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VOLUME IX.

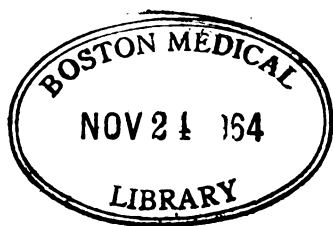
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Original and Translated Papers.

ARTICLE I.—Paralysis of the Heart.

BY AGNES C. McCahey, M.D.

PARALYSIS, (aneuria; anevria; anervismie), in a general sense indicates deficiency, defect, lack of something necessary for preserving primitive integrity, (lysis, a loosening; para, beside or beyond). It is generally, however, used in a more limited sense, and restricted to the expression of more or less loss of power; this loss may be of either motion or sensation, that is, power of acting upon impulses received from the centre, or power of communicating impulses to the centre, or it may be of both.

Perfect motor power is dependent on four conditions:—First, the possession of irritability or contractility, a property by virtue of which a muscle is brought into action on the application of various stimuli, the principal of which are communicated impulses, or “orders from the centre.”

Second, the presence of such stimuli as are direct, and the existence of certain tissues whose office it is to carry such impulses as come from a distance.

Third, the maintenance by these tissues of the integrity necessary to insure the proper performance of their functions.

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Fourth, the proper communication of the impulses by the centres to these conducting tissues.

The first of these conditions requires integrity of muscular tissue; the second, presence of muscular irritation, and supply of that muscular tissue with nerves, centric in origin; the third, that the power of these nerves shall be perfect; and the fourth, that the nervous centres shall remain intact.

Naturally, any interference with any of these conditions would cause a departure from the normal relations existing between them, and a consequent impairment of the action of the organ or tissue with which they were connected; this impaired action constituting a greater or less degree of *motor paralysis*.

Perfect sensory power is dependent on four conditions:—First, the ability of the nerve centres to receive certain impulses or impressions communicated to them from the periphery.

Second, the existence of certain tissues whose office it is to carry such impulses.

Third, the maintenance by these tissues of the integrity necessary to insure the proper performance of their functions.

Fourth, the ability of the peripheries to receive and communicate to the centre, impressions, impulses or irritations.

The first of these conditions requires integrity of the nerve centres; the second, connection of these centres with the periphery by means of nerve fibres; the third, that the power of these nerves shall be perfect; and fourth, that the periphery shall be capable of receiving impressions which are to be conveyed to the centre.

Similar to the motor conditions, interference with any of these conditions would cause a greater or less degree of *sensory paralysis*.

It is when both motor and sensory powers are impaired that we have more or less *general paralysis*.

From what has already been said, it is evident that motor power is twofold: (1), nervous, and (2), dependent on a peculiar property of contractile tissues: viz: contractility or irritability; and that sensory power is a unit, entirely nervous.

The question now arising is, what power, motor or sensory, is possessed by the heart? Has it motor power or motion? The answer to this question is evident, since motion is the great cardiac property. Has it sensation, or sensory power? In the normal heart there is no sensation whatever; no one has any such evidence which would determine for him the instant of the diastole or systole. When any sensation or pain does exist in the cardiac regions, we always look for some abnormal condition. Again, it is claimed that muscles may be cut or torn without producing any pain, though we do have a feeling of fatigue after inordinate exercise.

As the heart is a muscle, and as muscles are not supposed to be in the true sense sensory, but only so through reflex action, we will here leave the subject of sensory power and limit ourselves to the consideration of motion or motor power. Hence, when we speak of paralysis of the heart, we mean a more or less extended loss of motion; in fact, a *motor* paralysis.

Having now defined our subject, let us consider its Etiology, Morbid Anatomy, Symptoms, Diagnosis, Prognosis and Treatment.

Etiology—We have found that motor paralysis might be produced in four ways. Of these, the second element of the second condition, viz: "supply of the muscular tissue with nerves, centric in origin," may be dispensed with, as the absence of such condition would be opposed to the performance of any circulatory function whatever, from the beginning. We will now consider the remaining conditions.

I. Any impairment of the integrity of the muscular tissue.

By this, we mean anything which tends to interfere with, or prevent, its proper action as such. This may be caused in two ways, which we may designate as chemical and mechanical. Under the head of chemical, would be included all molecular changes, or those changes which take place within the fibre; while by mechanical we mean changes not molecular, or not occurring within the fibre. In the first class, we have softening; the various degenerations, fatty, granular and fibroid, myocarditis, etc.; also the results of abnormality in nutrition, as in atrophy and dilatation, and from inadequate supply of blood

to the walls, as from coronary obstruction; again, the results of poisoning by various drugs, such as Aconite, Digitalis, Phosphorus, etc. In the second class (mechanical), are included the results which come from obstruction or from direct pressure; for instance, excessive pericardial or pleural effusion; adhesions binding together the pericardial surfaces; fatty, syphilitic and cancerous infiltration; tumors in the chest; sudden reflux of blood in aortic regurgitation; and any mechanical obstruction to the circulation.

II. The presence of such stimuli as are direct.

The only direct muscular stimulus which we have in the heart, is the presence of blood in the cavities. Sometimes this is lacking, as, for instance, after rupture of a great vessel or severe hæmorrhage from any cause; obstruction in the principal veins, or sudden removal of pressure from the great vessels, as after operation for ascites, ovarian cyst, etc. Again, the quantity of blood may be sufficient, but it may fail to stimulate the heart's action on account of qualitative deficiency, or there may be absolute impurity, as in anæmia, low fevers, improper aeration of the blood from the inhalation of poisonous gases, etc.

III. Requires that the supplying nerve tissues shall be perfect.

There is a slight difference of opinion among physiologists in regard to the nervous supply of the heart. All agree on the cardiac plexus of the sympathetic; in addition, some say we have a further influence derived from the pneumogastric; others (notably Waller and Flint), say that the power of the pneumogastric on the heart is derived from the spinal accessory. As we have said, the question is still undecided, so we will take the generally accepted theory, viz: that the heart is supplied by the cardiac plexus of the sympatheticus, and also by the pneumogastric, (whose power is either inherent in itself or derived from the spinal accessory).

The heart is dependent for its contractile action on the sympathetic, and for the rythm of this contractile action on the pneumogastric, which acts as an inhibitory. It is evident that the paralysis ensuing from lesions of the nerves of the heart

will differ according as one or the other is affected. Paralysis must ensue from either too much motion, (too severe and long continued contractions), or from lack of sufficient motion. The first may be caused either by excitation of the cardiac ganglia, or by paralysis of the pneumogastric; the second, by paralysis of the sympathetic or by excitation of the vagi.

There may be actual lesion or degeneracy of the nerves, (but this condition is rare), or the trouble may come from compression or from a wound somewhere along their course. Again, we have certain drugs which paralyze the heart through its nerves; for instance, Aconite, Antimonium tartaricum, Belladonna, Digitalis, Lobelia, Tabacum, Veratrum, etc.

Again, we have these nerves influenced by reflex action; for example, strong emotions, severe pain in various parts of the body, extensive burns, shock to the sympathetic, as from a blow on the epigastrium, passage of catheter, rupture or perforation of internal organs, etc.

IV. Requires that the nervous centres shall remain intact.

It is not necessary that the central deficiency should extend to destruction or disintegration. Frequently, the general tone of the nervous system is impaired, either from some chronic, wasting disease, or from a debilitated, worn-out constitution: in such condition, paralysis of the heart is apt to supervene, especially if the patient is then attacked with some acute disease. We often find a patient die under an acute attack of pneumonia which in itself is not alarming; in such case the patient does not die from the pneumonia, but from paralysis of the heart, whose nervous supply already weakened cannot stand the additional strain to which it becomes subjected. So in typhoid fever and Bright's disease, more often than is generally supposed, patients die from paralysis of the heart (and not on account of the gravity of the intestinal or renal lesion, but) because the system has reached too low an ebb to take on a re-action, and the heart being subjected to the greatest strain naturally gives way first. In fact, paralysis of the heart is rarely a primary disease.

Beside a general lack of nervous tone, we may have paralysis of the heart resulting from direct central lesions, as in apo-

plexy, tumors, effusions, softening, embolism, direct injury, atrophy, meningitis, sclerosis, syphilitic, tubercular or malignant diseases.

Morbid Anatomy.—Post-mortem experiences will, of course, vary according to the character and extent of the primary lesion, for, as we have before remarked, paralysis of the heart is generally a secondary affection. It is not necessary to review the pathological changes occurring in consequence of degenerations, infiltrations, dilatations, atrophy, myo-carditis, etc., as these conditions are similar in this to those found in other cases. If we have paralysis after great loss of blood, we find the cavities contracted and empty; if from some affection of the muscles of the walls, the cavities are dilated and contain more or less blood, either fluid or coagulated; in case of reflux in aortic regurgitation, or of mechanical obstruction to the arterial circulation, we find the left heart greatly distended; if the obstruction be in the large veins, we find both sides empty and contracted; if the cause comes under the third head, the condition of the heart will vary according to the locality of the lesion; if the pneumogastric be paralyzed, the heart will be found in a firm systolic contraction; if, on the contrary, the sympathetic be affected, the heart will have ceased during diastole. In cases of poisoning, the morbid conditions will vary according as one or the other system of nerves has been affected by the drug. In Aconite and Digitalis we have in addition, muscular changes; in both the electrical properties are interfered with, and also, in Digitalis, the muscular juice is acid instead of alkaline.

Symptoms.—The symptoms, like the morbid anatomy, differ according to the complications. When the paralysis is sudden, the symptoms are few, in fact, there may be none, death may be instantaneous; or, the patient may suddenly become dizzy, complain of pain in the region of the heart, and fall over unconscious. If, however, the paralysis be slow, gradually increasing, we have various symptoms denoting some organic lesion of the heart. We may have undue feebleness or force of the pulsations, abnormal frequency or infrequency of action, or intermission of irregularity of the cardiac sounds.

1. Feebleness of the heart's action attends many wasting diseases, and the later stages of many fevers, especially those of a low type. It is also found in many morbid conditions of the heart, such as those already mentioned. It is characterized by weakness of the apex beat; by diminution in the intensity of the cardiac sounds, going on perhaps to complete abolition of the first; by weakness of the pulse, which is undulatory, thready or dicrotous, sometimes not felt in the radial artery; and by a great tendency to variation in rate under very slight disturbing influences.

2. Increased force of the heart's action takes place whenever we have any impediment offered to the onward flow of the blood, as in aortic valvular lesions, marked Bright's disease, etc., also in many inflammatory conditions and as a result of nervous over-excitation. It is characterized by violence and extension of the cardiac impulse, by loudness of the cardiac sounds, which may be conveyed through the large vessels and to the back, and by hardness of the pulse.

3. Increased frequency of pulsation occurs under nervous excitement or disturbance of the balance of power between the pneumogastric and sympathetic ganglia in the heart, also in debilitated and febrile conditions.

4. Diminished frequency of pulsation occurs when we have the heart weakened from disease of its walls; from excitation of the pneumogastric, or from some affection of the sympathetic.

5. Irregularity of the cardiac sounds is always important, and is generally a serious indication of want of power. It may be due to a disturbance of the balance of power between the cardiac ganglia and the pneumogastric: or, more commonly it is due to inability of the heart to overcome the opposition offered to it by the blood in its cavities. It is a frequent accompaniment of dilatation and of low conditions of the system, also of valvular lesions.

6. Intermission in sound is a most decided evidence of cardiac failure, and signifies that there is a complete arrest in the ventricular contractions until they are aroused by two or more auricular contractions. It is found prominent in fatty degen-

eration of the heart, aortic obstruction, dilatation, lack of supply of blood to the heart from some obstruction in the lungs, or in irritation of the pneumogastric, as from pressure by a tumor, etc. Sometimes intermission and irregularity are symptomatic of a merely functional disorder.

In addition to these cardiac symptoms, we are apt to have more or less vertigo and trembling, sinking at the epigastrium, perhaps gastric derangement, pallor, chilliness, irregular breathing, sometimes painful dyspnoea, exaggeration or diminution of the powers of special sense, perhaps pain in the region of the heart, (sometimes excruciating), sometimes convulsions, and frequently the patient passes into a state of collapse. These attacks may be repeated with more or less severity till, finally, exhausted and worn-out, the heart ceases to act.

Diagnosis.—It is generally impossible to diagnose complete paralysis of the heart until we have a post-mortem; it is however, always to be surmised in any disease tending to weaken the nervous system, or in inflammation and other affections of the heart itself. Syphilitic and tubercular infiltration may be suspected as leading to it, if we have evidence of such deposit or affection elsewhere. So may fatty degeneration, if we are able to diagnose such condition in the liver or kidney. The poisonous action of drugs will be indicated if we find evidence of such action on other organs, the alimentary canal, etc.

Partial paralysis may be indicated by the gradual failure of, or marked disturbance in, the action of the heart, accompanied by the various reflex symptoms which we have indicated as evidences of loss of cardiac tone or vitality.

We must be careful to distinguish between organic and mere functional (sympathetic), disorders of the heart. The symptoms of the one so closely simulate those of the other that it is difficult to draw the line. The *totality of the symptoms* (objective and subjective), should be carefully studied before any deductions are drawn.

Prognosis.—It is understood that a prognosis is needed only in those cases in which we have a gradual failure of the heart. As a general thing, the prognosis is doubtful, if not, in the main, unfavorable.

Treatment.—In the majority of cases, the main indication is to remove the original lesion, as far as possible. If the trouble is caused by pressure from a tumor, it is to be removed or absorbed, if possible; if the pressure is from effusion in the pleura or pericardium, such must be removed by aspirator or trocar, and appropriate remedies.

The general line of treatment may be summed up as follows: Remove the cause and build up the patient. He should keep as quiet as possible and carefully abstain from any violent exertion or fatigue; he should guard against any mental excitement; he should keep up his bodily strength by wholesome, nutritious, but not too abundant, diet, by the cautious use of stimulants, and by carefully regulating the bowels, kidneys and skin.

In the old school, such remedies as Iron, Nux Vomica, Digitalis, Belladonna, etc., are given as tonics in strengthening the action of the heart and regulating the frequency of its pulsations. To relieve the frequently accompanying shortness of breath, engorgement of the lungs and præcordial uneasiness, Ether, Ammonia, Lobelia, Stramonium, Squills, Ipecac., Opium and counter-irritants are all found to be of more or less service.

Frequently, on account of inefficient cardiac action, we have an overloaded venous system. To relieve this, diaphoretics, diuretics, purgatives, leeching and cupping and venesections are often employed with good results.

In our own school, we find indicated such remedies as Ars., Ant. tart., Apis, Bell., Bry., Cactus, Camph., Chloral Hydrate, Gels., Glonoine, Hepar sulph., Hydrocyanic acid, Iodine, Ipecac., Ferrum, Moschus, Naja, Nitrite of Amyl, Phos., Phos. ac., Spigelia, Strychnia, Tabacum, Verat. alb., Verat. vir.

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

By JOHN BUTLER, M.D.

(Continued from page 503, Vol. VIII.)

A certain percentage of the cases coming under each of these headings may be considered incurable. For instance, where the central lesion is not removable by medicinal means, or by the ordinary course of nature; to wit: a tumor growing in some part of the brain or spinal cord; destruction by softening or sclerosis of either of these parts; extensive mechanical injuries, involving an entire separation of the nerve supply of a part from its central origin; where continued increasing pressure upon a nerve is in such a position that it cannot be removed, as a morbid growth in the *acqueductus fallopii*, causing facial paralysis; where the muscular electric contractility is perfect, but the limb does not respond to the dictates of the will, showing that there is some break in the nervous connection of the part with the brain, as sometimes occurs in hemiplegia. Late muscular rigidity occurring in the course of a hemiplegia, is put down as incurable by many authors, but I know from experience that occasionally a great deal may be done towards improving the helpless condition of a patient, by a perserving and long continued use of both forms of electric current.

HYSTERICAL PARALYSIS.

This curious affection sometimes shows itself in hemiplegia and paraplegia, but more generally is restricted to one limb, one group of muscles, or even to a single muscle. It is not uncommon to have one leg paralyzed, or the affection may be confined to one finger, or may, as it often is, be concentrated exclusively in the *levator palpebræ* muscle; but perhaps the most favorite location is the vocal cords, producing the trouble known as hysterical aphonia. Now, if anybody wanted me to show them a brilliant cure made by electricity, I should certainly choose a case of this kind to exhibit its action. The

case below recorded, exemplifies all the points I wish to allude to, perhaps better than I can otherwise express them. It is an every day case, possessing no unusual or remarkable features, and for these reasons is selected.

Case XLII.—Miss S., a public singer, æt. 24, was sent to me for treatment by my friend, Dr. E. J. Whitney, of Brooklyn. She had entirely lost her voice without any apparent cause, could not speak above a whisper, and of course was obliged to give up her avocation. The doctor informed me that a laryngoscopic examination revealed no inflammatory or other abnormal condition, except the inability to approximate and make tense the vocal cords. This condition of things had lasted about a week, and had resisted ordinary homœopathic treatment. Other evidences of hysteria, as the hysterical sobbing, globus hystericus, insensibility of pharynx, etc., being present, we had no difficulty in arriving at a conclusion as to the nature of the trouble. I at once commenced treatment by applying a faradic current to the vocal cords direct, and also to the insensible pharynx. The result was, that after a *seance* of five minutes duration, the voice returned, and in a few days the young lady was enabled to resume her business as concert singer. Dr. J. Russell Reynolds* recommends the use of statical electricity in preference to the faradic current. Of this I have had no experience, the faradic current having made brilliant cures in all my cases.

Hysterical paralysis occurring in other parts of the body is quite curable by faradization, even after atrophy of the affected muscles has occurred. For cases, see Medical Electricity, Althaus, page 450; Electricity in Medicine and Surgery, Poore, page 141; Beard & Rockwell's Treatise, page 502, *et seq.*

RHEUMATIC PARALYSIS.

During the years that I had charge of the Department of Diseases of the Nervous System in the Brooklyn Homœopathic Hospital Dispensary, I had ample opportunity to witness the effect of electrical treatment in this affection. The

* Clinical Uses of Electricity, p. 100.

parts most commonly attacked were the deltoid, trapezius and biceps muscles, next the extensor muscles of the forearm; cases also occurred involving the muscles of the eye, interossei of hand, and other locations, but very rarely. Direct and indirect faradization of the affected muscles, repeated two or three times a week, was generally the treatment given, and with *entire* success, even in old standing cases that had resisted various kinds of treatment previous to their coming under my charge. Althaus* expresses his opinion thus: "There is no kind of paralysis in which the therapeutical effects of faradization are so striking as in rheumatic paralysis, in which affection it cannot be replaced by any purely medicinal treatment. This applies also to protracted and severe cases which have resisted a variety of energetic therapeutical measures."

LEAD PARALYSIS.

This disease is caused by the absorption of some salt of lead into the system, either by using face powder containing lead, or by the constant handling of paints, containing the carbonate of lead. Consequently painters, and those employed in the manufacturing of paints, are as a class the most liable to this form of paralysis. It is a disease which almost exclusively is limited to the hands and arms. Commencing with trembling in the hands, it soon spreads to the extensor muscles of the forearm and thenar eminence; and afterwards as the disease progresses, to the biceps and deltoid muscles. It is a strange fact, that the flexor muscles of the forearm are never attacked. Atrophy comes on early and proceeds with great rapidity, and the electric contractility is lost early. Of course, the first indication is, to remove the lead from the system, and secure the patient from a further absorption of it; but this alone will not cure the paralysis. We must also use a remedy that will restore the tone, and improve the nutrition of the impoverished muscles, and there is no remedy that will do that but electricity. In most cases the response to the stimulus of the faradic current is entirely lost before the patient

* Op. cit., p. 531.

calls on a physician. In such we must use the galvanic current as the remedy, and after a few applications, we find that the muscles begin to respond to the faradic current; then this form of electricity must be substituted, and used daily, until the weakened tissues are fully restored to their normal vigor. Even in the mildest cases it will take many weeks to accomplish this result, and in bad cases, where a great degree of atrophy is present, many months; still, no case need be abandoned as hopeless, and there is no other remedy that will answer the purpose. For cases illustrating these facts, see Althaus' work, p. 452; Medical Electricity, Tibbitts, p. 188; Meyer Op. cit., p. 283, *et seq*; also the works of Benedict, Poore, Beard & Rockwell, Reynolds and others.

DIPHTHERITIC PARALYSIS.

As a sequel of diphtheria, we have a peculiar kind of paralysis attacking first one part and then another. To-day it may show itself in the muscles concerned in swallowing, and to-morrow, without any warning or apparent cause, we find it has left there, and located itself in one side of the face, one arm, one leg, or elsewhere.

After ending in paraplegia, Althaus says, that such cases generally end fatally. Such has not been my experience, however; on the contrary, I have mostly seen such cases get well spontaneously, that is to say without the assistance of any remedies. Faradization is, however, a great help, and I have treated many cases by its aid that I have no doubt recovered in a much shorter time than they would have done, if left to nature. Paralyzes after typhoid fever are more liable to become atrophic, but yield to electrization.

CEREBRAL PARALYSIS.

Hemiplegia, the commonest form of this difficulty, is the result of cerebral hæmorrhage, embolism, or other mechanical interference by which the integrity of the great nervous centre is impaired. The more profound the lesion the more complete will be the paralysis, and where the whole corpus striatum

is destroyed, the hemiplegia of the opposite side of the body will be complete, permanent, incurable. But in cases of the rupture of a small blood-vessel, where a small amount of blood is effused, just sufficient by its pressure to interfere seriously with the functions of this part of the brain, without destroying it, then we may have complete hemiplegia, but not incurable. The clot of blood becomes eventually absorbed; but, before that much desired result has had time to take place, the paralysis continues to get worse, and even though the primary lesion (the cause), be entirely removed, the paralysis remains, and the patient is unable to use his limbs.

If in a case of this kind we find that the muscles do not respond to the stimulus of the faradic current, but do to the galvanic, it is just the case to cure by electricity. Commence with daily galvanic treatments (each muscle separately), with just sufficient electro-motive force to cause perceptible contractions, and soon the improvement will become apparent, the patient will begin to move the limb, at first slightly, and afterwards better and better. The faradic irritability now becomes restored, and as it does, we must substitute that current for the galvanic, until the cure is completed; which it will be in time, varying in length according to the extent and duration of the disease previous to commencing the treatment. But suppose another case. Suppose instead of finding the muscles flabby, wasted, we find an amount of permanent contraction, and that the electric-contractility to both forms of current is perfect, but the paralysis to the will remains, then electricity is not indicated, and consequently will not cure or even ameliorate. It is no use persisting in it; it is only harassing to the patient, and loss of time to the physician. We cannot cure a fever with Aconite, where the symptoms call for Gelseminum. Nor can we cure any disease with any remedy that is not indicated by the symptoms. To illustrate the ordinary progress that suitable cases of hemiplegia make under electrical treatment, the accompanying cases are quoted:

Case XLIII.—Reported by Beard & Rockwell.* “Mr. H.,

* Op. cit., 513.

a bank president, æt. about 45, after having enjoyed excellent health previously, and having always led a correct life, was suddenly prostrated one morning while dressing, by a slight sensation of vertigo, and a feeling of utter exhaustion. In the course of an hour these symptoms were followed by a partial paralysis of the right side. He was unable to walk alone, but if allowed to lean upon another for support, he could slowly and with difficulty make his way from one room to another. In order that the case may be fully appreciated, it will be necessary to notice his physique, and speak of his past history.

He was tall and very thin, with a tendency to anæmia rather than plethora. He had always enjoyed a fair degree of health, and for many years there had scarcely been a perceptible variation in his weight. His present position was not at all onerous, but most of his life had been spent as head of a business firm, that had taxed his energies to their utmost.

For some months previous to his illness, he had suffered from excessive anxiety because of financial embarrassments, but especially because of the inefficiency and carelessness of his son, to whom he had entrusted certain details of his business of much importance. His mental condition produced insomnia, that finally resulted in a sudden collapse of the debilitated nerve centre. An application of general faradization caused immediate but only temporary increase in the power of the paralyzed members, as may be so frequently noticed in cases of hemiplegia following effusion. On the succeeding day, however, very marked and permanent improvement was observable, an idea of which may be conveyed by stating that he was able to do what was before impossible, viz. to put on his pants without assistance. Treatment was given every other day, and resulted in very rapid progress toward recovery. In the course of a month, he could walk with such ease and readiness, that no one would have supposed that he was in any way disabled. He could not, however, run with any ease or comfort; and though nearly two years have elapsed since treatment was discontinued, he does not feel that he is able to engage in any exercise more severe than a rapid walk."

Case XLIV.—Reported by Tibbits*. “A lady, æt. 41, had suffered from right hemiplegia for eighteen months, and described her condition as having remained without improvement for the past six months. She had recovered sufficiently to walk with the aid of a stick, but the movements of the arm were very weak, especially those of the deltoid, extensors of the fingers and individual muscles of the hand. Faradic contractility was somewhat lowered, but there was no rigidity.

The muscles were carefully faradized with a current just sufficiently strong to produce their contraction. The entire application occupied about fifteen minutes, and was made once daily. After a fortnight’s electrization, she was able to raise the arm to a right angle with the body, and to use the hand to feed herself, neither of which she had been able to do before treatment.”

Cases like these, both as regards the disease, and the results of the treatment are of every day occurrence in the practice of the electro-therapist.

By this I do not mean to say that any student or physician who has never paid any attention to electro-therapy can treat such cases, and get such, or anything approaching such results; on the contrary they are liable to do a great deal of mischief. The ownership of a knife does not make a surgeon, nor does the ownership of a set of electrical instruments (no matter how handsomely they may be gotten up), make an electro-therapist. Far from it. Both must have acquired skill in their special departments, and skill everybody knows is only acquired by special talent, special education and special experience. The technical details of the treatment of a case of hemiplegia requires not only a knowledge of anatomy (as each muscle must be electrized separately), but just as thorough knowledge of electro-physics, and the other necessary branches of the science as any other disease needing electrical treatment.

This point is too frequently overlooked, and electricity is ordered; the family physician sends out his “fiat.” “Let the patient be electrified,” and the patient is electrified. How and

* *Electricity in Medicine*, page 171.

by whom? Generally in a modified form of the method already described at page 65, and by such operators, and with about the same results. This will not do. A case of hemiplegia must be treated with just as much care and precision as we would conduct an operation requiring electrolysis of a morbid growth on the conjunctiva. If the operator has not the skill for one let him rest assured he has not for the other.

SPINAL PARALYSIS.

We have already cursorily alluded to the benefit to be expected from galvanization of the spine in this disease, we will now consider what cases we would expect to benefit by electrization of the muscles.

A case of paraplegia, consequent upon hyperemia or anæmia of the cord, concussion of the spine, or any cause that temporarily interferes with the functions of the cord where atrophy of the muscles has not progressed to absolute destruction, and where the primary cause of the paralysis has been to some extent removed, or is removable, is one in which we would expect a favorable result from electrization of the muscles and spinal cord itself. In cases occurring from the same causes, in which but little atrophy has yet taken place, and in which electric contractility is tolerably perfect, galvanization of the spine will speedily restore to a healthy condition without having to touch the affected muscles at all. But in cases of fractures, caries of the spine, tumors pressing upon the cord, or any disease that destroys the cord, we have a paralysis that we may look upon as permanent, although in such a case we may do much to relieve the sufferings of a patient temporarily by the judicious use of electricity. We may relieve or even for a time entirely check incontinence of urine by faradization of the paralyzed bladder, or involuntary stools by applications to rectum and anus, and by using electricity where the symptoms indicate it in a number of "*little*" troubles incidental to this disease that tend to make a patient's life unbearable if not relieved.

In infantile spinal paralysis, which is generally due to in-

flammatory softening of the anterior portion of the gray spinal substance, the result of exposure to cold damp, etc., electricity stands unrivalled as a remedy. This form of paralysis is generally ushered in by a chill, a convulsion or slight febrile condition, with pain in the back at the seat of the primary lesion.

After a few days it is noticed that the child cannot stand or walk; and if the lesion is high up in the spine, cannot use its hands. After this the disease rapidly progresses to atrophy.

A case of this kind sent to me for treatment by my friend, Dr. W. T. Helmuth, presented all the salient symptoms in a remarkable degree, as the following report shows.

Case XLV.—Mary N., æt. 3, was brought to me October 14th, 1876. *Status præsens.* Could not stand or walk. Slight movement of both legs possible when lying on back; temperature of both legs much below normal. *No muscular contraction to faradic current.* Slight atrophy. No tenderness of spine to touch, but the slightest application of the faradic current to last dorsal and first lumbar vertebra, made the child scream with pain. Other parts of the body well nourished. General health good.

History. On September 20th, after a slight febrile attack on the previous week, it was noticed that the child could not stand. The mother becoming alarmed sent for a country physician, who diagnosed the trouble as an injury of the spine, and insisted that the nurse must have let the child fall, and that the paralysis was the consequence. As the child got rapidly worse after being three weeks under his treatment, the mother applied to Dr. Helmuth for advice, who at once kindly referred the case to me. I commenced treatment by galvanizing each of the paralyzed muscles separately, and made applications to the lower part of the spine, twice a week, until the 24th, at which date all the muscles responded to the faradic current except the tibialis anticus, and peronæus of left side. Now substituted the faradic current for the galvanic previously used (daily applications), but still continued the galvanic current to the spine twice a week.

November 18th. Much improved; can stand with assistance. Treatment continued.

December 5th. Can stand and walk a few steps with a little assistance. Continued treatment.

January 9th, 1877. Can walk alone slowly, with a little inclination to bear on the outside of the feet, particularly the left. 27th. Walks quite straight and can run.

February 6th. Improvement continued. Faradization discontinued. Spinal applications twice a week.

February 29th. Dismissed entirely cured.*

PERIPHERAL PARALYSIS.

Perhaps the most important of all the paralyses coming under this heading is that known as facial or Bell's paralysis. The portio dura is the nerve affected, and when (as most commonly is the case) it is caused by exposure to cold, or rheumatism, or removable pressure, after the emergence of the nerve from stylo-mastoid foramen, it is curable by electricity, provided very extensive atrophy has not yet taken place, and galvanic contractility is not entirely lost. But on the contrary when the lesion is in the aqueductus Fallopii, or stylo-mastoid foramen and cannot be removed, then electricity will not benefit.† The longer the disease has existed, the greater will be the atrophy, the less the response to the *galvanic current*, and the longer the treatment necessary. I say the galvanic current, as the faradic reaction becomes lost so early in the progress of the affection, that it cannot be taken into any practical account.

The following case was sent to me by Dr. Whitney in October, 1874:

Case XLVI.—A gentleman, æt. 41, commercial traveler by occupation, had caught a severe cold, which was followed by a faceache with considerable swelling. When the acute symptoms subsided, he found that he was unable to close his left eye: that when he smiled, the mouth and whole face was drawn towards the right side; that his food lodged between the gums

* It is but right to state that during the first two or three weeks of the treatment, the patient took various remedies that the symptoms at the time seemed to call for, but apparently without any effect.

† For diagnosis as to the location of the lesion, the reader is referred to any text book on nervous diseases, *e. g.* Hammond, Erb, Trousseau, *et al.*

and the cheek of the left side; he could not spit out or whistle. The ala of the left side of the nose was depressed: or to use the patient's language, the left side of the nose had grown smaller. Even under these circumstances he was not alarmed, and did not apply to any physician, thinking his condition was only the result of the swelling of the face and would soon wear off. At the earnest solicitation of his family, after the paralysis had continued six weeks, he called in his family physician, Dr. Whitney, who accurately informed him of his condition, and referred him to me for treatment. I found the faradic contractility entirely gone, and the galvanic nearly so, and notwithstanding that the disease had existed comparatively but such a short space of time, all the muscles were considerably atrophied. I gave a favorable prognosis, provided the patient would submit to daily treatments. I treated him for three months with mild applications of galvanism to the affected nerve, and to the affected muscles separately. At the end of that time, the faradic contractility returned slightly. I then alternated the use of this with the galvanic for a month longer, after which I instructed the patient in the use of the faradic, and ordered him to make applications twice a day, and call every week. In April he could close the eye, draw the mouth somewhat towards the affected side, the ala of the nose resumed its former appearance, the food discontinued to lodge outside the gums, he could spit without dribbling. But he could not frown; and when he smiled, the mouth was still drawn towards the affected side, showing that paralysis of the corrugator supercilii still remained, and that the risorius and zygomatics of the diseased side were not as strong as their fellows. He, however, steadily improved, and a little later I dismissed him cured. Two other cases of facial paralysis under treatment at the same time, recovered, one in three weeks and the other in about four months. The first had existed only two days when I saw the patient, and faradic contractility was perfect. The other more than two weeks, and the faradic response was less than normal, but no atrophy had taken place.

Other paralyzes caused by peripheral lesions are amenable to electrical treatment. A common form is paralysis of the
cles of the arm from pressure on the brachial plexus. I

had one case occur in a man who had to temporarily use a crutch on account of a broken leg, yield to a few seances of faradism; whereas in another which happened in consequence of the patient going to sleep in a railway car, with his arm over the back of the seat, I was obliged persistently to use faradism daily for three weeks, before the muscles fully recovered. In the first case it will be noticed that the pressure, though longer, was intermittent, and between the short uses of the crutch, the nerve had a chance to partly recover, and in the latter case, the pressure probably was continued for eight or ten hours: as I have reason to believe it happened while the patient was intoxicated. It is impossible in a work of this kind, to enter into the detail of the different locations liable to be attacked by paralysis, and the different causes that may produce it; it would unnecessarily fill a volume. As far as the electrical treatment is concerned, and that is what we are interested in at present, we will generally find that if the muscles are not completely destroyed by atrophy, that the electric contractility is not lost, and that the primary lesion is capable of removal; that the paralysis is curable by a suitable form of electrization; and even some in cases where the contractility is lost, much good may be done by patient and long continued perseverance with the galvanic current; always remembering that each muscle and nerves must be acted upon separately. Shooting into the bush to kill the bird, will not do; we may make a hit, but we are more likely to make misses. We should bear our anatomy well in mind—the motor points—and the attachment and insertion of the muscles, as well as their relative positions. Do not fatigue the enervated parts by long and protracted seances. If a muscle responds to the interruptions of the current at the commencement of a treatment, and then the contractions become weaker to the same strength of current, we are doing no good by continuing the application; on the contrary, we are aggravating the affection. We must let it alone, and go on with another muscle (one at a distance is preferable), always bearing in mind the maxim of Duchenne, that “electricity, if applied to a nerve or muscle for too long a time or in too full a dose, may increase or even *produce* paralysis or neuralgia, instead of curing either.”

ARTICLE III.—Zincum.

BY DR. ADOLPH GERSTEL.

(Continued from page 534, Vol. VIII.)

FROM clinical experience we extract:

1. Hahnemann (Ch. D.), gives as curative symptoms, cough, tensive pain at the sternum, palpitation, palpitation with anguish, irregular spasmodic movements of the heart; the beat of the heart is so strong that it takes his breath away; the beat of the heart intermits.

2. Kunkel (*H. Z.* 67, 53), when speaking of the cases of epidemic meningitis cerebrospinalis, cured with Zinc, mentions also, short breathing, anguish, pressure in the chest, and frequently returning dry tussiculation, the pulse remarkably slow. Theuerman, in the same disease, mentions, pulse small, frequent, very changeable, breathing irregular; short, dry, spasmodic cough, and in the case of mental disturbance, cured by Schmidt with $\frac{1}{2}$ gr. oxide of zinc prodosi, the pulse was normal in frequency, but the strength of it was irregular. All these cerebral disturbances affected the vagus already in its place of origin.

3. Hartman (*A. H. Z.*, 5, 50), says: Zincum acts splendidly in convulsive tightness of the chest, it acts with equal promptness where the patients complain that their chest is loaded with mucus, and when they fail to hawk up mucus for some time, they become dyspnœic, but without anguish, which passes off again as soon as the mucus is expectorated. (Sepia gives the same symptom)

4. A patient with acute rheumatism suffers also from insufficiency of the aortic valves and albuminuria and extensive dropsy, lower extremities, scrotum, abdomen enormously enlarged, beat of heart very irregular; heartmurmurs enormously developed, asthmatic paroxysms of the greatest severity.

Dr. Klostermann, who treated the case, narrates: Zincum met. brought on such an improvement that he could leave his bed and his room, for dropsy and albumen in the urine had all disappeared. We do not claim a cure, but Zincum, which is

nearly specific in convulsive asthma, temporarily removed these symptoms in more complicated cases.

5. Bœnninghausen (Whooping Cough), gives the following indications for Zincum: Exhausting, spasmodic cough, exerted by a tickling in the larynx and in the trachea as far down as the middle of the chest; in the evening and at night without expectoration, in the morning and during the day with expectoration of a yellow, purulent, bloodstreaked, tenacious mucus, having a repulsive, sweetish, putrid or metallic taste, or of bright blood. We find such a spasmodic cough oftener in children than in grown persons. Children are apt to grasp the genitals when coughing. A varicose condition of the legs would be another indication for Zincum.

6. Mosthoff (*Homœopathie*, Heidelberg, 1843), relates: A young, delicate girl of 19, with a very fine skin and constantly ailing, passed through three attacks of pneumonia, treated antiphlogistically. Attacked anew with a pneumonia, she showed on the sixth day, left and right lung implicated, a stitching pain in the trachea, increased by pressure, by breathing and by the continuous short cough. The patient lies on her back, does not stir, as every motion increases the pain; answers only by signs, as every word spoken and every movement causes an excruciating, tearing pain in the occiput and from there to the forehead, as if it would tear it asunder; bruised sensation in trachea and above the manubrium sterni, respiratio nasalis, burning hot dry skin, pulse full and exceedingly rapid, cold hands with sensation of numbness; aggravation at night; ægophony and mucous rales on right side. R. Zincum¹⁸ gtt iii in water. The drug increased the headache, the cough, and caused great restlessness, but the following morning respiration was perfectly free, she could speak without being interrupted by cough, the cough is loose and the trachea and larynx free from pain, sputa cocta with some streaks of blood; temperature perfectly normal, pulse remarkably small, slow, hardly sixty. Reconvalence fully established, and even after a year she enjoyed robust health; thus clearly proving that the patient suffered only from a catarrhorheumatic process and not from a croupous pneumonia. The

rheumatic headache, especially, hinted strongly to Zincum, as 126, tearing in the right side of the occiput, when laughing, the tearing headache especially in the forehead. 339. Stitching in the forehead with a tearing as if the head would burst. We might also mention the sensation of numbness in the hands (Haubold's Proving, 1027, 1028), also the local symptoms, so characteristic of Zinc, as the sensation of soreness in the trachea, the short, dry cough in spite of the accumulated mucus.

Bœninghausen gives, *large varices on the legs*, which burst and bleed, as a characteristic indication of Zincum, and we have repeatedly shown, that Zinc stands in no immediate relation to the blood, that it never produces a blood-dyscrasia, and that its influence over the blood-vessels emanates from the nervous system. Let us put together the symptoms of Zinc, standing in more or less relation to the bloodlife, and we divide them into four groups: fever, plethora venosa, venous hæmorrhages and anæmia.

1. *Fever Symptoms*: Sensation of coldness, a horripilation, not followed by the hot stage, the patient only becomes warmer, and then even some parts of the body feel cold; thus we read: 1345 to 50. Shuddering in the evening, or chilliness when touching something cold, passing off when going to bed; chilliness in the open air, passing off when entering a warm room. 1347. Shuddering and uncomfortableness, as if a thunderstorm was approaching. 1348. Frequent feverish shuddering over the back. 754, 1351, 1353. Shuddering in the morning in bed when waking up; chilliness after dinner or during menstruation. W. 139 to 145 contain only sensation of chilliness, without a single symptom of heat.

Constant chilliness with increased internal warmth. 1358. Heat in the head in the evening, and two hours afterwards chilliness. 1360. Heat in the face, without headache, the body being cool the whole forenoon. 1364. Increased warmth in the whole body, except the interior of the abdomen, which feels cold. 1369. Sensation of heat, with coldness

of the forehead, in the evening. 1370. Heat and thirst, with cool skin all over the body, in the evening. But we also read: 1359. Violent heat in the head in the evening, the eyes burn, three days in succession. 1361 to 65. Increased warmth, internally, not perceptible on the outside, in the evening, or with sweat in the axilla or over the whole body, not on the feet. 1366 to 68. Heat over the whole body, on the head, with redness of the cheeks, heat not perceptible outside, or especially on the back, where she thought she was sweating, not on the feet; heat in the evening after lying down, with anxiety the whole night. We might consider as partial fever: 1352. Chilly in the forenoon, flushes of heat in the afternoon with redness of face. 1357. Several attacks of fever a day, forenoon and afternoon, chilliness and shuddering, flashes of heat over the whole body, *violent tremblings* all over the body, extreme malaise unto fainting, qualmish taste, the food seeming to swell up in the mouth; feeling of emptiness in the stomach, *violent throbbing throughout the whole body*, short and hot breath, dry mouth, hot and dry hands (Ruckert).

In neither one of these two symptoms is a hint to a sweating stage; in the first one there is a slight reaction after the chill, in form of redness of the face; the second one was observed by Rückert on a delicate woman after two grains of the first trituration, and hints more decidedly to a nervous irritability, showing itself by trembling, fainting, gastric symptoms, accompanied by dry heat, symptoms which could be expected in a delicate woman. Considering also the heart symptoms, and that we find as symptoms of the pulse only (1371), acceleration in the evening, sometimes with sensation of increased heat, and that only night sweats are mentioned, or that in Werneck's provers critical night sweat appeared without other traces of fever, we may conclude that Zincum is not directly absorbed in the blood, that it does not act through the blood on the nerves; but that it affects primarily the vasomotor nervous system, and here only in solitary spheres; and especially in those standing in close connection with the cerebral nerves, affected by it. A general fever can only arise where the *causa nocens* resides in the blood, which, coursing

everywhere, acts on all places, as a morbid irritant, where it comes in close affinity with the regulatory nervous system. We see therefore in Zincum the manifestations, accompanying the stage of reaction (heat) only in the region of the trigeminus, facialis and vagus, heat in the face and head, redness of the cheeks, sensation as if a foreign body, of stony hardness, lodged in the throat (1355) with other symptoms appertaining to the vagus. Aggravation commonly in the evening.

2. *Plethora venosa*.—We find here partly swelling of the veins, varices, partly pulsations or beating pains in places lying in the regions affected.

665, 585. Varices in ano appear, or are pushed out by flatus. 736. Varices at the vulva. 1102. Varices on the thighs up to the labia.

Hering as well as Kaurin (*A. H. Z.*, 59, 62), have cured with Zincum varices during pregnancy. 1150. Sensation of stagnation of blood in the left leg. 1159. The varices on the leg disappear (curative symptom).

The specific relation of Zinc to the sexual sphere, hence to the plexus pudendo-hæmorrhoidalis, explains the localisation of this passive plethora. 858. Painful pulsating beating in the left chest, at the axilla, noon. W. 155. Gurgling beating at the lower third of the left scapula. 456. Beating under the pit of the stomach, as in the abdominal wall, as if a worm were moving about. 499. Slow, pulsating sensation of soreness in the left hypochondria. 151 to 154. Beating, painful tearing here and there in the head (right side), forehead, frontal region, or in place of the right occiput up to the vertex. W. 156. Pulsating in the left buttock. 1156. Pulsating tearing in the tendo Achilles. 1212. Pulsating tearing at the tip of the right toe.

As in all the symptoms, the beating and pulsating is limited to small places only, proves that the impression does not emanate from the bloodwave, but is caused by a depression of the motory activity in some of the vasomotory ganglia, and we see here again especially those affected, lying in the courses of the cerebral or spinal nerves, mentioned already several times, as trigeminus, glosso-pharyngeus, vagus, plexus cervicalis, hence frontal and occipital region, shoulder, axilla, pit of the stomach,

spleen and buttock. The sensation of soreness (499) hints to a consensual irritation of the intima, which may give rise to varices and hæmorrhages.

3. *Venous hæmorrhages*.—1237. A slight injury of the skin bleeds freely. 262. He blows blood from the nose, the first days. 432. After dinner some bleeding from the nose when blowing it, followed by frontal confusion. 768. Copious epistaxis, stopped by cold water, preceded by itching in the left nostril. 319. Tearing in a hollow left molar: when sucking it blood comes out, aggravated by pressure upon it. 340 to 342. Violent bleeding of the gums, even at the slightest touch. 382 to 384. Taste of blood in the mouth and throat, sweetish risings from the stomach, with feeling of dryness in the throat and sensation of soreness rising from the chest. 782. Hawking up a quantity of black, coagulated blood, after mucus, rawness and dryness in the throat and fauces, in the morning during a walk, with sensation of soreness in the throat, followed the whole day by sweet taste in the mouth, dryness in the throat and bloody saliva. 798 to 800. Bloody mucus or bloody expectoration with dry cough, burning and sensation of soreness in the chest, morning and evening, before and during menstruation. 617, 626. Discharge of blood from the anus with hard stool, or passes bright red, foamy blood with a soft mushy stool, after preceding colic. 687. Flow of blood from the urethra after painful micturition. 742. Discharge of lumps of coagulated blood during menses, especially when walking.

That the cutis is liable to hæmorrhages, may be explained, inasmuch as the Zinc-disease causes exudation in the intercellular tissue of the skin, accompanied by disturbances of innervation (as itching), and thus causing passive congested states. We witnessed the very same state in the mucous membranes. We read in the symptoms mentioned of bleeding of the nose and gums, of the lungs, anus, vesical and menstrual hæmorrhage, but not of any independent bleeding from the uterus. Let us consider more especially the hæmorrhages from the pelvic organs, hæmorrhoidal, vesical and menstrual. The veins of the lower extremities, forming finally the vena cavales or iliaæ externa unite with the mutual trunk of the pelvic organs,

the vena hypogastrica or iliaca communis. The pelvic plexus, per se, as also the veins of the rectum, bladder and sexual organs form by anastomosis and retiform combinations many venous plexus, interlacing among themselves and also connected through the vena pudenda with the cutaneous veins of the lower extremities, especially with the vena saphena magna, and just in this vena saphena magna we meet most frequently the varices of women who had borne several children, and also in the vena pudenda, where varices of the pubes and labiæ are produced.

This intimate connection of the pelvic venous plexus among themselves easily explains the mutual relations of the blood-circulation between the three chief parts of that region, the rectum, bladder and sexual organs. According to the individual disposition of a person, and according to different circumstances, a vicarious activity in the circulation of these organs may set in, especially as also the nerve-plexus, communicating one with another, have also one common origin. We have shown atony in the ganglia of the lower parts of the intestinal canal and of the pelvis, and hence a depression of the activity of the involuntary muscles and of the circulation, especially of the venous one, which may again give rise to relaxation of the walls, to their extension, to thrombosis and passive hæmorrhages. Such hæmorrhages are also favored by the loss of activity in the trophic nerves, and by the tendency of Zinc to draw into co-affection the mucous membranes, and as the intima becomes loosened, similar to the mucous membrane of the fauces, partial rupture of the veins and passive hæmorrhages may follow, as soon as they become overfilled. Both diseased states, the plethora venosa and the hæmorrhage, may be also indirectly caused, inasmuch as it is a chief effect of Zinc, to inhibit the respiratory process through the vagus, and such an inhibition favors stagnation in the venous system.

After these premises *hæmorrhoidal hæmorrhage* is clear enough, and we find here the hæmorrhoids moist, relaxed, pushed out by stool or flatus, fissures, itching and moist discharge from rectum and anus.

In relation to the *hæmaturia* we must ask, whether the blood

comes from the kidney, the bladder, or only from the urethra. If the blood came from the kidney, it would be most intimately mixed with the urine, which in *Zincum* is not the case; in deciding whether from the bladder or urethra, let us examine symptoms 686, 687, given my male provers; hæmorrhage after painful urination; 689 a pressure on the bladder, but not to urinate, hinting probably that the discharge of blood comes from the bladder, and perhaps from the neighborhood of the neck of the bladder. All these three symptoms were observed by Hahnemann. Other symptoms of the bladder and urethra stand in connection with flatulency or with irritation in the sexual sphere.

In women the venous plexus pudendalis is less developed, but the venous plexus vesicalis stands in close connection with the plexus uterovaginalis, and as there are so many nerves connecting both organs, we easily understand that there must be not only a corresponding, but also a vicarious activity between these two currents of local circulation.

4. *Anæmic symptoms*.—263. Paleness of face. 264. Sallow face, as after a long disease. W. 11. Pale face. After 12 grains, chalky cheeks and bilious vomiting, trembling of extremities; small, somewhat hard pulse, great thirst and burning in the stomach. Turgor vitalis greatly reduced, face pale, hands and feet cold. 337. White gums.

A woman, æt. 28, was in the habit of injecting Sulphate of Zinc in the vagina, on account of leucorrhœa. After injecting a concentrated solution of two drachms, she felt severe pain in the pubic region, nausea, with the sensation as if all the blood stagnated in the blood-vessels, so that medical aid was requested. The physician was astonished at the paleness of the face and her drawn features. Her eyes were staring and peculiarly shining, her tongue partially paralyzed, her pulse quick, thready, dicrotus. The surface of her whole body was cold and clammy, and a rapid collapse threatened to end her existence, but she recovered after all.

The pale, changed features were also observed in the laborers of the brass foundries, with chilliness, weak and irregular pulse.

This paleness of face was characteristic in at least six exqui-

site provings: accompanied in every case by collapsed features, by sensation of coldness and chilliness, either on hands and feet, or over the whole body. This paleness of the face may certainly be considered as a vasomotory spasm, especially as the trigeminus is always affected by Zincum, as also the sympathetic fibres closely connected with it. The depression of the ganglionic system and the frequent inhibition of nutrition also causes often a momentary anæmia vera, as we see this plainly in the cases of intoxication with Zinc. The practical value of this symptom is enhanced, that we find paleness also in the cases cured by this drug. In the cases of scarlet fever we find: body cool, skin over the whole body of a bluish-red, except around the eyes, forehead and chin, which were pale. Kafka, also mentions a case of chronic headache, where the paleness of the face gave him an indication for Zinc.

The spinal nervous system, with all its extensions, is also acted upon by Zincum, in its sensory sphere as well as in the motory one.

In relation to the former we already remarked that the pains appear interruptedly, but the same intermissions are also met in the motory sphere as *tremors*. Charcot and Vulpian showed that these tremors principally originate in the pons and medulla, and that a depression of activity in these cerebral parts causes, through the medium of the spinal cord, disturbances in the muscular tonus; its contractive power intermits, and thus becomes, more or less, the cause of tremors; and wherever cerebral activity is depressed, we find the action of the spinal cord more free, and thus reflex movements arise more easily, hence affection of the sensory sphere may also be accompanied by tremors.

We see therefore also this symptom in close connection with the relations of Zincum to the sensorium (and relatively to the sympatheticus); the spinal cord is only secondarily affected. Goullon, senior, relates: A child of four years passed through a severe attack of abdominal typhus; emaciated to a skeleton, and its features nearly resembling those of a monkey, it offered the queer symptom that it repeated over and over, in a singing way, every question addressed to him, till another was asked,

when the same process was repeated. Goullon put some pellets of Zincum³⁰ on his tongue, and found his indication in the muscular debility and the considerable tremors of the head and hands.

Let us see whether we cannot explain such a queer symptom. The chief nerve of speech is the hypoglossus; partly also the facialis. Both nerves are, according to Muller, physiognomic nerves, inasmuch as the mimic of the face as well as the speech objectively represent our internal states. Both nerves are dependents of the same central parts, the olives in the medulla oblongata. The connection between faulty speech and tremor can therefore be explained by a morbid state in the medulla oblongata, and Zincum, as we know, affects the same parts.

Examining more closely the symptoms of tremors, we meet them mostly associated with an affection of the head, or with a state of debility, e. g., a paresis, or we meet them as a reflex symptom in consequence of an emotion, and in the latter case the tremors cease or may be suppressed as soon as the sensorium regains its sway over the spinal cord.

This trembling is either general or attacks only single parts; in the latter case it appears more as a twitching, or when general, as jerking. 1278. Excessive weariness of the body, especially after dinner, sometimes with trembling and heaviness of the head. 1255. A sort of concealed nausea, with a tremulous feeling in the chest, headache in the forehead and diminished power of comprehension, two hours after dinner.

During sleep the action of the brain is diminished, and where another cause is added, this diminution will be increased. 1330. Starting from the night's rest, with an involuntary jerk of the left lower leg. 1331. Jerks through the body, during the night's sleep, unconscious to her. 1333. Jerks through the whole body during the siesta and the night's sleep. 1251. Excessive trembling of all extremities. 30, 31. After a little emotion he trembles for a long while, as with chilliness. W. 96 to 98. Trembling of the extremities, trembling and twitching of the muscles of the thighs, or here and there oscillating muscular movements.

All these symptoms, arising from rapidly repeated doses of

Zincum, were accompanied by heaviness of the head and malaise of the whole body.

1024. Debility and trembling of the hands when writing. 1276. Sudden weakness of all the limbs, at noon, with tremor and sensation of canine hunger, more when standing than when sitting. W. 118. Trembling of the legs. 1026. Trembling of hands, more when keeping them quiet on the table than when resting on the elbows. 1025. Trembling of hands during menstruation. 1195. Trembling of the foot when lifting it, and at no other time. 1252. Tremulous weakness of the lower limbs, with great paleness of the face, going off by walking. The last three symptoms show us that the patient may be able to overcome the trembling.

1246. Muscular twitching here and there in the body. 1247. Twitching in various muscles. 1248. Twitching and jerking in various parts of the muscles. 1249. A good deal of visible twitching in the body and face. 962. Twitching in the right axilla, followed by bruised sensation in left axilla. 965. The left arm twitches in the morning during sleep. 1250. Visible twitching in both arms and hands. 982. Fibrillary tremors in the left upper arm. 1143. Twitching in the left calf. 210, 211. Twitchings in the left lower eyelids and left eyeball. 212. Jerking in the left eyebrow. 280. Violent jactitations of the muscles in the left side of the upper lip.

We see here again the left side especially affected. The trembling, twitching and jerking are slight spasmodic attacks, and we may ask, what does Zincum in fully developed, idiopathic spasms, e. g., in infantile spasms, chorea, epilepsy, where the old school uses this metal frequently.

Franz (Arch., 6, 2, p. 178), considers the antispasmodic action of Zincum to be merely palliative, based on artificial stimulation of primary symptoms of torpidity, or of a sensation of debility, as e. g.: 1144. Rigidity and stiffness of the muscles of the calf when walking. 1097. Heaviness and paralytic pain in the left femur when walking. 465. Drawing tearing in right foot, down to the bones, with sensation of heaviness when resting. Spasms therefore may have been cured with steadily increasing doses of the old school. Thus Hufeland prescribed

oxide of zinc up to 24 grains daily, in chorea, and Voigt ascribes to it a calming power which lowers the muscular activity.

Franz wrote thus in 1827, and even to-day we do not remember a single severe spasmodic case cured by the single or small dose. Hartman says of infantile spasm, that Zincum would only be indicated in light cases, or in the prodromal stage, as it corresponds only to the screams during sleep, unconscious to the child, when it twitched and jerked, especially on left side, during day-time, with irritability of head, bulimy and hasty deglutition, bloated abdomen and involuntary micturition. Here we deal with a cerebral irritation or with a hyperæsthetic state of the abdominal nervous system, and the slight convulsions are reflex actions and of secondary nature. Kafka (II., 259), prescribes them only for clonic spasms; the convulsions of lying-in women, after old eruptions which disappeared long ago, are also of secondary nature and reflex symptoms of the sexual sphere and of the cutis. Hence we suppose that Zincum may cure slight clonic spasms, but only the accompanying and causal relations, hinting to Zincum, give the indication. Thus we read: 1253. Cramp pain in the muscles here and there. 1254. Cramps in the arms and legs. 1146. Cramp pain in the left calf at night. 1148. Cramp in the leg when drawing it up, in the morning in bed. 1149. Cramp threatens to come on when turning the body. 927. Cramp-like stiffness of the left side of the neck. 1002. Stiffness in the dorsum of the head, and cramp feeling in the extensor muscles of the thumb, when playing the piano.

We already mentioned that tremors mostly appear in company with a state of debility, also that a sensation of paresis and numbness in solitary muscles or in a group of muscles, corresponds to the general lassitude and the diminished well-feeling, the loss of strength, so characteristic of Zinc, also that this decrease of strength is primary and idiopathic, emanating from the sympatheticus and its ganglia, and that the sensorium hardly ever participates, inasmuch as affections of the latter are brought about from deficient innervation of corresponding fibres of the sympatheticus.

This malaise and numbness of solitary muscles, showing itself in entire extremities as a sensation of heaviness, is not so much caused by a deficient influence of the motory nerves, than by an inhibited or changed nutrition of the muscular parts. Franz finds Zincum homœopathically indicated, where the mobility of the muscles is rendered difficult or inhibited, as in rheumatic affections (it attacks especially the fibrous sheaths), and he cured a case with the first trituration in 24 hours, which already lasted several weeks.

Let us now examine how Zincum acts on the sensitive sphere of the spinal nerves. It causes, as we have seen, constant and transitory pains; the former in muscles and joints, and thus also in the pectoral muscles. This benumbing sensation, inhibitory to free motion, we see in: 867. The chest symptoms become more violent when she moves about, or when she lifts something, or when she seizes something with her hands. 871. Pain in chest, as if bruised, when riding. 872. Pain in left pectoral muscle, as if sore and bruised. W. 106. Ribs of the whole left side painful and sensitive to the touch. 923. The nape of the neck and back are painful, as if bruised and worn out by too great fatigue.

The same muscular weariness we meet in: 930. Pain in nape of neck when sitting or writing, as if it would not support the head. 909. Bruised sensation in back, when walking outdoors, so that she could hardly reach home. 969. Pain as if bruised in left arm; the deltoid muscle is so sore that he can hardly lift the arm. 971. Rheumatic pains in both deltoid muscles, increased by raising the arms. 996. Pain as if bruised in the lower arms, when feeling and turning the arms; with occasional tearing in the fleshy part of the arm. 1070, 1095. Pain as if bruised, with cramp feeling, heat and burning in the region of left hip, extending to the middle of the thigh, with languor of the limbs and continued sensitiveness of the hip when walking or standing, relieved by sitting. 1097. Painless sensation of weariness and numbness in the right thigh, when walking.

The same bruised sensation we also meet in the joints and fibrous sinews, showing itself as a pain like a luxation, sprain

with dulness and heaviness, thus: 1186. Pain like luxation in the joint of the hand, with drawing pain. 1187. The same in the joints of the foot, especially when moving it. 1103. In a dream the knee-joints seem to him heavy and almost immovable; on waking, which happens much earlier than usual, they are painful, as after a violent fatigue, more so during rest than motion.

The more transitory pains are tensive, tearing, drawing, lancinating, and the pains of *Zincum* seem to be seated between skin and flesh (a nervous symptom of a student). In fact we may consider the muscular and cuticular pains more neuralgic than rheumatic, especially as they change location so frequently, thus: 994. Tearing in the bones of the left forearm, then in the knee. 1016. Tearing in the dorsum of the left hand, alternating with tearing of it in the right hand. 1106. Severe pains, first in the right then in left patella, and in head, evening and night.

We meet the same fugitive pains again in the long bones and joints, passing from one to another. Generally the joints are hardly ever affected independently; the pains rather extend from neighboring parts to the joints, or vice versa, and the joints of the hand and foot are most frequently affected; the tearing, lancinating pain also extends to the lower joints of the fingers, and to the edges of the foot. These fugitive pains are also very superficial, as they disappear by rubbing. Another peculiarity is that they attack more frequently the flexors. Still, after all, *Zincum* fails to be indicated from these neuralgio-rheumatic pains alone. We must closely scrutinize the accompanying manifestations, for a genuine exudative inflammation of the joints is never produced by *Zincum*. Cl. Müller saw only benefit, where all the joints of the upper and lower extremities were attacked with tearing and drawing pains, with trembling and numbness, aggravated by motion and heat, and where there is also a crampy sensation in the extremities, or twitching and jerking in some muscular groups, especially during sleep. Hoyne uses *Zincum* in sciatica, when the pain is seated in the thigh, hollow of the knee, malleoli and external foot, worse after dinner, in the morning, and by rest.

The following symptoms hint to what is usually called a "kink in the back:" W. 112. Pains in small of back and loins, when stooping or when turning in bed. 831. Pain in small of back when walking or sitting down. 882. Severe pain in the back when walking, so that he has to stand still frequently, but it lessens after continuing to walk. 885. Pressing, benumbing pain in small of back, when lying in bed in a wrong position, worse when rising from his seat and beginning to walk. 891. Tension and feeling of weakness in small of back when walking. We consider similarly the coccyodynia mentioned by Searle, for we read: 883. Pain in the region of the os coccygis, pinching or pushing-aching; weakness in small of back; pressure, tension and debility in the hips and sacral region, twinges in back when walking.

On the external skin Zincum causes only nutritive disturbances, and the cutis may be considered the critical organ for the Zincum-disease. We find therefore Zincum indicated in cutaneous diseases, where the skin-affection is based on a nutritive disturbance curable by this metal, and it will therefore simultaneously remove the efflorescence, or it may happen that an acute or chronic skin-disease from some cause retrocedes, and morbid states arise corresponding to Zincum, and after their removal, the former skin-affection re-appears and runs its normal course. Robol used it successfully in two cases with twitchings, in consequence of a suppressed eruption on the head (M. M., page iv). Old school physicians prescribed it for the nervous symptoms, when variola or other eruptions were tardy in appearance, in the usual large doses, which enabled them to bring out the exanthema. But it will do the same in homœopathic doses, where the causal (secondary) disease corresponds with the symptoms observed by provers.

We have frequently shown that Zincum depresses the function of nutrition, thus restricting all secretions, and we find therefore dryness, shrinking, thickening, firmer exudations in the interstitial tissues. On the skin such dryness appears as roughness, brittleness, fissures and rhagades; the exudations form nodes, which may inflame and cause furuncles and supuration. The Mat. Med. gives us: 1037. The epidermis of

the hands become chapped and painful, even in mild weather. 1059. Burning painful rhagades between two fingers of the left hand. Deeper forms of exudations with its sequelæ we find in: 929. A nodosity in the right side of the nape of the neck, painful like an ulcer when pressing upon it. 1058. Nodosity under the skin in the bend of the anterior joint of the ring finger. 1218. Blotch on the little toe and the ball of the right toes, with stinging pain when walking. 1219. Itching all over, sometimes with burning and redness, and pimples after scratching. 964. Small furuncles under both axillæ. 984. A large furuncle on the left upper arm.

Where the Zinc-disease fails to localize itself, but falls with more force on the whole epidermis, we meet critical deposits over a larger surface, as miliaria, pimples, vesicles, spots, erysipelas, or only as hyperæsthesia and itching, thus: 1238. External parts, as lobules of the ears, tip of the nose, become easily chilled, even in a moderate temperature. 1038. Chilblains on the hands, itching and swelling violently. 1216. Burning and pricking in the ball of the big toe, when at rest, as if the part had been frozen; the pain is increased by friction and scratching. 1270. Sensitiveness to the fresh air, afternoon and evening. 1239. Great sensitiveness to cold, especially in the tips of fingers and toes.

And as the general depression manifests itself in debility, lassitude, bruised sensation of the extremities, especially the lower ones, we easily comprehend why we find them so frequently the seat of trouble. Pruritus, with or without visible vesicles, we meet: 1219. Itching all over, even on face and on head, sometimes with burning or redness, or with efflorescences after scratching, which feel sore to the touch. 1221. Itching in the flexor surface of the joints. Miliaria efflorescences, small pustules are especially found on such places, where the nervous plexus stand in specific relation to Zincum, thus in the face, nape of neck, shoulders, upper and lower extremities; and here, especially on the most peripheric parts, as ulcerated blisters on the dorsum of the right foot, as from a burn; ulcerative pain in the right big toe; pain at the nail of the big toe, as if there were subcutaneous ulceration; tearing in the tips of

fingers; tearing under the nail of the right thumb; tearing and painful beating on the tip of the left thumb, as if an ulcer, with sensation of numbness, and with heat which can be felt by others.

ARTICLE IV.—Our Nosodes.

BY DR. C. HERING.

PART II.

“ON the 26th of March, this year, Mons. Pasteur brought three hens, two living and a dead one, into the Academy of Medicine in Paris. The history of these three hens deserves mention, since it may mark an important epoch in the history of therapeutics. It was Pasteur who furnished evidence that the malignant disease called splenic fever (Milzbrand) was caused by bacteria.

