left patient a small galvanic battery to be applied externally according to directions, by one of his family, twice a day.

7th. Better.

8th. Better. Can sit up in bed for several minutes at a time.

9th. Not so well. Repeated electro-puncture.

10th. Better.

Without going into further tedious details, I would conclude the history of the case by saying that this patient was entirely cured in a month, having had seven treatments by electro-puncture, and about forty external applications of the galvanic current. Faradization of the weakened muscles being also used about five or six times. I have used electro-puncture in several other cases with success. Dr. Hammond* recommends the treatment, and says he has cured ten cases of sciatica by its use.

External galvanization of the sciatic nerve is by far the most commonly used of the forms mentioned, and often, especially in lean persons, makes a speedy cure.

The case annexed is reported by Dr. Moritz Meyer.†

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* *Diseases of the Nervous System*, page 835.

† Op. cit., 321, et. seq.

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Case XLI.—Carl Maass, æt. 34, a journeyman baker, short and thickset in form, previously healthy, had for the last few years been frequently subject to rheumatism, and about three months before the treatment of his case, had been suddenly seized with an attack of lumbago, to which was soon afterwards added a continuous pain in the posterior and lateral portions of the right thigh, extending to the knee. The pains were particularly intense in stormy weather, very severe at night, and whenever, after sitting a long time, the patient stood up, they became so intense, that he was obliged to support himself with both hands before he was able to take a step. Cupping, vesicants and Russian baths were used with none or at least with transitory effects. The patient had consequently found himself obliged to give up his employment, which was one requiring a standing position. On the 19th of April, 1861, he applied to me for treatment. He complained of a constant, penetrating pain near the tuberosity of the ischium, adjoining the point of egress of the N. ischiaticus, which from evening to midnight was especially severe, but did not trouble him during the morning hours; it was greatly intensified by pressure. The skin over the suffering parts was, when pinched, very sensitive; but on the other hand the pressure of the femur on the cotyloid cavity, produced no pain; the appetite was good, evacuations regular, pulse normal.. One of the conductors having been applied, in combination with the apparatus of Stöhrer, to the point of egress of the sciatic nerve, the other behind the capitulum fibulæ, a current of about ten minutes' duration was transmitted. The patient was at once able to walk with more ease; he still went up stairs laboriously, but, by treading carefully, he could go down without pain. The pains continued till past midnight, and recurred again late in the following evening, though with much less intensity than before, and towards midnight passed off. After the third application of induction, electricity made in a similar manner, for the same length of time, the sciatica disappeared, and the patient returned from Spandau to Berlin, a distance of two miles, so as to assure himself of the perfect success of the cure."

By consulting any text book on medical electricity, the reader

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will find that these cases are not picked out to seek to prove a theory; nor because they happen to have been cured, but because they are *fair* representative types of the average cases we meet with, and give a general idea of the effects of electrical treatment. The student who wishes further light on the use of electricity in sciatica would do well to consult the treatises of Meyer, Benedict, Rosenthal, Poore, Anstie, Lincoln, Althaus, Hammond, and Beard and Rockwell, where they will find all the above strongly corroborated, and will also find numerous similar cases narrated which vary but little in result.

Other forms of neuralgia, as laryngeal and pharyngeal neuralgia, gastralgia, neuralgia of ovaries, uterus, bladder, and other internal organs are amenable to electrical treatment. I regret that I can as yet give no indication which current to use. The beginner had better commence with a very mild galvanic current, as he is less likely to produce serious aggravation than with the faradic.

CHAPTER XVI.

DISEASES WHICH SIMULATE NEURALGIA.

Myalgia.

The rheumatic pains occuring in muscles from exposure to cold and damp, are often mistaken for and confounded with pure neuralgia. A little attention to the symptoms will however avoid any error in diagnosis.

1. In myalgia the pain does not follow the track of any nerve, but is diffused over the muscular structure. 2. The pain is only felt, or at least is most severe on moving the affected muscles, whereas in true neuralgia it is generally complained of as severely, whether the patient is at rest or in motion. 3. Most commonly stiffness and soreness of the affected muscles is associated with it. Faradization with a pretty sharp, rapidly interrupted current, can *always* be relied upon to give immediate relief from the pain, but it generally

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returns, in from four to five hours, though less severely than at first. A repetition of the treatment will again remove the pain and stiffness, but as before it generally returns, though at a further interval, and with much less severity. By giving a treatment upon each accession of the pain, four or five seances are all that most mild cases require. I have seen patients actually crippled and unable to move from an attack of myalgia in the dorsal and lumbar regions, leave their bed and walk briskly around the room, after a five minutes' application of the faradic current.

The Pains of Locomotor Ataxy.

The wandering pains occurring in this terrible disease, generally attacking the muscles of the thighs, calves of legs, or shins, and after moving around these parts for a while, suddenly leave, and locate themselves in other parts of the body, have, in the early stages of the disease, before the ataxia was diagnosed, been mistaken for neuralgia. These pains can sometimes be relieved by one or other form of current. Sometimes on the other hand electricity produces no effect whatever, but very seldom aggravates.

The most remarkable effect I think I have ever seen electricity produce, was in a case sent to me for treatment by Dr. John F. Gray. The pains were relieved by faradization, almost upon the touch of the electrodes, and the patient would remain free from them for several days afterward. I do not mean my readers to imagine for a moment that such a brilliant result is to be at all expected, even in a small percentage of cases. I mention it here merely as an exception to the general rule. As far as my own personal experience goes, electricity cannot be *relied* upon as a *certain* remedy for diminishing these pains any more than it can as a remedial measure in arresting the pathological condition. (See page 77.)

Gout and Chronic Rheumatism.

Pains which occur in chronic and latent forms of gout and rheumatism, we often hear called neuralgic, and sometimes in-

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deed it is no easy matter to distinguish between these diseases and true neuralgia; especially when they attack such parts as the eye, the dura mater, the stomach, the back part of the thigh, and even the foot. A careful examination of the history of the case, the diathesis of the patient, and a comparison of the essential characteristics of the diseases, will generally let us out of the difficulty. As regards the benefit of electrical treatment in these affections, I would say, that when these diseases attack muscular structure, frequent applications of the faradic current will generally give both patient and physician entire satisfaction; but in rheumatic or gouty arthritis, the length of treatment required is very much greater and often unsuccessful, even after persevering experiments with both forms of current.

Althaus* says:—"In acute and chronic rheumatism of the muscles, both galvanization and faradization are invaluable remedies. I have cured many cases of long standing by one or two applications. Rheumatic effusions in the joints are likewise amenable to faradization and galvanization, but require a longer treatment than muscular rheumatism." He however, gives a report of several instances in which he has cured muscular rheumatism, but does not report one single case of articular rheumatism. Remak, Frommhold, and other authorities make favorable mention of the treatment of rheumatic effusions into joints by galvanism transmitted transversely through the part affected, with frequent reversal of direction. However, I must confess that I have tried this method and every other, and occasionally with success, but the result of my experience has been to teach me not to rely upon it wholly as a remedy in every case of rheumatic arthritis. The adhesions that occur as a consequence of this disease may be broken up and removed by producing strong muscular contractions with a slowly interrupted faradic current. However, this is surgical interference, and will be again alluded to under the heading:—Mechanical uses of Electricity.

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* Op. cit., page 625.

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Pains of Syphilis.

Under this general heading I include the pains that occur in tertiary syphilis on the commencement of formation of nodes; and also the *dolores osteocopi*, which occur in the early stages of the secondary eruption, and often even before this latter is fully developed. It is with the first mentioned form that we are most likely to confound true neuralgia, especially when the pains are complained of in locations commonly attacked by neuralgia, such as the malar bone, parietal eminence, lower jaw, near mental foramen, etc. Now, although as the progress of the disease advances, and the formation of nodes takes place, the similarity of the two diseases becomes less and less; still at the outset this similarity is so great, that even the closest observer or most perfect diagnostician may pardonably mistake a syphilitic node for true neuralgia;* especially when the correct history of the case is withheld by the patient. The second variety of pains, the dolores osteocopi, are not so likely to be mistaken for neuralgia, there being many points of difference. The minutiæ of the points of differential diagnosis is admirably given by Anstie in his treatise already referred to, and obviously has no place in these limits. What we have here to do with is, having diagnosed the disease, to point out whether electricity will do anything to relieve our patient. It certainly will. In the first mentioned form of trouble, galvanization at frequent intervals will relieve the intense pain, until we can give the remedy indicated for the dyscrasia time to act. Of the second variety I have had no experience, or so little that I do not feel justified in taking it into consideration or expressing an opinion. Beard and Rockwell† state, that "The severe pains of secondary syphilis are to a certain extent relievable by general and localized faradization, as we have demonstrated in a few instances; concerning the permanency of their effects, we have as yet no positive evidence." Other writers, as far as I am aware, do not allude to the matter.

* See Neuralgia and its counterfeits. Anstie, page 260.

† Op. cit., page 627.

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Pain in General.

The pains occurring in chronic alcoholism, the pains of the passage of a biliary calculus, or even sometimes of a renal calculus, the pain of colic, and of a number of other peripheral irritations, may sometimes be mistaken for neuralgic conditions. As regards the electrical treatment, however, a mistake in the diagnosis of the diseases *named*, is not of very great importance, as they all readily yield to electrical treatment, and with much more rapidity than neuralgia. It is, indeed, a curious fact that all kinds of pain can generally be more or less influenced, curatively, by one or other form of electrical current; even the terrible pain of cancer in the last stages can be completely and entirely subdued by the galvanic current, after all kinds of narcotics and anodynes cease to induce the slightest repose.

CHAPTER XVII.

ANÆSTHESIA.

Hysterical and other anæsthetic conditions of the skin involving the fibrillary terminations of superficial nerves, where the lesion is not of such a kind as to cause a break in continuity between the nerve-trunk and the nerve-centre, or a destruction of the nerve-centre itself, is perfectly curable by electrization; a very strong faradic current applied by metallic contact, is most generally the preferable agent. Electricity seems to be homœopathic to this condition by its primary or immediate action; and to hyperæsthesia by its secondary or ultimate effects. (See pathogenesis, page 26.) All the allopathic authorities admit that anæsthesia can be produced by a powerful faradic current during the transmission of such current. This fact has long ago been utilized for the purpose of dulling the pain in minor surgical operations,* as the extraction of teeth, etc. Francis, a dentist of Philadelphia, was the first who made use of electricity for this purpose. His exam-

* Archives of Neurology and Electrology, vol. I., page 109.

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ple was afterwards followed by several other dentists in this and other countries. Dr. Morel-Lavalée used it for the same purpose in opening abscesses and excising small tumors. The introduction of nitrous oxide gas, as well as the unreliability of the induction machines which were then used, has caused it to fall into disuse. For evidence that it will cure anæsthesia, when occurring idiopathically, we have only to refer to any text book on electro-therapeutics, or diseases of the nervous system.* Hammond says: "Electricity is the most efficient agent to be employed towards restoring the irritability to the nerves. Sometimes the primary current is to be preferred; at others, the induced. In the latter case the wire brush should be used as one of the electrodes, and the anæsthetic parts stroked with it at each *seance.*" Erb† gives his opinion very emphatically and decidedly as follows: "By far the most effective of all the remedies that can thus be applied, is indisputably electricity, a means of excitation that may be employed in the most various degrees of intensity, and can everywhere be applied with the utmost facility, and without being followed by any unpleasant secondary effects." Althaus‡ records several cases caused by a diversity of pathological conditions all cured by electricity. Dr. Fieber,§ of Vienna, considers it the most important remedy, and says: "Electricity is in most of the cases a sure remedy, excelled or even equalled by no other—by means of which we are able to remove the different degrees of diminution of sensibility." And so I might go on quoting almost infinitely, all are agreed on the subject. They admit that electricity produces anæsthesia. They admit that electricity cures anæsthesia. How can it do both and not be homœopathic? This question I leave for them to answer.

Muscular Spasm.

As types of this affection I would mention spasm, either tonic or clonic, of any of the facial muscles, torticollis and

* Diseases of the Nervous System, page 826.

† Diseases of the Nervous System, Tiemssen, page 228.

‡ Op. cit., page 590.

§ Electricity for Nervous Diseases, page 42.

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pharyngeal spasm, or dysphagia. The last mentioned form is often symptomatic of some grave cerebral disturbance, and even when so occurring, is to a certain extent relievable by electrization; and when not so dependant, but arises from local causes, yields (as Beard and Rockwell express it) with surprising readiness to external faradization. Facial spasm generally requires a long, steady and persevering treatment. Electropuncture of the affected muscle is perhaps on the whole the most reliable treatment. Torticollis is still more troublesome to treat; I have had but little personal experience with it. The opinion of most observers seems to be, that when treatment is begun early, it is curable by electricity, otherwise it is not; though to a certain extent relievable. Dr. Poore* on the whole has had good results, and has reported some very interesting cases.

CHAPTER XVIII.

Paralysis.

To prove that the transmission of a powerful current of electricity through a muscle will temporarily paralyze it, is no very difficult task; in fact, any one possessing an ordinary induction machine can, by transmitting a current through any muscle, readily discover that at first strong and violent contractions are produced, and as the application is prolonged, the contractions diminish in vigor, until finally the muscle ceases to contract to the electrical stimulus, or even to the mental stimulus. In other words, it is paralyzed. Of course the larger the muscle, the longer must be the application and the stronger the current. This fact is known to and acknowledged by all the allopathic writers on electricity. The following extract is from Poore:† "Select a small muscle, (and it is well to select one that is not very frequently called into voluntary use for ordinary purposes), such, for example, as the first dorsal interosseous muscle of the left hand. Faradize it, using

* Electricity in Medicine and Surgery, page 221 to 226.

† Op cit., page 108.

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a current of sufficient strength to cause a contraction which is too forcible to be overcome by the will, and it will be found that after three or four minutes the contraction will become less and less strong as the irritability diminishes, and that the will is soon able to overcome the artificial contraction, while the same current applied to the corresponding muscle on the opposite hand, causes a contraction against which the will is absolutely powerless. Ultimately the faradized muscle will refuse to respond to either mental stimulus or faradism." Duchenne* writes: "There is certainly no need of experimental medicine to inform us that in its therapeutic aspect localized faradization is a two-edged weapon. Empirical observations very soon convinced me, at the beginning of my electro-therapeutical researches, that localized faradization if applied to a muscle or nerve for too long a time, or in too full a dose, may increase or even produce paralysis or atrophy instead of curing either. It was such clinical observations that led me to lay down the precept that muscular faradization must be moderate in degree, and that neither the whole application, nor the application to any single muscle should be unduly prolonged." * * * * * * * "It is indeed shown, both by clinical observation and experiment, that neuro-paralytic hyperæmia is a morbid state that is seen in atrophic paralysis, consecutive to lesions of the cerebro-spinal centres or of the nerve trunks. It is rational to conclude that any agency which increased the neuro-paralytic hyperæmia would aggravate the pathological state. But this is precisely the opposite of what I have witnessed, when, by the aid of faradization, I have cured the cases of atrophic paralysis that have been brought to me in such a condition. Under the influence of the treatment, I have seen the color of the skin and the nutrition of the paralyzed limb return in a short time to their normal state; while at the same time the paralysis underwent improvement, and I have considered under these circumstances that the vascular tonicity had been increased by the localized faradization. On the whole the clinical facts teach that as far as regards therapeutics, we should take into

* *Localized Electrization*, page 151 and 155.

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consideration the secondary and ultimate, rather than the immediate effects of electrization."

Valentine,* Eckhard and Matteucci give as the result of their experiments that the constant current, transmitted with considerable intensity, is capable of paralyzing nerve or muscle, both as to motion and sensation. We have already recorded instances of the paralyzing effects of lightning; and the paralyzing action of statical electricity is too well-known to need more than passing notice. Hence we see that every known form of electrical current is capable of producing paralysis.

Such paralysis may be of a transient, functional nature, and may pass off in a few minutes, hours or days, as the case may be, according to the intensity of the action of the force producing it, or it may, by producing an absolute pathological lesion of the nerve trunk or nerve centre itself, cause a permanent and complete paralysis that may go on even to atrophy, just similar to the cases of peripheral or central paralysis that we every day meet with occuring idiopathically, and which we expect to cure by the very remedy that I have just shown produces them.

There is no lack of evidence of the curative power that electricity exerts in this disease. The very same books (every one of them) from which I have just quoted, recommend the very agent which they positively demonstrate has over and over again indisputably caused paralysis, as their sheet-anchor in all paralytic affections, and their *only* hope in certain cases.

In the history of electro-therapeutics the first case of any kind we have recorded as cured by its means, is a paralyzed finger, treated by Kratzenstein, in 1744, and for many years after this date, the therapeutical uses of the current was almost wholly confined to the treatment of paralytic diseases. Up to the present, we have more useful medical literature on this subject than we have on any other in the whole domain of electrology. The kinds of paralysis which electricity will cure, those cases which it will ameliorate but not cure; and those in which we can expect no benefit through its agency or any other, are

* *Medical Electrization.*—Meyer, page 62.

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accurately pointed out, and culled one from the other, with great precision by many observers; and even the instructions in the fine technical details as to how often the seances should be repeated, how and when the electrodes should be applied, the motor points for all the muscles in the body, the adaptation of special instruments for the treatment of special cases, etc., are given with an exactitude that we as a profession may well be proud of. It is not claiming too much to say that the treatment of paralysis by electricity is now reduced to a positive science; if, indeed, any part of the practice of medicine can with propriety be called such. These matters will be fully entered into when we come to the parts of this work devoted to methodology, electro-diagnosis and prognosis, etc. What we have to do with in this part is to positively demonstrate that it *will* cure certain forms of paralysis. For the purpose of description, it is necessary to adopt some of the various classifications of paralysis. That used by Beard and Rockwell will perhaps answer the purpose in view as well as any other, and which with some little modification is given in the accompanying table:

I. CONSTITUTIONAL.	Paralysis which occurs as sequelæ to variola, diphtheria, typhoid fever, syphilis, rheumatism, gout, etc. Poisoning by lead, mercury, arsenic, phosphorus. Hysterical paralysis.
II. CENTRAL.	Paralysis caused by some pathological lesion of one of the great nerve centres, commonly shown in hemeplegia, paraplegia and their various complications.
III. PERIPHERAL.	1. Caused by action of cold on the nerve supplying affected part. 2. Mechanical injuries of muscle or nerve. 3. Pressure as from a tumor, a crutch, etc. 4. Injury or destruction of a nerve from suppuration of a part. From over use of a muscle, or set of muscles, etc.
IV. REFLEX.	Caused by irritation in a remote part, secondarily disturbing the nervous centre. For instance, paraplegia caused by the presence of worms in the intestinal canal, or by disease of kidneys, uterus, etc.

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ARTICLE XXXII.—Dr. Skinner's Centesimal Fluxion Potentizer, Organon, Jan. 1, 1878.

By M. Deschere, M.D.

We are pleased to see the attempt made for the production of *real centesimal* "*High potencies*," which so far, with the exception of a few remedies, up to the 40,000 or 60,000 which were made by hand, could not be had for love nor money.

All preparations which came into the market under the name of "high potencies," and which were represented to us as the 500 thousandth, millionth, 100 millionth, 500 millionth, etc., ad infinitum, were in reality *no such potencies at all*, but so called fluxion preparations, the potency of which was calculated in an absurd manner by the quantity of water, which had been running through a potentizing glass or tube. Nevertheless, those preparations were powerful medicinal agents, as every practitioner knows who has used them; but *what* he was using he did not know, and experiments have shown that the so called 1000th was not higher than the 10th centesimal potency, etc.

Now, Dr. Skinner has made the attempt to prepare by machinery centesimal potencies to any unlimited degree, and he assures us that his potencies work beautifully in every respect. We are convinced of that, and it proves to us again that we can get powerful potencies in a great many ways, even in the crude manner of letting water run through a glass continually.

But if Dr. Skinner tells us that his machine makes "Centesimal potencies with mathematical certainty," (Page 47), we must doubt it. He is right in saying that this is not a *sine quanon* in high potencies, but as far as the "*camel*" is concerned, he swallows a very big one with his own apparatus, for he *can not make pure potencies with it at all*, as we shall explain directly.

The potencies are made by alternately upsetting and turning up a *cylindrical* glass, into and unto which a stream of water is running constantly. This very manner is the whole mistake, for the glasses have to be turned almost bottom up to be

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sufficiently emptied, and during this time the stream of water runs over the outside of the glass, and the cradle which holds the latter, and *it is impossible to avoid contamination* from the outside of the glass and the corners between the cradle and glass, where drops of lower potencies even of first or third may have been lodged, and left perhaps untouched by the over-running water for a certain time, and then again being carried into the bottle while a higher potency is in the glass, etc.

The experiment can easily be made, if an *empty* bottle in the shape of Dr. Skinner's potentizing glass will be repeatedly held bottom up under a stream of water like that from Dr. S.'s apparatus, and while it remains under the stream is turned up so far that the water almost runs to the brim, without allowing it to pass into the bottle; then taking the bottle away from under the stream and turning it up altogether, we shall find after a short time that drops from the outside pass into the bottle, and the more the inside of the glass becomes wet the more easily will the drops pass in from the outside, following strictly the laws of adhesion and gravitation.

The same thing may easily be tried in a reverse manner in emptying a cup of coffee. It will be difficult to avoid a drop or two to run down over the outside while the cup is turned up again.

But if this happens, as experiment will clearly show, where are our exact reliable potencies?

We fully acknowledge the good intentions of Dr. Skinner, and we make these remarks not as a mere criticism, but because we wish the instrument to be as perfect as possible, and because we think that Dr. Skinner, after being convinced of his mistake, may remedy that point by a differently shaped glass, for which we would suggest a teacup-shape, having one side meeting the bottom in a larger angle of f. i. 135°, which will allow the glass to be emptied without turning it far over. We have made experiments with such and similarly shaped vessels to our best satisfaction, and without any danger of contamination whatever.

Another fault with Dr. Skinner's machine is the water-wheel, which makes the thing too complex and expensive,

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and allows the operator to work only under a pretty high water pressure, which is only found in large cities, making it almost impossible for the country physician to make use of it, and just he is the one who needs it mostly, as he has not as much convenience as the city practitioner to get high potencies when he needs them.

We are, therefore, sorry not to be able to recommend Dr. Skinner's apparatus, in its present form, to the public, and we wish that the inventor will take the given points into consideration, and combine scientific accuracy with practical simplicity.

ARTICLE XXXIII.—Neuralgia Ischiatica, Ischialgia.

By S. L.

(Read before the Western New York Homœopathic Medical Society.)

This neuralgia has its seat in the sciatic plexus, formed by the fourth and fifth lumbar and the two superior sacral nerves. It extends from the lower lumbar segment to the buttocks and thighs to the head of the knee and the adjacent calf, sometimes even to the external malleolus, to the planta and the external edge of the foot. In most cases, it is the upper or lower segment of this nerve which is affected.

Anatomical changes were not always observed in the course of the nerve. Such as are recorded were: redness of the nerve, injection and serous or purulent infiltration of the neurilemma; yellowish color of the nerve, with bloody infiltration, and here and there thickening. Bichat found it full of dilated veins. Hasse saw in one case the neurilemma of the nerves belonging to this plexus, at its exit, inflamed and thickened by tubercular deposits, although no tubercles could be discovered in the vertebral canal or bones. Rosenthal found the neurilemma of the sciatic nerve ecchymosed and sclerosed, and the carcinoma uteri which caused it, extending to the neurilemma. Microscopic examination showed increased interstitial connective tissue around the horizontal cuts of the nerve-fas-

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cicles, with deposit of large cancer-cells. In another case post puerperium the patient died from pyæmia, and the autopsy revealed caries of the symphisis sacroiliaca, a focus of pus in the pelvic cavity, and the sciatic nerve imbedded in it, thickened, uneven, the tubuli reddened and full of dilated blood-vessels.

Sciatica rarely appears suddenly and with severity at once. In most cases the pains gradually increase, the patient feels a deep-seated dull pain, increasing spontaneously from time to time, or becoming aggravated from any external cause to a boring pain, or shooting up and downwards. Its most painful points are: 1. The lumbar point, laterally from the lower lumbar vertebræ, (according to Romberg, as a cosensation in the posterior branches of the sacral nerves). 2. The posterior point of the hip, at the spina posterior superior ilii. 3. The sacral point on a level with these sacral vertebræ. 4. The upper point of the hip, towards the centre of the spina anterior superior ossis ilii. 5. The central point of the hip, at the top of the incisura ischiatica. 6. The lower or trochanter point, at the posterior edge of the trochanter. 7. The upper femoral point at the tuber ischii. 8. The middle femoral point, corresponding to the N. cutan. post. 9. The lower femoral point, at the lower internal side of the biceps femoris. 10. The point at the bend of the knee, at the point of division of the nerve. 11. The point at the caput fibulæ, around which the peroneal nerve winds itself. 12. The more deeply seated fibular point, more painful in a longitudinal extension. 13. The sural point at the calf. 14. The tibial point, at the edge of the tibia. 15. The external malleolar point. 16. The internal malleolar point, (very rare). 17. The plantar point, at the toes. 18. The plantar point, at some points of the sole of the foot.

In acute cases patients remain in their bed, resting most comfortably with their limbs flexed. Every motion, turning, even coughing and sneezing increases the pain; also lying on the affected side. The pain at first prevents stepping on the affected limb, by-and-by walking may be possible, but the gait is somewhat stiff and limping, in as much as the patient bears

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his weight on the sound limb, and steps, his body bent forward, only on his toes.

Accompanying manifestations and complications are, in the *motory sphere*, reflex muscular spasms, contractions, (biceps femoris), and paretic states, especially where the neuralgia is of central origin; in the *sensory sphere*, hyperæsthesia, (on circumscript spots, especially in the lancinating sciatica of initial tabes), or anæsthesia. Of *vasomotory disturbances* we meet with the subjective sensation of coldness in the affected limb, objectively a fall of temperature, (in chronic form of 1-1½°), no sweat in bed, (in comparison with the sound extremity), and atrophy of the affected side. In acute cases, the want of motion might be considered as the cause of the atrophy, in chronic cases on the contrary, where especially the affected limb becomes atrophied, the reflex irritation of the trophic vasomotors and the extended time of the vascular contraction might be taken as the cause of the atrophy, especially as we also meet then a fall of temperature and an inhibition of secretion. Only in one case, Graves found visible hypertrophy of the sciatic limb, which passed off a month after the application of the cauterium actuale. Braun, (Balneotherapy) witnessed several times sugar in the urine of sciatic patients.

Aetiology: Cold, low barometer and rough winds, exposure to cutting wind during labor, working in damp cold air, on damp ground, with poor shoes, residence in damp, unhealthy dwellings. Traumatic influences, (injury to Nerv. saphenus during venesection on the foot), excessive exertions, too quick and sudden motions. Symptomatically, ischias may appear in inflammation of the ischiaticus, in morbid states of the sacrum, (caries, carcinoma), in swelling and tumors in the pelvic cavity, in periostitis of the pelvic bones, in perimetritis, tumors of the uterus and ovaries, in a pregnant or dislocated uterus, (by pressure on the sacral plexus), in swelling of the retroperitoneal glands, in peritoneal exudations and abscesses, from accumulation of hard fæces, cherry-pits, etc., in the flexura sigmoidea, from hæmorrhoidal expansion of the veins with pressure on the sacral nerves, from tumors in the course of the nerves of the thigh and leg, from aneurysma of the

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Art. poplitea. Sciatica may also occur in consequence of spinal affections, of hysteria, of metallic cachexiæ, as a sequel of puerperium, typhus, syphilis, blenorrhœa, or as a reflex symptom from facial and dental neuralgia. It is more frequently observed in men, exposed to all the vicissitudes of life, than in women, mostly at the age of 25 to 50. It attacks mostly one side, although bilateral attacks were observed, (mostly with spinal symptoms).

Diagnosis: The neuritis of the sciatic nerve appears mostly with fever, continual pain in the whole course of the nerve, without being limited to certain puncta dolorifica, and in severe cases ends with sensory and motory paralysis. In rheumatic myalgia we find swelling, increased temperature and extensive pain, absence of puncta dolorifica, motion is more painful than pressure. Psoasabscess shows, like ischias, pain in the groin and lumbar region, but in psoasabscess the leg is kept flexed on the abdomen, and extension causes extreme pain; the suppurative fever, the œdema of the thigh, the swelling and at a later period the fluctuation at the inner side, are sufficiently characteristic of the abscess. The periostitis of the thigh, and coxalgia might be mistaken for sciatica, but in periostitis we notice increased temperature, swelling, and the pain is only aggravated by deep pressure. At the very beginning of coxalgia, every motion is painful, especially rotation of the thigh, also a blow on the heel acting on the caput femoris; after a while the swelling of the joint, the unequal stand of the extremities, the motion of the pelvis when the patient tries to move the thigh in a horizontal position, will prevent the mistake of diagnosing the case as one of sciatica. Of painful vascular diseases in the thigh, emboly and thrombosis must be mentioned. In embolism of the crural arteries we find no pulse below the obturation, there are no painful puncta, the coldness of the extremities, the appearance of phlyctænæ filled with a reddish fluid, and the consequent gangrene, will lead our attention to the character of the affection. Thrombosis of the femoral vein makes itself known by cyanosis and œdema, especially of the foot, and where the thigh is not too much covered with adipose tissue, by the obturation

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of vein, which feels like a hard cord. Spinal sciatica is mostly bilateral, the puncta dolorosa are frequently absent, and other sensory and motory manifestations of irritation are present. Hysterical and saturnine sciatic pains present symptoms characteristic of the primary affection. It will be sometimes difficult to decide whether a sciatica is rheumatic or spinal. Symptoms of spinal irritation, (mostly of beginning tabes), are the lightening-like appearance of the pains, and here and there hyperæsthesia of the skin, the combination of sciatica with paralysis of the muscles of the eyes or with simultaneous diplopia, masturbation or perennial pollution, causing not only sciatica but also diverse other vague neuralgic pains; sciatica in connection with symptoms of sexual irritation, (frequent seminal losses, with increase of the neuralgic pains, præcipitate ejaculation, imperfect erections, disagreeable sensations in the back and legs after connection), with abnormal sensitiveness to cooler temperatures and to electricity. We mentioned already that the puncta dolorifica are not so plain in spinal sciatica.