“An animal inoculated with a few drops of a fluid containing bacteria, develops the disease with astonishing rapidity, and dies within one or two days. There is, however, an exception to the rule. Chickens thus inoculated remain in perfect health. Every attempt to produce the disease in a chicken has so far resulted in utter failure, and the conclusion must be drawn that chickens are proof against this disease. In explanation of this strange fact, Mons. Pasteur offered the following rational idea: birds have a higher bodily temperature than other warm-blooded animals. The temperature of those animals which are most readily affected by splenic fever ranges from 35 to 39 degrees; the blood temperature of chickens from 42 to 43. Pasteur repeated his experiment; this time, however, he reduced considerably the temperature of the chicken after inoculation, and it died of splenic fever. From the three hens exhibited in the Academy of Medicine, one died twenty-nine hours after inoculation with 5 drops of bacteric fluid. Her body swarmed with splenic fever bacteria. This hen was immersed in water immediately after inoculation. The other, a black hen, was inoculated at the same time, and to make the

result more certain, with a double quantity of the fluid. This hen was not immersed and her condition remained undisturbed. The third, a grey hen, was not inoculated, but subjected to a water bath to demonstrate that reduction of temperature alone was not sufficient to cause death.

“Further experiments convinced Pasteur that propagation of bacteria is arrested by a temperature of forty-four degrees.

“If birds are not liable to splenic fever, he argued, it must be due to their elevated temperature. The question now arises, whether animals ordinarily liable to the disease may not be made proof against it by elevating their temperature. Claude Bernard proved by experiment that mammalia die when their temperature is raised above forty-five degrees. In as much as a temperature of forty-four degrees is sufficient to arrest the development of bacteria, it becomes apparent that the investigation may become of the utmost utility in medicine. By simple elevation of temperature possibly these fatal organisms which are making such ravages may be destroyed. It would open a wide field in therapeutics, for it is not probable that splenic fever is the only disease caused by microscopic organisms; many of the best thinkers incline to the opinion that other contagious diseases have their characteristic bacteria, and it seems very plausible that serious diseases which heretofore resisted every remedy, will become amenable to treatment by simple elevation of temperature.

“The celebrated chemist Dumas and Mons. Bondet of the Academie de Médecine have announced that a prize of 6000 francs is to be paid in 1880 to the one who will have made the best use of Pasteur’s discoveries, in the interest of medicine.”

Pasteur is one of the progressive minds among French physiologists.

While within the Homœopathic school retrograde motion has predominated, there has been in the old school a constant, slow, but irresistible progress towards confirming Hahnemann’s school and adopting his inductive method. When the venom of the *Lachesis* was proved, 1828, and after three years’ continual experiments, was finally published as a discovery,

the old school of course persisted in their obstinate denial that it was no poison if swallowed. It was, in fact, "public opinion;" and old Lucanus, the verse-maker, was even quoted by Boerhave, and none dared to contradict it. The remarks of the great medical explorer, Fantana, were pushed aside. Even the naturalist, Poeppig, traveler in South America, sneered at our provings. Weir Mitchell ridiculed them in his classical treatise on snake-poison; and last, but not least, the great naturalist, Brehm, put a brand-mark on his forehead by reviling the provings of Lachesis in his great work on "Animal Life."

The great British work on snakes, entitled *Thanatophidia* had already some years before, as we mentioned in Part I. of our Nosodes, done away with this old superstition. But the retrograde homœopathists who at first grumbled about matters of secondary consideration, still stick to the cheapest of all objections, that the symptoms are imaginary.

Radiate heat, as a local application, and the potentizing of the poison in alcohol, proposed in 1835, were also rejected by the old school and doubted by many in the new. The discovery of viperine by Lucien Bonaparte, and the experiments of Weir Mitchell, proved finally that it still remained a poison after boiling; and that although alcohol was the best antidote after the venom had been introduced into the circulation still it did not interfere with its action as a medicine. It was observed that the boiled venom, even if it killed, did not act as a ferment; that the places of inoculation were not gangrenous. What could not be reached by heat was reached by the alcohol in the blood, acting in a similar manner against the ferment.

On mentioning to a distinguished gentleman Pasteur's ingenious experiments on chickens, and calling his attention to radiate heat, as the best local application, not only preventing the generation of bacteria, but also arresting other zymotic processes, he told me that while staying in the West, where rattlesnakes were "as common as locusts," he had witnessed many cases of the cure of a snake-bite by killing a chicken, cutting it open, and applying the warm surface on the limb bitten, and replacing it as soon as it got cold by another. In

this way they cured all cases. The ten degrees of greater heat seemed to be sufficient, as with the bacteria.

How far we may extend over other zymotic diseases this use of heat (not cauterization), proved to be the best regulator in snake-bites, and proved to prevent and cure hydrophobia, will be decided by tests and facts.

There only remains to be added, that as Pasteur has proved that heat prevents the propagation of bacteria, so have homœopathic practitioners of the greatest integrity, and trustworthy beyond a doubt, long ago cured splenic fever in cattle, flocks of sheep, and their shepherds, by *Anthracine*, an alcoholic tincture made from the blood or a bacteric spleen. Of course, the alcohol killed the infusoria, but what remained dissolved therein cured the disease in animals and men. Dr. C. G. Raue found it curative in the worst cases of carbuncle.

ARTICLE V.—Puka Puka, *Brachyglottis Repens*.

By L. C. FISCHER, M.D., F.L.S.

A SHRUB growing in the northern Island of New Zealand, attaining even the size of a tree, to twenty feet in height, bearing large, broad, indented, glossy leaves. The under surface thickly covered with white, downy layers. The flower is large, hanging in clusters of very minute, sweet-scented blossoms. The Maories use the leaves externally over old sores and ulcers.

Horses, after eating the leaves of the young shrubs, seem to lose all power over the hind legs and spine, and appear to be paralyzed.

Tincture prepared from the green leaves and flowers.

Sept. 7th, 1866. *Æt.* 46, in perfect health. Pulse 60. At 10 o'clock, A.M., took ten drops in water.

Soon after taking the dose, pain, soreness in the stomach.

1 hour. A sore, throbbing pain in right knee.

Pain in back.

Pain, right side.

Cold and chilly.

Slight soreness in the throat.

Soreness in nostrils exteriorly.

Feebleness in the arms.

Pressure in the forehead.

Isolated throbbing pain in the right side, back.

Isolated throbbing in the left groin.

Isolated sore throbs in the right arm, and under the right arm-pit.

Chilly; pulse 50.

Pain in the thighs by walking.

Sept. 8th. 11 o'clock, A.M. Twenty drops in water.

1 hour. Weary pain, upper arms.

Transitory sudden throbs, left side of head.

Faceache, left side, as if the submaxillary glands were affected, extending to the upper part of the face.

Pressure and soreness in neck of the bladder.

Transitory short sudden pains in the thighs.

Heat in the mouth.

Soreness, left wrist.

2 hours. Severe pain across the loins.

Itching in the face.

Irritation in the nostrils and repeated sneezing.

Evening, nausea and eructation of the taste of the ingesta.

Sept. 9th. Morning. Throbbing in the left groin.

Pain in left elbow.

Weariness in the limbs.

Sept. 9th. 10 A.M. 40 drops.

Eructations.

Fluttering in the stomach.

Soreness, zygomatic process right side of face.

Shivering and chilliness immediately after taking the dose.

Frequent eructations of the taste of the medicine.

Irritation in left nostril and feeling as if the air is too sharp.

1 hour. By passing urine, pain in the bladder and soreness in the urethra; feeling as if the urine could not be retained.

Urine abundant; specific gravity, 0.8; full of mucous filaments under the microscope, consisting of mucous corpuscles and epithelium.

Rawness in the throat.

2 hours. Toothache, right side, extending to the ears.

Eruclatations.

Inclination and urgent desire to pass urine; $12\frac{1}{2}$ ounces;
specific gravity, .04 reaction acid.

3 hours. Irritation in bladder and urination.

Almost constant pain in the groins and weariness in the
lower limbs.

Soreness in the region of the kidneys.

Pressure in the chest (œsophagus?).

Nausea and eruclatations.

Weariness in the arms.

Scraping sensation in the throat.

Painful throbbings about the shoulder and collar-bone.

. Soreness in the fingers and thumb; weakness in the hands
in writing.

4 hours. Passed again a large quantity of pale colored urine.

Evening. Evacuation of dry fæces, with sore, constrictive
pain in the anus.

Great weakness in the legs and prostration.

During the evening and night a reaction seemed to have
set in; passed only a small quantity of urine in the next
24 hours: 5 ounces; specific gravity, 20; full of mucous,
dark colored and reactive.

Sept. 10th. No medicine.

Sept. 11th. 80 drops at 11 A.M.

Eruclatations.

Soreness in the shoulders and neck.

Pricking in the ears.

Pain in the forehead.

Urgency in passing urine; pain in the neck of bladder; a
large quantity of pale colored urine voided; specific
gravity, .08; boiling and nitric acid test prove albumen.

2 hours. Weariness and weakness in the back, from the coccyx
upwards, and dull pain in the region of the kidneys.

Confusion in the head.

A cold sensation and tightness about the scalp.

Weakness in the limbs.

Toothache.

Heat in the mouth.

Soreness of the tongue.

Pain in the neck by moving the head from one side to the other; soreness in the region of the attachments of the sterno mastoid muscles.

Soreness in the right wrist, extending upwards to the elbow, as if traceable in the flexor carpi ulnaris muscle.

Pressive pain in left side of forehead.

Soreness in the throat.

Weakness and soreness in the biceps.

Throbbing and shooting pain in the wrist.

Weakness in the lower extremities by walking.

Pain in the left groin.

Loss of appetite.

Nausea.

Itching in the nose.

Passed a large quantity of dark colored urine, containing long threads, which, when examined microscopically, proved less mucous but mere transparent waxy casts.

Acute pain in the groin.

Throbbing sore pain in legs.

The prostration and weakness in the extremities is increasing.

Pain in the forehead.

Pain in the back and weakness in the extremities.

Stinging pain in the urethra.

Pressure in the neck of the bladder by voiding urine in the evening, as formerly; the quantity is much less and dark in color; specific gravity, 24; long threads again floating in it.

In the evening, a small, soft evacuation of the bowels, attended with pain and constriction in the anus.

Since the evacuation, pressure and acute pain in the bladder and urethra, with stinging in the penis.

The urine voided was examined with the microscope, and consists of a mass of epithelial cells, adhering to each other (phosphates: oxalate of lime). (The quantity of

urine voided in the 24 hours was 48 ounces; specific gravity, 24).

Dull pain in the back and region of the kidneys increasing.

Pain in the neck continuing.

Soreness and rawness in the throat.

Sept. 12th. 10 A.M. 80 drops.

$\frac{1}{2}$ hour. Headache.

Passed soon a large quantity of urine, with constant desire and feeling as if the bladder was not emptied.

Pain in the kidneys, like yesterday.

Pain in the forehead.

Increasing weakness and pain in the back.

Also prostration about the anus.

Ineffective urging for stool.

Soreness in the groins, as if in the spermatic cords, and a thrilling sensation through the penis and testes.

Acute throbbing in right hypochondriac region.

(Have been very busy, and could not pay as much attention to the symptoms produced.)

Sept. 13th. This morning felt great prostration in the legs, and soreness in the lower part of the spine; the weakness and pain is more perceptible in the left than in the right thigh.

The action of the drug appears to be more on the spine and nerves than on the muscles. The pains are of short, transitory character, and not of a continuous muscular pain. Except in the spine, where the pain is not constant, it appears as if the action could be traced along the anterior branches of the saphenic nerves and perhaps along the saphenic vein; the pain in the groin is unquestionably the result of the crural nerve.

Sept. 14th. 12 M. 20 drops in 20 spoonfuls of water. Took four spoonfuls.

Soon after taking the dose, gnawing pain in the region of the kidneys.

Isolated throbbing or shooting in the arms.

Dryness and rawness in the throat.

Severe pain in left submaxillary region.

Tingling in the ears.

The soreness in the lower part of the spine, from which I was free, is returning with great violence and intensity ; it is almost traceable to the sciatic nerve.

Throbbing left temple.

Prostration and weakness in right arm by writing.

Cracking in the joints of left arm.

Rigors and chilliness.

During the afternoon all symptoms ceased, except weakness in the extremities.

Desire for micturition during the day ; urine dark ; specific gravity, 23 ; acid reaction.

Sept. 15th. No medicine.

Uneasiness in the back, and prostration all the day.

Sept. 16th. A very restless and sleepless night was passed. After riding, the pain in the lumbar region returned with great intensity, extending also to the pectoral muscles and arms.

Sept. 17th. Took four spoonfuls, containing four drops, 10 A.M. Pain and weariness in the back.

Headache.

Very sleepy during the day, and constant yawning all day.

(Very much occupied with patients, and could not pay attention to symptoms.)

Irritable mood.

Sept. 18th. Since commencing the provings, tingling in the ears, with secretions, with which I have never been troubled.

Great inclination to sleep.

Sept. 19th. 10 A.M. One drop of the tincture in solution.

Eructations.

Lassitude and weakness.

Throbbing as formerly in the arms.

Confusion in the head.

Nausea.

11 A.M. One drop.

Immediately after the dose sharp throbbings or shooting in the knees, and contractions, cramp-like, in the muscles of the thighs.

Pain in the back returns with great intensity.
Confusion in the head and pain in the forehead.
Throbbing in the sternum, and pain in the pectoral muscles.
Headache concentrated about the left eye.
Stiffness in the neck.

12 M. Weakness in the lower extremities increasing, extending from the hip to the knees.

Fluttering sensation in the abdomen.

Stiffness in the neck.

Weakness and prostration in the arms and wrists.

Confusion in the head.

Soreness in the zygomatic process, left side.

Painful soreness in the sterno-mastoid process.

By walking, great prostration and pain in the lumbar region.

Headache, pressive and throbbing forehead.

Left lower jaw painful.

The headache and faceache become very intense, and prevent sleep during the night.

The action of the bowels has become more and more constipated and painful; feces like balls and knotty.

Urinary secretion painful in the bladder and urethra, and distinct in the penis.

Sept. 20th. 12 M. Twenty drops in eight spoonfuls of water.

One spoonful of the solution.

Confusion in the head.

Pain in left submaxillary.

Pricking in the ears.

Sensation of pain running along left upper arm, becoming stationary.

Pain under the right axilla, extending to the pectoral muscles.

Sudden lancinating pain in the right side of face.

Pain of the same sudden throbbing character in the left groin.

Rawness and soreness in the throat.

Aching in the lumbar region.

Nausea.

Cracking in the left shoulder; this has never been experienced before.

Great inclination to stretch the limbs, and especially the arms, to give relief to the weariness between the shoulder blades and trapeze muscle.

Increasing desire to bend the head.

Feeling as if the whole back would contract backward, and the muscles of the neck were affected.

Colic and desire for stool.

Rigor and chills all over the frame.

(All these symptoms followed in rapid succession.)

Hands and feet cold.

Pain, left submaxillary glands.

Throbbing in the penis and desire to pass urine; pressure in the bladder.

Chilliness and heat in the face.

Pain in the ears.

Oppression of breathing, as if the pectoral muscles were contracting, and a stretching would give relief; which sensation seems to be also in the dorsal muscles and right shoulder-blade.

Itching of the skin.

Since about a week a soreness has been felt on the corners of the mouth, which now relieves itself by swelling of the lips.

(These are the first cutaneous symptoms since commencing the proving.)

Painful itching-burning by walking under the big toes, and itching in the sole of the right foot.

Painful soreness under the arms.

Soreness and pain in left wrist.

Pain in the knees; sore throbbings.

Cracking in the joints of lower extremities by walking.

Great inclination to stretch.

Soreness in the first dorsal vertebræ to the touch (first time since proving).

Pain in the lower part of the legs.

Soreness to touch.

Evening, after tea, soreness; throbbing in the stomach and bowels, right side.

7 P.M. Five drops in solution.

Rawness and soreness in the throat.

Pricking in the ears.

Frontal headache.

Nauseating sensation in the stomach.

Pain of great intensity in the deltoid of the left arm.

1 hour. Pricking and numbness in the tongue.

Pain in left ear.

Slight twitches in left side of face. (First time.)

Pain in the left side of the chest, region of the heart.

Oppressive breathing; sighing gives relief.

Great fatigue in the arms.

Sudden pain about the fourth and fifth dorsal vertebræ, extending to the right side of chest and shoulders.

Irritation in the bladder continues.

Passed 48 ounces of urine in 24 hours, dark color; specific gravity, 24; mucous cells and triple phosphates.

Sept. 21st. Restless sleep during the night.

After waking could not fall asleep again; confused dreams.

Itching and burning in the nostrils.

Desire to urinate.

11 o'clock. Twenty drops in solution.

Immediately after, pain in the left lower jaw and face.

Shooting pectoral muscles in region of the heart.

Pain under right axilla.

Rawness in the throat.

Giddiness and flushed face.

Itching and pricking in the ears.

Pain in the neck, prominently affecting the upper part of the trapeze muscle and extending to the shoulders.

Prostration of the arms.

Itching of the skin.

Soreness on the soles of the feet.

Loss of flesh since commencement of proving.

Appearance of general illness observed by my friends.

Lumbar pains very severe.

While at first the pains had a nervous character, they are now decidedly muscular and lasting longer.

Ten drops. 12 o'clock at night.

Full of dreams.

Talking in sleep.

Passed about 56 ounces of urine in 24 hours; specific gravity, 20; full of white mucous sediment, more than any previously passed, containing epithelium, triple phosphates and mucous casts from the kidneys.

Rheumatic moving aching in the left knee, very intense.

Diarrhoeic stools in the evening.

Next day—23d. Great lassitude and prostration.

Heaviness and sleepiness.

Tendency to diarrhoea.

Urine is much clearer; specific gravity, 22; acid reaction.

Ceased the proving. It was some time before the irritation in the bladder and urethra ceased, also the prostration and weakness lasted several days, and the isolated troubles through the arm, legs and thigh continued several weeks.

Head.

Pain over the left eye. (M. 10 d.)

Pain over the right eye. (M. 20 d.)

Dimness of sight and pressure on forehead. (M. 20 d.)

Feeling of tightness in forehead and temple. (M. 40 d.)

Weight on the top of the head. (M. 40.)

Severe pain and tightness of the skin over the forehead. (M. 80 d.)

Headache extending from temple to temple. (M. 80.)

Severe throbbing pain around the right ear and passing from the ear to the eyes, and then to the neck. (M. 80 d.)

Soreness all over the head and stiffness in the neck. (M. 80 d.)

Soreness around the eyes, as if bruised. (M. $\frac{1}{2}$ hour, 10 d.)

A violent headache lasting 4 hours and commencing again at night, preventing sleep, leaving in the morning a bruised feeling. (M. 11 d.)

By pressing the forehead, pain in the neck. (M. 11 d.)

Throbbing pain in the head. (M. 8 d. 3d.)
Bruised pain in the left temple. (M. 8 d. 3d.)
Darting pain in the right side of head. (M. 6 d. 3d.)
Heaviness over the head. (M. 6 d. 3d.)
Pressure on the forehead. (F. 10 d.)
Confusion in the head. (F. 80 d.)
Cold sensation and tightness around the scalp. (F. 80 d.)
Pain in forehead. (F. 80 d.)
Headache. (F. 4 d.)
Confusion in the head. (1 d.)
Confusion in the head and pain in the forehead. (1 d.)
Headache concentrated about the left eye. (F. 1 d.)
Pressing and throbbing in forehead. (F. 4 d.)
Headache and faceache, becomes very severe and prevents sleep during the night. (F. 4 d.)

Eyes. Ears. Nose.

Pain over left eye. (M. 10 d.)
Dimness of sight and pressure of forehead. (M. 20 d.)
Severe throbbing pain around the right ear. (M. 20 d.)
Soreness of nostrils exteriorly. (F. 1 d.)
Irritation in the nostrils and repeated sneezing. (F. 20 d.)
Irritation of the left nostril and feeling as if the air is too sharp. (F. 4 d.)
Pricking in the ears. (F. 80 d.)
Itching in the nose. (F. 80 d.)
Tingling in the ears. (F. 4 d.)
Pricking in the ears. (F. 8 d.)
Pain in the left ears. (F. 8 d.)

Face. Teeth.

Toothache. (F. 40 d.)
Severe pain in left side of submaxillary. (F. 40 d.)
Soreness of zygomatic process of side. (F.)
Pain in left submaxillary glands. (F. 10.)
Twitching in left side of the face. (F.)
Pain in left lower jaw and face. (F. 10 d.)
Pain and numbness of the tongue. (F.)

Throat and Neck.

Dryness of the throat and lips. (M. 10 d.)

- Soreness in the throat. (M.)
- Pain in throat increased by swallowing. (M. 40.)
- Sharp, cutting pain in the throat. (M. 40.)
- Dryness in the throat with slight cutting pain. (M.)
- Soreness in the throat. (M. 6 d. 3d.)
- Pain in the neck by pressing on the forehead. (M.)
- Cutting pain in the neck. (M.)
- Stiffness in the neck and soreness all over the head. (M.)
- Slight soreness in the throat. (F. 10 d.)
- Scraping sensation in the throat. (F.)
- Soreness and rawness in the throat.
- Pain in the neck. (F.)
- Stiffness of the neck. (F.)
- Painful soreness in the sternomastoid muscles when moving the head. (F.)

Stomach and Digestive System.

- Fulness and pain in the stomach. (M.)
- Pain in the right side of back and stomach while breathing. (M.)
- Pain in the bowels.
- Dull pain in the bowels.
- Soon after taking first dose, soreness in stomach. (F.)
- Evening, nausea and eructation, tasting of ingesta. (F.)
- Eructation; fluttering in the stomach. (F.)
- Eructation with taste of the medicine. (F.)
- Evacuation of dry, hard fæces, with constriction and pain in the anus. (F.)
- Loss of appetite. (F.)
- The action of the bowels has become more and more constipated. (F.)

Kidneys. Bladder. Urinary Secretions.

- Passing urine preceded by pain in the bowels. (M.)
- Immediately after taking the medicine, a severe, sharp, cutting pain a quarter of an hour; passed a great quantity of urine. After the passing of urine, the pain in the shoulder was much increased, and changed from a sharp, cutting to a throbbing pain. (M. 10 drops.)
- Passed a second time a very large quantity of water, and as much again as all the previous secretions. (M.)

Pain in the knee followed by passing a large quantity of urine. (M.)

Pressure and soreness in neck of bladder. (F. 10 drops.)

By urinating, pain in the bladder and soreness in the urethra, feeling as if the urine could not be retained; (urine abundant; specific gravity, .08; full of mucous filaments under the microscope, exhibiting mucous corpuscles and epithelia). (F. 40 drops; 2 hours after inclination and urgent desire to pass urine, 12½ oz.; specific gravity, .04; reaction acid, 3 hours after the dose.)

Irritation in bladder and urination.

Four hours. Passed again a large quantity of discolored urine.

During the night and the next 24 hours a reaction followed; passed only a small quantity of urine, 5 oz.; specific gravity, 20; full of mucus; dark colored and acid reaction.

Soon after taking 80 drops, urgency in passing a large quantity of pale colored urine; specific gravity, .08; boiling and nitric acid test proved albumen.

Weariness and weakness in the back, from the coccyx upward, and dull pain in the region of the kidneys.

Passed a large quantity of dark colored urine containing long threads, which, when examined microscopically, proved less mucus but more transparent waxy casts.

Stinging pain in the urethra.

Pressure in the bladder by voiding urine.

In the evening, as formerly, the quantity is much less and dark in color; specific gravity, 24; long threads again floating in it. The urine voided was examined and consisted of masses of epithelial cells and mucus adhering to each other (triple phosphates, oxalate of lime).

The quantity of urine voided in 24 hours was 48 oz.; specific gravity, 24.

One-half hour after taking 80 drops, passed a large quantity of urine with constant desire as if the bladder was not emptied.

Pain in the kidneys like yesterday.

Desire for micturition all day ; urine dark color ; specific gravity, 24 ; acid.

By taking the smaller doses the secretions of urine are not so large, but always painful, and irritation in the urethra and pain in the penis. 48 ounces were passed in 24 hours ; dark with mucons sediment and triple phosphates.

The dose evidently augments the urinary secretion and lessened it in the reaction. Light colored and low specific gravity, and then dark colored and light.

Chest.

Pain in the right side of the chest, affected by breathing.

Pain flying about the chest. (M.)

Acute throbbing in right hypochondriac region. (F.)

Pain in right side, region of liver. (F.)

Shooting pain in intercostal muscles, region of the heart.

Back and Neck.

Coldness in the back. (M.)

Cutting pain under left shoulder. (M.)

Severe cutting pain in the neck. (M.)

Isolated throbbing right side of back.

Pain in the kidneys. (F.)

Increasing weakness and pain in back.

Soreness lower part of spine and increasing weakness in the legs. (F.)

Soon after taking the dose moving pain in the region of the kidneys.

Uneasiness in the back and prostration all day. (F.)

Painful soreness about the shoulder and collar bone.

Sudden pain about the fourth and fifth dorsal vertebræ, extending to the right side, chest and shoulder. Soreness in the first dorsal vertebræ to the touch. (F.)

Pain in the neck, as if effecting the upper part of the trapezius muscle, extending to the shoulder.

Lumbar pain very severe. By walking, great prostration and pain in the lumbar region.

Upper Extremities.

Severe cramp in thumb, bringing it down to the palm of the hand. (M.)

Cramp in the fingers, thumb and wrist, by writing.
Severe cutting pain in the left shoulder. (M.)
Cramp and pain in the little finger. (M.)
Bruised pain, commencing at the shoulder and extending down to the wrist; pain in wrist and arm is getting worse. (M.) Pain in the arm prevents sleep. (M.)
Feebleness in the arms. (F.)
Isolated throbbing in right arm and axilla. (F.)
Weary pain in upper arm. (F.)
Soreness in left wrist. (F.)
Pain in left elbow.
Prostration and weakness in right arm by writing. (F.)
Cracking in the joints of left arm.
Soreness in the right wrist, extending upward, as if in the flexor carpi ulnaris muscle.
Throbbing in the arms. (F.)
Weakness and prostration in the arm and wrists.
Pain of great intensity in the deltoid, left arm.
Great fatigue in the arms.
Pain under right axilla.
Pain running first along upper arm, and then becoming stationary.
Cracking in left shoulder.

Lower Extremities.

Cramps in both legs, extending from the thighs to the knees. (M.)
Contraction of the right leg. (M.)
Cramps in the front of the left leg, above the knee. (M.)
Isolated sudden throbbing in left groin. (F.)
Pain in thighs by walking.
Transitory, short, sudden pain in thighs.
Weariness.
Almost constant pain in the groins, with weariness in the limbs.
Great prostration in the legs, and soreness in the lower part of the spine; the soreness and weariness is prominently in the left leg.
Sharp throbbing and shooting in the veins, immediately after taking the dose.

Cramp-like contractions in the muscles of the thigh.

Cold feet.

Painful itching and burning under the big toes and under the sole of the right foot.

Cracking in the joints by walking.

Rheumatic moving pain in left knee.

Sleep.

Heaviness.

Talking during sleep.

Fever, chills and cold sensation.

The pathogenetic action of *Brachyglottis repens* seems at first to attack the nervous system. The pains experienced were of a short, isolated, throbbing or shooting, with slight soreness. The locality is prominently in the left arm, groins, thigh, and with great intensity in the lumbar region and back. It appears to me as if the whole mind—nervous system—was influenced; the filaments and membranous nerves first perceptibly, but the larger branches and roots were unmistakably affected—which is proved by the intensity and constant pain in the back, acting upon the motor nerves as well as the nerves of secretion, but the medulla oblongata appears not to be so immediately acted upon, as there are no spasms and contractions, and no cerebral disturbances, and only later in the provings, muscular sensation of continuous contraction appears to take place.

The sciatic and crural nerves, as well as the saphenic, seem most and directly influenced, while in the upper extremity the ramification of the brachial and radial nerves are more influenced.

The seventh pair, facial and auditory, seem to participate—extending in their ramification to the inferior dental and auric branches, principally left side.

The kidneys are unquestionably the most directly influenced organs, also the mucous membranes of the bladder and urethra. Whether this is the result of the nervous disturbances acting secondarily on the secretions of the urine, or primarily, must be left to more extensive provings.

The abnormal state of the urine is at first profuse—large quantity of colorless urine, decided traces of albumen are appa-

rent ; it hints of usefulness of the drug in albuminuria, depending on nervous disturbances—and in its continued effects gradually producing disorganization in the kidneys ; the urine proves mucous, and waxy casts from the kidneys ; large masses of epithelium ; triple phosphates ; oxalate of lime ; first low and then high specific gravity.

The throat symptoms seem to be nervous, and not resulting from the mucous membranes ; the same may be said of the nose and ear symptoms.

The muscles seem to be affected secondarily after longer proving. The power of contraction and action becomes more influenced after the proving has been carried on some time, and which depends also on the intensity of the dose.

The rigors and chills are nervous.

All these are positive indications of a great remedy for diseases of the urinary organs.

I have found it a great auxiliary in Bright's disease, and rarely have been disappointed in its beneficial effects.

ARTICLE VI.—Observations on Natrum Muriaticum.

By H. V. MILLER, M.D.

THOUGH the chemical name of this valuable remedy is chloride of sodium, the old misnomer is still retained. Hahnemann seemed to possess an intuitive appreciation of the curative sphere of remedies, and his wonderful sagacity in this respect was seldom at fault. He described Natrum mur. as a great antipsoric and one of the noblest of remedies, and I do not think that he overestimated this remedy. Yet by many Homœopathists it is generally overlooked and seldom thought of except in intermittent fever. One occasion for this neglect perhaps is prejudice against inappreciable doses, especially when massive doses of the same substance are constantly taken as food without apparent medicinal effect. And Natrum mur. is but one of several nutritive substances often used medicinally in the treatment of disease. Among the most important

remedies represented by the proximate principles contained in the animal organism, or obtainable by analyzing those proximate principles, are Natrum mur., Calcareo carb., Calcareo phosph., Kali carb., Lactic acid, Sulphur, Phosphorus, Phosphoric acid, Ferrum, etc.

As a proximate principle, chloride of sodium stands in importance next to water. It is found in all kinds of food, and in all the tissues of the body except the enamel of the teeth. Besides the quantity naturally contained in food, it is claimed that an extra supply is almost constantly required. When cattle are deprived of their usual rations of common salt for about a year, their hides are said to become rough and ragged; the hair falls out in patches, and they soon lose their animal spirits. These symptoms are indicative of defective nutrition. But many persons become scorbutic from the abuse of salt in food. When taken as food, chloride of sodium aids digestion and promotes nutrition by exciting an increased secretion of the digestive fluids, especially of saliva and gastric juice; by producing various catalytic transformations; by tending to regulate the phenomena of endosmosis and exosmosis, and by holding in solution the albumen and the blood-corpuscles. But this agent is almost as important in therapeutics as in diet. Indeed it appears to be essentially a nutritive remedy. According to Prof. Lilienthal, it aids the metamorphosis of the white corpuscles into the red, and thus checks leucocythymia. Natrum mur. is often indicated in chronic intermittent fever, not so often in the acute form; in headache; in muscular asthenopia; in catarrh of the air passages; in spinal irritation and in various diseases of the skin, liver, digestive apparatus and the genito-urinary organs. I have verified most of the following salient points: Great melancholy and weeping mood, especially in menstrual and digestive diseases; frontal headache, commencing or worse in the morning on awaking or on moving the head or eyes (like Bryonia), from mental exertion, etc.; cough with headache in the frontal region as if it would split; asthenopia, particularly muscular, with drawing, stiff sensation in the orbicular muscles when moving the eyes; letters when reading and stitches when sewing run together;

aching in the eyes when looking intently (compare Ruta); fiery zigzag appearance around all objects; catarrh of the air-passages, with sensation of dryness in mouth and throat and discharge of transparent mucus tasting salty; functional or organic disease of the heart, with inability to lie on the left side on account of pain and palpitation of the heart, etc.

Several of its symptoms occur or are aggravated in the morning. The headache usually commences on waking and continues until noon or night. In nasal catarrh there is hawking of mucus and spasms of sneezing in the morning. In bronchitis the expectoration occurs at that time with bursting frontal headache. In intermittent fever the chill usually begins at ten or eleven, A. M., and in prolapsus uteri there is morning aggravation. But the unquenchable thirst is worse evenings and there is canine hunger for supper.

A marked symptom of this remedy is dryness of various portions of the mucus membranes. It has dryness of the lips, mouth, tongue, posterior nares, larynx and vagina. Besides it has sensation of dryness in the eyes, and dryness and cracking of the skin about the finger-nails constituting hang nails (*Rhus tox.*, Sulphur). It powerfully affects the nutrition of the hair-follicles, causing or curing alopecia. The whiskers and the hair of the head and mons veneris fall out. There is itching of the vulva with falling out of the hair of the parts.

Its corrosive lachrymation is analogous to its salty micturition, and its acrid, greenish leucorrhœa. The acrid lachrymation excoriates the eyelids and cheeks, making them glossy and shining, and it is often accompanied with eczema (Allen and Norton).

It affects the recti muscles of the eyeball, the accommodation and the retina, producing diplopia, hemiopia, hypermetropia and muscular asthenopia. In muscular asthenopia it is superior to Ruta or any other remedy. On looking down, a sharp pain above the eye (in the superior rectus) may be present. When looking intently there is aching in the eyes from defective accommodation. Ruta is oftenest indicated in accommodative asthenopia, with aching in and over the eyes, and with *blurring of the vision* after using or straining the eyes

at *fine work*. Also when the eyes feel *hot, like balls of fire*, and appear irritable and run water, especially towards evening (Allen and Norton). In accommodative asthenopia, suitable glasses are also required. With the muscular asthenopia peculiar to Natrum mur., I frequently find frontal headache, commencing when waking in the morning, or inability to lie on the left side on account of pain and palpitation.

Natrum mur. is suitable for various forms of headache. Like Phosphoric acid it cures headache of school-girls. It has headache from sunrise to sunset, worse at mid-day (compare Natrum carb.); right eye congested; worse from light. The headache commencing in the morning on awaking and moving the head or eyes, is worse from warmth (Pulsat) and mental exertion, and better from sitting still or lying down, and from sweat. The Murex headache also commences in the morning on awaking, but it is relieved after rising.

Case of Menstrual Hemisrania of Thirty Years' Standing.—The headache was left-sided, boring or pressive, worse in the temporal region, and aggravated (not relieved) by lying down. The attacks were at first monthly, attending the menses, but after some years they came on semi-monthly, then weekly, and finally, once in two or three days. During the climacteric period they increased in severity, and it sometimes seemed as if the violence of the pain would cause insanity. The attacks sometimes commenced on waking in the morning, but usually at 11 A. M., continuing until midnight. The menses were regular, but profuse and long-lasting, and for several years attended with facial flushes. The patient was tall and of dark hair, eyes and complexion, and she had dysecoia from troublesome tinnitus aurium. Until she took Natrum mur., no remedy ever seemed to palliate these symptoms, as I found by fifteen years' trial. But Natrum mur. has considerably relieved the tinnitus aurium which electricity aggravated, and in a few weeks it entirely cured the headache.

I have often found this remedy important in the treatment of nasal, aural, laryngeal and bronchial catarrh. In catarrhal affections it has liability to take cold; coryza fluent, alternately with stoppage of the nose; posterior nares *dry*, with hawking

in the morning; soreness or scabs in the nose, and loss of smell and taste (*Natrum carb.*, *Pulsatilla*). The throat feels dry, yet he constantly hawks transparent mucus. This transparent mucus often occurs in catarrh, and it may be stringy, though to a less degree than in *Kali bich.* The leucorrhœal discharge is either the same transparent mucus, causing itching, or the secretion is acrid, greenish and thick. (*Sepia* has a watery, greenish, leucorrhœal discharge.) It has hoarseness, sore throat and dryness of the larynx. The lips are dry, cracked with rhagades or bleeding scabs; there are humid sores in the commissures (*Arum tri.*, commissures sore, cracked, bleeding), upper lip swollen. There are on the lips blisters like pearls, especially in intermittent fever. It has numbness of the lips, from paralysis of the trifacial nerve, and numbness on one side of the tongue, from paralysis of the glosso-pharyngeal nerve. The partial paralysis of these nerves is probably caused by hyperæmia of the medulla oblongata, the origin of their sensory roots. The tongue is white-coated, or mapped, as in diphtheria. The gums are sensitive to warm and to cold things; they are swollen and they bleed easily; they are putrid (scorbutic condition); they are ulcerated. There are ulcers and vesicles on the tongue and in the mouth, with burning, smarting and pain from contact with food or drink. *Mercurius* is often given in such cases when *Natrum mur.* is the remedy.

Though seldom used by the profession, I often find this remedy required in cases of acute or chronic dyspepsia, indigestion, and hepatic derangement, and it may be suggested by the morning headache, asthenopia or palpitation of the heart, with inability to lie on the left side. The bilious and dyspeptic symptoms are very marked and obstinate, under the usual treatment with other remedies. It is rich in gastric and hepatic symptoms, and it powerfully affects the vegetative sphere. The great depression of spirits may be due to the hepatic or the cardiac affection. The face is yellow or earthy; there are excessive hunger; canine hunger, especially for supper, with physical weakness and mental depression; longing for salt or bitter things; aversion to bread, of which he was once fond (*Lactuca*); unquenchable thirst, worse evenings, and after eat-

ing ; empty eructations ; nausea ; acidity in the mouth ; sleepiness ; heart-burn ; water-brash ; palpitations ; epigastric pressure and heat radiating upward to the chest. The scrobiculus is sensitive to pressure, with swelling. By spells there is a feeling of great weakness in the stomach. Bad effects of acid food, bread, fat (like Pulsatilla and Zinc.) and wine. There is dull, heavy aching and distension about the liver, after eating ; *lessening as digestion advances*. There are stitches in the liver ; tension ; swelling and inflammation of the liver ; skin yellow, earthy. There are stitches and pressure in the region of the spleen ; swelling of the spleen. Abdomen swollen ; rumbling and incarceration of flatus ; colic, relieved by emission of flatus ; (Carbo veg., Lycopodium) ; chronic, watery diarrhœa, with fever, dry mouth, and thirst ; aggravation as soon as he moves about ; much fetid flatus ; tendency to hang-nails.

Alternate constipation and papescent stools ; constipation with sensation of constriction of the anus ; spasm of the sphincter, (Nux vom. with urgency) ; anus torn ; stitches in the rectum ; constipation with inactivity of the rectum ; stool hard, difficult and crumbling. Ammonium carb. and Magnesia mur. have a similar stool but no spasm of the sphincter. Nux vom. or physic, is often prescribed in constipation, when Natrum mur. is plainly indicated. With the hemorrhoids there is moist herpetic eruption about the anus. There is moist herpes between scrotum and thigh, as in Baryta, Hepar, Lycop., Petroleum, Rhus, Silicea and Sulphur. And there are moist, acrid tetters in the bends of the joints, and moist soreness at the commissures of the lips. The tetters are generally moist. The tetters of Zincum are dry.

The urine is alkaline. The desire to urinate is sudden and frequent ; cannot retain the urine. There is a copious flow. It has polyuria with thirst for large quantities of water. Apis has thirstlessness with either scanty or profuse urine. During urination, stitches in the bladder and smarting, burning in the urethra ; smarting and burning in the vulva. After urination, burning and cutting in the urethra ; (compare Berberis and Sarsaparilla.)

It has a marked effect upon the genital organs, causing in

males excessive irritability of the sexual instinct, but with physical weakness. China and Phosphoric acid have a similar weakness but less of the irritability. In women, coitus is painful from dryness of the vagina. It is indicated in prolapsus uteri with aching in the lumbar region; cutting in the urethra after micturition, or pressure and pushing towards the genitals every morning, obliging her to sit down to prevent complete prolapsus.

In deficient labor pains it is indicated when there is great sadness, and in menstrual derangements, when with the sadness and gloom there are morning headache and much palpitation of the heart. The menses are too late and scanty or too early and profuse. The heart's pulsations shake the body; they are irregular and intermittent and worse from motion, from going up stairs, and especially from lying on the left side. With the fluttering of the heart there is a weak, faint feeling with the same condition of aggravation. The palpitation of the heart may be occasioned by flatulence, by the inhibitory action of this remedy upon the pneumogastric nerve or by spinal irritation.

The spinal pains are relieved by lying on something hard, (Rhus). In myalgia, lumbago and spinal irritation, more relief may be obtained from friction and percussion with the palm upon the parts affected than from the battery.

Like Sulphur, Natrum mur. has burning or great coldness of the feet. Like Silicea, it cures suppressed foot-sweat. And like Ammonium mur. and Ruta, it has sensation of contraction of the ham-strings in sciatica. It is adapted to chronic intermittent fever, especially after abuse of quinine; living in damp regions or near newly turned ground. It is sometimes used in massive doses as a specific for intermittent fever. It may be indicated simply by the time of the chill. It has usually great thirst but no excessive heat. It cures urticaria when the rash appears after violent exercise.

Great fatigue and emaciation are characteristic. It is complimentary to Apis, and it is followed well by Sepia. Homœopaths never, so far as I know, prescribe Natrum mur. in massive doses.

Case of Coryza and Bronchitis, complicated with Muscular Asthenopia, etc.—In the winter of 1876 and '77, for several months a physician, æt. 49, had about as many complaints as I ever knew in any complication. I will not undertake to describe them all. He had among other complaints a severe nasal and bronchial catarrh with sore and crusty nostrils, fever-blisters on lips and discharge of thick, yellow or transparent mucus of a salty taste (Lycop.), and cough always worse when lying down, from motion and from deep inspiration. The expectoration was the same, usually of yellow or transparent mucus tasting salty. At night he often coughed incessantly by the hour. A multitude of remedies had been taken for the cough, but with little or no relief. Finally the month of March came with still greater severity of weather and aggravation of catarrhal symptoms. A milder climate was suggested by several physicians, and preparations for removal to California were commenced.

Some other complication. At this time he also had muscular asthenopia, with aching in the orbicular muscles and in the eyeballs when looking intently and when moving them; dyspepsia, with flatulence and depression of spirits; lumbago; spinal irritation with sensitiveness of the dorsal spinous process and sensation of constriction of the chest (Cactus, Picric acid); conjunctivitis with inflammation of the tarsal edges and stricture of the lachrymal ducts; mitral insufficiency with inability to lie on the left side on account of pain and palpitation; hang-nails; eczema, etc. The patient had several times previously suffered from scrofulous conjunctivitis and stricture of the lachrymal duct. For the latter, probing with a canula was suggested but not tried. Silicea³⁰ relieved this stricture at this time and once subsequently with no return of the complaint now for a year. For the muscular asthenopia and nasal and bronchial catarrh, Natrum mur.³⁰ was taken without any change in hygiene. Within a very few days there was a marked improvement in both the asthenopia and catarrh, and within two weeks also in the symptoms of dyspepsia, lumbago and spinal irritation. The asthenopia and catarrh were soon entirely relieved. Since, when the patient has

had a return of bronchial cough, the same remedy promptly removes it. It also relieves the other symptoms to a greater or less extent. The patient is very temperate in the use of salt with his food.

ARTICLE VII.—Psycho-Pathology from a Diagnostic Standpoint.

BY DR. K. KAHLBAUM.

WHEN we visit a lunatic asylum, we usually find its inmates divided off into four classes, according to the states of *melancholia*, *mania*, *moria* or *dementia*; considering:

1. *Melancholia*; that state where the patient is full of sorrows, thinks and acts under this depressing influence. We see one class of these patients weighed down, paralyzed as it were, from the morbid sorrow, and silently brood over their grief (*melancholia passiva*); other patients, again, driven into despair by their internal pain, ending in suicide or other destructive actions (*melancholia activa*).

2. The *maniac*, on the contrary, gives us the picture of excessive hilarity; he is in constant motion, his thoughts run steadily onward, and the association of ideas is so rapid, that they follow one another in swift succession. With it the reflex on the muscles of speech seems greatly facilitated, the patient wants to give utterance to every thought, and speech becomes therefore hasty and flighty. His ideas are either the expression of his happy state, of his increased consciousness or of his own worth, but constantly changing. All muscular action seems to pass off without the least exertion: the patient evinces uncommon strength and an endurance, scoffing at the idea of becoming exhausted; in fact, a maniac overdoes constantly what he intended to do.

3. The patient suffering with *moria* (craziness in its stricter sense), shows also some features of mania, especially the increased self-consciousness; but he offers great uniformity—*fixed ideas*—or his craziness leans towards the destructive character

of active melancholy, or, though his disposition is more indifferent, his ideas change constantly, are without connection and confused (*general craziness*). In his outward activity the actions either correspond to the ideas just foremost in his mind, or they are neither suitable nor timely.

4. *Dementia* means debility of all mental functions; the patient is hardly more able to think, his memory fails, disposition indifferent, apathy prevails, phantasy is extinguished, his mind veiled in darkness, and all motility suppressed. Such a patient vegetates only, he does not live.

Each of these forms offer to us changes of mental functions in its chief categories, *feeling, mind, and will*, characterizing themselves as *centripetal, intracentral, and centrifugal* action of the mind. It is self-evident, that these mental functions are closely connected together, and that a disturbance of one function may easily lead to disturbances of the other functions. Thus we see, e. g., that a melancholic patient, through the influence of his mournful sensations, i. e., through the prevailing centripetal activity of his mind, can only produce in his mind (intracentral functions) mournful ideas, and he feels himself inhibited, nearly paralyzed in giving outward expression of his will (inhibition of centrifugal function); or we witness how a morbid evil idea (intracentral) influences the feeling (centripetal), and affects the will (centrifugal mental function). But we also meet these three mental functions affected in moria as well as in dementia, and to understand fully every case, it is of the utmost importance whether such a symptom originated *primarily* within the respective function, or whether it developed itself *secondarily* from another symptom, as disturbance of any one of these functions is sure to draw the other ones into co-action. Hence the great diversity of mental affection, which finds itself repeated in their pathological anatomy.

The autopsies of lunatics reveal manifold and extensive changes in the brain (dulness and thickening of the membranes, exudations and extravasations, increased vascularization, hyperæmia and anemia of the pia, etc.), especially in the cortical substance, the peculiar organ of all mental functions (lighter or darker coloration, the quantity of blood increased or diminished,

increased or diminished consistency, œdema, etc). Such changes are mostly products of chronic inflammations or hyperplastic processes, or of degenerative ones; (proliferation of neuroglia cells, division of ganglionic granules, calcification, thickening of the ganglionic cells; amyloid degenerations, etc.); only such different anatomical changes appear too often in diverse combinations. Most autopsies are only the results of the final stages, and it is questionable whether such retrospective conclusions are always true. Thus, e. g., the depressed state of melancholy was considered a primary anemia of the brain, and the irritation of mania emanating from a hyperæmia, but facts teach, that just in melancholic patients blood-stasis is often present in connection with hepatic enlargement and other abdominal hyperplasiæ, whereas acute mania is often the result of sudden great losses of blood or of chronic anomalies of nutrition, and of general inanition. Anatomy, therefore, fails to give us decisive results.

But another difficulty arises; when we consider that several forms may appear simultaneously in the same patient, or that one form is pushed aside for another form, so that it appears as if the patient had been attacked consecutively by two different morbid states; for it is a well-known fact that in most cases the disease sets in with melancholy, and mania follows. Such an initial melancholy has been considered as a psychical hyperæsthesia, as a hyperenergy of the centripetal action of the mind, followed by and by with hyperenergy of the other mental functions, intracentral and centrifugal (thought and action), so that the, as it were, originally limited affection, gradually extends itself over the whole psychical region.

It is also of interest that the mania is also not continuous, but that the general hyperenergy frequently decreases after having lasted for some time, and that only a peculiar hyperenergy of the intracentral functions (fixed ideas) remains, a state designated as moria. Finally even this fixed idea gives place to a general hebetude of mental life, which lasts till death closes the scene.

We witness thus four different phases in the morbid process, but these phases show a certain organic or pathogenetic connec-

tion. The hyperenergy of the centripetal activity of the mind passes into a general psychical hyperenergy, reaching its acme in the course of this second phase, then gradually declines, in extense as well as in intensity, and finally passes into anenergy of all psychical functions in the fourth stage. Some authors compare, therefore, such a diseased state with a febrile one, designating melancholy as the stadium incrementi, mania as the stadium acmes, moria as the stadium decrementi, and dementia as the terminal stage, the stadium defectus.

It cannot be doubtful that we have in the different forms of mental diseases, as designated from ancient times and even nowadays, not different forms of mental diseases, but the forms of different stages, or rather *the forms of different complexes of symptoms*, which they may take on during different periods. They might be compared to somatic complexes of symptoms which formerly also were considered as diseases, as fever, dropsy, icterus, cachexia, etc., but which recent researches in pathology consider only as a complex of a totality of symptoms, of which each may appear in essentially different diseased states.

The first axiom of modern clinical psycho-pathology reads: *the so called forms of mental diseases are not forms of diverse diseases, but only forms of complexes of symptoms*, and Neumann concludes, that there are no genera of mental diseases, but individuals, suffering from alienation of mental functions, there is only one kind of mental disturbance, usually designated as lunacy.

Prognosis gains here in importance what diagnosis loses, for it is a well-known fact, that a cure is far more possible in the stages of melancholia and mania, whereas moria gives only exceptionally a favorable result, and dementia never, and the former are therefore considered by many as primary stages, the latter as secondary ones.

But experience shows the fallacy of such a division, for the stages may not follow one another according to such regulation. Sometimes acute mania is the first symptom observed passing into melancholy and restoration, or after an attack of mania the mind apparently recovers its balance, melancholy follows, which passes again into mania and then into melan-

choly (*folie circulaire*). Or acute dementia suddenly appears in a person hitherto enjoying good health, passing into mania, followed by moria and finally again dementia; sometimes such changes happen in short, even daily intervals; other differences and combinations may be adduced, but a typical course of a mental disease is the one mentioned above.

The question may be asked, do all mental affections run a typical course, and a negative answer results, as cases enough are on record, where especially melancholy and moria lasted a life-time and never changed their type and remained, as it is called *stabil* from beginning to end. Otherwise it is with mania, which has never been observed primary and simultaneously continuous. Mania always follows other forms, or, if not of too short duration, alternates with other forms or with lucid intervals, and finally passes over into dementia.

Comparing now the two forms, which may appear constant and *stabil*, melancholia and moria in comparison to mania which may be considered the representative of all cases with changing course, we perceive that in the constant and definitive melancholy and in original moria only a part of psychical life is affected, and perfectly healthy mental expressions may take place besides it. This morbidly affected part is in both forms a positive one, in melancholy it is feeling or the centripetal activity of the mind, which becomes thoroughly imbued with a sinister feeling; in moria it is the intelligence or the intracentral activity of the mind, which becomes subject to a fixed combination of ideas. In constant melancholia every other psychical symptom can be deduced from this capital symptom of morbid disposition; in original moria the morbid idea gives the starting point for all other mental procedures, and all other mental functions, not related to it, do remain perfectly healthy. Both of these forms are in their symptoms primarily limited to a certain group of psychical manifestations, they present special or partial disturbances of mental life, though in a diffuse manner, not limited to one psychical element.

In contradistinction to those cases where the mind may remain constantly disturbed, we find in mania the representa-

tive of cases with changing course, the whole breadth of mental life primarily affected in such a manner that it is either impossible to deduce one symptom from another or that in each class of symptoms the starting point may be supposed for the others. Studying a maniacal patient, we are astonished at his corporeal agitation; he dances, runs about, gesticulates with the arms, sings, holds perorations or is otherwise actively engaged. In his speech he shows a constant change of ideas, especially with increased self-importance. He is commonly in the best of humor, smiles, feels happy, but sometimes this changes suddenly to great sorrowfulness, caused perhaps by any trivial affair, *e. g.*, a little piece of wood breaks in his hand, which he considered his sceptre. But his bright humor quickly returns, and he talks as rapidly and foolishly as ever. Such a patient does not tire out, though night and day in motion, and during a maniacal paroxysm he shows a power of strength which we would consider impossible in a healthy person. Where is here the starting point in this chain of actions. Some might consider the excessive muscular activity and the rapid flow of ideas as the basis for the bright humor and the consciousness of his own importance, others on the contrary, may from this very self-importance deduct the pleasure of mental and somatic activity. At any rate we find here mental life affected in the totality of its functions, and in every systematic capital class may be found the starting point for secondary disturbances of other functional classes. *The totality of mental life is here primarily affected, whereas in melancholia and moria only one part is primarily affected.* Thus we learned a second very important clinical fact: the mental diseases with changing course are a complex, a relatively total disturbance of mental functions with a tendency to pass finally into dementia, a mental degeneration, whereas those disturbances with a constant course must be considered as special or relatively partial disturbances of the mind, with no tendency whatever to mental degeneration.

TERMINOLOGY.—The cases of *stable or definitive melancholy* must be separated from other states of melancholy as *initial and transitory melancholy*; in the former the melancholy impresses its

character on the whole disease; in the latter it is only a transient stage. We use therefore the word *melancholy* for the initial stage, and for the constant state of melancholy we prefer to designate the word *dysthymia*. Just so we understand by *paranoia* the original constant form of craziness, and rather call *perturbation* that secondary craziness, which forms only a stage.

Paranoia and dysthymia are therefore constant partial disturbances in mental life. Perturbation and melancholy are temporary, have only a symptomatic character, are only different stages in the course of a mental aberration.

A. SPECIAL OR PARTIAL MENTAL DISTURBANCES.

We saw that the special illness of the centripetal functions corresponds to dysthymia, and that of the intracentral functions to paranoia. The question now arises, can the third mental class, the centripetal mental functions also become separately diseased? It has been considered so and cases quoted, distinguishing themselves by the morbid appearance of *single acts*—mostly criminal—or by the controlling influence of particular impulses. Such cases were formerly designated as *monomania* (Esquirol: erotomanie; monomania raisonnée, sine delirio; dipsomanie; pyromania; monomania homicide). But in most of these cases close examination reveals also other important symptoms, belonging to the class of feeling and thinking, and it would be therefore unwise to make a separate class of them.

B. COMPLEX INSANITY, OR MENTAL DISTURBANCES IN THEIR TOTALITY.

Mental disturbances, running through different stages, obtain in the stage of mania such an extent of psychical alienation, that they may be considered as complex or as relatively total disturbances of the mental functions. According to the greater or lesser intensity and severity of the disease, the melancholic stage may be of shorter or longer duration or even be entirely absent, and the disease then sets in immediately as mania.

As such it continues mostly for a long time and requires our attention. Primary symptoms of irritation in all mental portions are characteristic of this state, especially in its centrifugal direction, which showed so little alteration in the partial affections. Wrong actions, in some cases appearing as violent, destructive activity, in general as restless impulse to motion and action, are a constant source of trouble to the surrounding friends, and deserve our full attention and treatment. This centrifugal direction even extends to the periphery, spasms and paralysis form essential and characteristic manifestations of such cases.

Gradually symptoms of irritation decrease, especially centrifugal ones, as the excessive impetus to action and motion, the patient appears outwardly more quiet; whereas in the intracentral functions, lighter states of irritation gain the upper hand and we have the *stage of perturbation*; finally even these manifestations of irritation in the intracentral psychical functions cease, and the patient enters into his last stage, a *terminal dementia*.

All such cases give us these different forms. They may be perfectly free from characteristic manifestations in the centrifugal, peripheric (motory) nervous system, and we have then a *typical course of complex lunacy, vesania typica* of Guislain, or parietic and paralytic manifestations accompany the mental symptoms; *general paralysis of the insane*, or the accompanying symptoms, take on more or less the character of spasm, *Katatony*. It may happen in any of these forms, that mania, the stadium of acme, is less distinct or absent, and the stage of melancholy passes immediately over into moria. Especially interesting is the modification happening in *vesania typica*, where apparent health follows the stages of melancholy and mania, but melancholy and mania and again an interval of apparent mental health follows, and perturbation and dementia are surely the last and lasting act of this drama, (*reduplicated typical lunacy, folie circulaire*.)

Mental diseases may also arise from *somatic* diseases and remain subordinate to it. To this class belongs already the delirium of fever and intoxication, as *e. g.* from alcohol or nar-

cotica. Of great interest are cases where a mental disturbance takes the place of a somatic disease, which has not finished yet its course. Thus in malarial regions cases are observed, where after a few paroxysms of intermittent, suddenly in place of such a paroxysm a short maniacal fit, without any increased frequency of the pulse, appears, repeating itself in the same manner, and finally is as promptly cut short by Quinine, as other malarial cases, and we can only consider such a mental disturbance as an expression of a transient, as it were, external irritation of the psychical organ without any essential change. A similar vicarious relation is met in rheuma, and known as the protracted form of rheumatic cerebral affection. Disturbances of the female sexual organs also lead to mental disturbance, and after restitutio ad integrum of the former, the latter disappears. We meet just the same thing in reflex epilepsy, where the cause of the convulsions has to be sought for in a peripheric irritation, and where the epilepsy ceases with the removal of its cause.

We may therefore consider as *reflex psychoses*, where the mental disturbance is caused by any reflex irritation, but the mental affections, from intoxication, malaria, rheuma, can only be explained by circulatory consensus, for only thus can be explain the cases arising after injuries of the head, after ophthalmic or aural diseases. A depression of the tabula vitrea of the skull, *e. g.* causes a mania, which immediately disappears after elevating the osseous splinter and perfect mental health follows. In such cases it is not the immediate irritation, caused by the splinter, which produces the mental disturbance, but the reflex, radiating from this point over the whole brain. Luetic psychoses or those arising during reconvalescence after constitutional or febrile local diseases, as after typhus or pneumonia belong to the same class.

These psychopathies arising from distinct somatic diseases or from constitutional disturbances, must be separated ætiologically and anatomically from other psychoses, especially as they are also characterized symptomatically. In acute cases we find mania characterized by sudden appearance and mostly rapid course, and distinguishing itself by vehement actions. In chronic cases the picture of the affection remains indistinct,

probably because there is so much contradiction in the character of the symptoms, (full of pride and still despises himself, fear of death and suicidal tendency) or because the symptoms change continually. Thus these cases offer at an early period the picture of perturbation with debility. Very characteristic is also for this class the frequent interruption of the mental disturbance by apparent good health, (lucid intervals) or the mind may all through appear perfectly normal in some directions; finally isolated symptoms of moral insanity may prevail.

Hence we come to the conclusion, that mental diseases are not in all cases idiopathic, original and independent cerebral diseases, but they may also find their starting point in any part of the body. These reflex, consensual psychopathies are therefore always secondary.

Finally we have to remark, that there are certain mental alienations, appearing in connection with distinct periods of life. Thus *senility* has a weakening influence on the mind and causes alteration in its functions, produced by the involution of the brain, physiologically appertaining to that age. On the other side the high-graded mental hebetude, appearing after *hydrocephalus* and other cerebral diseases during *early infancy*, is not so much the sequela of a peculiar cerebral disturbance, but rather the result of an inhibition of mental life from stoppage of cerebral development. During *puberty*, mental alienations (*hebephreny*) appear, which greatly differ from other forms, entirely based on the organic alterations found at that period in all persons. Lunatics, suffering from this alienation, show, even when they reach a ripe old age, the character of non-development, of childishness; in females the sexual element prevails (*nymphomania*, *erotomania*), whereas males give us rather the peculiar mixture of mental hebetude and precocious smartness, of apparently deep learning and childish nonsense, so easily seen in the writings of such patients. The *individual development* of the whole organism offers in all such cases the basis of the mental alienation. *Heredity* plays here an important part, and French alienists describe it as hereditary in-

sanity, whereas hereditary influence is also observed in other cases. We rather place insanity, appearing at certain periods of life, among the secondary disturbances, as mental alienations, where the entire mental disturbance (not only one of its stages) is the second or consecutive stage of a disturbance or process, running its course in the whole organism. We have therefore mental alienations, secondary to somatic pathological processes, and other ones secondary to anthropological or biological processes of the whole organism.

RESUMÉ.

1. Mental alienations show a changing course, and the different forms are not forms of psychical diseases, but only designations of adverse complexes of symptoms or diverse mental totalities. Such totalities appear especially under four different forms: *melancholy*, *mania*, *perturbation*, *dementia*.

2. Mental alienations, with constant course and never changing character of symptoms. The psychical anomaly here remains always the same and never passes into dementia.

3. We may therefore differentiate mental alienations in :

I. Morbid states of psychical special functions (*partial or special psychoses*).

1. *Dysthymia*, morbid states in the domain of *centripetal* psychical functions.

2. *Paranoia*, morbid states in the domain of *intracentral* psychical functions.

II. Morbid states of all psychical functions in their totality.

1. *Vesania typica*, total typical alienation.

2. *Paralysis generalis vesanorum*, total paralytic alienation.

3. *Katatony*, spasmodic or tensive alienation.

So far we deal with idiogenetic or primary psychopathies. We class among the heterogenetic or secondary psychopathies.

4. Alienations, caused by *reflex or consensual centrifugal* action from peripheric, extracerebral parts of the body, or from local parts of the brain, or from a morbid process per se foreign to the brain.

III. *Pathogenetic secondary psychoses.*

5. Alienations from *anthropological* periods of development or biogenetic totalities.

IV. *Biogenetic secondary psychoses.*—Volkman's *Klin. Vorträge*, No. 126.

Taking Kahlbaum's divisions of mental alienation as our guide, we understand now clearly, why so often a remedy whose mental symptoms are *apparently* of a secondary order, still may be the simillimum, and therefore the curative agent in a particular case. When a physician of the old school, like Dr. Kahlbaum, forsakes the ancient, beaten path, when diseases and especially mental diseases, were considered entities, and enforces the opinion, that the physician deals only with persons, suffering from a complex (totality) of symptoms; when the same author, in journals and out of them, raises his voice against the abuse of narcotics; when another one, Prof. Meyer, in Göttingen, pleads for rest in horizontal position as the *sine qua non* of the treatment of mental alienations (B. K. W. 3, 1878): when Prof. Wille, in Basel, just as our own Spitzka (*J. of Nervous and Mental Diseases*, April, 1878), utter their denunciations against the routine practice, prevalent in asylums; we certainly feel strengthened in our hopes, that a new era dawns in the treatment of mental diseases, and that a combination of hygienic measures (horizontal position, baths, chromatics), with our rich armamentarium of suitable remedies, will restore many a sufferer to his wonted health, and that dementia will become the exception.

When the worthy and learned editors of the new Anglo-American journal, the *Organon*, call their quarterly a journal of homœopathic medicine and progressive collateral science, we expect from them that they understand the full value of hygienic treatment, and that they carry out these principles in their practice. We fail too often, because we expect all from medicine, be this in material or dynamic doses: we fail too often, because we allowed ourselves to be narrowed down to one idea, and forsake, from pure principle—it might be called

orthodoxy—the common sense auxiliaries, so necessary for safe and rapid restoration. This is the liberty of action, claimed by Dunham and his disciples, and progressive homœopathy in connection with progressive collateral sciences, will yet be acknowledged by all men as the science of Therapeutics.

But let us return to our subject.

Kahlbaum divides mental alienations in primary (idiogenetic) and secondary (heterogenetic) ones. Partial alienation again in centripetal (feeling) and intracentral (intellectual derangement) and total alienation in typical, spasmodic and paralytic. Must we look for our remedies among those which primarily affect the cerebral system? Here the Narcotica of the old school come into play, not as palliative, not as somniferæ, but prescribed solely according to the law of similarity. How different is to us the deeply penetrating mental hyperæsthesia of Belladonna with its kaleidoscopic changes, from the foolish actions of Hyoscyamus; from the cowardly bully, Stramonium; from the drunken Opium; from the exaggerating Hashish; from the listless, indifferent Kali bichromicum. Glance over Hering's *Analytical Therapeutics*, and what a wealth of emotional remedies are here spread before us! Though full sixteen are mentioned for joyful and happy surprise, none versed in the principles of our school would consider them alike, or mistake the excessive nervousness of Coffee and Aconite—unable to utter a syllable, fainting for joy—for the talkativeness of Hyoscyamus or Lachesis. That longing for the far distant home, with its suicidal or homicidal—at any rate criminal—tendencies, shows symptoms akin to the pangs of love; but notwithstanding the similarity of the emotion, a differential diagnosis is necessary to select the right remedy. How beautiful Ignatia covers the inward, silent grief of the home-sick mountaineer; how Aurum will divert his thoughts from ending all his earthly misery; whereas love needs love—wants love, or becomes miserable and despairing. As long as such a dysthimia remains passive, Staphysagria, Lachesis, Aurum or Ignatia may serve our purpose, but let that melancholy become active, and we need Apis, Hyoscyamus, and similar aggressive remedies to quiet this mental upheaval.