The *prognosis* depends on the nature of the neuralgia. The idiopathic forms, the rheumatic, traumatic, that following the puerperal process, typhus, syphilis, or those cases where an operation may remove the pressure on the nerve, allow a favorable prognosis. Where hysteria or saturnismus is the cause, we must remove that. But even then *weeks or months* may be necessary for a cure. Fresh cases in healthy young persons are more favorable than old cases in persons advanced in years. The bilateral sciatica is usually hard to remove.

Treatment. Local bleeding (in hæmorrhoidal patients at anum), subcutaneous injections of morphine, flying blisters at the painful points, Ol. terebinthinæ internally with honey, (1-5 grm. to 35 grm. Mel. desp., a teaspoonful morning and evening; inunction with Ol. Crotonis), linear cauterisation with a thin ferrum candens; cauterisation with sulphuric acid; division of the peripheral nerves. *Stretching of the nerve*, successfully done by Nussbaum and Patruban. Among the Sulphur and Thermal springs, Wiesbaden, Aachen, Baden (Austria), Gastein, Pistyan, Teplitz, etc., are recommended.

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Electrical and hydriatic treatment. In peripheral sciatica, the faradic treatment (secondary currents, with dry electrodes on the painful parts for 5-10 minutes), and the passing of a descending stabile constant current (anode at the lumbar plexus and at the roots, kathode at the puncta dolorifica), show good results. The application must be weak at first, and only gradually increasing, and where even a weak current acts too powerfully, we may try the electric bath. Central forms of sciatica are only palliatively benefited by it, and relapses need a longer thermal and hydriatic treatment, combined with electricity.—*Rosenthal, Klinik. der Nervenkrankheiten*, p. 748.

From all the treatment recommended by the old school, we must keep in mind the splitting open of the sheath of the nerve and then stretching it upward and downward, according to the plan laid down by Nussbaum, if milder treatment should fail. That even homœopathic treatment may fail in unskillful hands, I know to my own sorrow; still, our armamentarium is large, and with the aid of electricity and hydropathy, we ought to be successful.

For pure sciatica, Hughes (Therapeutics, 171), always relies upon *Arsenicum;* in rheumatic sciatica, when recent and inflammatory, he trusts in *Aconite;* and in chronic cases, in *Rhus tox.* (If these polychrests would really remove every case of sciatica, how easy would be our treatment, but I acknowledge that they failed in my hands to give relief.)

Jahr (Forty Years Practice, 232), gives, if this affection is characterized by pain from the hip to the foot, and of a rheumatic character, Merc., Puls. or Rhus.; if of a neuralgic character, following the track of the ischiatic nerve on the outer side of the limb, *Colocynthis*, which relieves the pain *without fail*, (?!!) in the smallest dose, and need not be given in quantities large enough to act as a purgative. Bæhr (Therapie II, 471, g. e.), is candid enough to acknowledge that the selection of a remedy must be difficult in a disease which offers only so few and merely local symptoms, and he wishes to draw our attention to the fact, that ischias sometimes depends on causes which cannot be removed, e. g. bony tumors in the pelvis. He recommends especially Coloc., Rhus., Ars. and Lyc. Colocynth, in

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recent cases, when the pain appears suddenly in all its severity and remains continuous, although aggravated paroxysmally, especially by cold and movements, sensation of numbness in the whole limb. *Rhus tox.*, on the contrary, suits later stages of the disease; the pains are stitching or tearing, burning, aggravated by rest, and even for a little while by motion, heaviness, paretic sensation, or full paralysis in the affected limb, frequent cramps in the calf of the leg. *Lycopodium* in old cases with perfect burning or fine stitching pain, which intermits perfectly, is worse during rest, ameliorated by motion, with paresis of the leg, and tendency to painful muscular twitchings; defecation is extremely painful on account of the neuralgia. *Arsenicum* in perfectly intermitting pains, keeping a firm type, becoming insupportable at night; the pains are burning-tearing, as if they were in the bones, aggravated by severe motion, ameliorated by slight motion and heat. General malaise, great restlessness during the paroxysms, restlessness so that he does not retain the same position for any length of time. *Chamomilla* may be indicated in recent cases with tearing boring pains, unbearable at night, especially in bed. *Arnica* in burning or lancinating tearing pains, with a paretic, bruised sensation in the affected limb, and great sensitiveness to every motion; ischias parturentium. *Pulsatilla.* Ischias from amenorrhœa, drawing pains at night, relief by motion, aggravated by warmth, but not increased by cold. *Causticum* in ischias antica, and for the paralysis caused by neuralgia, etc.

In the repertory to my records, I find the following indications:

Aconite.—Exposure to rough dry wind, high fever and severe pains, initial stage.

Belladonna.—Ischias with pains in the hip-joint, especially at night, so that he has to change frequently his position; sensitiveness to the touch, even to the clothing; relief by letting the foot hang down; restless sleepless nights; the pains appear unbearable, so that she sheds tears.

Chamomilla.—Nervous ischias, left side. Drawing pains from the hip to the knee and from the tuber ischii to the soles of the feet; worse in bed and by the least motion. Numb feeling in the affected parts after motion.

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Cimicifuga.—Pain in the lumbar region, sacrum, in the whole left leg; the left shoulder painful; the pain changes from extremities to abdomen, causing diarrhœa and sometimes retention of urine.

Coffea.—Ischias or neuralgia of the crural nerve, aggravated by walking, better by pressure (except at the point of exit of the crural nerve). Pains in paroxysms, tearing, stitching, worse afternoon and at night, with restlessness and sleeplessness.

Colocynthis.—Ischias on the right side; shooting pains in the sacral region, so that he must remain perfectly quiet, as every motion aggravates. Stitching, cutting pains from the hip to the knee, or it shoots like lightning from the os sacrum to the heel; worse evening and at night, with thirst for water; between the paroxysms a numb feeling in the whole limb. Excessive severity of the pains, so that the patient looks collapsed with coldness of the extremities and nearly fainting. The sacral pains may radiate into the abdomen and cause severe fixed colic. Cause: rheumatism or depressing emotions, like mortification, anger, etc.

Eupatorium purpureum.—Ischias sinistra. Severe shooting pains in the course of the left sciatic nerve, producing a paretic sensation, especially after motion; neuralgia of the right shoulder or of the right knee, passing over to the left side, rheumatic pains are very apt to run from below upwards. Restless, tossing, moaning.

Euphorbium officinale.—Tearing, pressing, stinging pains, better by motion, worse by rest; paralytic sensation with difficulty of rising from his seat; pain as if sprained in the left thigh; great weakness of the legs.

Gnaphalium.—Intense pain along the sciatic nerve, following its larger ramifications, cramps of the calves and feet, and a numbness which takes at times the place of the pain.

Hepar sulph.—Rheumatic sciatica with great fever, redness of the cheeks, profuse sweating and excessive irritability. Aggravation by touch, motion, cool air, amelioration by rest and warmth. The patient wants the affected limb constantly well covered, as the least air aggravates the pains.

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Hypericum perfoliatum.—Violent pains and inability to walk or to stoop after a fall on the coccyx. Shoots of pain, as if in periosteum; sharp pains in knees, can hardly touch them; the feet feel pithy, as if pricked with needles.

Ignatia.—Chronic intermittent ischias, better in summer, worse in winter; hammering pains, as if the hip-joint would break to pieces; accompanied by chilliness, with thirst, flushes of heat, particularly in the face, without thirst; convulsive jerking of the lower limbs; bruised or stinging sensation in the soles of the feet.

Iris versicolor.—Sciatica, sudden shooting, causing lameness; worse from moderate, better from violent motion. Sudden shooting, boring, aching pains from behind the trochanter down the posterior part of the left thigh, producing a sensation of lameness.

Kali hydrojodicum. Nightly tearing and lancinating in the knees, twitching in the right knee, tearing and darting in the posterior surface of the right thigh, tearing pains above and below the bend of the knee; spasmodic contraction of the muscles, amelioration by motion; gnawing, boring or tearing pains, worse at night, must often change position; from mercurialization or syphilis.

Kali bichromicum.—Pain in the course of the left sciatic nerve from behind the great trochanter to the calf; pain in right hip extending to the knee; prostration, face pale, cold sweat on face and body; weariness in the limb, as the pains subside.

Lycopodium.—Chronic sciatica; the patient looks sallow and emaciated; hydrogenoid constitution, the pains worse in cold damp weather or in windy seasons, amelioration by heat; paretic stiffness in the affected limb. spasmodic contraction of the muscles preventing free motion of the limb; fainting during the pain and lassitude, and exhaustion after it. Patient is nearly obliged to keep his bed all the time; atrophy of the leg; sacral pain with constipation and flatulence.

Mercur. sol.—Wandering rheumatic pains from the neck down, not relieved by sweating; tearing in hip-joint and knee, worse at night. It acts best in fresh rheumatalgiæ and in chronic cases from eczemata.

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Nux vomica.—Ischias with pain from the toes to the hip or from the hip to the knee, worse at night or by motion or when raising the legs; worst when straining at stool; numbness and deadness of the legs; sensation of paralysis, feeling as of a painful stripe down the inside of the thigh.

Phytolacca.—Neuralgic pains at the outer side of the thigh; pressing, shooting, drawing, aching, worse from motion, pressure and at night, pains shooting from sacrum down outside of both hips; sharp, cutting, drawing pain in hip; leg drawn up, cannot touch the floor; pains down from hip to knee; heavy dragging neuralgic pains; after Mercurialization or Syphilis.

Pulsatilla.—Left sciatica. The pain forces change of position although every motion aggravates, no thirst, weeps constantly; aggravation at night; the worse the pain, the more severe the chill. Pains moving about in the limb, also between the shoulder blades and down the spine, hindering breathing and motion. Patient cannot remain in bed and he feels better up and moving about, although warmth brings some relief; pains in lower extremity, as if it were bruised and festered. Chlorosis, dysmenorrhœa, puerperium, overexertion might in such patients produce ischias.

Rhus tox.—Ischias in consequence of getting wet or lifting too heavy weights, accompanied by numbness or paralytic stiffness. Pains worse in twilight or during the night; sciatica right side, dull aching pain, worse at night, in cold or damp weather, relieved by heat, rubbing and when warmed by exercise; cramps in the legs and feet, must walk about; paralysis after unwonted exertion, after parturition; great debility, soreness and stiffness, worse on beginning to move, better from continuing motion, but soon fatigued, requiring rest again.

Sepia.—Chronic sciatica. Great stiffness and lameness with numbness and formication in the limb, the pain shoots from the hip to the leg and remains permanent in the heel, aggravation by motion and standing on his foot, amelioration by rest; icy coldness of the lower limbs; twitching of the limbs during sleep; paralysis with atrophy.

Stillingia.—Left-sided syphilitic sciatica, dull, heavy, stitch-

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ing, boring, stinging pains; aggravation by exposure, amelioration by warmth and covering.

Zincum met.—Violent, long lasting pains about the last lumbar vertibrae, burning along the whole spine; formication in the calves; great weakness of the legs.

Kafka mentions also *Arnica* internally and externally, where the sciatica was caused by muscular overexertion, leaving a sensation of formication, or a bruised lame feeling in the affected parts. It is characteristic, that notwithstanding the severity of the pains, the patient cannot keep for any length of time the same position, the bed or chair seems so hard; pain in thighs when walking, as from a blow, the same in the calf of the right leg, with lassitude; lassitude and sluggishness of the whole body, scarcely able to stand.

Hughes pleads for *Arsenicum* in pure neuralgic sciatica, and we also find among its symptoms: violent drawing, tearing pains in the hips and left foot. Pain back of great trochanter, extending down the thigh, posteriorly, then toward the knee, anteriorly, embracing the patella, down the tibia to the ankle; pain relieved somewhat by flexion of the knee; cramp in calves, weakness of feet and numbness, sensation as if the lower limbs would break down on going up stairs, uneasiness in lower limbs; cannot lie still at night, has to change position of feet constantly or walk about to get relief; exhaustion from the slightest exertion. Hughes (Pharm., 144), describes well what he understands by idiopathic neuralgia, i. e., neither inflammatory, toxæmic, nor reflex. The pain is burning and agonizing, accompanied with great restlessness and anguish; it is often intermittent, with tendency to periodic return; is generally made worse (even though at first relieved), by application of cold; is worse at rest, and diminished during exercise, and usually affects (at least in the first instance), the left side. Such a neuralgia we often meet with as a consequence of malaria or influenza; still more frequently as a symptom of pure debility.

Dr. E. H. Drake, of Michigan, publishes in the *American Observer*, VIII, 427, several cases cured with drop doses of *Guajacum officinale* $\frac{1}{10}$, but fails to give indications. When

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will our physicians cease to prescribe for mere names? Hahnemann recommends this drug in gouty lancinating pains in the limbs, especially in contractions produced by tearing, shooting pains in the limbs, the pains being excited by the slightest motion and accompanied by heat of the affected part, especially when the patient had been injured by the abuse of mercury. Among its symptoms we find that the affected parts are very sensitive to the touch, cannot bear any pressure; arthritic lancinations, followed by contractions of limbs; stinging pains in the limbs, worst from least motion.

New York State Transactions, Vol. II, p. 23, gives a case of Sciatica, evidently caused by suppression of a chronic eruption between the shoulders, (vide Mercur.). Dr. L. B. Wells gave at first low potencies, but as soon as this fact was discovered, *Sulphur*^{m} was administered, which cured the sciatica and brought out the usual eruption on the back.

We read in the *Observer* another case where suppressed hæmorrhoids caused sciatica; Nux vomica restored the discharge, and the sciatica never returned. We really wondered, not to find Sulphur mentioned among so many authorities, nor did we find it in our own repertory, and still we all know how to interpolate a dose of Sulphur, when the well-chosen remedy fails, and how often we witnessed good results from such an interpolation. Looking at the mere symptoms of Sulphur, we hardly find a correspondence of symptoms; another proof that we have to go sometimes behind this returning board, in order to reach the root of the evil.

The same thing, which we just said about Sulphur, may be said of *Silicea*. In the 22d volume of the *British Quarterly*, p. 396, we read of a case of chronic sciatica, in which Colocynth relieved the pain, but where Silicea was needed to remove them entirely.

As the Sciatica declined, numerous asthmatic sufferings came on, caused by extensive emphysema of the lungs, from which the patient had suffered for years, and which kept the patient in the hospital beyond the end of the year. Oh! metastasis, thou art no idle dream, although so many shining lights of both schools seem to make light of it! And these

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are also the cases, where mere symptom covering must fail, for in order to get at the totality of the case, we ought to know what caused the affection. As a remedy for nervous disorders, Silicea certainly takes only a subordinate position, for we find it chiefly indicated where there is simultaneously present a sense of great prostration, causing a craving for food to remove it, and that the symptoms are always the worse for abstinence; or, as Dunham has it, with evidence of exhaustion, furnished by sensation of weakness, paralysis, there is an exalted condition of susceptibility to nervous stimuli, there is an erethism co-adjoined with exhaustion. Had in this case the suppression of foot-sweat anything to do with it? for bronchial diseases may follow such a suppression.

In the same volume of the *British Journal*, p. 642, are also mentioned several cases of sciatica cured by *Viscum album*. The pains were in the sacro-ischiatic region, aggravated by the slightest motion of the thigh, extending thence along the outside of the thigh in a stripe to the knee-joint, throbbing as if suppuration would take place. In another case, the tearing, burning pain extended from the buttock to the ankle. In both cases, exposure to atmospheric changes the cause of the sciatica. Hale (Symptomatology, 642), gives the following symptoms of the mistletoe: Sciatica, many severe cases, metastasis of pain from the nape of the neck to the buttock and outside of the thigh, great sensitiveness of the thigh, the slightest touch causing pain; pains periodic, when at rest as well as when in motion; pains alternating in the knee and ankle, with the shoulder and elbow.

Dr. Wilkinson, of New Jersey, (N. E. Med. Gaz., 4, 381), cured a case of left-sided sciatica with *Kali bichrom*^{50m}, where the pain was relieved by flexing the leg, but aggravated by standing, sitting, or lying in bed; pressure caused the pain to shoot along the entire length of the nerve. He then recommends *Tellurium* for sciatica of the right side. Dr. Dunham, when proving this remedy, "felt great superficial tenderness of the spine, from the last cervical to about the fifth dorsal vertebra, with an irritation radiating therefrom upwards, outwards and forwards. This lasted for two months, and should cause us to

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remember this metal in spinal irritation." In provings, published by Hering, we find the symptom, pain in sacrum, passing into right thigh, down sciatic nerve; worse when pressing at stool, coughing, laughing, also when lying on the affected side.

What an unpardonable sin was committed by the physicians of our school when by their neglect they failed to support Raue's Record. There we read, Vol. III, 218, how *Allium cepa* cured a traumatic sciatica after amputation, where the nerve had been involved in the abscess. Burt and Parker recite two cases of sciatica cured by *Arsen.*, as the pain caused the greatest anguish, and burned like fire. Nankivell cured a case by *Ignatia*, where the paroxysm was preceded by intense coldness and shivering, worse at night, obliging her to get up and walk about the room. Curtis cured another case by *Nux moschata*, where the young lady suffered from violent pains in right limb, extending from hip to knees, along posterior part, awaking her at midnight and continuing for several hours; A sudden motion or a jar would cause great suffering, (Silicea); great irritability, easily moved to tears, in alternation with great hilarity, (Hysterical Sciatica).

In the volume for 1873, p. 201, we find a case of rheumatic sciatica cured by *Bryonia*, where the pains were aggravated in the afternoon, by sitting up and by movements. In another case the menses had stopped for three months, and the consequence was aching, lancinating pains in the left hip-joint worse during motion, extending down the outer and posterior sides of the thigh to the heel. *Sepia* brought back the menses, but an aggravation of the sciatica followed, which was only removed by *Indigo*. The old school has used this drug in nervous diseases, as in epilepsy and chorea, and Teste (Mat. Med., 239), compared the action of Indigo to that of Nux Vomica, and to that of Lycopodium. Allen (Encyclopedia, V. 115), gives us the following symptoms hinting to sciatica: Great weakness of the lower limbs, even after lying down; rheumatic heaviness of the limbs; indescribable pain, extending from the middle of the thigh to the knee, in the bone, disappearing when walking, and returning during rest; pain extending

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from the knee-joint through the tibia to below its middle, while sitting, disappearing on moving about, etc.

Miller cured a case of sciatica with one dose of *Ruta*[30], where the symptoms were: shooting pains from back down outside of left thigh, and sometimes down sciatic nerve on first moving or on rising up from sitting; hamstrings, chiefly the outer, feel shortened and sore; rest well at night. Ruta also, like Indigo, excites many pains in the bones and periosteum, especially when they are of a rheumatic character.

In the syphilitic and gonorrhœal sciaticas we find according to Preston, that *Stillingia* affects more the left side, and *Phytolacca* the right side.

Record, 1875, page 247, gives two cases of sciatica, one cured by Dr. Frost with *Bryonia*. Excessive sensibility to increased pain from motion was the most marked symptom. The neuralgia came on after great loss of blood during a miscarriage; her limb was very painful at night, tender to the touch, worse from hanging leg down, and from slightest motion.

Miller, page 248, mentions a case, where after the failure of Arsenicum, *Lachesis*[41m] brought speedy relief, although numbness in the foot continued yet about a year. There were intolerable shooting pains, extending from left hip down to foot, followed by sensation of intense heat as from a hot iron in parts affected, and afterwards by perspiration and general prostration. The pains extorted cries, and were invariably worse after sleeping.

We might still multiply cases, and perhaps find some more remedies given for so-called cases of sciatica, in fact, we doubt whether the cases mentioned as cured by Indigo and Ruta were genuine cases of sciatica. In many of the cases, cited from different authorities, we see that apparently well indicated remedies failed to be of any benefit till the physician found out the latent cause of the disease, whether it was psora, syphilis and sycosis, and removed this and with it the sciatica. "Tolle causam" after all, whether it be suppressed hæmorrhoids or menstrual discharge, a cutaneous eruption outwardly removed, or a metastasis from one tissue or organ to another tissue or organ. Why, to my poor understanding, the very

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psora theory, so much decried and still so true, appears to me that Hahnemann acknowledged the truth of "tolle causam." True enough, we may not be able to recognize that virus with our senses, but it is acting nevertheless, and we will and must fail in our endeavors, till we conscientiously look for the cause of failure. Here this latent virus, which upholds the neurosis, call it the cause of the disease or give it any other name, must be eliminated, and the cure follows for itself, without a repetition of the remedy indicated for neuralgia, or it acts now beautifully, and restores health in its totality. Why Hahnemann (*Organon*, § 78), teaches us, that true, natural, chronic diseases owe their *origin* (syn: *cause*, root, foundation), to a chronic miasma, but has that question ever been fully decided. What is a miasma? And does not Hahnemann himself, § 81, consider psora (never yet defined), as the only real, *fundamental cause* (the italics are in the *Organon*), and source of countless forms of disease. In fact, we could never understand, why some of our most learned physicians object to the study of the cause of even an acute disorder, when Hahnemann's Materia Medica pura as well as the chronic diseases teem with examples, where the cause which brought on the ailment, gives the keynote for the selection of the remedy, and the antipsorics, antisycotics of Hahnemann and his disciples give the best proof that the master wanted the effects of the fundamental cause, if not the fundamental cause itself, removed, driven out of the body, in order that the equilibrium of all forces be fully restored.

But enough of this incidental episode, let us return to our theme, and the result will be: Individualize strictly every case, study your patient in all his distinctive peculiarities, select your remedy in accordance with your patient and with your case, and still do not be over-sanguine, for there are cases which baffle all your skill and all your industry. Let us do our best, let us deserve success, even though a favorable issue does not always crown our labor.

Treatment of sciatica by prolongated sandbaths.

Dr. Fleming found that most of his patients suffering from this neuralgia, also complained of great venosity, or as it was

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formerly diagnosed, they manifested all the symptoms of plethora abdominalis, of hyperæmia of the liver, disturbed digestion with tardy and solid defecation, and thus the trunk of the affected nerve suffers from pressure, partly through the overloading of the venous plexus, adjacent to the nerve where it passes through the osseous canal, partly from hyperæmia of the nerve itself. Rheumatism favors the appearance of the neuralgia in persons thus disposed of it.

The basis of all treatment is therefore forbearance in the use of the affected limb or nearly absolute rest. The blood pressure must be removed from the nerve by derivating it to the periphery. Even the irritation of other nerves must be guarded against, as such patients feel, as it were, every disagreeable sensation in their limb. Palliations are therefore more than useless, and the so fashionable, but mischievous hypodermic injections of Morphine are sure to retard the cure. Many a time the galvanic current has also acted injuriously, although it may have brought a momentary relief.

A direct remedy is the prolongated sand bath, although it may take some months (24 baths, a bath three times a week) to remove an inveterate case. The usual temperature of a bath is 38° R. The patient is fully undressed, the upper part of the body wrapped up in a woolen jacket, a sheet, folded up, put under the patient to rest upon and he sits down in a bath tub, the inside of which is lined by a blanket. He must be seated comfortably, the back well supported, as he remains in it from an hour to one and a half hours. The bottom of the tub is filled, before the patient is seated, with a prètty good layer of hot sand. Let him lean rather to the well side, so that the affected limb has the most room. Over the lower extremities and the pelvic region ten or twelve buckets full of hot sand are poured, covering them fully. The closer the sand envelopes a part of the body, the more intensive is the action of the heat. After 20 or 30 minutes, the patient is allowed to change his position, in order to be again comfortably seated. Some of the sand thus falls to the bottom of the tub, and a few more buckets of hot sand, perhaps heated to a degree above the first ones, are added. After another half hour, this pro-

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cess is repeated. During the whole time the patient is in the bath, he may talk, read, eat his breakfast, smoke, in fact, do anything to pass time. After the close of the sand bath, the patients takes a water bath of about 26° R., and after a while he may even finish up with cool rain-douches. The heart's action is hardly ever increased, and the upper part of the body may be moist, but never sweating. Where this is the case, it proves that the temperature of the sand was too high, and the duration of the bath too long. After the bath, the patient ought to remain an hour in bed in a room of moderate temperature, never in a cold room.

The diet wants strict regulations. The patient must live on fluid nourishment, good milk, beef tea, etc.; meat must be reduced to the very smallest quantity, and only such meat allowed which is easily digestible. The colon must be kept clear of hard fæcal masses, and every morning and evening a tepid water clysma is far better than the usually prescribed laxantia and mineral waters. The colon and rectum must be kept clear of all hard fæces, so that the venous circulation in the abdomen may have its free course. Absolute mental and bodily quietude is just as necessary during re-convalescence, as during the painful stage of the disease, and even when the patient is already able to take a walk, he must never allow himself to get tired. Every concussion of the pelvis or of the affected limb may cause a relapse, and horseback exercise must be, therefore, disallowed for years, and even riding in a carriage must be done slowly and safely.

Some recommend as a sequel (Nachcur), a mountainous residence in a sunny place, free from worldly, fashionable exhilaration.—*Berl. Klin. Wochenschrift, No.* 11, 1877.

ARTICLE XXXIV.—Ratania.

By T. F. Allen, M. D.

Mr. President and Members:

The text of my remarks concerning this drug is the following illustrative case:

Mr. C., æt. 47, over-worked, spare, of a nervous tempera-

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ment, had been troubled by some inactivity of the bowels for a long time, but without large accumulations of hardened fæces. For this he had taken no medicine, for the last three or four weeks has had constantly increasing distress in the rectum and anus, protrusion of the rectum after stool, great heat with frequent but in-effectual efforts to evacuate the bowels and bladder. When he applied to me for help, I found him suffering from fissures of the anus (three or four deep and angry ones), and also from several superficial but very sore and raw abrasions of the mucous membrane, extending as far as the sphincter ani, and also a little beyond into the rectum. He complained of a sensation as if the rectum and anus were "all twisted up, followed by most violent cutting pains, not only after an evacuation but at other times."

Pain, after a stool, as if splinters of glass were sticking in every direction into the anus and rectum, with great heat; these pains so intense that he could not keep quiet.

Sensation, after a stool, "as if the rectum protruded, and then suddenly went back with a jerk and most horrible pain."

Frequent ineffectual desire to urinate.

Fluttering of the heart.

Desire to die during the pains.

Relief, after a stool, by hot water, so that he always sat for a quarter of an hour in a sitz-bath as hot as he could endure. Relief only while in the bath.

He received *Silicea*[200] Dunham, which gave him great relief for two days, after which the trouble was as bad as ever. I then prescribed Ratania third, three times a day, and in a week the patient reported as follows:

"No pain since the first night after the last medicine; no more protrusion of the rectum; no trouble with the bladder, but at times a little soreness after a stool." An examination showed still some abrasions, but very small; *no fissures could be found.* In another week the patient was absolutely well.

Remarks.

First, upon the selection of the remedy, *Silicea* was prescribed for very good reasons: The difficulty of expelling an

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evacuation that was not very large and hard;* the frequent desire to pass water, with burning in the urethra; *the marked relief from hot water*; and the generally nervous, irritable condition of the patient. But Silicea did not cover the case perfectly, it relieved but temporarily.

Nitric acid naturally suggested itself; the sharp, splinter-like and cutting pains in the rectum *during* stool,† the burning after the stool, the painful prolapsus of the bowel, and the sensation of constriction of the anus.

Graphites, curative in so many cases, could not be considered in this case. The fissures are caused by large fæcal masses; there is no irritability of the parts; not a frequent desire for stool; no spasmodic contractions of the anus; and the distress consists of a smarting and soreness not of a cutting or lancinating pain.

Pæonia is indicated in ulcerations of the mucous membrane of rectum and anus with fissures, when there is burning and biting for some hours after the stool. The parts seem swollen and *exude an offensive moisture.*

Ratania, however, presents the following characteristic indications: In the proving published by Hartlaub and Trinks we find:

Burning in the anus lasting a long time after a hard stool that was painful, so that she cried out, accompanied by protrusion of varices.

Burning in the anus like fire, preceding and accompanying the diarrhœa.

Frequent desire to urinate, with scanty discharge, accompanied by burning in the urethra. And in the proving by Teste (Systematisation de la Mat. Med. Homœopathique).