Though these partial psychoses are more amenable to treatment, we need not despair when we have to deal with morbid states of all psychical functions. Such diseased states can only be cured during their early stages; and when rightly understood at that time and carefully treated (no haphazard prescription allowed, strict individualization of the patient, of the diseased state and of the drug is necessary), the evil issue may be prevented, or at least kept off for years. Mania, this centrifugal explosion of an alienated mind, deserves all our closest study, for our *Materia Medica* is rich, nearly too rich for a superficial observer. When Hahnemann taught us that the mental symptoms of a case are of the utmost importance in the selection of a remedy, he only reiterated the truth as found in an old German proverb: "children and fools tell the truth." The individuality of the patient mirrors itself in his mania, for the controlling influence of a healthy mind is gone, and we have only to examine also the individuality of the drug to read the simile, and as no two persons are alike neither in health nor in disease, so also no two remedies are alike or could be substituted one for the other. The fury of the white Hellebore certainly differs widely from that of the congestive Belladonna; the ecstasy of the centripetal Cuprum from that of the enthusiastic Agaricus; the momentary wrath of Opium from the deeply-seated anger of Lycopodium, etc., etc.

General paralysis of the insane is, now-a-days, considered a sclerosis of the hemispheres. But a sclerosis is a terminal process; whereas the initial stage, with its hemicrania, rheumatoid pains, etc., may still allow a more favorable prognosis. Here the insane extravagance and gaiety of Veratrum; the remarkable alternation of opposite mental states, as found in Crocus, with its mad prodigality; the haughty self-content of Platina, despising all beneath it, and several others, may give us early hints, and by their dynamical or bioplastic action the dreaded sclerosis averted.

The third and fourth group of mental alienations gives us secondary processes, and here the old adage may hold good: "*sublata causa tollit affectus*." Certainly where that bony splinter was the cause of epilepsy or of lunacy, and its removal

restored the patient to his normal state, we cannot deny that the removal of the cause at least accelerated the cure, and that without such removal a cure was an impossibility. Other causes, even dynamic ones, may do the same work, and drugs be our trephine for their removal. Thus we may find maniacal fits after hemorrhages, after protracted fever, and Cinchona in the one, Psorinum in the other, become our mental remedies. How often are hemorrhoids the cause of all this mental trouble with suicidal tendency, with criminal actions; and a removal of the cause, a restoration of the flow or even only a regulation of the portal circulation, may set the patient all right again; it may be Aloes, with its lassitude; Sepia, with its fidgetishness; the irritable *Nux vomica*; *Podophyllum*, or any other of our portal remedies, and only the totality of symptoms can decide the choice. How often may rheuma be the cause of all our trouble, and our noble anti-rheumatics come into play. Just compare our quiet, but irascible *Bryonia* with the restless *Rhus*, wandering in mind and body, or the loquacious, proud, peevish *Lachesis*, with its foolish compeer, the *Tarantula*.

In our selection of remedies for biogenetic-secondary psychosis, our wealth is immense. Infancy, puberty, climaxis, senility. Involuntarily the calcareous preparations appear before our inner eye, for they are a panacea for the infantile age, strengthening, roborating wherever needed. In fact, our antipsorics may be called the regulators of that early age, and *Chamomilla* or *Coffea*, *Kreosot* or *Podophyllum*, may remove, in combination with others, the irritability prevailing at that period. Puberty has its trials. Puberty with its longings, with its temptations and vices, gives us signs of mental weakness and aberrations too often, though it may not always reach the crisis of an alienation. Our friend De Derky has given us an exhaustive article on the *Materia Medica* of the male sexual organs, and our good Eggert does the same for woman. Prof. Storer, of Boston, wrote a most valuable monograph on insanity of women, showing clearly that by removing the cause, the mind may be restored to its equilibrium. Purification month after month, pregnancy, puerperium, lactation, evolution and involution—they ought to be only physiological processes, but alas, in the down-

ward course of our age depression prevails, with its enervating influence. Hence we need not wonder to find often in Phosphorus, Stramonium and Veratrum, grand remedies for satyriasis, as well as for nymphomania, though we must not forget neither the haughty Platina nor the meek Pulsatilla for the latter.

Senility! who does not think immediately on Baryta, Conium for the alleviation of their mental and somatic ailments. A good, ripe old age! a patch here! a patch there! that is all that can be done. The juices are dried up, youth will only return beyond the grave.

Thus, led by Kahlbaum, we have tried to note down some hints for the treatment of insane persons; a neurosis like any other neurosis, and amenable to treatment, especially during its early stages. Let us neglect nothing which may aid us in hastening a cure, and let us especially remember that drugs are not the only means by which the storm can be allayed, and that an honest physician must be well versed in every branch appertaining to his profession, and must understand what to apply, and when and where. The great stride which the physiology, pathology, and therapeutics of the nervous system has made during the last few decades, gives great encouragement; let us do our duty in its totality, and the results will be—must be—gratifying.

ARTICLE VIII.—Against the Abuse of the Obstetric Forceps.

BY A. M. PIERSONS, M.D.

WERE I writing in the time of Denman, the title of this paper would have a very different meaning than it now can have. One hundred years, yes, a quarter of a century has made havoc with the theory and practice of the early obstetricians. To-day they are almost always quoted for negative argument. The essayists, who for the last five years have given thought to this subject, have largely extracted from the

early authors especially to prove them in error. This change in view need not alarm anyone. The only wonder is that the change did not the sooner take place. I have yet to learn that anyone has been deprived of life or limb for inventing, using or for advocating the use of any of the many instruments required in operative surgery*. On the contrary, each innovation, each discovery has been hailed as a new stride in the direction of progress and science. But in obstetrics there has been a tenacity for old forceps, old customs and old superstitions worthy a better cause. This is principally due to the fact that any physician who perhaps possesses a pair of most inferior instruments attempts the work of the obstetrician, while on the other hand he would leave the simplest surgery to the skilled hand and improved instruments of the surgeon. It is no uncommon thing to meet a physician, who, possessing an ever so inferior pair of instruments, flatters himself that all forceps are alike, and that he himself is particularly skilled in their application. That it requires a naturally mechanical turn of mind, a sort of mechanical genius, to make a clever obstetrician, all must admit. That by patient study and very frequent practice, many if not all can become skilled in the easy application of the forceps, none will deny. Those who delight in the mechanical part of obstetric operations can but make successful and graceful operators. All who dislike the operation in any or all its details, are pretty apt to leave the whole job to nature.

WHEN SHALL WE USE THE FORCEPS?

It is plainly evident that there is a lamentable lack of knowledge on this point. It is also plainly evident that no exact time can be given for their application in any given case. It is quite impossible to lay down general rules indicating the time to use them. This must necessarily involve numerous questions and conditions. An hour might be a dangerous

* Less than fifty years ago, Dr. Beatty, of Dublin, Ireland, was challenged to mortal combat for declaring in a well-written essay that the obstetric forceps are not dangerous instruments.

delay in one case and six hours not in an other. But in each individual case the accoucheur should apply the forceps as soon as he can prove to himself that atony of the uterus exists, or there are mechanical obstructions, which will cause the woman an hours, yes, twenty minutes unusual pain and suffering. A majority of practitioners, keeping the danger-signals of the old authors always in view, prefer to err, if err they must, on the side of the authorities. Hence we observe this everlasting sitting down and waiting. Some I have known to sit down at a safe distance from the bedside and give a sympathetic groan in harmony with those of the patient. Others kneel at the bedside, and in earnest prayer call fervently upon God to "deliver this woman in his own good time." From this last class of accoucheurs good Lord deliver us."

WHAT ARE THE OBJECTIONS TO THE FREE USE OF THE FORCEPS?

"They are dangerous" says one. So might be a shot-gun if the fowler did not know by which end to hold the thing. The danger is never in using the forceps too soon. On the other hand, there is great danger that the woman may die, because they are not applied at a time when their use must necessarily be successful. "They rupture the perineum" says another. How then shall we explain the many cases of rupture where the forceps were not used at all? I will admit that it is possible to make the forceps the means to such an end. But it is not the fault of the forceps. It is the result of ignorance, or wrong instruction on the part of the operator, who leaves them engaging the head after the presenting part has reached the plane of the perineum. I do not forget that Playfair says, "But if due precautions are used this will not be necessary*" (i. e. their removal). I have long been in the habit of bringing the head well down upon the perineum and then removing the blades quickly, not even allowing the woman to bear down. By this means I gain a little time and "make haste slowly," just at a time when the soft parts need a little time to stretch, and become adapted to the shape and size of the head. When

* *System of Midwifery*, page 435.

the vaginal orifice is small or the foetal head large or the muscles rigid, I prefer to hold back the advancing head with the fingers of one hand, at the same time rather lifting or crowding the head well toward the pubic arch, and with the fingers of the other hand crowd and stretch the vulva toward the posterior commissure of the vulva. Hence I have no case of rupture of the perineum to record. Of the many cases of rupture of the perineum on record, there are comparatively few which can reasonably be attributed to the proper use of the forceps. Too many of our older teachers, and, I am sorry to add, some of our modern ones, are given perhaps from force of habit, to emphasizing the dangers attending the use of the forceps. Among not very old works on obstetrics, may be found such statements as these, by means of which a young or timid operator has half his wits frightened out of him. "Laceration of the vaginal parietis." "Bruising the os uteri, etc." "Force kills the child, bruises the soft parts, occasions mortification, breaks open the neck of the bladder, crushes the nerves, etc., etc." "They (the forceps) produce lesions of the cervix and perforations of the vagina." Again "the use of the forceps is too often the scene of harrowing agony to the patient." "Fractured pelvic bones, disparted symphyses, vesico-vaginal fistulæ and occlusion of the vaginal walls and the meatus urinarius" are a few of the horrors held out to the young obstetrician, as the result of the use of the simplest instrument known to the profession. I repeat, the forceps are harmless, simple, easy of application in the large majority of cases and efficacious in nearly all. I am not alone in this opposition to the records of the past. Even if I were, I should hesitate none the less to proclaim my convictions, after a very free use of the most modern patterns of instruments. I will admit that many cases of death, or possibly something worse, follow the use of the forceps. But in all earnestness let me ask, was death the result of the use of the forceps or their abuse? and by abuse I mean their outrageous neglect till death is inevitable, regardless of the means employed. I know too well that by the laity, the forceps are charged with all the ills of childbirth, whenever they have been employed. But phy-

sicians are mainly responsible for this error, by neglecting their use one or two or even four days, when not so many hours should have elapsed before they were skillfully applied. I shall claim that the accoucheur who does not sufficiently understand himself to apply the forceps, in all cases where they will ultimately be required, at an early hour after labor has commenced, and the os uteri completely or even partially dilated, does not so understand himself sufficiently to apply them at a later date and therefore is not responsible for the result. The testimony of any number of such operators amounts to nothing. They are generally found on the side of those who believe that by the use of the forceps the uterus is often "twisted off," the "woman disemboweled," the "child's head crushed" and in short "that child and mother are murdered in cold blood." It may be purely incidental, but somewhat worthy of note, that those who use the forceps most are loudest in their praises; while those who rarely or never use them are severest in their condemnation.

WHO ARE THE OBJECTORS?

At our meeting of the American Institute of Homœopathy, held in Philadelphia, 1871, Dr. G. W. Swazey remarked, "that he had practised thirty years, etc.; never lost a case in labor, etc.; had never used the forceps but two or three times in his life, and hoped he might never again. (Applause by the Institute.) He had used them, in each of the three times, successfully (of course). He believed in the efforts of nature, etc., etc." Therefore, if a team of horses can draw a heavy load a mile, either by whipping or by coaxing; either by most inhuman treatment or by holding out the prospective oats, by hook or by crook, by all means make them do it. But don't be sufficiently kind or humane as to add another horse or another team. At the same meeting Dr. T. S. Verdi said, "that while in the Lying-in Asylum, of New York, he had the opportunity to use, and did use the forceps daily." Therefore he ought to be heard. "One day he had a case; got frightened and sent for the Chief Obstetrician, who, with his attendant, held a consultation, and decided the woman could not be delivered with-

out the aid of the forceps. So, while they (chief and attendant), were after the right instruments, Dr. V. stripped himself—save pants and shirt—and putting his stocking-foot in the woman's arm-pit, took her hands and bade her pull." Result—"a boy in five minutes." This, the doctor declares, was a great lesson to him, and afterwards, in private practice, he was not so fond of the "glittering steel." He too "has a large obstetric practice," but never since has he had occasion to use the forceps. He neglects to state the probable effect upon this woman, if the forceps had been applied an hour or two before his tussle with her. Does Dr. V. always strip himself, and deliver women in private practice in the manner above described? Else why does he refer to it. What do we learn from the case. It is not at all proved that had the forceps been used the woman would have died on the spot. I could easily produce other objectors, not applauded by the Institute, and bearing about the same kind of argument as the above, but it is unnecessary. In our journals, and county and State societies, objections are often made to the frequent use, or any use at all, as for that matter, of the obstetric forceps. Each objector cites the long number of years of obstetric practice or experience he has had, and has never had occasion to use the forceps, and of course never lost a case. Ah! memory, what a convenience! This statement, I repeat, has, in substance, often been made. Then, let me add, if any silver-haired practitioner, having even a small obstetric practice, can get along one year, let alone a lifetime, without the use of the forceps, he does it at the expense of his patient's strength, or endangers the life of the mother or her offspring. Let us in all candor try to explain their opposition to the forceps. Will any one of these quarter or half-century practitioners be willing to display their case of obstetric instruments before the assembled Fellows of a Medical Society? Is it reasonable to suppose that if they only possess the instruments of a Denman they could do more than condemn as he did? So far as I am able to learn, the armamentarium of these obstetricians, who never resort to forceps and never lose a case, consists of a single pair of old, rusty, short forceps, which are only fit to adorn the shelves of the relic-monger. I very much doubt

if some of the opponents of operative obstetricy have ever used a pair of Dubois', Hodge's or Burdick's forceps, and some, I know, have never even seen a pair of either of them. Is a practitioner who never uses the forceps a safe counsellor, free from prejudice and full of experience? On the contrary, never having used them he can know nothing of their merits, and hence should not advance an opinion. He could, however, be authority on "The Powers and Endurance of the Unaided Parturient Human Female." Too many would-be leaders and teachers of obstetrics throw a wet blanket over the ambitious student, by holding out the dreaded possible consequences of the (mal) usage of the obstetric forceps. Is this to give themselves a controlling influence in the business? Who are they who do all the crushing of skulls; who puncture the uteri with the blades; who twist off the wombs; disembowel women and rip open their perineums? Are these harsh-sounding phrases! Yet they are just the kind of scare-crows—just the danger signals which are every day held out to beginners. I would do away with all this stuff. I would bid every student having obstetric tastes, to go into the business without the slightest fear (or intention) of killing any body. And what if they do squeeze some head a little too hard? Have not their teachers, every one of them, done the self same thing over and over again? Else why should they forever preach to others of these dangers? If a young physician has no special taste for obstetrics, he should have nothing to do with it, but always rely upon those who have. It does not speak well for a practitioner to work a night and a day over some poor, suffering woman, and then send for help from a specialist who goes only to deliver a still-born child. It does, however, show his great good sense and shrewdness, and adds to his good name the good opinions of all concerned, to recognize a difficult case at the outset, and send for assistance when that aid can be of positive avail. The great trouble with young accoucheurs, and older physicians of slender obstetric practice is, that they spoil the case by keeping the idiotic formula of "meddlesome midwifery" constantly before their minds, and by doing nothing, or what is worse, they let golden hours slip forever into the past, and when at last they

call for help, as call they do and must, the time for saving child or mother is gone, and that for loosing one or both has arrived, and too often the forceps are blamed for the whole trouble. No woman can keep up the inevitable straining from one to three days without producing congestion and swelling of the soft parts, and making the delivery, which at the outset might have been very difficult, at the end simply impossible.

HOW TO APPLY THE FORCEPS.

A complex law confuses the operator, complicates and increases mistakes. The tendency of modern obstetricians is to simplify the mode of introduction. To the beginner nothing is more perplexing at the bedside of a woman in labor, than the attempt to recall the many positions possible for the foetal head to assume, if indeed it be a case of vertex presentation. It is next to impossible for a well experienced obstetrician to do it. More than this. He must keep in mind the pelvic curves through which the foetal head must be drawn, and the wonder is that the young or occasional operator is not more confounded. If, however, he have his wits about him, he soon finds that he must break many rules or some bones. If for instance he "apply the blades over the ears" at or above the superior strait or a little below the brim, he will find the pelvic curve of his forceps not in harmony with the pelvic curve of the woman, but at right angles to it. Add to these troubles such as arise by putting the woman on her side for delivery, and the practitioner of moderate experience can hardly be blamed if he throws his instruments from him and sits down to wait a few days for his patient to die. Put the woman on her back horizontally with the bed, and all this is simplified. In vertex presentations, consider the foetal head simply as a sphere lying within the pelvic canal at or near the brim, and apply the blades of the forceps to this sphere regarding only the pelvic curve of the woman. Here we forget ears and eyes and nose, remembering only that we have the life of a human being in our grasp, and the comfort, the safety and the life of another more important human being at our disposal. With the woman on her back, and her head and shoulders slightly

elevated we call to our aid that of gravity, a power never to be despised. With this aid we can dispense with one assistant, the one who is generally directed to bear down with all his might upon the fundus uteri. The fewer assistants we have the less we assist the woman to become alarmed at the tremendous array of "professionals." If the young accoucheur will bear a few simple rules in mind, the fewer the better, he can have but little trouble in the ordinary introduction of the blades. First introduce that blade which when locked will lie nearest the posterior commissure of the vulva. It is very properly called the posterior blade. If the operator be skilled in the introduction of the blades, it matters little which hand he uses, or on which side of the bed the woman lies. The woman is as often found on one side of the bed as the other, and the earnest accoucheur will accustom himself to the use of right or left hand, as the case may require. If, however, she be lying supinely upon the right side of the bed, the operator may take the posterior blade in his right hand, near its centre of gravity, with the handle remote, and the blade pointing downward and toward himself. Thus approaching the bed-side, he should turn his back to the woman's face, and put his left side to the right side of the bed. Stooping forward, he will easily place two fingers of his left hand into the vagina, his index finger lying toward the posterior commissure. Now, by sliding the point of the blade along the palmar surface of his fingers, already introduced, it rests upon the presenting part. The operator should now have only two motions or curves to make. One, to follow the sphere, represented by the foetal head, by the point of the blade. The other, to follow the pelvic curve. No force is required in ordinary cases. The anterior blade should be introduced precisely in the same manner, except the spherical curve, which should be made in precisely the opposite direction. I have never found it necessary for an assistant to support one blade while the other was being introduced. The less display made of helpers and assistants the better. When the blades have been locked, the operator may stand—if he have to exert much strength—so as to make a fulcrum of the foot-board, provided the woman lies

sufficiently in bed. Having once grasped the head—it matters not by what diameters—he is to make such traction as the case requires, and his judgment dictates, keeping now in mind only one curve—the pelvic. The child's head rotates as easily within the forceps, as within the pelvic canal.

IS THE USE OF THE FORCEPS PAINFUL AND DANGEROUS?

I can say with several others, who have from time to time advocated the early use of the forceps, that I have never yet delivered a lady with them who in subsequent deliveries have not asked for them even when their use was entirely unnecessary. Dr. Parry* says, "We do not hesitate to assert that this instrument (the obstetric forceps), when properly applied and skillfully manipulated by an educated and judicious physician, cannot possibly injure the mother." "Therefore instead of waiting, in cases of delay, until the mother shows symptoms of exhaustion, or until auscultation shows that the child's life is in jeopardy, the careful and educated physician will anticipate and prevent danger." I need not quote more from the works of modern writers at my command, for the strong language of Dr. Parry gives the general tenor of all the rest. If pain be inflicted upon the woman when not under the influence of ether (the cases are rare which require anesthetics), the accoucheur should at once conclude that the fault is his own, and should endeavor to more closely apply the blades to the anatomy of the vaginal and pelvic curves. The forceps can only be called dangerous so long as they are generally used as a *dernier resort*. But when, in a given number of deliveries, they have been used as a *premier resort* and the death-rate increases thereby, then, and not till then can they be proved dangerous.

WHAT ARE THE EXIGENCIES THAT CALL FOR THE USE OF THE FORCEPS?

It must be remembered that the rules laid down by the early authors, and for many years afterward religiously copied into

* *Leishman's System of Midwifery*, 2d Amer. edition, by J. S. Parry, M.D. Philadelphia: H. C. Lea, 1875.

all the standard works on obstetrics, were framed for the short, straight forceps. That rule, for instance, laid down by Denman "that the forceps should not be applied until an ear can be felt," simply precludes the use of them altogether, or at least until the life of child or mother or both are hopelessly sacrificed. The general indications are uterine inertia, a minor degree of pelvic deformity at the outlet or in the cavity, any mechanical obstruction, whether of the hard or soft parts, including abnormal rigidity of any portion of the parturient canal, occipito-posterior position and in face presentations. In convulsions, hemorrhage or any other condition calling for sudden or speedy delivery, as in rupture of the uterus, the use of the forceps is unavoidable. We must resort to instruments when the fœtus is over-size, and when the head is ossified, in impaction, in narrow pelves and in cases of abdominal tumors. It will be seen, then, that there is much more danger from abuse of the forceps by delaying or by not at all using them, than in occasionally resorting to them when there is no need of assistance. Whenever a case of labor has passed into the first stage, and the os uteri is dilated or dilatable, and it can be foreseen that a longer continuance of unaided labor is fraught with a particle of danger to mother or child, or even a long duration of pain, suffering and anxiety to the mother, the forceps should at once be applied. Any delay is abuse instead of proper use of the forceps. That condition for which they were particularly designed to aid, has been transformed into a case for the cranioclast or cephalotribe.

ARTICLE IX.—What is Homœopathy, and what the Possibilities and Duties of its Practice?*

By DR. P. P. WELLS.

THE object of this paper will be to answer these questions. The attempt can hardly be untimely, when we are told effort

* The first part of this paper was written during the discussion of Homœopathy, in the winter of 1877-8, in the *New York Daily Times*. It was offered to the Times for publication and rejected. It was written, as were the papers published in that discussion, rather for the general than professional reader.

is being made in England, under the leading of one in high official position, to virtually abandon what this word represents, and when we have approval of this effort by some in this country, who claim to be "familiar with the Homœopathic system of medicine." It cannot be impertinent to inquire what it is these gentlemen would have us give up. It can hardly be uninteresting, if we can succeed in giving a clear and correct statement of what this is, which for more than half a century has been made an object of ridicule and misrepresentation, and faith in, and practice of, which has been deemed a sufficient reason for heaping on men, otherwise intelligent and upright, obloquy without stint. Then it cannot fail to be of interest to know definitely what this is, which, notwithstanding the combined opposition of the entire medical profession as it existed when Homœopathy was first proclaimed, and which has been continued to the present time, has yet had steady growth in the numbers of its adherents, and in the confidence given to it by men educated in the sciences which belong especially to the medical profession, and also by the general public over the civilized world, who have witnessed and experienced its benefits. That it still lives and flourishes is a fact. That it lives, is solely because the truth could not be killed by the weapons so freely and unscrupulously used against it. It is certain no lie could have withstood them. What is this which lives and flourishes to-day, after enduring for more than half a century so great opposition and abuse?

Homœopathy is simply one of nature's laws, enacted and made a part of the condition of man's existence, when he was created subject to pain and sickness. It is the law of relationship between man's pains and sicknesses, and the agents by which these were to be relieved and cured. It being one of the natural laws, it must have had the same origin as other natural laws, and its operations must be as uniform and reliable as are those of other laws. The object of this law is, given a sick man, to enable himself or another to find with certainty that agent which will cure him. That the finding of this boon may not be left in the darkness of guessing and blundering, but be guided by the clear light of law.

So then this which doctors have opposed, skeptics rejected, wits and fools have ridiculed, is nothing less or other than the *law of specifics*. That which Sydenham, more than a century ago, recognized as the great need of his profession, the knowledge of specifics, and its great duty, to find them out, this law stands the way to that knowledge, and the guide in the performance of this duty. There was in Sydenham's idea of specific medicine a radical defect. He contemplated specifics for classes of diseases, as for pneumonia as a class, for dysentery, rheumatism, and the like, which, in the nature of things is impossible. The law does not lead to this, but to a knowledge of the specific for each individual case of these or other classes of diseases as it is present to be cured. So then the practice of Homœopathy is ever and always the finding of the specific for the case now to be cured. And this finding is to be repeated in every succeeding case, individually, to the end of time, though the thousands of succeeding cases may be called by the same name. This is Homœopathy, and this its practice.

The law declares that the agent which produces in the living organism, phenomena most like those of the natural disease to be the specific curative of that disease. The finding and administering of that which is most similar, is the practicing of Homœopathy, not the giving of pellets or pills, large or small, of high or low potency, or of no potency at all. A man may be a graduate of a Homœopathic college, and put "Homœopathist" on his sign and business card, procure his medicines of Smith or Tafel, give them in high or low potency, or in the crude form, and never make a homœopathic prescription, but by accident, in his life. This is not the finding of that most similar agent which alone constitutes the prescription homœopathic. All short of this, claiming for itself to represent this law, is simply practical false pretense.

If this be a true statement of what Homœopathy is, it must be evident, that in order to practice it there must be such a knowledge of the effects of the agents employed, on the organism, as will enable the prescriber to know that which is most similar when he finds it. But this necessitates ascertaining beforehand, what are those effects of each agent to be employed

in the treatment of the sick. The sum of the knowledge of these, as already ascertained by giving drug agents to persons in health, and observing and recording the results which followed, constitutes the Homœopathic Materia Medica. In this way and in this only could the requisite knowledge of them be obtained.

Then, having this knowledge, and being about to use it for the cure of the sick, in accordance with this law, it is equally evident that but *one agent* can be given at the *same time*. We do not forget that this has recently been declared "vague, valueless and unscientific." Vague it certainly is not. Nothing can be more explicit. Unscientific it cannot be, if it be a necessity to obedience of one of nature's laws. So neither can it be valueless. Let us see how this is. The law requires that the agent be found and given which, in its effects on the organism, presents the greatest resemblance to the facts of the disease to be cured. Now, as there are no two agents in the record of the Materia Medica which have been found to produce identical effects on the healthy, it follows there cannot be *two* which are most like the disease in these effects. Therefore giving two agents at the same time is giving at least one which is not *most like*, and therefore giving it is an infraction of the law, and therefore is unscientific. Now, in view of this law, and its administration as here presented, what is there that should call forth the opposition of the medical profession? What that should attach to its adherents opprobrium and reproach?

But the opponent may say, perhaps, it is not the law to which we object, but the methods of its administration recommended by its promulgator, and, notably, his dose. Here it is. Now we have come to it, and it must be confessed that the *a priori* argument here is in favor of the objector. It is no doubt true that when the dose recommended by Hahnemann is first suggested to any intelligent mind it will seem absurd in the extreme. This is quite natural; it is so at variance with all previous experience and education as to doses of medicines. Where one has been accustomed to many grains of a drug as a dose, and to receive this from prescribers in whose wisdom and

knowledge he has had confidence, the idea of the very small fraction of a grain of the same drug, as recommended by Hahnemann, being more curative than those grains, will hardly be received. The case is worse still with the doctor. He has given the many grains, and thinks he knows all about it. The small fraction disgusts him. The marvel is at the outset, how any reasonable man can have greater confidence in the fraction than in the whole. And then, of all things, in this very small fraction! It is impossible there can be any result from it. So the writer of this paragraph has thought and talked. This being so, how could it come to pass that intelligent men should ever openly approve and practice this absurdity of Hahnemann's dose? How Hahnemann himself, for he was both intelligent and learned?

We reply: the dose in the case of the master was not the result of any theory imagined and elaborated in his study; it was not the child of theory at all, in any degree, in part or whole. The dose was imposed on him by the necessities of his practical experience. He began, after the discovery of the law of cure, with the same large doses he had been giving before, and he found that such doses of medicines, which in their effects were like the facts of the disease under treatment, were followed by increase of suffering and danger to the patient. The necessity for the small dose then came from the *patient*, not from his doctor. The dose was diminished and yet this undesirable result followed; and this was repeated till that degree of reduction was reached which made the reception of the dose of the similar medicine no longer to be followed by an increase of the patient's sufferings. When this point was gained, he found, and was astonished when he found, that the curative power of the dose so reduced was greater than that of the larger which he had been compelled to abandon. The small dose was a necessity. Its greater curative power a discovery. Both facts, and not imaginations as some have supposed.

In the case of the followers of Hahnemann who employ the smallest doses known to homœopathic practice, so far as I know, they have come to their use in spite of strong preju-

dices against them. They believed it was impossible these could have any influence on the organism for good or evil. It was only by actual experiment made by themselves, or by witnessing experiments of others that this judgment was corrected. They tried the small doses and found they *did* act, and with better curative results than those larger. Years of continued experience has confirmed their confidence in this fact more and more. It has not been with them more than with the master a matter of speculation. It was first a matter of inquiry prosecuted against prejudice. Then it became to them *knowledge*. And now it is submitted that these are the men who are alone witnesses as to the power of these doses. These men who have tried them and *know*. And as against those who have not tried them and do not know, their testimony must be received. Those who do not know may talk "moonshine" and "impossibility" as much as they please, and when they have done the talk will be only—moonshine. The fact of the action of these doses is one which must rest on the testimony of those who have used them in accordance with the requirements of the law of similars, and not in any degree on the speculations or skepticisms of those who have not. But it has lately been said the homœopathists in England are abandoning the small doses, and that many have done so in this country. This may be true, but it is a little difficult to understand how a man abandons that with which he has had nothing to do. It is a fact that the majority of English homœopathists never accepted the small dose as taught by the master. The same is true of very many of those of our own country. They are therefore excluded as witnesses in the case. I do not know of one in either country, who, with a sufficient knowledge of the *Materia Medica* to conduct an intelligent practice, according to the law as we have presented it, having once adopted the high and highest potencies in his practice, has afterwards given them up. They have won the increasing confidence of all such, so far as I am informed.

We have said Homœopathy is one of Nature's *laws*. In this assertion we intend an uncompromising antagonism to the recent legislation, which reduces it to a mere "*rule of practice*."

We distinguish between *law* and a mere *rule*, thus: *natural law* is *universal in its authority, extent and application*. It admits no suspension nor substitute. This law, then, in its extent, is equal to the whole domain of disease, as met in the human organism. Being a law of nature, there must be, and is, in it, provision for the wants and cure of all curable maladies, from whatever source or however called.* Like other natural laws it must be equal to all the demands of the facts which called for its existence. Like the laws of gravitation and light, it must be equal at all times to the attainment of the ends for which it was created, and like these it neither needs nor admits assistance from other rules or associate laws for the most perfect attainment of these ends. Like other natural laws, then, this is exclusive in its nature.†

* It has been objected to practice founded exclusively on this law, that it is narrow in its philosophical basis; that it is confined to a single groove, or "dogma," and, more than all, that it deprives the practitioner of a valuable liberty to do whatever he pleases for the benefit of his patient, *i. e.*, to give him the advantage of whatever he thinks will do him good. The true statement of the scope of the law is a sufficient answer to these and all similar objections which have been raised against it. Of that which is in its nature as broad as the domain of disease, and contains in its record the sum of all that is positively known of the action of curative drug agents on the organism, can hardly be limited in its basis, and if a "groove" in any sense, is certainly not a narrow one. As to the liberty contended for, a practice strictly in accord with this law, will leave few occasions for its exercise.

† The exclusiveness here asserted is as to *other natural laws* for the control of practical therapeutics, and also as to means which do not come within the domain of this law, *i. e.*, which have not been proved, and their action on the organism ascertained. It is exclusive as to other laws for the reason that no other is known which fulfils the requirements of a natural law. Homœopathy is not exclusive as to "medical science" in general, or as to any branch of it. Neither is there, nor can there be, any possible antagonism between them. "Homœopathy, the Science of Therapeutics," is, in itself, in perfect harmony with every branch of medical science, and with all other natural sciences, and the more perfect these are, the more welcome to its fellowship, and to become aids in its administration. A late attempt of a professed believer in Homœopathy to represent this exclusiveness as antagonistic in any degree to its sister medical sciences, is wholly gratuitous and difficult to excuse. Neither has any branch of science, medical or other, any antagonism to this natural law, the controller of the science of therapeutics.

It is another important element in the nature of law, that it is wholly mandatory. It commands. It neither solicits nor permits.

A rule is partial in extent, authority, and application. In practical duty a rule may be set aside in favor of another rule, or the circumstances of a case may warrant its entire disregard, however valuable it may have been in other cases. Or it may be only partially applied in any case, without dereliction of duty. Law demands obedience now and always. It neither provides for nor tolerates any neglect or infraction of its provisions or commands. Law is expressed by—*thou shalt*—or *thou shalt not*. Rule is limited to—*it may be well to do, or not to do, this or that*, and this because of supposed analogy of the case in hand to other previous cases, in which the applied rule had been beneficial or otherwise. Law demands *exact* compliance with its requirements, admits no deviation in favor of ignorance, indolence, prejudice, or personal preference—yielding to either of these, and the law violated, the fruits of practical obedience (practical successes), are, of course, wanting.

Another element in the nature of natural law is *permanency*. It does not exist to-day and cease to-morrow. It neither changes nor becomes obsolete. That which was law in the relationship of curative agencies and diseases in the beginning of the nineteenth century, is law now, and will continue to be to the end of time.* This law can no more change than can the law of right and wrong, or that of gravitation. Is there then to be no progressive improvement in practical medicine? It may well be hoped there is to be much. But this is certainly not to be sought nor gained outside of law, nor by its transgression. Not certainly by amendments or supplements to natural law, emanating from human imagination, however

* It does not, therefore, follow that remedies which cured diseases, called by a given name, a century or half a century ago, will for that reason cure them now. The elements of the disease may have changed in this time to an extent that the former similarity, by virtue of which they were cured, no longer exists. Still the law remains unchanged, and now, by reason of this change in disease, calls for the discovery of other more similar remedies for its cure. This is illustrated by the history of the relations of Belladonna to Scarlet Fever.

bright and active, or from whatever of *ex cathedra* utterances of human ambitions or impertinences. If this be a law of nature governing practical medicine, then improvement in this most important of practical sciences is only to be realized by a more perfect understanding of the law, a more strict compliance with its requirements, and a more perfect knowledge of the agencies which it employs in giving health to the sick and relief from pain. Improvement in therapeutics was sought outside of law for three thousand years. The result was certainly not such as to warrant a longer search in that direction. It follows, then, that to seek it by practically repealing the law, is worse than folly and madness combined. To reduce the law to the low level of a rule, as to its control of practical thought and duty, is a crime for which our language fails to give a designation sufficiently condemnatory. It is a self murder of science, so far as the body so resolving may be regarded as representing the science of therapeutics, and out and out murder of human beings, so far as this resolving may have control over the practice of others, who may by it be tempted to give up law for rule. Of this hereafter.

If proofs be demanded of the justice of the claim which we set up for the law of similars, that it is one of nature's laws, they are many, convincing and sufficient. They abound in the continuous history of its practice by those who have strictly followed its instructions, and complied with its requirements, during more than half a century. It can hardly be necessary to give, to a candid mind, more than a few of the many facts of which these proofs consist, and this rather as evincive of the nature of these facts, than as an assumed sufficiency of these few alone to sustain the claim. To go farther would exceed the limits of the plan in view in the preparation of this paper.

The first fact, and one which goes far in the proof we are attempting, is, that in the prevalence of the fatal typhus which followed the disasters of Napoleon's Russian campaign, in 1812, and was so general throughout Europe, Hahnemann was able, from a knowledge of the facts of the epidemic, to name, in his study, the curatives of the disease according to this law, with

a certainty which was confirmed by their successful use in the treatment of this historical fever.* It was this success which first gave to homœopathy its European reputation. The cases treated by those remedies, as directed by Hahnemann, recovered with marvellous uniformity, and in a very short time, and this to such an extent as to force the recognition of a relationship of law between the remedies and the disease, on all intelligent minds who witnessed the facts. They saw and acknowledged that this uniformity of result could not be accident.

The second historical fact which I shall notice, is still more remarkable. On the approach of the first epidemic of Asiatic Cholera, to Northern and Western Europe, in 1829, while it was yet far off, and Hahnemann had never seen a case of it, he was able to name the remedies, which, in its presence, would be found both curative and prophylactic, and this, from the descriptions of those who had been observers of the dread malady.† Experience with these remedies in the presence of the disease, abundantly confirmed the accuracy of his predictions, and this to an extent that all subsequent opportunities for observing and treating cholera, have given us no improvement in the course recommended, under these unfavorable circumstances, by this truly great philosopher and observer. Even in subsequent epidemics this course has given successful results, which in comparison with any and all other methods of treatment, go far, very far, towards demonstrating the principle on which this selection of remedies was made to be a natural law, and not in any part a mere hypothesis or accident. The mortality by this plague has been reduced, on the average, by this course of treatment, about fifty per cent. In many localities the reduction has been much greater. And even this result, remarkable as it is, was surpassed by the success which followed the use of the recommended prophylactics. The protection was so great as to completely demonstrate the existence of law in the preservation realized, and in the process by which the prophylactics were discovered. In some epidemics, and in some local-

* *Allgemeine Anzeig. der Deutschen*, No. 6, 1814.

† Dudgeon's *Lectures*, p. 29.

ities, the protection has been uniform and complete. In others, where attacks followed the use of the prophylactics, they were uniformly of a mild character. Can this have been an accident? And now wherein was the man, or the law which he thus proclaimed and demonstrated, proper objects of ridicule or reproach? It is not necessary to this argument to repeat in detail the comparative statistics of mortality by cholera, in its successive epidemics, which so triumphantly prove the superiority of the homœopathic treatment over all other methods, and so assuredly affirm Homœopathy to be one of Nature's laws. These have been often published, and now it can only be needful to allude to them to bring them fresh to every memory.

The third fact which we shall present differs from the two preceeding in that it pertains to diseases in general, while they each have to do with only one individual form of an epidemic. Kurtz, medical and civil counsellor to the Duke of Anhalt Dessau, gathered the results of Allopathic treatment of diseases, for ten consecutive years, in hospitals in England, Scotland, France, Switzerland, Holland, Belgium, Germany, Sweden, Bohemia, Bavaria, Austria, Hungary, Silesia, Russia and Italy, and found the published reports of these hospitals disclosed a mortality of between ten and eleven per cent. of all cases treated. During the same years there were hospitals where diseases were treated exclusively by the Homœopathic method, in Germany, Austria, Bavaria, Silesia and Hungary, in the same cities where the Allopathic hospitals were located, whose reports made a part of the materials from which the above average mortality was ascertained. These Homœopathic institutions had to do with the same epidemic influences as their old school neighbors, and in the general, with the same class of population and diseases. The reports of these institutions disclose a mortality of between four and five per cent. of all diseases therein treated during these same ten years,* the difference being something more than 50 per cent. in favor of Homœopathic treatment. Can so great a difference have been

* *British Journal of Homœopathy*, Vol. I., No. 7.

an accident? Does it not rather affirm the treatment to have been an offspring of law?

In private practice the facility for obtaining correct and reliable information is less than that afforded by hospital records. Private practitioners are not accustomed, as a rule, to keep a written record of all cases they treat, for a series of years, yet in one instance at least this has been done through a long life.* This honored physician practiced Allopathy thirty-three years, treated in this time 75,360 patients, with a loss of 6.7 per cent. He practiced Homœopathy seventeen years, treated 27,078 patients, with a loss of one in 105½, or less than one per cent. The loss of three other homœopathic physicians in the same city, at the same time, was nearly the same as Mühlenbein's. The general Allopathic practice in Brunswick for the years 1835, 36 and 37, resulted in a loss of nine and a half per cent., or something more than eight times as great as that of Homœopathic practice in the same years, in the same city. A difference altogether too great to be accounted for by any plea of accident. It sustains with emphasis the claim we urge for Homœopathy, that it is indeed one of nature's laws. We have no doubt there are in this and other countries practitioners of this method whose record, if it could be had, would show an equally favorable result.†

But it may be asked, are there not other natural laws of healing than that of similars, by which we may be guided to the selection of specific curatives in treating the sick? I can-

* Mühlenbein. Physician and Privy Councillor to the Duke of Brunswick.

† Dr. George August Heinrich Mühlenbein died on the 8th of January, 1845, at the age of 81 years, in Schöningen, in the duchy of Brunswick. It will enhance our estimate of the remarkable record of the first seventeen years of his Homœopathic practice, if we remember the poverty of the resources of the Homœopathic physician, of that time, as compared with ours of the present. There were then no more than sixty or seventy remedies satisfactorily proved, on which he could draw for his cures. We have added to these some six or seven hundred, more or less successfully proved, which are now available to us in our daily practice. It would be truly grateful to us if we could believe our practical record to have been an improvement on Mühlenbein's in the ratio of our greater number of proved remedies to which we have access.

not say there are none. I can truly say I know no other. Does the enquirer? If there be another or others, which can show me a better practical record than that which has come to us from a strict obedience to the law of similars, I should like to know it or them. I am ready to abandon this law any day when I can be shown a better with a better record. In the absence of any knowledge of any other law, I am bound to obedience to that which I do know, and especially when I remember its hospital record shows a possible saving of 52 lives of every 100 lost in allopathic practice, and in private practice a possible reduction of loss to less than one per cent.

We do not forget that the resolution by which the New York State Homœopathic Medical Society perpetrated its suicide appeals to "*experience*" in its plea for the right to disregard this law, and to substitute for it whatever of means may be imagined to be sustained by this well-sounding word. We accept this appeal. We give the above records of hospital and private experience, under the guidance of this law, and challenge a better from whatever other guidance, or from the use of whatever other means not sanctioned by the requirements of this law. Till a better law with a better record is shown, the advocate for abandoning this occupies no enviable ground.

It is not forgotten that a claim has been set up for *contraria contrariis* as one of nature's laws of healing. A moment's reflection suffices to show the claim to be absurd and false. What is the contrary of typhoid fever, pneumonia, pleurisy, peritonitis, rheumatism, neuralgia, whooping cough and a multitude of other maladies which afflict our race? There is none. Then this claim fails in one of the essentials of natural law—*universality of application*.

But liberty is claimed to do for his patient whatever in the judgment of the physician will do him good. We go as far as the farthest in our advocacy of the largest liberty to do what is right. There is, or ought to be, no liberty to the physician to do wrong. If there be a law of nature which is an adequate guide to the doing of that which is right, he has no liberty to set this aside, and proceed without law, or other guid-

ance than his own impressions, in favor of this or that. But "experience and observation"—these must be sufficient guides—sometimes. Must they? Whose "experience and observation?" What is the "experience and observation" which claims the right to set aside a natural law, and decide issues which properly belong to it alone? Whose is this "experience and observation" for which this authority is claimed, and on what foundation does this asserted superiority rest? Was not the appeal to the "experience and observation" of 3000 years, when men attempted the defence of blood-letting in the treatment of inflammatory diseases? And have not the "experience and observation" of Dietl proved that of every twenty-two deaths from pneumonia so treated, fourteen were killed by this treatment. Has the appellant a longer experience or one more confidently trusted than was this of blood-letting? If he forsakes law for the guidance of any so-called experience, let him remember this history of blood-letting, and look well to the foundation of any which tempts him to this course, which, however plausible, may end in a crime as great as that detected and exposed by the experiments of Dietl.* We have accepted the appeal to "experience and observation," and confidently rest in the assurance that the records of both hospital and private practice sustain before it the superior results of practice founded on law. Allopathic practice has for its foundation this "experience and observation," or it has none. We have shown its short-comings in comparison with a practice guided and controlled by law.

But shall I not be at liberty to do any thing for my patient

* Of all practical fallacies, this which sounds so plausible, and even reasonable, is one of the greatest. Take the history of medical theories in all the past centuries, all or nearly all of which are now abandoned as absurd, but few of which survived the lives of their promulgators, and yet each of these, for the support of his theory and the recommended practice founded on it, appealed to experience. When theories were opposites, the appeal was still to experience. When *Bouillard* would have pneumonia treated by repeated bleedings ("*Saignez, coup sur coup*"), he appealed to experience as sustaining this course, which Dietl has since demonstrated to have killed about 70 per cent. of those who died under its administration. And so the appeal has ever been to experience, and experience has ever, or too often, been a cheat.

which will cure him best? Certainly. And it is because true experience and observation have proved that diseases are best and most certainly cured by a strict conformity to the requirements of this law, that we insist earnestly on its authority, and on the duty of all to whom a knowledge of it has come to give their patients the benefits which authentic records prove to be most certainly realized by strict obedience to its requirements. It is because diseases are more safely and surely cured by homœopathic methods and means that we protest against its law being supplanted by any rule less authoritative, and its means by any less potent for cure.

We protest against endeavors to discredit this law by its professed friends, either by adverse legislation or neglect of its authority in their practice, and we claim that our protest is fully sustained by the records of practice which it has wholly guided and controlled.

We protest against the claim set up for liberality by those who proclaim their readiness to substitute for this law, in their practice, other means and methods which the records prove to be less efficacious in curing the sick than those sanctioned by this law, affirming that by this substitution they deprive their patients of fifty-two per cent. of their chance of recovery, as proved by the record.

Finally, we protest in the name of this law, against the pretense to the community of its practice, by physicians who habitually disregard it and all its methods and requirements, and resort to means wholly outside its domain, thus depriving their patients of the benefits which the record proves them to be entitled to, and which a truly homœopathic practice assures to them, and demand in the name of humanity that such physicians cease their deceiving, and no longer use the name they dishonor by this course, and that they stand and be recognized by that which truly characterizes them—*Eclectics*.

ARTICLE X.—The Medical and Surgical Diseases of Women.

BY R. LUDLAM, M.D., OF CHICAGO.

I. *The Medical Treatment of Uterine Fibroids.*—Of all the vexed questions, of which doctors have more than their share, there is not one which possesses more practical interest than that which concerns the scope and value of internal remedies in the treatment of uterine fibroids. Dr. W. Lovell Dodge (*Am. Homœopathist*, Vol. II, p. 187) records a case in which the cure is attributed to the internal use of *Oleum Terebinth.* He says the characteristic indications for this remedy in fibroid enlargement are: "bloody and offensive leucorrhœa; burning in the uterus; pain at the crest of the ilium, with aggravation on motion; menorrhagia, with black blood."

He also says: "There are other very important things which are not to be overlooked:

"1. Discard corsets and every *abominable* supporter; make a waist of muslin, or of any other material, and fasten the under-clothing to it, so that the weight will rest upon the shoulders.

"2. A purely vegetable diet is of great importance, as meat diet makes a more rapid growth.

"3. In giving your remedy commence with the middle attenuations, and change to a higher as often as every four or five weeks, which produces a far more rapid cure than being confined to any one attenuation, and after you begin to see an improvement give one or two doses a day."

II. *Puerperal Septicæmia with a very high Temperature. Recovery.*—The transactions of the New York Obstetrical Society (*Am. Journal of Obs., Etc., April, 1878*), contains the report of a case of this kind treated in Bellevue Hospital, in which, although the temperature reached 108°, the patient recovered. Dr. H. F. Walker, who furnishes the details, attributes the happy result to intra-uterine injections of carbolized warm water, twenty drops of the acid to the pint, although she also took *Veratrum vir.* in five drop doses, *pro re nata*, and five grains of quinine daily during her whole illness. This very heroic practice is quite out of character, but the author's observations in summing up the case are very suggestive: "The most marked features of this case were, to me, the extreme rise of

temperature, 108°, which proved not to be a fatal temperature. Another was the immediate effect of the intra-uterine injections. In every instance when employed, and they were used several times daily for nearly four weeks, the temperature fell, save twice. In all instances the patient expressed herself as feeling better after their use, and was inclined to sleep.

"Another was the immediate effect of omitting the use of the douches. The temperatures, both morning and evening, were higher for several days. Certainly the douches diminished the intensity of the septic fever, if they did not cure it. Another was the facies of the patient. Save her jaundice, the patient's appearance, during all her illness, was that of one but triflingly ill. She was always responsive, and was ready with her smile. She only complained of weariness. *The thermometer was the only means by which the gravity of her symptoms could be demonstrated.*"

III. *Treatment of pelvic Hæmatocele.*—In his very excellent work, *La Clinique de l' Hopital Saint-Jacques*, p. 365, Dr. Jousset gives this advice to his pupils:

"The treatment of hæmatocele is included in three principal indications; to control and to combat the peritonitis; to favor the absorption of the effused fluid; and to avert the danger of subsequent hemorrhages.

"The remedies called for in the peritonitis are Aconite and Colocynth. * * * * * Can the effusion be removed by the action of medicines? We are not certain of this result. In fact it is hard to say, if the diminution and disappearance of an hæmatocele, which takes place spontaneously when there is nothing to hinder, is really hastened beyond a certain point by the use of medicine. Nevertheless we advise the giving of Arnica and Belladonna, which seem to have had so good an effect in Case LVIII.

The whole attention of the physician should be fixed upon the possibility of another hemorrhage and the means to prevent it. This mishap always comes with the menses. The patient should, therefore, be placed under the most strict hygienic rules during this period. Absolute rest in the recumbent position is the fixed rule. Aconite should be given to prevent the hemorrhagic congestion. The dose should be twenty drops of the tincture during the twenty-four hours.

On account of its anti-hemorrhagic properties, and because of its peculiar action on the uterus, Digitalis is also indicated in these cases; but I do not know the symptoms which make it preferable to Aconite. At the moment of the hemorrhage, Arnica is the principal remedy, but Hamamelis, Thlaspi bursa

pastoris, *Secale cornutum* and the usual remedies for metrorrhagia are called for. At this time also, the continuous application of ice upon the lower abdomen is of great service.

If the cyst is distended by a fresh hemorrhage, and the pains become so violent as to threaten its rupture, Nelaton advises its puncture. This operation should be practiced *per vaginam*. This is the only case in which we should interfere surgically, since the tapping is usually followed by violent inflammation of the cyst and the death of the patient.

Finally, if the hæmatocele becomes the seat of inflammation, we must limit it by all possible means. Here you will find the indications for Aconite, Colocynth and Cantharis. Collodion, and sometimes ice, are very useful in preventing the more violent and severe attacks. In this way the inflammation may be confined to the inferior part of the tumor, and ulceration at that point may furnish an outlet into the vagina and rectum, and a complete cure be effected as you have seen in Case LX."

IV. *The Differential Diagnosis of Pelvic Hæmatocele from Pelvic Cellulitis*.—The *Movimento Medico-chirurgico*, of Naples, is authority for the statement that uterine thermometry offers the best means of distinguishing these affections. It says that, in hæmatocele, the temperature falls notably until it reaches 99.5° , or to 98° ; while, in pelvic cellulitis, it never descends below 101° . When hæmatocele is complicated with pelvi-peritonitis, it does not exceed 100.5° ; but in parenchymatous metritis it ranges about 103.5° .

V. *Interstitial Fibroids in the Uterine Cervix*.—We have been greatly interested in a clinical lecture upon this subject, by M. Després, of the Hospital Cochin, of Paris, which lecture is contained in *Le Progrès Médical*, of April 6, 1878. After detailing a very interesting case, in a woman sixty-four years old, the author says:

"You will find in the clinical history of this patient the usual symptoms and course of uterine fibroids in women who are still menstruating. Here is the hæmorrhage, and the same tendency to elimination of the growth. But do not think that this is an exceptional case, for within a few years I have seen several of them. Two years ago two old women were brought into my wards in the hospital. One of them was sixty, and the other seventy-two years old, and both of them were afterwards delivered of a fibroid polypus.

"The first of these especially presented some very interesting symptoms. When she came to the hospital she said that her menses had returned, and that they were accompanied by pains in the loins, etc. Nine days later she was seized with real labor pains, and finally expelled the growth. In a little while, however, she died with all the signs of puerperal infection.

"The other woman fell a victim to an intercurrent pneumonia.

"I have seen a similar case in the city in which the patient survived the expulsion of the growth, which was much smaller, perhaps of the size of an egg. But this patient was much more carefully nursed and treated than she could have been in the hospital.

"I have removed a uterine polypus of this sort from a woman in the country, who was sixty years of age, and who for one year had been under treatment for uterine cancer. She had kept her bed for three months, and the tumor was sphacelated in the vagina. The operation was not difficult, the patient did well, and, indeed, is still living.

"Finally, we should conclude from these facts that fibrous growths, in the case of old women, are not so rare as is generally supposed; that, as in ordinary cases, they have a tendency to spontaneous delivery; that their prognosis is grave; and that we cannot be too careful in their treatment."

VI. *Menstruation after Double Ovariectomy*.—In a paper read before the Société de Chirurgie, MM. Verneuil and Terrier record a case in which regular menstruation occurred after a double ovariectomy. The patient was thirty-six years old, and had a large multilocular ovarian cyst. She had suffered from pneumonia and phlegmasia dolens of both legs, and the cyst had been twice tapped. Great distension had recurred, there was much emaciation and dyspnoea, and ovariectomy was performed as a last resort. The tumor was extracted with difficulty on account of firm parietal adhesions. The other ovary was found to contain small cysts, and was removed. Both pedicles were fixed by pins in the angle of the wound, the operation having lasted three hours. The patient eventually recovered, but small parietal abscesses were formed in the track of the silver sutures used, and a small fistulous opening remained at the site of the double pedicle, and was not completely cicatrized until nine months afterwards. The operation took place on July 6, 1875. No uterine hemorrhage took place till the following December. On December 25th menstruation appeared, was very profuse for four days, and lasted in all six days. Menses did not recur till February 20, but were then so abundant as to

compel the patient to keep in bed, lasting for ten days. On this occasion somewhat considerable bleeding occurred from the fistula at the site of the pedicle, appearing to have its origin in a strawberry-like prominence. The same phenomenon recurred in at least three subsequent menstrual periods. Until the summer of 1876, menstruation only occurred each alternate month; from that time it became regular with an interval of from four to five days over a month, lasting regularly from six to eight days, and accompanied by neuralgic pain in the left breast and arm.

VII. *Hamamelis in Threatened Mammary Abscess*.—Dr. C. S. Fahnestock recommends to take of the tincture of Hamamelis, 3j.; clean, fresh lard, two-thirds of a tea-cupful; melt the latter in the stove, and then stir in the Hamamelis until the lard has congealed again. Apply by rubbing with the hand, from the margin to the centre of the breast, every one to three hours. The object is to abate a threatened abscess, or if desired, to stop the secretion of milk after weaning. In the latter case all pumping and emptying of the gland is unnecessary. In aborting an abscess the application should be limited to the extent of the induration, lest the secretion of milk be arrested altogether.

VIII. *The Intra-venous Injection of Milk as a Substitute for Transfusion of Blood*.—Dr. T. G. Thomas, of New York, contributes an article on this subject to the *New York Medical Journal*, for May, 1878, the concluding portion of which reads as follows:

“Enumerating all the cases in which milk has been injected into the general circulation, in place of blood, twelve are now on record: 3 by Hodder; 2 by Howe; 7 by Thomas.

“In one instance only did evil results manifest themselves (one of Howe’s cases); and this should not be considered, since decomposed milk was employed, which, like decomposed blood in transfusion, would almost surely produce fatal consequences.

“Basing my conclusions, then, upon experience, and in no degree whatever upon theory, I venture, in concluding this essay, to sum up the matter in the following propositions:

1. The injection of milk into the circulation in place of blood is a perfectly feasible, safe and legitimate procedure, which enables us to avoid most of the difficulties and dangers of the latter operation.

2. In this procedure, none but milk removed from a healthy

cow within a few minutes of the injection should be employed. Decomposed milk is poisonous, and should no more be used than decomposed blood.

3. A glass funnel, with a rubber tube attached to it, ending in a very small canula, is better, safer and more obtainable than a more elaborate apparatus, which is apt, in spite of all precautions, to admit air into the circulation.

4. The intra-venous injection of milk is infinitely easier than the transfusion of blood. Any one at all familiar with surgical operations may practice it without fear of great difficulty or of failure.

5. The intra-venous injection of milk, like that of blood, is commonly followed by a chill, and a rapid and marked rise of temperature; then all subsides, and great improvement shows itself in the patient's condition.

6. I would not limit lacteal injections to cases prostrated by hemorrhage, but would employ it in disorders which greatly depreciate the blood, as Asiatic cholera, pernicious anæmia, typhoid fever, etc., and as a substitute for diseased blood in certain affections which immediately call for the free use of the lancet, as in puerperal convulsions, etc.

7. Not more than eight ounces of milk should be injected at one operation.

8. In conclusion, I would suggest that if milk answers, not as good, but nearly as good a purpose as blood under these circumstances, its use will create a new era in this most interesting department of medicine. That it will answer such a purpose, I am convinced from lengthy consideration and some experience of the matter; and I would be false to my own convictions if I did not predict for "intra-venous lacteal injection" a brilliant and useful future.

IX. *Beatty's Operation in Menorrhagia*.—A new and very successful modification of the operation which at first was styled Normal Ovariectomy, has now been practiced four times for the relief of the flooding incident to large fibroids of the uterus. Dr. Hégar, of Germany, and Dr. Trenholme, of Canada, have each extirpated the ovaries, in the case of fibroid tumors that could not have been removed except by gastrotomy, with entire relief of the perilous hemorrhage to which their patients had been subject. In their hands, the former having operated three times and the latter once, the result was perfect, the ménopause was brought about at once, and the general health of the women was soon established. Dr. Sims has observed

that, where Beatty's operation was made upon one ovary only, for the cure of other diseases than menorrhagia, the relief afforded was not always complete.

X. *Variations of Temperature in the Puerperal State.*—Among the new works that have appeared during the year not the least interesting is that of Lorain,* who devotes about two hundred pages of his second volume to the study of the temperature of lying-in women. This section alone is illustrated by fifty-seven beautiful charts, and by the detailed observation of cases to correspond. The most lengthy chapters are upon puerperal peritonitis and puerperal rheumatism. This part of the work, and indeed the whole of it, deserves to be translated and studied very carefully.

The interest taken in the subject of Puerperal Thermometry at the meeting of our National Society in June 1877, is already bearing good fruit. The readers of the JOURNAL are familiar with this subject and will, perhaps, enjoy a few extracts from Lorain's great work. At page 173 we find the following remarks upon :

Local affections of the genital organs of puerperal women, and their effect upon the temperature.—Wounds of the perineum, and contusions of the external labiæ and of the vaginal walls, may cause a traumatic fever. The type of this traumatic fever of lying-in women is characterized by a fever which comes on twenty-four hours after labor, which lasts four or five days, with decided evening exacerbations.

Grünewaldt gives no very precise information concerning the milk fever. He thinks one of the simplest form of accident following labor is the traumatic fever. This he considers to be due to different morbid conditions which are not serious, to wounds, lesions, etc., and that it has often been styled "the milk fever." The temperature may rise to 101.2° . In eighty-eight puerperal women with this traumatic fever, the author has found that, in the first twenty-four hours, with two-thirds of them there was a transient elevation of temperature (101.3°), which he styled *premonitory*, and of which he was suspicious. It was only from the second to the fourth day that the traumatic fever really declared itself, with a temperature of 101° and above, and it continued, reaching its maximum from the

* De la Temperature du corps humain et de ses variations dans les diverses maladies, par P. Lorain, etc. 2 vols., pp. 612—706. Paris, 1877.

third to the fifth day, after which it fell abruptly. Severe chills were rare, and in only one case among them all, did the temperature reach 104° . A characteristic feature was that the heat proper varied very much, that it reached sensibly under slight influences, and that it was not the same at the same moment when taken on different days. After the defervescence he observed with Billroth, a new elevation of the temperature of from twelve to twenty-four hours duration, a secondary fever which must have been caused by the last inflammatory impulse. The same fact was observed after a very severe lying-in. This secondary fever was noted in twelve out of fifty-two cases of traumatic fever. The filling of the breasts, and ulceration of the nipples may complicate this condition.

The conclusions of Winkel and of Grünewaldt are not altogether confirmed by those of Justus Schramm.

Schramm, assistant to Scanzoni at the Obstetrical Clinic of Wurzburg, has made some researches concerning the influence of the secretion of milk upon the temperature. The number of his patients was one hundred; the thermometer was applied in the axilla and in the vagina. After delivery, the mean temperature in the axilla was 99.32° , and in the vagina 99.68° .

Hecker-Mickel's law, namely, that: *The temperature falls suddenly and decidedly when the moment of delivery corresponds with the hour for its daily remission, and inversely, the figure is higher in the evening than in the morning*, was confirmed by the author. During the first twelve hours following the labor, the increase has been as follows: in the morning, 0.35° C., in the axilla, and 0.48° C., in the vagina; and in the evening, 0.42° C., in the axilla, and 0.48° C., in the vagina.

The author has observed that at the moment when the milk comes, the temperature is higher with primiparæ than with multiparæ. The temperature is very decidedly elevated at this time, if there is an excoriation of the nipples. He found only three cases out of one hundred in which there was a true milk fever.

He admits three forms of fever: 1. Milk fever. 2. Traumatic fever. 3. Slight simple fevers.

Serious complications, puerperal fever, peritonitis, suppurative arthritis, etc., have been the subject of other researches by the same authors.

Of 200 puerperal women observed by Winkel, 185 were ill. Their diseases had symptoms that were common to them all. They began habitually with a *chill*, following which the temperature ran up considerably. The cause of the chill was the getting cool at night, or some lesion of the genital organs.

The temperature mounted rapidly (from 2° to 3° in a few hours) and afterwards dropped to the same level. Of 150 women who had just been delivered, 98 had, during the first ten days, a temperature of from 103.10° to 104.90° . The clinical days at the hospital were marked by a greater frequency of the chills. One of these women who, until the seventh day, had absolutely no fever, and whose record in the morning was pulse 72, temperature 100.22° , had in the evening at quarter past five, after a dispute with her neighbor, a pulse of 88 and a temperature 104.18° , and a slight chill. The next morning her temperature had fallen to 99.68° . As a rule the return to the normal figure is not abrupt but gradual. The highest temperature that the author has observed in women but recently delivered was 107.78° ; 106.70° was not rare. He once observed the falling of the temperature from 107.20° to 96.08° from the evening to the morning: the pulse had fallen from 116 to 64, and the respirations from 44 to 18. Winkel has sometimes seen a temperature of 104° persist for seventy-two hours without any apparent cause. The rise of the pulse usually takes place before that of the temperature. Finally the slightest influences, such as moral emotions, errors in diet, etc., may cause sudden and transient reactions.

XI. *Ovariectomy at the Samaritan Hospital, London.*—In one of his last lectures in this institution, before retiring from active work therein, Spencer Wells gave a brief, but interesting review of his twenty years service. This period includes the history of ovariectomy in England from the first unsuccessful cases of Baker Brown. The records of the Samaritan Hospital show 68 cases and 61 recoveries! During the first five years about one case in three died; during the second and third five years, about one in four; in the fourth five years, one in five; but in the last two years, only about one in ten died of those operated upon in this hospital. The antiseptic system is now on trial, and Mr. Wells is more hopeful of favorable results since thymol has been introduced as a substitute for carbolic acid. Thymol has a pleasant odor, and no poisonous properties, and, according to Dr. Burdon Sanderson, is a hundred times more effective as a germicide than carbolic acid. (*British Medical Journal*).

XII. *Gynaecological statistics from the Woman's Hospital of the State of New York.*—From the twenty-second Annual Re-

port of this institution we have some very interesting statistics concerning the relative frequency of certain diseases, and the results of treatment. In all, since the hospital was first opened, 2,163 cases are recorded, of which 1,049 were cured, 729 improved, 81 not improved, and in 210 the result is not known. The deaths were in the proportion of 4 per cent. of those admitted. There was laceration of the perineum in 142 cases; extra-uterine pregnancy, 1; diseases of the rectum, 20; tumors—cystic, fibroid and ovarian—203; polypi, 36; uterine diseases, 970; urethral do., 18; vaginal do., 98.

The number of operations made was 1,247, including cystotomy seventeen times, with four cures; for recto-vaginal fistulæ nineteen, with fourteen cures; vesico-recto-vaginal do., nine, with seven cures. But, in the strongest possible contrast with the statistics of Spencer Well's hospital just given, there were, it is stated, fifty-two ovariectomies, of which twenty-six, or *just one-half died*.

XIII. *Another modification of Miner's operation in Ovariectomy.* *Apropos* of ovariectomy, we have recently adopted the expedient of enucleating an ovarian cyst to a case in which the parietal adhesions would have rendered the common mode of operation very dangerous if not altogether impracticable. The coats of the sac were split from the anterior incision over one-third of the tumor, after which the outer layer of the cyst-wall was broken through all around, and the balance of the tumor removed in the usual way. The patient came to us from Montana. The sac and contents weighed *eighty pounds*. She made a good recovery, and is now quite well again. The case was reported to the Massachusetts Surgical and Gynecological Society, and published in full in the *U. S. Med. Investigator* for April 1, 1878.

We have now performed ovariectomy by enucleation in two very different ways, and both times successfully, and are fully satisfied that it may be adapted to a variety of cases in which under the old dispensation, the removal of the cyst would have been impossible.