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* This was not exactly the condition of our patient. His distress was more especially after the evacuation; besides, the great characteristic of Silicea is that the patient makes long and painful efforts to expel the contents of the rectum, but the sphincter ani seems tightly to resist the effort, till suddenly the stool passes, sometimes (with fissures), with pain and nervous shuddering.

† This is an important, though a seemingly trivial matter. I have many times cured most obstinate fissures and ulcers of the rectum and anus, when the terrible distress occurred *during* the passage of the stool.

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Dry heat in the anus, with shootings like the thrusts of a knife.

Exceedingly painful hæmorrhoids, etc.

The bark of the root of Ratania* contains something like twenty per cent. of a form of Tannin, united with red coloring matter and with Ratanic acid. It contains no gallic acid. It has been supposed by some that its properties depended upon the Tannic acid; indeed, Trousseau and Pidoux state that the effects of Ratania are exactly similar to those of all substances that contain large amounts of Tannin; viz., from ten to twenty grains, a painful sensation of heaviness, followed by griping in the stomach; difficult digestion; constipation; general malaise, which is less noticed in healthy people who have experimented with the drug, than in patients who have taken it for the arrest of hæmorrhage. This malaise is characterized by yawning, and great efforts to respire, with a painful sensation of tightness in the chest.†

Clinical History.

The clinical record of Ratania, as of many other drugs, has anticipated the verification of the homœopathic law of cure. It was first introduced into Europe by Ruiz, in a memoir in the Royal Academy of Madrid, 1796. This was translated into French by Bourdois de la Motte, in 1808, shortly after a memoir by Pagez, in the Journ. de Med., 1807. In 1817, Hurtado published a monograph extolling its virtues as a hæmosatic, especially valuable in passive hæmorrhages, associated with great atony, loss of strength, "and an almost paralytic condition of the blood-vessels." Kuster, in Horn's Archiv., 1819, employed

* The original spanish is *Ratania*, not Ratanhia nor Rhatanhia.

† In this connection it is interesting to note the symptoms developed in the proving of Hartlaub and Trinks:

"Violent pressure upon the chest, as from a stone, with shortness of breath, on slight exertion. He was obliged to rest in order to get his breath."

"Painful sensation of constriction of both sides of the chest.

Rush of blood and heat in the chest, with difficult breathing."

Great weakness and prostration, with anxiety, and sweat over the whole body.

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it with benefit in cases of "scorbutic hæmorrhages from the mouth, gums and nose, and in *Purpura hæmorrhagica.* In Hufeland's Journ., Vol. 55, we find it used with great success in chronic bronchial catarrhs, in which it diminished the secretions without causing gastric derangements. Its use became quite general for profuse secretions, night sweats, collequative diarrhœas, weak digestion, uterine hæmorrhages, tendency to abortion, atonic ulcers, inguinal hernia, and chronic œdema.

In 1822, in the Allgem. Med. Annalen, Ricotti reports a cure of acute dysentery, after which attention was turned to its control over ulcerations of the rectum, and in 1842, Igounet, in Science publique de la soc. de Toulouse, recommended the drug, after the experience of Bretonneau and Trousseau, as the best remedy known for fissura ani and abrasions of the rectum, dependant upon constipation or spasmodic constriction. It was used locally, being injected into the rectum. Trousseau and Pidoux cannot sufficiently extol this drug as a remedy for fissures of the anus, and enter into a lengthy explanation of its action. They relate the case of a woman who for a long time had suffered from constipation, with very painful fissuring of the anus, which had seriously impaired her health. Considering that there existed an atonic and dilated condition of the rectum, and considering Ratania an astringent, a quart of an infusion was daily injected, and the patient speedily cured both of fissures and constipation. Many cases of fissures of the nipple, occurring in nursing women, have been reported cured by Ratania.

Fissura ani is by no means a local affection; it cannot occur from simply local causes; it exists in connection with both constipation and diarrhœa; it is or is not accompanied by spasm of the sphincter muscle; furthermore, it is not, of necessity, the result of uncleanliness. Like a crack in the lip, it is dependent upon an unhealthy condition of the skin, which is unnaturally dry, hot, inelastic, and in almost all cases the result of an eczema. Many cases of fissures of the anus have come into my hands from surgeons who had dilated, or incised, or cauterised, with temporary benefit, followed by a re-currence of the difficulty. Caustics do cure many cases, but only cases

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that demand nitric acid (simple or in combination). But as a rule, a persistent fissure, or constantly recurring fissure, can be cured only by the appropriate remedy, selected in accordance with the homœopathic law, and administered internally in the minimum dose. The remedy will, in a great majority of cases be found to be an anti-psoric (Sulphur, Graphites, Silicia, etc.), but in a few cases it will be found that the vis medicatrix naturae will restore the patient as soon as the irritable state of the sphincter shall have been allayed by such remedies as Ignatia, Nux vom., Silicea, etc.

Ratania possesses a specific action upon the mucous membranes and skin, it destroys elasticity of fibre, causes atony, and prevents reparative processes. It causes blisters and burning on the lips and skin. It deserves greater attention in diseases of the respiratory apparatus than it has yet received. In connection with Ratania, Tannin should be investigated. A knowledge of its properties would afford an understanding of the action of a very large number of substances of which it is the chief ingredient. But my remarks have exceeded already my intention, and I leave the subject for your consideration.

ARTICLE XXXV.—Zincum.

By Dr. Adolph Gerstel.

(Translated from the Internationale Presse.)

(Continued from page 407.)

We repeatedly mentioned, that there is also a *depression in the action of the involuntary muscles*, hence we find that in spite of an increased sexual desire, the semen can hardly be ejected. The uterus is largely a similar muscular organ, and we find, therefore: 739, 745. Menses too short, or do not appear at the right time. 737. Deficiency of milk. 746, 792. During the menses, chilliness the whole day, debility, great weakness of the limbs, with violent drawing around the knees, as if they would be twisted off, weakness in the hands, heaviness in the forehead, with sensation as if the head were drawn backwards.

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In relation to the male sex, Hahnemann mentions as curative symptoms: Continued erections at night, the semen is ejaculated too quickly during coitus; both symptoms of hyperæsthesia, (Rükert. Klin. Erf. II, 211). A farmer, of sanguineous temperament, injured his testicle, and complained of pain with periodical aggravations. Walking makes it worse. It feels as if the testicles were too tight, compressed and drawn upwards. Stitches when making a wrong step. In the inguinal region, sensation of increased heat. During micturition, a peculiar sensation in the urethra. When he answers the call immediately, the urine flows freely; but when he delays, he feels a constant pressure downward. He feels breathing and coughing down into the testes; herpetic eruptions; some difficulty in respiration. One drop Zincum[18] removed the pain in the testicles, Calc.[18] and Lyc.[30] the other symptoms.

We find Zincum more frequently indicated in women. Hahnemann gives us as curative symptoms: Menses too early and painful; during menses bloatedness of abdomen (750). Hering finds it useful in nymphomania, eruptions around the genital organs, varicose veins, displacements of the uterus, leucorrhœa, hysteria, hysteralgia, ulcers on uterus, chronic ovaritis, ovarian tumors, dysmenorrhœa, amenorrhœa, menorrhagia, abortus, convulsions during labor.

The following symptoms led to the prescription of Zincum, according to the Materia Medica:

a. A very severe and obstinate *pain in the brain* accompanies sometimes the uterine ulcer, and is of an intermitting character. The ulcer with its acrid, bloody discharge is painless, (atonic) is probably in many cases of a secondary nature, and in as much as Zincum corresponded to the original morbid state, it necessarily removed also the sequels; here the atonic ulcer, though unable to produce one primarily.

b. Affections during menstruation, corresponding to symptoms 747 to 750, and which are also found in malpositions of the uterus, itching of the vagina, (715, 756, 757), eruptions around the genitals.

c. Amenorrhœa, with alternate redness or paleness of the face, (738 to 746).

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d. A too copious flow corresponds to 741 to 744. With continual great restlessness in the lower extremities; she has to move them constantly. The same symptom accompanies varicose veins.

1334 reads: At night, restlessness in the legs; she cannot keep them quiet. 1252. Tremulous weakness of the lower limbs, with great paleness of the face. 1263. Very violent drawing tearing in the middle of almost all the long bones; the pain being so great that they seem unable to hold together.

e. Characteristic for hysteria and nymphomania is *that the patient feels best during menstruation;* she is never well during the interval. All her sufferings cease during the flow, but return after its cessation, as also a steady boring pain in left ovary, partially relieved by pressure upon it. The same may be said of the ovarian tumors, which also require pressure or a concussion for their alleviation. The relief by pressure and motion, the restlessness in the extremities hint to a neurotic character. We deal here with an ovarian neuralgia, caused by passive congestions.

f. Hering also cured with Zincum, convulsions during labor, where eruptions disappeared a short time before, even old eruptions, after the failure of Phosph., which seemed indicated.

g. Raron uses it with benefit in spasmodic cough, when children grasp the genitals during the coughing spell.

Thus we have finished the first part of our study of Zincum, which we hope to continue.

Let us study now the symptoms of Zincum relating to the chest, and thus we must also return to the vagus, for the *internal* chest symptoms of zinc hint to a direct and primary affection of this nerve, and to the plexus pulmonalis of the sympatheticus, and to the indirectly caused reflex action of the corresponding spinal nerves, though part of these symptoms may be caused by abdominal affections.

We speak of internal chest symptoms, in order to differentiate them from those belonging to the thorax.

We began our study with the symptoms caused by the inhalation of the vapors of Zincum. They produced immedi-

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ately oppression of the chest with vertigo and headache, and the following day cough, vomiting, etc. Laborers complain of general malaise, difficulty of breathing, the pulse frequent, weak and irregular, and where they were employed for a long time at it, these continued inhalations undermined their health, caused asthma and other chest affections. In all the cows poisoned by Zincum, heart and lungs flabby and withered.

In relation to the symptoms of Zincum to the œsophagus, Franz remarks that the vagus causes first a spasm of the muscles of the œsophagus and larynx. Such an action on the larynx may be perhaps explained by such symptoms as: 371. Spasmodic and crampy sensation in the pit of the throat, or in the upper part of the œsophagus, resembling a pressure from below upward, or as when swallowing. After 4 to 6 hours: 809. Oppression and pressure in the chest.

Haubold also speaks of affections of the chest: 811. A dull pain in the chest, especially on the right side, as if the blood were forcing its way in the capillaries of the lungs, followed by deadness of the hands. 1028. Paralytic condition of the right hand; it looks bluish, is dead, heavy and insensible, and the pulse is small, scarcely perceptible, and thready. Might be taken for the beginning of a thrombosis.

We considered the vagus as a sensory nerve, spreading over œsophagus, larynx, lungs, heart, etc., but which by reflex action stimulated also motory nerves; nevertheless, repeated observations teach, that the vagus is not exclusively a sensory nerve, but that in its pectoral branch it contains motory fibres, although it is not yet decided whether these motory fibres arise at the origin of the nerve, or whether they come from the recurrens Willisii, with which it is closely connected. Its sensory qualities find expression in hunger and thirst, sensation of satiety, desire of breathing, oppression, pain, etc. In the larynx these motory fibres govern the glottis, which in its physiological state it dilates; morbidly affected, we find, therefore, want of breath, sense of suffocation from the suppression of this dilatation.

Its *nervi bronchiales*, which after penetrating the pulmonary tissue, constitute the plexus pulmonales, are of a mixed nature,

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and go partly to the mucous membrane, partly to the contractile parts of the bronchial divisions.

The influence of the vagus on the heart's action has been considered inhibitory or regulatory, as its irritation diminishes the beats of the heart or stops it entirely. But later researches show that only intense irritation of the vagus diminishes the number of beats, whereas a weak irritation has a contrary effect.

Let us return now to our provings: Among those of Werneck, we see the organs of the chest in a student of delicate constitution especially affected, and who, therefore, had to stop it. Of only four grains of oxide of zinc, he felt a sensation of spasmodic heaviness in the pit of the stomach. W. 84. The left lobe of the lung is attacked. W. 154. Sensation of pressure, spasmodic tension and heaviness in the heart itself. W. 149. Tense, accelerated, irregular pulse. W. 106. The ribs of the whole left side are painful and sensitive to the touch. W. 125. The left nipple sensitive and painful. W. 83. Difficult breathing in the left lung. Head, stomach and abdomen also affected. Itching in the nose; obstruction in the nose, etc.

The following day, after six grains, spasmodic laughter, spasmodic pressure in the pit of the stomach, and W. 78. A sensation of anguish through the whole thorax, difficult, full and deep breathing. W. 78. Spasmodic sensation in lungs and heart, at the same time pains in bowels, chilliness and great lassitude.

Third day, after seven grains: W. 153. Increased clear beating of the heart, a palpitation, with dullness of the head and spasmodic pressure in stomach. W. 79. Oppressed and heavy breathing. W. 85. Stitches in the cavity of the left chest, with painful sensation in the left nipple. W. 47. Respiration prevented through the nose with anguish and oppression. Spasmodic symptoms in the abdomen follow; vomiting, waterbrash, the extremities feel bruised, continued erections, increase of earwax in left ear, where the pulse is heard and causes surring, collapse. W. 27. Accumulation of phlegm in the throat, with titillation in larynx.

After three days, he took again ten grains. W. 72. Irritation of the nasal mucous membrane, inhibited respiration and

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coryza. Increase of the spasms in the face, of the colic, nausea, with chilliness all over. W. 76. Dry throat with accumulation of phlegm in larynx, and constant desire to hawk up the tough, mucous saliva. He felt then so unstrung that he had to give up his proving.

We see thus, that the action of the zinc on the organs of the chest, consists in a primary nervous irritation without any tendency to inflammation. Through the vagus, it attacks at first the muscles and causes disturbance of breathing, affects the mucous membrane of the larynx, trachea and bronchi, causes cough and other characteristic sensations in the mucous membranes, where the action is lasting, and thus a relaxation appears in the vasomotory apparatus, aided by the colliding sympathetic and other nerves. We find an increase of the mucous secretion, passive congestion, the activity of the heart at first increased and then weakened, the nutrition of the lungs and heart diminished, the lungs and heart become flabby and withered.

Hence we read: 787. Frequent dry tussiculation without pain. 788. Titillating cough, very fatiguing in the daytime, but worse at night. 790. Short cough produced by a tickling under the sternum. 793. Dry cough, which awakens her at night, during menstruation. 795. Cough, which keeps him from sleeping the whole night, with pricking in the chest, and little thirst. 796. Cough, with stitches in the head.

Now difficulty of breathing is added to the cough. 791. Suffocative cough, the titillation takes away the breath. 791. Dry cough in the evening, with heaviness of the chest, disappearing after lying down. 794. Dry cough, with violent stitches in the chest, and sensation as if it would fly to pieces. She has great trouble in breathing and talking.

The mucous membrane is especially affected: 750. Roughness and dryness of the throat and fauces, frequently and at different periods, especially mornings and after dinner, with hawking and coughing, which passes off sometimes after eating. 781. Roughness and rawness of the chest, with nightly heat and sweat. 783. Hoarseness of the chest, as if full of mucus. 784. Hoarseness and rawness of the chest, so that she

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can hardly breathe. 785. Hoarseness, with burning in the trachea. 786. Hawks up a quantity of mucus from the chest. 801. Thick, purulent sputa day and night. 782, 798, 800. Dryness and soreness in throat and chest, hawing up a quantity of black, coagulated blood, after mucus.

The oppression of breathing may also appear independently. 802. The breathing is more oppressed than usual. (803. Chest and breathing are unusually free and easy—a curative effect, showing that the breathing of the prover was not quite normal). 804 to 808. Constrictive sensation and oppression of the chest, when walking in the open air, as if constricted with a bandage tied across; or pressure and lancinations in the middle of the sternum, with small, rapid pulse. 810. Anxiety in the chest, going off in the evening, with headache.

The anxiety of breathing expresses itself as a sensation of pressure, emanating from passive congestions: 808. Oppression and pressure of the chest. 811. Dull pain in the chest, especially on the right side, as if the blood were forcing its way in the capillaries of the lungs. 812 to 815. Pressure in the chest, extending into the throat, as if a foreign body was rising.

But also from the abdomen, in consequence of flatulency, pressure and oppression may arise: 480. In the hypochondria, spasmodic pains, alternating with anxiety in the chest and difficult breathing. 816. Pressure on the chest, as from rheumatism and obstructed flatulency.

That the muscles show influence on the process of breathing, we find in: 867. The pains in the chest are worse on motion, when she lifts something or when she takes something in her hand. 838. Stitches in the chest, very severe when walking, in the fresh air, rising up to the left side of the throat, with difficult breathing, for several hours.

The action on the heart is found in the following few symptoms: 868. Painful throbbing in the left chest, near the axilla. 869. Frequent palpitation of the heart, without anxiety. 870. Painful palpitation of the heart, and a stitch at every beat. 1311. In spite of great sleepiness, he awakens at night frequently with severe palpitations, and screaming on account of her horrid dreams.

(To be continued.)

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General Record of Medical Science.

Treatment of Horizontal Fractures of the Patella or Olecranon.—Dr. Schede considers the chief obstacle to the bony union of horizontal fractures of the patella to be the presence of *considerable swelling in the joint with bloody effusion*, thus preventing the direct coaptation of the fragments and the application of a consolidating bandage during the first two weeks after the accident. With the aid of antiseptic treatment there is no danger in evacuating the fluid in the knee-joint, and then to apply immediately the plaster of Paris bandage. He introduces a strong trocar in the joint, and even in the bursa prepatellaris, and injects afterwards a 3 per cent. solution of Carbolic acid, till it runs out again perfectly clear. After removing the trocar, the opening is closed with a piece protective and a small ball of salicylic batting, both fixed by adhesive plaster crosswise in the usual manner, a flannel roller applied and the whole firmly closed by a plaster of Paris bandage reaching up to the hip. After a week the bandage must be changed and reapplied once in a while. After six weeks the usual splint may suffice with a joint for the knee. At first flexion of 20° suffices, but the splints ought to be kept on for four to six months. Passive movements, massage, baths, douches may aid us in keeping up the mobility of the joint.

The olecranon is treated in the same manner, although the trocar will hardly ever be indicated, but when necessary, Dr. Schede would recommend its use.—*Centralblatt f. Chir. 42. 1877.*

Vegetable Diet as a Therapeutic Measure.—A purely vegetable is indicated: 1. In very irritable persons with good digestion, or in plethoric persons, disposed to apoplexies, or in persons, given to high living and subject to gout. 2. In diseases arising from overstimulation and lassitude of the nervous system. 3. In persons who usually eat and drink too much. 4. As a moral measure in prisons and houses of detention. It is contraindicated, where nutrition is deficient and vitality at a low ebb.—*Med. Cent. Zeitung, Nov., 1877.*

Connection between Eczema and Diabetes Mellitus.—Dr. Braxton Hicks frequently observed in his large practice a connection between eczema of the skin, and especially of the gentitals, with diabetes. In most cases the patient asks advice on account of the eczema, but in many cases a constitutional and not a local ailment has to be treated.

Saccharine blood is an irritant to the nervous system, and thus eczema arises. We ought not to lose valuable time with local treatment, but examine the urine and thus attack the disease from the start. Trousseau already observed it rather frequently in women during climaxis, and remarks also, that whenever eczema appears in connection with leucorrhœa or men-

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strual anomalies, we must think on glycosuria. It is also well known that ulcers, carbuncles and abscesses are often accompanied by diabetes, and that eruptions on the skin often precede diabetes.—*Med. Neuigk.*, 50, 1877.

Mechanical Treatment of Skin Diseases, by Prof. Auspitz.—Mechanical treatment of skin diseases in contradistinction to chemical or dynamical treatment, consists in the direct and local application of mechanical appliances to the skin:

1. As a *covering* against atmospheric air, to induce absorption of morbid products, to keep the skin soft and moist. *a. Powders*, as rice-flour, magn. carb., zinc-oxide, mag., bism., lycopod., tannin, useful in eczema, pemphigus, pustular eruption. *b. Impermeable objects* (vulcanized india rubber), in eczema of the hands, fingers, joints, scrotum, feet, in moist eruptions on the hairy scalp, in anomalies of secretion, burns, small-pox, pruritus cutaneus, pityriasis, xerodermy, ichtyosis and keratosis. It may be considered as a continuous bath.

2. *Rubbers.* They act as irritants and for levelling purposes (nodules, pustules, crusts, dirt, coagula fungoid masses), and here we have: water, different tissues (linen, wool, flannel, cloth), natural products and chemicals with a rough surface (sand, bran, pumice), soap. It is indicated in all scaly diseases with thickening of the surface of the skin (psoriasis, ictyosis), in glandular hypersecretion.

3. *Scraping and grating instruments* cause the removal of morbid products upon or into the skin, and we use for such a purpose the metallic scoop with sharp edges, as in lupus, epithelioma.

4. *Multiple puncturing scarification* destroys newly formed or dilated blood-vessels and tissues degenerated by traumatic irritation, we use here the vaccinating lancet, the cataract needle, the cupping scarificator or instruments made for that purpose. No scars remain, useful in acne rosacea, lupus erythematodes. To be more particular he continues:

Eczema. In the acute stage of erythematous, papular, vesicular, pustular eczema powders are useful as covering, also in eczema rubrum to aid absorption and the drying-up process; of great necessity in patients with universal eczema, who cannot bear ointments. In chronic eczema we cannot do without it. We soften at first the scales or crusts with ointments or impermeable covering, rub the pumice or gritty soap with flannel over the eczematous spots, pencil part of the secreting surface with oleum cadini or rusci, and cover the whole then with india rubber. Such manipulations once or twice a day. Such gritty applications act well in eczema of the ears, forehead, neck, extremities, but are contraindicated in eczema of the genitals, umbilicus and face. Scarification or scraping fail to be of any benefit in eczema.

Psoriasis. According to Auspitz the cutting scoop or scarification does not prevent the reappearance of the scales, which are better removed by dislodging them with pumice, sand or soap.

Prurigo. Here also pumice or sand will aid the use of tar, soap, sulphur, in allaying the irritation.

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Lupus vulgaris. Here the cutting scoop acts well, but it will not suffice for lupus hypertrophions, where the extensive hyperæmic halo, which is the cause of relapses, must be destroyed by scarifications. For the treatment of fresh lupus nodules Auspitz uses a sharp scoop with a pyramidal or conical pointed instrument on the back, which, after moistening it with glycerole of iodine, 1.20, pierces every nodule.

Acne simplex and comedones may be treated in the same manner. The duct of the sebaceous gland is dilated by piercing in, the acne nodule sinks in, the comedo is discharged, and after a few hours every trace of inflammation is gone. The scoop is then carried flatly over the surface, thus discharging the contents of small postules which were not pierced, as also the purulent sebam still remaining. For several days such manipulation has to be repeated, till there are no nodules. During the interval apply some rag, moistened with any simple ointment.

Sycosis. After using diachylon ointment for several days, open the pustules and nodules with the piercer, press their contents out with the scoop, which must be done with some force where there is deep infiltration. Ointment during the daily intervals.

Acne rosacea. Dilated blood-vessels are opened with the cataract needle, and then liquor ferri pencilled over. The diffuse areola need scarification for several weeks, and granulations removed with the scoop.

Lupus erythematodes. Scoop out the central parts, scarify the edges well, after having removed all crusts and scales by cleansing it with soap. If on the lower extremities, they ought to be covered after scooping with impermeable tissue.

Epithelioma. The same treatment applied with some force, and then cover it for several days with Cosmo's paste, hard nodulated epithelioma on skin or mucous membrane are not fit objects for the scoop. Papillary granulations, pointed condylomata, papillomata need the scoop.

For fungoid diseases, as herpes tonsurans and pityriasis versicolor the treatment with pumice or sand, to be followed by soap is to be recommended.—*J. f. Dermatologie.*, IV.

Reviews and Bibliographical Notices.

Prolapsus Uteri, and its Homœopathic Treatment, by W. Eggert, M. D., Indianapolis, 1878.

A chapter of a forthcoming work, which will be hailed with pleasure not only by the gynaecologist, but also by the general practitioner. Considering prolapsus the effect, and not the disease *per se*, our friend gives us valuable hints for a radical cure, minus those awful pessaries. Such treatment may be against the right side of the ledger, but certainly is more scientific, and true to the principles of our school.

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Pathology and Treatment of Diphtheria, by W. C. Dake, M. D., Nashville, 1877.—Well put together, but nothing new in it. It has the benefit to be the Doctor's own experience, and as such is valuable. We wish other physicians would follow such an example, and by mutual labors we could convince the other side that Homœopathy has the right to declare itself the Science of Therapeutics.

The Homœopathic Treatment of Spinal Curvatures, by E. C. Franklin, M. D., St. Louis.

We congratulate St. Louis, to have such a skillful and conservative surgeon among its citizens. We also liked the title and the pamphlet "The Homœopathic Treatment," thus clearly defining its constitutional origin; for, alas! curvatures and lameness are constantly on the increase. But though constitutional, merely internal treatment would never suffice to make a crooked back straight, and our good old friend combines, therefore, mechanical and internal treatment, in order that success may, and it does, crown his labors. Internal medication may perhaps suffice at the very onset of the disease, but how often does the surgeon see the case at such an early period, as people do not like to pay doctors' bills when nobody is sick.

Clinical Therapeutics, Part IV., by Temple S. Hoyne, M. D., Chicago, 1878.—Kali carb, one of my favorites, and I would not do without it for any price. How well Hoyne gives us the characteristics. Just try it in your consumptive cases, as we do at Ward's Island, and you will also sing its praises. In this number we also find some of the Mercurials, yet we feel sorry that the Prof. left some of the most valuable ones out. We must have them; and you must give them to us soon, so that we have them all together in one volume. Never mind, whether your clinical therapeutics swell up to four or five dollars. A dollar every three or four months can hardly be missed from the pocket book.

Yellow Fever, its Treatment and Prevention, by Ed. A. Murphy, M. D.— "Forgive the printer," friend Murphy writes on the title page. We forgive him most willingly for the contents of the pamphlet. What a warning to all of us, not to rely too much on treatment alone, but to consider also the great value of *conscientious nursing.* The old trite saying, "in sickness a good nurse is as valuable as the doctor," finds in no disease more exemplification than in yellow fever. Let us make a mark of it, and attend to it in our practice.

On certain Points relating to the Nature and Treatment of Lupus, by H. G. Piffard, M. D.

Any one who has read the excellent "Treatise on Skin Diseases," by the same author, will be pleased to read such "Notes by the Wayside" as Dr. Piffard offers us in this short pamphlet of about ten pages. Blaming "the extreme viability of the cells, and their infective quality," as the cause of the malignity of lupus, he recommends the *early and thorough* removal of

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the parts affected, and he does this by thoroughly scraping out with a sharp-edged spoon as much of the lesion as possible, and then cauterizes the floor and edges of the wound with the actual cautery at a white heat.

The French call it a scrofulide, thus acknowledging its constitutional origin. We know from experience that even the strictest homœopathic treatment will only eradicate it after long and tedious months and years by leaving the patient disfigured for life. Are we not, therefore, justified in raising a warning voice against delay, and in recommending early a thorough scraping and cauterization in combination with the suitable antipsoric treatment?

A Systematic Treatise on Diseases of the Eye, for the use of General Practitioners and Students, by C. P. Hart, M. D., pp. 327.

"A cader va chi troppo alto sale." Thus the old Italian phrase aptly describes the attempt of this author to write "A Systematic Treatise on Diseases of the Eye." We have carefully read this book from beginning to end, in order to give it a fair review and not do injustice to its author, but we really find very little to praise, and much to condemn on nearly every page. As we are wholly unacquainted with the writer, we do not know but that he may have had an immense experience as a specialist in this department, though it is apparently written by a general practitioner, who has only treated that meagre number of cases one sees in general practice. In his preface he claims, indirectly, to furnish "a clear and concise description of ophthalmic diseases and their appropriate treatment, together with a correct and intelligible account of the facts, principles and discoveries furnished by the ablest of the American, English and German authorities." Now, nearly every fact, principle or discovery noted in this work may be found in the older editions of Wells and Stellwag, while many of the most important and recent advances in this special science are apparently unknown to the author, as no mention of them is to be found. If the Doctor did not have the facilities for examination into the original sources of information on the subjects of which he writes, he might at least have consulted the *Handbuch der gesammten Augenheilkunde*, edited by Graefe and Saemisch, and written by all the chief German ophthalmologists. This grand encyclopedia of ophthalmology, in seven large volumes, brings this department of medicine up to the present day, and a careful perusal of which would have served to prevent the many grave mistakes observed in the description of diseases throughout this work. In confirmation of the chief statements which we shall make in this review, the name of some acknowledged authority will be given, and when no reference is made to a particular book, monograph or article, we would refer the reader to the above *Handbuch der gesammten Augenheilkunde*.

In the limited space devoted to this article we can only mention a few of the most important mistakes which attracted our attention.

The Doctor has made six divisions of his subject, as follows: Ophthalmic Inflammation, Results of Ophthalmic Inflammation, Ophthalmic Tumors, Cataract, Optical Aids and Tests, Functional Diseases.

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Before considering his first division, he give us the "anatomy of the eye," in four pages and a half. This article does not even claim to be a general description of the anatomy, but is only given "to refresh the memory." As such it may be considered a success, for the memory would really require refreshing in order to recall some of their old ideas of anatomy. For instance, we find on page 12, "7. The canal of Fontana or Schlemm, giving passage to a plexus of veins, and generally known as the circular venous sinus of the iris." In the first place, the canal of Fontana and the canal of Schlemm are not the same; in fact, the former does not exist in man, being only found in some of the lower animals, (Waldeyer). Again, it is not "generally known as the circular venous sinus of the iris," for according to the late researches of Schwalbe * and Waldeyer, no traces of blood can be found in this canal, and it is impossible to inject it through the arteries and veins, though it can be done through the anterior chamber, thus leading them to suppose that it is a lymph space. On page 13, we learn that the macula lutea is the "central transparent spot of the retina." Anatomists will probably be glad to know of this fact, for it is, and has been, considered as the yellow spot, and to be more intensely colored than any other portion of the retina, (Schwalbe). On the same page we also find the ora serrata given as the "posterior edge of the ciliary processes." There is no connection between the two. The ora serrata is the point at which the nervous elements of the retina terminate, while between this and the ciliary processes there is quite a space, occupied by the pars ciliaris retinæ, and the orbiculus ciliaris, which connects the choroid with the ciliary processes. It is also stated that the ciliary body "is composed chiefly of the ciliary muscle, covered by the choroid and pigment layer." This is a mistake, as the vascular portion of the ciliary body referred to is wanting the principal characteristics of the choroid, (Iwanoff).

The first division, "ophthalmic inflammation," occupies 172 pages, and comprises a description of all the inflammatory diseases of the eye—orbit, lids and lachrymal apparatus. Passing over many apparent mistakes, we will turn directly to page 43, "diphtheritic conjunctivitis, ophthalmia diphtheritica, conjunctival croup." Here the doctor has apparently taken the symptoms of two diseases, diphtheritic and croupous conjunctivitis, shaken them up in a bag, lost a few of the most important, and then drawn them out at haphazard to form this article. Is there no difference between diphtheria and croup? There is just as much difference between these two diseases when they involve the eye. Thus, this author says: "The disease sets in suddenly, with heat, pain and stiffness of the lids, which soon become distended, hard and rigid, owing to a fibrinous exudation into the conjunctival and episderal tissues." This is true of diphtheritic conjunctivitis, but not of croupous, for here the lids are swollen and oedematous, but not "hard and rigid," as given. A little further on, he says: "On examining the lids, the palpebral conjunctiva is found to be covered with a firm fibrinous membrane, which manifests a

* Max Schultzes Archv. f. Microscop. Anatomie, Bd. 6, p. 1.

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disposition to separate at the edges, and may be easily detached with the forceps." This description applies very well to the croupous form of inflammation, but is far from correct as regards the diphtheritic. In the latter the exudation is not on the conjunctiva, but in the tissue itself, and cannot be separated from the lids without great difficulty, and then only by tearing out a portion of the conjunctiva. The last or cicatricial stage of the inflammation, which is of prime importance in the diagnosis, is wholly omitted; namely, *conjunctivitis diphtheritica always leaves scars, while conjunctivitis crouposa does not*, (Saemisch). On page 54, we observe a new form of inflammation of the conjunctiva, "erysipelatous conjunctivitis." Ophthalmologists will no doubt be surprised but happy to learn of this new variety of inflammation, as all our recent and standard authorities do not mention it, though it is true that its symptoms do not vary from known varieties of conjunctivitis. We hope that the doctor will in the not far future give us the distinctive pathological changes which characterize "erysipelatous conjunctivitis." It is also stated in this article that "as there is neither epiphora nor photophobia, it is reasonable to infer that the deeper structures are not involved." How easy it would be to tell whether an inflammation was superficial or deep, if this was only so. The assertion is made on page 62 that it is a mistaken notion that diffuse keratitis owes its origin to hereditary syphilis. Perhaps it is, though, when from 60 to 90 per cent. of these cases can be found in persons suffering from hereditary syphilis, one is naturally led to suppose that the constitutional disorder may be the origin of the eye affection.

The article on "glaucoma," page 117, is about on a par with the other portions of this book, and we would refer the author to a careful consideration of this subject, as given by Schmidt, in the above *Handbuch*, before attempting to give another description of glaucoma. The recent and valuable investigations into this subject by Schwalbe,* and others, are wholly ignored or totally unknown to this writer. As we have said before, it is impossible in this review to dwell upon all the mistakes in this book, so we can here only point out one or two. Thus we notice, (page 118) "that which chiefly distinguishes the episderal injection is a whitish or bluish white ring, frequently more or less incomplete, and about the fourth of a line in breadth, which separates the vascular zone from the edge of the cornea, and called the *venous circle*." Such a sentence hardly needs refuting, for neither practice nor theory could ever suggest this as a diagnostic point, or as a symptom of glaucoma. The figure on the opposite page, illustrating "acute glaucoma," resembles that condition about as much as the diagram on the Anatomy does, (p. 11). Why the doctor has illustrated a normal optic papilla, instead of one characteristic of glaucoma, in this article, we cannot imagine. His etiology also carries us back some ten or fifteen years, for which period it might be considered fair.

The inflammatory condition of the choroid and vitreous, which come next in order, we shall not dwell upon, owing to want of time, but will men-

* Archv. of Ophthal. and Otol., vol. 5, Nos. 3 and 4, p. 342.

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tion in passing, that, although the author gives in some portions of his work useless varieties of inflammation, as in the conjunctiva, yet in other parts, important divisions are omitted, as under inflammation of the choroid not a word is said regarding "choroiditis areolaris," which, although a variety of disseminate choroiditis, is now classed separately, owing to several marked differences, (Von Wecker). Some important points in the differential diagnosis between syphilitic and other varieties of disseminate choroiditis, as the nontendency of the spots to coalesce in the former, etc., are also omitted. We observe on page 146, in the description of cholesterine in the vitreous, that "the movement of which seems to the patient like a shower of stars." We would like to see the patient who thus describes his symptoms, for this appearance we have always noticed ourselves with the ophthalmoscope, but have never yet heard of the patient seeing it.

In the beginning of article 13, page 148, on retinitis, the doctor very truly remarks that "we are now to consider a class of diseases of the highest importance." On account of this, we were led to expect a careful study of the subject, and perhaps find some original fact or suggestion, but were doomed to disappointment, as accuracy is no nearer attained than in preceding articles. The first form of retinitis to which attention is directed is "Serous," a variety of inflammation of the retina, which most authors do not recognize, (Leber, Stellwag, Lawson, etc.). Its chief advocate is Wells, whom this author seems to have industriously studied, for we find the same symptoms given in the same order as in Wells' treatise, with a slight difference in the phraseology, and an occasional additional observation like the following: Referring to the œdema of the retina, he says, "It becomes fainter and fainter as it approaches the macula lutea, or yellow spot, in consequence of the diminished thickness and *greater transparency of that portion of the retina.*" The italics are ours, though the honor of the symptom belongs wholly to him. No further remarks are necessary than those already made in the anatomy. One would also be led to suppose from this description that it would be an easy matter to diagnosticate this trouble. The difficulty of so doing is thus expressed by Wells: "Serous retinitis does not give rise to striking ophthalmoscopic symptoms. It is not easy to diagnose this disease if the effusion is but slight." In the Etiology, "syphilis and albuminuria" are given among the causes; and yet, we find later on, as is true, that inflammation of the retina originating from these constitutional disorders have a separate classification, (retinitis syphilitica, or albuminurica). Under the treatment, a very interesting case of detachment of the retina, by Dr. Boynton, is inserted. Now, why this case is described here, and not under detachment of the retina, its proper place, we cannot imagine, unless it is because Dr. B. happens to note, in the course of his description, that there was "serous inflammation of the choroid and retina," with the other symptoms, though the whole course of the case, its origin, results, etc., all plainly show that any infiltration of the retina itself could only have been secondary.

On page 168, a rather confusing description of retinitis pigmentosa is

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found. Whether the doctor recognizes any difference between retinitis pigmentosa and choroiditis with pigmentation of the retina, we are unable to learn. We presume not, however, for no mention of the latter disease is made here or under choroiditis, though the pathological changes in the two affections show a very marked difference, (Leber and Von Wecker). His statement that the contraction of the field of vision "arises in all probability from pigmentation of the retina," is entirely wrong, as it is due to the destruction of the nervous elements. Four pages and a half gives us all the forms of optic neuritis, and in this we are given to understand that "engorged papilla and ischaemia of the disc" are the same. How can this be?

The last form of "ophthalmic inflammation" which is considered, is "inflammation of the lachrymal apparatus," page 182, and these are the words with which the article commences: "Diseases of the lachrymal organs are frequently met with, but inflammation of these parts is comparatively rare. Erysipelatous inflammation frequently occurs at the internal angle of the eye, and the attendant swelling, being situated over the lachrymal sac, may give rise to symptoms resembling, in some respects, those of inflammation of the sac itself." To show the falsity of this statement, we give the following statistics: Report by Alt,* of 22,973 eye cases, in Knapp's Clinic, shows 3 cases of erysipelas and 8 of pseudo-erysipelas, while of dacryo-cystitis there were 151. Among 8,699 eye cases treated in N. Y. Ophthalmic Hospital in less than three years, there were 7 cases of erysipelas and pseudo-erysipelas, and 59 of dacryo-cystitis.† Pagenstecher and Saemisch report in the year 1860, 2,129 eye cases treated, none of erysipelas and 18 of dacryo-cystitis. All other statistics only serve to prove the same point. It is, therefore, proper to assume that this writer did not know of what he was writing, or else that he is unable to diagnosticate inflammation of the lachrymal sac from erysipelatous inflammation of the lids.

As we have already exceeded the intended limits of this review, we are compelled to abstain from criticizing, as they richly deserve, the remaining divisions, with the exception of a brief mention of cataract, page 245. He says his classification is not strictly correct, (which is very evident) but gives one a "general notion of the subject." Yes, and a very "general notion" it is, too. Let us glance at his operative treatment of cataract. Among the operative measures described, we notice the old operations of "couching and suction," which have long ago fallen into disuse, and can only be claimed among the relics of the dark ages of ophthalmology, while recent operations, as Liebreich's, Lebrun's and others, which are quite commonly employed, receive no mention. We hope that the modification of "Von Graefe's modified linear extraction" will not be universally adopted, as it no doubt will be far safer for the patient if Von Graefe's directions are followed, rather than those given in this book. As nothing is said regarding the previous dilatation of the pupie with atropine, we

* Archv. of Ophthal. and Otol., vol. 6, Nos. 1 and 2, p. 170.

† Klinische Beobachtungen aus der Augenheilanstalt zu Wiesbaden.

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suppose this important point is to be omitted. He also says, if the lens does not readily escape, "its exit may be aided by introducing the two hooks, (Pl. 11, Fig. 35), one on each side of the lens, and scooping it out." This method is, we believe, original, and will probably create a smile among experienced operators.

The whole work only serves to show the utter incapacity of the author to write a systematic treatise on diseases of the eye; for the description of diseases is very often unreliable, even when no glaring mistakes of omission or commission are observed, as unimportant symptoms are given under prominence, while others, which are particularly characteristic, are made to appear as of secondary consideration. Again, we notice affections of the eye, which are of the utmost rarity, represented as of frequent occurrence; as, for example, cisticercus in the eye, page 233, which is so rarely seen that we believe no authentic case has yet been recorded as observed in this country, while it is by no means frequent even in Germany and the Eastern countries, where it has chiefly been found. Upon the other hand, diseased conditions of the eye which are not so rare, receive no mention whatever; as, for instance, embolism of the central artery of the retina, or hemorrhages into the optic nerve. Whether these troubles, which may be met with at any time, were omitted from carelessness or ignorance, we cannot say.

Regarding the indications for our homœopathic remedies, we will not pass judgement, as their truth or falsity must be shown by long and careful experience. They, however, in general, differ little from well known characteristics of the drugs, although we see a few new remedies recommended, some of which we have tested and found of no use, while others have still remained untried; therefore, let us trust that careful examination into these unexplored fields may yet yield valuable results, which shall redound to the honor of the homœopathic practice.

In conclusion we must add, that, as a work embodying original ideas, this is a failure, and as a compilation it is far from being a success. We would also remind the doctor, when he attempts to cast a slur on another author, as in the case of Angell's "Practice on Diseases of the Eye," (Note, page 9), that "those who live in glass houses should never throw stones," and, further, advise him, before again entering the field of authorship, to become more familiar with his subject than is shown to be the case in this "Systematic Treatise on Diseases of the Eye." G. S. N.

Transactions of the Thirtieth Session of the American Institute of Homœopathy, held at Chautauqua Lake, New York, June 26-29, 1877. 1 Vol., 8vo., pages, 763.

It is not generally known that the *American Institute of Homœopathy* is the oldest of the three National Medical Societies of America. Nor is it so generally understood as it deserves to be that it has never before published so useful and so creditable a volume of Transactions as this one. For here is a wider range of practical essays, and a more thorough treatment of the subjects discussed than is usual in such publications. Each of the several *sections* has done its work in an admirable manner. The reports

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are fresh and satisfactory, calm, clear, clinical and creditable. We believe that no member of the Society can fail to be interested in Dr. Conrad Wesselhoeft's *Re-proving of Carbo Vegetabilis*, in the four essays furnished by the Bureau of Obstetrics on *Uterine Hemorrhage*, or in the report of the Bureau of Clinical Medicine, which includes five excellent papers on *Cerebro-Spinal Disorders*. Among the latter, the thesis of Dr. F. F. DeDerkey on the *Therapeutics of Spinal Diseases*, is a very valuable monograph of nearly one hundred pages, and deserves especial mention.

The report of the Bureau of Surgery yields six very practical papers on *Diseases and Excision of the Clavicle, Shoulder, Elbow, Wrist and Knee-joints, and on Excision of the Scapula*. Anatomy and Physiology afford the best essays ever furnished to this department, on *New views on the Physiology of the Nervous System*, Dr. A. R. Thomas; *A Study in Mental Physiology*, Dr. A. C. Cowperthwait; and *Vicarious Excretion*, by Dr. O. S. Runnels. There is a single thesis on Psychological Medicine, which is entitled *The Distinctive Verified Symptoms indicating the remedy in Acute Mania*, by Dr. T. L. Brown.

The Eye and Ear Department gives six brief essays upon subjects with unpronouncable names, that pertain to this specialty. The Bureau of Gynæcology has four papers, including one on *Rheumatism of the Womb*, by Dr. C. F. Ostelmes; *Double Ovariatomy*, Dr. S. S. Lungren; *Pelvic Cellulitis*, Dr. S. R. Beckwith; and *Clinical Thermometry, applied to the Diseases of Women*, by Dr. R. Ludlam. That of Pædology yields six essays on *Hydrocephalus and Hydrocephaloid Affections*, while the Bureau of Sanitary Science, etc., has a capital paper, by Dr. T. S. Verdi, on *Boards of Health, their Scope and Power*; and the report of the Bureau of Microscopy affords three contributions in all. This list includes *forty-five* separate essays, many of which are intrinsically valuable, and all of which are creditable to the Society.

Separate and isolated contributions contained in this volume will be perused and preserved with a great deal of interest. The report of the *Committee on Medical Literature*, by Dr. A. E. Small, the *Necrological Report*, by Dr. Henry D. Paine, the notes and addresses of the *Memorial Session, in Memory of Dr. Carroll Dunham*, and the *Discussions* in the special meetings of the different bureaux, appended to the reports of the same, speak well for the character of the membership and the diligence and the dignity of the profession, as they are here represented.

Divested as the book is of the objectionable features which are so apt to mar such works, and to misrepresent us as a branch of the great medical church militant, it will not injure us, but, wherever it goes, will set the example of good works to those who shall join us and follow us. The faithful Secretary deserves credit for helping us to turn a new leaf before the Transactions were as old as a last year's almanac. Success to our National Society! R. L.

The Application of the Principles and Practice of Homœopathy to Obstetrics, etc., by H. N. Guernsey, M.D. 3d edition. Boericke & Tafel, 1878.

It is only a few years back, since the first edition of the standard work left the press, and the demand for it has kept on so steadily that already a

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third, *revised, enlarged and improved* edition became necessary. In comparing the second with this third edition, we find the additions so numerous, that every chapter had to be named, in order to institute comparisons. One great improvement in this third edition consists, that the innumerable repetitions which enlarged the former edition in bulk, but not in value, have wisely been condensed or entirely left out in many places, believing that practitioners know enough of their Materia Medica and do not need so many reminders. Especially in the operative part our author has made many additions and improvements, showing thus his younger colleagues, that even with his immense practice time can be spared to read and to digest the journals and periodicals of all schools. Taken all in all, we have here a work which does honor to author and publisher.

A System of Obstetrics on Homœopathic Principles, by W. C. Richardson, M.D. St. Louis, Schroback & Co., 1877.

"Never be stingy in bringing a book before the reading public." We really feel sorry for Prof. Richardson, for most of the complaints, noticed in the different journals of our school, may be put on the shoulders of the publishers, who either do not understand their business or think that any print is good enough for a doctor, and Prof. Richardson suffers by the company he has been found in. The work itself deserves better treatment, and in a better dress it could be well recommended to the beginner, just as we trust that the old practitioner relies in many a hard case on his Guernsey. In fact, we must confess that the more we read in the book, the more we liked it, and though we may not agree with the author in everything. our motto remains "*in dubiis charitas.*"

Eléments de Medicine pratique par le Dr. P. Jousset. 2 tomes. Paris 1877.

Lecons de clinique medicale par le Dr. P. Jousset, Paris, I. B. Bailliere, 1877.

We are sorry to say that we do not feel satisfied with our confrere, although the work has reached a second edition. Its pathology is too short, and its symptomatology nowhere. The chapters on nervous diseases are the best in the book, for here the author shows his reading, and we are glad that he has thrown overboard the nomenclature of the last century, and thus tries to bring our Materia Medica up to the level of present times. In possession of the different cyclopædias on pathology, we hardly need another work on those branches, and we can leave the well-earned laurels to the gentlemen of the physiological school. In all their works, Therapeutics are lame and one of their best writers, Prof. Petersen, of Copenhagen, acknowledges in his "Historical development of Therapia," that so far there is no settled principle yet, and that arbitrary fashion ruled the day. Homœopathy means therapeutics, based on a firm and solid basis, and we could therefore expect from such a celebrated author, that the indications for each and every remedy would be given in a clear and concise manner.

Far more satisfactory are the "Lecons de clinique medicale," and we can hand with some pride this record of successful treatment to any physician,

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to whatever school he may belong. Here pathology receives its full measure, and therapeutics on the sound principle of S. S. C. its best defence. We may not agree with the author in some of his theories, as, for example whether phthisis pulmonalis is one and indivisible, or whether there are various kinds, arising from different causes and running different courses, but we cannot disagree on the remedy, for the totality of the symptoms, subjective as well as objective, to us the only possible "Diagnosis of the case" will lead us to the selection of the remedy. Here Jousset is in his element, and in several cases we admired the clearness of his choice. May the Medical staff on Ward's Island soon follow such a good example, and enrich American literature with a clinical record of Ward's Island Homœopathic Hospital. S. L.

Lecciones sobre las enfermedades del Corazon por el Doctor Edwin M. Hale, etc. Barcelona, libreria de luis Ninbo, 1878.

This is our old friend, Dr. Hale's lectures on heart diseases in a Spanish dress, and Dr. Juan Mara has done his work well. It reads fluently and intelligently. We are also glad to see that the translator did not stick too closely to the English text, but has studied and incorporated the latest researches in this interesting branch of pathology. Really our American authors are and American Homœopathy is in demand on the European Continent, for Ludlam and Angell lie before us also in their French dress, enlarged and with annotations. "It is more blessed to give than to receive," and we can afford to be magnanimous; they are welcome to our labors, for did not the poet say somewhere "the whole pent up Utica is ours."

The St. Louis Clinical Review, a Monthly Journal of Homœopathic Medicine and Surgery, by Philo G. Valentine, A.M., M.D., Editor. March, 1878.

Welcome, most welcome, Brother Philo (what a nice name "loving or beloved" is), to our editorial fraternity, may your shadow never be less although there is much going on in our editorial sanctum to diminish the adipose tissue. How you will be cursed for consigning to the waste basket a spread-eagle article (written by the shade of the midnight lamp), composed by an M.D., who is hardly weaned from his alma mater! How blessings will be showered upon you, over the left, for numbers of the *Review* appear, and that article has not made its appearance yet, though accepted, perhaps for "auld lang syne." But be not discouraged, it has also its pleasure, especially in our glorious privilege to scold, and whenever we are scolded back, our cutaneous surface has gradually hypertrophied to such an extent, that penetration is nigh impossible.

May Apollo and its nine muses (especially the latter ones), bless and protect our "beloved" one, and may our western progeny grow to a ripe old age.

The first number is really full of promise. *Medical Creeds*, by Prof. Dake, has the true ring, and is to the point. Our western surgeons are wide-awake fellows, and an honor to Homœopathy. Dr. Janney's case is interesting, as it proves the old adage, that the very remedy, indicated at the

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beginning of the disease, must remain the "tolle causam" remedy, and thus benefit our patient. I recollect a case where after years of suffering, a case was cured by Rhus, because the original cause was "getting wet." Whether our Purist will not turn up his nose on the adjuvant treatment by electricity, is doubtful at least, but in this progressive age we cannot consider it a deviation from the most faithful Homœopathy, to use necessary means to hasten the cure.—Stop, says the devil—and a poor editor must give way and stop. S. L.

Hip-joint Disease and its Homœopathic Treatment, by Fred. Hiller, M.D.

What is the use saying anything about this pamphlet? It has appeared first in the pages of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, and that tells the whole story, for nothing is ever admitted in that quarterly, except it is found A No. 1, gilt edged. (This short review was sent anonymously to our easy chair, who, notwithstanding he blushed, felt too proud to refuse it admittance).

The Organon; a Quarterly Journal of Homœopathic Medicine and Progressive Collateral Science, edited by Th. Skinner, E. W. Berridge, Adolph Lippe and Samuel Swan, M.D's. Liverpool and New York.

A host of good editors, and we cordially congratulate our fraternity of editors to such a valuable increase; we cordially congratulate Homœopathy for a journal, which promises to deal only with the pure, refined metal, without any alloy; hence we cannot understand what our worthy friends mean with "progressive collateral science," or are there any other laws of therapeutics but the truly infallible law of similarity, which pervades not only therapeutics, but all creation. "Progressive science," "collateral," all science is naturally, inherently progressive, and thus we are left in the dark as to what that means? "Collateral" to what? To the law of similrity? Let us open and peruse carefully its contents, perhaps light will thus be shed on the enigmatical title.

The first two articles can be passed, as they contain nothing new or what we have not read over and over again in the original first edition of the *Organon*. Berridge's and Lippe's clinical cases have the true ring, and ought to be copied in every homœopathic journal, just to show our physicians how to select the simillimum. Cases, thus fully recorded, are of standing value, and the reader has learned something after its perusal; the rules of selection, of repetition, and the rocks on which many an attempted cure has foundered, are here clearly stated, and may be read and re-read with profit. The same may be said of Skinner's article on spinal caries, cured by Syphilinum. Though many physicians still contemptuously look down on such nasty things, as Psorin, Anthracine, Medorin or Syphilinum, others, who have tried them, found them of immense value, and use them accordingly.

Vaginismus, by the same author and gynæcologist, is a clincher, and every candid reader must acknowledge that after reading the pages of this, the first number of a new journal (and we have read it already perhaps

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half a dozen times in our perambulations), we wish it success in the fullest sense of the word, for it deserves success. It will be a boon to Homœopathy as long as it remains practical and leaves off polemics. Show us, as you do in this number by your deeds, what true Homœopathy means, educate us by facts to the high standard, which you may truly claim as your own, and you will never regret kind words, uttered even to adversaries. More differences have been and will be settled by kindness, than ever were or will be by bitter strife. What do they mean by "progressive collateral science?" Will some of the quadrilateral enlighten us, especially in its relation to Homœopathy? S. L.

Correspondence.

Chicago, December 4th, 1877.

DEAR FRIEND DR. LILIENTHAL:

Pardon my delay in announcing to you my safe arrival home; this I think you will do when I plead my numerous engagements and interruptions immediately following that event, and also my troublesome eyes, which, however, are now much better. Dr. Woodyatt does not believe so much in mechanical as in medical treatment, and I have therefore not been obliged to wear my glasses all the time—and lately scarcely at all.

I am now about to comply with your suggestion and request for an account of my acquaintance with Dr. Nuñez, of Madrid, and his fine new Hospital, which so much interested me, and I beg that you will accept it also as an expression of my thanks for your very kind attentions to us while in New York.

About a month after my arrival in Madrid, I sent the letter you kindly gave me to the Marquis de Nuñez, who, from all that I could learn, is a physician of high rank and standing in the profession. I believe he was educated as a priest, and he has one brother who is a bishop in the south of Spain. The next day he called upon me. When I entered the room I found a very charming old gentleman, who addressed me in French, and seemed very much interested in hearing about America and the progress of Homœopathy there, and the famous "new remedies" which he said they could not obtain in Spain. He told me something of the Homœopathic Hospital which he was establishing, and to which, I was told, he was devoting most of his life and property. Shortly afterward, we went to call upon him. He had very handsome apartments in the *Calle Atocha* though his residence was at the hospital. He is nearly blind, and he felt his way softly into the room and greeted us very cordially in French. He wore a grey silk morning-gown, a black skull-cap and blue spectacles. I expressed regret at not having time to visit the hospital before my departure, and at this the kind old gentleman seemed so disappointed, that

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we resolved to *take* time, even at the neglect of some other things. We were presented to Doctor Paz Alvarez, the editor of the *Criterio Medico*, (the Homœopathic journal in Madrid), and from him we gained all the necessary information for our visit to the Hospital on the morrow. We drove to the Calle de Habana, in which is situated the Hospital, a handsome new building of red brick with white stone trimmings, forming three sides of a quadrangle; along the central portion are broad covered balconies, which serve doubtless as promenades. We inquired for the *Señora Marie*, a French woman of many amiable and estimable qualities, who, I believe has assisted Dr. Nuñez for about ten years; she conducted us through the beautiful new edifice, which was yet unoccupied and unfinished, but which was, I believe, inaugurated sometime in October last. The various broad corridors lead to the different apartments, wards, dispensaries, etc. There are, if I remember rightly, four wards for adults and four for children, and several private rooms; they were large, high and cheerful, well painted, and with dados of *azulijo* tiles; and many improvements in ventilation and arrangement. One of the children's wards is superintended by the wife of one of the attending physicians, in memory of some little children she has lost. Among other apartments are those of the benevolent founder, Dr. Nuñez, who, after the inauguration, would permanently take up his abode, and live and die here, amid the scenes of mercy whose activity he has inspired. There were many fine pictures, but I particularly noticed a photograph group of the physicians who comprised the original Homœopathic Society of Madrid, the number being about fifteen; it is since then much increased. The chapel will be very pretty and tasteful when completed; also the lecture-room.

Since October the hospitable doors of this beautiful building are doubtless open to receive the afflicted and diseased poor. The nurses are the sisters of *St. Vincent de Paul*, who are never absent from the call of suffering wherever in eastern Europe one may look. The Hospital, as I have said, was founded by the good Marquis de Nuñez, who, of his own private property, gave forty thousand dollars, and collected besides, twenty thousand more. His character is noble and unblemished, and we hope he may live to see the fair fruit of his benevolent labors ripen from the blossoms that are now so rich in promise.

Among the patrons of Homœopathy are numbered some of the first families in Spain: Medina Celi, who ranks next to the Royal Family; the Counts of Veragnas, (the lineal descendents of Christopher Columbus) and many of the present Cabinet Ministers and nobles.

For your own benefit, dear Doctor, I will also add a few words about the "old school," its customs and its students, of whom my friend's cousin was one. It was shortly before examination time when I was there, but he went to sleep over his big medicine books every day, and did not seem very anxious about his fate. The students may be examined *any time they choose* during the stated month, (June) and are allowed another trial later on if they fail at first. The course of study is *seven years* and they can graduate either as *licentiate* or *M.D.* There are two thousand students at

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the college, most of them country fellows, who choose this profession as easiest to live by, because besides what they learn, the government allows them something like two hundred dollars per annum.

Connected with the college is the immense, gloomy hospital of *San Carlos*, where the clinics are held and whence the bodies are obtained for dissecting. A few years ago a terrible dissention arose between the students of law and the students of medicine; they had an awful time, and several *law students* died from the horrors of the conflict, for the medical students' weapons were pieces of their human kind, (to say nothing of brains, entrails, etc.,) which they hurled at their opponents. The police who were sent to quell the disturbances were frightened away; and many people were hurt by the daggers dipped in putrid blood, which were thrown among them. The medical students used formerly to wear the round Spanish cape, and a three cornered hat with a wooden spoon put through one corner, because the poorer ones were fed every morning with soup by the nuns of a certain convent. The professors are very often frightened into "passing" the students in the examinations. A certain nobleman lately sent word to Prof.— —, that if he did not pass his son this year, he would kill him! Now as Prof.— —wanted to go to England this summer, he promised to pass every one in his classes; One day some pebbles came flying in through the windows of his house—probably thrown by some malicious pupil. Nearly all the barbers in Spain are *dentists* and *leech doctors*, and bleeding is the favorite (?) remedy among the common people.