R. L.

General Record of Medical Science.

Menstrual Exanthemata, by Dr. W. Stiller.—1. Mrs. L., æt. 30, suffered as a child from scrofulous glandular affections and periostitic processes. During puberty the menses stopped sometimes, for four to five months, and in these intervals she had an itching, burning exanthema, on the upper and lower extremities, stubbornly resisting all treatment, but ceasing as soon as the always scanty menses re-appeared. The eruption was an *erythema exudativum multiforme*, rarely papular, mostly annular, or gyratum and scutiforme, taking on after a while a serpiginous form. During pregnancy no eruption could be observed; sexual organs perfectly normal, except some slight leucorrhœa.

2. Mrs. W., slightly anæmic. In 1869 and 70, for about eighteen months, there appeared a few days before the normal period, exclusively on chin, upper lips and cheeks, *subcutaneous ecchymoses*, and which disappeared with the cessation of the menses.

3. Mrs. R., widow, shows, during every menstruation, on the back of the hands and feet, small, strongly itching efflorescences, looking like *acne*, small, red papules, covered with a little pustule, which dry up and disappear with the cessation of the menses.

In all three cases there were also disturbances in other spheres of the organism; as our first patient was scrofulous, the second suffered from heart disease, and the third was of a nervous temperament. Hebra mentions these cutaneous affections, and Neumann speaks of eczema and seborrhœa in consequence of morbid affections in the sexual sphere. English physicians hint to the black rings around the eyes during that time, which they consider a *stearrhœa nigricans*. Urticaria, eczema, erythema and seborrhœa go sometimes hand in hand with uterine diseases and menstrual anomalies, all of which may be considered as reflex manifestations, affecting the vasomotory nerves and manifesting themselves on the skin.—B. K. W., 50, 1877.

Differential Diagnosis between Syphilitic Paralysis and Paralysis of the Insane, by Fournier.—General paralysis from syphilis is never accompanied by *manie de grandeur*; we miss also the trembling of the tongue and of the upper lips, so characteristic of paralytic patients, and whereas true paralysis is absent in the latter, we find it very frequent in syphilitic patients. Origin, development and duration also differ. In syphilis the disease appears suddenly with an apoplectic fit, or suddenly appearing paralysis, and by and by only mental symptoms appear; whereas in paralytics the mental ailment opens the drama. Whereas, also, paralysis of the insane is by most authorities considered incurable, general syphilitic paralysis allows a more favorable prognosis. In general paralysis of the insane the cortical substance of the brain suffers; whereas in the syphilitic one, the meninges are primarily affected, and the cortical substance only slightly and consecutively. Fournier proposes, therefore, the differential name: *general pseudo-paralysis from a syphilitic origin*. *Le progrès médicale*, 41-43, 1877.

Diabetes and Amblyopia.—Dr. Herman Cohn found last year four cases of amblyopia in diabetic patients, and after consulting the literature of these diseases, he concludes: 1. In every case of amblyopia, or paresis of the ocular muscles, we ought to examine the urine, even if we should detect only once in a hundred cases the sugar in the urine. 2. The patients may even look well, though the diabetic weakness of sight is present. 3. In all cases of amblyopia, the morning urine contains sugar; the eye is therefore only secondarily attacked. 4. Both eyes are hardly ever attacked with equal force. 5. The field of vision is normal, we deal therefore only with malnutrition of the retina, not with a degeneration of the nerves. 6. Paralysis of muscles is frequent where the diabetes is a cerebral disease, and such palsies are curable. *Deut. med. Wchschrft., Nov. 1877.*

Crises Nephritiques in Ataxie Locomotrice.—Paroxysmal pains, radiating from the left lumbar to the epigastric region, appear in intervals of weeks or months, but gradually the intervals shorten. The pains radiate to the more deeply situated parts of the abdomen, following the course of the ureters, and also upward to the right shoulder. Vomiting sets in, the urine decreases, sometimes perfect anuria. Examination reveals the urine perfectly free from sand, gravel, blood, and in combination with other symptoms, the diagnosis of sclerosis of the posterior cord is easily made out.

In the "crises gastriques," only the seat of the pains differs, otherwise the pains are of the same character, and it must be remembered that where the visceral crises are fully pronounced, the other symptoms of ataxy are not so clear. In severe cases with nephritic crisis, observed by Raynaud, the posterior columns in the region of the seventh and eighth dorsal vertebrae were chiefly affected. *Centrbl. f. med. Wiss., Nov., 1877.*

Extirpation of the Pregnant Uterus instead of the Cæsarean operation.—It is considered preferable by many surgeons of eminence, because the hæmorrhage is easily controlled, that no wounded organ is left in the abdominal cavity, and a misformed woman cannot become pregnant again. Prof. Späth, of Vienna, has twice performed the operation, once successful for mother and child; Prof. Braun succeeded to save the child. All three women suffered from osteomalacia. Dr. Ed. Porro succeeded in saving mother and child. *W. M. W., Nov., 1877.*

Hot Water Injections in Hæmorrhagia Uteri.—Dr. Jaksch succeeded by this method in stopping twenty hæmorrhages out of twenty-two. He insists upon it, that the water must be of 40° (R.) temperature, and no less. Runge, of Strasburg, only recommends them in *atonic* hæmorrhages; and where pieces of placenta are left behind, they must be removed, before the injections can be of any benefit. In fibroids, or carcinoma uteri, this procedure failed entirely, or had only a transient effect, and the tampon was necessary. Runge also mentions that after these hot injections with the irrigator, he never found the uterus so hard as after normal labor. *Schmidt's Jahrb., 9, 1877.*

The Prognosis of Cerebral Hemorrhages, by Dr. Julius Althaus.—Cerebral hemorrhage is never so quickly fatal as certain cardiac diseases; even in such cases, where death sets in very rapidly, fifteen to thirty minutes pass; in most fatal cases, six to twelve hours pass off between beginning and end of disease. One of the most important elements in the prognosis of apoplexy, is the duration of time; the longer the attack lasts, the more there is hope for a restoration. Cases ending fatally in twelve hours, show their danger by the thermometer; a sudden and rapid fall of temperature to 36° , even to 35 and 34.8° , is very unfavorable, whereas, if the fall is slow, and not more than a degree, the prognosis improves. After a time, from thirty minutes to thirty-six hours, when the spasms in the central nervous system have ceased, and the symptoms take on the character of pure paralysis, the heat does not rise much any more; should this take place, it is of the same evil omen, causing collapse and death. Where, after a certain time, the thermometer rises only slightly (38 , or 38.5°), we may suppose a small clot; in this stage, which may last two or three days, the prognosis remains still doubtful, for although the patient has escaped collapse, he may still succumb to the consequent cerebritis, which sometimes sets in, when the patient seemed to be already on the road to recovery. We must never neglect in such cases an examination of the nates, for the first symptom of such cerebral inflammation is nearly always an acute decubitus on the buttock of the paralyzed side; an erythematous spot, appearing on the nates, the second, third, or fourth day, signifies nearly always a fatal issue. Where the patient passes through the fifth or sixth day, without any appearance of phlyctænæ, and without any great rise in the temperature, the prognosis for life becomes more favorable. Age is of great importance; the older the patient, the less chance he has of recovery. Sex is of no import. The state of general health is important; the absence of constitutional ailments allows, cæteris paribus, more hope. Venesection is irrational, as it increases only the cerebral anæmia, and Althaus relies on Ergotin, subcutaneously, for the prevention of a further effusion of blood. Where the paralytic symptoms increase after six to twelve months, one may expect secondary degeneration, and the case may be considered incurable. Early treatment is therefore necessary, as Secale for the cure of the miliary aneurysmata, Phosphor as a nutrition-remedy to the injured nerve-cells, galvanization and faradisation to stimulate the paralyzed parts. *Arch. f. Psychiatry and Nervous Diseases*, 1877.

Effects of Burns.—Ponfick observed in consequence of intensive burns, a rapid dissolution of the red blood-corpuscles in small, colored particles; these disappeared after a shorter or longer time, in order to produce grave disturbances in different organs, especially in the kidneys, where it caused an inflammatory state with all characteristic manifestations—appearance of cylinders in the urine, obstruction of the urinary canaliculi, fatty degeneration of the epithelia, etc. Another part of these fragments is taken up by the pulp of the spleen, and by the marrow of the bones. Hence the sudden and rapid destruction of a large number of red blood-corpuscles

causes the rapid death after burns, and perhaps transfusion might be admissible in such desperate cases. *B. W. W.*, 46, 1877.

Acetic Acid for Psoriasis.—Jansen orders a hot bath for his patients, ablution of the body with soap, so that the crusts soften and may be removed with a brush. Acetic acid is then applied with a brush. The affected parts become at first pale, then injected and inflamed; pain and itching lasts about half an hour. After repeating this procedure daily for a week, the crusts have dropped off, and only in rare cases they reappear again. *Revue Med.*, Feb., 1878.

Direct faradization of the Stomach, by Prof. Kussmaul.—Kussmaul recommends direct faradization of the stomach in atonic states of the muscular fibres of the stomach, passing one electrode through the mouth into the œsophagus and stomach, which may be empty or half filled with water; the other electrode is either given into the hand of the patient or applied outside on the stomach. As soon as the current becomes strong enough to contract the muscles of the hand, portions of the abdominal muscles contract, especially the portion of the left rectus abdominis above the navel and the adjacent portions of the obliquus externus sinister, whereas the contractions of the right side of the stomach, which is covered by the liver, remains invisible to the eye. This faradization acted well in regulating chronic constipation, gastric ectasy was removed in two patients, and in dyspepsia benefit was derived from such treatment. The current must not be strong, or else the patient complains of vertigo, probably from anæmia of the brain, as the faradization causes a reactive hyperæmia of the stomach after preceding powerful contractions of the abdominal blood vessels.—*Centbl. f. med. Washft.*, 50, 1877.

Comparison on the Physiological action of Quinine, Cinchonine and Cinchonidine.—Drs. Laborde and Dupuis made their experiments on dogs. Injecting subcutaneously 1.0 gramm. Quinine, the dogs showed stupor, diminution and even cession of general sensibility from defective perceptivity of the sensorium. Where larger doses were injected, *epileptic fits set in*; 0.75 Cinchonin sufficed to produce them. There is a prodromal stage of restlessness, and then suddenly twitchings, like electric shocks, set in in the extremities, with a scream they fell backward and gave a marked picture of an epileptic fit, (tonic and clonic muscular contractions, foam before the mouth, involuntary micturition). The fits appeared in intervals of three to four minutes, and could be reproduced by external stimuli or when the parietic animals tried to get up. Where the fits succeeded quickly one another, they died during one of them. In the intervals the animals showed by their movements that they suffered from hallucinations with impulsive desires. 0.75 Cinchonidine caused a longer prodromal stage with a trembling of the head, similar to paralysis agitans, the epileptic attacks were less severe and less frequent, although some died in the fits; the trembling of head continued during intervals.—*Gaz. med. de Paris*, 23, 1877.

Erythema Nodosum and its Relations to Tuberculosis.—Erythema nodosum usually begins with a prodromal stage, lasting from several days to a week with general malaise and fever. The eruption sets in with small red nodules, growing rapidly in size, sharply circumscribed and feeling elastic to the touch. These painful and hot nodes soon take on a livid color, and thus, by its similarity to a contusion, some call it "dermatitis contusiformis." Though there may be fluctuation, it never forms an abscess, and after an incision only a small quantity of bloody serum escapes. Gradually they change their color, just like extravasated blood, become absorbed and leave a pigmented, desquamating spot. This retrogression takes about 8 to 10 days, so that the whole eruption lasts about three weeks. In numbers there may be only 5 or 6, or 20 to 50 nodes. They are usually found on the side of the extensors of the extremities, especially on the anterior surface of the legs, and are accompanied by a remittent fever with a temperature of 38° to 40°, which gradually passes away; the intensity of the fever does not always correspond with the number of nodes. In some cases articular pains were observed, so that the disease could be taken for articular rheumatism. Lewin observed in several cases endocarditis with valvular deformities; bronchial catarrh may also be seen as a complication.

An anæmic girl, æt. 16, suffered from erythema nodosum with bronchial catarrh; after recovery she was attacked six weeks later with meningitis basilaris, from which she died. The post-mortem showed tubercular, meningitis, miliary tuberculosis of the pleuræ, lungs, liver, spleen and kidneys, and caseification of several bronchial glands. Uffelmann observed 17 cases in anæmic, ill-nourished girls, and in most of these cases tuberculosis was hereditary. Hence erythema nodosum must not be considered a trivial eruption, especially in persons with a tubercular disposition, as it may bring the latent disposition to a focus.—*Arch. d. Heilkunde* 5, 1877.

Dr. Schwalbe's Radical Cure of Hernia.—His method consists in the application of subcutaneous injections of 70 per cent. alcohol around the hernial sac. The rupture is fully returned and then a syringe full of alcohol injected, which causes only moderate inflammatory infiltration, so that after a few days the procedure can be repeated. Thus in inguinal hernia the opening is gradually from above downward surrounded by injections. During the treatment the patient can attend to his business by wearing a truss. In some cases suppuration takes place at the point of injection, but this Schwalbe considers favorable and hastening the cure, and he even advises larger injections and more frequently repeated in order to cause suppuration, only we have to watch more closely the patient. In some cases the opening does not entirely close, though sufficiently to retain the intestine, and the repetition of the injections may be necessary.—*Deut. Med. Wochenschrift*, 45, 1877.

Quinine as an Antiseptic.—Samuelson treated a farmer, who during his labor suddenly felt pain in his eye. After two days there was a yellow

spot in the centre of the cornea, larger than the pupil, with sharply cut edges and dipping deeply in the transparent tissue of the cornea; no blood-vessels entered the cornea and the conjunctiva was only moderately injected. The following day the superficial necrosis had already attacked the whole cornea, and Samuelson, supposing it an infection with proliferating elements, dropped frequently into the eye a solution of 1 per cent. quinine, and the whole process soon took on a better appearance, and only a small central dimness remained. Struck bandaged an ulcerating, ichorous carcinoma mammæ with a concentrated solution of quinine, and although the bandage was only removed once a week, there was neither stench nor septic manifestations. Benecke cured six cases of extensive nosocomial gangrene by bandaging 3 to 4 times a day the affected parts with a concentrated solution of quinine, so that even the undermined flaps of the skin were preserved.—*Deut. Med. Wschr.*, 44, 1877.

A New Material (Intestines), for Bandaging Wounds.—Dr. Flashar, taking a hint from the fact that catgut-ligatures are fully absorbed, prepared pieces of dried intestines from sheep, in a mixture of oleum carbolicum, containing 10 per cent. of the acid. The dried intestine, after being cut in suitable pieces, ought to lie at least for three months in the carbol-oil before being used. He made his first attempt with a wound, where the patient had injured his hand in a machine. The wound was deep, penetrating also the deeper tissues, extended to the fingers, which were also torn. After cleaning the extensive wound, he put a large piece of the prepared intestine, dropping yet of the oil, on and into the wound, so that even the healthy parts were covered. The whole was then covered with jute and bandaged. After six days, there was a slight odor and the patient complained of slight burning. On the seventh day the bandage was removed, and Flashar was astonished to see those parts of the gut lying upon the wound full of holes, mostly used up, and the wound under it cicatrizing beautifully. The odor arose from that part of the gut overlying sound skin; this looked whitish, softened, and had lost the smell of the carbol-oil. After repeating the whole process, the wound was entirely closed, and the cicatrix was so soft and pliable that the motions of the hands and fingers were not the least interfered with. Equally successful was Flashar in several other injuries, and he would, therefore, recommend it also as a covering after amputation, where it was impossible to form flaps, or generally in wounds where great loss of substance, especially of skin, is to be feared.—*Allg. Med. Centralzeitung*, 17, 1878.

On Hysterical Paralysis of the Vocal Chords, by Prof. Gerhardt.—Gerhardt observed twenty cases in the course of five years. In half of the cases aphony set in after a faucial and laryngeal catarrh from cold, in three other cases after diphtheritis faucium, pneumonia and a hysteric spasm, once after fright and a severe pressure on larynx; in several cases patients became aphonic, who were in the same ward with other aphonic patients. Hysteric aphonia differs from that from other causes, that several func-

tions remain unaltered. Thus one woman could sing, though she could speak only in a whispering voice. Another one spoke with a loud voice when dreaming, but was aphonic when awake. All patients *coughed with a full voice*, which never happens in aphonia from other causes, (ulcerative destruction, multiple papilloma, paralysis from pressure on vocal chords). A second differential symptom of hysterical aphonia consists in simultaneous *high-graded disturbance of sensibility* of the introitus fausium et laryngis, (though high-graded hyperæsthesia was observed in one case). *Electrical contractility is preserved*. The motory disturbances of the vocal chords did not show at all times the same laryngoscopic picture in one patient; sometimes the glottis stood open in the form of a lancet, or three-cornered, or without any symmetry. 14 were cured, one by the laryngoscopic examination, two by percutaneous galvanisation, all others by faradisation or the alternating compression of Ollivier, or by combined galvanisation and faradisation. Gerhardt considers it probable: 1. That the obstinacy of the aphonia in paralysis of the tensors of the vocal chords, and constrictors of the glottis is caused by shortening of the antagonists, (M. cricoarytenoidei postici). 2. That, when some of the muscles, which by their action produce the position and fixation of the ary-cartilages, become paralyzed, the position of the ary-cartilages becomes changed, and thus may be explained the beneficial result of Ollivier's compression. Some patients learned to reproduce their voice by compression of the larynx, when they became aphonic.—*Zeitschr. f. pract. Med.*, 12, 1878.

Pleuropneumonia.—When in the course of a pneumonia the evening temperature is lower than in the morning, or where the usual rise does not take place in the evening, a pleuritis will develop itself or has already set in. The same happens in the course of other febrile diseases, as typhus, meningitis, and hints to inflammation of a serous membrane, especially the pleura.—*Centralbl. f. d. Med. Wissenschaft*, February, 1878.

A Case of Athetosis.—A woman with mitral stenosis and dropsy showed ten days before her death, after preceding diplopia, (divergence of the bulbi), for five days jerking motions of the left swollen hand, consisting in constant alternation between extension and flexion. Autopsy showed a circumscribed focus of brown-red color and of the size of a bean in the anterior end of the right thalamus opticus, thus confirming the views taken by Hammond, that athetosis is based on an affection of the large cerebral ganglia.—*Arch. f. Klin. Med.*, XX., p. 158.

Un Caso di Singhiozzo Idiopatico (Idiopathic Singultus), *par el Prof. Barberio*.—A healthy and strong young man, æt. 27, free from all hereditary taint, was, after some family trouble, suddenly attacked with singultus. It lasted at first only a few minutes and returned every two to three hours. Gradually it increased in intensity and continued without intermission. After three days' suffering, Barberio was called in consultation. The patient was sitting up in bed, as one suffering from want of breath,

with widely dilated eyes, dilated nostrils and open mouth, all inspiratory muscles were apparently in permanent contraction, no fever nor any cerebral symptoms; digestion normal, but patient could not swallow anything on account of the singultus; heart's action a little irritated; pulse either arhythmic or intermittent; lungs normal; urine normal. He complained of a painful sensation along the respiratory organs, as if a red-hot iron were moving up and down, and of pain at the base of the thorax. Warm baths, opium in even large doses, hydrate of chloral, quinine, emetica, all in vain, and ten days had already passed without any relief. Barberio then tried again, chloral in large doses, (3.0 to 300.0 aqua, two tablespoonfuls every hour). It took three days more, till the dose could be reduced to 1.0 to 300.0, but improvement steadily continued. As often as the intervals were lengthened, the singultus returned with its old severity, and the patient continued the chloral treatment for full two months before he could be considered perfectly cured.—*Il. Morgagni, 1877, XII, p. 954.*

Paralysis of the Nervus Mentalis, from Syphilitic Exostosis, by Dr. Fournier.—A patient, who had been treated for syphilis, complained a year afterwards of suddenly appearing loss of sensation in the right lower lip and corresponding chin, in fact, examination revealed at that spot perfect anesthesia and analgesia of the affected part, and only there, also a painful swelling of the mandibula. Diagnosis: syphilitic exostosis, pressing on the nervus mentalis, (symptomatic palsy). Iodide of potash (3.0 daily), removed the paralysis quickly and thus confirmed the diagnosis.—*Gaz. hebd., December, 1877.*

Spontaneous Cure of a Vesico-vaginal Fistula.—Fleury reports the case of a woman, æt. 40, who in descending from her wagon stepped on a stick, which passed through the vagina and penetrated into the bladder. The foreign intruder was quickly removed and the attending surgeon strictly abstained from every attempt to unite the wound, and the fistula healed spontaneously. Another proof that there is no hurry necessary in traumatic vesico-vaginal fistula for an operation, and to rely more on nature.—*Gaz. Med. de Paris, 43, 1877.*

Sudden Blindness after Menorrhagia, by Dr. Bertrand.—Sudden blindness after loss of blood was the theme for discussion lately at several scientific meetings. Thus Dr. Samelsohn spoke on sudden bilateral amaurosis after hemorrhages in the intestinal tract, and Prof. Manz and Dr. Horstman related cases where after intestinal hemorrhages deep syncope followed with persistent amblyopia. Fries lately wrote a monograph "On amblyopia and amaurosis after great loss of blood. My case of perfect, incurable amaurosis followed a persistent menorrhagia, recorded in my case-book thirty-six years ago."

April, 1841, I was called to a girl, æt. 17, suffering from menorrhagia. I found the patient in bed and deathly pale, filiform pulse, cold extremities, in fact all the symptoms of anemia. Her mother reported, that

this menorrhagia had lasted already ten days ; about three weeks ago she menstruated for the first time, and after ceasing for a week the flow returned and had not ceased since. Patient only complained of excessive weakness and headache. By the use of Haller's elixir the flooding decreased, but with this decrease loss of vision set in, and in spite of external and internal treatment (China, Arnica, Phosphor, Strychnia), the blindness steadily increased, so that the woman, now 53 years old, although enjoying otherwise fair health, remained blind all through her life.—*Zeitschr. f. pract. Med.*, 14, 1878.

On Chloroform-narcosis, by Prof. Eulenberg.—Death, and even accidents only, from chloroform-narcosis may be prevented by adding some oleum terebinthinæ to the chloroform, 1 to 5, one part Ol. Tereb. to five parts chloroform. The former has something vivifying for the lungs, and prevents pulmonary paralysis from the narcosis.—*Vierteljahrschr. f. ger. Med.*, Vol. 28, 1878.

Struma Vasculosa (Morbus Basedowii), treated with Ergotin Injections.—Dr. Flashar uses with benefit in struma vasculosa, and in no other one, subcutaneous injections of Extr. Secale Corn. There will be pain at the point of the injection and considerable reaction, and in order to keep the latter in bound he applied ice over it for sometime, which is grateful to the patient. The second injection had better be made on the opposite side of the struma.—*All. Med. Cent. Zeit.*, February, 1878.

The Causes of Sleep, by Prof. Preyer.—1. Normal, periodical, natural or physiological sleep differs entirely from pathological or artificially produced sleep, as somnolency, coma, asphyxia, narcosis.

2. Natural sleep is always preceded by a tired sensation of the senses, muscles and brain.

3. A mental action is only possible where a quantum of oxygen is at its disposal, brought there by the blood. Where the ganglionic cells are poorly supplied, the activity of the brain diminishes, and sleep follows.

4. As the brain receives as much oxygen during sleep as in the wakeful state, we must conclude that the oxygen, not used for the production of psychical actions, must be applied during sleep to some other purpose.

5. During mental and bodily labor, certain substances form, which during rest are only present in small quantities or not at all, *ponogenous* substances, as lactic acid, kreatin. Such substances accumulate in the blood and in the organs, and as they are easily oxidable, take hold of that oxygen, which is necessary to the labors of the brain and muscles. The beginning of this accumulation is characteristic for the tiredness, its oxidation for the sleep, and the cessation of the oxidation characterises itself by the natural awaking.

6. Products of muscular activity, as lactic acid, artificially introduced into the organism, cause tiredness and sleep, (just like labor), where every excitation is strictly kept away.

7. The introduction of lactates, in order to procure sleep, has several times failed, and the causes of such failures are still open for further study.—*All. Med. Cent. Z.*, 103, 1877.

A Case of Syphilis in the Medulla Oblongata.—G. R., æt. 24, became syphilitic in the beginning of 1875. A year afterwards he began to complain of loss of appetite and of sallowness of his skin. He entered the hospital February 15th, 1876, and complained of inappetency, bad taste and general malaise. Nothing abnormal could be detected, only the tongue showed a heavy white coating and streaky saliva. His state remained unaltered up to March 10th, when he complained of unquenchable thirst, increased urination, which steadily progressed. Examination of the urine proved it to be perfectly normal. On the 7th day of the polyuria (30th of hospital), he complained of headache in the temporal regions in the morning, increasing steadily up to midnight and then gradually decreasing towards morning. On the sixth day of the headache (37th day of disease), he felt a drawing pain back of the right eye, slight strabismus externus, stenosis palpebræ, decline of visual power, impossibility to fix objects at a distance; temperature 37, pulse weak, 70; the pulse fell March 26th to 42, temperature 35; diminished respiration. Henceforward the symptoms declined, and May 30th he could be dismissed cured.

At his entrance into the hospital the diagnosis was status gastricus, and the consequent polyuria was considered as an affection of the vasomotory nerves. Even the headache was considered at first as of a rheumatic nature. The appearance of visual disturbances, the manifestations in the circulation and respiration necessarily led our attention to intracranial disturbance, especially to an affection of the bulbus rachidicus, of the anterior and middle columns, whence the nerves arise whose functions were here affected; thus only could the polyuria, the cardiac and respiratory symptoms be explained, for we know that the medulla oblongata regulates through the vagus the action of the heart, and that it may be considered as the centrum respiratorium and as the chief centre of the vasomotory nerves.

The antisiphilitic treatment consisted in iodide of potash in increasing doses from 0.5 to 2.5, the latter dose for thirty days. All prior treatment, purgatives for the gastric state, gallic acid (4 grm. in 24 hours), and tannin for the polyuria, chininum mur. for the headache, failed entirely to give any relief. The antisiphilitic treatment cured.—*Il Morgagni*, VII, 1877.

Reviews and Bibliographical Notices.

Diseases of Infants and Children, with their Homœopathic Treatment, by T. C. Duncan, M.D., Chicago, 1878.

After many years of careful preparation, we receive at last the first instalment of this work, and we thank our good Duncan for the treat. Part I

gives evidence of a vast amount of thought and labor, of diligent revision, and yet a few unscientific sentences did creep in, as p. 92. "dropsy of one or both kidneys." Does this mean dropsy from renal affections, or are the kidneys themselves dropsical? The chapter on the medical jurisprudence of viability is excellent, but the hydrostatic test, as prescribed by Virchow, is wanting; and the effect of hereditary phthisis pulmonalis upon the infant appears to be almost lost sight of, and a great prominence given to tuberculosis. The chapter on diseases of the umbilicus is one of the best that we have read; the indications for our remedies are clear and to the point, but we might expect more minute symptomatology from the large experience of the author.

Jahr, Hartman and Teste, our former guides in the treatment of infantile diseases, are out of print, and Duncan's text-book fills, therefore, a too long neglected want; and besides it is the only homœopathic book on diseases of children written upon a *scientific basis*. It ought to have a large sale, and become a household work with every physician of our school.

Annual Report of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., January, 1878.—We pass by the financial report, as this does not belong to our line of business, and have only to add our meet of praise to the strict homœopathic treatment, as carried out in this institution; we beg Dr. Talcott and his worthy assistants to take all the chronic cases they can, for even with all the disadvantages we have at Ward's Island, several cases declared incurable, and therefore sent to us, have been cured, and discharged perfectly sane. How much more can this be done in a well regulated asylum, where the history can be studied and every case strictly individualized.

The non-restraint system finds also able advocates in the officers of this institution, and that it is not fully carried out, we blame the want of reliable nurses, which we prefer to straight jackets, padded rooms, *et id omne genus*. We must have nurses trained to the business; nurses who make it their life-work, and we must pay them well for their services. In the end we consider it a saving even in a financial view, and we are proud of our friend that he takes a firm stand, and he ought to have the full support of the Legislature, of the Governor, and of the Directors. Good nurses, daily employment, rational amusements, a well-regulated diet and cleanliness, give me these, and there will be very little need of drugging our insane fellow-men.

Equally favorable is the report of the New York Ophthalmic Hospital, but it would be a twice-told tale to give well-deserved praise to this noble charity.

From Philadelphia and Pittsburg the reports of their hospitals are equally encouraging. Homœopathy is alive and wide awake. A little storm once in a while, never mind, it clears the skies, and the sun of Homœopathy will shine the brighter for it.

Editorial.

WHO IS A HOMŒOPATH?—"He who without prevarication, and without any mental reservation, believes and endorses the law of similarity, and selects his remedy, as far as it relates to drug action, according to this natural law, to the best of his ability."

There has been lately in England as well as in our own country, so much foolish controversy carried on, even bitterness created between friends, that it seems to be proper to clear up the darkness which surrounds us. Even I, poor Easy Chair of the N. A., have been assailed from many a side, and here my plea, not for defence, but for justice and inherent rights.

There are, in fact, three parties in the strife. The smallest and most foolish party is a small minority, who wish to sell out their birthright for a mess of beans; who prattle about Ringer, Philipps & Co., about the slight differences only in the opinions of enlightened physicians, and who therefore consider the millenium on hand, when the lion shall lie down with the lamb, and eat in unison their fodder from the medical crib. Alas! that other side will only receive them as penitent sinners, coming to the halter clad in sackcloth and ashes, and renounce—not the law of similarity and its application—but the name of Homœopath. As a proof let me recite a story. Not sixty miles from New York there lives an allopathic physician of long practice, whose amiable wife graduated a few years ago from the New York Medical College for Women, and practices Homœopathy. That poor husband has been lately tried before the Connecticut Medical Society, and expelled for the unpardonable crime—of consulting with his wife!!!

To the second party in this trial I hope to give no offence, if I, for brevity sake, call them "Homœopathic tramps." They are, in one way or another, vagabonds; too lazy to study their *Materia Medica*, with all its intricacies and contradictions, too self-estimated to delve into its mysteries at the bedside, or in the presence of their suffering patients; too much men of routine to leave their beaten track, and as they do socially and financially well, they let it go as Providence pleases; they believe in Homœopathy, they carry it out, also, in some fashion, but do not trouble themselves much whether it is a simile or a contrary. Sick people get well, sick people die, what is the difference as long as we are happy.

The third party in this controversy are the saints, purer than Hahne-mann, holier than the apostles, to whom S. S. C. is *the* law of nature, and who acknowledge no other law of therapeutics. All the improvements made in medical science are to them steps backward, and they only believe in the *Master*, and their duty is to read the Bible, i. e. their *Organon*, night and morning, in the cars, in fact everywhere. "We heal," is their battle-cry, and failures impossible. Alas! for human nature, so easily deceived, without the daring to dissect the fact, whether the cure was natural or their own handiwork. Kafka truly considers it the duty of a drug to cut short a disease; any other action is mere palliative, though sometimes of great benefit in aiding us to steer our life-bark clear of all rocks; and how often are we able to make such miraculous cures with the single dose?

But let us return to the *Master*, whose *Organon* appeared 1810, and who published the fifth volume of his "Chronic Diseases" about 1839. Hahnemann must therefore have been seventy-four years old when he published this last volume. Perhaps in his dotage already, or else he would never have penned the lines which we find page 306 of that volume. We do not believe it; Hahnemann, reviled by the old school and even misunderstood by his adherents, wrote many a bitter denunciation, especially in the *Organon*, which in calmer moments he would never have uttered. Chastened by age and purified by adversity, when peace and happiness surrounded him at Paris, he shows his innate liberality by saying:

"No reasonable physician can be satisfied with practising within the limits of antiquated rules, derived from speculative theories, instead of from pure experiments. His object is to cure the sick, and the innumerable powers of nature, WITHOUT EXCLUDING ANY, have been assigned to him to effect that process of regeneration. And to carry out such noble ends, he ought to have a right to dispose of the curative powers of nature; for the preservation, or the partial regeneration of the body, is a more noble deed than any of the boasted deeds of history; but he ought to be likewise permitted to employ those powers in that form and quantity, which seem to him the most adequate and the most conformable to experience and wisdom; in this respect no restriction ought to be imposed upon him as a free and independent man, provided he is endowed with the necessary power and knowledge to preserve human life, and with that delicate conscience which every one whom God has appointed a guardian of human life should possess."

And our immortal Dunham followed in the footsteps of his immortal teacher, when he proclaimed from the rostrum at Chicago, FREEDOM OF THOUGHT AND LIBERTY OF ACTION. Neither licentiousness on the one side nor narrow-minded bigotry on the other side. Where drug action is indicated, it will be our sacred duty to adhere closely to the law of similarity, in order to restore the harmonious action of all functions. But even then the *Master* teaches us not to rely too blindly and solely on the action of drugs. Thus, in the same fifth volume, page 44, he advises Mesmerism in order to increase the action of Phosphorus; in the fourth volume, page 171, he acknowledges that bathing in the sea has frequently done great good, even making allowance for the good effects of the journey, the absence of the cares and turmoil of business, the dashing of the waves, etc.; in the *Materia Medica pura*, vol. i., p. 186, he recommends Camphor as a *palliative* for Siberian influenza, and page 2, second volume, we read: "in order not to act like a quack, the physician ought not only to know the cases where a drug would be useful, but he ought also to be able to point out the circumstances under which it would prove prejudicial; he ought likewise to be able to determine the dose which would be neither too small nor too large for the nature and intensity of the affection which he desires to cure, and ought to cure with certainty and precision."

Quotations could be multiplied from Hahnemann's writings, proving that he, whose battle-cry was: *aude sapere*, who fought and broke the fetters of antiquated notions, and won his freedom of action against large odds, could never have been so ungenerous as to debar others from that liberty of

action which he claimed for himself. He knew full well that hygienic treatment (and we include herein all kind of bathing, gymnastics, and movement cures, even hydropathic applications), electricity in its various applications, pneumatics are not excluded, cannot be excluded by his followers, and we claim therefore the inalienable right to make use of all these different branches of the healing art, without losing our right in being considered an honest member of the Homœopathic fraternity. We go even a step further, and freely declare our conviction, that in *incurable cases*, *Euthanasia* may also become the painful duty of a follower of Hahnemann. I have seen cancer-patients in their last stage, emaciated to a skeleton, suffering untold pains, and although the *Healer* had no business there any more, for to heal was out of the question, the short blessing of forgetfulness and of sleep was withheld, because this strict adherent of Hahnemann still insisted to apply the law of similarity to the waning forces of life. Your and my Master never taught such doctrines.

When, through the partiality of my publishers, I was requested to take the editorial chair of this Journal, I took as my guiding star: "*in certis unitas, in dubiis libertas, in omnibus caritas.*" Yes, *in certis unitas*, let the law, S. S. C., be to us, the followers of Hahnemann, the art of therapeutics, because it is the only rational medicine, so far known; *in dubiis libertas*, let us enjoy the liberty of experiment, to enable us to raise this art to the science of therapeutics; let us also be liberal to those who are unfortunate enough not to have grasped the intricacies of an ever-increasing *Materia Medica*, let us support rather than cast aside these weak-kneed followers of him who taught us that "no restriction ought to be imposed upon him as a free and independent man, who, endowed with the necessary knowledge, tries *his* best to save the life entrusted to his care; and, *in omnibus caritas*, let us be here followers of Christ, who taught us: forgive our transgressions, as we forgive those who transgressed against us. Away with licentiousness, away with sectarian short-sightedness, there is a golden midway between these two extremes, let us hold fast to the cherished words of our Dunham

"Freedom of thought and Liberty of action."

and thus only we can be right and just to ourselves, to our patients, to our glorious profession. If this be treason to Homœopathy, be it so; I cannot alter my convictions, nor am I afraid to do openly, what mere policy would hide before the outside world. Homœopathy can afford to be liberal, for it is true, it is the only rational medicine.

WE are happy to announce to our readers that we have succeeded in enlisting our amiable friend, Prof. R. Ludlam, as a regular contributor to the NORTH AMERICAN. The department of Gynæcology could not be entrusted to better hands, and every number will contain a quarterly review of the literature of this interesting branch of medical lore, interspersed with original notes and articles of this well-known author. His first instalment will be found in this number.

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 Oesophagus.** 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

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. 2.—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.

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.

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. Wesselhæft.

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.

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. su/ph.*—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.

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.

³⁴ 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.—Briskén.

³⁵ Positions, Motions. Pains which are only felt during

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.

34 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.

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.—Briskin.

“ **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.

“ **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 ap-
pearance. See knees: 33.

“ **Sensations.** Unbearable pains, burning: 32.

Cries because the pain is so bad: 33.

As if bursting, toes: 33.

“ **Tissues.** Hyperæmia; congestion of the blood-vessels, de-
pending on relaxation of the muscular fibres of the
blood-vessels.—Sch.

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.

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

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.

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.

- ¹⁶ **Belching.** Gulping up white mucus ; with the pains : 43.
Vomiting of blood ; also *Ferr. phosph.*
- ¹⁷ **Hypochondria.** Liver disease and dropsy : 22.
- ¹⁸ **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 eczematoses, 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.

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 tablepoonsful. 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.

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.

³³ **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.)

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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ARTICLE XI.—Palladium.*

By C. HERING, M.D.

INTRODUCTION.

PALLADIUM proposed as a remedy as early as 1833 (*Stapf's Archives*, xiii., 30), deserved a proving on the healthy by reason of its being a metal accompanying Platina and Gold. It belongs with Mercury, Silver, Gold, Platina and those others occurring in small quantities, Iridium, Rhodium, Ruthenium and the very remarkable Osmium, to the so-called precious metals, that is, such as are reducible by themselves, more easily separable from Oxygen than the others, but having greater affinity for Sulphur. If we classify the sulphides according to their solubility in dilute acids, Palladium must be placed with Argentum, Rhodium, Ruthenium and Osmium, and Platina remains with the less soluble ones, Mercury, Aurum and

* At the solicitation of Dr. Lilienthal, the editor, we here publish the entire arrangement of Palladium symptoms with the original provings so impatiently called for by Allen in his *Encyclopedia*. Dr. Allen would have been as welcome to these provings as he was to other contributions to his work, they were ready and could have been had for the asking. He would not have been any less welcome than was Dr. Lippe, who received them for his *Materia Medica* years ago.

Iridium. The solubility in dilute acids, one would expect, would show itself in the provings. Platina and Palladium both proved in dust form, showed such great *similarity* in their effects, that the question only arose whether corresponding *differences* may be found in the effects. These data can only be furnished by frequent use of Palladium in practice.

If the symptoms of the other metals belonging to this family could be compared, the differences possibly might be rendered more conspicuous. Osmium for example, is as deviating in its action as it varies in its chemical deportment. But not until we are qualified to speak of the entire family, and to view it in regard to its effects, will many things come into the foreground and promise much, which singly cannot be turned to good account in science. Take for example Gold and Platina. When the former was being proved by Hahnemann, and later on the latter by Stapf and Gross, the observation made by Humboldt that Gold is found more abundantly on the eastern and Platina on the western side of mountain ridges (this being the case in South America as well as in East Asia), was still unknown. It is remarkable that the symptoms of Gold predominate in the morning, while those of Platina preponderate in the evening. A common reason may here be premised even if we should not be able to furnish the proof.

The proportion of atomic weights is as 2: 1 (Pt. 1233, 5. Pd. 665, 9); that of specific gravity nearly the same, 2: 1 (Pt. 21, 45. Pd. 11, 3). Platina is the heaviest of all the chemical elements, harder than copper and softer than silver. Palladium is more malleable and workable. In density, Pt. bears a ratio to Pd., of 11 to 18 (Baudrimont). The color of Platina is greyish-white, between silver and tin, that of Palladium more resembles silver, but is darker according to Gmelin. Palladium precipitate suspended in water, gives a blood-red appearance when the light falls through it, not so Platina; Gold blue and green, therefore in complementary opposition to Palladium. Platina can only be melted in the oxyhydrogen flame, Palladium is almost as hard to melt; both may be welded in heat, Palladium more easily. Palladium conducts electricity better than Platina, the proportion is as 8: 13, same as lead to tin.

Platina is only soluble in Aqua regia, Palladium more readily and particularly in Nitric acid; Sulphuric acid and Hydrochloric acid give it a red color. Palladium has a weak affinity for Oxygen, tarnishes blue in heat; the sheet-metal is blackened by Iodine (in alcohol). Palladium has great affinity for Carbon, the metal-sheet is thickly covered with soot in a flame, and forms a combination in the form of wart-like excrescences. It has particular affinity for Cyanogen, so great that insoluble Palladium combinations form Cyanide of palladium, as soon as they come in contact with Cyanide of mercury. Even Pallamid absorbs Carbonic acid with more avidity than Platinamid.

Since therefore Palladium distinguishes itself specially from Platina by its greater affinity for substances which are useful to organic life, as Carbon, Iodine, Cyanogen, it could be expected that it would act far more on organic life than Platina. This does not however appear to be the case from experiments so far made.

Our proving of Platina is not only a master work, but also a particularly happy one. It had few provers, but among them the wife of Dr. Gross contributed more than all the rest towards illuminating the sphere of Platina action, and this was done so effectually, that from the moment forth we were enabled to define the numerous cases in which it could and must help, and really did help. The Palladium in spite of its having been proved by thirteen persons, and several times repeated, still has less than half the number of symptoms, and these are scarcely half as well defined.

Palladium however seems to act far more on the skin than Platina, therefore deserves special attention in chronic diseases. It has proved a useful remedy in several very important cases, particularly of uterine and ovarian disease, when Platina had been given without effect, because superficially indicated. It has also been successfully prescribed from the first, when the symptoms called for it.

This will probably justify the proving in the eyes of those who are afraid of more new remedies, and forever insist on having the old ones reproved.

All the elements of chemistry must be proved, in order that we may obtain a foundation from which to draw conclusions about the compounds. This the author has upheld since 1822, and although he has not been able to finish, he hopes to see the time when at least three-fourths of the known elements shall have been added to our *Materia Medica*; many have been proved at his instigation, and a number he began to prove himself.

Palladium suggested itself on account of its similarity to Platina, which in its turn, was suggested to Stapf by Hahnemann's proving of gold.

It is true that many people accept without further question, the proposition that substances which are chemically similar, must be similar in their effects; but where is the reason for this?

What properties are they which, if found to be alike in two or more substances, have similar effects in consequence? And what is still more important, inasmuch as the substances which are chemically similar, are distinguished by certain well defined and unmistakable properties, and at all events differ in their effects, the question is, do these also correspond and in what way? Does the affinity of Palladium to Carbon and Cyanogen repeat itself in the symptoms, and how is it recognizable? One plainly sees that in accepting the proposition similars have similar effects, we also accept the entire doctrine of Signature, which to be sure is still awaiting its scientific delivery. Nothing so far has been proved scientifically. We must above all things become acquainted with the groups of elements which are chemically related, and afterwards look for the similarities, differences and correspondences. The Palladium proving was intended to further this end, and in so far it is justified by science.

C. G. Gmelin was the first to make experiments on animals with metallic salts of scarce metals; these of course but resemble the coarse wood-cuts in old herbariums, but he comes to the conclusion (*Versuche, Tübingen*, 1824, p. 96. *Frank's Magazine*, v. 4, p. 665) that "substances which are chemically nearly related, may have a very different effect on the animal

organism." He cites Baryta and Strontia, about which, however, a good deal could be said in rectification. Gmelin was too much given to drawing general conclusions from isolated experiments, as we shall see from his experiment with Palladium.

Gmelin reports that Palladium produced a peculiar coagulation of the blood. In the right heart which was filled with black blood, were found a great many small coagulated red lumps. In a note to another experiment, he makes the statement that this metallic salt (muriate of palladium) caused the blood to coagulate in small lumps.

This would be quite remarkable and noteworthy, and should be investigated by a series of comparative experiments; perhaps though it may be explained in a very simple manner, one might say in a mechanical way.

Gmelin made three experiments with Muriate of palladium injected into the jugular veins of three dogs. All three died quickly. In case one there was used $\frac{3}{4}$ of a grain in $\frac{1}{2}$ a drachm; in case two, 3 grains in $1\frac{1}{2}$ drachms; in case three the same quantity, with this difference that in case two several drops of Muriatic acid were added to form a perfect dilution; in case three was formed a cloudy imperfect dilution; in the other two cases the ratio was 1: 80. In case three, therefore, there were undissolved particles of the salt which passed into the circulation. Could not these alone have occasioned the lumps? But this too could only be settled by further experiment.

The similarities and the differences of Chloride of platinum and Chloride of palladium, according to Gmelin's experiments on animals, are in brief, as follows:

PLATINA.

Vomiting; white mucus, yellow; repeated twelve to fifteen times in ten minutes. Tough froth.

Mucous diarrhoea, tough slime; bloody mucus.

Paralysis of extremities, difficult motion, trembling, fatigue.

Violent spasma, with foam.

The greater curve inflamed; pain in stomach; pylorus inflamed; nearly entire length of the ileum

PALLADIUM.

Vomiting brown (of Pallad.!) finally white froth.

Diarrhoea.

Coats of the stomach dropsical; inner coat thickened, brown and easily broken up.

black red and covered with bloody mucus, near the pylorus the inflammation grows less.

Black streaks in the coecum.

Inflammation of the mucous membrane of the small intestines.

Lungs pale, the left dark red, raw, the right one worse.

Rectum inflamed, in one case; bladder somewhat.

Heart clots; right ventricle contains coagulated blood, and is relaxed, the left contains none, and is contracted; black blood in the vessels.

Alternate vomiting and diarrhœa.

Rapid breathing.

Tired, sad.

Corpse very stiff.

Stomach firmly contracted, as if inflamed, likewise rectum and bladder.

Small black spots on the surface of the lungs.

Black clots in both auricles and right ventricle. On the right side pappy coagulated blood, left side fluid.

Tired, angry.

Rectum contracted, bladder red; dark red urine.

Liver and spleen atrophied.

Very much emaciated within three days.

Muriate of palladium caused according to C. G. Gmelin:— Vomiting of brown Palladium solution, repeated until vomiting of white froth occurs; in one-half hour also diarrhœa occurred, in a dog which was very tired and angry.

With rabbits the coats of the stomach were infiltrated with a reddish serous fluid, a dropsical condition similar to other cases of corrosive poisoning. The inner coat thickened, grayish-brown, easily broken up, scurfy. Rectum very much contracted. Liver and spleen small. On the surface of the lung, small black spots. In both auricles and right ventricle, black coagulated blood. Mucous lining of bladder inflamed. Very much emaciated after a dose of 15 grains when found dead on the morning of third day. Bladder contained dark, blackish-red urine, without a trace of Palladium.

With dogs the heart, on being opened after sudden death, was still a little sensitive, the cavities contained fluid blood dark red, in the right side, bright red in the left. Death occurred in one minute after injection; on opening the body two

minutes after, the heart no longer contracted in response to a stimulus; in the right side, dark, pappy coagulated blood; in the left side, fluid and scarlet. Lively peristaltic motion of intestines two minutes after death; voluntary muscles contracted. When stimulated, the heart did not react.

On opening the body two minutes after death, the heart did not in the least respond to stimulus (as in second case), the voluntary muscles however contracted, and peristaltic motion continued. The right heart was filled with black blood, which contained many small, red lumps; very little scarlet blood in the left heart.

PREPARATION.

While Platina has furnished implements to the chemist which are indispensable, Palladium has been made use of for mathematical instruments used particularly by astronomers, on which very fine lines must be rendered visible. Palladium sheet-metal may be obtained from mechanics who work for astronomers, and may be distinguished from Platina sheet-metal, by heating and evaporating upon it a drop of alcoholic solution of Iodine, which leaves a black stain on the Palladium, but does not affect the Platina. If the metal-sheet is heated to a red heat the stain disappears, and the metal tarnishes blue while heating.

From this sheet-metal was produced the Chloride, which was still found to contain some silver. The Palladium was however precipitated by Natron and sugar, precisely as it is done with Platina. This method is not given in the text-books; it was reasoned out by analogy. L. Becker in Philadelphia, was the first chemist who prepared Palladium in dust form in this way.

After carefully washing the salt and drying the dust, 1 grain was triturated with 90 grains of milk sugar, and so on. The 3d trituration was used for provings, the 4th and 6th to the 30th, in practice. Although it was to be supposed that the symptoms of Palladium would have similarity with those of Platina, the similarity in the beginning of the provings was by far too great. In as much as the Nickel used by Hartlaub in his late provings, was supposed to have contained Kobalt,

which was chemically quite probable, it was resolved to sacrifice the remaining Palladium for experiments which would determine whether Platina had been contained in the sheet-metal and had adhered to the solution. The experiments were made by Dr. Zumbrock, whose report is as follows: The Chloride of palladium from which the precipitate was obtained, was dissolved in water with an addition of Muriatic acid; a solution of Muriate of ammonia did not occasion a precipitate; this proved absence of Platina. The Palladium solution was carefully neutralized with Carbonate of soda, precipitated with Cyanide of mercury, the precipitated Cyanide of palladium washed out with water, heated to a red heat, dissolved in Nitro-muriatic acid, evaporated with one and a half times the quantity of Chlorate of potash, with an addition of some Nitro-muriatic acid; the dry residuum of double Chloropalladic-potash was washed in alcohol, which was free of Proto-chloride of copper and potassium; Ammonia and Ferrocyanate of potassium did not show copper in it.

The Palladium powder was obtained in the following manner. A fourth part of the Chloride was dissolved in water and gently heated, twelve parts Carbonate of soda and one part sugar were added, and the heat kept up until all the Palladium was precipitated; the precipitate was washed and dried. This precipitate was once more dissolved in Nitro-muriatic acid, and examined in the above described way for Platina and Copper. The results were as before, negative. Our Palladium was pure and free from Platina.*

PROVINGS.

No. 1. C. HERING. *April 5th*, 1850. While triturating, and soon after, a pressure is felt on the right side of the forehead in the boundary line of the hair covering a spot the size of a finger tip, and lasting from half an hour to an hour; the sensation is that of a cooling or slightly burning pressure, and is quite new. Sudden stinging pain in the metacarpal bone of the middle finger on the left hand, at noon. First a hard,

* The first three centesimal triturations have been deposited with Boericke and Tafel.

then a mushy thin stool with protusion of the anus, at 10 P.M. Strong inclination to use forcible language and violent expressions.

April 6th. Several of the above symptoms were repeated.

April 7th. Last night again severe pain deep in the left hand, burning and boring, as if shattered; it wakes him. Toward morning, somewhere in the left side (forgotten because it disappeared on turning), a peculiar pain never experienced before. Unusually sleepy in the evening while riding in the carriage and seeing patients, not after coming home. Feels heavy, tired in the limbs, inert and undecided in the morning.

Sensation in left arm as if it were "going to sleep." Frequent passage of small quantities of odorless flatus. Slight *co-ryza*. Pain in rectum with a retained stool, no urging to stool.

At 11.30 A.M., took a teaspoonful of the black water obtained from washing out the mortar after making the first trituration. In half an hour very painful dullness in the head, stitches running to and fro in the left side of the head; sudden twitching in the right wrist and metacarpal bones; the pains in rectum increased until 1 P.M., just before dinner, when a soft stool occurred and the pain ceased. Feels worse in the afternoon. Violent pain like a digging with the end of a stick in right side, two or three inches to the right of the epigastrium, where the eighth and ninth ribs ascend to the sternum; then pressing pain under the ribs, left side. Slight inclination to stool as if diarrhœa would set in, while walking on the street toward evening. While walking it seems to him as if he had grown much taller; the feeling recurs repeatedly; Platina had not been in his mind, the similarity did not occur to him until later. The symptom did not return later, either in lying down or walking.

Dullness in occiput lasting the entire evening. Felt a burning and itching on a small spot on the right side of the face, already in the morning, he now feels the same thing in the left groin in the evening. Frequently passes small quantities of wind. Increased urging to urinate, he passes more, but not often. Very tired when walking, he reels on coming into the room. Burning in the nose as from horse-radish, followed by a watery discharge.

April 8th. Thin stool, with quick and violent urging, as if diarrhœa would set in. Left arm still feels as if "gone to sleep" at 11 A.M.; lasts half an hour. While sitting still, constant painless twitching which crooks the fingers, particularly the index-finger; until 12 o'clock. Frequent painful pressure in the cardiac region, and low down in the left chest, occurring at intervals. Constricting sensation in right side of head, at 12 o'clock; through the entire inner head left side, at 1 o'clock. The numbness in arm passed off in the evening. The right corner of the mouth pains as if sore. Edges of eyelids feel dry.

April 9th. Time seems longer to him, as often as he looked to the clock, less time had passed than he expected. Dryness of fauces and tongue; the tongue looks redder in the middle; no thirst in the morning. The corner of mouth continues sore.

Took another swallow of the rinsings at 9 A.M. Burning and itching on a spot below the point of the right shoulder-blade, also on various places on the right thigh and leg. For several days two pimples on the scalp behind the left ear, running a slow course. Eyes dry and itching nearly every evening, rubs them, without giving relief; short, violent stinging pains in the metacarpal bones and thumb of the left hand. Again ill-humored, drowsy and lazy in the evening. After a stool with much pressing, sense of fulness in the anus, in the evening. All stools but one on the 8th, since the proving commenced, occurred in the afternoon or evening.

April 10th. Frequent passages of unusually small and short flatus. The drowsiness and fatigue return later every evening; he is very much exhausted, disinclined to work, he lies down and goes to sleep if he can.

Itching over the whole body while undressing, in the evening, small pimples on various places, particularly back of the left ear, painfully sore. He thinks he notices a marked diminution of growth in his beard.

April 11th. For nearly a week he has had the same kind of dream every night, he always remembers it in the morning—of houses, buildings, in which he was or beside which he stood,

often as if he stood at a window, walked up and down staircases, through various apartments, etc. Since several days, and particularly noticeable to-day, is a sensitiveness of the second left upper incisor, and a feeling as if it were a dead foreign body. Very painful contraction of several muscles on the right side of the neck, felt several times since the proving commenced. Several small vesicles clear as water, on the edge of the lower lids. Itching pimples in the whiskers, left side, in the evening.

April 12th to 15th. Erections every morning, but none in the evening and at night, even none from excitation. Aversion to beer. Frequent headache, as before, inwardly, in places the size of an apple or a fist, or dull crooked stitches. The right arm and hand often get numb in the night. Frequently hawks up small solid lumps of phlegm, which he must swallow.

In the third week a slowly ripening pimple above the tip of the nose, which bled for a long time after the pus was squeezed out.

No. 2. MRS. MARGARET C. *June 16th.* Took three drops of the 4th, at 6.30 A.M. Noticed no symptom until 6 P.M. After a walk. dull heavy pain in left eye and in back part of orbit, lasting one hour, grew severer in spreading over forehead and vertex, then disappeared.

June 17th. At 5.45 again took three drops. Toward 8 o'clock after a walk, pain in right eye, temple and around the ear. During dinner, pain in right temple near the eye. Slight unpleasant sensation around the left eye.

June 18th. Four drops at 5.30 A.M. Bellyache before rising, afterwards pain in right temple. At 7.30 while walking, rheumatic pain in right hip. At 9.15 pain in right thumb, then in forefinger, first in right then in left temple, in right shoulder and arm, then again in right temple. Some pain in small of back extending over the right thigh, then pain in right wrist, in left hip, right hand and right lower jaw. After a walk at noon, pain in right temple and right arm. The pains change place so quickly, and at times are so transient, they are hard to describe. The pain return oftenest to the temple, and remains there longer than anywhere else.

June 19th. At 3 P.M., overpowering sleepiness lasting for one hour, passes off with pain in left temple. With this the symptoms closed. Motion seemed to aggravate all symptoms. After all symptoms had vanished, she took six globules of the 5th, then of the 6th, for three mornings, without experiencing anything more. The proving was commenced a day after her catamenia had ceased; the following menstrual period came several days sooner.

No. 3. The same prover took at 6 A.M., on July 12th of the same year, another four drops. At 7.30 A.M., while walking in the open air, dull pain in the temple and orbit; dull gnawing pain in left hip. At 10 A.M., while walking, pain around the left eye extending beyond the right eyebrow. After sitting a while, "congestion" in right side of chest. Very marked tension in the temples. Pain in right wrist extending into the forearm. Pain in temples and on the vertex, lasting several hours. Took another dose before retiring. On the following days she has a sensation as if the articulating ends of the thigh bones expanded or were pressed out of their sockets, especially on the left side; she did not notice it while walking, but when pressing down as if for a stool.

No. 4. DR. C. G. RAUE. *April 8th*, 1850. Took one dose of the 3d trituration in the morning. Day somewhat cloudy. Painful drawing in the neck and shoulders, and down the left arm; of short duration. A fluttering pain in "cautiousness" right side, between a stinging and pressing, passes off when touching it or fixing the attention upon it.

April 11th. Second dose. Pressing pain in region of left kidney, as if the urine had been retained too long; worse while sitting; pressure does not aggravate but rather relieves it, but it gets worse afterwards. Frequent urging to urinate; aching in the bladder. Aching along the edge of the ribs and the diaphragm. Though usually tired in the evening, feels mentally "gone;" is very awkward in speaking English, it is too much trouble, he is tired of it. Pain in kidney very marked toward evening.

April 12th. Pain in left trapezius muscle, as from lying on it too long, worse when turning the head to the left. While sitting, still some pain in left kidney.

April 13th. A vesicle on the inside of the under lip near the left corner.

April 14th. A deep-seated pimple on the right cheek near the wing of the nose, red, not painful (does not come to a head). A few lightning-like stitches in the right shoulder, almost making him scream. Stitches in right chest in the region of the nipple, running deep in, worse from taking a deep breath. Drawing pain in left forearm, as if lame, more on the radial side. While walking in the open air, the stitches in the chest and the lameness in the arm disappear, but he feels an aching in the left groin at every step. On returning to the room, again painful drawing in the right shoulder and fleeting stitches on the inner side of the collar-bone.

April 15th. Third dose, in the evening. A pimple on the right side of the neck which has been there several days, begins to itch and burn. A pimple beneath the right eyebrow near the canthus, burns and bites when touched. Rheumatic pains in the right shoulder, in the evening. In the afternoon dull pressing backache, as from sitting up stiffly too long. Stool no longer daily, but every other day.

April 17th. At the approach of a stool, dull stitches or dull aching twitches in the left side of the rectum. Stitches through the bladder and painful weakness. The dull stitches in the rectum return in the evening.

April 18th. Pimple on back portion of the right zygoma.

April 19th. Pimple in the same place on the left zygoma.

April 20th. On bending the body forward while sitting, flying stitches from the middle of the chest in the direction of both shoulders. Very tired in the evening. Nearly all symptoms appeared toward evening or were more perceptible then. Frequent urination; the bladder feels full, and yet but little urine passes.

No. 5. MR. OSCAR TIETZE. *April 10th, 1850.* 9.30 A.M., three hours after breakfast took a dose of the 3d trituration. Is troubled at times with symptoms of tape worm. Palladium seemed to have a special effect upon it. Sensation as if the abdomen was enlarging, very soon. Several stitches in the left side, in the region of the hip bone, but more inward; in

the intervals a peculiar pain as if air bubbles pressed forcibly upward through the intestines. Tensive pain in right knee, of short duration. The stitches and the peculiar feeling in the intestines returned, and extended to the right side. After 11 A.M. Transient pain in the lower portion of the intestines on the right side, as if the testicles were squeezed. Several times tasteless eructations between 10 and 11 A.M. Sensation as if he were getting a stiff neck, especially on both sides, above the first dorsal vertebra; immediately after in the lower portion of the scapula, and at the same elevation in the spinal column, a pressing pain as if a dull object were being slowly pressed against the spine. This is followed by a repetition of the stiffness in neck. Peculiar pain in throat when swallowing, as if something were hanging in the region of the hyoid bone, as if bread crumbs had lodged there; the pain disappears for several minutes, then returns suddenly, while the muscles of the throat are in a passive state, a disagreeable, tickling sensation, as if an awn had lodged in the throat. About an hour later, after a meal, the above-mentioned stitches returned, but were of short duration. It returned several times, first on the left side, then less severe on the right. Often but single stitches, or, more accurately, bites, as if an animal were snapping and tearing off little bits from the inside. The sensation of discomfort in the throat also returned. Pressing in the supra-sternal fossa. Tearing in the legs, isolated short stitches, as if proceeding from little pimples; neuralgic pains in the body, here and there. Flatulency and distension of the abdomen. Stitches through the urethra to the glans. Pressing in the bladder, as if it were full of urine. Small stitches above the knee, like flea-bites. Itching of the eye-lids, has to rub them, more left than right side. Sensation as if the intestines were strangulated and twisted in different directions, more in the upper than lower portion. Frequent passage of flatus. Stitches in the fingers, first left then right. Painful stitches in the left side, followed by cutting, more right than left side, almost unbearable, lasting some minutes; returns after a short interval and lasts longer. Frequent urination during the day; frequent urging and scanty discharge.

Second day. Stitches in the abdomen. Copious urination.

Third. Unpleasant sensation in the groins, painful to pressure, feels as if emptied of viscera. Urging to urinate, and scanty discharge remain. The prover had no symptoms of tape worm for more than a year afterwards.

No. 6. DR. PEHRSON. *April 25th.* 9 A.M. took one drop. Soon after, several times eructations, the last one leaving a sourish taste in the mouth. An hour later, dullness in frontal region, as if a heavy load were lying on the brain; each expiration is accompanied by the feeling as if this load were pushed forward from the occiput to the forehead (It occupies more the central portion of the brain, the temples are free). In an hour and a half the pain had reached its climax, abated gradually, and was all gone in three hours.

No. 7. DR. J. R. COXE made the following provings with the 3d trituration:

A. S. C. S., a woman, æt. 29, took a dose at 10 P.M., Nov. 16th.

In one minute, light, transient pain in the left of the vertex. In ten minutes, tickling in the right shoulder, itching on the inner side of the left ankle, on the inner side of the right thigh, on the right elbow, and more on the back of the neck, in the left eye-brow, and in the left arm.

7 A.M. next day, she took another dose. She had a dreamy headache, more in the upper and back part of the head, different from the headache she had in the last few days. She is in a disagreeable mood, feels as if she could not bear or put up with anything, without anything having occurred. The child is the only one with whom she is not impatient. At dinner (1 to 2) pain in vertex, a violent pressure, causing a numbness, as from great heat or cold. Between 2 and 3 P.M., something similar to a flea-bite on the right side above the lip, also on left nostril, and on various places on the body and head. The headache became severe, she had to lie down. At 2.30 P.M., violent throbbing throughout the body, preventing sleep for a long time. She felt as if her head were being swung to and fro, from behind forward, not from side to side. Slept one hour, then the headache was better. In the evening she went

to church, and walked home rapidly, when the menses re-appeared, as they had done often after exertion; it was the seventh day since they had commenced, and since 36 hours there had been nothing visible. Took another dose at 10 P.M. At 1 A.M., itching above the left zygoma, about the eye and nostril, later also in right side of face, near the eye, and on the side of the head. On the third day she had her usual headache, which appears from exertion during the menses. The recurrence of the menstrual flow may be attributed to the medicine, for it is of a different character than that which usually occurs after exertion, it is more like clear blood. Pain in the abdomen, particularly in region of spleen.

Fourth day, 6 A.M., after the sixth dose. Headache, making her irritable and impatient; she feels as if it would do her good if "she could knock somebody's head off," but is able to control herself. Inclined to be pert, and makes faces like a savage. The menses continue, but less copious, and watery.

Fifth day, 8th powder in the morning. Twitching pain in left hip joint, during the morning. At 2 P.M. she lies down, falls asleep and wakes with a start. The head, which ached in the forenoon, is better, and the hip no longer pains. She slept another half hour before dusk, which completely relieved the headache. Sat three hours in church, in the evening, listening to a tedious sermon and dull exercises, which gave her a pain in the back, but no headache. This, another time, would not have failed to come. Pain in uterus or region of bladder, and during the night in the back across the hips, the latter perhaps occurred because the child was restless. She was anxious about it, but not impatient. At 2 A.M. pain in the cardiac region.

Sixth day. In the morning headache, weak back, pain above the left knee, extending from there into the chest.