Well, I imagine you have got more than you bargained for! However, I hope you may find in all this scribbling something to interest you.

My father sends very kind regards in which he is joined, with best wishes, by my mother, my brother and myself.

Your sincere friend,
FRANCES G. HALE.

Dr. Lilienthal,
New York.

NAJA.

To the Editor of the North American Journal of Homœopathy.

Sir:—Please allow me, through the columns of your journal, to call the attention of the profession to the fact, that we have now a new and reliable supply of the very valuable drug, *Naja*. It has been prepared by Messrs. Thompson & Capper, Homœopathic Chemists, of this town, in the same way, and with the same care as our recent supply of Crotalus was; with, however, this slight difference, that in the case of Crotalus the original stock was the pure venom in its naturally liquid state, received direct from the fang of the living snake in this country; whereas, in the case of Naja, the original stock has been the pure venom, that had been received and dried on glass in India, and brought to this country in small glass tubes carefully sealed.

In the case of Crotalus the venom was, with the assistance of Dr. Drysdale, Dr. Proctor and Mr. Isaac Thompson, received in small glass vials

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direct from the fangs of the living snakes, and immediately mixed with equal quantities of pure glycerine. This was afterwards, and before any dilutions were made from it, tested, by injecting a few drops of it underneath the skin of rabbits, birds and mice; death, with the usual symptoms, was the result within a few minutes. This preparation was then entrusted to Mr. Isaac Thompson, of the firm of Thompson & Capper, who added glycerine to it so as to make the proportion one of the venom to nine of the glycerine, in order to make sure of preserving the venom free from decomposition; glycerine being the best menstruum for preserving animal substances from decomposition. This preparation of one in ten was called tincture, as the strongest officinal preparation; and it is the preparation mentioned under that designation in the Pharmacopœia, 2d ed, page 123; and it is the preparation from which all our dilutions of Crotalus are now, or ought to be made.

As an assurance that glycerine preserves the venom potent, even in a less proportion than one in nine, I may mention that a few days ago I injected underneath the skin of a dog a few drops of some that I have had for five years, half venom and half glycerine, and death, with the usual symptoms, was the result.

In the case of Naja we have had two supplies of the dried venom, one was presented to Messrs. Thompson & Capper by Dr. S. H. Ramsbotham, of Leeds; and which was presented to him by a "medical friend who received it from the secretary of the 'snake poisoning commission' in Calcutta;" the other was received by myself direct from Surgeon Edward Nicholson, of the Army Medical Department and author of an excellent treatise on Indian Snakes, and which he himself collected and brought over to this country.

As four drops of the liquid venom yield one grain of dry residue, these two supplies were separately dissolved in glycerine, in the proportion of one grain to three, so as to represent venom of the natural strength.

These were then separately tested by Mr. Isaac Thompson and myself; of one of them as much as would represent one-fifth of a grain of the dried venom was injected underneath the skin of a cat, and of the other as much as would represent one grain was injected underneath the skin of a dog. In the case of the cat, death with the usual symptoms, took place within fourteen minutes, and in the case of the dog within ninety-five minutes. Glycerine was then added to both so as to bring them up to one drop of the liquid venom in ten—the tincture of the Pharmacopœia and corresponding with that of Crotalus.

From these Messrs. Thompson & Capper have prepared the ordinary dilutions, and it is to be hoped that all homœopathic practitioners and chemists will procure a supply of this new and reliable preparation, which, as with Crotalus, may be had as low as the first centesimal dilution.

I am, gentleman,

Yours truly,

JOHN W. HAYWOOD, M.D.

Liverpool, England, December 1st, 1877.

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THE

TISSUE REMEDIES.

A Revision of Schuessler's Third Edition, Oldenburg, 1876.

By Dr. C. Hering.

Irresistible progress, slow but steady, seems to be the watchword of this new and peculiar attempt at abridgement. Supposing that the reader has seen the Third American Edition which appeared in November, 1875, it will easily be seen that what is here given contains the principal part of all that has been added in the course of the last few years. By glancing over the next few pages, every one can see that "Schuessler's Twelve Remedies" maps out a new era in our healing art. Of course, not by Schuessler's putting aside our most bulky Materia Medica, or by his denial of all our former attempts, but by his positive introduction of polychrests which are doubtless of the highest value in furnishing characteristics.

What Hausmann commenced and Grauvogl proposed and defended, Schuessler has done, bold, brief, and with naiveté. Dr. Hughes, after his futile attempt to split our doctrine into what he called the two Homœopathies, will now be obliged to write an article on the *three* kinds; and our friend Hale need no longer fear that the old school will swallow up the New, bones and all. The boa-constrictor always begins with the smallest part of his prey, with the head; Schuessler's Twelve thus will be the first, and Hale's New Remedies the last, and more like the hind legs.

Disregarding all Schuessler's theories, and his defence, we give only the practical part. All who are in the true love of healing

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the sick, may now make additions or corrections, furnish corroborations or disproof. "Trustworthy characteristics shorten our labor and increase our success."

In the meeting of homœopathic physicians of Switzerland, held at Schaffhausen, Sept., 1877, Professor Rapp introduced the subject of Schuessler's Therapeutics. *Kali phosph.* and *Magn. phosph.* were acknowledged to be great remedies. We can speak for the usefulness of *Ferrum phosphoricum* and consider it also a great remedy.

CALCAREA FLUORICA.

J. B. Bell's Proving, *New England Medical Gazette*, 1874, p. 300.
Schuessler's Third Edition, pp. 17 and 40.
The Third American Edition is also added on account of its great importance, and the necessary proof that we cannot do without cured symptoms.

[1] **Mind.** All day an entirely unusual tendency to look on the dark side of things, with much depression of spirits. —J.B.B. a.

Some depression of spirits through the day. J.B.B. a.

Depression of spirits and disposition to set a higher value on money than natural to him (avarice?)—J.B.B. a.

Feeling of anxiety about money matters, or thought would come to want, or would soon be "running astern" financially (entirely without occasion).—J.B.B. a.

Indecision.—J.B.B. a.

[3] **Head, Inner.** Dull headache over the whole head, with faintish nausea at the stomach all the afternoon, better in the evening.—J.U.W. a.

[4] **Head, Outer.** On left side of head (corresponding to the os temporale) a flat swelling about a quarter of an inch high and one and a half inches in diameter; skin of unaltered color; no pain in it; by gently pressing, a fluid could be felt; pressing hard, a rough, jagged, hard mass, growing on the bone.—Sch.

Enlargement or swelling on the parietal bone of new-born children, with an apparent osseous wall; better than *Silicea.*

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Cephalæmatoma.*—Sch. and others.

[5] **Eyes.** After writing some time, was no longer able to see distinctly, because of a blur or mist before the eyes with some aching in the eye ball; better when closing the eyes and pressing tightly upon them.—J.U.W. a.

Spots on the cornea; maculæ corneæ.—Sch.

Conjunctivitis following the cure of a swelling, better after Kali mur.

[7] **Nose.** Blowing of much mucus from the nose, with ineffectual desire to sneeze.—J.B.B. a.

Ozœna; like Calc. phosph.—Sch.

[9] **Lower Jaw.** A hard swelling on the jawbone. Sch.

Swelling of the size of a pigeon's egg under the lower jaw, very hard and not jagged, became reduced after Kali mur., but remained very jagged and hard as a stone; disappeared entirely after a few days; a slight conjunctivitis which followed was cured by Kali mur.—Koeck.

A hard swelling below the chin (the size of a pigeon's egg) disappeared within four weeks, after old and new school were unsuccessful.—Feichtmann.

A "cold sore" commenced at the left corner of mouth; after two days it was quite extensive, but no cold with it; never had a cold sore before.—J.S.H. b.

Cold sores rather small; hard herpetic sores on the lips, from colds, not diffused like Natr. mur.—J.B.B.

[13] **Throat.** Desire to swallow from a tickling in larynx as from a small foreign body, but without relief.—J.U.W. a.

Hawking of mucus. See 16.

[15] **After Meals.** Soon after dinner, hacking cough. 27.

[16] **Belching.** Hawking of mucus in the morning caused an attack of hiccough, which was long and weakening, and recurred frequently during the day.—J.S.H. a.

Faintish nausea at the stomach with headache. See 3.

[18] **Hypochondria.** About midnight, or soon after, was awakened by a sharp pain in right hypochondrium, under

* Sanguineous tumors, developed between the pericranium and the bones of the head of new-born children. Similar tumors are met with on other bones.

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the eleventh rib, occurring in paroxysms of lancination, worse when lying on the painful side; so much so as to cause a feeling of bursting outward; better when lying on painless side and when doubling up and accompanied with restlessness.—J.U.W. c.

At 8 A.M. frequent attacks of the lancinating pains in hepatic region; worse when sitting, better when walking about.—J.U.W. c.

[19] **Abdomen.** For some days much wind in lower part of abdomen; worse when riding and towards evening; better after lying down at night.—J.S.H. b.

[20] **Stool.** Slight diarrhœa. First part of stools natural; last part loose with painful urging before stool.—J.S.H. b.

During the night awakened by itching at the anus from pin-worms; not felt to that degree since childhood and rarely felt at all.—J.B.B. a.

[21] **Urine.** Profuse emission of pale watery urine from 8 A.M. to 3 P.M.—J.B.B. b.

Rose twice during the night to pass urine profusely, which he never did before.—J.B.B. b.

Increased secretion of pale urine, 3d day.—J.S.H. a.

Urine scanty, high colored and turbid, 5th day. J.S.H. a.

[25] **Larynx.** Some tickling in the larynx and occasional hawking, with desire to clear the larynx.—J.B.B. a.

Occasional attacks of tickling-itching in the larynx, inducing a hacking cough; worse from 3 to 4 P.M.—J.B.B. a

Slight feeling of oppression, with tickling in the larynx. Compare 13.—J.B.B. a.

Soon after the itching at the anus, itching-tickling in the larynx, forcing a spasmodic cough, which was relieved after a few hours by hawking a little mucus from the larynx.—J.B.B. a.

Some tickling in the larynx and hacking once or twice in forenoon.—J.B.B. b.

Itching-tickling in the larynx passing off after hawking up some mucus from the spot.—J.B.B. b.

Dryness in the larynx.—J.U.W. a.

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The tickling extends from the larynx about three inches down the trachea.—J.U.W. a.

Towards night dryness in the larynx, with desire to clear it, and some hoarseness but no cough.—J.U.W. b.

After laughing, very hoarse.—J.B.B. a.

Hoarseness but less cough.—J.U.W. a.

Reading aloud during the evening, for about twenty minutes, caused hoarseness and desire to clear the larynx. J.U.W. a.

Slight hoarseness.—J.U.W. a.

[26] **Breathing.** After laughing, hoarse: 25.

After reading loud: 25.

[27] **Cough.** Hacking cough. See larynx, 25.

Soon after dinner a hacking cough occurring in one or two paroxysms at a time, caused by a tickling in the larynx, as from a small foreign body, not relieved by coughing.—J.U.W. a.

At 4 P.M. the cough and hoarseness came on slightly.—J.U.W. c.

Spasmodic cough from itching in larynx, 25.

[31] **Neck. Back.** Small goitres improved but not cured.—J.B.B.

Tired aching of the small of the back, as after a long ride, but did not ride far; can sit in no position to relieve the back.—J.B.B. b.

During the afternoon much pain and tired aching in lower part of back, with bodily restlessness; must walk about. J.U.W. c.

[32] **Limbs, Upper.** Osseous tumor on the spine of scapula.—E. A. Farrington.

Swelling of elbow-joint, after maltreatment, improved by *Ferr. phosph.*, until jerks and startings led to an examination of the joint and the discovery of crepitation, thus a want of synovial fluid; *Calc. fluor.*[10], morning and evening, one grain, improved it so much, that the opening closed and some motion became possible.—Koeck.

The left thumb, after being wounded and badly treated,

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had fistulous ulcers and a crepitation of the joint of the first phalanx; after *Silicea* had been given.—Koeck.

[33] **Limbs, Lower.** Swelling on lower limb of a young lady (formerly treated for periostitis of humerus); a rough, hard, bony swelling, covering the whole width of the shinbone, several inches long, had lasted six weeks. *Calc. fluor.*[3] cured in three weeks.—Sch.

Spavin of horses; also *Phos. ac.* and *Silic.*—Sch.

[35] **Motion. Rest.** Worse lying on painful (right) side: lancinations in liver: 18; better lying on left side.

Better when doubling up: 18.

Worse sitting, better walking about; pain in liver: 18.

Worse when riding, wind in bowels: 19. Better lying down at night.

Can sit in no position to relieve the back: 31.

Must walk about; backache: 31.

[36] **Strength.** Restlessness, with pain in liver: 18; with backache: 31.

Tired aching in the back with restlessness.—J.U.W. c.

Feeling of fatigue all day.—J.B.B. b.

[37] **Sleep.** Sleep unrefreshing on account of indistinct dreams of unsuccessful efforts to do various things, leaving an unpleasant impression on waking.—J.B.B. a.

Dreams not as distinct, nor well remembered.—J.B.B. a.

Dreams in siesta, vivid and distinct of new scenes, places, books, etc.—J.B.B. a.

Vivid and distinct dreams of wholly new scenes and places, not unpleasant but with a sense of impending danger.—J.B.B a.

Vivid and distinct dreams, also natural and connected; of the death of a relative, causing much grief and weeping.—J.B.B. a.

Dreams of death of his little daughter, and of great grief and weeping.—J.B.B. a.

Vivid dreams and dreams with weeping about such who had died seven years before. After spilling some of *Calc. fluor.*[30] on the hands.—J.B.B.

Dreamed of cutting up a woman in pieces as an animal

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for salting; the details very distinct and the dream seemed to continue a long time.—J.B.B. b.

Dreamed much, but could not remember.—J.B.B. b.

Last night jumped from the bed in a dream and tried to get out at window, which woke him.—J.S.H. b.

Has not slept well, dreamed constantly.—J.S.H. b.

During night awakened by itching in anus from pin worms: 20.

[38] **Times.** All day depressed: 1.

All afternoon, headache; better in the evening: 3.

About midnight, or soon after, pain in liver: 18.

Worse towards evening, wind in bowels: 19.

Better after lying down at night, wind in bowels: 19.

From 8 A.M. to 3 P.M. profuse urination: 21.

3 to 4 P.M. cough: 25, 27.

Forenoon, tickling in larynx: 25.

Towards night, dry larynx: 25.

Afternoon, backache: 31.

[41] **Attacks.** Attacks of hiccough, all day: 16; of lancination in liver: 18; itching in larynx: 25.

[42] **Right and Left.** Left side of head, a swelling: 4.

Left corner of mouth, a cold sore: 9.

Left thumb, ulcerated: 32.

[43] **Sensations.** Sensations of bursting outward in liver when lying on it: 18.

[44] **Tissues.** Corresponds to solidified infiltrations.

Indurated enlargements in the fasciæ and ligaments of the joints.—Sch.

As a result of disturbed function of the molecules of this bone-salt, we have exudation from the surface of the bones, which quickly hardens and assumes a nodular or jagged form.—Sch.

Nodes and hard bone swellings.

Suppuration of the bones; also *Silicea* and *Calc. phos.*

[45] **Touch. Hurts.** Better from slight pressure, eyes: 5.

[47] **Stages and States.** J. B. B. Aet. 29. Sanguine, mental, bilious temperament, dark *brown* fine hair and beard, *blue* eyes. Provings a b.

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J. U. W. Aet. 23. Sanguine temperament, light hair, bald in front, blue eyes, beard reddish. Provings a b c.

J. S. H. Aet. 22. Bilious, sanguine temperament, black rather dark beard, dark hazel eyes. Provings a b.

A man, æt. 30, pale and lean. Osseous tumor.

Strong, healthy girl, æt. 3. Cephalæmatoma. After *Calc. fluor.*[3], in a few weeks it had entirely disappeared.—Sch.

[48] **Other Drugs.** *Natr. mur.* followed well: 9.

Followed by *Calc. phosph.*: 7.

Similar cold sore as *Natr. mur.* but not diffused: 9.

Suppuration of bones, with *Silicea* and *Calc. phosph.*

The provings of J. B. Bell, including those of J. U. W. and J. S. H., (made and led by a master observer) are confirmed:

1. By internal evidence; the symptoms were mostly new to the provers and arose without any apparent cause.

2. By repetition of the same symptoms in the same provers.

3. By striking likeness of some of these symptoms to the symptoms of *Calcarea ostrearum*, particularly those of the mind and larynx.

4. By equally marked similarity of symptoms to those of *Fluoric acid* (vivid dreams of new scenes, death of relatives, and of the cadaver).

Thus also incidentally and inferentially the provings of *Calc. ostr.* and *Fluor. ac.* are confirmed, and all by the 15th potency.—J.B.B.

The same could be shown throughout our Materia Medica.—C.Hg.

CALCAREA PHOSPHORICA.

Schuessler's Third Edition, pp. 14 and 32.

Referring to the original provings, New York Quarterly, 1871, and the copy in Allen's Encyclopedia, only that is given here what Schuessler partly adopted and mentioned in his Third Edition, and what others have added since. The German physicians have no translation of our American proving, not up to this day, but they have Farrington's masterly comparison with *Calc. ostr.*, in two translations.

[2] **Sensorium.** Old people stagger when getting up from sitting.—C.Hg.

[3] **Head, Inner.** Hydrocephalus, acute and chronic. Hydrocephaloid.

[4] **Head, Outer.** Fontanelles remain open too long. Craniotabes.

[5] **Eyes.** Spots on the cornea.

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Spasm of the eyelids (also *Magn. phosph*).
Inflammation of the eyes.

[7] **Nose.** Ozœna, with *Calc. fluor.*

[10] **Teeth.** Toothache, with tearing, boring pain at night, worse from warm and cold things.
Facilitates teething.
Complaints during teething; in convulsions without fever, also *Magn. phosph.*

[18] **Hypochondria.** After liver complaints, dropsy: 44.

[19] **Abdomen.** Abdominal herniæ.

[20] **Stool.** Removes the disposition to intestinal worms (also *Natr. phosph.*).
The main remedy in hemorrhoids, with *Ferr. phosph.*

[21] **Urine.** After kidney diseases, dropsy: 44.
Bright's disease of the kidneys if indicated by the concomitant symptoms.
To be regarded in diabetes mellitus with *Kali phosph.* and *Natr. phosph.*
Wetting the bed and general debility.

[22] **Sexual, Male.** Chronic gonorrhœa in anæmic subjects.
Hydrocele.

[23] **Female.** Prolapsus in debilitated persons, with *Kali phosph.*

[25] **Larynx.** Catarrhs in scrofulous or gouty constitutions.
Chronic catarrh with anæmia.

[27] **Cough.** Chronic cough of consumptives.

[29] **Heart. Pulse.** After heart diseases, dropsy: 44.

[31] **Neck. Back.** Crick in the back.

[33] **Limbs, Lower.** Chronic swelling of the knee.
Hygroma patellæ (housemaid's knee); also *Natr. mur.*

[35] **Motion. Rest.** Worse at night and in rest. See sensations: 43.
Getting up from sitting: 2.
Attacks break her down: 36.

[36] **Strength.** An old lady was kept in bed since five weeks by the most horrible spasms; thirty attacks within twenty-four hours. Each one gives her a sudden shock, flashing through the body like an electric spark; she breaks down with it and thus is afraid to leave her bed.

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An attack lasts a few minutes and after it she is well, except some fatigue. Flor. zinci, Cuprum, Fowler's solution, cold embrocations of no avail. After *Calc. phosph.*, she walked about next day and had no more spasms.—Koeck.

Epilepsy; *Calc. phosph.* or *Magn. phosph.* if there are no symptoms for *Ferr. phosph.*, *Kali. phosph.* or *Silicea*,—is particularly suitable for young persons whose bodies are in progress of development, and for scrofulous subjects.

Rheumatic paralysis.

Great debility and enuresis: 21.

[38] **Times.** Worse at night. See sensations: 43.

Toothache: 10; in bed: 43.

[39] **Warmth and Cold.** Toothache worse from warm and cold things: 10.

Worse in bad weather, pains: 43.

[40] **Chill, Fever, Sweat.** Coldness with pains: 43.

Chronic intermittent fever in scrofulous children.

After weakening acute diseases, as a restorative.*

* Copious sweats in such cases indicate *Psorinum*.—C.Hg.

[41] **Attacks.** Spasms: 36.

[43] **Sensations.** Shocks, like electric sparks: 36.

Tearing and boring pain, worse at night and in bad weather.

Pains with sensation of crawling, coldness and numbness.

Pains in anæmic or rheumatic gouty subjects, generally accompanied by sensation of crawling, numbness or coldness.

Rheumatic and gouty pains.

[44] **Tissues.** A constituent of teeth, bones, connective tissue and blood-corpuscles, and to be given in corresponding disturbances.

The curative remedy in true chlorosis.

Chronic swelling of glands.

To be given in acute articular rheumatism, if, after *Natr. mur.* and *Kali phosph.*, there remains a trace of the disease.

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Chronic articular rheumatism.
Gout. Bone-swellings.
Exostoses, osteophytes and similar new growths on bone.
Rachitis. Given in rachitis with the greatest success.—Professor Rapp.
Scrofulosis.
Suppuration of bones, with *Calc. fluor.* and *Silicea.*
Suppuration of joints; also *Silicea.*
Dropsy from losses of blood or other fluids.
Dropsy depending on diseases of the heart, liver and kidneys.

[45] **Touch. Hurts.** In fractures to promote the formation of callus.

[46] **Skin.** Tubercles in skin.
Skin-diseases (scurfy and scabby) in anæmic, scrofulous, or gouty constitutions.
In skin diseases as an intercurrent remedy, if occurring in anæmic subjects.
Lupus; also *Kali mur.*

[47] **Stages and States.** Tedious cases, in scrofulous or anæmic children. See intermittent: 40.
Old people: 2, 36; young persons: 36.
Children: 3, 4, 10, 20.
Anæmic subjects, gonorrhœa: 22; catarrhs: 25; pains: 43; chlorosis: 44; skin diseases: 46.
Debilitated persons, prolapsus: 23.
Scrofulous constitutions, catarrh: 25; epilepsy: 36; skin diseases: 46.
Gouty constitutions, catarrh: 25; pains: 43; skin diseases: 46.

[48] **Other Drugs.** *Magn. phosph.*, see eyes: 5; teeth: 10; epilepsy: 36.
Calc. fluor., see osteitis: 44.
Ferr. phosph., hemorrhoids: 20; epilepsy: 36.
Kali phosph., diabetes: 21; prolapsus: 23; epilepsy: 36; rheumatism: 44.
Natr. phosph., diabetes: 21.
Nat. mur., hygroma: 33; after it in articular rheumatism: 44.

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Silicea, epilepsy: 36; osteitis: 44; suppuration of joints: 44.

Kali mur., in lupus: 46.

CALCAREA SULPHURICA.

Like in *Calc. fluor.*, on account of the importance of the remedy, Schuessler is often repeated from former editions; also former provings are given in extract, C.Hg's with Dr. Withy's and that of a young lady, in 1847, and Dr. C. M. Conant's from the transactions in 1873.

The additions from old books of Dioscorides and the Arabians may be of some use, provided the characteristics are indicative; according to Schuessler all the symptoms of our *Hepar* may be applied.

[1] **Mind.** Sometimes a desire to walk, to attend to something; as soon as she sets out to do it, the desire was gone. —C.Hg.

Great depression at times.—C.Hg.

Awoke screaming. See 37.

Liveliness and good spirits change to grief and melancholy afternoon and evening.—C.M.C.

[2] **Sensorium.** While walking, dizzy in head; at the same time a weakness and oppression from the head and across the stomach.—C.Hg.

Vertigo, with deathly nausea.—C.M.C.

Suddenly after lunch, loses memory and power of thought. —C.M.C.

Loss of consciousness; toxicological symptom. See 26.

[3] **Head, Inner.** Pain in left forehead and head.—C.M.C.

Ache across forehead and in vertex.—C.Hg.

Pain around the head, several times before going to bed. —C.Hg.

Tearing around the whole head, with nausea, when rising from lying, better while lying.—Pehrson.

In all kinds of headache.—Forester.

Headache from concussion.—J. B. Lotichius.

Severe frontal headache, worse after dinner and in the evening.—C.M.C.

Headache, with feeling as if eyes were sunken. See 5.

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A weakness across the stomach from the head. See 2.

Headache during catamenia: 23; with pain in chest: 28.

4 **Head, Outer.** A sensation around the head (comp. 3) as if he had his hat on; he reached to take it off, but it was not there, in the afternoon, about 4 P.M. (with an orthodox quaker).—C.Hg.

On the region of the anterior fontanelle two red pimples, and a burning sore feeling on a place as large as a dollar; the feeling lasted about an hour.—C.Hg.

Painful pimples on scalp leave a yellow scab.—C.M.C.

Hard tender swellings on scalp in edge of hair, bleeding when scratched.—C.M.C.

Milk crust, after *Kali mur.*—Sch.

Craniotabes.—Sch.

5 **Eyes.** Deep ulcer on the cornea; also *Silicea.*—Sch.

Ophthalmia if the pus is thick and yellow; also *Silicea.*—Sch.

After a splinter had hurt the eye, leeches and other old school treatment, only made matters worse; cornea smoky, pus in anterior chamber; sensation as from a foreign body; has to tie up the eye. *Hepar s. c.* made no alteration in two weeks. *Calc. sulph.* 5th cent., every day one grain, improved very much in one week, followed by 6th cent., two drops, morning and evening. Within three weeks the eye was cured.—Koeck.

Sees only half an object, late P.M.—C.M.C.

Looking at a piece of paper, pains the right eye; evening.—C.Hg.

Occasional blindness, with twitching of eyelids.

Continued dull pain over the right eye; evening.—C.Hg.

Twitching of muscles on the supra-orbital foramen, near outer corner of left eye.—C.Hg.

Pressing pain in left eyeball; cutting in left eye with soreness in the evening, as if eyes were sunken in the head, with headache.—C.Hg.

Protrusion of eyes; toxicological symptom.

Inflammation of eyes, evening and night, with slow fever; sensation of heat, eyes red.—C.M.C.

Conjunctiva yellow.—C.M.C.

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Eyes bleared, red; with colic. Arabians.
Tears from left eye, with left sided coryza.—C.M.C.
Eyelids twitching.—C.Hg.
Smarting in the inner corners.—C.M.C.
Severe inflammation in canthi.—C.M.C.
Boil over the left eye.—C.M.C.

[6] **Ears.**—Singing in her ears.
Otitis after a slap on ear.
Dark brown ear-wax from right ear; A.M.—C.M.C.
Pimple on top of right ear, lasting twenty days.—C.M.C.
Soreness of right parotid gland; better walking in the open air.—C.Hg.

[7] **Nose.** A quivering on root of nose, extending to cheek.—C.Hg.
Slight attack of cold in head, from open windows.—C.Hg.
Nosebleed. Old books.
Coryza, with thick, yellow, lumpy discharge.—Sch.
Yellowish mucus from left nostril and tears from left eye.—C.M.C.
During the day right nostril discharges watery mucus, left dry; at night left discharges and right nostril is dry.—C.M.C.
Yellowish-green phlegm from posterior nares.—C.M.C.
Scanty phlegm, mostly from posterior nares, morning and evening.—C.M.C.
While posterior nares are closed tight, watery coryza from the anterior.—C.M.C.
Influenza and sneezing, better in open air; coryza after a bath on right side, better out-doors. After a bath, blood streaked mucus from left nostril.—C.M.C.
Excoriating watery coryza in open air, better in-doors and after washing with cold water.—C.M.C.
Edges of nostrils slightly sore, excoriated.—C.M.C.

[8] **Face.** Swollen cheek, after *Kali mur.;* with toothache: 10.
A small swelling on the left inferior maxilla, about the lower and middle part of the buccinator, lasting eight weeks.—C.Hg.
Swollen hard pimple on left cheek.—C.M.C.

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Painful pimple on cheek.—Arabians.
Darting pains in right side of face.—C.M.C.
Pain in right upper jaw. See teeth: 10.
Flushes of heat occasionally.—C.Hg.
Exceedingly pale, sickly appearance, without sickness; workers in plaster of paris.

[9] **Lower Jaw.** Blister-like sores on right lower lip, ulcerate, ooze bloody matter; drawing to the right corner of chin.
Many tender pimples under his beard; discharge blood or oily transparent matter.
On outer lower lip a raw sore forming a scab.

[10] **Teeth.** Rheumatic toothache.—Sch.
Pain in right upper jaw, with swollen and tender gums on a a decayed molar tooth.—C.M.C.
Pain in both jaws; right side from decayed molar, evening.—C.M.C.
Toothache with swollen cheek.—Arabians.
Toothache after dark and at night in sleep.—C.M.C.
Right lower molar decayed; is tender and sensitive to cold air, water, etc.—C.M.C.
Toothache first increased by cold water, soon relieved by it.—C.M.C.
Inside of gums swollen and sore.—C.M.C.
Gums bleed while brushing his teeth.
Makes new gums.—Dioscorides.

[11] **Tongue.** Flabby taste; solution in water.—Gmelin.
Soapy taste.—C.M.C.
Sour, acrid taste always after taking the 30th.—C.M.C.
Sour, bitter taste.—C.M.C.
At base of tongue slightly puckered sensation.—C.M.C.
Tongue coated yellow at base.—C.M.C.
Coating on the back of the tongue, resembling a layer of half dried yellowish clay.—Sch.
Tongue seamed with a deep red line.—C.M.C.
Glossitis.—Pehrson.
Glossitis, when suppuration commences.—Sch.

[12] **Mouth.** Inside of upper lip sore.—C.M.C.
Dryness of mouth; toxicological symptom. See 26.

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[13] **Throat.** Soreness, left side of roof as if burned, while eating.—C.M.C.

Pharynx red and sore, tonsils affected.—C.M.C.

Diphtheritis of the soft palate; fauces are much swollen.—Sch.

Tonsillitis, if a discharge of pus is to be anticipated; also *Silicea*.—Sch.

[14] **Desires. Aversions.** Excessive appetite and thirst second day; marked thirst twentieth day.—C.M.C.

Thirst.—Arabians.

Ravenous appetite, fourth week.—C.M.C.

No appetite for meat.—C.M.C.

Great desire for tea; claret; green sour vegetables and fruit.—C.M.C.

[15] **After Meals.** While eating, roof of mouth sore: 13.

After maple sugar, diarrhœa. See 20.

Better after eating.—C.M.C.

Suddenly after lunch, loses memory: 2.

Worse after dinner, headache: 3.

[16] **Belching.** Nausea, with vertigo: 2; with headache: 3; with pain in pelvis: 19.

[17] **Stomach.** Pain in stomach.—Dioscorides.

Motions and burnings.—Arabians.

As from the coats of the stomach, pain extends into the liver.—Arabians.

Pain in stomach. See pelvis.

[18] **Hypochondria.** Severe pain in the region of liver, for a short time.—C.Hg.

Pains from the stomach. See 17.

[19] **Abdomen.** Sensation across the stomach as if from the head: 2. Colic with rumbling.—Arabians.

Colic, with bleared eyes: 5; with diarrhœa: 20.

A feeling in lower part of abdomen as if the skin was too tight, with pain.—C.Hg.

Pain in the right side of pelvis, followed by weakness, nausea and pain at stomach.—C.M.C.

Intestinal ulcers with typhus.—Sch.

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[20] **Stool.** Diarrhœa with pain in abdomen from change of the weather or after eating some maple sugar.
Popular medicine, alabaster in sweet milk, for diarrhœa.
Diarrhœa, with discharge of pus or bloody pus.—Sch.
Diarrhœa, with typhus.—Sch.
Dysentery, if the passages consist of pus-like slime.—Sch.
In dysentery, if *Kali mur.* is ineffectual.—Sch.
Painful abscesses about the anus in cases of fistula.—C.Hg.
Prolapsus ani.—Arabians.
Costiveness.—Arabians.
With hectic fever: 40.—Arabians.
With difficult breathing: 26.

[21] **Urine.** Chronic nephritis.—Fischer.
Brights disease, if the symptoms correspond.—Sch.
Red urine, with hectic fever: 40.

[22] **Sexual, Male.** Spermatorrhœa with impotency.—Arabians.
Chronic syphilis.—Sch.

[23] **Female.** Her menstruation used to cease after it had lasted a short time, but whilst she was under the influence of *Calc. sulph.* it came on somewhat later and continued without cessation much longer.—C.Hg.
Her usual indispositions during catamenia were altogether aggravated: headache, twitchings, great weakness, etc. —C.Hg.

[24] **Pregnancy.** Mastitis when pus begins to form or during suppuration (also *Silicea*).

[25] **Larynx.** In croup; if *Kali mur.* is insufficient.
Catarrh with thick, lumpy, white-yellow or pus-like secretion.—Sch.

[26] **Breathing.** Short-breathed, costive and cachectic; the workers in plaster of paris.—Ramazzini.
Asthma, with hectic fever: 40.
After great dryness of mouth, suffocative attacks with protrusion of eyes, loss of consciousness and death (toxicological).

[27] **Cough.** Cough, with hectic fever: 40.
Chronic cough of the tuberculous.

[28] **Lungs.** After she had taken the first dose of *Calc. sulph.*,

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within twelve hours a chronic pain in the sternum, to which she was subject; became so much aggravated that she was obliged to bend the breast in a direction towards the stomach (double up), which was the only relief she could obtain.—C.Hg.

At times a pain across the chest.—C.Hg.

Pain in chest and headache.—Arabians.

Pneumonia, in the third stage.—Sch.

Empyema; after thoracocentesis. *Calc. sulph.*, 4th cent., in six weeks better; no improvement next four weeks. *Calc. sulph.*, 6th cent., daily two drops; within two weeks cured.—Koeck.

[29] **Heart. Pulse.** Pain in breast and forehead: 3.

Pain from the anterior region of the heart down to the lower part of the thigh.—Pehrson.

[31] **Neck. Back.** Pain across the back of her neck.—C.Hg.

Pain in the lower part of the back.—C.Hg.

A chronic pain in the os coccygis was greatly aggravated. —C.Hg.

[32] **Limbs, Upper.** The third phalanx of index-finger had been bruised; had a misformed surface, suppurating, full of granulations, the bone was bare, pains very violent. External application of oil. *Calc. sulph.* helped very soon.—Koeck.

Fingers are stiff; in a dream.—C.M.C.

Fingers very stiff and painfully rigid.—C.M.C.

Fingers puffy and stiff, mainly on right hand; A.M.—C.M.C.

Swelling of the phalanges of the fingers.—Pehrson.

Inflammation and swelling of the little finger.—Pehrson.

[33] **Limbs, Lower.** Ischias and podagra.—Sch.

Inflammation of the hip-joint.—Sch.

Pain from the heart to lower thigh: 29.

Painful rigidity of legs, A.M., especially the right; later the upper part worse, P.M.; the worst in early evening C.M.C.

A weakness in her legs.—C.Hg.

Weariness in knees after walking.—C.M.C.

Pain in the knee from a blow.—Arabians.

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Stitches in the knee.—Arabians.

Lameness in inner part of left knee when in the bath, A.M., lasting eleven days, when stooping or walking fast, later in the posterior part.—C.M.C.

Legs tender to touch; feet slightly swollen and tender; very tender in the second proving after five weeks.—C. M.C.

A great burning and itching of the soles of her feet.—C.Hg.

Burning on soles, with hectic fever: 40.

The basis of the fourth left toe suddenly tender while walking.—C.M.C.

[34] **Limbs.** Pain in the joints.—Arabians.

[35] **Motion, Rest.** Better walking in the open air.—C.M.C.

Improves soreness in the parotid gland. Desire to walk: 1.

While walking, dizzy: 2; toe tender: 33.

After walking, weariness in knees: 33; walking fast, lameness in knees: 33.

When rising from lying down, headache: 3.

Obliged to bend breast towards stomach, and double up to relieve pain in stomach: 28.

Stooping, lameness in knee: 33.

Better while lying, headache: 3.

[36] **Strength.** Twitchings during catamenia: 23.

Convulsions from fright in a dream: 37.

Some praise the lapis specularis in epilepsy.—Arabians.

Great disposition to lie down and stretch out.—C.M.C.

Weakness and oppression from head down to stomach: 2.

Weakness during the catamenia: 23.

Much exhausted after a dream: 37.

Great lassitude, 2 P.M., till evening.—C.M.C.

Weak, languid, no pluck; suffers an intolerable lassitude after siesta.—C.M.C.

Weariness after pain in pelvis: 19.

[37] **Sleep.** Sleepy during the day.—Arabians.

Before going to bed, pain in the head: 5.

She dreamed she had a convulsion from fright, awoke screaming and much exhausted.—C.Hg.

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Internal lassitude after siesta.—C.M.C.
Against being awake too much.—Arabians.
After siesta, lassitude: 36.

[38] **Times.** Teeth: 10.
Sore legs: 33; 2 P.M. till evening lassitude: 36.
Afternoon and evening liveliness alternates with melancholy: 1; 4 P.M., external headache: 4.
Late P.M. half-sightedness: 5.
Evening, about 10 P.M., pain in eye: 5.
Before going to bed, headache twice: 3.
Evening, toothache: 10; pain in legs: 33.
At night, in sleep, toothache: 10.

[39] **Warmth and Cold.** Burns, first and second degree when suppuration commences.—Sch.
Suppurating frost bites; also *Silicea.*
Open air, walking: 35.
Strong desire to be in the open air, feels better there.—C.M.C.
Sitting with open windows, coryza: 7.
Suffered unusually from cold, while taking his usual bath, A.M.—C.M.C.
The knee pains in bath.—C.M.C.
Sensitive to water, first worse then better, toothache: 10.
From change of weather, diarrhœa: 20.
After washing with cold water, coryza: 7.

[40] **Chill, Fever, Sweat.** Quotidian or tertian.—Arabians.
Intermittent fever; back of tongue has a coating resembling dry clay.—Sch.
Typhus, when diarrhœa begins.—Sch.
Intestinal ulcers with typhus: 19; diarrhœa: 20.
Hectic fever, with costiveness and red urine.—Arabians.
Hectic fever, with asthma, cough and burning in the soles of the feet.—Arabians.

[41] **Attacks.** At times: 1, 2, 3, 5, 28.
Twitching of eyelid lasted about a fortnight: 5.—C.Hg.
Swelling of maxilla eight weeks: 25.—C.Hg.

[42] **Right and Left.** Direction of pain across, in head: 3; stomach: 2; liver: 17; chest: 28; neck: 31.

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From above downwards, from heart to leg: 29.

Right. Over eye: 5; in eye: 5; parotid gland: 5; ear-wax dark: 6; pimple on top of ear: 6; nostril: 7; cheek: 8; face: 8; upper jaw: 8; lower lip: 9; teeth: 10; pain in pelvis: 19; fingers stiff: 32; rigid legs: 33.

Left. Forehead: 3; eye: 5; boil over eye: 5; coryza, nostril: 7; maxilla: 8; left cheek: 8; roof of mouth: 13; knee lame: 33; toe tender: 33.

[43] **Sensations.** Neuralgias similar to *Kali phosph.;* between the very acute pains of *Magn. phosph.* and the paralyzing ones of *Kali phosph.* (more in aged persons if there is a want of regenerative force for the nervous tissue).

Sensitive to pressure: 45.

Quivering on root of nose: 7.

Painful rigidity of muscles of shoulders, back, forearm, hands, most the right, fingers, left thumb, legs.—C.M.C.

[44] **Tissues.** Its sphere of action is in the connective tissue. If there is a deficiency of it in any small part of its domains, suppuration is the result.—Sch.

Arrests hemorrhages and blennorrhœa.—Old Books.

Abscesses which have their seat in the connective tissue, if they are the result of stasis in the connective tissue tubili.—Sch.

Watery swellings.—Arabians.

Dropsy after scarlatina, when *Natr. sulph.* is not sufficient.

Suppuration of skin or connective tissue (also *Silicea*).—Sch.

Hard or suppurating glands (*Silicea*).—Sch.

Dispels indurations.—Dioscorides.

Suppuration of lymphatic glands (also *Silicea*).—Sch.

In third stage of inflammation (the resolution) after *Kali mur.*, if the discharge is lumpy or bloody (if yellow or mucous *Kali sulph.*).—Sch.

It is given in all kinds of acute and chronic rheumatism.—Sch.

Mucous discharge in cough, leucorrhœa, gonorrhœa, etc., yellow, thick and lumpy; if discharge is pus-like or bloody pus (*Silicea*).—Sch.

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Greenish, brownish, yellowish crusts; after *Kali mur.*—Sch.

Wind-dropsy and decline.—Cardanus.

Cystic tumors; fibroma; fibrous polypi.—Sch.

[45] **Touch. Hurts.** Very sensitive to pressure: 4.—C.M.C.

Legs tender to the touch: 33.

Toe tender while walking: 33.

From concussions, headache: 3.

After a blow, headache: 3.

After a slap on the ear, otitis: 6.

After a bruise, suppuration of finger: 32.

From a blow, pain in the knee: 33.

After a hurt by a splinter, sore eye: 5.

After mechanical injuries when in neglected cases suppuration has set in (also *Silicea.*)

[46] **Skin.** Itching on soles: 33.

Scarlet rash.—Sch.

Suppurating little pustules.—Sch.

Yellow crusts following small pustules: 4.

Abscesses and swelling with or without suppuration.—Sch.

Tetters; ulcers.—Sch.

Two red pimples on top of head: 4.

Painful pimples on scalp, leaving a scab: 4.

Many little matterless pimples under the hair, bleeding when scratched: 4.—C.M.C.

Grayish lead-colored skin, with workers in gypsum.

[47] **Stages and States.** Proculijus killed himself with gypsum. Pliny l. 36. c. 59.

Death from flour for bread mixed with gypsum.—Sabellicus.

A dryness of mouth, suffocation, protrusion of eyes, loss of consciousness and death.—Ebn Hozar.

Cachectic state.—Workers.

[48] **Other Drugs.** Acts with more intensity in most cases where *Hepar sulph.* has heretofore been given, and has a wider sphere.*

According to Dr. Quaglio in Munich, and later Dr. Koeck, the *Calc. sulph.* is much more powerful than *Hepar s. c.* This is willingly confirmed by the one who introduced the old *Hepar* in suppurations, although very much against his former conceptions. But facts must decide.—C.Hg.

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After *Kali mur:* in milk crust: 4; swollen cheek: 8; croup: 25; dysentery: 20.

After *Silicea:* in hard or suppurating glands: 44; ulcers on cornea: 5; ophthalmia: 5; tonsilitis: 13; mastitis: 24; frost bites: 39.

The famous Dr. Daniel Jennet (1619) praised mouse dung as the best antidote.

FERRUM PHOSPHORICUM.

Contains Schüssler's Third American Edition and additions from Journals. Cures with the 200th potency have been made by Drs. Goodno, Norton and Knerr, in catarrh, summer complaint, gonorrhœa, etc.

[1] **Mind.** I noticed an unnatural excitement about the child the day after having taken *Ferr. phosph.*—W. P. Wesselhœft.

Dreamed that she had gone crazy, after one dose *Ferr. phosph.*[12], taken in the evening.

Very talkative or hilarious: 36.

Delirium tremens.—Sch.

When sows eat up their young; a transient mania depending on hyperæmia of the brain.—Sch.

[2] **Sensorium.** Great dizziness; everything swimming around him, his muscles seemed so weak he could hardly move about.

Constant feeling as if the head were being suddenly pushed forward, with danger of falling, in dizziness.

Vertigo caused by congestion to various parts of the brain or head.—Sch.

[3] **Head, Inner.** On stooping, a sharp pain through the head, from back to front.

"Blind headache" in a lady who had at the same time a bearing down sensation in the uterus, with a constant dull pain in either ovarian region; 12th cent.—W. D. Stillman.

Frontal headache, followed and relieved by nose-bleed; two girls æt. 12 and 20.

A scarcely endurable dull heavy pain on top of head during profuse menses.

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Congestion of the brain in children and grown persons; meningitis.—Sch.

Congestion to head, with epilepsy: 36.

In headache or neuralgia of the face: stinging, pressing or throbbing, worse from shaking the head, from stooping and all motion.—Sch.

Generally it promptly relieves the headaches of children. —Sch.

[4] **Head, Outer.** Top of head sensitive to cold air, noise or any jar.

Soreness in vertex; general soreness of scalp, cannot bear to have the hair touched.

[5] **Sight, Eyes.** On stooping, cannot see, seems as if all the blood ran into her eyes.

Blinding headache: 3.

Acute conjunctivitis without suppuration, or discharge of mucus.—Sch.

A stye on the lower lid of right eye has been the result following the administration of phosphate of iron for debility in two if not three cases.—R. T. Cooper.

Ophthalmia, first stage; marked redness with great pain, without mucus or pus.—Sch.

Traumatic conjunctivitis from a bad wound after the case had been badly treated; it lessened the burning and redness and trickling of tears.—Koeck.

Conjunctivitis and photophobia in 35 cases of measles.— Koeck.

[6] **Hearing, Ears.** Roaring in the ears, caused by congestion. —Sch.

Painful red swelling of parotis, one side or both. Not one in 35 cases ended with suppuration, gangrene, septicæmia and death like others.

Sensitive to noise: 4.

[7] **Smell, Nose.** Almost always indicated in bleeding of the nose in children.—Sch.

Nose-bleed a concomitant of other complaints.—Sch.

Nose-bleed of bright, red blood. Summer complaint.— Goodno.

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Coryza is quickly relieved if taken at the very beginning.—Sch.

Nose-bleed following and relieving headache: 3.

Nose-bleed occurring at the same time with blood-spitting: 28.

[8] **Face.** Neuralgia in face: 3.

Earthy pale face. See elbow: 32.

Pain with heat and redness of the face.—Sch.

Hot cheeks with toothache: 10.

Red face, with dysmenorrhœa: 23.

[10] **Teeth, Gums.** Congestive or inflammatory toothache or faceache.—Sch.

Toothache always appearing after eating warm food, lessened by cold.—Sch.

Toothache aggravated by warm, and relieved by cold drinks.—Sch.

Toothache with hot cheeks.—Sch.

Complaints during teething, accompanied by fever.—Sch.

[11] **Taste, Speech, Tongue.** Tongue swollen and dark red.—Sch.

Inflammation of the tongue, fauces, tonsils; redness, pain without exudation.—Sch.

[13] **Hard Palate to Œsophagus.** Pains: 11.

Catarrhal inflammation of palate, tonsils and pharynx, with dryness, redness and pain.—Sch.

[14] **Changes in Appetite, Thirst.** Loss of appetite: 32.

Poor appetite with attacks of sickness.

She could hardly get enough to eat, after the attacks of nausea were cured.

Great thirst for much water, summer complaint.—Goodno.

[15] **Eating and Drinking.** While sitting at the table, chill: 38.

After eating warm food, or drinks, toothache; relieved by cold.

Eating aggravates gastralgia: 17.

[16] **Nausea and Vomiting.** Deathly sickness at the stomach coming on at no particular time, sometimes even

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awakens her out of sleep, lasting one half to one hour.
Vomiting: summer complaint.—Goodno.
Vomiting of food.—Sch. In whooping cough: 27.
Vomiting with the pains: 43.
Vomiting of blood.—Sch.
Green vomiting: 28.

[17] **Stomach.** Inflammation of the stomach.—Sch.
Acute gastritis, with violent pain in the region of the stomach, which is distended; vomiting and fever.—Sch.
Acute and chronic gastralgia, aggravated by eating and pressure on the stomach, particularly if there is vomiting of food.—Sch.

[19] **Abdomen.** Peritonitis.—Sch.
Inflammatory colic of horses.—Sch.
Colic before stool: 20.
Abdominal herniæ in persons, otherwise robust.—Sch.
Hernia. Inflamed and incarcerated.—Sch.

[20] **Rectum and Stool.** Diarrhœa from disturbed function of molecules of iron in the muscles of the villi.—Sch.
Violent fever in the beginning of dysentery; pains in consequence of inflammation which do not intermit, and are made worse by pressure on the abdomen.—Sch.
Stool: pure blood; bloody mucus; bloody scum; yellowish, whitish, brownish stools with blood; like bloody fish-brine; undigested; green watery or green mucus with blood. Summer complaint.—Goodno.
Stools with much blood and mucus, no pain, blood dark or light. 2e.—Goodno.
Aggravation; midnight till morning (bloody serous stools); bloody mucus mixed with watery discharges, worse day or night.
Yellowish watery diarrhœa. Pneumonia: 28.—Goodno.
Before stool: colic, no tenesmus or but slight. During stool: no tenesmus or very slight.—Goodno.
Chronic diarrhœa. Old maid seventy-five years, since years the first formed stool.—W. P. Wesselhoeft.
Lientery from relaxation of the pyloric muscles.—Sch.
Lientery after a catarrh.

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Stools contain undigested food, in consequence of disturbance in the muscular fibres of the stomach.—Sch.

Constipation caused by atony of the muscular fibres of the intestines.—Sch.

Disposition to prolapsus recti.—Sch.

Haemorrhoidal tumors.—Sch.

Haemorrhoids, the principal remedy in conjunction with *Calc. phosph.*—Sch.

If cholera depends on an inflammatory state, according to the theory of Dr. Cramosy, it will suit the first stage.—Sch.

[21] **Urinary Organs.** Cystitis, with violent fever.—Sch.

Diabetes. Old School. Simple polyuria; also *Natr. sulph.* —Sch

Irritability of the neck of the bladder.—Robert T. Cooper.

Enuresis nocturna from weakness of the sphincter of the bladder.—Sch.

Retention of urine with fever in little children.—Sch.

Bright's disease, if the concomitant symptoms correspond. —Sch.

Urine spurted out with every cough: 27.

[22] **Male Organs.** Seminal emissions.

Inflammatory stage of gonorrhœa.—Lorbacher.

In treating the first stage of gonorrhœa, I have found *Ferr. phosph.* of great benefit. Have used the 12th, 30th and 200th centes. inwardly, and a solution of the 12th externally. *Kali mur.* in the second stage, for inflammation with painful erections, and *Kali sulph.* in the third or catarrhal stage, both in the same potencies and applied in the same way have rendered me most valuable services.—C. B. Knerr.

[23] **Female Organs.** Chlorosis. Pehrson.

Vaginismus, pain in the vagina from coition.—Sch.

Vaginismus, cannot bear examination, 10 decim.

Dysmenorrhœa with accelerated pulse and red face.—Sch.

Bearing down sensation in the uterus, with a constant dull pain in either ovarian region.—Stillmann.

During profuse menses, pain on top of head. See 3.

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[24] **Pregnancy.** During the third month of pregnancy, headache.

Cough with ejection of urine during pregnancy.

[25] **Larynx to Bronchia.** Hoarseness from overstraining the voice, with clergymen, singers, orators, actors, auctioneers, commanding officers, etc.—Sch.

Laryngitis. 30 and 2°.—Knerr.

Acute bronchial catarrh affecting the larger and smaller bronchi.—Goodno.

Violent fever in the beginning of croup; to be followed by *Kal. mur.* for the exudative stage.—Sch.

Much mucus in the throat and rattling in the chest. 2°.—Goodno.

[26] **Respiration.** With a deep inspiration or cough; pleuritic stitch: 28.

[27] **Cough.** Acute, short, spasmodic and very painful cough.—Sch.

Inflammatory or catarrhal stage of whooping-cough.—Sch.

Very tormenting, short, hacking cough with ejection of urine with each cough; during pregnancy. 6 trit.—Koeck.

Whooping-cough, with retching and vomiting.—Sulzer.

Cough in paroxysms, most at night or during the day when asleep. 2°.—Goodno.

Cough worse at night with much rattling of mucus in the chest, which is also most marked at night; slight fever. 2°.—Goodno.

Hæmoptysis, after concussion or a fall.—Sch.

[28] **Lungs.** Catarrh on the chest in children. 2°.—Goodno.

A boy, æt. 5. Right sided pleuritic stitch, worse when coughing and on deep inspiration.—W. P. Wesselhœft.

Pleuritis and pneumonia, first stage.—Sch.

Hæmoptysis in phthisis. 30 and 2°.—Knerr.

Coughs up clear blood; nosebleed; in pneumonia.

A woman, æt. 49. Pneumonia of left upper lobe, with well marked crepitation and profuse expectoration of frothy pink mucus, yellow watery diarrhœa, green vomiting.—Goodno.

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I have given *Ferr. phosph.* to all cases of bronchitis of young children this winter, and it has failed but a few times; have not given it in capillary bronchitis after the skin has become cold and bluish; giving *Tart. emet.*[20] the preference.—Goodno.

Pneumonia; spitting almost pure blood; followed two days later, on account of a thick, slimy fur on the tongue, by *Kal. mur.*, which cured the case.—Zwingenberg.

Promises to be a great remedy in phthisis florida.—Knerr.

[29] **Heart.** *Ferrum* causes a paretic state of the muscular coats of the blood-vessels, not the tension of *Acon.;* will not cure thoroughly unless there is a full pulse, but a pulse less bounding than in *Acon.* and not so flowing as in *Gelsem.*—Farrington.

Pulse full, from 120 to 160, summer complaint.—C. R. Norton.

Palpitation from congestion (after it *Kal. mur.*).—Sch.

Accelerated pulse, with dysmenorrhœa: 23.

Quick pulse: 33.

[30] **Chest, External.**—Upper thorax, rheumatism: 33.

[31] **Neck and Back.**—Crick. Competes with *Calc. sulph.*—Sch.

[32] **Limbs, Upper.**—Swelling in shoulder-joints: 20.

Rheumatic pains in right shoulder-joint.—W. P. Wesselhœft.

Acute rheumatism of the shoulder-joint, right; it was red and swollen, very sensitive to touch.—C. R. Norton.

Violent pain in the right shoulder and upper arm, of a drawing, tearing character. By violent motion of the arm the pain was made worse, but was bettered by gentler motion, and so the patient hardly kept the arm still at all. The affected part was somewhat sensitive to touch. Feeling of deadness in the right hand and loss of strength, so that she could not lift heavy things.—C. R. Norton.

Palms of hands are hot, with children. Rheumatic complaints.

Rheumatism of right deltoid, unable to work, even to wear his cloak.—M. N. Johnson.

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Never saw fingers curved by articular rheumatism acquire their shape in so short a time.—S. Lilienthal.

Swelling of elbow after a sprain, horribly maltreated by leeches and an incision, with general weakness, loss of appetite, fever and earthy pale face; on upper part of forearm and lower part of upper arm a large swelling, red and hot, not allowing the least motion; insufferable pains, burning; sleepless. *Ferr. phosph.*, 3d cent., in water, one drop every hour and a half, followed by improvement until *Calc. fluor.* became indicated. See *Calc. fluor.*—Koeck.

[33] **Limbs, Lower.** Inflammation of the hip-joint.—Sch.

Severe pains in both knees, shooting down the legs; every motion painful; high fever, quick pulse, and increased temperature; sleepless at night from the severity of pains; in addition to the knees, one joint after the other was attacked; joints puffy, very little redness; finally swelling in shoulder-joints and upper thorax. After *Ferr. phosph.* it went downwards from one joint to the other to the knees and then passed off.—S. Lilienthal.

Skin on the outer side of the ankle pale red; foot greatly swollen. Acute synovitis. 2°.—C. R. Norton.

Steady, terrible pain all over the foot and ankle; cries because the pain is so bad; occasional shooting pains up the inside of the leg; once in a minute or two there would be a shooting pain in the foot around the ankle. Acute synovitis. 2°.—C. R. Norton.

An acute, very painful suggillation on the dorsum of the foot.—N. N.

Foot very sensitive to touch; toes felt as if they were bursting. 2°. Acute synovitis.—C. R. Norton.

[31] **Limbs, in General.** First stage of acute articular rheumatism of the joints.—Sch.

Wrist and knee affected by rheumatism. *Ferr. phosph.*[6] every two hours for three days, and after there was no fever, *Kal. mur.* same way.—Brisken.

[35] **Positions, Motions.** Pains which are only felt during

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motion or are increased in motion; (after it *Kali mur.*). —Sch.

On stooping, headache: 3; faceache: 3; cannot see: 5.

Worse from motion or shaking the head, headache or faceache: 3.

Gentle motion of arm made it better, hence did not keep the arm still; violent motion made it worse: 32; not allowing the least motion; every exertion painful: 33.

Desire to run about: 36. Desire to lie down: 36.

[36] **Nerves.** Great nervousness at night. Headache.

He desired to get out of bed, and wished to run around, but was so weak that he fell over; very talkative and hilarious.—W. P. Wesselhoeft.

A general feeling of weakness and desire to lie down. Rheumatism of shoulder.—C. R. Norton.

Great prostration. Summer complaint.—Goodno.

General weakness. See elbow: 32.

Convulsions with fever.—Sch.

Epilepsy with congestion to the head.—Sch.

Acute cases of rheumatic paralysis.—Sch.

Muscles so weak could hardly move about: 2.

[37] **Sleep.** Restless at night. Summer complaint.—Goodno.

Restlessness, sleeplessness; measles.

Cough in day-time, when asleep: 27.

Sleepless: 32; from the severity of pains: 33.

[38] **Changes as to Time.** Chill returned at the same hour (1 o'clock) every day, while sitting at table.—J. M. Curtis.

At night, nervous: 3.

Midnight till morning, bloody stools: 20.

Most at night, paroxysm of cough: 27.

Rattling of mucus: 27.

[39] **Temperature and Weather.** Top of head sensitive to cold air: 4.

After warm food and warm drinks, toothache, relieved by cold: 10.

[40] **Fever.** Removed a chill which returned at the same hour (1 o'clock) every day, while sitting at table.—J. M. Curtis.

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General heat with very little thirst.

High fever, skin hot and dry, summer complaint.—Goodno.

Sweat between 4 and 6 A.M., with increase of pain, Rheumatism of shoulder.—C. R. Norton.

Intermittent fever, with vomiting of food.—Sch.

In the beginning of typhus; to be followed by *Kali mur.*—Sch.

High fever, quick pulse and increased temperature: 33.

Fever, with the complaints accompanying teething: 10; with gastritis: 47; with cystitis: 21; retention of urine: 21; beginning of croup: 25; with cough: 27; see elbow: 32; convulsions: 36.