Seventh day. Soon after rising, between six and seven o'clock, most violent, sharp, knife-like pains in the lower portion of the abdomen; she seldom had anything similar. It was so severe that she could not hold the child, but passed off after a passage. Two slight attacks after breakfast, with inclination to stool; nothing passed, however, but wind. Pain and

soreness in the liver. Insupportable headache. Averse to making any exertion. She feels as after taking mercury and afterwards magnesia, as she has sometimes done, but this may have been caused by the exertion. In the evening, violent, sharp headache and neuralgia, left side. Took *Nitric acid* without relief.

b. M. I. C. took 2 grs. daily for six days. The first dose at 10 P.M. At 7 A.M. on the following day, crawling over the entire back and thighs, as from fleas, accompanied by itching; disappears when scratching, but soon reappears in a neighboring place. Within 36 hours it had become very troublesome, lasted during the entire proving and two days after stopping the drug. One day observed small elevations here and there like a nettle-rash, red on a base whiter than the skin. Of a constipated habit for years, the stools now became soft and remained so until after the proving, when again constipation as before. Slight fullness in forehead and a sensation as if the brain were being shaken; lasted for 36 hours, but was not unpleasant.

c. S. A. C., æt. 10. Took 2 grs. daily for five days. Some headache; sensation of roughness on the forehead and slight itching, off and on for two days.

d. D. C., æt. 15. Took 2 grs. daily for four days. Crawling as of fleas, and itching on various parts of the body, on the back, arms, abdomen, thighs and ankles. Stool more frequent and softer. Continues two days after stopping.

e. L. L. C., æt. 13. Took 8 grs. within four days, without noticing a symptom.

f. I. R. C. Took a grain daily for eight days. Slight numbness in the right forearm, extending to the fingers, from 3 P.M. 7th day until evening of the 11th.

Dr. C. Neidhard. Mrs. N., a nursing mother, took 1 gr. between 3 and 7 A.M., two days before she expected her catamenia, which occurred through the period of nursing. In the afternoon, dull aching and heavy feeling across the forehead and over the eyes; the lids felt heavy; for about an hour aching through the limbs as if beaten, with a feeling as if the menses would appear; both symptoms diminished in the even-

ing without entirely disappearing. The child was irritable; frequent stools, followed by slight colic. Next morning again heaviness over the eyes and in forehead. She took a cold bath which she had not done for a long time. As if beaten in the muscles of both arms and shoulders to the elbows; improved in the evening; the menses did not appear.

CURES.

1. At my advice to give *Palladium* where *Platina* seemed to be indicated, but did not help on account of its non-accordance with the mental symptoms, Dr. Williamson prescribed a dilution of the 4th centesimal trituration for a girl, æt. 20, robust, blooming and intelligent, who for a long time had been treated unsuccessfully, and had also received *Platina*. Beside a constant tired feeling in the small of the back, she complained of a bearing down and pressing out feeling in the right ovarian region, only relieved by rubbing. Yellow leucorrhœa. In the right groin feeling of inward soreness; she has to keep the right thigh drawn up, otherwise it feels as if something would tear. Mental and physical exercise, walking and being in company, aggravate the symptoms; she is particularly worse after a musical evening. She received four doses of the 4th and improved considerably. The thin, yellow leucorrhœa became white and thick. Six weeks later she received four more doses, one to be taken every ten days, after which she remained cured.

2. The symptom of bearing down and pressing out in the ovarian region, relieved by rubbing, was found in a married woman, who had not received *Platina*. She had the marked mental symptom that everything that was said or done to her irritated her to such a degree that she trembled and changed the expression of her face and eyes as if she were going crazy. Dr. Williamson gave her *Palladium* and she got well.

3. In uterine and ovarian troubles, especially in prolapsus, if accompanied by pain in the left hypochondriac region and groin, I have for years given *Argentum metallicum*, but when the pains went over to the right side *Palladium*. In the cases which it helped, love of approbation predominated instead of

the pride of *Platina*; according to this symptom the cases were distinguished.—C. Hg.

4. Mrs. W., a married lady, æt. 30, who had not become pregnant in 7 years, reported her symptoms by letter. Swelling and hardness of the lower portion of the abdomen, right side. Feeling as if beaten, and sometimes shooting pains from the navel to the pelvis: all on the right side; sensation of a heavy load and pressure deep in the pelvis. It began with a spot in the right groin the size of a dollar, very painful to touch; now the whole right side of the lower abdomen is just as painful. Transparent, jelly-like leucorrhœa since several years, worse before and after the menses. Urine dark, with a sediment like red sand or staining the vessel red. Constipated; stools often whitish. Complexion sallow, blue half-circles under the eyes. Dyspeptic symptoms after eating. Constant pain in back and right hip. Cold extremities. Headache only after drinking coffee. Feels worst when standing, best when lying down on the left side. All symptoms much worse after exertion. Took *Apis* without much effect. *R. Pulladium*. The following day, Feb. 11th, much worse. Got up with severe pain in the right side, which is much distended; lasted until 5 P.M. By that time crampy, colicky pains with constant belching had become unbearable; she could only endure them by lying quietly on the left side. Sneezing, coughing and urinating made the pains much worse. Urine cloudy but not dark. Feb. 12. She is better, but had considerable colic-pain at 3 P.M. Lying quiet on the left side relieved. Had cold hands and feet; constant chilliness. Urine looks like blood and water. Feb. 13. Better during the day, but had an unpleasant sensation in the genitals. Nausea in the evening; after going to bed violent pain in the abdomen and cramps in the legs; she could not possibly turn in bed; lasted over an hour, and was worse than ever; relieved by hot, wet cloths. Feb. 14th, better. At 6 P.M. sour eructations, crampy pains in chest back and abdomen. Milky sediment in the urine. Feb. 15th and 16th, much improved. On the 17th felt well until 7 P.M., then sour eructations, pain and soreness in the abdomen with bearing down. Vom-

iting of undigested food. Chilliness relieved by warm cloths. Milky sediment in urine. On the 18th, occasional sharp, shooting pain in abdomen; less swelling. On the 19th, at 3 P.M., flatulency; shooting pains and soreness in the abdomen, distension of the abdomen, thirst, urine cloudy with a milky sediment. Feb. 22d, menses appeared without the usual pain; still distension of abdomen. Feb. 27th, menses ceased without pain. March 8th, abdomen still distended but painless; only a little sensitive to pressure. March 26th, quite well. Less leucorrhœa than for years. Distension almost gone; only very little sensitive. Urine normal. Menstruated at the right time and without pain.—DR. A. LIPPE.

PALLADIUM.

PROVERS.—C. A clearheaded intelligent young lady of quiet disposition. C. Hg. The author. R. Dr. C. G. Raue. O. T. Oscar Tietze. P. Dr. Pehrson, of Philadelphia. G. Dr. Geist, of Boston. Coxe. Dr. Coxe's provings were made on six persons, designated a, b, c, d, e, f. All others are mentioned by name, or the symptom refers to some other symptom.

All provers took the third trituration.

I Is the lowest mark of distinction. II Repeatedly confirmed. III Symptoms verified by cures. IIII Repeatedly verified. θ The Greek theta, signifies therapeutic observation.

¹ **Mind.** Extremely fatigued in the evening, feels mentally "gone," is awkward in speaking a foreign language which at other times he speaks fluently; it is too much of an exertion, he is tired of it.—R.

Time seems longer to him, as if it contained more; when he looks at the clock far less has been spent than he expected; 6th day.—C. Hg.

When walking in the street in the evening it seems to him as if he had grown longer; 3rd d.—C. Hg.

IIII Great inclination to weep. θ Prolapsus uteri.

II They set great store on other people's opinion, and attach great importance to what other's think, hence they are very excitable in company and their complaints are worse next day.—C. Hg.

|| Apprehension as if something horrible would happen.

Undecided, in the morning.

■ She imagines herself neglected; ■ wounded pride.

θ Hysteria.—Guernsey.

Irritability, in the evening.

Irritable and impatient, from headache.

Very impertinent, makes a face like a savage; 4th d.—Coxe, a.

■ All you say or do to her puts her out of humor, she trembles, her face changes expression, her eyes too, as if she were going crazy.—Williamson.

Greatly inclined to use strong and violent expressions.—C. Hg.

Could “knock people’s heads off;” with headache.

Disagreeable mood; as if she could not bear or brook anything; 2nd d.—Coxe, a.

■ She tries to appear as amiable as possible, but is very obstinate.

■ Depressing news makes all her symptoms worse.—C. Hg.

■ Mental excitement, particularly company, also walking aggravates her troubles in the right ovary and groin; she is particularly worse the day after a musical evening or party.—Williamson.

When fixing attention on it, headache disappears.

■ My guides were the mental symptoms; when they corresponded it did much good.—Lippe.

² **Sensorium.** Is so tired that he reels on coming into the room.

² **Inner Head.** Sensation as if the head were swung from behind forward; as if the brain were being shaken.

Painful dullness in head with darting to and fro in the left side of it; at noon.—C. Hg.

Dullness in occiput in the evening; 3rd d.—C. Hg.

Dull sensation in forehead as if a weight were lying in the brain; each expiration is accompanied by a sensation as if this load were pushed from the direction of the occiput toward the forehead; it occupies the central portion of the brain, the temples are entirely free;

began an hour after taking, reached its climax in half an hour, commenced to decrease and had abated in 3 hrs.—P.

Headache in spots the size of a fist, or a dull crooked stinging; 2nd w.—C. Hg.

Constricting sensation in right side of head, at noon; at one o'clock a different pain in left side of head extending through entire head; 4th day.—C. Hg.

On right side, on boundary of brain, a cooling or slight burning sensation, and pressure as from finger-tips; immediately.—C. Hg.

In "cautiousness" right side a fluttering pain, between a stinging and pressing, disappears when touching, or fixing the mind upon it.—R.

Fullness in forehead, as if the brain were shaken.—Coxe, b. Sensation of roughness on the forehead.

Pain first in right then in left temple, then in shoulder and finally returning to temple.

Pain in right temple after rising, preceded by bellyache.

Pain in left temple, after drowsiness.

Pain in right eye, temple and region of ear, at 8 A.M. after walking; 2nd hr. and 2nd dose. At dinner, one o'clock, pain in right temple near eye; at the same time an unpleasant sensation in left eye.—C.

Pain in right temple and arm, after walking at noon.—C.

The pain in temples returns oftener and lasts longer than the other pains.—C.

Dull pain in left temple and orbit while walking in the morning; after 1 hr.—C.

Perceptible tension in temple, in forenoon.—C.

Pain in temples and vertex, for several hours in the forenoon.—C.

The pain in eye extends to forehead and vertex.

Pain to the left of vertex; at dinner it is in the vertex, a violent pressure, produces numbness as from extreme heat or cold; 2nd d.—Coxe, a.

Dreamy headache in vertex and occiput, toward morning; 2nd d.—Coxe, a.

Pain in vertex and temples, in the forenoon.

■ Headache across the top of his head from one ear to the other.—M. M.

The headache got worse in the afternoon, she had to lie down; could not get asleep for a long time; violent throbbing in the body; sensation as if the head were swung to and fro from behind forward; better after sleep; 2nd d.—Coxe, a.

Headache which makes irritable and impatient; she could “knock people’s heads off;” 4th d.—Coxe, a.

Headache better after sleep, in afternoon and towards evening; 5th d.—Coxe, a.

Headache only after drinking coffee.

Tedious evening sermons fail to produce headache; 5th d.—Coxe, a.

Headache and weak back in the morning; 6th d.—Coxe, a.
Severe acute headache like neuralgia in left side, 7th d.—Coxe, a.

Headache is worse in the afternoon; pulsations over the whole body; he feels as if the head were shaken to and fro from behind forwards; better after sleep.

‘ **Outer Head.** Sensation of roughness on forehead and slight itching; several days.—Coxe, c.

Itching on sides of head.

‘ **Eyes.** Dull pain in left orbit.

Dull heavy pain in left eye and back of orbit, in the evening after walking, for one hour; after disappearing pain spread with greater intensity over forehead and vertex; after 12 hrs.—C.

Pain in right eye, temple and region of ear.

Pain in left orbit and temple.

Violent itching on left eyebrow.

Pustule under right eyebrow near the canthus, burns and bites when touched; 5th d.—R.

Pain around left eye extending beyond right eyebrow, while walking; at 10 A.M.—C.

Disagreeable sensation around left eye.

Dryness and itching of the eyes in the evening, which is not relieved by rubbing; from 5th to 7th d.—C. Hg.

Itching of lids, has to rub them, worse on left side.—O. T.

Dryness of edges of lids; 4 to 6 days and later.—C. Hg.

Small watery blisters on edges of lower lids; 7th d.—C. Hg.

Itching in the face, first left eye, zygoma, alæ nasi then right side extending close to the eye.

■ Sallow complexion, blue half circles under eyes, with ovarian troubles.

6 Ears. Pain in head just above and behind the tip of the right ear.—M. M.

Several acutely sore pimples back of left ear; 6th d.—C. Hg.

Pimples behind and above left ear; 5th, 6th, 7th d.—C. Hg.

7 Nose. Slight feeling as of having taken cold in nose during day; in evening burning in nose, as from horse-radish, followed by running of water; 3d d.—C. Hg.

When sneezing and coughing, pain in abdomen.

A deep-seated red pustule on right cheek near wing of nose, neither painful nor coming to a head; 4th d.—R.

Painful pimple on point of nose ripening slowly; after being squeezed it bleeds for a long time; 4th d.—C. Hg.

8 Face. Burning pain on a small spot on right cheek-bone necessitating rubbing; after 15 min.—G.

Burning itching on a small spot on right side of face in the morning; very severe in left inguinal region in the evening; 3rd d.—C. Hg.

Itching pimples in the face, on the nose, behind the ears.

Pimple back of right zygoma, 8th d.; on same place left side, 9th d.—R.

Itching pimples in whiskers left side, in evening; 10th d.—C. Hg.

Growth of whiskers is noticeably slower.—C. Hg.

9 Lower Jaw. Pain in right lower jaw.

Pain in back part of left lower jaw near the articulation; in 25 min.—G.

Constricting pain in left articulation of jaw, with fine pains in the epigastrium; in 1 hr.—G.

Itching on upper lip, right side, and on left wing of nose. Pimples on inside of lower lip, near left corner; 3d d.—R. Right corner of mouth sore and painful; 4th to 7th d.—C. Hg.

- ¹⁰ **Teeth.** Sensation as if the upper incisors were elongated and projecting, interfering unpleasantly with the under lip; lasting 24 hrs.—P.

Left upper and outer incisor is sensitive and feels like a foreign body; 5th to 7th d.—C. Hg.

- ¹¹ **Taste and Tongue.** Taste slimy.

Burning sensation on surface of tongue near tip, also in left ear and on various places in face, in 80 min.—G.

Middle of tongue redder, in morning; 6th d.—C. Hg.

- ¹² **Mouth.** Much tough mucus in mouth, and slimy taste returning after repeated and careful rinsing; 2nd d.—P.

- ¹³ **Fauces and Throat.** Dryness of fauces and tongue without thirst.—C. Hg.

Peculiar pain in throat; sensation when swallowing as if something were hanging in the neighborhood of the hyoid bone, or as if a bread-crumbs had lodged there; disappears for some minutes, then suddenly returns; felt at noon and again after dinner.—O. T.

Disagreeable tickling as if a crumb were lodged in throat, even when the muscles of the throat are inactive.—O. T.

Frequent hawking of small solid lumps which he must swallow; 1st w.—C. Hg.

- ¹⁴ **Thirst.** No longer any desire for beer; 2nd w.—C. Hg.

- ¹⁵ **Eating and Drinking.** At dinner, headache.

After drinking coffee, headache.

- ¹⁶ **Nausea and Eructations.** Nausea, in the evening.—Lippe.

Tasteless eructations, repeatedly; in forenoon.—O. T.

Belching of wind, finally acid taste.—P.

Acid eructations, with spasmodic pains in chest, back and abdomen, at 6 P. M. Ovarian troubles.

Eructations which do not relieve; in headache.

- ¹⁷ **Stomach.** Derangement of stomach. Ovarian troubles.

- ¹⁸ **Epigastrium and Hypochondria.** Pressing pain in epigastrium; in 30 min.—G.

Pressure in epigastrium; in afternoon.—O. T.

Aching along the edge of the lower ribs.—R.

Pain and soreness in the liver; 7th d.—Coxe. Comp. whitish stools.

Pain in left hypochondriac region, soon followed by belching and relief of pain; in 25 min.—R.

Pain in region of spleen.

19 Abdomen and Groins. Sensation as if the intestines were strangulated and twisted in different directions, more in lower than in the upper portion.—O. T.

Crawling sensation in abdomen.

Bellyache in morning before rising, followed by pain in right temple.—C.

Shooting pain from navel to pelvis.

Painful stitches in left side of abdomen, followed by cutting, more right than left side, almost unbearable, lasting for minutes, returns after intervals and lasts longer.—O. T.

Stitches in left side, near hip-bone, but more inward; in intervals peculiar pain as if air bubbles pressed forcibly through intestines and passed upward; forenoon. Repeated several times an hour after dinner, first in left then less marked in right side. It somewhat resembles bites, as if an animal were snapping and tearing off small portions from the inside. The stitches return next day in forenoon, and extend to right side.—O. T.

Violent sharp pains, like knives, in lower part of abdomen, she could not hold the child; disappeared after a stool, but returned after breakfast, with urging to stool, nothing but wind was passed; 7th d.—Coxe.

Violent cramp or colic in abdomen, principally right side, insupportable, accompanied by constant eructating; can only be borne by lying very quietly on left side; worse from sneezing, coughing and urinating, and in afternoon; returning next day at 3 P. M.; relieved by external warmth; cold hands and feet; constant chilliness; urine like blood and water mixed; after getting into bed cramps in legs, she could hardly move; cloths dipped in hot water relieved.—Lippe.

Unpleasant sensation in the flanks as if the viscera were gone, painful to pressure and when contracting abdominal muscles.—O. T.

■Soreness in abdomen and pressure downwards. With ovarian troubles.

Pain as if beaten in lower portion of the abdomen, right side.

Sensation as if abdomen were swelling; in forenoon soon after taking the drug.—O. T.

■Swelling and induration in right side of abdomen. With ovarian troubles.

■Anxious sensation in right groin and internal soreness; has to keep the thigh flexed.—Williamson.

On a small spot on the left groin very severe burning itching.

With every step it hurts in left groin; 4th d.

Stitches in groin; 2nd d.—O. T.

Transient pain in the lower intestines, right side, with sensation as if the testicles were bruised; near noon.—O. T.

■Anxious feeling and internal soreness in right groin, has to keep right thigh flexed, otherwise it feels as if the parts would tear.—Williamson.

Stitches in left side, near the hip-bone, but deeper in.

²⁰ **Rectum and Stool.** Flatulency with distension of abdomen.—O. T.

Frequent passage of flatus.—O. T.

Frequent desires to pass wind; they are unusually small and scant; during one week.—C. Hg.

Frequent soft stool.—Coxe, d.

Soft stool, with a costive person.—Coxe, h.

Diarrhœa with very little pain, night and day; cured by *Cinchona*.

Stool at 10 P.M. 1st d., hard then pappy; copious 2d d. at noon; in the morning 3d d. thin with quick violent urging as if diarrhœa would set in.—C. Hg.

■Costiveness, stools often whitish.

Stool no longer daily but every other day; 5th d.—R.

Stool in afternoon or evening instead of morning.—C. Hg.
Dull stitches felt at the approach of a stool; dull aching twitches in left side of rectum; morning 7th d.—R.

Better after stool, knife-like pains in uterine region.

Dull pains in rectum, as from too long retained stool, but without urging; increasing at noon; 3d d.—C. Hg.

- 11 Urinary Organs.** Pressing pain in region of left kidney, as from retaining urine too long, worse when sitting, disappeared from pressure but becomes more prominent afterwards; 1st d.; felt somewhat the 2d d. while sitting.—R.

Stitches through bladder and painful weakness in it; 7th d.—R.

Pressing in bladder as if it were filled.—O. T.

Frequent urging to urinate and aching in region of bladder.—R.

Frequent urination, and pressure in bladder, even when but little urine passes.—O. T.

Frequent urination, bladder feels full, and but little urine passes, lasting a long time.—R.

Frequent micturition; 2d d.—O. T.

Urging to pass water frequently but passes little at a time; lasting for many days after.—O. T.

Stronger urging to urinate, and passes more, but not often; 3d d.—C. Hg.

Worse when urinating, cramp in abdomen.

Stitches running through urethra to glans.—O. T.

Urine like blood mixed with water; with colicky pain in abdomen.

Dark urine with red sandy deposit or staining the vessel red.

Urine turbid, not dark.

- 12 Male Sexual Organs.** In the evening and at night no proper erection could be obtained; erections however in morning which had not occurred previously; 2d d.—C. Hg.

The testicles feel bruised, with pain in abdomen.

Extending to the glans penis, stitches in urethra.

23 Female Sexual Organs. ■■ Affects principally right ovary.

Swelling in the right side of the abdomen (ovary).

■ Swelling and induration of the right ovary, with soreness and a shooting pain from the navel to the pelvis.

■ Right ovary swollen, sore to pressure, with bearing down pains. θ Ovaritis.—Guernsey.

■ A drawing in the right ovarian region downwards and forwards, relieved by rubbing. Two cases.—Williamson.

Unpleasant sensation in sexual parts; heaviness like a load.—Lippe.

Heavy weight in the pelvis, worse when standing, better when lying on the left side. θ Ovaritis.—Guernsey.

Pain in region of uterus and bladder, in the evening after exertion; 5th d.—Coxe, a. Compare worse after exertion.

■ Bearing down.—C. Hg. and others.

■ Weakness and pain with sense of falling in region of the womb, all motions were painful, she could hardly walk or stand.—C. Hg.

■ Symptoms of falling of the womb with weeping mood.—C. Hg.

Right side of abdomen swollen; hard and painful as if beaten, occasional shooting pains from the navel to the pelvis, all on right side; heaviness as from a load, with pressure deep in the pelvis; all gets worse after exertion, feels worse when standing, best when lying on left side.—Lippe.

She commenced the proving directly after the menstrual flow ceased. Next time it appeared several days sooner.—C.

The menses which had lasted five days and had stopped for 36 hours reappeared after rapid walking, were redder and more bloody than usual, 2d. d.; 3rd and 4th d. diminished and watery.—Coxe, a.

■ Catamenia appearing and continuing without the usual pains.—Lippe.

Reappearance of catamenia, with pain in abdomen.

Catamenia appeared later, at full moon instead of new moon, and accompanied by headache and symptoms which were relieved by *Glonoine* and *Belladonna*.—C. Hg.

Pain in abdomen and region of spleen at return of menses; 7th d.—Coxe, a.

■ Less congestion to the head, and some dyspeptic symptoms during the catamenia, which remained too weak.

■ Soreness lasting some time after menses.

■ Yellow leucorrhœa turned whiter and thick, erthen disappeared.—Williamson.

■ Transparent jelly-like leucorrhœa, worse before and after catamenia. With ovarian trouble.

24 Pregnancy. Stitches in right breast near nipple, running in deep; worse when taking a deep breath; 4th d.—R. Sensation as if her catamenia would appear, in the afternoon; a nursing woman.—Neidhard.

■ In a nursing woman who had her menses regularly they failed to appear.—Neidhard.

■ Menstrual discharge while nursing.

25 Larynx to Bronchia. Frequent hawking of small solid lumps, which he must swallow.—C. Hg.

26 Respiration. When making an expiration, sensation as if something were pushed into the head; when taking a deep breath, stitches in chest.

27 Cough. Coughing and sneezing, aggravate pain in abdomen.

28 Chest. Transient stitches on inner side of right clavicle; 4th d.—R.

Stitches from the middle of chest to both shoulders. On bending the body forward while sitting; 10th d.—R.

Violent pain, like stinging with a dull stick in right chest in the ascending portion of the 8th and 9th ribs, 2 or 3 inches to right of epigastrium. Later pressing pain in left side under ribs; afternoon; 3rd. d.—C. Hg.

Stitches in right side of chest through to the back, worse from taking a long breath, better when walking in the open air.

The stitches in chest and lameness in arm disappear while

walking in open air; but every step hurts him in left groin; 4th d.—R.

After sitting slight congestion in right side of chest; forenoon.—C.

In the chest, spasmodic pain.

²⁹ **Heart.** Pressing deep in left chest in cardiac region, comes in spells; forenoon and afternoon; 4th d.—C. Hg.

Pain in cardiac region, at 2 A.M.; 6th d.—Coxe, a.

Pain in cardiac region, with lameness in arm.

³¹ **Neck and Back.** Frequent painful spasm in single muscles on the right side of the neck, particularly in the morning; 7th d.—C. Hg.

Sensation as if the neck were becoming stiff, particularly both sides of the neck above the first dorsal vertebra; then a pressing pain in the lower portion of the scapula and at the same elevation under the vertebral column a sensation as if a solid object were slowly pressed against it; at the same time the stiffness in neck repeats itself; toward noon.—O. T.

Painful drawing in neck and shoulders and down the left arm.—R.

Violent itching in the back of the neck.

Pimple on right side of neck, since several days, burns and itches; 5th d.—R.

In back, spasmodic pain.

Pain in left trapezius, as from bending forward; worse from turning head to the left; 2nd d.—R.

Pressing in lower portion of scapula and in spine.

Burning and itching on a place below and to the right of point of shoulder-blade.

Dull pressing backache in afternoon, as from sitting too long in a stiff posture.

Backache around the loins, from long sitting, and when rising in the night; 5th d.—Coxe.

Crawling on back as of fleas.

Weak back and headache, in morning.

Constant pain in back and hips, with cold limbs.—Lippe.

Pain in small of back extending to right hip.

¶ Tired feeling in small of back.—Williamson.

32 Limbs, Upper. In shoulder and neck drawing pains.

Painful drawing in right shoulder and fleeting stitches on inside of clavicle, in returning to the room; 4th d.—R.

A few stitches quick as lightning in right shoulder, making him cry out; 4th d.—R.

Toward both shoulders, stitches from middle of chest.

Pain as if sprained in anterior portion of right shoulder-joint, painful to pressure; in 15 min.; felt when stretching the arm, dipping the pen in ink, moving small objects, not when writing; in 20 min. and still after 6 hrs.—G.

Rheumatic pains in right shoulder, in evening; 5th d.—R. In right shoulder and arm, pains; before and after in the temple.

Tickling on right shoulder.

Pain in right arm and temple; at noon after walking.

In left arm, drawing downward from neck and shoulder.

Left arm feels as if paralyzed and numb, for several hours in the forenoon; when sitting still, constant painless twitching, which bends the fingers, particularly the forefinger, disappears without experiencing the peculiar sensation with which numbness generally passes off; accompanied by pain in region of heart; does not pass off fully until afternoon; 4th d.—C. Hg.

Sensation in left arm as if it would go to sleep; 3rd d.—C. Hg.

Numbness of right arm and hand at night; 2nd w.—C. Hg.

Crawling sensation in arm.

Violent itching on left arm and right elbow.

Drawing pain in left forearm, as if lame, near radial side; 5th d.—R.

Numbness of right forearm extending into fingers; from 3 P. M. of 7th until 6 P. M. of 11th d.—Coxe.

Pain in right wrist extending into forearm; in the forenoon.—C.

Sudden jerking pain in right wrist and metacarpal bones; at noon, 3rd d.—C. Hg.

Violent pain in right hand, burning and boring inside and feeling as if shattered, he is woke by it, but goes to sleep again, toward morning has a similar pain on left side, but does not remember the spot; 2nd to 3rd d.—C. Hg.

Sudden boring stinging pain in metacarpal bone of little finger of left hand; in several hours.—C. Hg.

Severe, almost stinging pain in metacarpal bones of left hand, including thumb; 6th d.—C. Hg.

Twitching, which bends fingers, particularly forefinger with lameness of arm.

Pain in right thumb, then in forefinger, then in temple, etc. Stitches in fingers, first left then right hand.—O. T.

Limbs, Lower. Rheumatic pain in right hip, when walking; after 7 A. M.—C.

Dull gnawing pain in left hip; in 1 hour, in the morning.—C.

When pressing (as if for a stool), but not when walking, a sensation as if the heads of femurs were forced out of their sockets and expanded, worse on left side; lasted as long as the other symptoms and longer.—C.

Pain as if sprained in right hip-joint on the inner anterior side; in 20 min.—G.

Jerking pain in left hip-joint, during the morning and forenoon; 5th day.—Coxe, a.

Itching on the inner side of right thigh.

Crawling on different places on thigh and leg; 6th d.—C. Hg.

Tearing pain in legs and occasional short stitches, as from little pimples.—O. T.

Pain above left knee, extending from there into the chest; in the morning, 6th d.—Coxe.

Above the knee small stings, as if a flea were biting.—O. T.

Painful tension in right knee.—O. T.

Tension in left calf; while walking in evening it becomes a tension in the hamstrings.—P.

Crawling sensation on ankles.

Itching on left ankle.

- 34 Limbs in General.** Neuralgic pains in various parts of the body.

Pain in right thumb, then in forefinger, then in right temple, next in left then in the right shoulder and arm, and again in right temple; some pain in small of back, which extends to the right hip; next in the right wrist, in left hip, right hand and right lower jaw; 9 A. M.—C.

- 35 Position and Motion.** Has to lie down, with headache.

Averse to exertion; 7th d.—Coxe, a.

When walking: as if he were longer; pain in temple; pain around eye; in hip; tension in calves.

Motion aggravates the symptoms.—C.

After walking: pain in eyes; headache; pain in temples.

After rapid walking (and exertion): the menses reappear; pains.

At every step: pain in groin.

Worse when standing: symptoms in pelvis.

After sitting: congestion in chest: when bending forward, stitches in chest; pain in region of kidneys.

Violent throbbing through the whole body, while lying down with a headache; afternoon.

Better when lying down: cramp in abdomen.

Better lying on left side: the pains in right side.

- 36 Nerves.** Very tired in the evening; 10th d.—R.

Heavy and tired in the limbs in the morning; inert and undecided; 3rd d.—C. Hg.

So tired while walking in the evening that she reels on coming into the room; 3rd d.—C. Hg.

- 37 Sleep.** Overpowering drowsiness at 3 P. M., lasting nearly an hour, passed off with a pain in the left temple, which ended the symptoms.—C.

Unusually sleepy in the evening, even when seeing patients and sitting in carriage; 3rd d.—C. Hg.

Marked sleepiness and fatigue every evening; very much exhausted and indisposed to work, he takes the first chance to lie down. This condition (on stopping the drug) appeared later every evening; 6th d.—C. Hg.

Sleepy, lazy and out of humor in the evening; 6th d.—
C. Hg.

Could not fall asleep on account of headache.

Wakeful until 2 o'clock in the morning.

Starting in sleep; afternoon.

Wakes up from siesta with a start; 5th d.—Coxe, a.

After siesta, headache improved.

Dreams every night, particularly toward morning, of houses or buildings, beside which he stands, or in which he stands before a window, or walks over wide stairs through many rooms; 1st w.—C. Hg.

^{ss} **Time.** *Morning:* headache; pain in temple; itching in right side of face; before rising pain in abdomen; erections; spasm in cervical muscles; pain in hip; tired, inert, undecided.

Forenoon: pain in temple and vertex; tension in temple; pain around eye; belching, as if abdomen were swelling; pain near hip-bone; pain in bowels and testicles; neck stiff with pressure in shoulder and back; congestion in chest; cardiac pain; lameness in arm; wrist to forearm, pain; pain in limbs; in hip-joint.

Noon: headache while eating; pain in temple; pain in rectum; in wrist.

Afternoon: headache; pressing in epigastrium; spasmodic pain in abdomen and pelvis; backache; throbbing through whole body; drowsiness; flea-bites; limbs as if beaten.—Neidhard.

Nearly all symptoms appeared towards evening or were more perceptible at that time.—R.

Evening: better in the evening; well marked in the evening; dull stitches repeated; as if he were longer; bodily and mental fatigue; dullness in occiput; pain in left eye; itching in eyes; nausea; itching in left inguinal region; cramp in abdomen; stool; afternoon or evening; burning in nose and fluent coryza; pain in shoulder; tension in calves and hamstrings; out of humor, inert, tired, sleepy; itching.

Night: Arms go to sleep; pain in hand on waking; one

o'clock itching in the face; 2 o'clock cardiac pain; towards morning, headache.

" Temperature and Weather. Hot cloths relieve colic; chilliness.

Better when walking in open air.

Symptoms return on coming into the room.—R.

All her symptoms are better in the open air.

Fever. Chilliness, cold hands and feet, with colic.

Chilliness relieved by hot cloths.

Coldness of the limbs with backache.

" Attacks. At intervals, pain.

Symptoms which repeat daily came later.—C. Hg.

Every evening later; drowsiness and symptoms of fatigue.

" Locality and Direction. Pushed from behind forward, load in head.

Above then below: itching. From down up: pain from knee to chest.

First left then right: pain in eyes; stitches in fingers; stitches or bites in groins; itching in face.

From left to right: pain around eye.

Right then left: in head; pimples in region of zygoma; pain in hip; pain in temples; pain in hands.

Right side above, left side below: burning itching; tickling.

Right side more than left: pain around eye.

RIGHT SIDE.

Pressure in head; constriction.

Temple and arm.

Pain in temple.

Pain in eye, head and temple.

Corners of mouth sore.

Pain in bowels.

Cramp pain in abdomen.

From umbilicus to pelvis.

Ovarian trouble.

Congestion in chest.

Pain in chest (then left side).

Stiches in chest.

LEFT SIDE.

Headache; near vertex; stitches in head; pain in temple and orbit; in temple in the afternoon.

Twitching of eyelids.

Left incisor sensitive and dead.

Aching in groin; stitches in side of abdomen, then right side.

Cutting.

Twitching in rectum.

Pressure in chest.

Pain in trapezius.

Pain in region of kidneys.

RIGHT SIDE.

Spasm of cervical muscles.

Drawing in shoulders, pain in clavicle.

Stitches in shoulder, pain.

Numbness in forearm.

Pain in wrist, in hand.

Pain in hip, in knee.

Temple, shoulder, hip, hand and lower jaw.

Itching: on the side of the head, above the eye, in face; burning itching; like a flea bite above lip; on shoulder; burning itching below point of shoulder-blade; elbow; hand; thigh.

Pimples: under eyebrow; on cheek and neck.

LEFT SIDE.

Drawing down arm.

Forearm paralytic.

Numbness in arm; as if paralyzed.

Pain in metacarpus of little finger; hand and thumb.

Pain in hip; tension in calf; pain above knee.

Itching: on eyebrow: in eye, above zygoma; the nose; flea bites; in face; in the inguinal region; on arm and ankle.

Pimples: in whiskers; behind ear; on under lip.

⁴³ **Sensations.** The pains are so fleeting and transient it is hard to describe them.

Stitches, rheumatic pains, suddenly changing, often lasting only a short time.

Stitches: darting to and fro in head; fluttering; through right breast.

Stitches: in head; in side of abdomen and groin; in abdomen; in rectum; bladder; urethra and glans; in chest; shoulders; hand; fingers; hip; lower limbs.

Feeling as if beaten, soreness in abdomen; in groin; in bladder; testicles; uterus.

Soreness as if bruised.

⁴⁵ **Touch, Passive Motions.** When touching with the hand, headache disappears.

From pressure; the pain in region of kidneys gets better then worse.

⁴⁶ **Skin.** Crawling as from fleas and itching on various places on the back, arms, abdomen, thighs and ankles.—Coxe, a.

Crawling sensation over the entire back and on the thighs,

as from fleas, with itching relieved by scratching, but soon appears in a place near the spot; for 1 w.—Coxe, b. Tickling on right shoulder, then itching on inner side of left ankle, on inner side of right thigh, on right elbow, and more on the back of the neck, on left eyebrow and arm; 10 min.—Coxe, a.

Itching: above left zygoma, around the eyes and nostrils, later also on right side of face near the eyes and on side of head, at 1 A.M., 3rd d.—Coxe, a.

Burning itching: on face and left groin; on eyelids; itching pimples on face; on neck; below the point of shoulder blade; on thighs and legs.

Spots like flea-bites, above the lips on right side, on left nostril, and various other places on the head and body; afternoon; 2nd d.—Coxe, a.

Small elevations, here and there like nettle-rash, red on a white base, whiter than the surrounding skin.—Coxe, b.

Small pimples here and there with terrible itching over the whole body when undressing in the evening; 6th d.—C. Hg.

Vesicles on lids.

Pimples: beneath eyebrows; near wing of nose; above tip of nose; on zygoma; in whiskers; behind the ear; on nether lip; on neck.

A lamp-maker, who had his hands daily in a solution of *Palladium* containing a solution of *Platina*, became so sensitive in 3 months, that a single drop would affect his hands and he had to stop work, the finger-joints, particularly on the right hand, became red and itching; the redness and itching extended over the hands to the forearms; worse in warmth; relieved by rubbing with lard. The joints remained wrinkled and there appeared warts on all of them.—C. Hg.

⁴⁸ **Relationship.** The uterine and ovarian symptoms are similar to those of *Platina* and *Argentum*; but the mental symptoms of *Platina* are the reverse to those of *Palladium*, and *Argentum* has similar symptoms on the left side to those of *Palladium* in the right side of the abdo-

men, in the ovaries, and in connection with the prolapsus uteri.

Cinchona cured the diarrhœa.

In some cases complementary to *Platina*.—C. Hg.

Collateral relation: *Argent. met.*—C. Hg.

Never made a brilliant cure with *Palladium* alone.—Lippe.

Platin. has more costiveness, *Pallad.* more diarrhœa.—

Lippe.

Right ovary: *Pallad.*, *Lachesis*.

Left ovary: *Argent. met.*, *Apis*.

Nitr. ac. did not relieve the headache.—Coxe, a.

COMPARISON OF PALLADIUM WITH PLATINA.

Remedies with few symptoms may only be compared approximatively with such as have a great many.

Palladium numbers about one-third as many symptoms as Platina.

To from seventy to one hundred Palladium symptoms were found concordances in Platina, thus to about one-third, while among the other two-thirds the similarities scarcely deserve mention, since they also occur in many other remedies. Only about one-tenth of the Palladium symptoms appeared to be distinctly separate.

Bœnninghausen's Repertory gives Platina: worse in rest, better in motion, both in the third degree; now under Palladium we find more symptoms better in rest, and worse in motion. Here, then, we would have an opposite condition, if it were really so. It melts away, however, like a snow-ball, if we scrutinize the symptoms closer.

"Worse in rest" is a shallow generalization; besides it is mentioned nowhere under Platina, excepting in symptom 346, (Hahnemann's Chronic Diseases), "defect of muscular power in the arms, returning in rest," and this symptom is the only one which is relieved by motion. The oftener, however, is mentioned, "lying in bed;" noise in the ears with headache, while lying in bed; must place the sore scrotum in a different position; sensation as if menses would appear, gets better while

lying down; when lying on right side the stitches on right side of abdomen pass over to the left, and get worse from lying on that side. It is, therefore, neither rest nor lying down, but *pressure*, which aggravates the symptoms of Platina. A number of Platina symptoms get worse while *sitting*, as remarked by Stapf; thirty times we find aggravation from sitting. But here, too, as has often been mentioned, everything which is characteristic would be spoiled and distorted, if we should set down in the repertories "worse from sitting," for in these general abstractions the question is always: "*what gets worse from sitting?*" Besides the stitches in the rectum and the abrasions on the scrotum and back, the numbness of the coccyx and the symptoms of the lower extremities, worse when sitting, we find that nearly all symptoms are such as would get worse from the *pressure* which is exerted in a sitting posture; feeling as if bruised, pressing pain, painful tiredness, numbness, as from a blow, numbness and weakness, numbness and fatigue, trembling and restlessness, cramp, strumming, "gone to sleep" feeling, creeping, etc., all characteristic symptoms of Platina, influenced by pressure. This condition we have in many other metals besides Platina, particularly in Argentum.

The mental symptoms in Platina are characteristic: slight vexation affects him for a long time: colic, as from fright; anxious when in company; absence of mind; dullness; because they have a wide applicability in practice. Fright, anger, vexation, ill-humor, grief, and all their bad effects, if these correspond to Platina, have been cured by it.

If we compare Palladium, we will find a few similar mental symptoms, yet with a marked difference, designated in the arrangement. The ill-humor in the evening of Palladium, for instance, occurs in the morning with Platina. At every step hurting in the groin, Palladium; in the epigastrium, Platina. Palladium has a digging pain, as from the dull end of a stick, in right chest; Platina has pain, as if caused by a dull instrument, in the mastoid process. The skin symptoms of Palladium outnumber those of Platina; but we must take into consideration that the few under Platina have received a higher value by frequent conformation in practice; for instance,

itching of the vulva in barren women, driving to despair; insupportable itching in scarlatina.

Symptoms of both predominate on the right side, particularly in the genitals. The principal symptoms appear on the right side and extend to the left. In both, upper right and lower left, are significant.

In regard to time, Platina has aggravation in the afternoon and evening, particularly the headache, in which it differs from Aurum. In general, this same afternoon and evening aggravation was observed by the provers of Palladium; the headache, however, occurred most often in the morning and through the day. Platina has a great many gastric and abdominal symptoms in the morning, a fact which has not been made sufficiently prominent. This has not yet been observed in Palladium.

The mental symptoms of Platina seem to be associated with the gastric symptoms: anxiety and trembling, with nausea; anxious feeling in abdomen; ill-humor, with slimy taste; weeping mood, with aversion to food; sad and quickly satisfied when attempting to eat; melancholy, with thirst. The symptoms, quite characteristic of Platina, originated with the provers who had the uterine symptoms, and are, therefore, associated with these. The same seems to be the case with Palladium; the characteristic mental symptoms in the cured cases were associated with disorders of the sexual system.

ARTICLE XII.—Periodical Hemoglobinuria.

A Lecture.

By L. LICHTHEIM, M.D.

GENTLEMEN! The color of the face of our patient, whom we have here before us, the sallow complexion, the yellowish tint of the visible mucous membranes, proves significantly the grave state of the blood-making organs; it shows the decrease of the coloring matter of the blood, which in its normal state causes the rosy hue of health. His conjunctiva also shows a yellow-

ish tint, whereas we find it white in leucæmia, in pernicious anæmia, in oligæmia and chlorosis.

Our patient, æt. 43, clerk in a municipal bureau, always enjoyed good health. During the late war he acted as assistant in the medical department at the front, and thus sometimes exposed to atmospheric changes. In 1872, shortly before Christmas, he walked about during stormy, wet weather, making his purchases, when he suddenly felt in his arms and legs a pricking, as if a thousand needles were piercing his flesh. He had to yawn continually, felt drawing pains in his sacral region, and feeling very sick he hurried home and to his bed. In undressing, he observed that all his limbs were covered with wheals. A chill, lasting full two hours, was followed by heat and sweating, which gave him great relief. The urine, passed immediately after the paroxysm, was intensely red, but it cleared up with every subsequent micturition, and towards evening it looked normal again. Such paroxysms repeated themselves henceforth whenever he was exposed to moist, cold air, and as their frequency increased, they gradually undermined the patient's strength; paleness, even sallowness of the skin showed itself more permanent. Appetite and digestive power remained normal. The patient passed the summer season in the mountains, and returned somewhat strengthened in the fall to his labors. But with the return of cool weather his old enemy reappeared, and he felt a peculiar drawing in his legs before every paroxysm. He became extremely sensitive to moderately low temperatures; even in a hot room he is obliged to wear furs, and the temperature of his room, which other clerks find unbearable, he feels hardly comfortable.

Yesterday, though it was only moderately cold, he passed through a severe paroxysm; the chill lasted over half an hour, the fever showed in the axilla a temperature of over 40° C., (104° R.) and after the sweating the patient felt relieved, but very weak and exhausted. He never passes urine during the chilly stage, but immediately after the fit the urine is of a deep-red color, becoming lighter with every subsequent micturition, and he brings now to us his urine of yesterday in four different vials.

The first one, passed immediately after the fit, at five P.M., contains 280 Cc. urine, is of an intensely dark-red color—so dark that light does not pass through it,—strongly acid, and of 1010 sp. gr. Boiling gives large quantities of albumen, but this coagulation differs essentially from that of the usual albumen of the serum. It does not ball and then sink to the bottom, but rather forms a connected, brown coagulum, swimming on the surface. With our forceps we lift this coagulum from the fluid, put it in a mixture of alcohol and sulphuric acid, and, after heating this fluid, the coagulum loses its brown color, it gives off its coloring matter to the fluid, which thus acquires a reddish tint. These are reactions, belonging to the particular colored albuminous body of the blood, which causes the color of the blood, to the hemoglobin, and the urine *which we have before us is therefore a solution of hemoglobin.*

Its optical relations correspond. We dilute it or we examine a thin layer of it, and we find that it is perfectly clear and transparent, thus differing essentially from bloody urine, inasmuch as where blood is mixed with the urine in any considerable quantity, we find that the urine, through the influence of these solid elements, becomes murky, and finally as opaque as the blood itself. *The urine of our patient shows the lac-color, and the peculiarities of that blood whose blood globules, by the procedure of some agents have been destroyed, and whose hemoglobin is contained in the serum.* But the microscope reveals to us a further proof: we find in this fluid absolutely no morphotic elements, whereas a bloody urine, far less intensely red, swarms with red blood globules. The spectroscope also proves it to be a solution of hemoglobin; proportionately diluted, we see in the green part of the spectrum two lines of absorption between Fraunhofer's lines D and E, which leave a considerable broad space between them.

The second vial contains the urine passed at 7 P.M. It is less acid, 1009 sp. gr., its color lighter—somewhat like a light claret, and after boiling shows less coagulum.

The third portion, passed at 10 P.M., is again more acid, 1012 sp. gr., dark yellow, and with the spectroscope we cannot discern any more the oxygen-hemoglobin lines. Boiling still

causes a deposit, but the coagulum shows now all the peculiarities of albumen from serum, consisting of small flocculi, which gradually form into balls and sink to the bottom.

The morning urine, passed at 7 A.M., is clear yellow, contains neither hemoglobin nor albumen, is acid, and of 1015 sp. gr. The urine of this patient was examined after several paroxysms, and it was always found that the more severe the paroxysm was, the larger the quantity of hemoglobin passed with the urine. There are no other pathological manifestations in our patient than those mentioned, and the examination of the blood does not show it to be remarkably pale; the colored blood-cells are apparently not diminished. The blood-corpuscles are mostly strong concave, and we cannot find even anything hinting to poikilocytosis, as put down for pernicious anæmia. The white blood-corpuscles are relatively somewhat more abundant than normal.

Dr. Lebert (*B. K. W.*, 20, 1072), relates a similar case. A boy of 13 suffers from this affection since he was four years old. During the fall of 1868 his mother observed that he looked remarkably pale, and even gave a yellowish tint. At the same time he suffered from peculiar febrile attacks; at first only every 8 to 14 days, then every six weeks, but sometimes they would come daily. The chill was always preceded by a peculiar drawing in the extremities, and without much of a hot stage it passed over into profuse perspiration, and the discharge of an intensely red urine, and examination always showed that this intensely red urine contained hemoglobin, but no red blood-corpuscles. Lichtheim saw this patient lately; the paroxysms have continued all these years; though they cease in May, and remain absent during the whole summer, they are sure to return with the approach of winter. Our young patient may have an attack during the summer, provoked by sudden cold, as when he took a bath in the river during a rather cool day.

Several other cases are given, and then Lichtheim continues: the clinical feature of this disease is well marked and easily diagnosed. The intensive febrile paroxysms, similar to an intermittent, but of less duration, are always followed by a discharge of urine containing hemoglobin. There are cases where

the febrile paroxysm may be light, only rudimentary, without chill or heat, but the peculiar drawing in the sacrum and extremities, which always initiates a full attack, is nearly always present. Hemoglobinuria may also appear, without any disturbance of general health, only we will find then the quantity of hemoglobin less, the urine of a lighter color, and, after boiling, the deposit may only show the usual characteristics of albumen from serum. Such rudimentary paroxysms characterize not always merely the first stage of the disease; there are patients where they were never observed; whereas in other cases they appear irregularly between full paroxysms; cases are also recorded, where such rudimentary attacks took for years the place of the full paroxysm.

The frequency of the paroxysms changes not only in different patients, but it may differ also in the same patient. Most frequently we find at first longer intervals, and the fits increase in number with the duration of the affection; but it may be also the reverse. Neither do they keep a regular type; sometimes there are several fits during one day, and there may be not another one for several weeks. Such irregularity finds its easy solution, as atmospheric changes are the proximate cause of their return, an oversensitiveness of the patient to cold air, to a temperature which most persons in good health do not feel at all to be injurious.

It is a fact well established that no such paroxysm ever set in at night, in bed, and the patients suffer most from it in winter; so that Hassal calls it (Lancet, II., 1865) winter-hematuria.

Organic diseases have hardly ever been observed. Setting aside the conspicuous paleness, which in high-graded cases manifests itself also by the color of the blood, we find the most constant symptom to be a sensitiveness of the renal region to pressure, nevertheless the texture of the kidneys cannot be severely affected, as the urine passed during the interval is perfectly normal, except in complicated cases. The liver and spleen has been found sometimes enlarged, but in most cases they are found of normal size. As so far it has never proved a fatal disease, the anatomical control is still wanting.

It may be interesting to study *what process in the organism causes the hemoglobinuria and its periodic appearance.*

It is well known that it is the function of the renal vessels to retain the albuminoid bodies of the blood, and to supply only a filtrate free of albumen, the urine; but this relates only to the albumen of the serum, and not to all albuminous bodies indifferently. Whereas we can introduce, in any quantity, albuminous serum into the circulation, without causing albuminuria, we find again in the urine the smallest quantity of white-of-egg introduced into the blood. This experiment, first made by Berzelius, and repeatedly confirmed by other authorities, is of great importance for the doctrine of hemoglobinuria, as hemoglobin is an albuminous body, which, just as white-of-egg, when kept dissolved in serum, passes the renal vessels and is excreted with the urine; and all experimenters agree that after injecting hemoglobin into the vessels of an animal, it will be found excreted in the urine. This fact has been proved to be true even in man, after transfusion of lamb's-blood. The inventor of transfusion of lamb's-blood already described a hematuria, following the operation; but Ponfick (*Virchow's Archiv.*, 62) showed that this so-called hematuria is always caused by the appearance of dissolved hemoglobin, and that the urine is perfectly free from colored blood-corpuscles, and that we have before us only a hemoglobinuria. Ponfick followed up the fate of the introduced red blood-corpuscles, and found that they do not continue to live in a foreign animal body—that they are gradually destroyed and give off their coloring matter to the blood-serum (*B. K. W.*, 28, 1874). Such a transfusion of blood, foreign to the species into which it is infused, is therefore perfectly analogous to an injection of a solution of hemoglobin or lac-colored blood.

Let us now attempt to explain the hemoglobinuria, where no substances containing it have from outside been incorporated into the organism. The hemoglobin found in such urine can only be derived from the red blood-corpuscles of the patient, and we are forced to believe that through some agency a part of them in the circulation perishes; just as the red blood-corpuscles of a foreign species are destroyed, and give up their

coloring matter to the blood-serum. This supposition is not a vague hypothesis, but based on many observations, showing that all agents, which destroy the red blood-corpuscles, outside of the organism, cause hemoglobinuria, when introduced into the circulation. Thus we know, e. g., that, when blood is diluted with water, the red blood-globules are dissolved, and that they give up the coloring matter to the plasma. Herrmann¹ found in animals, when injecting into their veins large quantities of water, heated to blood heat, hemoglobin in the urine; it takes large quantities of water, because only after a considerable dilution of the plasma the dissolution of the red blood-corpuscles takes place. When experimenting on hydremia and hydremic œdema, Cohnheim and Lichtheim found several times hemoglobinuria, when the concentration of the infused fluid was not made carefully enough to prevent dissolution of the red corpuscles. Such mistakes will happen, as the concentration differs according to different animals. Luchsinger² explains hemoglobinuria in the same manner, after injecting large quantities of diluted glycerine, and Kühne³ observed it after injecting gallic salts into the blood.

Hemoglobinuria has also been observed in man in consequence of grave intoxications; thus Vogel⁴ witnessed it after inhalation of hydrogen arsenide; Naunyn⁵ after poisoning with muriatic acid, and others after poisoning with sulphuric acid^{6,7}. It also accompanies very grave cases of infectious diseases. Thus Naunyn observed it two days before death set in, in two cases of enteric typhus, and Vogel once in a case which hap-

¹ M. Herrmann. *De effectu sanguinis diluti in secretionem urinæ*. Berol., 1859.

² Luchsinger. *Kritische Beiträge zur Physiologie des Glycogens*. Zurich, 1875.

³ Kuehne. *Beiträge zur Lehre vom Icterus*. Virchow's Archiv., xiv, 1858.

⁴ Neubauer and Vogel. *Einleitung zur Harn analyse*, 1872, p. 272.

⁵ Naunyn. *Beiträge zur Lehre vom Icterus*. Archiv. für Anatomy and Physiology, 1868.

⁶ Leyden and Munck. *Nierenaffection by Schwefelsäure Vergiftung*.

⁷ Bamberger. *Ueber Albuminuria nach Schwefelsäure Vergiftung*. W. M. H., 1864.

pily recovered. It is also a sequela of severe burns, where also the connection of hemoglobinuria with the dissolution of red blood-corpuscles has been confirmed by experiments. Max Schultze already described the symptoms of the dissolution of the red blood corpuscles under the influence of high temperature, and Wertheim and Ponfick demonstrated on animals, which they scalded, the dissolution of the red blood-corpuscles in the circulation and the appearance of hemoglobinuria.

An analogous genesis may be expected in our cases. All clinical manifestations, usually accompanying hemoglobinuria, are the effect of the dissolved hemoglobin, circulating in the blood. The same symptoms are found in man after transfusion of lamb's-blood. Immediately after transfusion the patient has a severe chill, followed by a rapid increase of temperature, which holds on for a shorter or longer term, according to the quantity of blood injected, and passes off with copious perspiration and hemoglobinuria; thus we have a perfect type of the disease we are treating. Even the urticaria which our patient observed in his first attack, was observed by Sander (B. K. W. 15, 1874), after transfusion of lamb's-blood.

What causes, may be asked, are acting from time to time to produce such a destruction of blood-cells. Is it the mere atmospheric change? It is well known that cold is destructive to the colored blood-cells, but it needs the freezing point so that the hemoglobin should combine itself with the serum. In rabbits even an energetic chilling of the largest part of the surface of the body, failed to produce hemoglobinuria, and in health man can stand a very low temperature, without that the circulating blood loses much of its heat. It might be supposed that the essence of this affection consists in the loss of resisting power to the influence of cold, but so far this remains only a mere hypothesis, and the proof is still wanting.

English authorities, who failed to recognize the difference between hematuria and hemoglobinuria, considered this affection as a congestive hyperæmia of the kidneys, setting in as soon as the surface of the body becomes chilled, leading to rupture of blood-vessels and hemorrhage, which might easily explain a hematuria; but in hemoglobinuria we find only excep-

tionally some changed blood-cells mixed in. Botkin (*B. K. W.* 20, 1874) observed a patient who, as often as he caught cold, suffered from a chill, vertigo, great debility, and passed intensely bloody urine, containing red blood-corpuscles, fibrinous and blood-cylinders. The patient suffered also from a left-sided hemiparesis, as a sequela of a trauma on the head, and Botkin supposed that in this case he had to deal with a neuro-paralytic hyperemia of the left kidney, leading to hemorrhages, as often as this congestion is aggravated by becoming chilled. But in Botkin's case the typical return of the disease is wanting, and the only similarity lies in the influence of cold in producing the morbid manifestations.

The constant sensitiveness of the renal region was considered by some authors as the cause of this affection, but this leaves unexplained the normal urine during the intervals. Nor can the liver be blamed, for the slight icteric manifestations must be considered as an example of hematogenous jaundice, and it remains doubtful whether the yellowish tint of the conjunctiva is icteric, as the urine never shows any bile-pigment. It may be just possible that the light-yellowish tint of the tissues is produced by transudation of a hemoglobinic lymph, penetrating into the tissues and giving them its color. Œdematous fluid has been found to contain hemoglobin, and Ponfick found it in the vitreous humor.

Comparative anatomy may, perhaps, shed some light on this subject. Hemoglobinuria has also been observed in cattle browsing on certain meadows, or when they were fed on hay gathered from particular spots. Bollinger mentions the hemoglobinuria of horses, who suddenly fall down; the hinder extremities become paretic, the lumbar region œdematous, and the urine full of hemoglobin. They either rapidly recover after passing through a stiff febrile attack, or they succumb after a few days, and the autopsy reveals lac-colored blood, œdema of the lumbar muscles, and the usual changes in the kidney found after hemoglobinuria. Such horses have mostly rested quietly for a few days in their warm stable, and then are at once used during a cold spell; this happens most frequently from late

autumn to early spring, and only exceptionally a case is seen during hot weather.

Although animals have perished from this affection, so far no case is recorded where it proved fatal to man. Though they may feel bad enough during the winter, especially where the attacks accumulate, they recuperate wonderfully during the summer, and the prognosis, in so far as it relates to life, is therefore not unfavorable, but all chances for a radical cure are not so auspicious. Even long remissions do not insure safety, for we kept patients for months in the hospital or in bed, and they remained well, till their discharge and a fresh exposure brought the affection back in its old vigor. The therapia will remain a pious desideratum, till we find remedies which put a stop to the destruction of the red blood-corpuscles.—*Volkmann's Klin. Vortraege*, 184.

According to the symptoms just enumerated, hemoglobinuria belongs to the affections which Grauvogl denominated hydrogenoid. We find here a typical course, aggravation by cold, by rainy, damp weather, from bathing, or living close to water-courses, the dyspeptic symptoms from cold victuals, fruit, etc., and especially amelioration from warmth, yea, even a high temperature, unbearable to others, is desired by the patient, therefore improvement by the warmth of the bed. No wonder that the physiological school failed to witness any improvement from astringents, or from the liquor ferri sesquichlorati, so much praised by English physicians; and that Quinine, the antiperiodic, par excellence, failed, as we do not deal here with a genuine intermittent.

Grauvogl (*Homœopathy* II., 301 *g. e.*) mentions two remedies, of which he knows from long experience, that they not only cause a more rapid change of tissues, and thus bring more heat into the body, restoring at the same time the lost power of resistance to moisture and cold, but that they also strengthen and vivify the nervous system, namely: *Nux vomica*¹ and *Ipecacuanha*², in alternation; of the former, a dose morning and evening, of the latter, a dose every two hours.

Natrum sulph., the old-fashioned Glauber salt, but given in a minimal dose, prevents the influence of water on the blood; according to Seegen, it restricts the exchange of the nitrogenous tissue elements, the animal body becomes richer in NO atoms, in glutinous and albuminous formations, etc. Among its symptoms we read: satiety of life, muddled feeling of the head, nosebleed during menses; pale, wan face; vegetables, fruit, pastry, cold food and drink cause diarrhoea; sensitiveness of hepatic region, and pain in left hypochondriac region; bruised pain in small of back, prostration, tired and weary, chill and icy coldness, without thirst; followed by violent fever and sweat, without thirst; attacks come on suddenly, watery secretion from eczema, jaundice.

How similar, and yet how different are the symptoms of another salt of sodium, our so-called Natrum mur., where we find: sallow complexion, apathy and despondency, constant lassitude and prostration, pain in renal region, with cutting after micturition; liver complaint, dyspepsia, profuse and offensive sweat after the fever, which relieves; urine red and muddy, thirst from the excessive dryness of the mouth. Dr. Humphreys (*N. A. J. of H.*, II, of first series, p. 269) introduced about 25 years ago, a combination of Nux vomica and salt, into practice. It is a pity that this new drug did not come into more general use, for it is certainly, as far as my experience goes, very valuable in hydrogenoid constitutions.

Aranea Diadema gives us, more explicitly than any other remedy, chilliness night and day, even during summer; aggravation from rain, dampness, or water; hemorrhages from all organs, thus demonstrating the fluidity of the blood, which must have lost part of its solid elements; swelling of the liver and spleen; languor and lassitude, with thirst.

Apis mel. is our great remedy for watery effusions, and Wolff, of Berlin, considered it specific for many cases of intermittents, but it differs already from the remedies mentioned, that one of its key-notes is thirstlessness, hence dark-colored and scanty urination; chilliness night and day, even during summer; great soreness of the abdominal walls, peculiar weakness in the back, sensation of prickly heat in extremities, gene-

ral feeling of lassitude, with trembling; great weakness at intervals, waxy paleness of the skin, all ailments worse during cold weather.

We might continue to study with profit the remedies mentioned by Grauvogl, which are able to remove the surplus water from the circulation, and thus preserve the red blood-cells in their integrity. Here our mind resorts voluntarily to a remedy, whose standing as a nitrogenous or hydrogenoid remedy is still undecided—to Picric acid—a remedy introduced into our school by my young friend, Dr. L. B. Couch, of Nyack, and partly elucidated by Prof. S. A. Jones, of Michigan University. Dr. W. Erb gave us, so far, the only detailed study of Picric acid (*Die Picrinsäure*, Würzburg, 1865), where he says: the most remarkable physiological effect of the poison occurs in the blood. The blood of animals slowly killed by a picrate, was of a dirty brown color, with distinct nuclei, both in the red blood-disks and floating free in the serum. Erb found that this alteration in the corpuscles occurred during life, and was accompanied by a decided increase in the number of the white corpuscles. These alterations in the blood were apparently the cause of death, and seem to have been due, so far at least as concerned the red disks, to a direct action of the poison upon the blood, for Erb found that identical or very similar alterations occurred in these corpuscles, when the blood was mixed with the picrate of sodium, outside of the body. Picric acid has also attracted much attention in the old school as an anti-periodic, and Binz (*Virchow's Archiv.*, 46, 130), found that Picric acid exerts upon the infusoria an influence similar to, but much feebler, than that of Quinia. (*Wood's Materia Medica*, 1876, p. 77.).

Let us leave hypothesis, and let us rather find out by the only rational method whether the symptoms of this drug correspond with the symptoms of hemoglobinuria. Although the provings, so far published, are still very rudimental, yet they may elucidate this point. We read in the *New York Journal of Homœopathy*, 1874, page 149 (provings made with the centesimal trituration): great chilliness; great weakness of legs; severe, heavy, dragging pains in renal region; legs and sacrum sensi-

tive to pressure, worse by motion; general lassitude; pricking sensation, as from needles in the legs and feet; fever, great chilliness; cannot get warm, followed by cold, clammy sweat; chilliness predominates; pulse fifty, weak and small; extremities cold; great indifference; lack of will-power to undertake anything.

So far the symptoms correspond, and we may therefore suppose that picric acid is able to prevent the destruction of the red corpuscles by its strengthening action on the nervous systems. Further researches will clear up the *modus operandi* of this promising, but by some overestimated, drug, and we expect great results from the provings and laboratory work, made by the medical students at Ann Arbor, under the supervision of their able teacher, Prof. Samuel Jones.

ARTICLE XIII.—*Daphne Mezereum*. A Study.

BY DR. ADOLPH GERSTEL, IN VIENNA.

HAHNEMANN cited in the fragments 56 pure provers symptoms, and all the 1133 symptoms which later provings gave us, elucidate rather these genuine symptoms, but give us very little new. Wahle's and Lembke's provings deserve especially our thanks.

Close examination of all these provings will teach us, that the focus of the morbid process of *Mezereum*, from which all symptoms emanate, lies in the *connective tissue*.

The connective tissue in general is either found in large quantities, as *stroma cellulare*, or it appears in the form of enveloping *fasciæ*. The former appears either as *textus cellulosis subcutaneus*, *submucosus* or *subserosus*, lying below the external, mucous or serous membrane and connects these membranes with a deeper-lying layer, or it is the connecting medium between different organs; the *fasciæ* form the genuine sero-fibrous membranes. *As especially vegetative activity prevails in the connective tissue, we can expect also that the general*

character of Mezereum affection will distinguish itself in the form of anomalies of vegetation. The spaces or cells of the connective tissues are always filled with a liquid or vapory exhalation of the circulatory system, where also the most minute vascular and nervous bronchioles are imbedded, and of the former it is especially the terminal bronchioles of the arterial system and of the ganglionic nerves, from which the Mezereum affection originates, and which secondarily causes manifold reflex actions.

THE EXTERNAL SKIN.

The external skin consists of three layers, differing in their anatomical and vital relations: the dermis, the cutis and the subcutaneous connective tissue.

The dermis consists of the genuine epidermis, of a half-fluid base (*mucus malpighii*), excreted from the external surface of the cutis. All noxæ causing inflammation separate during life the epidermis from the cutis by the formation of blisters.

The cutis proper consists of interlaced cellular tissue, interspersed with blood-vessels and nerves, and forming on the surface the *corpus papillare*, which we also find on certain mucous membranes (eyelids, tongue, labiæ, vagina, os uteri). At its lower surface it is connected by stronger bundles of fibres, which penetrate the *textus cellulosus subcutaneus*, with the *fasciæ* of muscles (fibrous membranes). These bundles contain the fatty cysts of the subcutaneous cellular tissue. It also possesses elastic fibres and smooth muscular fibres, which mediate the *cutis anserina*.