Copious night sweats, not relieving the great pains of rheumatism, driving out of bed.—Brisken.

[41] **Attacks.** Every minute or two a shooting pain in the foot: 33.

Headache at times for many years.

Sudden attacks of sick stomach.

Cough in paroxysms: 27.

Every day, same hour, chill: 38.

[42] **Locality and Direction.** From back to front, pains in head: 3.

Stye on lower right eyelid: 5.

Right side pleuritic stitch: 28.

Right shoulder rheumatic: 32.—abcd.

Right hand numb: 31.

Shooting up inside of leg: 33.

Shooting down the legs: 33.

Going down during the cure in the reverse order of appearance. See knees: 33.

[43] **Sensations.** Unbearable pains, burning: 32.

Cries because the pain is so bad: 33.

As if bursting, toes: 33.

[44] **Tissues.** Hyperæmia; congestion of the blood-vessels, depending on relaxation of the muscular fibres of the blood-vessels.—Sch.

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All kinds of inflammation, as long as no exudation has taken place.—Sch.

In the beginning of inflammation of the skin, or connective tissue.—Sch.

In the first stage of inflammation, hyperæmia, to the abatement of fever and beginning of sweat.—Sch.

First stage of all inflammations, as long as there is no suppuration.—Sch.

Varicose veins, in young persons; used internally and externally.—Sch. N. B.—*Fluoric acid* has cured varicose veins in old persons.—C. Hg.

Telangiectasia, nævus.—Sch.

Bleeding (bright red) from any orifice of the body, summer complaint.—Goodno.

Leukemia; the blood corpuscles are normal as to quantity, but lack color.—Sch.

To be given in true chlorosis, as soon as the general condition has been improved by *Calc. phosph.*—Sch.

Relaxation of the muscular fibres supplying the blood-vessels, and of those presiding over voluntary motion.

Rheumatic fevers.—Morgan.

Acute articular rheumatism, 15 cases.—Feichtman.

Scrofula, articular rheumatism: 34.

Rhachitis.

Periostitis.—Dietrich.

Cancer.—Carmichael, Fuget, Dupopet.

Dropsy from loss of blood or other fluids.—Sch.

[45] **Touch, Passive Motions.** In the beginning of contusions, cuts, and other fresh wounds, also in sprains, etc.—Sch.

Hyperæmia following mechanical injuries.—Sch.

New wounds not yet suppurating heal rapidly.—Sch.

New wounds and bruises, to be used internally as well as externally.—Sch.

In fractures, at the beginning, for injury to the soft parts.—Sch.

In bone diseases, if the adjacent parts are red, hot and painful.—Sch.

Top of head sensitive to any jar: 4.

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Pressure aggravates gastralgia: 17.
After concussion or a fall, blood-spitting: 27.
Very sensitive to touch, rheumatic shoulder and arm: 32.
After a sprain of elbow: 32.
Sensitive to touch, foot: 33.

[46] **Skin.** In the beginning of measles; afterwards the eye and cough symptoms indicate another remedy.—Sch.
Measles, 35 cases; with conjunctivitis and photophobia.—Koeck.
In the beginning of small-pox, with violent fever and cerebral congestion.—Sch.
Erysipelas, with intense fever and inflammatory symptoms.—Sch.

[47] **Stages of Life, Constitution.** A boy, æt. 5; pleurisy: 28.
Woman, æt. 37, nervous temperament; acute rheumatism.
Children and grown persons, congestion of brain: 3.
Children's headache: 3; diarrhœa: 20: catarrh: 28; bronchitis: 28.
Old maid, æt. 75; chronic diarrhœa: 20.
A woman, æt. 49; pneumonia left lobe: 28.
Young people, varicose veins (old people, *Fluor ac.*)
A workman, æt. 39, unable a long while to use his arm; *Ferr. phosph.*[12], six drops, one in three tablespoonfuls of water, taken three times every day, after three days able to work: 32.—M. N. Johnson.

[48] **Relationship.** Between *Acon.* and *Gelsem.*, in fever.—Farrington.
After *Natr. mur.* had cured attacks of half sightedness, *Ferr. phosph.* cured the headache.
Ferrum in all constitutions with erethism of the vascular system, reddened cutis, flushed face; florid form of chlorosis.
Propylamin and *Colchicum* did not help; *Ferr. phosph.* very soon. Rheumatism.
4th cent., one drop to a spoonful of water, every one or two hours in 35 cases of measles.
In croup, to be followed by *Kali mur.*; in pneumonia, on

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account of a thick, slimy coat on the tongue; in palpitation: 29; in typhus: 40; in pains: 34, 35.

Followed by *Calc. sulph.* in hip-joint affections: 33; by *Kali phosph.* if in colic of horses gangrene threatens; by *Calc. phosph.* in chlorosis; in hemorrhoids by *Calc. fluor:* See elbow: 32; *Natr. sulph.*, in diabetes; *Ant. tart.*, in capillary bronchitis: 28.

KALI MURIATICUM.

From Schüssler's Third edition and from Journals.

[4] **Head Outer.** Catarrh of the frontal sinuses: 7.

White, scaly dandruff on the scalp caused itching; like *Natr. mur.*

The dandruff on the head increased very markedly, and fell in small white flakes over the coat collar.—W. P. Wesselhoeft.

Milk crust; afterwards *Calc. sulph.*

[5] **Eyes.** Dictyitis. After looking over a plain covered by snow, violent pain in right eye. Three years treatment by very learned specialists made her worse. Exudation in the interior of the eye had followed; saw everything as through a frozen window. The left eye also gets weaker; sees things double. *Kali mur.*, 6th cent., in water, eight doses, taking it morning and evening. After two weeks, improving. Repetition was followed by continual improvement. She could see a month after. —Koeck.

Conjunctivitis and keratitis with formation of small superficial blisters.—Feichtmann.

One little blister on the cornea.

On the lower edge of left cornea a little blister from which a bunch of small veins runs.—W. P. Wesselhoeft.

Spots on cornea.

Flat ulcers on the cornea following a blister.

Feeling of sand in the eye.—W. P. Wesselhoeft.

White mucous secretion from the eyes.

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Yellowish, green pus from the eyes.
Suppurating points on the edges of the eyelids.
Yellow crusts of pus on the edges of the lids.
Edges of eyelids scabby.—W. P. Wesselhoeft.

[6] **Ears.** Hardness of hearing from a swelling and catarrh of the eustachian tube and the middle ear. See *Kali phosph.* and *Natr. mur.*
Mumps. See *Natr. mur.*

[7] **Nose.** White mucous discharge in coryza; catarrh of the frontal sinuses.

[8] **Face.** Swelling of the cheek. First *Kali mur.*, then *Calc. sulph.*

[9] **Lower Jaw.** Barbers' itch; also *Natr. mur.*

[10] **Teeth.** Toothache with swelling of the gums and flow of saliva.

[11] **Tongue.** In inflammation of the tongue if *Ferr. phosph.* is not sufficient. Coating of the tongue white not mucous.
White fur on the tongue, of syphilitic origin.—N. N.

[12] **Mouth.** Flow of saliva. See toothache: 10.
Aphthæ.

[13] **Throat.** In cavity of mouth and fauces a syphilitic fur.—Fisher.
Angina beginning with white points on the opening of the ducts of the glands, threatening diphtheritis.—N. N.
If the tonsils are swollen, especially if they are covered with a white or whitish gray coating; chronic swelling of the tonsils.
Catarrh of the mucous membrane of the fauces, tonsils and pharynx with white exudation.
In most cases of diphtheria.
In diphtheritis all depends on the removal of the exudation, in which the filaments of the mouldy parasite are thriving most exuberantly, like the worms in rotten cheese; this can be done by *Kal. mur.* in the molecular state with the greatest certainty if it is begun at the right time.—Sch.
Croupous, diphtheritic exudations.

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[16] **Belching.** Gulping up white mucus; with the pains: 43.
Vomiting of blood; also *Ferr. phosph.*

[18] **Hypochondria.** Liver disease and dropsy: 22.

[19] **Abdomen.** Gastroduodenal catarrh; jaundice.

[20] **Stool.** White mucous diarrhœa.
Bloody stool; bloody mucous diarrhœa.
Bloody, slimy diarrhœa.—Sulzer.
Dysentery.
Sufficient in most cases of dysentery; sometimes to be followed by *Calc. sulph.*
In dysentery even if there is no blood in the discharges.—Fischer.
Syphilitic complaints about the anus.
Hemorrhoidal bleedings.
Chafing or rawness of the skin, in children.

[21] **Urine.** Kidney disease; dropsy: 44.
Bright's disease of the kidneys, if the accompanying symptoms correspond.
Inflammation of the bladder with violent fever; after *Ferr. phosph.*
Chronic catarrh of the bladder; the principal remedy.—Sch.

[22] **Male Organs.** Principal remedy for gonorrhœa.
It cured within a few weeks a case of gonorrhœa, and an eczema reappeared on forehead.—Koeck.
Gleet with eczematosis, or with a disposition to infiltration of glands.—Several practitioners.
Orchitis after suppression of gonorrhœa.
Is a specific for chancre as for syphilitic gonorrhœa, and in such cases the lower potencies, 3d cent. trituration are more trustworthy than the sixth.—Sch.
The chief remedy for chancre, (3d cent.), internally and externally.
After chancre (not gonorrhœa), pointed condylomata on corona glandis.—Fischer.
Chronic syphilis; also *Calc. sulph.*, *Silic.*, and *Kali sulph.*
Of syphilitic origin, fur on tongue: 11.

[23] **Female Organs.** Uterine hemorrhages.

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Menstruation too early and too profuse.
Menses suppressed; also *Kali phosph.*
Bland, white, mucous leucorrhœa with suppressed or scanty menses.

[24] **Pregnancy.** Mastitis before suppuration commences, then *Calc. sulph.* or *Silic.*

[25] **Larynx.** Simple hoarseness arising from a cold.
Membranous croup.
Chief remedy in croup; for violent fever in the beginning, first *Ferr. phosph.*; if *Kali mur.* is not sufficient, *Calc. sulph.* follows well.

[27] **Cough.** In acute, short, spasmodic cough, after *Ferr. phosph.*
In whooping-cough, after *Ferr. phosph.*

[28] **Lungs.** Croupous inflammation of the lungs.
Inflammation of the lungs in the second stage.
Sputa white as milk.
Yellowish-green mucous discharge from the lungs.

[29] **Heart, Pulse.** Palpitation of the heart from congestion of blood, after *Ferr. phosph.*
Heart disease; dropsy: 22.

[32] **Limbs, Upper.** After dancing, and cooling drafts from the right side, a stiff neck and pain in shoulder when moving the right arm. Next night so bad that she had to cry out. Horrible treatment followed for three months. Cannot move the arm, it causes pain in shoulder and then in shoulder blade; elbow and hand somewhat movable; fingers numb and powerless. The pains are a continuous pressing; dry heat or letting the sun shine on it, does good; cannot bear tight clothes or to lie on the affected side. No worse at night. *Kali mur.*[10], 20 globules in 6 ounces water, adding some alcohol; morning, noon and evening, two tablespoonsful. In 3 days not worse; *Kali mur.*[6], 1-10 of a grain. Same way but only twice a day. A week after could move her arm. Daily a teaspoonful. After four weeks perfectly well.—Koeck.

[33] **Limbs, Lower.** Inflammation of the hip-joint.
Ulcers on the legs, with callous edges.

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Ingrown toe nail.

[35] **Motion, Rest.** When moving the arm, pain: 32.

Pains only during motion, or aggravated by motion, after *Ferr. phosph.*

Cannot lie on the affected side: 32.

[36] **Strength.** Rheumatic paralysis.

[38] **Times.** At night so bad had to cry out: 32.

[39] **Warmth and Cold.** Burns in the first and second degree.

Chilblains when recent.

From a cold, hoarseness: 25.

After dancing in a cooling draught: 32.

Sunshine on arm lessens pain: 32.

Dry heat lessens pain: 32.

[40] **Chill. Fever. Sweat.** In typhus after *Ferr. phosph.*

Intermittent fever; tongue coated white.

The more profuse the sweat which follows the use of *Ferr. phosph.*, in the first stage, the quicker will *Kali mur.* bring the disease to an end; in inflammations of the peritoneum, pleura, the serous membranes of the brain, and the pericardium.

[42] **Right and Left.** First right then left eye: 5; in right eye, pain: 5; left cornea, blisters: 5; right side of neck: 32.

[43] **Sensations.** Pains, with gulping up white mucus.

Crying out with pain at night: 32.

[44] **Tissues.** Hemorrhages; blood black, thick and tenacious.

Acute infiltration of the lymphatic glands.

Chronic swelling of glands.

Sticky secretions.

In the second stage of inflammation (exudation) until convalescence, or a discharge occurs, which indicates either *Calc. sulph.* or *Kali sulph.*

In acute articular rheumatism, after *Ferr. phosph.*

Chronic articular rheumatism; rheumatic gouty pains.

In skin and connective tissue inflammations when the first stage, to which corresponds *Ferr. phosph.* is past.

Fibrinous exudation into the interstitial connective tissue. (f. e. mastitis.)

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In hard scorbutic infiltrations of the connective tissue beneath the skin.

Proud flesh.

Dropsy caused by heart, liver or kidney disease.

[45] **Touch. Hurts.** If after *Ferr. phosph.* given for bruises, cuts, wounds or contusions, there remains a swelling of the contused parts.

After mechanical injuries, proud flesh.

Cannot bear tight clothes: 32.

[46] **Skin.** Jaundice caused by gastro-duodenal catarrh.

Eruption; little blisters, or crusts arising from them.

Bran-like scales, originating from little blisters.

White scaly eruption; also *Natr. mur.*

Infiltrated inflammation of the skin, with or without vesicles, (erysipelas) etc.

Vesicular erysipelas (Blasenrose).

Shingles; afterwards *Natr. mur.*

Sufficient in light cases of scarlatina.

The principal remedy in small-pox.

Greenish, brownish, yellowish crusts; afterwards *Calc.sulph.*

Lupus; also *Calc. phosph.*

[48] **Other Drugs.** Also *Calc. phosph.* in lupus.

Calc. sulph. follows according to the discharge in milk-crust: 4; eruptions: 46; inflammations: 44; mastitis if suppuration follow; in dysentery: 20; face: 8.

It follows after *Ferr. phosph.* in glottitis: 11; blood vomit: 16; cystitis: 21; croup: 25; whooping and also other coughs: 27; heart affection: 29; pains: 35; typhus: 40; inflammation of skin: 44; rheumatism: 44; mechanical injuries: 45.

Also *Kali phosph*: see ears: 6; suppressed catamenia: 23.

It is followed by *Kali sulph.* in syphilis; in croup: 25; according to the discharge in inflammations: 44.

Also mentioned with *Natr. mur.* in dandruff: 4; ear disease: 6; mumps: 6; barber's itch: 8; and in white scaly eruptions; *Natr. mur.* follows well in shingles.

In mastitis after it *Silic.*, also in syphilis.

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KALI PHOSPHORICUM.

[1] **Mind.** Depression of spirits; vexation; irritability; easily frightened; inclination to weep, and to fear.

[2] **Sensorium.** Nervous vertigo.

[3] **Head, Inner.** Function of the brain-cells depressed after concussions of the brain.

Perhaps a remedy for concussion of the brain.

Softening of the brain.

If in any brain affections a diarrhœa smelling like carrion sets in, it must be given.

[5] **Eyes.** Weakness of vision after diphtheria.

[6] **Ears.** Nervous roaring in the ears.

[7] **Nose.** Tendency to nosebleed.

[10] **Teeth.** Toothache in pale, weak, irritable persons.

Toothache, with easily bleeding gums.

Scorbutic gums in scurvy.

Brown covering of the teeth; discharges smelling like carrion.

Septic bleeding.

[11] **Tongue.** Tongue as if streaked with fluid mustard, with bad smell from the mouth.

[12] **Mouth.** Diphtheria.

Scorbutus.

Noma.

[13] **Throat.** Diphtheritis maligna; no better after *Carb. ac.*, *Merc. jod.*, *Merc. cyan.*, *Nitr. ac.*, *Chinin.*, *Arsen.*; were cured with *Kali phosph.*, sometimes followed by *Natr. mur.*

In diphtheria, with marked putrid, gangrenous condition.

[17] **Stomach.** Stomatitis, the gums getting loose.

Stench from the mouth.—Rapp.

If in a case of inflammation of the stomach which has come under treatment too late, symptoms of failing strength, dryness of the tongue, etc., appear.

[19] **Abdomen.** Inflammatory colic of horses with incipient gangrene.

Abdominal herniæ and prolapsus in weak persons; also *Calc. phosph.*

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[20] **Stool.** Cholera (second stage) caused by an affection of the nerves of the intestinal canal.

Watery diarrhœa without bellyache.

Diarrhœa, with discharges smelling like carrion.

Putrid diarrhœa with great prostration.

In dysentery with dryness of the tongue, delirium, bloating of the belly, carrion-like smell of the discharges.

Also in dysentery when without symptoms of putridity, pure blood is discharged.

[21] **Urine.** Brights disease of the kidneys if indicated by the accompanying symptoms.

Diabetes mellitus; with *Calc. phosph.*, *Natr. phosph.*

Inflammation of the bladder, catarrh of the bladder when vomiting, paleness of the face, loss of strength and dryness of the tongue occur.

Wetting the bed, with general weakness; also *Calc. phosph.*

[22] **Sexual Organs, Male.** Phagedenic chancre.—Sch., Fischer.

[23] **Sexual Organs, Female.** Dysmenorrhœa and other menstrual derangements in pale, irritable women, easily excited to tears.

Suppressed menses; also *Kali mur.*

[24] **Pregnancy.** Weak labor pains.

Mastitis, with gangrenous, bad colored, bad smelling pus.

[26] **Breathing.** Nervous asthma, with depression.

Asthma after the most moderate use of food.

Asthma, with grayish appearance, sudden emaciation, sunken eyes, indicates according to Rapp, all the Kali combinations.

[27] **Cough.** The principal medicine in whooping-cough.—Sch.

[28] **Lungs.** Acute œdema of the lungs, dyspnœa, spasmodic cough, with expectoration of frothy serous masses; also *Natr. mur.*

[29] **Heart. Pulse.** Nervous palpitation of the heart.

[36] **Nerves.** Lassitude and prostration.

Weakness and putrid states.

Adynamic typhoid condition.

If during the spasmodic attack the face is very pale and

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sunken, the body and limbs are cold, and after the attack violent palpitation of the heart occurs.

Paralysis after diphtheria.—Feichtmann.

Paralysis dependent on exhaustion of the nerve-power in recent cases.

[40] **Chill. Fever. Sweat.** After acute sickness accompanied by fever; intermittent, sweat profuse and exhausting, stinking.

Intermittent with putrid sweats.—Fischer.

Typhus, with a haggard face, pulse whizzing or very small.

Ileotyphus.—Fellger.

In yellow fever *Kali phosph.* ought to be given particularly if *Carb. veg.* is not sufficient.—C. Hg.

[43] **Sensations.** Paralytic pains which are lessened by moderate motion and aggravated by too long continued walking, and are most felt especially after rising from sitting (on beginning to move).

Laming (paralytic) pains in the nerves, most in rest, better from motion without exertion.

Pains in pale, sensitive, irritable people.

Attacks of pain followed by great weakness.

[41] **Tissues.** Too rapid decay of the blood corpuscles.

A condition simulating chlorosis; according to the symptoms.

Anæmia caused by long lasting mental depression.

Hemorrhage bright-red or dark-red, thin and watery, not clotted; also *Natr. mur.*

Septic hemorrhages.

Scorbutic bleeding.

Putrid decomposition in the myosin.

Gangrene.

In acute articular rheumatism after *Kali mur.;* suits better the chronic stage.

Fatty metamorphosis in the muscular fibres.

Atrophy and bad smelling diarrhœa occurring in rachitis.

In rachitis with atrophy, profuse stinking, discolored diarrhœa, accompanied by violent thirst and at times

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discolored vomiting, where Lorbacher considered *Arsen.* the only remedy, *Kali phosph.* might have been equally good, might even have cured the case quicker.—Sch.

[45] **Contact, Injuries, etc.** Ichorous discharge and gangrene after mechanical injuries.

[46] **Skin.** Skin diseases with bad smelling discharge.

Scarlet fever, small-pox, etc.

In small-pox when there are symptoms of adynamia and decomposition of blood.

Ulcers, with bad colored, ichorous, bad smelling pus.

KALI SULPHURICUM.

Additions from Schüsslers Third Edition.

[4] **Head, Outer.** Great pain on moving head from side to side or backwards; can move it forward without pain.—W. P. W.

Yellow scales (dandruff) on the scalp.

Hair falls out easily when combing, all over head; also the beard.—W. P. W.

Bald spots as large as a silver dollar on left side of head.—W. P. W.

[5] **Eyes.** Yellow mucus in eye diseases.

Crusts of yellow pus on the edges of the lids.

[6] **Ears.** Deaf from an excrescence for eight weeks.—W. P. W.

Deafness caused by catarrh and swelling of the eustachian tubes and the middle ear. See *Kali mur.* and *Natr. mur.*

Discharge of a thin yellow fluid from the ear, with or after earache.

Purulent otorrhœa since scarlet fever.—Johnson.

Brown offensive secretion from right ear.

Polypoid excrescence closes the meatus near the opening.—W. P. W.

[7] **Nose.** Taste and smell lost; ozæna.

Coryza, with yellow mucous discharge.

Thick yellow offensive ozæna, alternating with a watery discharge.

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Dark brown accumulation of semi-fluid pus, emitting when blown out a terrible stench.

[8] **Face.** From antrum of Highmore a piece of carious bone through upper left alveolus.

[9] **Lower Jaw.** Between lips and mouth; whooping-cough.

[10] **Teeth.** Toothache, worse in the warm room and toward evening, better in the open cool air.

[11] **Tongue.** Compare hemorrhoids: 20.

Tongue coated yellow, slimy; also in intermittent fever.

If *Natr. mur.* is not sufficient for pains in stomach with collection of water in the mouth, the coating of the tongue is often indicative.

[12] **Mouth.** Water collecting in mouth. See tongue: 10.

[17] **Stomach.** Sensation of faintness at stomach and befogged feeling in head, fearing to lose her reason.

Pressure and feeling of fulness in the stomach, with a yellow mucous coating on the tongue. See tongue: 11.

Catarrh in stomach. See hemorrhoids: 20.

[19] **Abdomen.** Gastroduodenal catarrh; jaundice.

Hard and tympanitic abdomen; whooping-cough.

[20] **Stool.** Constipation with the eruption.

Black, thin, offensive stools, five a day; whooping-cough.

Yellow mucous diarrhœa.

In constipation according to the coated tongue.

Hemorrhoids, with catarrh of the stomach and yellow mucous coated tongue.

[22] **Sexual Organs, Male.** Orchitis after suppression of gonorrhœa (after *Kali mur.*).

Chronic syphilis if indicated by the secretion.

Gleet.—Lorbacher.

Since gonorrhœa, bald spot on head.—W. P. W.

[23] **Sexual Organs, Female.** Catamenia every three weeks; ozæna.

Menses too late and too scanty.

Bland yellow leucorrhœa.

[25] **Larynx.** For hoarseness after taking cold; but less frequently than *Kali mur.*

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[27] **Cough.** Whooping-cough with retching, without vomiting. Whooping-cough improved.—W. P. W.

Coarse rales are heard and the patient cannot cough up the large amount of mucus; also *Natr. mur.* In pneumonia.

Yellow mucous expectoration in coughs.

[31] **Neck. Back.** Backache and pains in the limbs, worse in warm room and toward evening, lessening in the cool open air.

Stiff neck, head inclined toward the left and the left shoulder raised.

[32] **Limbs, Upper.** Eruption in left axilla, about the neck and on the back of both hands. Rhus poisoning.—W. P. W.

Scaly eruption mostly on arms, relieved by hot water; of twenty-five years standing. 6th, 30th, 200th.—C. Hg.

[33] **Limbs, Lower.** Varicose ulcer on the right leg just above the instep after the kick of a horse three years ago; eight inches in circumference, concave, dark blue, omitting a stinking odor.—Johnson.

[34] **All the Limbs.** Pain in limbs: 31.

In acute rheumatism of the joints after *Kali mur.*

Corresponds particularly to wandering rheumatism of the joints.

[37] **Sleep.** Very vivid dreams.

[38] **Times.** Worse toward evening, toothache: 10. Backache: 31. Pain in limbs: 34.

[39] **Temperature.** Takes cold very easily; ozæna.

After taking cold, hoarse: 25.

Worse warm room, better open, cool air, toothache: 10.

Pains worse in warm room, better in open, cool air: 43.

Attacks of eruption worse in fall and spring.

[40] **Chill. Fever. Sweat.** Intermittent fever, with yellow slimy coated tongue.

[42] **Sides.** Right leg, ulcer: 33.

Left nostril worse; ozæna.

[43] **Sensations.** Pains which are worse in the warm room and in the evening, but are better in the open, cool air.

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[44] **Tissues.** Sphere of action is in the lymphatic vessels; when there is a lack of it, a yellow mucous catarrh arises or a yellow sticky discharge from isolated places on the membranes.

In the third stage of inflammation, resolution, when a yellow mucous discharge occurs.

If a profuse serous exudation occurring after an inflammation is not absorbed under the action of *Kali mur.* or *Natr. mur.*

Wasted to a shadow; whooping-cough.

[45] **Contact, Injuries, etc.** After kick of horse, ulcer: 33.

[46] **Skin.** In jaundice caused by gastroduodenal catarrh.

Old eczema driven away reappeared on the forehead after *Kali sulph.* had been given for a gonorrhœa for several months.

Abundant scaling of the epidermis without preceding vesicles.

Sticky exudation in skin diseases after *Kali mur.*

To promote desquamation after erysipelas.

In small-pox it accelerates the removal of the scabs.

In scarlet fever it corresponds especially to the stage of desquamation and to the complaints which arise during this period.

Recurring eruption of fine red pimples, running together, when severe presenting a red swollen appearance; a strongly alkaline fluid oozes out copiously; after subsiding, cuticle comes off in fine scales.

Eruption itches and stings intensely, formerly relieved by cold water, lately by heat.

Small, hard herpetic vesicles, forming into a thin scab, with itching and some moisture; after a Rhus poisoning. —W. P. W.

For sticky exudation caused by *Kali mur.*

Boils break out and eruption is better.

Eruption most on face, arms and chest.

[47] **Stages and States.** Child, æt. 18 months, last stage of whooping-cough, given up to die, got well from *Kali sulph.*—C. B. Knerr.

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Boy, æt. 10, small, dark, lean. See stiff neck.

Girl, æt. 19, light complexion, scrofulous.

Woman, æt. 25, dark. Ozæna eighteen months. *Kali sulph.*[12] in water, once a week, in two weeks well.—W. P. W.

Girl, æt. 25, dark, eight months suffering from Rhus poisoning.

Man, æt. 27, dark, after *Kali sulph.*[12] every third day for three weeks, well.—W. P. W.

Man, æt. 33, light complexion, carious bone in face. *Kali sulph.* every morning, sufficient.

[48] **Other Drugs.** *Kali sulph.*[6], once a week, cured in four months the ulcer and improved the otorrhœa.—Johnson.

Kali mur. in deafness.

Kali mur. less frequently in hoarseness.

After *Kali mur.* in whooping-cough.

Kali mur. in profuse exudation: 44.

Natr. mur. in deafness.

If *Natr. mur.* is not sufficient with pain in stomach. See tongue: 11.

Natr. mur., coarse râles.

Natr. mur. in profuse exudation: 44.

Acet. ac. allays itching and redness.

Fowler's solution without relief of eruption.

Calc. ostr., *Silic.*, inefficacious.—W. P. W.

Lycop., *Natr. mur.*, of no avail; bald spot on head.

Sulphur, *Rhus tox.*, *Sepia*, no effect. *Kali sulph.*[12] in water, twice a day. Cured in two weeks.

MAGNESIA PHOSPHORICA.

[1] **Mind.** Laments all the time, about pain with hiccoughing: 16.

Has to scream out, with cramps in abdomen: 19.

[3] **Head, Inner.** A case of headache since two weeks, every evening about 10 o'clock, without a chill or congestions, lasts all night long till getting up in the morning. 10th decimal.—Sulzer.

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Headache: 43.

[5] **Eyes.** Double vision; sparks; sees colors of rainbow.
Spasmodic squinting.
Increased lachrymation. See face: 8.
Spasm of the eyelids.

[8] **Face.** Faceache: 43.
Boring over right eye, spreading after a few minutes over the whole right side to the lower jaw, driving out of bed.—Plate.
Tic douloureux, most in the supraorbital branch, sometimes going to the inferior maxillary mental branch.—Fisher.
Faceache radiating over one-half of the face, lasting five to six hours.—Plate.
Right side, facial neuralgia, jerking, cutting pain.—W. P. W.
Pain in face, every two to three hours.—Plate.
Pains in face and teeth; right side, changing locality.—Plate.
Faceache, worse when body gets cold.—Plate.
Faceache, with increased lachrymation; with *Natr. mur.*
Face distorted from pains and weakness; crampy colic.

[9] **Lower Jaw.** To lower jaw, faceache: 8.
Lockjaw.