The subcutaneous cellular tissue mediates the connection of the general cutaneous covering with the aponeurotic coverings of the muscles. Its cells sometimes also take up fatty cysts and form then a *panniculus adiposus*. The subcutaneous cellular tissue of the penis, scrotum, eyelids, and of the exterior part of the ear always remain devoid of fat. The deepest layers of the subcutaneous cellular tissue are always free of fat and take on the toughness of a fibrous membrane (*fascia superficialis*) in certain regions (abdomen, thigh, forearm).

The old school is in the habit of using the bark of Mezereum,

according to the fashion of Cantharides, by putting a piece of the fresh bark or of the dried one, after taking off the outer layer and softening it in water, with its external green surface upon the skin, and leaving it in contact for some time. After a while it causes redness, pain, the upper skin rises up, between it and the cutis-serum accumulates and finally suppuration sets in. Severe pains may be thus caused on a tender skin and an eczema in the surrounding parts. Still longer left on it causes ulcers, which discharge copiously pus of a peculiar bad odor, are painful and excessively itching; a pustular eruption sometimes spreads itself around the ulcer; its pustules burst and also discharge a serous fluid.

According to Hebra, Cortex Mezerei belongs to that class of remedies, destroying the epidermis, where after its effect is accomplished, the succeeding epidermis carries more pigment than the first one. Pluskal (*Oestr. Wochenschrift*, 1844, p. 1375) narrates: Somebody advised a young, pale girl, æt. 14, to use the leaves of Mezereum in order to become fat and rosy. She went in the woods and made free use of them on her cheeks and surrounding parts. Burning pains soon appeared, her whole face swelled up enormously, especially the nose, eyelids and hairy scalp. Severe and painful sneezing, deliria, dull, unbearable, pressing pains in the forehead, a nauseous dryness in the throat and a constant irritation to dry cough, showed that the acidity of the poison by its inhalation affected the nose, and through the frontal sinuses the cerebral membranes, also pharynx and larynx. The face soon took on the expression of erysipelas bullosum, the nostrils closed, so that she could only breathe through her mouth; febrile pulse, burning urine. After external application of oil, cold compresses and indifferent external remedies, the swelling decreased after the second day and desquamated in large pieces. But health did not return. Debility, loss of vitality and mental depression, bordering on idiocy, were since that time observed on her. A typhoid fever, lasting full three months, prostrated her so much that she finally succumbed to it. (She was most probably of a tubercular disposition, whose latency was roused by using up her vitality, and nutrition finally ceased; such a typhus may already be considered a tubercular process.)

Hahnemann (*Ch. D.*), says in the preface: The juice of the fresh bark, when it touches the skin, causes a long-continued, painful burning.

Physiological experiments show that Mezereum taken internally produces the same series of symptoms on the skin. It is well known, that Mezereum contains a chemically indifferent matter, *Daphnin*, of a bitter and adstringent taste, crystallizing and soluble in boiling water and alcohol. *Mezereum*, or its active principle, *Daphnin*, is therefore easily taken up by the blood, rapidly carried through the body and manifests symptoms through the circulation.

As the external application manifestly affects the arterial secretion and thus causes serous, easily coagulable secretion (the normal secretion of the skin is also a secret of the arterial blood from the ramifications about the sebaceous glands), we easily understand why Mezereum atoms, taken up by the blood, exert rapidly a similar action in the corresponding secreting organs, related and similar in quality, but not in intensity and extent, to the cumulative external action. But there are several factors to consider. The arterial blood circulates everywhere, and where only one factor, the noxa, here the Mezereum-atoms, comes into play, we might expect the same changes to take place, according to physical laws, in all the organs, nevertheless the organic receptivity forms also a factor which refuses to be restricted by physical laws, and the experiment teaches that only those membranes, which primarily possess a receptivity for the Mezereum-atoms, will show reactionary manifestations. But even this specific receptivity differs in different persons; all membranes may even not be affected alike in the same person, and the quantity of the noxa will also make some difference.

Let us consider now the manifestations witnessed on the external healthy skin after the internal use of Mezereum. In the lesser writings of Hahnemann we find the following observations: A robust person took some of the bark of Mezereum for some ailment, and continuing the drug after the disappearance of his troubles, he soon complained of unbearable itching all over the body, so that he could not sleep one mo-

ment. Even after leaving it off for 36 hours, he assured me that the itching still kept on increasing (the primary action of this drug lasts a great while). A few grains camphor removed this itching.

2. Stapf published a second proving, made by Hahnemann, Gersdorf, Gross, Hartmann, Caspari, Hartlaub, Franz, Schoenke, Rückert, Teuthorn, and the students H. (Hering) and W. (Wahle, sr.). The Provers' Association at Lausitz made several reprovings, and Dr. Wahle, sr., in his old age made another proving, of which he says: I am 72 years old, in good health, and undertook this proving, not in order to enrich the number of symptoms, but to find out which are the prevailing symptoms, how they follow one another and what is their physiological nexus. Of cutaneous symptoms I felt, frequently repeated, severe itching, here and there, nearly on all parts of the body, frequently very soon after taking the drug, and forcing one to scratch. The places most affected were the hairy scalp, the forehead, where it felt as if dandruff would come off, though I never was troubled with it, also on the eyebrows, under the eyes, and especially strong about the external ear; an itching there frequently accompanies the most remote symptoms, as on the sole of the foot, the arm. This itching spreads sometimes over the whole body and is felt simultaneously on the back, abdomen, hairy scalp, and always somewhat relieved by scratching; it is a burning itching, or itching stitches, a prickling in the knee, under the shoulders, in the clavicular region, along the lower ribs of the right side and in the right middle finger, or a biting itching in both eyes, forcing to scratch.

The first drug symptoms on the external skin are, therefore, a *prurigo*, based, according to Bateman, on a morbid secretion, accompanied by white, smooth papules, which are rarely red or inflamed, except when severely rubbed. The colorless papules are so small that they can hardly be observed. According to other dermatologists, an excoriation is already present, although hardly visible, as soon as itching sets in. They cause in the finest vascular nets of the tubular glands, extending over the whole skin (except *vola manus* and *planta pedis*),

an increased secretion, the papules either burst or stagnate whereby the sebum (consisting of fat, cholesterin and albumen) is morbidly changed into a serous secretion and is not excreted.

This erosion or bloody stagnation in the finest capillary networks or the dried up secretion irritates the nerves of sensation, presenting itself as itching or prickling stitches. This prurigo, this mostly invisible cutaneous eruption or excoriation is the first and lightest form of that Mezereum affection which attacks the skin, and which is rarely absent even in more deeply situated affections. This itching is most strongly felt in the evening, and becomes aggravated by heat, especially of the bed. A higher degree of itching may be considered as burning, which is also caused by stagnation of the blood in the smallest capillaries. Where the seat of the affection is near the epidermis, the scratching will remove the trifling exudation of the microscopical vesicles, and the itching ceases for a while; but where the seat of the affection is in the cutis, in the glandulæ sebaceæ, the exudation sticks in the connective tissue of the cutis, and can only be brought outward by more penetrating, even bloody scratching, leaving small spots or crusts, as observed in two provers. It is a peculiarity of Mezereum, that it attacks some nervous radiations more than others: these are especially the hairy scalp, the nose and the external ear, where the stitching and tearing extended even to the inner ear. It seems that the affection follows here certain fibres of the trigeminus, and especially the ganglion oticum; also the neck, shoulders, the region supplied by the plexus cervicalis and the scrotum. *All these places possess hard'y any panniculus adiposus.*

The second form of Mezereum eruption on the skin consists of visible eruptions, with a tendency to loosen the epidermis, to change it, to desquamate or to form ulcers. Here we have:

1. A mere sugillation, *macula*, which gradually becomes paler.

2. An already existing sugillation (*chloasma*, *liverspot*) desquamates; even in a cellular tissue, impermeable from former scars, this tendency to desquamate shows itself by painfulness (*ptyriasis*).

3. When the exudation sits deeper in the cutis, it fails to appear on the surface and forms nodules, or scratching brings it out and leaves thin crusts of a darkened or brown tint, colored by the cruor of the blood.

4. Vesicles form on the skin with an inflamed base, suppurating or secreting an oily, glutinous fluid or desquamating with brownish-tinged crusts (*rupia*).

5. *Furuncles or pustules.*

6. *Ulcers.*

All of which show the characteristic nocturnal itching, burning and scratching, whereby the tearing off the crusts causes new eruptions on the places bereft of their epithelium, in as much as this serum mixed with the blood-cruor contains a corroding acid.

Stapf, in his preface to *Mezereum*, leads our attention to the symptom *chilliness, diminution of vital turgor*, either over the whole body, or, and this especially, in single parts, as hands, feet, whereby the chilled extremities feel dead-cold to the touch, *with great thirst*, frequently accompanied by headache, stool, bone-pains. All provers, with the exception of Wahle, complained of this chilliness. Dr. Theile says: The circulation appears to be more sluggish at the periphery of the body and more rapid internally; hence the extraordinary coldness of the external parts, accompanied by horripilations and chilliness without consequent heat, and even continuing in bed. The pallor of the face, the considerable collapse of the face and of the extremities is thus explained. We differ from this opinion. The chilliness, the horripilations, the coldness of single parts, the horripilations, which are not precursors of fever, and which are not followed by a hot stage, are subjective sensations of coldness, without any relation to the real temperature of the body, and too often we find the temperature not at all diminished. These sensations are only consequences of the immediate action of a morbid stimulus attacking the spinal cord, which causes by reflex the contraction of the cutaneous tissue, and thus arises the cutis anserina, the roughness, dryness and brittleness. This may cause simultaneously an internal accumulation of blood, just as we see it from the action of cold air.

In our case the Mezereum-atoms cause the irritation of the secreting capillary network and of its muscularis, produce indirectly the sensation of itching and burning, and through their specific action on the spinal cord, by reflex, cutis anserina and sensation of chilliness.

Mezereum causes an analogous process in the submucous tissue and especially in the fibrous membranes. The chilliness caused by Mezereum is characterized by two other peculiarities:

1. *It is accompanied by thirst.* One of the most important causes of a morbidly increased thirst is, according to Budge, the diminution of the blood-serum in proportion to the blood-corpuscles, which may also arise, when the serum is used as an excretory fluid, and this is the case in Mezereum.

2. *There is no desire for heat.* The chilliness is even felt in the warmer room and the patient is not afraid of fresh air, as the latter probably causes a change in the cutaneous nerves and thus aids in restoring a normal state; heat also increases the prickling irritation in the nerves, whereas cold diminishes it.

Another characteristic symptom is that the itching appears in muscular parts as a fibrillary twitching, as on the hairy scalp, eyelids, cheek, pit of the stomach, side of the chest, scapula, axilla, tibia, external malleolus and big toe, all places where the muscles are immediately connected with the firmer connective tissue of the skin and where mostly the panniculus adiposus is wanting.

We mentioned several times the hairy scalp as being affected by Mezereum. The same may be said of the hair, whose bulb with the glandulis sebaceis, and whose erectores pili are closely connected with the muscularis of the cutis; hence sensitiveness of the hair and bristling up, the latter analogous to the cutis anserina.

Practical experience confirms the provings.

1. Kafka (*A. H. Z.*, 91, 140) relates a case of pruritus senilis in a man, æt. 74, who showed already symptoms of

marasmus senilis, and whose skin was full of folds and wrinkles, and as the continuous itching during the evening and night robbed him of rest and sleep, he became weak and dyspeptic. He could not keep from scratching; he felt as if millions of insects were crawling over him. His skin was full of wheals with a reddish base from scratching, which caused a sensation of burning, as if they were covered with red-hot coals. During the day the itching could be tolerated, and no morbid changes could be found on the skin, except some small brown spots on the top of the wheals. When the eruption itched and burned the most, he felt a sensation of chilliness running down the spine and extremities, and the temperature was also lower on the parts which itched the most. Mezereum⁶, a dose twice a day, cured him in four weeks.

2. E., æt. 74, hale and hearty for his age. For the last three weeks he complains of nocturnal itching on arms, legs, back, relieved by scratching, but immediately returning on some other place. Sulphur³ failed, but Mezer.⁴, thrice daily, removed it in a few days, and it did not reappear after a lapse of two years.

3. *Ptyriasis versicolor*, (Bateman). Noack (*A. H. Z.*, 14, 168). A girl, æt. 18, of sanguine temperament, with scanty, intermittent menses, had for the last two years on her thighs copper-colored, large, irregular, confluent spots, not raised over the surface of the skin, more inside and toward the inguinal region. They itched and burned at night, so that she had to scratch, especially at the time of the menstrual period, when the spots also took on a darker appearance. She also complained of one-sided headache, splenic stitches, frequent chilliness, sometimes tremors of the extremities and ill humor. No trace of syphilis. Graph. and Nitr. ac. failed. Conium soon gave out, but Mezer.⁹, gtt. i, every three days, cured her. The spots turned pale and the itching ceased, menses more copious and general health improving.

4. *Ptyriasis capitis* (*A. H. Z.*, 81, 144). Dr. Cooper cured a severe case with great vaginal irritation and which had lasted already two years, in 27 weeks, with Mezereum. We ought to think on Mezereum in pruritus vaginæ.

5. Wable (*A. H. Z.*, 14, 147) used Mezereum with great success for all eruptions, burning at night, so that the patient scratched till the surface was denuded and the scratched places covered with crusts, or successive desquamations followed.

6. Schultz (*V. J.*, 8, 49) cured with repeated doses of Mez.³⁰ a laboring man, æt. 40, who had for a long time a dry, burning-itching, herpetic eruption on both hands and left foot; the skin peeled off. Also a child, æt. 3, who after vaccination suffered from an itch-like eruption, depriving him of his night's rest; cured in five weeks.

7. Kreysler (*A. H. Z.*, 27, 153). A woman had a heavy excrescence of the size of half a dollar in the centre of her forehead. Her father had also such an excrescence; with him it was steady, with her it came, stood out for a little while and then disappeared. Mezereum¹², several times repeated, acted well, for the excrescence did not disappear suddenly, but gradually desquamated in layers and so far had not shown itself again. We notice the cutaneous affection again on a spot devoid of *penniculus adiposus*.

8. In the introduction to Mezereum, Hahnemann mentions a case of moist itching eruption on the head and behind the ears, cured by this drug.

9. Stens (*A. H. Z.*, 55, 29) cured a moist, scurfy eruption on the head with Mezereum.

10. *Rhyphia prominens*; Noack (*L. C.* 167). A delicate old maid, of choleric temperament and frequently suffering from rheumatism, dyspepsia and severe headache, addicted to the snuff-box, nursed assiduously one of her relatives during a long sickness. A group of severely itching vesicles appeared on the back of her nose, discharging a dull looking fluid and became covered with a crust, which every little cough detached and then it formed again. The tormenting, itching pains increased with the increasing size of the tormenting eruption, so that the crust enlarged to the size of a small bean. Calc., Spig., Aur., were given during three months without any relief. One drop Mez.¹⁸ cured, the crust fell off, no new one formed; the slightly inflamed, moist base became dry after a few days, showing neither scar nor spot.

11. *Herpes crustaceus*. Fielitz (*A. H. Z.*, 17, 91). The whole leg of a woman had been covered for years between knee and malleolus to the anterior side of the dorsum pedis, with a thick, dirty yellow crust, with fissures, which by pressure discharged a thick, yellow pus; the crust when drying up falls off in pieces; the underlying skin is bright-red, sore and discharges with severe itching sensation a thin, clear fluid, which again dries up into thin crusts with accumulation of pus under it. The skin surrounding the crust is darkened, tense, hot, itching; the foot swollen with painful stitches when stepping on it. At night unbearable itching, burning over the whole surface of the eruption, the whole foot gives off a foul odor. No disturbance of the general health. Sulph., Calc., Psorin, Lyc., Graph., Rhus., Clem., did nothing. Mez. 6th and 8d, every two, then every day, 1 to 2 drops, cleansed the foot in less than two months, the herpes gradually dried up, the skin became smooth, only on a few spots the eruption remained obstinately. The woman refused to keep the prescribed diet and remained away.

12. *Mentagra*. Fielitz (*L. C.*). A farmer of good constitution, æt. 32, complains that for the last six months the whole lower part of his face, from one ear to the other, the lower half of both cheeks, the whole lower lip and the chin are covered with a yellowish-brown, fissured crust, of the thickness of one-fourth of an inch, discharging a bloody lymphatic fluid, itching at the edges, especially when new pustules appear, burst and form new crusts. The edges show a dark red base, the hair of the beard there matted, on the affected places no beard anywhere. Eyelids inflamed, the lower ones covered with crusts and everted. Sulph., Nitr. ac., Rhus, failed. Mez.³, a drop daily, cured the entire case in a short time.

13. *Mentagra*. Elwert (*Hyg.*, 20, 103). A clerk, æt. 28, suffered for the last two years from herpes facialis, discharging a moisture from under the crusts. Sulph. for two months failed. Mez.¹, every 48 hours, 6 to 8 drops, made a perfect cure, and no relapse followed.

14. *Herpes zoster* or *zona*. This cutaneous neurosis, also finds often in Mezereum its remedy, especially when it appears

in lean persons. It corresponds especially to the ganglion cervicale. Hendrichs (*A. H. Z.*, 51, 63) narrates, that after a cure of zona by Rhus the patient complained of coldness of whole body with a burning sensation on the parts formerly affected by zona, which was removed by Mezereum. Lilienthal (*A. H. Z.*, 90, p. 63) finds Mez. indicated in herpes zoster with severe neuralgic pains, after mercurial abuse, where the itching after scratching changes into burning. Aggravation at night, from touch and motion, better in the fresh air.

15. Wahle (*L. C.*) remarks, that the symptoms, observed by himself, hint to its use in crusta lactea, in different forms of uncomplicated impetigo, and against syphilitic or mercurio-syphilitic ulcers of the lower extremities. He prefers Mezereum³⁰⁰, as the lower potencies did not act so well in his hands. Dunham, in a letter to the author, confirmed its beneficial use in crusta lactea; these syphilitic ulcers are mostly observed on the tibia, i. e., at a place where there is no panniculus, but where the skin nearly touches the fibrous membrane. In all our citations the crusts were of dark color (according to Hebra the drying up serous exudations form flat, brown crusts), whereas crusts on a scrofulous basis are shining and light-yellow.

Ptyriasis and mentagra are now-a-days considered parasitic diseases. The parasites, who accompany their eruption, keep up the morbid process only so long as they find a suitable location for their existence, i. e., as long as the disposition prevails. As soon as we remove it the parasites will disappear for themselves, without being directly destroyed. Mezereum has the power of removing the disposition, for

16. Grauvogl (*A. H. Z.*, 75, 27) teaches, that Mezereum³⁰, 4 to 5 drops every two hours, in a teaspoonful of water and continued for several weeks, will cure obstinate *eczema*, but the remedy must be continued for several weeks yet after the disappearance of the eruption: because a single living sporule in the most superficial corner of a spinal end of a sweating gland or in some other hardly visible fold of the skin may reproduce the exanthema in a few days, as long as the parasite finds yet a suitable place for his existence.

(To be continued.)

ARTICLE XIV.—The Medical and Surgical Diseases of Women.

By R. LUDLAM, M.D., OF CHICAGO.

(Continued from page 114.)

XIV.—Ovarian Pregnancy.—Those who have doubted the existence of real ovarian pregnancy will be interested in the conclusions arrived at by Dr. Albert Peuch de Nimes. His very interesting paper on this subject includes the history of six cases which he has cited from responsible authorities, and is contained in the *Annales de Gynecologie*, of Paris, for July 1878. We give his points:—

1. There is such a thing as ovarian pregnancy, but it is very rarely met with now-a-days.

2. Most of the cases which are so classified are really dermoid cysts of the ovary, tubal pregnancy, or abdominal pregnancy in which the placenta is attached to the surface of the ovary.

3. The anatomical signs of ovarian pregnancy are: 1. The absence of the corresponding ovary. 2. The connection of the foetal sac with the womb of the ovarian ligament. 3. The presence of ovarian tissue in the wall of the sac. 4. The fact that the fallopian tube does not contribute to the formation of the foetal sac.

4. We may recognize two varieties, in one of which the foetus develops within a vesicle that remains open; while in the other the vesicle has closed soon after fecundation.

5. The course and termination of this form of pregnancy are not essentially different from those of abdominal pregnancy.

6. When the case has arrived at “term,” gastrotomy is the only rational treatment.

*XV.—Menstruation.**—This little book is as spare as the most dessicated spinster. If, like South’s *Surgery*, it grows smaller with every subsequent edition, we really do not know what will become of it. More than this, if “the *Materia Medica* has been thoroughly gleaned” in its making, and if

* *Menstruation*, by Wm. Jefferson Guernsey, M.D.

this is all the resource that it can furnish for the cure of menstrual disorders, how great and imperative is the necessity for the study of this class of cases by the Homœopathic physician.

The arrangement consists in parallel columns which are drawn across the page, and each of which is devoted to some peculiarity of the menstrual flow, as for example, to the first menses, premature or delayed; to the time of the flow, if early, late or irregular; to quantity, if scanty or profuse; to the term, short or protracted; to suppression; to pain, absence of, after, during, at the beginning or before; color, black, dark, bright or pale; and to consistency, offensive, coagulated, pitchy, acrid, viscid, slimy, mucous, thick or thin. Opposite these columns are the names of 187 remedies, and across the page, under the above captions, the indication is noted by figures. "The figures are used to denote the respective valuation of each medicine in the different symptoms—1 being the most characteristic to a given trouble, 2 the next in importance, and so on down to 5, which is the lowest."

Without pausing to inquire what the fractional part of a "characteristic" indication can possibly be, we pass to some rather curious items which are set forth in this book. Thus, there are only 80 No. 1 indications; and wherefore are the other 107 remedies mentioned? For suppression of the menses, only 8 remedies have a No. 1 indication; and what are they? Are they those which for fifty years our physicians have most frequently and successfully prescribed for the various forms of amenorrhœa? They are *Conium mac.*, *Dulcamara*, *Graphites*, *Kali carb.*, *Lycopodium*, *Pulsatilla*, *Silicea* and *Sulphur*.

There are only 4 indications, fractional or otherwise, for painless menstruation; while there are calls for 12 remedies with a No. 1 warrant in early menses. But neither *Alumina*, nor *Lilium tig.*, *Apis mel.*, *Caul.*, *Cimicifuga*, *Aloes*, *China*, *Gelsemium*, *Ignatia*, *Mercurius*, *Nux moschata* have a No. 1 indication anywhere in this book.

There is no mention of *intermittent* menstruation, as a symptom which may, and very often does, indicate the remedy; and

nothing is said of the time of the day, or of the night when the flow begins or stops; neither of the mammary, or the ovarian pains that are incident to the period; nor of the menstrual headache.

With these trifling exceptions, the book is "good enough as far as it goes," and "it goes far enough, such as it is."

XVI.—A new and simple remedy for the obstinate vomiting of pregnancy.—M. Dujardin-Beaumetz (*Bull. Gen. de Therap.*, No. 7, 1878), gives an account of a young woman in the second month of pregnancy who was seized with such obstinate vomiting that she could not retain either solid or liquid food. After having tried all the remedies usually employed—valerianate of caffeine, chloral, plasters of opium, tincture of iodine, etc. M. Beaumetz employed the following simple method suggested by Dr. Lubelski—that is to say, atomization of ether externally against the region of the stomach. The process was as follows: Immediately before a meal Dr. B. used a Richardson spray producer, directing the jet towards the middle of the dorsal region, and towards the region of the stomach in front. The vomiting ceased at once, and after eight days' treatment the patient was perfectly well. (Lubelski's paper was read before the Académie de Médecine de Belgique, Séance of Feb. 13, 1878.)

XVII.—Vaginal Calculus, following the operation of Vesico-vaginal Fistula.—Dr. W. L. Kelsey, of Connecticut, reports a case (*Medical Record*) in which a woman was operated upon for vesico-vaginal fistula, in April 1876. About the first of March last she consulted him for a leucorrhœa, and on making an examination he found a vaginal calculus one and one-half inches in length, an inch wide and an inch thick. It was formed about the cicatrix, and was concave anteriorly. The line of the cicatrix was plainly visible through the centre of the concretion, and so also were the depressions made by the sutures. In April 1878 water was thrown into the bladder, but none came through. Both this woman and her father had been treated for stone in the bladder.

*XVIII.—Septicæmic Eruptions.**—This is one of those prac-

* Des éruptions septicémiques, par le Dr. Claude Aulas Th. de Paris, 1878.

tical monographs for which the medical press of France is so famous. Its object is the study of septicæmic eruptions, both puerperal and surgical. The author holds that, in spite of the different circumstances under which they are developed, they really are due to the same class of morbid causes, and are, therefore, essentially the same. As a rule, these eruptions imply an unfavorable prognosis. But the author, with M. Guéniot and others, thinks that an exception should be made in favor of the simple erythematous eruption in some cases of septicæmia. This paper merits a translation.

XIX.—Opium a Dangerous Remedy in Hysteria.—A celebrated physician, M. André Martin, has met with two cases of poisoning with opium in hysterical women, and is of opinion that this class of patients are especially susceptible to this drug. He closes an article on this subject (*Le Mouvement Medical*, Nos. 43 and 44), with the following conclusions:—

1. Because of the various derangements of the functional nervous system in hysteria, and more especially of the vasomotor power, opium and its alkaloids should not be prescribed in this disease. 2. If, to meet special indications, it is thought necessary to inject morphine hypodermically in a hysterical woman, the susceptibility should be carefully tested, and only the smallest doses used at first. 3. He recommends quinia and coffee, per rectum, as antidotes.

We give place to the above item for the sake of saying that, in our opinion at least, the common resort to morphine in all kinds of painful disease, is the most fruitful source of hysteria. If our Board of Health had the power to stop its use in the case of all those who are predisposed to hysteria, a great many troublesome affections would be stamped out.

XX.—The Postural Treatment of Intestinal Tympanitis following Ovariectomy.—Dr. Edward W. Jenks, of Detroit, publishes a very interesting case, with some remarks, illustrative of this subject, (*Am. Journal of Obs.*, etc., July 1878, p. 513). The author believes “that a knowledge of the mode of treating tympanitis, or intestinal obstruction succeeding ovariectomy, as described in this paper, is, to say the least, not widely diffused, even among those who are known as ovariectomists. The

writer feels fully warranted in stating this, as the late Prof. Peaslee, whose familiarity with the literature of everything pertaining to gynæcology none can question, a few days previous to his last illness requested him to publish an account of the case here related, as the treatment made use of was entirely new to him, and he thought it was sufficiently important to become widely known."

Briefly, from the ninth to the fifteenth day after the operation in this case, the intestinal tympanitis was very troublesome, but it finally yielded to nourishing their patient entirely by the rectum, to Wells' prescription of *Quinia sulph.*, and to Peaslee's infusion of *Mentha viridis*, both of which were administered per rectum. She did well and convalesced, until the twenty-third day, when the tympanitis returned. This time nothing brought the desired relief. The countenance became anxious, and the pulse feeble, but the temperature stood at 99°. "The muscular contraction of the intestines, essaying at short intervals to expel their contents, could be plainly distinguished, as well as the site of the intestinal obstruction in the region of the pedicle. The action of the intestines produced severe pain. Occasionally, with the paroxysms of pain, there was vomiting. For the following twelve hours all of the distressing and unfavorable symptoms were progressive in their character; hiccough set in, the countenance became pinched and anxious, the vomiting was more frequent, and she grew rapidly feeble. There was, however, no slacking of effort to overcome the intestinal obstruction by means of copious enemata through a long tube, yet the length was of no significance, as it could not be passed beyond the sigmoid flexure, that being the location of the obstruction. Massage was faithfully practiced, but none of the means made use of thus far were of any avail, and the case now seemed hopeless. The opinion of counsel concurrent with my own was, that relief must soon be obtained or the patient would succumb.

We believe that the tympanitis was due to a twisting of the intestine by gas, which the pedicle, with the exudation in the pelvis that occurs even in the most favorable case of ovariectomy, had prevented from becoming untwisted. I thought of puncturing the inflated intestine through the abdominal wall, by means of a fine trocar, as I had done in previous cases, but I am compelled to say never with very

satisfactory results. But before having recourse to the trocar, I concluded to try the effects of postural treatment, and, if necessary, inversion of the patient, with a view of causing by gravitation the pressure to be removed from the pelvis, where there was every reason to think the obstruction existed.

She seemed so near moribund from exhaustion that she was entirely indifferent as to what was being done for her. With the aid of my colleague, Prof. Andrews, and one of my assistants, I took the patient from her bed and gradually inverted her; there was no effect manifest from partial inversion, but when we got her in the position of complete inversion, really standing her upon her head, there was, to our gratification and the manifest relief of the suffering woman, a rush from the anus of the pent up intestinal gas, coming out with a force more remarkable than anything of the kind I ever before witnessed. The patient, as she began to experience relief, instead of being passive in our hands, complained in no mild terms of the unkind and ungentlemanly treatment she was receiving. From this time there was no further trouble; if the gas seemed to be accumulating or was not readily expelled, raising her hips, gentle kneading, or turning her from side to side would cause it to be expelled. The patient encountered no more difficulties, and made a good recovery."

Barring the bad English, this is a very valuable report, and the expedient recommended will undoubtedly be the means of saving life.

XXI.—Concerning Infallibility in Uterine Diagnosis.—We commend the following extract from the Vienna correspondence of the *Chicago Medical Journal and Examiner* for April 1878 to the careful attention of those who assume that a gynecologist should be infallible in diagnosis.

Although it may be "telling tales out of school," I will relate two cases that have resulted fatally during the present winter, by an error of diagnosis on the part of Prof. Braun.

The first was a case of extra-uterine fibroid as large as a child's head, occupying one iliac fossa. In the other iliac fossa extending to the median line, was another tumor of about equal size that fluctuated upon being percussed.

Prof. Braun, in lecturing on this case, said: "Gentlemen, we have here evidently to deal with two tumors, one a cyst and the other solid; and to further verify our diagnosis it is necessary to ascertain the nature of the contents of this cyst,

and with that view I will tap it and draw off a portion of its contents."

Twenty-four hours later the patient lay a corpse on the table in Prof. Heschl's pathological room. He had tapped a distended and displaced bladder and the patient had rapidly succumbed to peritonitis.

The other was a girl, *æt.* 18, who had never menstruated, though of late she had a slight discharge from the vagina. She complained of great pain in the region of the sacrum, and had latterly suffered considerably in evacuating her bowels. Prof. B. first attempted a vaginal examination, but finding the parts small, and the girl sensitive, introduced his finger into the rectum, when he discovered a large tumor situated, as he said, behind the upper walls of the vagina and extending into the cul-de-sac of Douglas. This tumor he concluded was an hæmatocele. To verify this diagnosis he introduced a large exploring trocar into it, *per rectum*.

No fluid making its appearance, he then applied the aspirator to his trocar. Still getting no liquid, he concluded that he was not high enough up, and pushed his instrument still further on. Three days later we had this patient on the table in the dead room.

The post mortem showed that she had a complete atresia of the superior portion of the vagina. The menstrual blood that had escaped from the womb had distended the upper walls of the vagina to an enormous extent. This blood was too thick to pass through the trochar, and when Prof. Braun had pushed his instrument further on he had punctured the bladder; the urine had infiltrated into the cellular tissue behind the womb, as well as into this artificial sac, setting up a violent cellulitis, followed by a peritonitis, of which the unfortunate girl had died.

Dr. Chiarie, who made the post-mortems in these cases, very properly remarked that, "When so great an authority as Prof. Braun can be so easily mistaken as to the nature of diseases connected with the female generative organs, it certainly behooves men of less ability and experience to be modest in enunciating their opinions, and careful about resorting to any expedient that may prove dangerous to life."

XXII. — Gynæcological Essays.—Vol. IV. of *The Trans. of the Edinburgh Obstetrical Society*, 1877, contains twenty-five "communications relating to the diseases of women." We extract a few items from the more practical of these papers:

1. *Foreign Bodies in the Female Bladder.*—Dr. Jas. Young

reports the case of a young woman who, while suffering from pain and difficulty in passing water, thought to aid the flow and relieve herself by introducing a bone pen-holder six inches long into the urethra. The instrument slipped from her fingers and lodged itself in the bladder. This was seized by an ordinary dressing forceps, and tilted towards the meatus by the finger applied through the vesico-vaginal wall, and was easily extracted. A similar case was also reported in which part of a parasol handle had been lodged in the bladder, and then safely removed by dilatation of the urethra.

At page 52, a case is given in which a mass of hair was removed from the bladder, but whether it came from an ovarian cyst which had opened into the bladder, or how it gained admission could not be known.

2. *Fibrous Tumors of the Uterus*.—In a very clever essay on this subject, based upon the study of 72 cases of his own, and 297 from his father's practice, Dr. G. Engelmann records some curious and interesting facts. Concerning the cause of these growths he states that out of 65 cases 5 dated from a miscarriage; 13 followed delivery and child-bed; in 15 the tumor had developed from an injury of the womb, either directly or indirectly; and in 32 no cause could be assigned.

3. *Lacerations of the Vaginal Orifice*.—Perhaps the most important contribution to this volume is comprised in Dr. Mathews Duncan's three essays on this subject. He makes a very practical distinction between lacerations of the orifice of the vagina and those of the perineum. The former he believes to be inevitable, the latter not so. "As I have already said, I have often seen primiparæ delivered, and even by forceps, without any perineal laceration, the fourchette being entire; but I have never in such a case separated the labia and examined the vaginal orifice without finding a laceration of its posterior part."

"It is quite common to hear assertions of the complete absence of lacerations in primiparæ, but I have never been satisfied that, in the cases referred to, a sufficiently careful examination has been made. To do it one requires a good light, an assistant and a sponge." * * * * *

"Lacerations commencing in the vaginal orifice, or in the fourchette, lead to many, probably to most perineal lacerations, which may, therefore, be called secondary, but there are primary and essential or independent perineal lacerations, as is proved by the recurrence of central rupture."

Beside the inevitable posterior vaginal laceration the author speaks at length of the anterior rents which are most fre-

quent on the left side, which in most cases are due to the "ploughing pressure" in the delivery of the left parietal protuberance; and of those irregular lacerations from which little flaps are left hanging. These anterior rents are very liable to be followed by hemorrhage. The whole monograph is able and practical. But the following paragraph has the ring of a monkey-wrench.

"It would appear that, in the Darwinian progress of the species, the head of the foetus has increased in size more rapidly than the orifices and passages through which it has to come have increased in size or dilatability. For it can scarcely be supposed to be a final arrangement that the cervix uteri should be torn so often as it is in giving passage to the child; and the same may be said of the lacerations of the vagina, the vaginal orifice and of the perineum."

Other interesting papers in this list are, *Sarcoma Uteri*, by Alex. R. Simpson; *On the Structure of Three Cervical Polypi*, C. E. Underhill; *Cyst of the Cervix Uteri*, by the same; *A Fibrous Tumor of the Broad Ligament*, by A. R. Simpson; and a *Case of Absence of the Uterus*, by Dr. Underhill. The obstetrical portion of the volume is quite as useful as that which pertains to Gynæcology.

XXIII.—Suppuration within the Uterine Cavity from Occlusion of the Cervix.—Among other valuable reports contained in the *Trans. of the Obstetrical Society of London*, Vol. XIX., for 1877 we find one with the above caption. The patient was 63 years old. Dr. Galabin, who reports the case, says.

At her admission into Guy's Hospital the lower part of the abdomen, after evacuation of the bladder by the catheter, was distended by a firm tumor, symmetrically placed, and reaching about half way to the umbilicus. The lower segment of this tumor filled up the pelvis, posterior to the cervix, and distended the pouch of Douglas very far downward, almost pressing upon the perineum. The vagina was flattened against the pubes and elongated. The cervix could be reached high up and far forward above the pubes. It appeared normal to the finger, but the space left between the tumor and the pubes was not sufficient to allow the sound to be used. On examination per rectum the tumor appeared completely to fill the pelvis posteriorly, and to be tightly pressed against the pelvic walls on all sides. Its lower segment, situated between the vagina and rectum, was globular and somewhat elastic, although very tense.

After consultation with Dr. Braxton Hicks, it was thought that the tumor was most probably ovarian, either simple or malignant, and it was decided to attempt to push it up out of the pelvis. This was done on several occasions by pressure, both from the vagina and rectum, and from both combined, but without success. Trial was also repeatedly made of an air-ball pessary placed in the rectum, and forcibly distended for several hours together, morphia injections being given to alleviate the pain so produced. Not the slightest effect, however, was produced upon the position of the tumor, and there was still more or less retention of urine, and almost complete intestinal obstruction. The tumor was then punctured from the vagina by a small trocar, and the fluid evacuated was found to be pure pus. The opening was afterwards enlarged sufficiently to allow the insertion of an india-rubber drainage tube. Symptoms of general peritonitis soon came on, and the patient died after a few days. At the autopsy, general purulent peritonitis was found. The tumor proved to be the uterus, sharply retroflexed and filled with pus, its walls being much thickened, roughened internally, and covered with several layers of lymph. The specimen exhibited shows the occlusion to have been due to the presence of cancerous deposit commencing about the internal os, and not manifestly affecting the external part of the cervix. The occurrence of suppuration of the uterine cavity, as the result of this occlusion, may possibly have been due to some irritation derived from the cancerous material, but the pus evacuated during life was entirely free from smell.

XXIV.—The Clinical History and Treatment of After-pains.
—We append the following list of questions issued by the *Board of Obstetrics* of the *NEW JERSEY STATE HOMOEOPATHIC MEDICAL SOCIETY*. The queries are of the most interesting and practical kind, and we invite the readers of this *JOURNAL* to send us their answers for publication in our next issue. The above named Board presented a valuable report on this subject at the meeting of the Society, in September, which we hope to incorporate with further contributions in our February number. Here are the questions:

1. What are the conditions that cause (the so called) After-pains following confinement?
2. Are they Physiological or Pathological?
3. Why are they absent in Primiparæ and present in Multiparæ?

4. Why are they sometimes absent in Multiparæ and sometimes present in Primiparæ?
 5. Are there any indications, previous to parturition, which would enable us to anticipate them?
 6. Do they require treatment?
 7. Should treatment be Hygienic or Medical, or both?
 8. Should treatment be ante or post-partum, or both?
 9. What course or plan of treatment do you recommend?
 10. What remedies have you found most useful?
 11. Upon what indications do you administer them?
 12. What success has attended your efforts for relief?
 13. Give any additional facts from your experience, not called for above.
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**ARTICLE XV.—Fractures of the Shaft of the Femur,
with Observations and Clinical Cases, including
Homœopathic Therapeutics.**

BY PROF. C. H. VON TAGEN, M.D.

(Read before the Clinical Society of the Hahnemann Hospital, Chicago, Ill., June 4th, 1878.)

MR. PRESIDENT, LADIES AND GENTLEMEN:—

It may truly be said that an apparatus has never yet been invented by which a fractured thigh bone can be perfectly secured. The natural obliquity of the femur, in relation to the pelvis, is such, that, with but few exceptions, a fracture at any point throughout its shaft is naturally, in fact of necessity, *oblique*, and the group of powerful muscles that surround and encompass it on all sides, throughout its extent, contract with such irresistible force, that when the bone is fractured across at its neck, or the base of its trochanters, no power of machinery (the resistance of the bone itself being wanting) can be brought to bear that will prevent some shortening of the limb.

There is perhaps no other form of fracture, nor surgical condition that has agitated the minds of surgeons throughout all ages than the desire and expectation of discovering some apparatus capable of restraining the powerful muscular contractions

of a fractured femur. Before we enter upon the consideration of this important subject, let us consider the natural causes of the retracting force of the fractured bone, for it is only by thoroughly understanding this feature that we can hope to achieve a creditable cure, when the fracture is curable, nor struggle in vain against insurmountable obstacles. First we should observe the obliquity of the shaft of the femur in its relation to the pelvis, for the latter is wide, and separates the thigh bones above; then let us note that at their lower ends the thigh bones approach, until we reach the knees, where they approach so close as to come in contact. In consequence of this peculiar conformation of these bones, the force which fractures them is brought to bear in a direction so as to cause them to yield and break in an oblique manner. We should also observe there are powerful muscles, as before remarked, that cause retraction of the thighs. These muscles all arise from the pelvis, and are implanted into the trochanters to perform, in a particular manner, the rotatory motions of the thigh. These are of very great size, proportionate to the entire weight of the body, as they have to move the whole weight by bending it forward upon the thigh bones at every step taken. They are located at the summit or upper part of the thighs, and impart to that region its pyramidal form. These are eleven in number on each side. The *iliacus internus*, and *psoas magnus* muscles, passing down from within the abdomen to be implanted in the lesser trochanter, then the *pectineus*, coming from the pubes to be inserted into the *linea aspera*, at the base of the large trochanter. The *obturator internus*, passing from the pelvis through the lesser sacro-sciatic notch, from the obturator ligament and inner surface of the pelvis, to be inserted into the upper border of the great trochanter, in front of the *pyriformis*. The *gemelli* and *pyriformis*, arising from the back part and inner surface of the pelvis, to be inserted into the great trochanter (usually there are two *gemelli* muscles, occasionally but one, the other being at times absent). The three *glutei muscles* arise from the posterior surface of the ileum. The *maximus* is inserted into the *fascia lata*, at the outer side of the thigh. The *medius* into the oblique line on the outer surface of the great trochanter, and

the *minimus*, upon the anterior surface of the great trochanter. The action of these muscles are as follows: *iliacus* and *psoas* act from above, to flex the thigh upon the pelvis, and rotate the femur outward. Acting from below, the femur being fixed, the muscles of both sides bend the lumbar portion of the spine and pelvis forward. The *psoas parvus* is a tensor of the iliac fascia. The *pectineus* acts in conjunction with the three adductors in turning the thigh inward. The *obturator internus* acts, when standing, as a rotator; it also serves to draw the pelvis forward, if it has been inclined backwards. The *gemelli* muscles act as rotators of the thigh. The *pyriformis* as a flexor of the body on the thigh. The *glutei* muscles, when they take their fixed point from the pelvis, are all abductors of the thigh. The *gluteus maximus*, and posterior fibres of the *gluteus medius*, rotate the thigh outwards. The anterior fibres of the *gluteus medius* and *minimus* rotate it inwards. The *gluteus maximus* serves to extend the femur, and the *gluteus medius* and *minimus* draws it forward. The *gluteus maximus* is also a tensor of the fascia lata. It is plain to be seen then that the hip joint, the trochanters and the neck of the femur being surrounded by such powerful muscles, a fracture high up in the bone will *always*, especially in a strong, muscular person, be attended with powerful retraction of the lower fractured end of the bone; as a consequence the thigh will be shortened, the person will halt to that side, but the lameness will be very different from a luxated or ulcerated joint; the limb, though shortened, will be strong, fleshy, etc. Next in order are the muscles of the thigh, these are inserted along the linea aspera, from the lesser trochanter to the inner condyles of the thigh bone. In the consideration of this subject are also embraced the *biceps*, *semi-membranosus*, *semi-tendinosus*, and *gracilis*. The *biceps* is of considerable length, arising by two distinct heads, as its name implies, is located upon the posterior and outer aspect of the thigh; the long head, from the upper and back part of the tuberosity of the ischium, in common with the tendon of the semi-tendinosus. The femoral, or short head, arises from the external lip of the linea aspera, between the adductor magnus and vastus externus, about two inches below the gluteus maximus, and about a

like distance from the outer condyle. It takes a third point of origin from the external inter-muscular septum. This muscle terminates gradually in form of an aponeurosis, the tendon being inserted into the outer side of the head of the fibula. The *semi-tendinosus*, remarkable for its great length of tendon, is situated at the posterior and inner aspect of the thigh. Arising from the tuberosity of the ischium, by means of a tendon in common with the biceps, its long head, also from the neighboring aponeurosis, terminating in a long tendon about midway down the thigh, and passes along the inner side of the popliteal space, curving around the inner tuberosity of the tibia, and is then inserted into the corresponding and upper part of the surface of the shaft of this bone, near its anterior border. The *semi-membranosus*, so termed from its tendinous expansion, situated on the posterior and inner aspect of the thigh, arises by a thick tendon from the inner and outer part of the tuberosity of the ischium, above and to the external surface of the biceps and semi-tendinosus, is inserted in the posterior part of the inner tuberosity of the tibia, beneath the internal lateral ligament. The tendon of this muscle divides near its insertion into three portions. The internal portion is inserted into a groove along the inner side of the internal tuberosity of the tibia; the middle portion into the posterior part of same tuberosity, and the posterior portion passes upwards and backwards, being inserted into the posterior part of the outer condyles of the femur, forming in this locality the chief part of the posterior ligament of the knee-joint. The action of the three hamstring muscles, as these are familiarly termed, is to flex the leg upon the thigh. When the knee, however, is semi-flexed, the biceps, from its oblique direction, which is downwards and outwards, rotates the leg slightly outwards; the semi-membranosus, in consequence of its oblique direction, rotates the leg, assisting the popliteus, inwards. Taking their fixed point from below these muscles serve to support the pelvis upon the head of the femur, and to draw the trunk of the body directly backwards, as is instanced in feats of great strength, when the body is thrown backwards in the form of an arch.

The third and final group of muscles to consider are those located on the anterior surface of the thigh. These are the *tensor vagina femoris*, *sartorius*, *rectus*, *vastus internus*, and *externus*, *cruralis*, and *sub-cruralis*.

The *tensor vagina femoris* is a flat short muscle located at the outer side of the thigh arising by aponeurotic fibres from the outer and anterior part of the crest of the ilium, and anterior superior spinous process of same, between *gluteus medius* and *sartorius*; then proceeds downwards and backwards, being inserted in the thigh, one-fourth of its length, by a tendinous expansion.

The *sartorius*, noted for its length, arises from the anterior superior spinous process of ilium and notch below it, passing obliquely inwards and down entire length of the thigh to the inner side of the knee and behind inner condyle of the femur, terminating in a broad tendon, and is inserted into the upper part of the inner surface of the tibia nearly as far forward as the spinal eminence of that bone.

The *rectus femoris*, situated on the anterior and middle of the thigh, arises by two tendons, the straight one from the anterior inferior spinous process of the ilium; the other a flattened tendon, and curves downwards to be attached in a groove above the brim of the acetabulum; this is the reflected tendon of the *rectus*, it unites with the straight tendon at an acute angle, then becomes aponeurotic, from which the muscular fibres arise. This muscle terminates in a thick and broad aponeurosis, gradually narrows down into a flattened tendon, and is inserted into the patella in common with both *vastus* and *cruralis*.

The *vastus externus* arises by a broad aponeurosis attached to the anterior surface of the great trochanter and a horizontal ridge on its outer surface, and from the lips of the *linea aspera*; a few fibres arise from the tendon of the *gluteus maximus*, and from the internal inter-muscular septum, between the *vastus externus* and short head of the *biceps*. This muscle terminates in a tendon being inserted into the outer part of upper border of the patella, blending with the great extensor tendon.

The *vastus internus* and *cruralis* are inseparably connected together and really form but a single muscle. It arises by an aponeurosis from the inner side of the neck of the femur and *linea aspera* the whole length of its inner lip and internal inter-muscular septum; also from nearly the whole of the internal, external and anterior surfaces of the shaft of the femur. From these different origins the fibres converge to form a broad aponeurosis, which covers the anterior part of the middle portion of the muscle (the *cruralis*), and the deep surface of the inner division of the muscle (the *vastus internus*) here becoming joined and gradually narrowing is inserted into the patella, blending there with the other tendinous insertions. These four muscles are all more or less intimately related and blended one with the other, and are known under the single appellation of the *quadriceps extensor cruris*, or great extensor muscle of the thigh.

The *sub-cruralis* is a small muscle usually distinct from the superficial muscle, and arises from the anterior surface of the lower part of the shaft of the femur, being inserted into the upper part of the synovial pouch that extends upward from the knee-joint and behind the patella.

The action of this group of muscles is as follows: *Tensor vagina femoris* is a tensor of the fascia lata. Continuing its action its oblique fibres enable it to rotate the thigh inwards in the erect posture. Acting from below, it serves to steady the pelvis upon the head of the femur. The *sartorius* flexes the leg upon the thigh, and continuing to act the thigh upon the pelvis, at the same time it draws the limb inwards; adducts it, so as to cross one leg over the other. Taking its fixed point from the leg it flexes the pelvis upon the thigh, and if one muscle acts, assists in rotating the thigh. The *quadriceps extensor cruris*, which embraces the *vastus internus*, *externus cruralis* and *rectus femoris*, extends the leg upon the thigh. Taking their fixed point from the leg, as when standing, the extensor muscles will act upon the femur, supporting it perpendicularly upon the head of the tibia, and thus maintains the entire weight of the body. The *rectus* muscle assists the *psaos* and *iliacus* muscles in supporting the pelvis and trunk upon the femur, also in bending it forward.

These then are the combined muscular forces that operate in the mechanism of the thigh and with which we have to contend and overcome to enable us to obtain successful results in the form of fracture we are about to consider.

Next in order let us consider, among the numerous and almost numberless appliances that have been recommended for fractures of the shaft of the femur, the one that is best adapted for fulfilling the indications and obtaining the most satisfactory results. Time and space both forbid that I should enter into details herein, or attempt to enumerate, much less to describe the long list of apparatus that have been urged by the various inventors; each one laying claim to some superiority over that of his predecessor.

The first point then to consider, in the event of a fracture in the location referred to, is the *proper position* the injured member should be placed in, and that will most readily and effectually overcome the great resistance that induces displacement and consequent deformity, invariably present in all forms of fractures involving the femoral shaft.

Some authors, high in authority, both ancient and modern, advocate dressing the limb in an extended position, and these are quite numerous. I do not hesitate to state, *right here*, that to my mind this method *has always* appeared very *unscientific*, notwithstanding the great array of authority who have prescribed and practiced it. I need hardly add my reasons in full, as I take it for granted among those familiar with the mechanism of the part and the nature of the fracture, will readily observe how much more the antagonistic force, which tends to displacement, is increased when the limb is extended; and in the same proportion, the greater will the counter extending force have to be exercised to maintain anything approximating to an accurate adjustment of the fractured surfaces.

Does it not stand to reason that the more the resistance is diminished the easier will the parts be restored and maintained in situ?

I am of the persuasion of the few in number who advocate the *flexed position*. I have strenuously advocated this method for more than *twenty years* past, having never in a single in-

stance used any other position, and notwithstanding I have encountered much opposition in this direction I have never had reason to regret, having held firmly to this theory of position. Since 1856 it has fallen to my lot to attend and treat nearly two hundred cases of fracture of the femur, both compound and uncomplicated, and in no instance have I failed to obtain satisfactory results. The shortening, with but one exception, did not exceed three-fourths of an inch, while a large majority ranged from one fourth to three-eighths of an inch. When we consider the mechanism of the thigh, it is not unreasonable to assume that the gentler and easier method of overcoming effectually the resistance of the powerful muscular force herein displayed, is the better way, and this desideratum assuredly cannot be accomplished successfully through violent means, such as is offered when extention of the limbs is practiced. The more the force the greater will be the resistance. The unphilosophical and crude idea of wearying out the muscles, as has been advanced by those who should know better, is unworthy a second thought. How much more reasonable it seems, and practical too,—experience demonstrates it—that by *flexing the limb*, and thereby relaxing the flexors and kindred muscles, all will be found to yield readily, the fractured fragments will also then be found to be more readily replaced and kept in much more accurate apposition; hence there will be less shortening and no deformity. Forcible means begets strong antagonism always. It stands to reason then that the apparatus that will best and most effectually maintain this position and at the same time keep up a proper amount of extension, and in addition, so constructed as to permit a variation or change of angle, is the “*sine qua non*.” Eminently superior, in my judgement, and above all other forms of apparatus yet discovered, devised or known, in all particulars, the double inclined curved splint, of Day’s construction, is the best. Prominent among those recommended and more or less used at the present time, we will here briefly mention, and annex our objections to each one.

Physick’s modification of Desault, formerly a very popular apparatus, is now obsolete, and justly too. The chief ob-

jection is that the limb requires to be extended, no freedom of the patient is allowed; is too constraining. In fact, patient might as well be imprisoned. Patient is compelled to lie on his back throughout the treatment.

Hodges' modification of Desault, with counter extension at the shoulder, against which the same objections may be urged. The modification of the New York Hospital splint by Dr. Frederick D. Lent is likewise a modification of Desault. This too has the objectionable feature of requiring the limb to be extended. Otherwise it is an improvement over the two former.

All thus far enumerated extend from the axilla to the foot, and are liable to produce ulceration at some point, either on the instep, heel, at the perineum, tuberosity at the ischium; these localities being used for the counter-extending points and force.

Munges' extends from the hips only to the foot, and may be classed in the same list.

Smith's anterior wire splint lacks counter-extending power, and is fixed as regards the angle. Both are serious objections.

Hodgen's suspension apparatus resembles the last named and is equally objectionable.

Buck's and Swinburne's extension apparatus resemble one another; are both good, in our judgement, for fractures of the leg and lower portion of the femur only. Do not think either suited to fractures of the shaft of the femur high up, nor yet at its centre.

Packard's apparatus is deficient in several particulars, being in principle a straight splint, possessing no means for counter-extension, etc.

Clark's modification of Hodgen's embraces the requirements, but is rather too complex and complicated in its structure and arrangement. The plaster of paris splint, I need hardly add, has proved a complete failure.

Daniels' fracture bed is an excellent apparatus for well-to-do patients, and no doubt, judging from its construction, will meet the requirements of this class of cases.

McIntyre's splint improved by Liston, bears a close resemblance to the double inclined plane first referred to, and is equally efficient; between these two we see no special choice.

To Sir Chas. Bell, of England, belongs the credit of having first suggested and using the double inclined plane, notwithstanding the credit has been given to Mr. Pott. Hildanus, however, was the first to invent, of modern surgeons at least, an apparatus for overcoming and restraining the muscular contractions of fractured thighs. The writings of Sabattier assert that permanent extension was not only a common practice with the older surgeons, but that it was in common use among his cotemporaries. The latest writings of this author are his three volumes entitled, *De la Médecine Opératoire*, Paris, 1797. Bell's splint was not complete, however, as it lacked in counter extension, this is now supplied and combined in the two apparatus referred to and known as Day's splint, and Liston's modification of McIntyre's.

Sir Chas. Bell depended for extension, as well as the maintenance of the fractured surfaces, simply through the medium of flexion of the limb at the knee, thus he contented himself with this as a means to overcome muscular contraction and prevent shortening. In this particular, then, his apparatus was at fault, or rather deficient.

The value and superiority of the two apparatus just referred to, may be readily determined and practically demonstrated by laying a fractured thigh on a double inclined plane, placing the splint at an angle of 35 to 40°, the patient being placed in a semi-supine position, thus the tension is taken off from the entire set of extensor muscles of both thigh and leg. When this attitude is assumed the body is flexed or bowed towards the thigh, and the flexing of the leg upon the thigh establishes an equilibrium between the flexors and extensors, and thus is accomplished a compromise, as it were, between two opposing forces. It may now be readily noted how the raising of the trunk of the body will relax the anterior set of extensor muscles; again, by the flexing of the leg upon the thigh, the posterior set of extensor muscles are also relaxed. While in this position it will be found that on account of a preponderance of

power in favor of the posterior group of muscles, the upper fragment will be observed overlapping the lower one, anteriorly, and it will be found very difficult, if not impracticable, to depress the upper portion on account of this tendency to raise. It will, however, be found easy, by the method herein described, to elevate the lower portion to correspond with the upper fragment, thus the fractured surfaces are adjusted and can be maintained in accurate position, aided by means of roller bandages, first applied to the limb from the toes to the hip; and then embracing the apparatus in like manner, with proper extending power at the foot, of which there is provided a suitable adjustment, in both instruments, and can be graduated to meet the requirements of the case.

The counterpoise is due to the weight of the patient's body, aided somewhat in raising the foot of the bed by means of blocks two to four inches high. The angle formed by the knee aids, on the other hand, both the extending and counter-extending force, acting much as a fulcrum does to a lever. Only the patient's head should be allowed to rest on the pillows; *not the shoulders.*

With either of these apparatus properly applied, and with a properly constructed bed, the patient can recline or sit up, and of course assume a supine position; all without interfering with the process of union, or disturbing the broken surfaces.

The most suitable bed is a hair mattress, and a good, firm set of springs constructed with a circular aperture and suitable fitting plug, through which medium the patient can relieve himself into a vessel placed below.

In concluding this portion of our subject, we will take occasion to state that the treatment of fractures of the shaft of the femur in young children and infants, differs materially from that adopted usually in cases of the same nature occurring in adults. It is our intention to furnish an article on this special subject to follow in the wake of this paper when finished.

ARTICLE XVI.—Three Lectures.

BY DR. P. JOUSSET.

FIRST LECTURE.**ON THE DIFFERENT FORMS OF MORBUS MACULOSUS WERLHOFFII.**

WERLHOFF described a special disease, which he called purpura hemorrhagica, but he was mistaken when he considered it always benign and always afebrile.

This same disease may even endanger life, and we must even here differentiate between the grave and the malignant form of purpura. Its malignity consists in its insidiousness, characterized by the discordance of its symptoms, by the sinking of the vital forces, and by imminent danger of death, either through syncope, or by cessation of the chemical phenomena of breathing. I believe I can make myself better understood, by giving you the history of a few cases:

CASE I.—Mrs. B., æt. 32, brunette, delicate, usually pale. Her courses were always very profuse, and for several years even menorrhagic. She has three children, and in her last confinement the enormous loss of blood endangered her life.

October 10th, 1877, she consulted me on account of enormous ecchymoses, which appeared spontaneously, seated on left side of the body, especially on the upper part of the thigh and on the back of the hand. On the inside of the left cheek is a bloody bulla, which, after breaking, discharges a few drops of blood; the gums are bleeding, but not fungous, as in scorbut, especially after cleaning her teeth. During the summer her health was good and her courses less copious; but during her last menstruation, she became greatly fatigued and impatient, her courses increased nearly to a hemorrhage; she enjoyed good appetite, and had neither fever nor weariness. R. Phosph.⁶, two drops in a half glass of water, four tablespoonfuls per day.

October 13th I was called to her and found her in bed with fever, low-spirited, with more extensive ecchymoses on the old places. Phos. continued and lemonade ordered.

October 14th. Fever continues; considerable swelling of the cheeks; soft from blood-extravasation in the cellular tissue; patient complains of sore throat; the left tonsil is covered by a false membrane, of pearly-white color, of the size of a quarter-dollar; blood oozing from the buccal and pharyngeal mucous membrane. R. Cyanuret of merc.^s and Lachesis^s, in alternation; alcoholic stimulants to keep up strength.

October 15th. The false membrane has disappeared; no sore throat; the swelled cheek looks bluish; fever continues; prostration extreme; hemorrhage from the mucous membrane; hematuria. R. Thlaspi θ , forty drops in a half glass of water, same diet.

October 16th. Hematuria stopped to-day, but otherwise the same. Menses appear slightly; no appetite, and the patient vomits nearly everything she takes; pulse, 130, small, miserable; Dr. Cretin called in consultation advises a return to Phos., and to give Thlaspi, should the hematuria return.

October 17th. Feels better every way; the ecchymoses diminish, the swelling of the left cheek has nearly disappeared; no hematuria, no vomiting; the patient asks for food, but the fever continues; pulse 116, somewhat stronger; the same treatment.

October 18th. Towards evening of the 17th a marked aggravation, but amelioration towards morning; in the evening the fever redoubles; great anguish with jactitation; the ecchymoses return again; the patient wishes for nothing; there is somnolence and lassitude, from cerebral compression; she cannot speak nor does she show her tongue, when asked to do so; pulse 140; prognosis unfavorable; on account of the ataxic quotidian type, she receives fifteen grs. Chininum sulph. every four hours.

October 19th. Slight amelioration in the morning, but worse in the afternoon; the ecchymoses extend, intense fever; patient more quiet, speaks in monosyllables. The head balances automatically, which is to me a symptom of agony. Quinine continued. The patient dies about 7 A.M. of the 20th, the seventh day of the fever.

This case differs from the common cases of purpura hemor-

rhagica by the small number of external hemorrhages, by the bloody infiltration in the cellular tissue without changing the color of the skin, by the sudden appearance of a false membrane on the left tonsil, by the rapidity of the malignant symptoms. In our case the left side is especially affected. In the common form of purpura hemorrhagica, the patients succumb to the multiplicity and copiousness of external hemorrhages; nose-bleed early, repeatedly, and yielding only to the tampon, followed by hematuria, hematemesis, melaena, finally hemoptysis. Our patient, on the contrary, did not lose half a litre of blood during her whole disease; she rather succumbed to the excessive fever and to the cerebral compression, from the bloody infiltration of the meshes in the pia. Let us remember also that in scurvy the brain remains intact, whereas in purpura bloody infiltration may take place in the brain and in its membranes.

Great hemorrhages in the cellular tissue belong particularly to scurvy, still they are also not unknown in the history of purpura, and we witnessed it in the case of Mrs. B.; secondary diphtheria is rare in purpura, but it was also observed in the course of eruptive and typhoid fevers, where they always hint to a grave prognosis.

In regard to the malignity of this case, we see that in the common form of hemorrhagic purpura the patients gradually become weak in proportion to the loss of blood; the fever is never excessive, and diminishes or even disappears after copious hemorrhage, and at the moment of death; in fact the patients die from hemorrhage; in the case of Mrs. B., on the contrary, the hemorrhages were slight, and disappeared during her last days; the fever rose steadily to great height, and finally took on the remittent form with violent paroxysms. The malignity of a diphtheritic affection is too well known.

Let me lead your attention to the part, so little understood, which the nervous system plays in the pathogenesis, if not of disease, at least of lesions. In the case of Mrs. B., it seems that the origin of the nerves of the left sympathetic was chiefly attacked, as all the lesions were on the left side. We often meet pleurisies and pneumonias engendered by a diphtheritic paralysis of the vagus and of the sympatheticus. Claude Bernard

places the cause of diabetes and albuminuria in a lesion of certain points on the floor of the fourth ventricle. How much have we to learn yet in that direction!*

CASE II.—The daughter of Mrs. H., æt. 5½, born in Havana; a few months after her birth she was taken with spontaneous tetanus. Though never seriously sick, she always remained delicate; she is very large for her age, and her mind too much developed for such a weak constitution. Two years ago her parents removed to Europe, and she passed her first winter at Nice, and this one at Havre, where she was several times affected with bronchial catarrh and lost flesh. About the 15th of April I was called to see her on account of ecchymotic spots on the legs and upper arms, in all the stages of development; pulse rapid, temperature 37°, sleeps well and is in good spirits; Mucous membranes intact. Ordered energetic treatment: acids, perchloride of iron, wine and nutritious diet.

For several days everything seemed to pass favorably, when, on the 20th, during sleep, an extensive hemorrhage took place under the skin around the right trochanter, with petechial plaques all over the thorax. Otherwise the child is lively, eats well, no fever.

April 21st. Petechiæ on lips and inside the cheeks, surrounded by a red, inflamed circle, also over the whole palate. For the first time the child feels out of sorts, rests on the knees of the mother, and though she eats well looks decidedly weaker.

April 22d. Invasion of the pharyngeal mucous membrane; she complains of sore throat and swallows with difficulty; pulse frequent, small, the skin without heat.

April 24th. A suffocative fit attacks the child during sleep,

* Madame B.'s case, if not originating from, was aggravated by great fatigue and emotional excitement. Prof. Boskowitz was the first who led our attention to Ignatia in diphtheria. It gives us menses premature and profuse; we find among its symptoms bleeding of the lips, soft gums, and bleeding piles; hysteria with lassitude and weariness; the chill of Ignatia is a regular nervous chill, with internal congestions, hence the great thirst during the chill, the consequent heat of the whole body is more apparent than real, as the patient dreads uncovering. We have, in fact, with Ignatia a nervous depression with hyperæsthesia.

without cough or change of voice, as if a foreign body had entered the windpipe, and another one comes on during the night, leaving inspiration painful. On the 25th the child bled from the nose with great relief, and respiration was again entirely free. The buccal and pharyngeal cavities are more or less covered with small, ecchymotic tumors, rendering mastication and deglutition difficult, and by the 29th it is only too clear that the disease has attacked the larynx, whose mucous membrane is ecchymosed and swollen; inspiration and expiration are equally difficult, voice gone, there is no croupous cough. As the dyspnœa increased to orthopnœa, the Drs. Lafaurie and Prez-Cranier were called in consultation, and advised tracheotomy to save life; the operation was easily performed, but the loss of blood was fearful. The child reacted well, breathed well, passed a good night and several good days, though the child looks pale and pulse miserable.