[10] **Teeth.** Toothache: 43.
Teeth and faceache: 8.
Very vivid toothache relieved by warmth.
Toothache which changes place rapidly.
Teeth sensitive, worse after going to bed.—W. P. W.
Complaints incident to teething in children.
Spasms of children during dentition.—Sulzer.

[11] **Tongue.** Taste somewhat bitter; crampy colic.
Clean tongue, with pain in stomach: 17.
Tongue not much covered; pain in stomach.
Tongue slightly yellow; crampy colic.

[14] **Desires. Aversions.** Little appetite; faceache.
No appetite; crampy colic.
No appetite; pain in stomach.

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Less desire to eat, with gressus gallinaceus.

[15] **Eating and Drinking.** To drink sweetened coffee lessons the desire to stool, but he had great aversion to coffee; pain in stomach.

[16] **Nausea and Vomiting.** Spasmodic sobbing for three days, ceased with the second dose in water.

Singultus thirty times in a minute, sixty days life in danger; *Magn. phosph.* restored health very soon.—Quaglio.

Since three days continually, day and night, hiccoughing with retching; what came up was coagulated milk, bile and slime, with the greatest pain, so that she has to lament all the time; crampy colic.

Slight eructation of wind, very little at a time, without relief: 17.

Eructation less; colic: 19.

[17] **Stomach.** Stomacace: 43.

Spasmodic pains in the stomach, with clean tongue.

Pinching in the stomach, with slight eructations of wind, very little at a time, which afford no relief.

In region of stomach and epigastrium, pains; sometimes toward the back or abdomen, appearing with intermitting shooting, cramping.—N. N.

[18] **Hypochondria.** Left lobe of liver enlarged; after two weeks gone.—N. N.

Epigastrium pains: 17.

[19] **Abdomen.** Bellyache: 43.

Toward abdomen, pain in stomach: 17.

Bellyache, generally radiating from the navel, lessened by bending double or from pressure with the hand; often accompanied by a watery diarrhœa.

Cramps in abdomen, pains around navel and above it, toward the stomach and from thence radiating to both sides, toward the back, now violent cutting so that she has to scream out, then shooting and violent contracting like a spasm. She cannot bear to lie on the back stretched out, has to lie bent over.—Koeck.

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Colic when the pains come by spells and are lessened by bending double.

Colic in region of navel, has to double up.

Colic, which is ameliorated by bending double, from rubbing, external warmth and by eructating.

Wind colic of small children with drawing up the legs, with or without diarrhœa.

To be of value in flatulency, wind not passing down nor up.—Fischer.

Wind colic of cattle; tympanitis.

Meteorism of cows.

Cramps and wind colic of horses.

[20] **Stool.** Worse desire to stool after sweetened coffee: 15.

Stools loose, watery, with urging, sometimes the last alone; pain in stomach.

Watery diarrhœa with the bellyache: 19, 20.

Watery diarrhœa with bellyache; also *Ferr. phosph.*

Cholera caused by an affection of the nerves of the intestinal canal.

In dysentery, with cramp-like pains in the belly, which are lessened by pressure or bending double.

Stool torpid; faceache.

Stool interrupted; crampy colic.

[21] **Urine.** Spasm of the bladder.

Urinary complaints when the neck of the bladder is spasmodically closed.

Spasmodic retention of urine.

Spasmodic urinary complaints.

Wetting the bed from nerve irritation.

Enuresis in a young man.—Fischer.

Urine clear like water; crampy colic.

When urinating, he had violent shooting burning pains; discharge from urethra.

A bright slimy discharge from the urethra for three years with an old man.

[23] **Sexual Organs, Female.** Regulated the catamenia; faceache.

Menstrual colic.

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[24] **Pregnancy.** Spasmodic labor pains.

[25] **Larynx.** Spasm of the larynx.
Spasm of the glottis.

[26] **Breathing.** Nervous asthma. See Tissues.

[27] **Cough.** Genuine spasmodic cough.
Convulsive cough.
Attacks of convulsions, with whooping-cough.
Between the attacks, spasmodic cough; lasts several hours. —A. Plate.

[29] **Heart. Pulse.** Pulse 80; crampy colic.

[31] **Neck. Back.** Neck and back pains: 43.
Toward back, pain in stomach: 17.
Toward back, cramp in abdomen: 19.

[33] **Limbs, Lower.** Gressus gallinaceus with a horse.
Cramps in calves. Intermittent: 40.

[34] **All the Limbs.** Pains in limbs: 43.
Every night neuralgia, now in lower limbs, in tibia or in thighs, now on the left, now on the right side, mostly with spasmodic muscular contractions, during the day perfectly well.—N. N.

[35] **Position, etc.** The least motion brought on the pain; tic-douloureux.
Cannot bear to lie on back stretched out; pain in abdomen: 19.
Has to double up. See abdomen: 19, 20.
Relieved by bending double, colic.

[36] **Nerves.** Spasms without fever.
Spasmodic action with intermittent: 40.
Spasmodic muscular contraction with neuralgia: 24.
Spasms of children during teething: 10.
Convulsions, with whooping-cough: 27.
Epilepsy when neither *Ferr. phosph.*, nor *Kali phosph.*, nor *Silic.*, are indicated.
Epilepsy, attacks lasting one hour, after the third attack. 10th decimal.—Sulzer.
Tetanus, St. Vitus' dance, epilepsy.
Weakness. See face: 8.

[37] **Sleep.** Better after going to bed, toothache: 10.

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Driving out of bed, faceache: 8.

[38] **Times.** Day and night hiccoughing: 16. Every night neuralgia, during the day well: 24. Every evening 10 o'clock, headache, lasting all night till getting up in the morning: 3.

[39] **Temperature and Weather.** Worse from warmth, toothache: 10.

External warmth lessens colic: 19.

Better by warmth: 23.

Warm wadding relieves the faceache.—A. Plate.

Great dread of uncovering, with profuse sweat.—W. P. W.

Better from getting cold, faceache: 8.

After washing and standing in cold water; crampy colic.

[40] **Chill. Fever. Sweat.** Temperature rather below the normal; crampy colic.

Intermittent fever, with cramps of the colon or other spasmodic actions.

[41] **Attacks.** Every two or three hours, faceache: 8.

With intermitting pain in stomach: 17.

Coming by spells, colic.

Pains at intervals: 43.

Attacked with crampy contraction of fingers, staring open eyes, fifteen to thirty minutes duration.—Plate.

Every twenty-three days spasms, fifteen to thirty minutes duration.—Plate.

[42] **Sides.** Changing place rapidly, toothache: 10.

Changing place: 43.

Over right eye, spreading over right side of face: 8.

Right side, faceache: 8.

Now right, now left, neuralgia.

[43] **Sensations.** Radiating faceache: 8.

Radiating pain in abdomen: 19.

Pain rushes about like lightning.—Plate.

Quick, shooting, stitching pains which come at intervals and change place.

Changing place, pain in face: 8.

Neuralgic pains shooting like lightning or boring, often

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with a feeling as if laced or drawn together; changing place often, ameliorated by warmth or pressure.

Headache, faceache, toothache, stomachache, bellyache, pains in the limbs.

Sudden pains in the neck, back and limbs, a quick, shooting, boring; coming in spells; changing place.

Feeling of spasmodic constriction.

Greatest pain in stomach, with hiccoughing: 16.

[44] **Tissues.** Nervous asthma from primary irritation of the affected nerves; spasm of the glottis; tetanus; lockjaw; cramps of the calves of the legs; St. Vitus' dance, etc.

[45] **Contact, Injuries, etc.** Pressure with hand lessens the bellyache: 19, 20.

Rubbing lessens colic: 19.

Better by pressure: 23.

[46] **Skin.** Eruption, with white scales.

Barber's itch.—Sch.

[47] **Stages and States.** Children's colic, with or without diarrhœa: 19.

Children teething. See 10.

A girl, æt. 13, delicate, slender growth, since six years spasms.—Plate.

A woman, æt. 42, hectic appearance, catamenia scanty, omitting often.—Plate.

Faceache.

Woman, æt. 60, crampy colic.

Woman, æt. 60, since six years neuralgia. 6th centesimal every two hours.

A little lean man, æt. 70, since three years a discharge from urethra. See 21.

[48] **Other Drugs.** Had *Acon.*, *Coloc.*, *Nux vom.*, *Ipec.*, *Pulsat.*, *Arsen.*, with no avail; *Magn. phosph.*, 4th cent., every two hours a drop; could eat liver dumplings next day; crampy colic.—Koeck.

Alternating with *Ferr. phosph.* at intervals of two weeks; enuresis.

Ferr. phosph. in bellyache with diarrhœa: 20.

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Neither *Kali sulph.*, *Kali mur.* nor *Natr. mur.* did any good in discharge from urethra.

Kali phosph. in epilepsy: 36.

Magn. phosph.[12], every three hours, cured in three days.—Plate.

Mercur. gave no relief in tooth and faceache.

Natr. mur. in faceache: 8.

Spasmodic sobbing; morphia, chloroform, sinapis had been useless.

Silic. in epilepsy: 36.

Neither *Stramon.*, *Hyosc.*, *Arsen.*, *Tabac.*, *Niccol.*, did arrest a Singultus; *Magn. phosph.* very soon.

NATRUM MURIATICUM.

According to Schüssler's Third Edition.

[3] **Head, Inner.** Hemicrania in an old woman from her youth up, with sour vomiting, gulping up of sour water. After *Natr. mur.* for the remaining bitter taste: *Natr. sulph.*—Sch.

Increased quantity of water in the brain in acute diseases (typhus, scarlet fever, small-pox), manifested by sopor, convulsions, etc.

Headache: 43.

[4] **Head, Outer.** White scurf on the scalp. Compare *Kali mur.*

[5] **Eyes.** Pain in the eyes, with flow of tears, appearing daily at a regular time.

Woman, æt. 72. Burning in eyes, running of sharp water, corroding lids and cheeks, intolerable from 8 A.M. till sunset, best at night. Constant thirst, little appetite, chronic inflammation of lids; on both sides of nose excoriation and eczema. 6th cent. in water, three times a day for three weeks; great improvement.—Kœck.

Light mucous discharge, with sharp hot tears.

Increased flow of tears.

Flow of tears; with faceache: 8; toothache: 10; pains: 43, 44.

[6] **Ears.** Deafness caused by swelling and catarrh of the eusta-

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chian tubes and the middle ear. See *Kali mur.* and *Kali phosph.*

Mumps, with profuse flow of saliva.

Suppuration of parotis after typhus, which had been cured by *Kali phosph.*

[7] **Nose.** Coryza, with watery mucous discharge.

Both sides of nose excoriated: 5.

[8] **Face.** Faceache, with which there is an increased flow of tears at the height of the attack.

Neuralgia of trigeminus with lachrymation.

Faceache: 43.

Face pale and bloated in diphtheria: 13.

Face blue, œdema of lungs: 28.

Cheeks corroded from tears: 5.

[9] **Lower Jaw.** Vesicular eruption about the mouth; tongue moist anteriorly but clean. On back part coated with light colored mucus.

Barber's itch, after *Kali mur.*

[10] **Teeth.** Toothache: with profuse flow of tears; and profuse salivation.

Complaints of teething children; drivelling.

Toothache: 43.

[11] **Tongue.** Pains, with tongue coated with light colored mucus, and sluggish stool.

Tongue covered with a mucous layer, and on the edges of the tongue small bubbles of salivary mucus.

Tongue moist and clean anteriorly, back part coated with light colored mucus: 9.

Dryness of tongue; diphtheria: 13; in feverish diseases: 40.

[12] **Mouth.** Increased secretion of saliva.

Aphthæ in scorbuti (besides *Kali mur.*), especially with much drivelling, with dentition of children.

Flow of saliva with mumps: 6.

Salivation, with toothache: 10.

Water accumulated in mouth; stomachache: 17.

Salivation; with pains: 43; in small-pox: 46.

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[13] **Throat.** Catarrh of palate, tonsils and pharynx, when the mucous membrane is covered with transparent mucus, full of bubbles.

In diphtheria, if the face becomes pale or bloated, dryness of the tongue and vomiting of watery fluids or sopor occur (40); in scarlet fever the same.

Chronic swelling of the tonsils.

Eustachian tube swollen: 6.

[14] **Desires. Aversions.** Little appetite. Eyes: 5.

Constant thirst. Eyes: 5.

[16] **Nausea and Vomiting.** Gulping up of sour water, with headache: 3.

Vomiting of transparent mucus which can be drawn into long strings.

Vomiting of water.

Vomiting of watery fluids.

Vomiting of watery fluids in diphtheria: 13; in feverish diseases: 40.

Vomiting of water and mucus; in intermittent: 40; with pains: 43.

Sour vomiting, with headache: 3.

[17] **Stomach.** Stomachache, with accumulation of water in the mouth; if it is not sufficient, there is generally a coated tongue, which calls for *Kali sulph.*

Stomachache: 43.

[18] **Hypochondria.** Liver disease causing dropsy: 44.

[19] **Abdomen.** Gastroduodenal catarrh causing jaundice: 46.

Lessens the disposition to have worms.

[20] **Stool.** Diarrhœa, mucus transparent, like glass.

Habitual constipation, according to the accompanying symptoms.

Sluggish stools with the pains: 11.

[21] **Urine.** Bright's disease of the kidneys if accompanying symptoms correspond.

Kidney disease causing dropsy: 44.

[22] **Sexual Organs, Male.** Gleet, discharge of transparent mucus.

Orchitis after *Kali mur.*

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Collection of serum in the tunica vaginalis (hydrocele); also *Calc. phosph.*

[23] **Sexual Organs, Female.** Leucorrhœa of acrid, irritating mucus.

Corroding leucorrhœa of transparent mucus.

[25] **Larynx.** Chronic catarrh of anæmic persons; after *Calc. phosph.*

[26] **Breathing.** Wants air, œdema of lungs: 28.

[27] **Cough.** Hooping cough; after *Ferr. phosph.* or *Kali mur.*

After *Kali sulph.* when moist rales are heard and the patient cannot cough up the large quantity of mucus; in pneumonia.

Chronic cough of tuberculous subjects.

Spasmodic cough, with expectoration of frothy serous matter; œdema of lungs: 28.

[28] **Lungs.** Acute œdema of the lungs, wants, air, spasmodic cough, with expectoration of frothy serous matter; face blue; after *Kali phosph.*

[29] **Heart. Pulse.** Heart disease causing dropsy: 44.

[33] **Lower Limbs.** Collection of serum in the mucous sac on the knee pan.

Hygroma patellæ; also *Calc. phosph.*

Knee-joint, chronic swelling: 44.

[36] **Nerves.** Convulsions: from water in brain: 3; in feverish diseases: 40.

[37] **Sleep.** Sopor: from water in brain: 3; in diphtheria: 13; in acute diseases: 40; in small-pox: 46.

[38] **Time.** From 8 A.M. till sunset. Corroding tears. Eyes: 5.

[40] **Chill. Fever. Sweat.** If in acute disease (diphtheria, scarlet fever, small-pox, etc.) accompanied by fever, sopor sets in, or dryness of the tongue, convulsions, vomiting of watery fluids occur.

Intermittent fever, with vomiting of water or mucus.

After typhus, suppuration of parotis: 6.

[41] **Attacks.** Daily at a regular time, flow of tears: 5.

Periodic pains occurring daily: 43.

[43] **Sensations.** Periodic pains occurring daily, with profuse acrid tears.

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Pains, with vomiting of transparent mucus or of water.

Headache, toothache, faceache, stomachache, etc., when either salivation, flow of tears, or vomiting of water or mucus accompanies.

Pains, with coated tongue and sluggish stool: 11.

" **Tissues.** Salt is a regulator of water in the tissues, also of the nervous tissues. In some neuralgias of the ocular branch of the trigeminus, tears flow out at the height of the pains. *Natr. mur.* is given to restore and to heal. —Sch.

Regulates (with *Natr. sulph.*) the quantity of water in the system; *Natr. mur.* prevents in a measure the water from leaving the arterial stream. (*Natr. sulph.* the venous).

Condition like chlorosis, indicated by the characteristic accompanying symptoms.

Hemorrhages bright red or dark red, thin and watery, not coagulated; after *Kali phosph.*

When serous exudation after inflammation will not be absorbed by the use of *Kali mur.*; *Kali sulph.* or *Natr. mur.* may be given.

Chronic swelling of the glands after *Kali mur.* or *Calc. phosph.*

For gonorrhœa after *Kali mur.*, if it corresponds to the quality of the secretion.

Catarrh of any of the mucous membranes, with secretion of transparent, watery mucus, full of bubbles.

Secretion of white mucus, full of bubbles.

Mucus transparent, color of the white of an egg, like boiled starch.

Collection of serum in the joints, in closed sacs (hydrocele); in the pleura.

Dropsy caused by heart, liver or kidney complaints; if the accompanying symptoms correspond.

Chronic, articular rheumatism, besides *Kali mur.*, *Calc. phosph.*; cracking of the joints with this state; chronic swelling of the knee-joint in scrofulous subjects; also *Calc. phosph.*

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Rheumatic, gouty pains.

[46] **Skin.** Chafing in children.

Jaundice caused by gastro-duodenal catarrh.

White scaly eruptions; after *Kali mur.*

Watery not sticky discharge, with or without vesicles, which contain a watery not glutinous substance; after *Natr. sulph.*

Blisters which burst and leave a thin crust.

In small-pox, salivation, sopor, confluent pustules.

Zona (shingles): after *Kali mur.*

Scarlet fever: 13; sopor, etc.: 40.

Small-pox, sopor, etc.: 40.

[47] **Stages and States.** Teething children: 10.

Anæmic people. Catarrh: 25.

Tuberculous subjects. Cough: 27.

Old woman. Hemicrania, from her youth up: 3.

Woman, æt. 72, burning in eyes: 5.

[48] **Other Drugs.** After *Kali mur.* in articular rheumatism.

Barber's itch. Gonorrhœa: 44; orchitis: 23; pertussis: 27; shingles: 46; exudations: 3, 22; eruptions: 46.

Also *Kali mur.* in dandruff: 4; deafness: 6; aphthæ: 12; chronic rheumatism: 44.

After *Kali phosph.*, deafness: 5: suppuration of parotis: 6; œdema of lungs: 28; hemorrhages: 44.

After *Kali sulph.*, rattling in chest: 27.

After *Natr. sulph.* in eruptions: 46; to regulate the water: 44.

After *Natr. mur.*, *Natr. sulph.* for the bitter taste: 3; *Calc. phosph.* or *Kali mur.* in swelling of glands: 44.

After *Calc. phosph.* in swelling of glands: 44; in catarrh: 25; also in hydrocele: chronic rheumatism of joints: 44; scrofulous affections: 44; hygroma patellæ: 33.

After *Ferr. phosph.* in pertussis: 27.

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NATRUM PHOSPHORICUM.

Schüssler's Fourth Edition.

"Of all twelve remedies the poorest in indications" says Schüssler, but as it has been proved in this country, we shall get a better light on this very effectual drug. Farrington's proving has been translated and printed in the *A. H. Z.*, Vol. 94, and here it has been published twice. We will leave it to the prover to make collection of the cures, to designate the leading symptoms and complete himself what no other would be able to do as well.

[5] **Eyes.** Conjunctivitis, with an exudation like thick cream. —Sch.

In scrofulous inflammation of the eyes, burning as from hot water.—Farrington.

Yellow cream-like discharge from the eyes.—Sch.

[11] **Tongue.** Sour taste in intermittent: 40.

Back of the tongue has a coating like yellow cream.—Sch.

[12] **Mouth.** A thin, yellow, creamy coating in the mouth and on the soft palate; dyspepsia.

[13] **Throat.** Yellow cream-like exudation on the mucous lining of the pharynx.—Sch.

[16] **Belching.** Nausea with consumptives.—Pehrson.

Sour eructations.—Sch.

Vomiting of sour masses; intermittent.—Sch.

Heartburn.—Neidhard. (Years before Schüssler).

[19] **Abdomen.** Given to scrofulous children, they get rid of their lumbricoides and ascarides.—Sch.

Removes the tendency to worm complaints; also *Calc. phosph.*—Sch.

[20] **Stool.** Watery diarrhœa.—Sch.

Diarrhœa caused by too much acidity.—Sch.

[21] **Urine.** In diabetes mellitus, besides *Calc. phosph.* and *Kali phosph.*—Sch.

[28] **Lungs.** Erethism of the lungs with young people disposed to consumption.

Expectoration or other discharges are yellow and cream-like or green.

[37] **Sleep.** Drowsiness.

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[40] **Chill. Fever. Sweat.** Intermittent fever; sour taste; vomiting of sour masses.—Sch.

[44] **Tissues.** Leukemia or the white blood-cell disease; leukocythæmia.—Sch.

Swellings of lymphatic glands, not yet hardened.

Softness in the swollen gland, or yellow cream-like exudation.—Sch.

[46] **Skin.** A yellow coating on the surface of the ulcer, having the appearance of half dried cream. Chronic syphilitic ulcer.

Yellow crusts like honey.—Sch.

[47] **Stages and States.** Young people disposed to consumption.

[48] **Other Drugs.** Before or after: *Calc. phosph.*, worm complaints: 19; diabetes mellitus: 21; *Kali phosph.* in diabetes mellitus: 21.

NATRUM SULPHURICUM.

Schüssler's 4th Edition.

[1] **Mind.** Jaundice after anger.

[3] **Head, Inner.** Megrim, with every attack a bitter taste.—Fischer.

Dull headache, with malarial symptoms.—Knerr.

[8] **Face.** Smooth erysipelas of the face: 44.

[11] **Tongue.** Bitter taste, with megrim: 3.

Tongue dirty, coated brownish-greenish, with this a bitter taste.

Tongue yellow, greenish-yellow (not yellow mucus), with or without a bitter taste. Intermittent fever.

Tongue coated greenish, with malarial symptoms.

[14] **Desires. Aversions.** No appetite, with malarial symptoms.—Knerr.

Aversion to meat.—Knerr.

[16] **Belching.** Vomiting of bile. Intermittent fever.

[17] **Stomach.** Gastric complaints, with predominating acidity.—Sch.

[20] **Stool.** Watery bilious diarrhœa.

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Diarrhæa; 10th decimal.—Sulzer.

Woman, æt. 24, chronic diarrhœa, with frequent involuntary discharge, since rupture of the perineum.—N. N.

[21] **Urine.** Nephritis scarlatinosa; 10th decimal.

Simple polyuria, after *Ferr. phosph.*

[22] **Sexual Organs, Male.** Œdema of the scrotum; of the prepuce.

[26] **Breathing.** Offensive breath, with malarial symptoms.

[32] **Limbs, Upper.** Eruption on the vola of each hand and some on the dorsum and fingers; blisters filled with clear water; 5th trit., one grain every day, in three parts, in half a wineglass of water cured it in a week.—Koeck.

[33] **Limbs, Lower.** Ischiatic pains in some motions, always when getting up from sitting or when turning in bed.—C. G. Raue.

Brown spots on the inner surface of both thighs, after syphilis.—W. P. W.

[35] **Motion. Rest.** Can hardly find a position in which the pain in hips and loins is tolerable, and the relief by changing position does not last long.—C. Hg.

[36] **Strength.** Weak and languid, with malarial symptoms.

[40] **Chill. Fever. Sweat.** Intermittent. See taste: 11; vomiting: 16.

Malarial symptoms, alternating creeps and fever.—Knerr.

[43] **Sensations.** Pains, with vomiting of bile.

[44] **Tissues.** Its sphere is in the veins; it regulates the water capacity of the venous system, if there be a lack of it. (*Natr. mur.* regulates the arterial system).—Sch.

Œdematous inflammation of the skin, smooth erysipelas of the face.—Sch.

Simple dropsy of the skin.—Sch.

Dropsy after scarlatina.—Sch.

[46] **Skin.** Watery, not glutinous discharge, with or without vesicles on the skin, which contain a watery, not glutinous fluid; also *Natr. mur.*—Sch.

Œdema of the skin.—Sch.

Œdematous inflammation of the skin.—Sch.

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After scarlatina, dropsy: 44.
Jaundice after anger.
Yellow skin, with malarial symptoms: 40.

[47] **Stages and States.** Woman, æt. 24, diarrhœa: 20.

[48] **Other Drugs.** After *Ferr phosph.* in polyuria: 21.
Also *Natr. mur.* in skin disease: 46.

SILICEA.

Schüssler's Fourth Edition and a few additions from the journals.

[3] **Head Inner.** Diseases of brain, spinal marrow and nerves which bear the character of paralysis.

[4] **Head Outer.** Headache, with small nodes, size of a pea, on the scalp.
Cephalæmatoma.
Crusta lactea.

[5] **Eyes.** Amblyopia from checked foot-sweat.
Weak-sighted after diphtheria; before or after *Kali. phosph.*
Deep corneal ulcers.
Thick yellow pus from the eyes; before or after *Calc. sulph.*
Styes, nodules and indurations on the eyelids.
A hard elastic cyst on the lower eyelid.

[6] **Ears.** Inflammatory swelling of the meatus externus with the earache.
After or with earache discharge of thick yellow pus; before or after *Calc. sulph.*
Purulent discharges from the ears.

[10] **Teeth.** Toothaches which have their seat in the periosteum of the teeth deep in the jaw.

[11] **Tongue.** Indurations in the tongue.

[13] **Throat.** Acute swelling of tonsils.
When in swelling of the tonsils breaking of the abscess is anticipated (or *Calc. sulph*).
After diphtheria weak sight: 3.

[14] **Desires. Aversions.** No appetite. Abscess: 33.
Continual thirst, more for beer. Abscess: 33.

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[20] **Stool.** Habitual constipation; and other remedies.

[22] **Sexual Male.** Gonorrhœa, pus or pus-like bloody discharge: 44.

Chronic syphilis.

[23] **Female.** Leucorrhœa, pus or pus-like bloody discharge.

[24] **Pregnancy.** Mastitis at the commencement of the formation of pus and during the time; also *Calc. sulph.*

[27] **Cough.** Cough; pus or pus-like bloody sputa: 44.

[31] **Neck. Back.** Right lobe of thyroid swollen, having the appearance of an elastic cyst.

Struma with suppurating fistulæ.—Siegmund.

[32] **Upper Limbs.** A ganglion or elastic cyst on the extensor side of the left wrist.

Panaritium.

Hard painful swelling of the middle joint of the little finger.

[33] **Lower Limbs.** Hip-joint inflammation.

Hip disease with six fistulous openings.

After maltreatment of rheumartritis he got an abscess on the buttock, it broke open again and again, with extensive suppuration; patient weak, no appetite, disturbed sleep, continual thirst, more for beer, with a constant cold feeling; 3d trit., 6 doses.—Goullon.

Suppression of foot-sweat: 5.

[34] **Limbs.** Rheumatic pains in limbs.

[36] **Strength.** Spasms or paralysis from checked foot-sweat.

Spasms or paralysis depending on alterations in connective tissue in brain or spinal cord.

Epilepsy in nightly attacks, especially when the moon changes.

Weakness; abscess: 33.

[37] **Sleep.** Disturbed sleep; abscess: 33.

[38] **Time.** At night, epilepsy: 36.

With the changes of the moon; epilepsy: 36.

[39] **Warmth and Cold.** Suppurating chilblains; also *Calc. phosph.*

[40] **Chill. Fever. Sweat.** Constant cold feeling; abscess: 33.

Can also cure a species of intermittent fever.

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[43] **Right and Left.** Right lobe of thyroid: 31.
Left wrist, a cyst: 32.

[43] **Sensations.** Pains and simultaneous eruption on scalp: 4.

[44] **Tissues.** Spasms or paralysis depending on connective tissue in brain or spinal cord.
An integral part of the connective tissue cells; suppuration whose origin is in the cell substance.
Suppurations which have their seat in the connective tissue of the bones. In periosteum of roots of teeth: 10.
Periostitis. Enchondroma.—Grauvogl.
Suppuration of joints; also *Calc. sulph.*
Inflammation of the skin and connective tissue after *Kali. mur.*; when pus is forming also *Calc. sulph.*
Suppuration of glands.
Suppuration of lymphatic glands; also *Calc. sulph.*
Discharges, pus-like, bloody with cough; leucorrhœa, gonorrhœa, etc.
Scrofulosis with affections of glands and threatening suppuration.
Formation of ichor.
Hard lumps on the neck, not of the glands, extending to left side with a gouty subject.—C. Hg.

[45] **Touch. Hurts.** Neglected cases after mechanical injuries when suppuration begins; also *Calc. sulph.*

[46] **Skin.** Little nodules in the skin without suppuration.
Furuncles, carbuncles, tetters.
Suppuration of skin and cellular tissues beneath it.

[48] **Other Drugs.** It or *Calc. sulph.*, eyes: 5; ear: 6; tonsil: 13; mastitis: 24; in chilblain: 39; suppuration of joints, glands, as often as pus is forming; neglected injuries: 45.
It or *Kali phosph.* in weak sight: 5.
After *Kali mur.* in inflammations.
See the Second Edition of the "Condensed."

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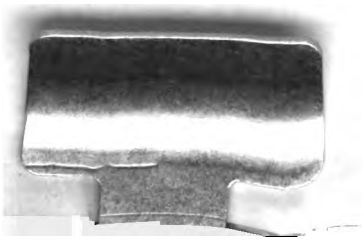

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