May 1st. Vast engorgement of the submaxillary glands, and in examining the pharynx, we find for the first time diphtheritic coating. The child died that night.

Dr. Gibert, who reports the case, considers the case as one of hemophily; we differ with him; hemophily is an hereditary and congenital disease, essentially chronic, beginning with birth at the division of the umbilical cord, and terminating at about the age of 20, in those rare persons who escaped the hemorrhages incident to the disease. The state of this patient was neither hereditary nor congenital. It began accidentally in a delicate child, who never before showed any tendency to hemorrhages, but we find causes enough to produce a cachectic state: frequent bronchial troubles, and a housing up for several months during the inclement season. Dr. Gibert was misled by the false idea, that purpura is mostly seen at first in the mouth, that it is an afebrile disease and commonly gets well. We told you already, that purpura is frequently complicated with fever and that it is a dangerous disease, and we have here again complication with diphtheria, and it is the first time that I find noticed an inflammatory circle surrounding the ecchymoses.

In the *Lyons Medical*, April, 1878, we find an observation on

malignant purpura with insignificant external hemorrhages, violent fever and rapid death.

CASE III. X., farrier in the 3d Hussars, æt. 24, was in Africa several times in the hospitals, on account of intermittent fever; returned to France he has several attacks, feels weak, and entering the hospital he complains of intense headache, face and trunk lightly colored, conjunctiva red, but dry; no laryngitis. frequent nausea, insomnia; temp. 39.4; lungs and heart sound. What draws our attention chiefly, is an intense rachialgia, so that the patient screams; pain and tingling in lower extremities.

Sept. 23d. Purple rash out; subconjunctival ecchymoses, a black chemosis; petechiæ without number on the trunk, arms, abdomen, and lower extremities; temp. in the morning, 38.6; pains unbearable; continual vomiting, stools slightly sanguineous, urine very albuminous; nothing seems to relieve the pains; petechiæ increase, become confluent, are veritable ecchymoses; panting breathing; no rales in the chest, no abnormal sounds in the heart; evening temperature, 38.2; neither angina nor gingivitis; some fuligo on the lips; no cerebral symptoms intelligence intact. Death at 5 P.M.

Autopsy: Cadaver violet, ecchymoses and petechiæ over the whole body; some fluid in the pleural cavity, old adhesions; hemorrhagic spots here and there on the pleuræ, lungs slightly congested, otherwise healthy; heart normal, fluid blood in the ventricles; pericardium healthy; subperitoneal ecchymotic spots on liver and abdominal walls; the intestinal mucous membrane thickened, the follicles hypertrophied; liver of normal size, of a greyish-yellow color, tending to fatty degeneration; spleen normal; kidneys somewhat large and nearly white when cut through; brain healthy; in the sacrolumbar region considerable hemorrhagic foci. Hystologically, Dr. Cobrat found fatty liver; in the skin, blood-corpuscles amassed in the connective tissue of the skin; the kidneys offer all the characters of a beginning interstitial nephritis. The spaces between the canals are full of young elements; the epithelium of the canals sound.

In this rapidly fatal case we only meet an insignificant exter-

nal hemorrhage, stools slightly bloody, and we find again the cause of death in the febrile movement, and in the malignity of the symptoms.

SECOND LECTURE.

ON THE DIFFERENT FORMS OF PURPURA HEMORRHAGICA.

In our first lecture we learned that there is a veritable malignant and rapidly fatal purpura hemorrhagica, differing entirely from that common benign form described by Werlhoff. Let us study to-day these queer cases, which differ also, though otherwise, from the usual form, and which we will find anomalous in its course and symptoms.

Dr. Mathelin, in his thesis 1877, was the first to lead our attention to it. This young physician gives three constant symptoms, as found in this anomalous form: Irregular breaking out of purpura; violent fits of colic, œdema violent as to its duration; we noticed a fourth symptom, rheumathritis. The attack may last from two to ten weeks; there is always a continued fever, and there is danger enough to give us some anxiety.

Dr. Couty published the following case: Charles G., æt. 13, no hereditary tendency, hemophilic or otherwise, no scrofula, only he looks pale, anemic and has small muscles. His general health is good, appetite normal; no fever; temperature 38.6; no headache nor visceral troubles. When entering hospital his skin on the upper and lower extremities is covered with violet spots, which do not disappear on pressure and are not raised above the skin. They appeared first March 19th, without prodromata and when the boy felt perfectly well; all the mucous membranes healthy and of uniform color; no albumen in the urine. March 22d. The spots turn yellow and as if they would disappear, when in the evening he is suddenly attacked by violent colic, which deprives him of his sleep; no stool nor vomiting.

March 23d. More colic, the boy feels somewhat fatigued.

March 24th and 25th. He feels better, the spots have disappeared, when on the night of 26th another, but slighter attack of purpura sets in; around the spots there is a perimaleolar œdema, slightly red, remaining for four or five days, making motion of the feet painful, though not preventing walking. In the evening a new attack of colic and greenish vomiting. March 28th. New spots, œdema nearly disappeared, appetite returns.

April 4th. The boy was already considered cured. A new attack of eruption, extending now to the trunk. 8th. Violent colic the whole day with vomiting; sleep during the night. 9th. More colic, temperature 37.7; in the evening fifth abundant eruption on extremities, prepuce, trunk and face. 13th. During the night violent colic and green vomiting, abdomen well-retracted, painful to light and heavy pressure; a solid, normal stool; they disappear on the 16th and return intensely on the 18th; on the night of the 20th slight eruption of purpura on the arms; number of globules counted by Molosse's apparatus: 2,800,000. April 22d. Violent colic and vomiting, light œdema, painless, around the eyelids. Up to April 28th two new attacks of colic; about May 5th another large crop of purpura appears; very violent colic with bilious vomiting; urine lightly turbid, giving by boiling with azotic acid a dissolving precipitate.

May 11th. Eruption less abundant; sudden attack of severe colic, followed again by an eruption of very red spots, raised above the level of the skin, over the whole body and especially about the articulations. The abdominal pains so severe that the patient screams out; abdomen retracted; face pale; extremities cold and temperature under armpit 36.6; pulse 56 to 60, very irregular; no cardiac murmurs. May 12th. The colicky pains keep on, the eruption recedes and is yellow by the 15th. Three more attacks of the same kind followed till he got entirely well. There was never any diarrhœa or digestive troubles; no headache; no nervous symptoms. The globules counted May 21st gave 310,000 to the cubic millimetre.

Case II.—F. Moreau, æt. 31, delicate constitution, lymphatic and nervous temperament; had typhoid fever 20 years ago

and intermittent fever in Prussia during the war of 1870—71; after his return to France he had it for three months longer and then felt nearly well up to December, 1875. At that time he began to cough and to spit blood, for which he enters the hospital, and leaves it in February greatly improved. During September he again raises blood, for which he blames privation and mental anxiety. Since then he has not felt well again, but continues his duties, although hardly able to do so. During March and April he is treated as an outpatient, complaining of the chills, just as he had them in Prussia, followed by headache and a bruised sensation all over with articular pains in all extremities. Chininum sulph. * relieves the headache and the pains.

April 15th. He keeps chilly, cannot get warm, and when he awoke in the morning, the arms and legs are covered with red spots of 1 to 4 millemetre in size, irregularly dispersed, numerous on some parts, scanty on others, but there is always some sound skin between them. He complains at the same time of dull abdominal pains, especially in the left iliac fossa, worse by pressure. He looks weak and feeble, and the least exertion tires him out. Careful consultation shows the lungs sound, though he coughs a little. Heart and blood-vessels normal.

April 21st. Towards evening severe abdominal pains, worse in paroxysms, but never entirely gone. When the pains are severe, he doubles himself up and throws himself about in the bed; his features are sunken and the expression anxious. During the night he vomits about a litre of deep-green fluid, analogous to the porraceous vomiting of peritonitis, only the abdomen is retracted in the form of a boat. An opiate draught and laudanised cataplasma over the abdomen.

* There is great objection to this hap-hazard prescription. The patient had typhoid fever, for which he took Quinine, intermittens in Prussia and France, and he was surfeited with Quinine. He suffers from several hemoptoes (not tubercular, but *ex stasi venosa*), has not felt well for several months; there is general languor and loss of vitality, chills now set in, the poor patient calls for help at a homœopathic dispensary and—he is dozed again with Quinine not only, but Jousset gives it in fifteen and twenty grain doses *secundum artem*! Is this the Homœopathy of France? Hahnemann taught otherwise.

22d. Colic worse in intensity and duration, and towards evening the same vomiting of about two litres of bilious matter; two black stools. He feels exhausted, but the spots fade away from the periphery to the centre.

23d. Colic continues with the same intensity. A slight eruption appears on the external and inferior parts of the left elbow. A mucilaginous laudanized clysma is ordered and internally opium and ether. He is advised to take small pieces of ice. No vomiting, but towards evening two copious liquid stools of deep chocolate color, an intestinal hemorrhage; at the same time his expectoration is also tinged with blood.

24th. Colic the same; he is so weak that he can hardly speak. No vomiting, no stools.

25th. Colic less intense and at longer intervals; he slept at last during the preceding night; he only complains of pains in his gums, which are swollen and show a tendency to become fungous. During the night of 25th to 26th the colic pains worse again and in the morning of the 26th a new eruption around the elbow and forearm, also around the knee. Expectoration always bloody. Colic the same and treatment the same, less the injection. The patient takes with pleasure some wine and water, but it aggravates the pains.

27th. The patient feels and looks better, though the eruption persists, and is even increased in some places; small spots all over the lower extremities. The right knee is painful, tumefied and some intra-articular fluid in it; around the articulation œdema. The same treatment continued, but he passes everything just as he takes it. During the night very intense colic again and in the morning another eruption. Towards 6 o'clock A. M. the patient is nearly without pain, the spots are very numerous and close together on the arms; they are of a carmine red, somewhat raised, whereas former eruptions were smooth and of a violet color. New spots are also seen on the haunches and lateral thorax, where he never had an eruption before; they are small and separate.

28th. The eruption keeps on to develop itself; one distinguishes easily the new crop by their crimson color and their raised appearance. Stools copious, of normal color; towards

evening the pains return in their old severity and last during the night.

29th. Morning: free from pain, but the eruption continues during the day; the spots are very small, hardly of one millimetre and extend to the feet and forearms; stools normal.

30th. Moreau feels satisfied that the colic has disappeared, there is only great weakness. No stool; the right knee is still swollen, but less painful.

May 1st. At 6 P. M. the colic returns with the utmost severity and lasts till 4 A. M. At the moment, when they cease, the patient feels a kind of tingling in the feet, followed by more eruption of purpura. In fact, when looking at his feet, the back, the sole and the toes are covered with them; some are also seen here and there on the arms. The right knee is less swollen and the bony projections can be felt.

May 4th. Another attack of colic, lasting the whole night and preventing sleep, and keep up their severity during the 5th and 6th, when they stop. A papular eruption sets in with itching, especially around the joint of the knee, foot, elbow and wrist; some are surmounted by a small black point from the rubbing of the clothing on the skin; a veritable *purpura urticans*.

May 7th. Patient feels prostrated; the papules turn pale on the right wrist and on the 8th they fade away everywhere; he is so weak that his legs fail to support him; careful examination shows his legs sound. In the evening the colic reappears with great intensity. Towards 6 P. M. subcutaneous injection of one centigramme Morphine: immediate relief, but half an hour afterwards some points reappear at some distance one from another and disappear towards 2 A. M.; the patient falls asleep.

May 9th. During the day the colicky pains make longer intervals and last till 8 P. M.; no eruption follows; stools regular; he expectorates some blood with the cough; urine absolutely normal.

May 12th. Patient very downcast; 4 A. M. severe and long-lasting chill, followed by great heat, dull pains in the joints, and pretty severe ones around the orbits; temperature 40.4;

copious sweating terminates this paroxysm of intermittens. The following morning he takes 0.75 quinine. Neither fever nor colic.

May 18th. Patient feels strong enough to get up for a few hours, he complains only of his cough, but careful examination reveals nothing abnormal in the anterior portion, posteriorly percussion is somewhat dull on the right side. Though in and expiration is normal on left side, these sounds are more dull and at the apex the vesicular murmur is not soft as on the left side.

Gradually he gains strength, appetite returns and he is discharged cured of his purpura. *

Case III. Jousset's own observation.

M. C., æt. 30, typographic compositor, enters the hospital St. Jaques January 15th, 1878, and leaves it April 20th. He enjoys moderately good health, but is subject to pituite (accumulation of phlegm), does not present any sign of lead-poisoning. Two months ago he was taken down with fever, headache, vomiting, sweat followed by an eruption over the hairy scalp. These symptoms terminate with a sore throat and rheuma. The cough lasts several weeks.

Prodroma. For the last two weeks there is malaise, general lassitude and articular pains ending in purpura.

1st week. January 10th. In the evening intense pain with an eruption of numerous small red and round spots, in fact veritable petechiæ, on the legs. The following days they appear on the abdomen and arms, turn brown the fourth day, with simultaneous decrease of fever, but on the 14th the fever

* Not of his purpura, but of his intermittent fever, suppressed by the Quinine; the reappearance of the fever was the last sign of the disease and the first sign of restored health, just as we find it laid down in the organon. Looking over my repertory I would think of *Rhus* or *Arsenicum* in such cases. The former gives us, with the chill pains in limbs, great restlessness and weakness; *colic*, diarrhœa, great nausea and vomiting of bile, *nettlerrash during fever*; during the atrocious colic the patient is obliged to walk bent, relieved by lying on abdomen, worse at night; dry, teasin: cough with taste of blood, sputa pale, clotted or brown blood. *Arsen.* also gives us nettlerrash, petechiæ and ecchymoses; great debility, pains in the limbs, dropsical symptoms, gastric and hepatic ailment, etc., etc.

increases again and with it reappears a new eruption of red petechiæ. On 15th no fever and we find some of the petechiæ red, others more or less black. These spots are not at the root of hairs, as in scorbutus; the gums are sound and he has no other hemorrhages. We prescribe Iodum⁶, because this drug produces most frequently purpura. 17th. Spots nearly disappear and patient feels better.

2d week. 18th. Fever, 38° in the evening; atrocious colic, violent diarrhœa and vomiting. 19th. Less fever, colic and diarrhœa continues; stools contain black sticky blood. Phosph.⁶, beef-tea, oranges, but the patient can hardly take anything. 20th. Colic and diarrhœa continues; 25 stools in 24 hours, very liquid, very fetid and of chocolate color. In the morning he vomits some food with great straining, mixed with some blood. 22d. State the same, less fever, temperature: morning 37, evening 37.4; œdema on back of hands; no albumen in urine; Merc. cor., 3d trit. 24th. Colic and diarrhœa gradually diminish, only 3 stools in 24 hours; arthritis in left shoulder; fever increases; evening temperature 37.2 to 38.2. No eruption.

3d week. January 25th. After eating an egg in the shell, colic and bloody diarrhœa return; instead of the shoulder the wrists are now attacked, some œdema; Merc. cor.³, 20 centigr. per day. 28th. No better, Arsen., 3d trit. 29th. Great amelioration, no pain, only three stools, but the fever holds on. 31st. Colic and diarrhœa again with frequent bloody stools; fever less, perhaps from loss of blood.

4th week. February 1st. Colic and diarrhœa the same, remissions and aggravations follow on another and drugs have no influence over them; temperature 38 to 38.2; small purpura on abdomen, arms, legs; the pains are especially on left side in the region of the colon descendens; the stools are of a deep chocolate color, the hemorrhage must come from low down, for if it were from the small intestines the blood would be black. China, 1st trit., 50 centigr., and Colocynth. θ failed to respond, and February 7th he received for a new attack Secale θ , 10 drops daily.

5th week. Colic the same, but less bloody discharge, which

ceases February 12th. Some purpura; he complains especially of sleeplessness on account of the pains, feels himself getting weaker and thinks he will die; pulse small, temperature between 37.8 and 38.2. On account of the continuous pains subcutaneous injections of morphine, brandy and water, ergot are continued. The patient sleeps six or eight hours and feels himself decidedly better.

6th week. General amelioration, sleep and rest, he eats a little; no blood in the stools; but the colic returns daily and necessitates the employment of morphine.

7th week. General state improving, but colic continues; from time to time eruption of purpura and arthritis; temperature oscillates between 37 morning and 37.8 evening; no fever. Change of service.

8th week. March 2d. The pain was till now more in one or the other iliac fossa, it descends now from the kidneys towards the groins. Sulph. acid, 3d trit., 10 cent., and Chin. sulph.³, 10 cent. 4th. Nothing particular, the same pains. Morphine injections, Nux vom.³.

9th week. State the same. Morphine injections, Bellad.⁴, and Thuja.⁶. March 12th. Articular pains in the shoulder, elbow and hands, which are swollen; some diarrhœa, but for the last month more tendency to constipation. China.⁶.

10th week. Slight improvement, China⁶ and Cuprum⁶. The patient wishes to get up a little and there is an eruption of purpura on his legs, as it was at the beginning of his disease; otherwise he feels well and rests well. The same prescription.

11th week. Eruption on right arm. March 23d. Pains in the joints of the hand. Same prescription. March 26th. Nothing new. Thuja³.

12th week. April 1st. Colic, no articular pains; diarrhœa the last night, no spots. Phosph.⁶. 2d. Less colic and diarrhœa. Arsen.¹². 3d. Arrest of diarrhœa, purpura on arms and legs; neither colic nor articular pains.

13th week. Eruption pales; same prescription. April 6th. A new eruption without any other symptom.

14th week. New eruption, no other symptom. Bovista⁶.

During the last four short eruptions the health improved, he was up, ate and slept well. He begs for his discharge and becomes an outpatient.

We believe to have thus established three different forms of purpura, the common form; morbus maculosus Werlhoffii; the malignant form, characterized by the rapidity of its course and the malignancy of its symptoms, where the patient succumbs to the fever or to an intercurrent affection; the abnormal form: eruptions of purpura, colic with or without intestinal hemorrhage, cedema, arthritis and a very lengthy course.

LECTURE III.

ON THE DIFFERENT FORMS OF PURPURA HEMORRHAGICA.

Treatment of the malignant form. Phosphorus and Chininum sulph. were given to our patient: thlaspi and cyanuret of mercury for accidental complications.

Phosphorus causes in cases of poisoning a picture resembling the grave form of purpura hemorrhagica: multiple hemorrhages, considerable prostration, nearly always death. It has also been successfully employed in the common form of purpura. Still it failed in our hands, although we gave it in the third decimal dilution and prescribed it nearly without interruption all through the disease. We believe, therefore, that we must look for another remedy to combat the malignant form of purpura, for although there is in Phosphorus some resemblance to purpura, we miss in the poisoning with the drug the fever; the increase in the size of the liver and the presence of intense icterus make it far more a simile to malignant icterus than to purpura. Richard Hughes agrees with this opinion, for he says, that the hemorrhages accompanying the toxications with Phosphorus are always accompanied by acute atrophy of the liver, and that they are more under the influence of this lesion, than from primitive absorption of the blood.

We might hope to replace Phosphorus by three remedies: Secale, Lachesis and Arsenicum.

Secale is given by many authorities in purpura hemorrhagica, as we find among its symptoms multiple hemorrhages, and especially prostration unto fainting, with smallness and absence of the pulse.

Lachesis corresponds still more to the malignant form of purpura hemorrhagica. Its pathogenesis gives us, hemorrhages and blood-extravasations in different organs; ecchymoses; red and black spots on the skin; epistaxis; hematemesis; melanosis; hemoptysis; great lassitude with lipothymia and syncope; considerable prostration; pulse small, weak; perceptible fever.

Arsenicum, like Lachesis, presents most of the symptoms of purpura hemorrhagica; petechiæ and multiple hemorrhages; it corresponds to the dangerous state, agitation and excessive anxiety; inquietude; sensation of considerable internal heat; dyspnœa and lipothymia; torpor; aggravation at night.

Chininum sulph. appears to be indicated by the remittent type of the ataxic symptoms, which led me to hope that they were the cause of the pernicious symptoms. Here we erred, for Quinine, even given in large doses, never modified the course of the disease, which it would have done if it acted on the dangerous symptoms.

Thlaspi bursa pastoris was indicated by the hematemesis and removed it quickly. Thlaspi is still an empirical remedy; to my knowledge it has never been proved, but tradition allows it great antihemorrhagic power, and I have verified it over and over. It won its first spurs with me in a case of menorrhagia in a young and vigorous woman. This menorrhagia existed without any other lesion of the uterus. I also employed it in menorrhagia from cancer or fibroid tumors, and in such cases I was not quite so successful with it. I also had some success with it in post-puerperal hemorrhages, but I found that its chief sphere of action is in hemorrhages of the urinary organs.

Cyanuret of Mercury was administered for the secondary diphtheria. We consider it our sheet-anchor (but not infallible) in diphtheria.

TREATMENT OF THE ANOMALOUS FORM. We candidly acknowledge that of all the drugs we employed, with the exception of the hypodermic use of Morphine, there is not one which showed any influence on the disease.

Hypodermic injections of Morphine. Twenty-five years ago we would certainly have been excommunicated by the homœopathic star-chambre for not only using, but still more for justifying the indication of Morphine in painful affections. Our regretted Gabalda certainly did not commit a crime equal to ours, and still the homœopathic society refused to publish one of his observations, because he used, simultaneously with the most orthodox internal medication, some outward application hinting towards Allopathy. How the times have changed! Rejoice with me, gentlemen, that the great modern therapeutic reform finally succeeds to the sole principles of the experimental method, and that the spirit of sectarianism and of exclusiveness, which prevented not only diffusion but also perfection, is thrust into the background.

Pain is also an indication, and in some cases its removal is our first duty, and the subcutaneous injection of morphine is the most efficacious and least dangerous means known to suppress pain. Its employment is perfectly legitime. But do I mean to say that morphine should be injected as often as there is a pain? By no means! There are certain rules, as everywhere, which teach us when to employ it. They are indicated: 1. When the pain is the symptom of an incurable disease. 2. When in curable diseases the pain is excessive and does not yield to appropriate remedies.

In relation to incurable diseases, it is an old proverb, when the physician cannot cure, he ought at least to give relief; we confess that the hypodermic action of morphine is only palliative in such incurable diseases, as cancer, or in the neuralgiæ or visceralgiæ symptomatic of tumors, of compression, of locomotor-ataxie. Just ask these cancerous and ataxic patients, who have felt this truly wonderful relief, that this practice is contrary to orthodox homœopathy, and that you'll try to find somewhere the globule which may ease their pain, and they will answer: that common sense and humanity demand the

employment of a remedy which is sure to give them relief in a few moments. I even believe that also the pure homœopathist agrees with us on this point.

2. Subcutaneous injections of morphine are also indicated in curable diseases, where the pain is excessive and fails to yield to appropriate medication. Davit, who has a great physician and bright mind and an epicurean, told me once, when the pain is excessive it is our duty to combat it by all means, homœopathic or not. And when he died from umbilical cancer, he accepted gratefully the comfort which opiates gave him.

Nephritic and hepatic colic, and certain obstinate neuralgiæ give us habitually positive indications for morphine injection. In fact, for the first two affections we ought to put the patient asleep while the calculus tries to pass. Morphine does here what chloroform does in confinement, it saves the patient from those terrible pains and facilitates the expulsion of the calculus, for it is certain that this expulsion takes place far quicker during a calm sleep which follows the injection of morphine. I am convinced that such injections are imperatively commanded in all such cases, where the pain is excessive. On the contrary, where the pains are bearable, we ought to rely on strict medical treatment, especially as in nephritic colic, *Pareira brava* has shown itself very efficacious.

I confess that morphine injections may be abused, and in many a case of neuralgia there is no necessity for it, as such cases can be easily and completely cured by Nux vom., Bell., Ars., Thuja., Chinin. sulph. and many other remedies, whose efficacy is daily demonstrated by homœopathic physicians. It is a fact well established, that morphine makes the pain disappear for a little while, but it never cures a neuralgia, and thus it must be steadily given with every return of pain in increased doses. In such curable neuralgia it is far better to let the patient suffer for a few days, and to cure truly by the well-indicated homœopathic remedy.

I acknowledged already that, with the exception of the morphine injections, all other remedies employed left us in the lurch. Such failures may be principally attributed to the

hesitations with which a physician attacks a pathological case, not well understood; clinical experience is null, and deprived of this guide, the physician, undecided by the indications furnished by the pathogenesis of the remedies, has not courage enough to persevere, so that his therapia could be successful.

Sulphate of Quinine and China. were given at a time when the return of the colic seemed to hold regular periods, but failed to show any influence. *Iodum* and *Phosphorus* give us hemorrhages; *Thuja*, *Colocynth*, *Cuprum* and *Bovista* have done well in colics; *Merc. cor.*, *Arsen.* and *Secale* correspond to hemorrhages and colic. Ten drops of the tincture of *Secale* showed some influence on the bloody stools, but otherwise the result remained equally negative. We believe that *Arsen.* and *Bovista*, given alternately during the last weeks, prevented partly the return of the colics and of the eruptions of purpura, and thus may be recommended in the treatment of similar cases.

With due respect to such an eminent authority as Dr. Jousset deservedly is, we must still exclaim in sorrow, if this is Homœopathy, if this is the rational application of the law, as taught by Hahnemann, in what then do we differ from other schools. Although Jousset acknowledges the failure, he ought to have admitted that the failure was *his own*, and that Homœopathy had nothing to do with it.

We find the same fault with the author's *Lecours de Clinique Medicale*, to select one symptom, make it the key-note of the treatment, and failures follow. Hence the large doses of Quinine, the frequent use or abuse of hypodermic injections and the totality of the symptoms neglected. Both these valuable methods too frequently complicate the whole matter by suppressing the natural course of the disease, and we must teach our students, as well as our patients, that it is one thing to smother a disease (the deluge after me said old Metternich), and another, far more preferable, but more difficult thing, to thoroughly cure a disease, and to discharge the patient hale and hearty.

The use of soothing appliances, when the patient is in articulo mortis, is a command of humanity. Let us bridge over the chasm which divides this suffering world from higher spheres, so that many a pang might be spared to the weary traveller, but even in incurable diseases we ought not to begin too soon to take our refuge to mere temporary palliatives. We agree with Jousset that there are *exceptional cases*, where the severity of the pain, its long unbroken duration with its train of insomnia, of mental and bodily exhaustion, drives the patient nearly crazy, life momentarily becomes an unbearable burden, the physician failed to give relief, and certainly in such exceptional cases it will be his sacred duty to calm the storm and let the patient find momentary relief in refreshing slumber. That interval allows the physician to think, to study the case over, and it is certainly no disgrace to get counsel, for many a hint escaped the worried attendant, which another physician grasps at the first moment. We do not raise our voice against the use of palliatives, but let us differentiate strictly between licentiousness and liberty, and not only Homœopathy pure and simple, but the physician himself, who holds himself to strict account, will be the gainer by it.

Jousset considers the colic of calculi a mechanical obstruction, and the hypodermic injection of morphine the anti-spasmodic to break up the spasm which holds the calculus a close prisoner, and we agree with him perfectly, although our treatment differs. The external application of chloroform and sweet oil on the abdomen, and its evaporation prevented by a covering of oil-silk, has relieved many a case, and we could at the same time persevere in the use of such remedies as Chelidonium, China, Podophyllum, Nux, for biliary calculi, or Lycopod., Pareira and similar ones for renal calculi. Let us hold fast to our liberties, but may they never become the excrescence of licentiousness.

In regard to the anomalous form of purpura hemorrhagica, let us study the symptoms according to their pathological condition. Considering the mucous membranes a continuation of the external skin, or vice versa, it becomes clear that the colic is only an expression of internal purpura, and certainly neither

Colocynth nor Cuprum show in their pathogenesis anything hinting to purpura.* The œdema, as well as the rheumatic pains, are expressions of the same diathesis, and we must look out for remedies which also show this combination of symptoms, or else they can only act palliatively. Thirstlessness seems also to be characteristic of purpura, for even in the severe malignant form thirst is hardly ever mentioned.

We have thus in simple *morbus maculosus Werlhoffii*: no fever, internal and external hemorrhages (extravasation of blood from the capillaries), disturbed digestion, general weakness and debility, followed, if not removed, by anæmia, dropsy, etc. The loss of blood may kill primarily or secondarily through its sequelæ.

The *malignant form* characterizes itself by the rapidity and malignity of its symptoms; and the intense fever is the cause of death.

The *anomalous form* is characterized by the existence of purpura, of colic with or without intestinal hemorrhage, œdema, arthritic pains, and by its tedious course.

For purpura hemorrhagica Werlhoffii, *Bryonia* is by many considered a specificum; others recommend *Apis*, *Arnic.*, *Arsen.*, *Berb.*, *Lach.*, *Ledum*, *Phos.*, *Sulph. ac.*

Kafka, in his *Homœop. Therapie*, II., 479, recommends for purpura rheumatica, *Bryon.* and *Rhus*, and in tedious cases, *Phos.* or *Silic.*, 2 doses daily; purpura maculosa may yield to *Rhus* or *Lach.*; for simple morbus maculosus Werlhoffii, *Arnic.*, *Arsen.*, *Lach.* or *Rhus*; where it sets in after acute diseases: *Chin.*, *Chinin sulph.*; *Secale* and *Sulph. ac.* are also mentioned in connection with a nourishing, easily digestible diet; lukewarm bath can only be recommended to robust patients; weak

* We once had a patient, who suffered for years from dyspepsia, etc., who as hunter and backwoodsman lived a hardy life, and whose stomach could digest anything at any time, gradually became a victim to his gastric troubles and suffered for years, notwithstanding that physicians of eminence tried their utmost to relieve their wealthy patron. Suddenly he was taken down with erysipelas faciei and meningitis; for days his life hung on a thread, but finally he rallied and got well. His erysipelas ventriculi, if I may be allowed the expression, was also gone, and he could eat and relish anything he wanted.

or exhausted patients ought to have cool (20 to 24 R.), sponging or cool baths.

We wonder that none of our authorities mention *Apis mellifica* for the different forms of this disease. It is well known to have œdema among its characteristics. We find nosebleed, gums bleed easily, inappetency and thirstlessness; vomiting of bile; of mucus with red specks; violent cutting pains in abdomen; watery, copious, black diarrhœa; frequent, bloody, painless stools; bloody and albuminous urine; menorrhagia with red spots on body, stinging like bee-stings: hoarseness; great feeling of suffocation; rheumatic pains in extremities, followed by a sensation of numbness; œdema of hands; great prostration; pains return periodically. *Adynamia* is a great keynote for the employment of *Apis*, and it must become one of our leading drugs in the anomalous form of purpura hemorrhagica with its long and tedious course.

We must look for quick acting remedies in malignant purpura; we need a drug whose poison destroys rapidly, so that even in that direction it may be a simile, and our thoughts revert to the snake-poisons, and here more to *Crotalus* and *Naja tripudians* than to *Lachesis*. We read under *Crotalus*: bleeding from all the orifices of the body; face leaden-colored, immediately after the bite, and lasting for life; *great thirst*; vomiting preceded by faintness; violent burning pain in hypogastrium, going through to the sacrum; diarrhœa with colic, extending down from the umbilicus; bloody stools; blood in the urine; painful paralytic sensation in limbs; depression of vital forces; *weariness and rapid loss of strength with the fever*; blue and yellow spots with fever; fever with thirst, hiccough, vomiting of bile, palpitation, anxiety, weak rapid pulse, exhaustion and rapid loss of strength; *amelioration from a good night's sleep*.

In *Naja tripudians*, as well as in its compeer, *Lachesis*, the neurotic symptoms prevail over the hæmatic, and we prefer, therefore, in malignant purpura, the *Crotalus*. The paralyzing action of the *Naja* is too rapid, and it allows no time to develop blood-poisoning, hence we fail to see any hemorrhages among its symptoms, except in the respiratory organs, where

we read of blood-spitting, the blood having no tendency to coagulate. In its febrile symptoms we see chilliness and collapse prevail; the least draft of air offends the patient; even during the consequent heat there is no thirst, and after reaction has fully set in, a free perspiration over the whole surface gives the desired relief. If indicated in malignant purpura, it will only be at the very start, where, by rousing the pneumogastric from its lethargy, it will infuse new life, and thus avert the danger.

Lachesis trigonocephalus seems to hold a sort of middle ground between *Crotalus* and *Naja*. We find here the blood dark, non-coagulable; the affected parts bluish; bullæ dark from bloody serum within; everywhere tendency to gangrene; persistent sleeplessness; in fact the patient is afraid to sleep, as he feels so much worse after it; hemorrhages from all organs; even bloody sweat; exhausting febrile paroxysms; internal sensation of heat prevailing; aching pains in the limbs.

Among the remedies for the common, but more especially for the anomalous form of purpura hemorrhagica, we already mentioned *Rhus tox.*, *Arsen.*, *Secale*, etc., but we miss our *Hamamelis*, *Kreosote*, and others.

One great remedy for passive hemorrhages, an oozing from the venous capillaries, is *Hamamelis*, as we find among its symptoms also rheumatism, with great soreness of the muscles; stiffness in arms and shoulders, in the elbow and knee-joint, lancinating pain in the wrist, cramps in stomach and transverse colon; chilliness over back and hips; extending into the extremities.

We read in *Hughes' Pharmacodynamics*, the assertion of Dr. Hilbers, that *Kreosote* has great power of sustaining the strength in some of these exhausting diseases, as well as of checking the sympathetic vomiting. We find here also the wretched livid complexion, œdema of the feet, hemorrhages from nearly all organs of the body; colic pains, abdomen not distended, but hard; labor-like pains in abdomen, with drawing in upper abdomen, extending to small of back, and pressing towards the lumbar vertebræ, with flushes of heat in face; sore pain in abdomen during deep inhalation; pain in all the limbs and lassi-

tude. We really believe that Kreosote may many a time be of service in such a tedious disease as anomalous purpura.

Rhus tox. ought not to be neglected in this disease. We find among its symptoms: colic, compelling one to walk bent, relieved by lying on the abdomen, worse at night; he cannot remain long in one position, must shift about to obtain relief; hemorrhages are found in nearly every organ, its rheumatoid symptoms are too well known, and as chronicity of the fever is characteristic of *Rhus*, there must be cases where its use will be better indicated, than morphine injections, for which we can find no indication whatever, except the illusory palliative one.

We are sorry that we cannot agree with our learned colleague in the treatment of this disease. Has our friend given his remedies too low? It is an open question, and we would most earnestly entreat our transatlantic friends to be sure to have selected the simillimum and then to go higher, before they change the remedy. A long practice taught me, that changing the potency is sometimes far more preferable than to change the remedy. An American proverb says: "first be sure you are right, then go ahead," and this truth is nowhere more applicable than in homœopathic practice. Mutually assisting one another, we may be able to find the homœopathic remedy to every case; clinical experience will verify pathogenesis, and palliative treatment restricted more and more, though there will always be cases where even the most conscientious, but humane physician, will be forced to apply them for humanity's sake.

S. L.

ARTICLE XVII.—*Lycopus Virginicus* in Diabetes. (Glycosuria).

By E. M. HALE, M.D.

(Professor of Materia Medica in the Chicago Homœopathic College).

THIS remedy, which is chiefly used by our school in certain cardiac diseases, bids fair to prove very useful in diabetes. Dr. King (Eclectic), was the first to advise it. How he came

to give it in this disease he does not inform us. Dr. Roy (Eclectic), reported several cases cured by *Lycopus*, but he does not say they were all cases of glycosuria. These cases I allude to in the second volume of my *Materia Medica of New Remedies*. We do not yet know enough about the specific pathogenetic effects of *Lycopus* to enable us to hazard a theory as to its method of curative action. Dr. Morison's provings* do not show any violent action on the kidneys, or notable changes in the character of the urine. If the present theory of the cause of glycosuria is tenable, we are to look for some derangement of the central nervous system in that disease. *Lycopus* cannot be said to be a brain remedy, although the symptoms of the head are quite reliable. It is claimed by some pathologists that glycosuria is caused by a derangement of the functions of the liver. The symptoms of *Lycopus* do not show any decided action in those functions. Dr. Morgan† says: "The unnatural or abnormal conditions of the system which lead to the transformation of glycogene into sugar, may be conveniently considered under three following heads:

First.—Lesions of the nervous system.

Second.—A congested state of the blood vessels of the liver.

Third.—A change in the quality of the blood."

I am inclined to venture the opinion, that if *Lycopus* can cause glycosuria, it must do so by impairing the integrity of the *great sympathetic*. This it must do by affecting the medulla. I believe its admitted and proven action on the heart is caused in the same manner. Any remedy which lessens the vitality of the *sympathetic* may cause notable functional disorder of the heart. It is not believed that "Grave's disease" or "exophthalmia" is not a disease of the heart itself, but a disease of the sympathetic nervous system. *Lycopus* has cured cases of Grave's disease, and would doubtless cause it if proved in a sufficiently heroic manner, as it would doubtless cause glycosuria.

* *New Remedies*, vol. I., and *Allen's Encyclopedia*.

† *Diabetes Mellitus*, p. 75.

CHARLOTTE, MONROE Co., N. Y.,

Oct. 10th, 1877.

DR. F. L. GERALD, Hyde Park, Mass.

My Dear Sir:—You may not recognize me by the heading of this letter, but you will by my stating that I met you on the cars last summer when I went to Vermont with my sick wife, and you gave me a simple remedy for *diabetes*. * * * I now write you thanking you and our Heavenly Father that we met; and that upon our arrival home we tried your remedy and it proved just the thing. She has *completely recovered*, and is in good health and spirits. * * * Yours, etc.,

A. R. BALDWIN.

I at once wrote to Mr. Baldwin, asking him to write me the particulars in regard to his wife's case, and in due time I received the following:

My Dear Sir:—My wife was taken about a year the last of December 1876, and was very bad, making nine to eleven quarts of urine per day, and sometimes more than that. At the time I saw you, she was affected with a fearful thirst, and nothing but the coldest ice water would satisfy.

* * *

Yours,

A. R. BALDWIN.

It is to be regretted that Dr. Gerald could not get fuller particulars of this case. It would be interesting to know if there was any cardiac derangement, and how long the remedy was taken before its curative effect began to manifest itself; also, how long its use was continued. The bare fact, however, appears to be established, that it *cured*.

In treating that form of functional disorder known as cardiac irritability, I have found *Lycopus* to be the chief remedy. One of my leading indications has been *profuse flow of limpid, watery urine, especially when the heart was most irritable*. It nearly always controls this symptom, and reduces the heart's action in a week or two to its normal frequency and forces.

Among the great number of Homœopathic physicians, many must have under treatment cases of diabetes of both varieties. We request such to test the value of *Lycopus* in all kinds of doses, from the inferior to the high dilutions, and carefully report the results.

General Record of Medical Science.

Faradization of the Spleen cures Intermittent Fever.—Dr. Tschulowsky, of Tiflis, verified such treatment in several cases, even after the total failure of Quinine and Arsenic. He puts one electrode on the enlarged spleen, at the edge of the false ribs in the linea mamillaris; the other on the intercostal space, two or three inches from the spine, and changes their position then by putting both electrodes in the linea axillaris; one at the edge of the ribs on the spleen and the other on the intercostal space. In most cases a decided diminution of the size of the spleen could be observed.—*Med. Neuigkeiten, July, 1878.*

Treatment of Sore Nipples with Carbolic Acid.—At the Charité of Berlin forty cases of sore nipples were treated with a solution of 5 per cent. Carbolic acid, and mastitis was prevented in every case. After carefully cleaning the nipples with a moist cloth, the affected parts and their immediate neighborhood are touched with a camel's hair pencil, soaked in the solution, and the fluid thus enters every fissure and crevice. In most cases one application a day, during the morning visit, sufficed. With the exception of slight transient burning, this treatment is painless and the mothers are thus enabled to nurse their infants without any interruption; they even frequently refused to use the shields and had to be urged to employ them. Thymol, 1.1000, on the contrary was very painful and failed to be of any benefit whatever.—*B. K. W., 27, 1878.*

Treatment of Diphtheria with Chloride of Sodium.—Dr. Cramer uses salt for pencilling, as a gargle or in inhalations. At first a concentrated solution is used, till the fungi are destroyed. With a large pencil he carries the solution not only over the affected parts, but also over the neighboring organs, which may be affected, though no spots are yet visible. The operation must be done every two or three hours during the day. During the intervals the patient must gargle with the solution and even swallowing of it will be beneficial. Children must inhale the hot steam of such a solution or the atomizer must be frequently used. In most cases perfect relief was observed after the fourth day. Where the nasal mucous membrane and the choanes are affected, inhalations through the nostrils are recommended.—*Memorabilien, 4, 1878.*

Treatment of Phthisis Pulmonalis with Kreosote.—Dr. M. Raynaud publishes 27 cases of phthisis pulmonalis treated with Kreosote. His prescription is: R: Kreosote 3.50, Alcohol 125.0, Water 125.0, to take twice a day a tablespoonful. Under this treatment: 1. The expectoration diminishes, is easier, the sputa become more mucous. 2. The cough decreases, especially the nocturnal paroxysms, and then nearly ceases; the cough sometimes lessens before the expectoration. 3. Vomiting ceases; appetite increases.

4. Fever gradually ceases. 5. After treating thus the patient for three weeks, the night-sweats begin to decrease, till they finally cease. 6. All physical symptoms, hinting to induration and inspissation of lung-tissue, cease. 7. Strength and weight return.

We must be very careful to use only pure Kreosote, made from wood-tar, and continue the treatment for a long time.—*Bull. gen. de Therap.*, 9, 1878.

Hæmoglobulin, by Prof. *Leichtenstern*.—In examining the blood of 191 healthy persons, Leichtenstern found that the blood of newborn infants is exceedingly rich in hæmoglobulin, containing about 30 per cent. more than that of healthy grown persons. It soon begins to fall and reaches its minimum at the age of 2 to 5 years. After that it increases again and reaches a second, but slighter maximum at the age from 30 to 35 years. After fifty a second fall takes place and it seems that during senility a slight rise may again be observed. In regard to sex Galen already remarked that the blood of women is thinner than that of men, and Leichtenstern can affirm it, at least during the prime life of a woman. In relation to disease Leichtenstern found: 1. A decrease of hæmoglobulin in persons suffering from deficient nutrition, emaciation and debility; in cachectic and marantic individuals, or in persons suffering from carcinoma, chronic gastric and intestinal troubles, scrofulosis, chronic hepatic disorders, morbus Brightii; during the last stages of phthisis; finally in chronic diseases of the circulatory organs, especially where there are symptoms of stasis and dropsy. 2. A genuine plethora; i. e., an excess of red blood-globules, thus of hemoglobin, has not been observed. In fact obesity in otherwise perfectly healthy persons, rather causes a decrease of hemoglobin, hence the lessened resistance to continued rise of temperature, to loss of blood, etc.; and it is also well known that fat persons suffer easily from exhaustion, dyspnoea, palpitation, their blood being similar to that of chlorosis. 3. In relation to fevers, especially enteric, typhoid fever, there was no decrease of hemoglobin observed during the first three weeks, but the more striking it was during the fourth week, during deferescence. The same happened in pneumonia; in two cases even during the height of the fever the quantity of hemoglobin was increased, and with the decadence of the fever the hemoglobin decreased and remained under the norm during convalescence; but it increases more rapidly, than the strength, as soon as an upward start has set in. 4. In relation to chlorosis, anemia after loss of blood, progressive idiopathic (pernicious) anemia, leucæmia and pseudoleucæmia it may be said that in no other class of diseases the quantity of hemoglobin falls so low, even to 70 per cent. and over; but as soon as amelioration sets in, a rapid rise may be observed. Just in such cases the diagnostic value of our examinations can be proven. In several cases the question could be made, whether chlorosis or hysteria, as the subjective symptoms hardly agree with the blooming complexion of the patient. Examination of the blood revealed a diminution of hemoglobin between 30 and 40 per cent., and here also hemoglobinometry will give us the first symptoms of decided amelioration.—*Allg. med. Centr. Zeitung*, 52, 1878.

Coto-bark, Cotoin, Paracotoin.—The Coto-tree, a native of Brazil, belongs most probably to the piperacæ. Cotoin consists of C_{21} , H_{20} , O_4 ; is of an acrid taste, of neutral reaction, dissolves easily in hot water, alcohol, ether or chloroform. With concentrated Nitric acid it gives a blood-red color, with Muriatic acid a clear yellow, with Sulphuric acid a brown-yellow color.

Gietl was the first in Germany to use it clinically and considers it a specific for all sorts of diarrhœa (1875). Fronmüller has used it now in about two hundred cases of different diseases and in patients of all ages, where excessive diarrhœa or colliquative sweating was present. He used in 109 cases on an average 100 drops of the Coto-tincture, 24 times Cotoin 0.1 to 0.30 several times a day. In diarrhœas, especially in typhus and tuberculosis, after the vain use of other remedies, he succeeded in more than two-thirds of the cases, though relapses of the diarrhœa will happen, and the drug has to be repeated. In some cases as much as 500 drops had to be used in one day. The same good effect was observed with similar doses in colliquative sweating. It increases the appetite, regulates digestion, so that it was also given as stomachicum. Prof. Baelz, of Tokio, uses Paracotoin in hypodermic injections (dose 0.2 grm.) in cholera.—*Centralblatt f. med. Wiss.*, 27, 1878.—*Allg. med. Cent. Zeit.*, 55, 1878.

On Myelogenous Leucæmia, by Prof. E. Neumann.—1. Cases, where neither spleen nor lymphatic glands show any hyperplasia, and where only the marrow of the bones is affected. 2. Cases, where spleen or lymphatic glands are affected, but where the slight degree of hyperplasia is not in proportion to the great development of the disease. 3. Cases, where the spleen, the lymphatic glands and the marrow of the bones are affected alike. It seems physiologically proven that the marrow of the bones, as well as the spleen and lymphatic glands, is a chief source of the colorless blood-corpuscles.—*B. K. W.*, 6—10, 1878.

Pneumonia Contagiosa.—It is a primary asthenic pneumonia, contagious, where the curve of temperature corresponds to genuine pneumonia; but the gastric symptoms, the delirium, somnolence, the typhoid coating of the tongue, and the simultaneous appearance in certain places hints to infection as the cause of it. In many cases it showed the picture of pneumonia migrans. Autopsies revealed pleuro-pneumonic processes, meningitis, swelling of spleen, parenchymatous nephritis, frequently pericarditis and great swelling of the intestinal follicles.—*Arch. f. Klin. Med.*, 1878.

Infantile Spastic Spinal Paralysis.—Seeligmüller accepts three different forms: 1. Without atrophy, which may be mistaken for the common spinal infantile paralysis. 2. With atrophy, frequently simulating progressive muscular atrophy. 3. With muscular hypertrophy. All three forms are characterized by the spastic affection of the muscles, which is permanent in Nos. 1 and 2, but appears only periodically in No. 3. Charcot considers them an affection of the lateral columns of the cord. Con-

sanguinity, especially intermarriage between cousins, could be proven in every case so far observed. In No. 1 high-graded contractions of different muscles, especially of the quadriceps, the muscles of the calves and of the adductors of the thigh were observed with paralysis of the lower extremities without atrophy; finally an increase of reflex action of sinews. It prevents children from learning to walk. No. 2 corresponds fully to the amyotrophic lateral sclerosis, which Charcot describes of grown persons between the ages of 26 to 30 and who succumbed after ailing three years. Thomson describes No. 3 as tonic spasms of voluntary muscles, intermittent in their character and preventing every motion for the time being. It is of a hereditary character and has been observed in several generations of the same family.—*Allg. Med. Centr. Zeit.*, 57, 1878.

Electricity cures Nervous Vomiting.—Prof. Semmola has so far successfully treated twenty cases of NERVOUS vomiting with electricity. We give one case as an example:

A young lady suffered already for three months from continuous vomiting and was emaciated to a skeleton. From the presence of aphonia Semmola considered the case as nervous, in opposition to her former physician, who treated her for ulcer ventriculi. The electrodes were applied between the lateral muscles of the neck and larynx and on the epigastrium. After five minutes the patient called her father, and after five days' daily use of the current for five minutes, several times a day, the patient could be considered cured and remained well.—*Gaz. med. ital.* 7, 1878.

Humanized Jod-milk.—A mother and her babe suffered from syphilitic eruptions; the babe also from mucous plaques, ulcers, etc. The infant was kept clean and dry and the mother took Kali jod., 1.0 pro die, half mornings and half at night. The urine and the milk of the mother showed Jodine the same day, the urine of the babe the next morning. The infant improved rapidly, the ulcerations and the flat nodes as well as the plaques disappeared and the mother also got rid of her exanthema. She never complained of loss of appetite, and instead of emaciating, gained in weight and strength. Quality and quantity of milk left nothing to be desired.

This might give a hint also, how to apply Jodine to older children and even to grown persons. The food, given to cows, might be mixed with preparations of Jodine, and the milk thus obtained might prove of great benefit to our patient.—*Med. Neuigkeiten*, 29, 1878.

Pilocarpin in Pregnancy.—Massmann and Schauta witnessed miscarriage in œdematous pregnant women after a hypodermic injection of a syringe filled with a 2 per cent. solution of pilocarpin. They raise their voice therefore against its use during pregnancy, and recommend it for the induction of premature labor. Schauta used for that purpose two such injections. A few hours after the first one labor-pains commenced and 16 hours afterwards a living child was born.—*Zeitschr. f. pract. Med.*, 28, 1878.

Syphilis Communicable through the Milk.—Dr R. Voss inoculated three prostitutes with the milk expressed from the breast of a syphilitic woman. The first was herself syphilitic and the result negative. The second was suffering from an attack of urethritis and no effect followed the experiment. The third was a young girl of sixteen, who had never had syphilis. She entered the hospital September 16th, with urethritis. The milk was injected subcutaneously on the 27th. The immediate result was the formation of an inflammatory swelling, which soon became an abscess, and which was healed October 24th. On the 3d of November (forty days after the injection) a papular eruption appeared around the point of the injection and five days later a maculo-papular syphilide on other portions of the body in addition to the adenitis. The patient was at once treated with mercurial inunctions and all the syphilitic symptoms rapidly disappeared. From this Voss considers there can be no question but that syphilis can be communicated by the milk as well as by the blood.—*Hospital Gazette*, August, 1878.

Cerebral Manifestations with Hyperpyrexia in Acute Articular Rheumatism.—As the first symptom which leads our attention to a cerebral affection a sudden cessation of the articular pains may be considered and at the same time the profuse perspiration also ceases. The temperature and pulse rises and increased urination sets in. Prognosis unfavorable. Autopsy reveals nothing characteristic in the brain, but considerable changes in the blood were noticed. It is dark and fluid, and the exceptional coagula are loose and flabby. Such a blood corresponds to that found after insolation and sunstroke in connection with hyperpyrexia; ecchymoses are found on different places, in the lungs, heart, pericardium and skin and cadaverous imbibition in endocardium and interna of the arteries. Bull and Stabel, considering the hyperpyrexia the chief cause, used successfully cooling treatment in several cases. Baths of a decidedly cooling tendency must be used and the reappearance of the articular pains is often one of the first signs of improvement. Bull believes, that rheumatic affections may set in in any nerve-centre; here especially in the peripheral parts of the brain (deliria, headache) and in the nerve-centre for heat.—*Schmidt's med. Jahrbuch*, 4, 1878.

How beautiful *Arnica* covers such a case. "Hot head, body cool, vertigo, burning in brain, low murmuring delirium, blood-shot eyes, tearing sensation in joints, with numbness, swelling and tingling; great internal heat, sour or offensive sweat; intermittent, feeble, hurried, irregular pulse." Glonoin and Cactus may also deserve our consideration, but we certainly would think *Arnica* our sheet-anchor and would not neglect as adjuvantia the cooling baths.

On the Influence of Arsenicum on the Organism.—Dr. Gies experimented with rabbits, chickens and hogs, which he fed for four months with increasing doses of arsenious acid; rabbits 0.0005 to 0.0007; hogs 0.005 to 0.05; chickens 0.001 to 0.008 per die; all increased in weight, especially in their

panniculus adiposus. Young growing animals showed increased ossification, especially in the epiphyses and periosteal. Everywhere, where spongy tissue is normal, the arsen-fed animals showed compact bone-tissue, as in the bones of the carpus and tarsus. Similarly to the feeding of animals with Phosphorus (Wegener), the animals showed a compact layer under the epiphysic cartilage. It is remarkable, that animals kept in the same stable with those fed on Arsen., showed the same alterations, (inhalation and exhalation?). Animals kept in a box with a false bottom, the lower one strewn with arsenious acid, also showed the same changes in the osseous tissue. The young ones cast from rabbits fed with Arsen., were always still-born. They were of full size, well developed, with considerable hypertrophy of the thymus.—*Centralblatt f. Chir.*, 28, 1878.

On the Danger of Powerful Drugs in Renal Affections.—Ford and Dickinson have already proved, that in cerebral affections Opium and Mercury are not well borne, and Charcot and Bouchard affirm it. Chauvet found, that Chininum sulph., which healthy kidneys excrete again from doses of one-third to two-thirds, is only eliminated in interstitial nephritis at $\frac{1}{16}$, $\frac{1}{8}$, $\frac{1}{5}$ to $\frac{1}{6}$. Kali brom. is at latest eliminated by healthy kidneys on the 20th day, in diseased one on the 30th to 35th day. Two grm. Iodide of Potash normally after three, in nephritis after 5 to 12 days; eight grm. Natrum salicyl. normally after 2 to 3 days; in renal lesions after 5 to 6 days. In giving toxic drugs, especially the Alkaloids, the physician ought to be convinced that the kidneys are intact and in a medico-legal examination the state of the kidneys must be looked for.—*B. K. W.*, 29, 1878.

Epilepsy, Murder, by M. Motet, Paris.—L., æt. 42, strongly built, epileptic from infancy; a good laborer, but potator. July 30th, beastly drunk; a policeman wanted to remove him from the gutter. People passing by tried to help him up, when he became furiously excited and stabbed one of the men in the heart. Taken prisoner, he is perfectly quiet, concise, recollects everything except that he killed somebody. Neither immediately before nor after the crime an epileptic fit was observed; but exactly a year afterwards (July 30th) he had an exquisite epileptic attack, the aura arising from the testicle.—*Annales de médecine légale*, January, 1878.

Observations of the Temperature of Insane Persons, by Dr. Burchhardt.—1. A regular qualitative and quantitative fall of temperature (minimum 34.5° to 34°), with great oscillations and inverse type of the daily curve. Melancholic and maniac persons.

2. Irregular qualitative and quantitative course of the temperature. The same peculiarities change irregularly with normal states.

3. The type normal, but quantitatively wrong, i. e., low temperature.

The central regulator of warmth must be therefore out of order, and we see thus that a cooling treatment cannot be indicated in mental diseases with a habitual low temperature. Great oscillations with *typus inversus* characterize an unfavorable course.—*Arch. f. Psychiatry*, 8, 2.

Syphilitic Pneumonia, by Prof. Sacharjin, of Moskow.—The diagnosis rests on the anamnesis (infection long passed); the presence of a strong constitution; dullness without fever or hemoptoe; successful treatment with Jodine or Mercury, which certainly would aggravate phthisical patients.

Tiffany (*American Journal of Medical Science*) remarks that pulmonary syphilis attacks more the central parts of the lung, which become infiltrated and gummos.—*A. H. Z., August, 1878.*

A Case of Pseudohypertrophy of the Muscles, by Dr. Schultze (Heidelberg). A young man of 16 years was treated for a long time for muscular hypertrophy, when he ended his life by suicide. The autopsy revealed with the changes in the muscles circumscribed accumulations of connective tissue and granules in the large peripheric nerve-trunks. The anterior roots of the spinal cord were intact; the cord normal, only here and there some ganglio-cells. The clinical difference between pseudohypertrophy of the muscles and progressive muscular atrophy is, that in the former disease exquisite spinal symptoms and especially the addition of bulbar symptoms are nearly always absent.—*Centralblatt f. Nervenheilkunde, 6, 1878.*

Reviews and Bibliographical Notices.

Homœopathic Therapeutics, by S. Lilienthal, M.D.—Bericke & Tafel, 1878.—This book before me reminds me of days long gone by. When I commenced practicing Homœopathy, it was especially "*Jahr's Klinische Anweisungen*" which, with diligent comparison of the *Materia Medica*, I used in my daily practice with great advantage; it gave in a concentrated and synoptical form a great many practical hints. I had a copy interleaved, and using it daily, I added what experiences I made and what I could glean from others. I read many volumes of the *Archiv*, the *Hygæa*, the *Allgemeine Hom. Zeitung*, *Hirschel's Zeitung* and other Journals and books, noting down every interesting case as a treasure in "*meinen kleinen, dicken Wälzer*." I usually did not copy the entire case but those symptoms only which had led to the choice of the remedy. In this way I soon found that each of the different remedies presented certain symptoms which occurred again and again, even in the most different forms of diseases, and which seemed, therefore, *characteristic* of the sphere of action of each of the different remedies. I now learned to guess, when reading a case, which remedy would probably be the successful one, and if I was mistaken in my surmises, I read the case over again and tried to find out, why the author had given a remedy which I had not thought of in the least. This continual practice of reading cases and comparing the symptoms with those of the remedy given brought gradually also the *finer* shades of differences between the different remedies into a clear consciousness in my mind, and I can recommend this practice to my younger colleagues, as a very efficient mode of studying the *Materia Medica*.

Now I find out to my great delight that I have not been travelling on this road and under the same guide alone and singly; my friend Dr. S. Lillenthal has done the same thing, only extending it over a much longer time, a much larger area and with a Lillenthalic industry. It is astonishing what a vast amount of hints and experiences, called from all sources of our literature and up to the latest date, he has put together clearly and concisely in this new book. It is a work of therapeutic hints, interspersed occasionally with pages of repertorial gleanings, a feature which the busy practitioner will greatly value and often use to advantage when "looking up a case."

Is it complete? We might as well ask: Is our *Materia Medica* complete? Is any field of knowledge complete? Can anything in any *one's* mind be complete? There is no such thing as *perfection* in *this* world, and I suppose neither in the *other* for a good time to come anyhow. There will always be something left for further development. But it is a good and practical book, a book that will do many a good service, notwithstanding that even by its careful application the practitioner will at times be left in the lurch and at times will have to wade through a long list of suggested remedies. This cannot be helped by any author on homœopathic therapeutics. For in the first place there always will be cases met with for which no book can provide in advance, when it becomes clearly the duty of the attending physician to rake his own brains and find for himself, what others before him were not called upon to find out; and secondly a long list of remedies for a so-called disease only proves the truth of Homœopathy, that the single cases of nominally the same disease, must be treated individually. Who in a case of constipation gets frightened at the fifty and one remedies detailed by Lillenthal, had better shut up the book and his box also, and turn Allœopath. For such Homœopathy was never intended, neither is this book.

C. G. RAU.

Encyclopædia of Pure Materia Medica, by T. F. Allen, M. D. Vol. VIII. *Plumbum to Serpentaria*. 1878. Bericke & Tafel.—Thanks, most hearty thanks to Author and Publishers, for the promptness with which volume after volume appeared; and the promise will be kept that the whole work will be in the hands of the public by the end of this year. We are sorry to see that these liberal publishers have not been supported in this expensive enterprise, as it deserves; and it is still a question, whether a repertory, which will greatly enhance the value of the work, will ever be published. We still hope, for the sake of poor suffering humanity, that the repertory will not be left undone; we still hope, for the sake of the profession, that the imaginary excuse of hard times (money always on hand for luxuries which might be dispensed with) will not be raised; we still hope, that provings, this key-note of our school, have not lost their hold on the mind of our physicians, and that this encyclopædia, in ten volumes, the just pride of America, may be found in every library of a studious and progressive physician.

Prof. Allen was so satisfied with his labors on Plumbum, that he published it in advance in pamphlet form; and we can see what a work it was to extract the wheat from so much chaff, from so much toxic provings, where it was necessary to expunge every symptom which might have been caused by the antidotal treatment. To me the provings of the Mercurials were always the crowning glory of the work; and still, in studying our old friends, the polychrests, I always feel that to know them well, might suffice for the treatment of nearly every disease, and involuntarily my studies always return to their objects of veneration.

Allen has also been blamed for the omission of remedies enough to fill another volume; this Easy chair could easily enumerate seventy or eighty; but after all I like an author who has pluck enough to stick to his plan, and this was, to accept only *printed provings*, but no manuscripts. Hence a duty devolves on the editors of our different Journals, here and in Great Britain, to bring out these valuable papers and thus make them public; and whenever such a proving has intrinsic value, the drug will soon take its rank as a remedy. Our good friend C. Hg. kindly furnished Palladium for this number, and the cry is still for more from this great storehouse of homœopathic love.

The Heart and its Troubles, by George Lade, M. D. London, Hom. Publishing Company.—*The Pocket Manual of Veterinary Homœopathy*, by George Lade, M. D. London, Hom. Publishing Company.—It will not do to criticize too strictly essays which the author himself considers only an epitome; but we fear, if written for physicians, even young ones, it might deter them from that strict diagnosis, which is especially necessary in heart-troubles, and thus they will be apt to fall in a slipshod manner of practice. Alas! that there is no royal road to knowledge, though many a student will thank Dr. Lade for sparing him the trouble to wade through Ziemssen's and Allen's Encyclopædia for the exact diagnosis and the corresponding Simillimum. Soar higher, worthy Doctor, and give us a full treatise of the diseases of the heart and its appendices.

The Lady's Manual of Hom. Treatment, by Dr. Ruddock.—*Thirty-six thousand*; what else do the publishers want? Our late friend Ruddock does not need any more the praise of friends or the stings of enemies, if he ever had any, which we very much doubt. We always liked the Manual more for its hygienic advices than for its medical treatment, and we are proud to acknowledge that through our agency it has found its place in the boudoir of many of our patrons.

Panelli's Typhoid Fever, by Shipman. Duncan & Brothers, Chicago, 1878.—After reading the first eighty pages of this treatise, we feel astonished that Panelli leaves the question of the zymotic (fungoid) origin of the disease unnoticed, though the battle rages among authorities, whether the bacteriæ are the cause or the effect of the disease. The difference between typhus and typhoid is also not strictly drawn, although it is essential; for

whereas typhus needs only hygienic treatment, especially fresh air, cleanliness and good, easily digestible nourishment, typhoid needs careful medicinal treatment for its removal. Although Panelli does not trouble himself about the origin of disease, still he fully believes in the old trite saying, "*sublata causa tollit affectus*," he clearly describes the origin of typhoid fever, and in no other disease has the removal of the offending cause so often stayed the ravages of its spread.

The symptoms and course of typhoid fever are given in a fair manner, but contain nothing which we did not know before; the poorest part of the treatise is the therapeutical part, and Dr. Shipman felt this deficiency, hence the addition of Hering's excellent analytical treatise; and it would have conferred a lasting benefit to the readers, if somebody would have added to it a synthesis of Hering's analysis.

How to be Plump, by T. C. Duncan, M. D.—The Germans eat soup at their regular dinner, which takes place between 12 noon and 2 p. m. This meal consists of three courses, soup, meat and a desert, and it takes a good German family from 30 to 60 minutes to finish their meal. I am sorry to say, that *aqua pura* is a rarity at the table and that light wines and lager are preferred.

Germans in America have degenerated, and the chief meal is now the evening dinner, after the labors of the day are over; but still soup is on most tables yet the first course. Herein also lies the great fault of American cookery and American serving, to have all the dishes at once on the table; and though it may make a larger display, is certainly not conducive to good digestion, or in other words, to get plump.

We fully agree with our friend of the Investigator, that the importance of fat in our feeding cannot be overestimated, and it is a pity that there are so many people who never touch fat, except perhaps as butter. A streak of lean and a streak of fat ought to be the rule at the table; and I'm sure, that the portion of fat will also aid in making good flesh, and we as family-advisers, ought to look to it, that the children, whose welfare is entrusted to our care, become from infancy used to it, to partake of the fat of the land.

Fine white bread or hot biscuits, watered milk, lean meats, watered (boiled) potatoes, an abhorrence to leguminosa, hurry of business, all excitement, where should the plumpness come from? and should accidentally some good woman have a tendency to become fat, anti-fat she takes, for obesity is out of fashion.

Finally I differ from the author, when he closes his table-talk with the words: "There is more truth than poetry in the maxim,

Early to bed and early to rise
Make a man healthy, wealthy and wise."

Turn it over, T. C., and say it is more poetry than truth. I have followed this maxim all my life, and though I enjoy a fair share of health, where are the other two, the wealth or the wisdom?

A Textbook of Electro-Therapeutics and Electro-Surgery, by J. Butler, M. D. Bæricke & Tafel. 1878.—The first part of this work appeared in the pages of the *N. A. J. of H.*, which alone is a full guarantee of the excellence of this treatise; and since it has appeared as a textbook, our good friend Butler has received many letters of congratulations. It is the first scientific treatise on the Homœopathicity of electric treatment, and as such fills a void, which has been often felt by the busy practitioner.

The Science of Therapeutics in Outline, by J. P. Dake, M. D. Nashville, 1878. —The law or *A* law of therapeutics, that is the question; but let us eschew polemics. Every sect is commonly so tenacious, that ten yokes of oxen could not make them budge an inch, for they have the truth, the sole truth and nothing but the truth. Alas! for human understanding! when will they learn that obstinacy and consistency are two different things. But Allah is great and Mahommed his prophet!

Excuse us, therefore, for not giving our views upon the law or laws of therapeutics. *Cui bono?* Really we do not know it.

El Hahnemanniano, Revista Mensual de Ciencias Medicas. Habana. Agosto y Setiembre, 1878.—We most cordially welcome our dear young friend, I. Antonio Terry, M. D., into the editorial fraternity; and without flattering him, we only utter our conviction, when we say that under his management the *Hahnemanniano* will ever be an organ of progress in medical sciences; an organ ever true to the greatest law in therapeutics: "*Similia Similibus Curantur.*"

In the introduction the editors, Drs. Mendoza and Terry, give us a history of Homœopathy in that ever faithful isle; practical cases follow in order, to show clinically the value of the law, and a study of the antipyretics in acute diseases. The second number opens with a critical examen of venesection (*sangria*), by Dr. Vilardell. Terry's study of antipyretics follows, and practical cases (*phthisis* and *traumatic tetanus*) close this interesting number.

We predict a good future for this interesting monthly; still we beg the "Administrator" that good wine deserves a nice carafe, and so does a good Journal deserve good paper.

Ischiatic Neuralgia. Diseases of the Brain and Nervous System, by J. Martine Kershaw, M. D. St. Louis, 1878.—We read with much pleasure both pamphlets and we feel elated that some of our members take firm hold of this medical branch, and show clearly how to cure them without the palliative aid of Narcotics. In *ciatica* we only miss Nussbaum's stretching of the affected nerve, which in several cases succeeded after the failure of other treatment and which renders excision now obsolete. It is an old, trite, not overtrue proverb: "*Qui bene purgat, bene curat;*" and although purgatives have lost their hold even in the physiological school, still Kershaw is right, when he considers the portal system often as the cause of the neurosis, and a cure only possible by removing the stasis. We recollect

well a case, where our treatment failed, till manual removal of hardened feces brought about a cure. As space is rather scarce, we defer our review of the first part, till we have seen more of it; but the outlook is encouraging.

Correspondence.

Law or Rule? By Richard Hughes, M. D.—The August number of the *North American* has just come into my hands, and I have read there the paper of my friend, Dr. P. P. Wells, entitled: "What is Homœopathy? And what the Possibilities and Duties of its practice?" I have found in it the interest and instruction which have never failed me in anything proceeding from his pen; but I have also regretfully found that, if the position he here takes up is that which he is henceforth to occupy, there is a wide gulf between his conception of the truth and my own. Such a discovery might not greatly disturb my mind, were Dr. Wells other than he is; but I cannot easily be content to stand in antagonism with one whom I so much respect. I have felt it my duty to think out the grounds of my difference from him; and I venture to submit them here for his appreciation and that of your readers.

The point which touches me most nearly is Dr. Wells' denunciation of the reduction of Homœopathy to a mere "rule of practice," which he stigmatises as "a crime for which our language fails to give a designation sufficiently condemnatory." Now I have just been repeating this "crime" in the second edition of my *Manual of Therapeutics*, having first perpetrated it some nine years ago. I have defined Homœopathy as "the treatment of disease by medicines selected according to the rule '*similia similibus curantur*'—'let likes be treated by likes.'" And in a note hereto I have written: "I prefer this putting of the motto—which is indeed Hahnemann's original formula—to the affirmation '*similia similibus curantur*' usually adopted at the present time. I have no desire to quarrel with the latinity of the latter; though the use of 'curo' in the sense of 'cure' is at least unfamiliar. But in the present state of our knowledge I think it wise to state our principle as a rule of that rather than as a law of science." I have carefully considered Dr. Wells' objections to this course of proceeding, and I find there what I must call a confusion between the idea of law as Science uses the term and that which belongs to it in the sphere of morals and politics. Dr. Wells says: "It is another important element in the nature of law, that it is wholly mandatory. It commands. It neither solicits nor permits." Now this is true enough of a moral or a criminal law, but it is entirely incorrect when applied to a so-called law of nature. The latter is simply an expression of a certain general fact which we perceive in the order of the universe; and it takes the form, not of a mandate, but of an affirmation. "Thou shalt not kill"—here is the law of duty: the law of nature is such as this—"all matter attracts all other mat-

ter in direct proportion of its mass and in inverse proportion to the square of its distance."

The real question then is whether Homœopathy is such a law as this. It is an inference from certain observed facts: shall we state the inference by an affirmation, universal, exclusive, unchanging, that "likes are cured by likes," or by a practical conclusion, admitting of qualification and exception, "let likes be treated by likes?" Dr. Wells (somewhat dogmatically, I think) declares for the former alternative; I must, more humbly, follow Hahnemann himself in thinking the latter the utmost for which we have warrant. It requires a vast number of observations and experiments ere we can formulate a new law of nature, while a rule of art can be deduced from a very few particulars—its application being a speedy test of its validity. I cannot think that we are justified in affirming absolutely that all morbid states are curable by their similars, or that they are better cured thus than by any other means; I can only feel borne out by the facts when I affirm that my practical wisdom lies in following out the rule "let likes be treated by likes" as fully as I am able.

Dr. Wells maintains that the superior success of homœopathic treatment, as established by statistics, proves the law of similars to be one of nature's laws. Surely this is inferring too much, if law is to be taken in the absolute sense he claims for it. The facts only prove that those who are wise enough to recognise the validity of the homœopathic rule, gain a great advantage thereby. To make them simply more would require two assumptions: 1. That the physicians, whose practice furnishes the figures in question, should always have strictly adhered to the law; 2. That their treasury of success should have been uniform for all diseases—not merely an average struck after balancing successes and failures. Can either of these assumptions be sustained? As regards the former, it is sufficient to state that the largest share of the totals employed in the comparison of hospital practice under the two systems is due to Fleischmann, whose practice was by no means characterised by that strict conformity to the homœopathic method which Dr. Wells requires. He was, what the Germans called, a "spezificker," fitting his remedies to diseases rather than to individuals; his potencies were chiefly those from the 1st to the 4th decimal; and one who followed his practice for a time, told me that he not uncommonly alternated. As testimony on the latter point I may cite the recently published statistics of the homœopathic and allopathic sides of the Pesth Hospital. Dr. Bakody can claim the palm in all diseases but one, *i. e.*, typhoid fever; and in this his mortality compares unfavorably with that of his colleagues of the old school. He charges his lack of success to the want of provision for cold bathing, by the use of which, in the ordinary practice, the prospects of recovery from fever have been so greatly widened. Whether this be so or not, the fact remains; and, while *excorptia probat regulum*, it disproves any supposed law.

I submit, therefore, that Dr. Wells is not justified in denouncing it as a crime to represent the homœopathic principle as a rule of art rather than as a law of science. In propounding the latter position as one of obliga-

tion, he seems to me going beyond the facts, as he is certainly unwarranted by any authority. This being so, I cannot feel the force of his protest against the attitude which the great majority of our school assume with regard to *similia similibus*, and which seems to me well expressed by the New York Homœopathic Society. If in Homœopathy, as propounded by Hahnemann, we recognised a law of nature, such as Newton propounded under the name of gravitation, we should have nothing to do but to obey it and utilize it as best we could. But accepting it as he gave it us—as an empirical rule of art, deduced from observation, it is for us to work it wherever applicable, and to suffer it to find its own place among other rules similarly obtained. “Let contraries be treated by contraries” is one of these, not less potently accredited and more obviously reasonable. We have observed and experimented with the two, and have concluded—as Hahnemann did—that the method of contraries is that of temporary palliation, that of similars of permanent cure. But it is quite conceivable—and as, I think, demonstrable—that there are some morbid states which are so temporary, and at the same time so distressing, that antipathic palliation is all they require, and that by giving the patient the benefit of this, you do best to help him in his need. If this be so—and it is purely a question of experience—we are bound to avail ourselves of *contraria contrariis*. We, therefore, decline to bind ourselves beforehand by any obligation to follow a certain method to the exclusion of all others. The method in question must find its predominance in our practice by its own inherent merits, not by the adventitious weight of prescription and authority. I can conceive of no other position than this, which it is legitimate for a physician to take up.

But, Dr. Wells seems to say, if you think thus, why call yourselves Homœopathsists at all? why not take the name which truly denotes your position—that of eclectics? My answer is, that we do not call ourselves Homœopathsists. The term is used, for convenience's sake, to designate those who accept the method of Hahnemann as valid, in contradistinction to those who reject and ignore it. But we do not put it on our door-plates or professional cards; we do not allow ourselves to be so described in general directories. When we sanction the use of our names in the “British Homœopathic Directory,” it is as of those who are “chiefly guided in the treatment of the sick by the law of similars.” “We are” (I quote from the preface to the edition of 1870) “physicians and surgeons, not mere Homœopathsists or Hahnemannians. The name of sect or sectary is as unpleasant to us as to any of our medical brethren. But a legacy of medical and historical truth has devolved upon us, which it is our duty and should be one of our highest privileges to receive and preserve, until the work of the greatest therapeutic discoverer is acknowledged as a fact, not denounced as a fallacy, and the law which he evoked, accepted as the chief, if not the only, means of therapeutic progress.”

Besides this (which is merely incidental) the only way in which we stamp ourselves as in any way distinct from the profession at large, is our membership of homœopathic societies, our service in homœopathic insti-

tutions, our contributions to homœopathic journals. Do we in any way bind ourselves thereby to an exclusive adoption of the method so designated? Surely not. The rules of no society or institution of the kind require any such engagement from their members or officers. They are the homes of freedom, not of restriction; and we resort to them because we find there that liberty which is denied us in the corresponding organizations of the old school. We believe in Homœopathy; we rank ourselves among its adherents; and we claim our right to profess and practice it. If this right is denied us in our natural fellowship, we must seek or form others; but we do not thereby create for ourselves a new bondage, and abdicate our right to make as much or as little use of our newly-acquired method as we judge best.

If my honored friend cannot receive me to professional communion on these terms, I should deeply regret it, but should be unable to modify them. I could not satisfy my conscience as a physician by anything short of them; and I believe, that in so speaking, I am expressing the mind of nine-tenths (if not more) of those who have recognized the method of Hahnemann.

Editorial.

The *last* number of the *Hahnemannian* on our table!

With a heavy heart we opened its pages, and what a mine of information we gained from a superficial glance at its pages. Why, Farrington's article on infantile atrophy alone is worth over and over the price of a year's subscription, and still the *Hahnemannian*, as good a journal as ever was published, had to be stopped. Let us learn a lesson from this sad accident.

Our good and well-tried friend, Robert J. McClatchey, M.D., for a whole decade the sole editor of the *Hahnemannian*, is from overwork on the transactions of the American Institute, taken down with ophthalmia, just the very organ so necessary for an editor; the journal runs off from its groove, the punctuality of its clock-work appearance ceases, it languishes yet for a few months to keep up its sacred duties to the subscribers and then dies a natural death—from what? not from starvation, for this very last triplet-birth shows what our Mecca can do. Is there not in the large and influential city of Philadelphia one physician liberal-minded and high-spirited enough to uphold the renown which clusters around that place? We do not want a journal issued by a faculty or clique, but our *Philadelphia*, with its Hering, Lippe, Neidhard, Thomas, Gause, Farrington and others as physicians, with its hosts of well-known surgeons, with the prestige which the old *Hahnemannian* deservedly enjoyed, with the privilege of sole proprietorship in the records of well-known homœopathic societies, *ought to feel ashamed* to have no organ of its own.

We know full well that the liberal publishers, Messrs. Boericke & Tafel, were willing enough to carry their burden for a little while longer; we know that the pecuniary loss did not frighten them into a discontinuance of the journal; we know that they would feel an inward pride if the subscription lists of the journals and of the works published under their name would be such that every laborer in this vineyard could be well repaid for their work, and to accomplish this it is necessary:

That every physician should feel a personal pride in such work and in such outlay.

Hard times? Hard humbug! We cannot swallow such soft chowder! We do not believe in it! A half a dollar, or a dollar a month, is this too heavy a tax on your purse? We pity you if it were, but we do not believe it; and just consider that by *your* subscription (I mean here every physician) you swell the amount so much more that you will be sure to get a good journal in return, for the waste-basket will then receive all the trash, and the clear, well-paid for wheat will come to you for a small expense.

A publishing house in the city of New York, Messrs. Wood, offers now twelve volumes a year of works of established reputation, for the paltry sum of twelve dollars, payable in advance, and they rely on the liberality of the medical public to uphold them in this undertaking—they will not be disappointed.

Is there less liberality in the ranks of homœopathic practitioners? Do we not constantly pride ourselves that our patronage consists of the *crème de la crème*? *Raué's Record* gone!! the *Hahnemannian* and other journals gone, though we do hope not passed resurrection!! We look with pride on *Allen's Encyclopædia*, but tremble at the fate of the so necessary *Symptom Register* (work on its completion having been stopped)! and can nothing be done to rouse our physicians from their lethargy?

Wake up, Philadelphians, to your duty! Do not allow such a disgrace to lie upon your shoulders, that the Keystone State of Homœopathy is without its journal; let us show to our friends and even to our enemies, that forward, onward is our course, and that in spite of hard times the earnest student cannot better spend his hard-earned dollars than by keeping himself well-posted in the literature of his profession.

Alas! love's labor lost! Those, for whom these lines were especially written, hardly ever see a journal!

We take great pleasure in announcing to our many readers that we have gained more valuable aid to our journal. Prof. Von Tagen, of Chicago, follows in the footsteps of his worthy confrere, Dr. Ludlam, and promises to keep us *au fait* in the surgical department. Prof. Farrington, of Philadelphia, will send us articles to elucidate more fully our great law and its practical application. With Father Hering as our leader, and such eminent talent as regular contributors, we can safely promise that each number of the NORTH AMERICAN will and must excel the preceding one, for "Excelsior," the device of New York, is also the device of the good old NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

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.*

- 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.
- ²⁵ **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.
- ²⁶ **Cough.** The principal medicine in whooping-cough.—Sch.
- ²⁷ **Lungs.** Acute œdema of the lungs, dyspnœa, spasmodic cough, with expectoration of frothy serous masses; also *Natr. mur.*
- ²⁸ **Heart. Pulse.** Nervous palpitation of the heart.
- ²⁹ **Nerves.** Lassitude and prostration.
Weakness and putrid states.
Adynamic typhoid condition.
If during the spasmodic attack the face is very pale and

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.

- ⁴⁴ **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

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.

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.*

- 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.
- 33 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.

- 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.

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 hiccuping: 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.

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.

Less desire to eat, with gressus gallinaceus.

- ¹⁵ **Eating and Drinking:** To drink sweetened coffee lessens 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.

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.

- 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.

- 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

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.

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.—Kæck.

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-

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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ARTICLE XVIII.—Euthanasia.

BY DR. C. HERING.

OUR aim is not only to heal the sick, but it is also our great mission to prevent sickness; and, in cases absolutely incurable, it is still left us as a holy duty to lessen the sufferings.

Our school is not only the greatest blessing that has been given by the Lord for many ages to the human family to heal the sick more safely, more quickly and more easily, but it has more than any other teaching been able to prevent sickness. And we may say that true doctrine with regard to manner of life has commenced with it. And not only that, for the prevention of many pernicious diseases has been one of the principal means of introducing the new doctrine to the people. It was the prevention of the Sydenham scarlet fever by *Belladonna* since 1800, that made our school known to the world; and on every occurrence of the most malignant epidemic, our school was always ready, not only to cure it as soon as it appeared, but also to prevent. When Hahnemann proposed (1830) *Cuprum* to cure the spasmodic form of Asiatic cholera, and also to prevent it, he could not have known what statistic tables have since proved to satisfaction, that no workers in copper, all

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over Europe, were attacked by the new epidemic; neither at the first violent sweep, nor at any of the subsequent epidemics.

In the year 1833, it was found that milk of sulphur (Lac sulphuris) in small doses, sprinkled between the soles of the feet and the stockings, causing an invisible evaporation of sulphuretted hydrogen from all the pores of the skin, was the surest of all preventives; and this protected thousands in 1849. Again, when the cholera came from Turkey during the Crimean war, the centre of the Austrian army was by this remedy completely protected; while both wings had to suffer under it, and were the means of its progress westward.

In the horrible epidemic of yellow fever in 1878, there were but a few isolated cases of it in Mobile, because there charcoal was used to prevent infection. The same had been successfully employed in a former epidemic called the African: principally, in Norfolk by Dr. Campos.

As soon as it was found that, in small-pox, the sulphocyanite of potassa disappears from the saliva and appears in the pus, it led to the discovery that the smell and the inhalation of prussic acid prevented the infection and among all the working-men in chemical factories where potassium cyanate was prepared, and in all the shops and in the one department of the United States Mint where it was used, and among the photographers, not one was taken down with small-pox.

And, above all, the radiate heat, found by homœopathic exploration, forty years ago, to check the zymotic quality of snake poison. It has also done so in all cases after the bite of a mad dog, and has banished the horror of it. It may also do it in all real zymotic diseases, in the cattle-plague and others; particularly since Pasteur's ingenious discovery that the application of an elevated temperature prevents the propagation of bacteria.

We can look back with delight to the few scores of years of struggle with the Old School whose adherents are prevented by nothing but false pride and want of moral courage from acknowledging our discoveries. To-day, let us look forward to see if our Euthanasia is not equally triumphant over that of the Old School.

How have we to treat incurable cases? First is the question.

what with us is incurable? We could never pretend to cure every case, to make a new pair of lungs, etc. We always allowed that if an organ essential to life had been destroyed by disease, nothing could be done; but to all we can afford some relief. Yet easy as it is in some cases for a physician who is posted up as he ought to be, to decide this, just so difficult is it in many others. Some years ago, we had a Roman Catholic priest here in Philadelphia, who was an enthusiastic friend of homœopathy. As Catholics believe it of great importance to have for every dying person the last anointing by the priest, he was often sent for; and, of course, did his duty. Every physician who in a case he treated considered death to be near, was of course obliged to give notice to send for a priest. Our friend had in former years acquired great experience in such cases, and in Germany had often given a homœopathic remedy according to the best of his knowledge and had witnessed recovery. He was told by the Superior here, that it was not his business to act as a doctor; and of course he had to obey. In some cases, he now considered it his duty to propose homœopathic treatment, or at least the consultation of one of the New School. After a while, the Old School found out that some of their given-up cases got well. They held a meeting, and sent notice to the bishop that they would never hereafter give such a warning. After this, our zealous friend was sent first to Pittsburg, where he made a practice for the late Dr. Reichhelm; and afterwards he had to change places more than once.

Every homœopathic physician has had some cases where he has been trusted with the treatment of patients given up by other doctors. Our Journals report many such cases. Even a great many who had been accepted by the cautious physician as, to all appearance, hopeless. It is an acknowledged fact with us that our treatment reaches farther than that of the Old School, even since they have begun to give minims. We have often in this way acquired very grateful friends, but from our opponents we get no credit. They will almost always say, that after all it had been done by their treatment or by so-called "nature;" as if "nature," that cannot even get rid of

a splinter except by suppuration, had more wits than men; and, if a lizard breaks his tail half through, nature heals the old one on and produces a second one above it to the torment of the poor animal.

The truth is that, in some cases, there can be no doubt about a fatal issue; in others, the issue is uncertain, and in others still, there is almost a certainty that we may by careful treatment bring about a favorable result.

If we find with certainty that an indispensable organ is destroyed, we should always declare the fact; but we may not always announce it to the patient himself. The first of these questions is to be decided by pathological investigation; the latter, by circumstances. We ought never to forget that some foolish people consider it always an ignorance of the doctor's if a sudden death happens which he has not foretold.

During the time (1847) when the newly invented sphygmograph was first used to observe the changes in the frequency and the lowering of the pulse while proving *Glonoine*, counting at the same time the breathing, it was observed in dozens of cases, again and again, that the number of pulse-beats and the number of respirations in a minute, counted every 15 or 30 minutes, (a very tedious task), were always what mathematicians call irrational. Close observations made it certain that all the motions of life are irrational; and that in astronomy and in chemistry it is the same. Since that, the very important observation was made, that in every case where these two numbers become rational, that is can be divided by the same number, death will follow; the smaller the common divisor, the nearer is death.

If this should be corroborated by the observations of others, it would enable us to foretell approaching death with certainty. If a change can be observed between the six hours of high tide and the six hours of low tide, and the patient is always weaker with the latter and only apparently gains somewhat during high tide, this also, considering other symptoms with it, is a sign of sinking.

In all chronic diseases and in some acute cases, if the sick improve but little after the carefully selected remedy and then

relapse into the old condition, and this is repeated again and again, we have a full right to consider the cases if not quite hopeless, yet nearly so.

In all hopeless cases, we have not only the right to palliate, but to do so becomes our duty, and here is to be added: in all cases not pathologically hopeless but therapeutically, we may take the liberty to alleviate. This is what is called: Euthanasia.

When we speak of Euthanasia, we speak to the honest. Now, if not all clergymen are honest, not all lawyers, and alas! not all politicians, we must suppose that as a matter of course not all physicians are honest. Thus the additional rule here given as belonging to the doctrine of Euthanasia does not open wide the doors for the dishonest. It is necessary to say a few words as to what may be undertaken by an honest homœopathic physician; with the dishonest, we have nothing to do and are unwilling to waste a single word upon them.

The honest homœopathic practitioner hoists the flag of the New School in earnest, candidly and uprightly. He does not make use of the great popularity the New School has gained by the success of all their true adherents, to get a practice; particularly, with people who do not know much about it. He does not ask people: What kind of treatment would you like? Regular or homœopathic? He always follows Hahnemann's practical advices, even if he should not adopt his theoretical views. He takes every case as a new one; and, if time and circumstances allow, takes all the symptoms of the case down in writing; asking a great many questions, but never one that could be answered by yes or no. He takes his time if required to select a medicine and if necessary, consults the books, which Hahnemann himself was obliged to do to the last year of his life. He always gives one medicine at a time; never two in alternation, unless indicated by a change of symptoms. He decides by the symptoms of the cases, not by the names to be found in medical books. He is always particular about symptoms, even such as have never before been regarded as of much importance. He does not use learned medical terms by preference; the more he does use them, the less trustworthy he is. He is positive in his rules,

but he may be lenient in his advice how to live. If he says that passing a coffee-roasting establishment had upset altogether his medicine, he is not to be trusted. If he says, as did one who made twenty thousand dollars by it in a few years, that he could tell all the symptoms of a case by looking into the eyes of the sick, he is a quack. If he says that by touching with his tongue the arm of a lady, he could find out what was the matter with her, he is a scoundrel; and that even if in a few years he had made forty thousand dollars by it. But if he does his best and acknowledges that he can do nothing in a case except he palliates, he may be an honest but half-half man. It is not to be expected that every one should do as the noble Dr. Wm. Wesselhoeft did; who, after being convinced of the truth of Hahnemann's doctrine, gave up his lucrative practice and studied the new *Materia Medica* for a full year, and then commenced practice again by degrees.

We come now to the surgeons and mechanical treatment. It has been laid down as a general rule: Mechanical hurts want mechanical treatment. But like any other such rule, this also has many exceptions.

We cannot do without surgery, and surgery cannot do without us. In case of a cut, so-called "nature" separates the parts; and the surgeon truly acts homœopathically in drawing the edges together, thus in the opposite way; and then treats the case by medicine. In case of a dislocated joint, the surgeon brings it into its right place in a way exactly the reverse of that in which it came out; and gives homœopathic remedies. In case of a fracture, he moves the bone back to its proper place in a way opposite to that of the force which broke it; and gives our remedies. Innumerable cases that are called surgical do not belong to surgery, but have to be treated in the only right way. The only right way is to give that drug which acts in the opposite way, as do all healing medicines.

The great question left, is how much license has the knife in all cases where a morbid production has to be removed? In all cases of gatherings on the fingers (whitlow, etc.) lancing is without exception injurious. In all cases of swellings on the skull of newborn children it is without exception dangerous as well as injurious to open them by the knife.

This may be the case with all abscesses, even internal. A man who had an abscess in the liver opened by the knife, got a paralysis of the left side of the body; which could only be removed by gymnastic exercises and the proper inward medicine. Our medicine can bring almost every abscess to open in the best way, that is without allowing air to press in, which is always injurious to the patient.

Still there may be abscesses which cannot be reached by our treatment, as it now is, and which had better be opened. This is to be considered as a palliation, not a cure. How is it with other morbid productions? Warts, inflamed or otherwise ulcerating or not, should never be removed by the knife or by caustic applications. In all and every case, without a single exception, it is followed by symptoms much worse. In one case, a young healthy man had a wart removed from a finger, because it hindered him in his business. Although the operation was skillfully performed in three days he had the lockjaw, and was saved only by very careful treatment, lasting a week. In many other cases the diseases following were incurable.

In all cases of stone in the bladder we can do nothing better than operate, if it cannot be crushed. And such operations prove much more successful if we administer the homœopathic remedies *Staphisagria*, *Cinchona*, etc., and cure the case. The cutting out of tumors from the abdomen may be the only means to alleviate; but there are on record many cases that have been cured.

Operations for cancer have come into such disrepute that we need not mention them. But all other treatment may be only to alleviate the sufferings. We are in want of a drug to destroy the cancer cells and hinder their propagation.

The cutting out of an injured eye to save the well one, as the surgeons say, is always an abominable infringement. It is wrong, and must be so, and the favorable cases reported by surgeons are not to be trusted. The injured eye can always be relieved by proper treatment, and the other well eye kept so. We have here in Philadelphia cases in which the cured are living witnesses up to this day. In the one it was declared by the greatest eye-doctor in New York hopeless, unless "enuclea-

tion" was performed. Dr. C. G. Raue not only cured the injured eye, but also saved the other. The next case was Dr. Korndærfer's in which the unfavorable prognosis was made at Will's Eye Hospital. A third one was cured in the homœopathic hospital; and a few weeks ago, a very bad case was declared incurable unless operated on, and Dr. Korndærfer again had the man well and able to attend to his business without this infernal operation.

The range of bloody operations which has widened in such a horrible way since the introduction of chloroform will have to lessen every year under the influence of real honest homœopathic practitioners.

We come now to external applications to alleviate. Our honest Jahr and many others have published case after case to prove the injury of even the apparently mild poultice of milk and bread, of linseed, etc. Although these may not injure, it is better to use as much as possible hot or cold water, wet bandages, or dry heat and the right medicine. The washings with alcohol or with tincture of Arnica, which often contains the eggs or pupas of the Anthrix, and has brought on erysipelas and tetanus, etc., besides frequent metastasis to internal organs, should be made with care and discrimination. When applying Arnica, only tincture from the root should be used. The external application of Hamamelis or Pond's Extract, Calendula, Rhus tox., and Hypericum, if homœopathic to the case, is allowable and may often prove beneficial.

After this necessary deviation we come to the treatment of the dying. In all cases where a bad odor is emitted, to the torment of the nurses, charcoal powder ought not to be spared. In every case where the stench fills the room, coffee-beans are to be roasted in the room until the aromatic odor is developed; this may be repeated very often.

In cases dying of consumption, a few teaspoonfuls of strong coffee, without milk, may relieve. In many cases sulphuric ether poured out on plates to fill the room with its odor may be the greatest relief in the agony of death. Hahnemann's proposition to lessen the violent symptoms of probers by smelling sweet spirits of nitre may be very useful in relieving the

sufferings of the dying. Something similar to Glonoine was produced in 1866, and has given us one of the most important palliatives, the Nitrite of Amyl. We have now what we wanted, and it has to be introduced even at the risk of its abuse like *Aconite* and *Arnica*. It has been proved by Drs. T. F. Allen and Conrad Wesselhoeft, and it will be given as a curative remedy like all our proved medicines; but it is established by the Old School as an indispensable absolutely necessary alleviation in cases which we can sometimes heal, but never can promise a cure, that is in cases of angina pectoris, organic diseases of the heart (C. Wesselhoeft), epilepsy, etc.

It is applied by inhalation; and, according to the latest reports, it has not done any harm even when the dose had to be increased. It has not, like alcohol, made people go to the other world in a drunken state; nor, like opium, sent them there like maniacs; nor, like all other palliatives of the Old School, produced a state of drug-poisoning.

All that we ask now is that it may be obtainable in every homœopathic pharmacy; and, as it cannot be kept in bottles, no matter how well they are corked, let it be in glass tubes or bulbs hermetically sealed. This invention of a very ingenious apothecary in Berlin should be carried in the pocket of every one subject to attacks of the kind, which Amyl quickly relieves; and by him if he feels it coming on, or by others, broken in a handkerchief and applied to the nose. Such tubes ought to contain from one to five drops; and may be ordered to contain more.

The Old School doctors have taken from us dishonestly; let us take from them honestly.

ARTICLE XIX.—The Medical and Surgical Diseases of Women.

BY R. LUDLAM, M.D., OF CHICAGO.

(Continued from page 203.)

XXV. *The Transactions of the American Gynæcological Society*.—The second volume issued by this Society is received,

and we cannot place it upon our shelves for reading and for reference, without a brief inventory of its contents, which are varied and interesting.

1. The Annual Address by the President, Dr. Fordyce Barker, of N. Y., is upon what he very properly styles *Medical Gynecology*. After speaking of the almost universal system of uterine scaffolding, in the treatment of displacements, and telling his hearers that, since 1845, one hundred and two men have sought immortality by devising new forms of pessaries, Dr. B. says :

Is there any evidence of a corresponding activity in ascertaining the etiology, in defining the symptoms, and in discovering remedies for the various organic and functional diseases of the organ, as in devising means for keeping it in its place? I may go further and ask if even much of the knowledge of the past is not now generally overlooked or forgotten? Is not the direct vascular communication between the uterine, the ovarian, and the vaginal plexus usually disregarded by reason of the exclusive study of one or the other of these organs? Is not the important relationship which exists between hepatic disorders and uterine affections very generally ignored in the treatment of the diseases of both the hepatic and the uterine organs, from forgetfulness of the connection which exists between the uterine and the hæmorrhoidal plexus? Numerous illustrations must at once occur to the minds of all, which will justify me in the assertion that the medical has received much less attention than the surgical treatment of uterine affections.

This talk is timely, and would have been still more forcible if the author had said that, beside his brief address, the volume of Transactions of that very Society, for the year 1877, would not contain a single paper upon *medical gynecology*! We are very glad to have Dr. B. make such a practical reference to the connection between portal obstruction and uterine disorders; and only regret that he did not give us the names of the authors who have written upon that subject. Our readers may perhaps know that, as long ago as 1617 Hieronymus Capivaccus, and in 1685 Primerose laid great stress upon this point in uterine pathology; and likewise, that, in 1848, Dr. Butler Lane devoted a special treatise to it, entitled: "On Functional Diseases of the Liver, associated with Uterine Derangements."

Simpson, Sir Charles Clarke, and others, have also given space and thought to this question.

After citing a very interesting case of uterine deviation, in which the patient had been over-treated, Dr. B. says:

Now, while admitting that this is, in many respects, a very exceptional case, it was to me a very suggestive one. It taught me, in connection with subsequent experience in other cases, that the extremes of flexion of the uterus may exist without symptoms, and without materially interfering with the functions of the organ. I have found, in some cases, that menstruation restores the form of the organ, so as to permit the easy introduction of the sound, which, during the interval between the periods, can only be passed when greatly curved.

There is no doubt of the truthfulness of this remark. Half the time the kink is in the doctor's caput, and the mischievous consequences are of his own making. There is no more sense in expecting to keep or to find the womb always in the erect posture, than there would be in deciding that the ovaries should be fixed and immovable. It is only when an accidental flexure of the womb cannot be overcome and corrected as a condition of the menstrual flow, by the mechanism described by Rouget, and designed to bring it into its proper position, that we need to interfere. It is impossible that a woman who menstruates punctually, and without a great deal of pain, should have a flexion of the womb that requires treatment as such.

The author's remarks upon this subject are so practical that we quote further:

I believe that most gynecologists, who are not partisans of "the mechanical system of uterine pathology," will accept the following propositions:—

Flexions in the virgin cause no symptoms, except a slight dysmenorrhœa, unless there be some vitiation of the general health, defective nutrition, neurotic disturbances, or pathological change of the pelvic organs other than the flexion.

In some married women, in whom flexions exist, all the functions of the uterus, menstruation, conception, gestation and parturition, are performed without any apparent difficulty due to the change of the organ.

In the married, however, these flexions may become a source of irritation, and be one of the factors in producing functional disorders, neurotic disturbances, and pathological changes of structure, not only in the uterus, but in the adjacent tissues.

Mechanical treatment, such as the use of pessaries, or surgical, such as the division of the posterior lip backward, is neither safe nor useful, until all associated pathological conditions, due to antecedent or coincident inflammation, have been overcome.

All treatment, whether local, surgical, or mechanical, will fail in curing uterine disease, so long as the blood is deficient in its proper proportion of nutritive elements, and therefore appropriate constitutional treatment is essential to success.

In speaking of the importance of recognizing certain lacerations of the cervix uteri as a cause of disease, and of their surgical treatment, Dr. B. holds the balance very justly, and withal adds a clinical fact that is worthy of remembrance.

I know the accuracy of his (Dr. Emmett's) description, and have seen the success of his treatment. Yet there is a medical aspect to the subject which should not be overlooked. This disease is always associated with sub-involution, which, in a majority of cases, is, I think, the primary cause of the failure of the lacerations to cicatrize and of the subsequent eversion, and I am convinced by observation that in some cases effective treatment, which secures the complete involution of the organ, renders the operation unnecessary.

The concluding paragraph of this address ought to spur the members of our school of practice to do something that is worthy of their day and generation.

Uterine therapeutics have by no means kept apace with our progress in pathology and improved methods of diagnosis. It has been very much the fashion to express a sceptical doubt as to the value of medicinal agents, in a manner implying a latent belief that incredulity on this point is an evidence of a strong mind, and that a confidence in the efficacy of therapeutic agents is an evidence of weakness.

2. The *Report on the Corpus Luteum*, by Dr. John C. Dalton, occupies fifty pages of closely written matter, and is more beautifully illustrated by the twelve plates which accompany it than any other medical paper that we have ever seen. The observations are based upon the study of thirty-two sets of specimens of the human ovary.

The whole number comprises eight cases in which death occurred, in non-pregnant women, within the four weeks of a regular menstrual interval: six cases in which menstruation had been absent for from five to eleven weeks; six in which it had been absent from four months to a year; and two cases in which

it had been absent for six years and over; also four cases of abortion from the third to the sixth month; and six cases of death from one to eight days after delivery at full term or thereabout.

3. Prof. Spiegelberg, of Prussia, contributes a valuable paper *on the Pathology and Treatment of Puerperal Eclampsia*. The first part of his essay, which is loosely written, or badly translated, is devoted to the special pathology of this form of Eclampsia. It argues the following propositions: (a) *True eclampsia depends upon uremic poisoning in consequence of deficient renal secretion*, and (b) *that cases of eclampsia without albuminuria form a separate class. They are acute epileptic attacks*.

Concerning the prophylaxis, and the medical treatment of puerperal convulsions, the Professor's ideas are antiquated enough. But his remarks upon the expediency of emptying the uterus are sound and satisfactory.

The evacuation of the uterus must be effected rapidly and easily; the process must not cause irritation, and neither the mother nor the child must be endangered by an interference which sometimes proves more harmful than does the disease itself. This principle must be invariably kept in view.

For this reason, if eclampsia occur during pregnancy, there can never be any question of obstetrical interference, especially of the induction of premature labor. For, in the first place, the convulsions may cease without interfering with pregnancy itself; in the second place, parturition will occur spontaneously in the more severe cases; in the third place, all the mild oxytocics act too slowly, while the stronger produce too much irritation of the uterus, and thereby increase the severity of the disease. Forcible delivery, under these circumstances, without preparation of the cervix, is absolutely harmful; it is a rough procedure commonly resulting in the death of the child and in fatal laceration of the sexual organs. The case is quite different, however, if labor has actually set in; to hasten it, must then be our only aim. To this end I can recommend catheterization of the uterus and the introduction of a Barnes' dilator into its inferior segment. Colpeuryesis is too irritating, and warm irrigation too difficult in these cases. After the cervix has been sufficiently softened and dilated the liquor amnii may be allowed to escape. The decrease in pressure consequent upon its escape often acts favorably.

4. *Sarcoma of the ovaries* is the subject of an essay by Dr. Washington L. Atlee. It merits a careful reading, and can not

be condensed. We make room for the final remarks concerning the treatment of sarcoma of the ovary at an early stage of the disease. He says:

I have long been impressed with the belief, based on considerable observation, that malignant tumors are entirely local in many cases, and that if they are extirpated from healthy tissue before the glandular and general systems are poisoned, a permanent exemption may follow, particularly if such therapeutic measures be used as are calculated to fortify the body from a tendency to reproduce the heterologous deposit. Have we, in the *Materia Medica*, any agent possessing such power? I believe we have in arsenic. Arsenic, employed in doses, so small as to avoid gastric irritation and its specific effect, is a most valuable tonic and alterative. It increases the number of red corpuscles in the blood, as is evidenced by an improvement in color. Its internal use will not cure a cancerous growth, yet if that growth be excised from the surrounding normal structures while they are under its influence, arsenic will so maintain the vital powers and preserve the healthful condition of the blood, as to prevent in many instances, similar formations being reproduced. Such repeated examples of the protective influence of arsenic have occurred in my own practice, that I have great confidence in it. For many years I have not removed a malignant tumor without keeping the patient under its influence. * * * * * The dose should not exceed three drops of Fowler's solution, and should be continued for one or two years.

5. Naturally enough Dr. Paul F. Mundé's exhaustive essay, *on the Value of Electrolysis in the Treatment of Ovarian Tumors* follows Dr. A.'s paper. It is a very thorough production, covering eighty-eight pages, and including the whole history of the subject concerning which the professional expectation ran so high a very few years ago. If any of our readers desire to know the facts in the case and to protect themselves and their patients from the spurious claims of those who pretend to cure all kinds of ovarian tumors by electricity, they should possess themselves of this paper. We commend the facts given herein to our writers on Surgery.*

**Apropos* of this subject the *American Journal of Obstetrics, etc.*, for October, 1878 (p. 750), contains a letter from Dr. R. Ultzmann to the Editor, Dr. Mundé, from which the following is an extract: "The whole method is sufficiently clear to me to convince me that it possesses further therapeutic value. Here in Vienna, nothing more is heard of electrolysis.

6. Other interesting and valuable essays include that of Dr. Emmet on *Congenital Absence and Accidental Atresia of the Vagina*; *A Supplement to the Report of a Case of Xenomenia* (menstruation from the lips), with photographs, by Dr. Theo. Parvin; *On the Hystero-Neuroses*, Dr. G. J. Engelmann; *Cases illustrating important points connected with Ovariectomy*, Dr. G. Kimball; *On the simpler varieties of Perineal Laceration*, Dr. T. A. Reamy; and that *On Lying-in Institutions, especially those of New York*, by Dr. H. J. Garrigues.

We close the book with a feeling akin to that which comes over one after his first visit to such an hospital as the *Maternité* in Paris; would to heaven that these men could know and practice a better system of therapeutics.

XXVI.—*Traité élémentaire de Chirurgie Gynécologique* par Le Docteur A. LEBLOND, Etc., Etc., avec 281 figures intercalées dans le texte. Paris, 1878. pp. 650.

The accomplished editor of the *Annales de Gynécologie*, the excellent Paris monthly on the diseases of women, has done a good work in bringing this subject within an available compass, and in illustrating it so beautifully. The text is a marvel of conciseness, and the 281 cuts are the best of their kind. The question, "Who reads an American book?" is answered on almost every page, and quotations from authors in all languages are freely inserted. The book is full of manual resources and of surgical expedients connected with this specialty. It is a pity that we have nothing so complete and satisfactory in the English tongue.

XXVII.—*Medical Gynæcology*.—No one, who has really "paid especial attention to the diseases of women," has failed to observe that in this branch our therapeutical resources are scattered through many books and journals that are devoted to a wider range of subjects. Even if it were desirable, it would be almost as difficult to keep some medical authors from

Neither Benedikt nor Fieber have done anything with it for the past two years—a sufficient proof that both have changed their minds about the method. We have ovarian tumors enough in Vienna. Billroth has already performed far more than a hundred ovariectomies; so also, in smaller numbers, other operators; but, since my publication on the subject, no ovarian tumor has been cured, in Vienna, by electrolysis."

writing on Gynæcology as it was a few years ago to prevent all the members of a certain college faculty from lecturing upon this same topic. But it is *not* desirable to suppress these incidental and fragmentary contributions to uterine therapeutics. We want, and we must have all that we can gather from reliable sources of means that are other than surgical for the cure of diseases that are so very complicated and troublesome. And we should be ready to acknowledge our obligation to the author who adds a chapter, a page, or a paragraph, that is practical and trustworthy to the literature of this subject. For it is from the accumulation of this kind of material, carefully selected and arranged, and not from any one's individual experience, or *ipse dixit*, that future works upon medical gynæcology must be evolved.

It was in this spirit that we seized upon the volume of *Homœopathic Therapeutics*, by our old friend and fellow-toiler, Dr. Lilienthal. When our pencil had checked off some eighty pages of matter that was germane to Gynæcology, we felt very grateful for his contribution, and determined to say so. The truth is that no part of this book will be more frequently consulted than the portion that we have indicated. These pages will be more thumbed than the rest. These will be "the sullied leaves, with the worn-out appearance, nay, the very odor, (beyond russia)," that attached Charles Lamb to the old circulating library.

But, even in gynæcology, all is not gold that glitters, and we must express our regret that a few things had not been left out. The indications that are given under the head of Lencorrhœa are many of them of no more practical use than are half of those which are arranged for intermittent fever. The same is true of hysteria, in which, as in the case of *Hyoscyamus* and *Caulophyllin*, the most frequent and valuable indications are sometimes altogether omitted; while only two lines are given to *Pulsatilla*, (one of which ends with "pituity all through her system"), and *Coffea* is left out in the cold.

There is another, and perhaps an unavoidable defect of this portion of the work, which is that the indications given are not vouched for by responsible and experienced practitioners.

Symptoms are like servants,—they are our servants, and when they come into society, *id est* into our works on therapeutics, they should bring their “characters” with them. For we consult these books as the housewife goes to the “intelligence office” to hire a domestic; and we surely should be as careful to know whose servant this or that remedy has been, or whether it is a raw recruit that we are about to employ.

When the author recommends *Gelsemium* for puerperal albuminuria, or *Moschus* for convulsions from uræmic poisoning, it is natural that we should care to know whether the prescription is based upon the experience of a competent and careful physician, like himself, or whether he clipped it from some medical newspaper.

If this is true as it relates to the general practice of medicine, it is many times more significant when we come into the fields of the specialists. We would not give a sou for a doctor's experience in the treatment of the diseases of the eye, for example, if he did not know a cataract from a carbuncle. Being an expert in skin affections, the personal endorsement of Dr. Lilienthal for *Rhus tox.*, or *Arsenicum*, or any other remedy in eczema, or psoriasis, is a thousand times more valuable than that of the scribbler whose practical experience in dermatology has begun and ended with scabies. When Dr. Guernsey says that *he* has done thus and so with a remedy in one of the diseases of women, we know what to depend upon, just as we do when Dr. Richard Hughes gives *his* testimony, or when Jousset speaks of *Plumbum* 30, in a certain affection of the spinal cord.

In all kindness we must say that medical gynæcology has been more deeply injured than any other branch by the contributions of ignorant and incompetent persons. In our periodical literature the wheat and the tares must grow together; but, so far as it is possible, the author who harvests the crop into books like this should bind them separately. Or, at least, he should tell us “vich is vich.”

It has always seemed strange to us that any one should attempt to write a work on Therapeutics with no bed-side experience in it: or rather, that the clinical confirmation of the

value of remedies should not be brought into bold relief in books of this kind. For there is a wide difference between a treatise on *Materia Medica* and one on *Therapeutics*. It is the chief merit of *Rückert's* nine volumes; of *Beauvais' Homœopathique Clinique*, in nine volumes also, with 5,000 cases, with the names and sources appended; and of *Hoyne's Therapeutics*, that they are so thoroughly practical.

In the matter of medical gynæcology alone, there are those in our ranks who would give ten or twenty prices for this book if it contained the experience of such men as the late Dr. Williamson, of Philadelphia, *and we knew just where to find it*. The author was too good and appreciative a friend of Dr. Carroll Dunham not to have incorporated his observations and clinical verifications into this volume somewhere: but how shall we distinguish them? And is not the clinical legacy that these and a thousand other good men have left us worth the cost of a figure, or of some kind of a character that shall tell us and our children who it was that made the contribution?*

* We would willingly do justice to the remarks of our able friend and reviewer, Prof. Ludlam, *if it were possible*. Rückert, Beauvain and Hoyne copy the cases of different writers; in a work on Homœopathic Therapeutics for the general practitioner, not for the specialist, we need a *multum in parvo*. But I can assure my reviewer, that no *symptom* was incorporated, which did not come from well-known and acknowledged authority, whose clinical value or whose verity was not ascertained by comparing it with original works on *Materia Medica*. It is a pity that there are so many sects in the homœopathic school and that some authors refuse to accept the dicta of others. *Exempla sunt odiosa*, and after all what is in a name?

S. L.

ARTICLE XX.—A Case of Puerperal Convulsions.

By E. A. FARRINGTON, M.D.

(Sent to this Journal with the consent of the Philadelphia County Society, before which it was read.)

Mrs. — engaged me to attend her in confinement. She anticipated some trouble as she had not conceived before for fourteen years.

At the seventh month I was hurriedly summoned to her, the messenger informing me that she had had a stroke of apoplexy. I found her with suffused face, thick speech, heavy eyelids, and considerable drowsiness. She evidently had had a convulsion and not apoplexy. I gave her *Gelsemium*, and as she lived several miles from my office, left word to call in Dr. Chas. H. Smith, if she should be taken worse. I had it in mind to leave a note for the doctor, suggesting *Belladonna* if spasms should set in, as she was a stout lady, full blooded and had previously complained of a throbbing headache over the right eye. But on second thought, I concluded to leave his mind unbiased. My object in prescribing the *Gelsemium* was to endeavor to prevent spasms, rather than relieve them if they should occur. The immediate symptoms seemed to demand it. About midnight I was again called, and found my patient in convulsions. Dr. Smith, who lives but two squares from the patient, had arrived before me and very properly gave *Belladonna* 40^m. The spasms began with flushing of the face, rolling up of the eyeballs, with biting of the tongue and violent jerkings of the whole body. As the convulsive symptoms subsided, the face became purple and swollen and she went off into a deep, snoring sleep. The medicine was given every half hour all night and until our visit the next forenoon. We then found her in a continued deep sleep, from which aroused she would answer mechanically, but seemed not to recognize any one. The convulsions had ceased. Three questions presented themselves to us. Shall we change the remedy?—discontinue it?—or repeat it? A change were absurd, for every symptom was still for *Belladonna*. Since her stupor was more profound, though the spasms had stopped, it was evident that either she was feeling the effects of her attacks or was going into a worse condition of coma. In either contingency, it would be best to suspend the remedy, so that the system might have opportunity to react in the one case, or that we might await developments, which would lead us to a new remedy if the case grew worse. She accordingly received *Sac. lac.* At my afternoon visit I was met by the husband with the cheering words: "Doctor, she's much better, that last medicine acted like a charm!" And better she certainly was.

Her face was still swollen, but had lost much of its turgid appearance, she was conscious and had passed urine freely. Improvement continued for three days. Our immediate concern, now, was what was the condition of the fœtus. No motions had been felt since the spasms. Camman's stethoscope, however, enabled us to distinctly hear the fœtal heart, which beat at the rate of about 140 per minute. Our next step was to examine into the condition of the mother's kidneys. At my request Dr. Smith analyzed the urine and found it loaded with albumen. There was œdema of the face and slight swelling of both feet and ankles.

On the evening of the third day of relief, our patient became more restless, complained of feeling sore and tired and of headache in the occipital region. *Belladonna* 40^m was again resorted to. At about midnight she was seized with convulsions, which were not so intense as formerly, but lasted longer and caused a paralysis of the right arm. Subsequent convulsive efforts were confined to the left side. No other remedy was indicated; even this paralysis pointed to the *Belladonna*, so we pertinaciously continued, lengthening the intervals as the spasms diminished. Towards morning she became restless and though unconscious, complained and grunted as if in labor. The os externum was soft and dilatable, but the os internum was as firm as gristle. No attempt at artificial dilatation was made, because the pains did not seem to threaten convulsions, and above all our trusty *Belladonna* was a better and safer dilator than clumsy instruments. A meddling doctor is an abomination. Daylight came and with it—not the baby, but an unwelcome cessation of all pains, while the patient sank into a stupid sort of sleep, from which she could not be aroused to consciousness. What was to be done? I examined the symptoms carefully. Pulse regular, full; breathing snoring, but not stertorous; face red; pupils failed to react to light; right arm paralyzed; urine retained. Still *Belladonna*; but it was not needed so frequently as for the acute symptoms, so it was given for every two hours, and directions left to stop it entirely so soon as consciousness should return. The afternoon brought the desired relief; she recognized familiar faces, the pupils re-

sponded to light, the urine flowed freely and the patient became annoyingly aware of the condition of her right arm. In the evening she grew talkative, it was difficult to control her. Pains made her screw her face up; she said they were in her stomach and as they were followed by belching, I thought she was correct in her statement. But towards morning she began labor in earnest. Two or three vigorous pains were followed by the expulsion of a living, seven-month's child.

The little fellow was as blue as indigo and cried with a faint voice, showing that its life had well nigh been sacrificed by the terrible disturbances in the maternal circulation. It was wrapped in cotton batting, laid on its side, fed with milk in teaspoons, hourly doses and treated with *Laurocerasus* 1^m, as a corrective of its cyanotic condition.

The mother seemed to be in excellent spirits, talking so vociferously that threats were necessary to calm her. Her lame arm was still a mystery to her; for she had not been made acquainted with the character of the disease, she had passed through. She fancied she had had a chill with congestion to the head—an illusion I was very willing to leave undisputed.

The usual post partum prescription of *Arnica* was omitted, because the labor had been too rapid and easy to need it, and also because I desired the *Belladonna* impression to continue undisturbed.

The child died of cyanosis eight hours after birth.

The mother rallied steadily, regaining the use of her right arm in two days. Milk appeared in the usual time, but was unattended with any untoward symptoms. For several days the mother had occasional diarrhœic stools composed of fæces and offensively smelling bile; but as they seemed to relieve rather than aggravate the patient, it was deemed unnecessary if not meddlesome, to interfere.

The patient is now convalescing rapidly. She has regained the use of her arm and the symptoms of albuminuria are subsiding also.

ARTICLE XXI.—Clinical Report of Typical Cases of Fractures of the Shaft of the Femur, with Treatment.

BY PROF. C. H. VON TAGEN, M. D., CHICAGO, ILLS.

THE following are a few typical cases of fracture of the shaft of the femur, selected by the writer, as examples of the especial efficacy of the mechanical treatment, also to illustrate the superior and remarkable influence and results of the properly selected Homœopathic remedy; both of which methods, and particularly the latter, we here take occasion to state, possess advantages over any other known system.

The various periods of life, from childhood to advanced old age, have been also considered in the selection that we have made, and they are a fair average of the series referred to in our first article on this subject in the previous number of this Journal. We do not hesitate to state just here, that we challenge our adversaries to produce an equally good showing up in matter of briefness of *time* of the treatment and *average* of shortening of the limb.

I need hardly add the great importance and how careful and watchful we should be in treating fractures of all kinds, but especially in this class of fractures of the shaft of the femur.

Time and again has the hue and cry been urged and objections made against our system of practice, that "we have no competent nor educated surgeons among the Homœopathic practitioners." It behooves us, one and all, to see to it that no such charges of ignorance and incompetency be laid at our doors. Let us not forget that "eternal vigilance is the price of liberty." This motto is equally applicable to surgery.

We will now proceed to give a brief account of the cases in the order in which they were brought to our notice.

August, 1865. A young girl, æt. 4, who fell down a flight of stairs, broke the right femur in the upper third of its shaft, about two and a half inches below the trochanter major. The child also fractured the *clavicle*, one inch and a half from its sternal articulation. The limb, at the point of fracture, was

much ecchymosed, and the integument bruised, showing that the limb had been caught at some point during its descent. The limb was shortened nearly three inches, the lower fragment overlapping the upper one, and to the inner side. The limb was much swollen around the injured part; there was also an angular deformity at the outer side of thigh. Crepitus was readily discovered at the seat of fracture, and especially when the parts were in opposition. The child presented a pale, cachectic appearance and was evidently ill-nourished.

The double inclined plane was applied and used in the manner described in the first part of this communication, due attention being paid to the ecchymosed and swollen conditions, both of which were controlled by the use of *Arnica mont.*, given internally, 6th dilution, and locally one part to twenty parts of water, applied hot. As soon as the local symptoms were relieved, the patient was put upon the use of *Calcarea phosph.*, 6th trit., three doses daily, and a generous diet ordered, when she passed on rapidly towards recovery with no untoward symptoms. Her general condition of system was very much improved. On the fourteenth day examination revealed a firm union of the fractured surfaces to an extent that it would not yield to any such warrantable degree of manipulation.

The dressings, however, were maintained in position for one week longer, and examination was again made.

We felt warranted on the twenty-first day, in removing the dressings and allowing a moderate use of the limb, which *was* daily used until it regained its usual strength.

The character of the fracture in this instance was an oblique one, and the shortening that resulted, after union was complete, measured a fourth of an inch.

CASE II.—This was a case of what is commonly known and described by some writers as a green stick fracture, and occurred in the same neighborhood while the first case was convalescing. This child was *æt.* 3. The injury occurred in consequence of a fall from a table, the limb having doubled up under the child, who was heavy and apparently well developed. The limb presented a very marked bowed appearance, and turned to the inner side. There was only this bent appearance then,

with no other marked symptom, except a slight sort of crepitus, which could only be detected by one seizing the limb and firmly fixing it above the point of the break, which was at the center of the shaft, as near as could be determined; a second one then seizing the leg in the same manner below the knee, made a forcible extension. As the bent portion yielded to the extending force, a fine crackling sensation was conveyed to both myself and assistant, and observed simultaneously by us. After straightening the limb, a rotatory motion being made by seizing the knee and upper end of the thigh, the same sensation and sound were confirmed.

It has been the writer's experience to have met with a number of cases of this variety of fracture, in several instances in the same locality as spoken of, as also in other bones of the body, viz., the bones of the forearm and arm as well. The clavicle and fibula likewise in this last named bone, its fellow, the tibia of the same leg was completely fractured. This condition of fracture, mentioned as green stick fracture, is no doubt due to a preponderance of the vegetable or inorganic elements that impart to the affected bone the tendency rather to yield and bend than to break, as a normal condition of bone will do when an equal and due amount of force is applied. I will here state in passing that *Calcareæ phosph.* is the sovereign remedy, and will overcome this tendency of the bones to bend. In the cure of bow legs in the young it has not its equal as a medicinal agent in the entire *Materia Medica*, as far as is yet known.

This case was also placed upon the double inclined splint, and *Calcareæ phosph.*, 10th trit., was administered three times daily. There was no call for any other remedy, the limb being examined every third or fourth day. In this instance firm union enough to lay aside the splint on the fifteenth day, the injured part giving no evidence of a lack of firmness.

There was no shortness whatever, at least that could be detected by the most careful measurement.

CASE III.—A young man, æt. 27, who fell from a ladder in October, 1865, some forty feet from the ground, while engaged in working on the outside of a building. He struck upon the

right thigh and outer side upon a brick pavement. I reached the case soon after the accident occurred, and found him at his home, somewhat shocked and stunned from the effects of the fall. The fracture was an extensive one, and embraced fully one-third of the shaft and about midway of the thigh. The entire limb below the seat of fracture was very cold, and no muscular resistance whatever showing a paralyzed condition of the limb. The bone was broken into several fragments, which was easily determined; in fact it was a case of *comminuted fracture* of the bone. Arnica mont.³⁰ was given internally, and frequently repeated, until reaction occurred. The limb was severely contused, but not much tumefied, which, no doubt, was due to paralysis from the severe force of the blow. One part of arnica tincture to fifteen parts of hot water, was applied by means of hot compresses, and the limb kept for several days in flannel cloths, being kept warm by means of hot water in bottles, and laid along each side of the limb. For several days the limb and patient were thus treated, and a moderate use of stimulants were resorted to. Before the close of the week the patient rallied, and the limb was placed upon the double inclined splint, at a very slight angle at first—some five degrees, and this was gradually increased as the tenacity and resistance of the muscular force became apparent, until the usual angle, which is thirty-five to forty degrees, was reached.

As soon as the traumatic symptoms subsided, which they did under the use of Arnica, Calcareæ phosph.¹⁰ was given four times daily.

A careful examination was made from time to time, as the case progressed. On the thirtieth day after the splint was applied a good firm union was apparent. The shortening in this instance was not more than three-eighths of an inch.

I will here take occasion to add that I used in this case, as I invariably do in all similar cases, pasteboard splints, applied to anterior and lateral sides of the broken thigh, these being prepared by first dipping in boiling hot water, then lining with cotton or wool packing, and applied in addition to the double inclined plane and secured by means of roller bandages as already described in the first part of this article.

CASE IV.—This was a young man, æt. 23, who leaped from a second floor window, in a fit of delirium, alighting upon his feet; the result was an impacted fracture in the lower third of the thigh, in addition to which both internal and external maleoli were involved. There was some fore-shortening of the limb over an inch and a half in its length, and some angular deviation from the normal line of the bone. Considerable force was required to restore the fractured surfaces and limb to its proper length. The limb was dressed in a similar manner to the preceding cases, due attention being given to fractured maleoli, these being replaced *in situ* and maintained by means of small compresses and adhesive strips, the former being applied below and the plaster strip drawn snugly, taking a purchase from above so as to press the fractured surfaces together. The usual angle of the splint was applied in this case, and *Calcareæ phosph.*¹⁰ was given four times daily; *Arnica mont.* was administered first however to overcome the effect of the traumatism caused by the injury. The amount of shortening in the present case was but a half of an inch, and union was complete and firm enough on the twenty-eighth day to lay aside the splint, the patient being then able to go about on crutches..

CASE V.—A man, æt. 47, October, 1865, fell from a height of sixty feet, striking upon his left side, which caused a fracture of the femur at the middle of its shaft. As is usual in such cases severe shock of the entire system was present. *Arnica mont.* is always the first remedy to be thought of and given. Much tumefaction and contusion were also present. The general and local conditions are in all similar cases the first consideration.

The case was dressed in the usual manner heretofore referred to. The patient being of intemperate habit, some *Nux vom.*³⁰ was administered to overcome the ill effects of this habit. He was also of a bilious temperament, having thrown up much bile from the stomach after the effect of the shock had been relieved. *Calcareæ phosph.*³⁰ was then given, three to four times daily.

At various times the dressings were changed, the case progressing favorably until the thirty-eighth day, when the union

was found sufficiently firm to permit the removal of the splint. The shortening in this case was one inch, and the nature of it a comminuted fracture.

CASE VI.—Was called late in October, 1865, by Dr. J. G. Howard, lately deceased, formerly my preceptor, to see an aged lady, and was informed by the doctor of the following facts of the case: The patient's age was seventy-eight, was of full plethoric habit, weighing before the accident 178 pounds.

Five months or more prior to my visit she met with a misfortune in breaking her right thigh while turning in bed, the point of fracture was high up in the upper third. Undue mobility of limb was present, but no distinct crepitus could be felt nor heard, no doubt due to the change the fractured ends of the bone had undergone during the long period of treatment referred to, being coated with a cartilaginous deposit.

From the patient's statement, she had lost nearly sixty pounds of her former weight, and was still failing. Her general condition was not promising, as statement will show. A careful examination was made by Dr. Howard and myself. The patient was afflicted, and had been for nineteen years or more, with an organic disease of the heart; was subject at times, and of late more frequently, with what she termed spasms of the heart, accompanied with a suffocative feeling, sense of constriction, as if an iron band was bound around the chest. One of these spells occurred while examination was being conducted. *Cactus grand.*³⁰ was administered and repeated ten minutes apart. The second dose seemed to ameliorate the symptoms very much. The sounds of the heart revealed a regurgitation sound at both the mitral and semilunar or aortic valves. During an attack, the apex of the heart beat violently against the wall of the chest. There was a hard and unyielding sense of feeling over the carotids, the radial, femoral and popliteal arteries. Patient was of a leuco-phlegmatic temperament.

Upon inquiry being made of the patient's antecedents, it appears there had been two deaths in the present generation from similar attacks to those she was subject to. This condition the writer diagnosed as atheromatous degeneration of the entire circulatory system. The back of the patient was more

or less covered with bed sores, from the size of a three cent piece to that of the palmar surface, all of which were suppurating freely. The bowels were very much loaded down and inactive. More or less incontinence of urine. Fickle appetite, and distressed with wind in stomach and bowels. Tongue was coated yellowish, dry and pasty, thirst, requiring frequent but small draughts of water, general prostration and weakness, pulse rapid, not compressible. Temperature 88. Hands and feet cold and somewhat clammy. For this condition *Arsenicum alb.*³⁰ was ordered to be given every two hours; a generous fluid diet was ordered. The bed sores were dressed, and the leg dressing, consisting of a straight splint known as Physic's Modification of Desault's, in which the limb had been confined for a period of twenty-two weeks.

During the three weeks prior to my first visit the patient had no regular surgical attendance; the gentleman who had taken charge of the case, and a man of note in the surgical school of Philadelphia, had given over the case, saying he could do no more for the patient, stating at the same time that it was an utter impossibility to obtain union in this instance, the ends of the fractured bone having become coated with a smooth callus that would defeat any efforts that could be made in attempting to obtain a union. He proposed a formidable operation, viz., of cutting down upon the edge of the broken bones, turning them out and sawing them off so as to get a fresh start. Fortunately for the patient she was too far advanced to promise much of a result other than a fatal one.

The case was allowed to rest for a week or ten days from any but necessary surgical interference, simply contenting myself in trying to build up the patient by means of suitable remedies and nourishing diet, proper attention being given to "bed sores," sanitary condition, etc. She had been lying throughout her illness upon a feather bed—an abominable contrivance for a fracture case.

In the course of ten days the patient rallied sufficiently to have her limb looked after. The ends of the bone were rubbed well together, which process was somewhat slow and tedious, but was finally successful; the denudation of the fractured ends

of the bone accomplished, so that distinct crepitus could be discerned. The patient was placed upon a soft hair mattress supported upon springs, provided with suitable means for nature's wants. The limb was dressed and placed upon the double inclined plane, as has been heretofore described. Calcareo phosph. 6th trit. was given four times daily. Nourishing diet. The bed sores, I omitted to state, were dressed daily with carbolized oil, and healed kindly, though slowly, as is usually the case. Nux vom.³⁰ was given for the gastric and bilious condition. Lycopodium³⁰ relieved the flatulence. Beladonna³⁰ was given to relieve the incontinence of urine, all of which remedies performed their offices well. Occasionally the patient was attacked with her usual heart trouble. The Cactus³⁰ invariably relieved this condition. The Calcareo phosph. formed the chief agent in the reproduction of bone elements so admirably well that at the close of the ninth week the apparatus was laid aside, the patient was able to propel herself about her room in a trundling chair. By the expiration of the eleventh week she was able to go on her crutches, and finally obtained good use of her limb.

En passant the writer desires to state that while examining the patient and comparing the limbs as to length, he noticed a partial deformity of the left knee-joint. It bore the appearance of what might be termed *genuflexion* or knock-kneed. Upon making inquiry the patient stated that she had been thrown from a horse when in her eighteenth year—sixty years prior to the time mentioned—that she fell from a horse on the outer side of left foot, wrenching the knee-joint, when a severe, sharp, cutting pain occurred at this point which seemed to fly as it were to her head; she then grew giddy and fainted. Recovering her consciousness some time afterwards she was conveyed to her home, some two miles from the scene of accident. The family doctor was sent for, and arrived in three hours or so. Joint was much swollen then. He worked at it for a considerable time, giving her much pain; finally stated he had put the joint in place. She remarked further that the doctor attended her for nearly four years off and on, but she never seemed to get any better, the pain continuing, and

especially when used, ever since the first accident up to the last one.

The writer examined the joint and pronounced it a case of dislocation, to the inner side of the interarticular fibro cartilage, which had never been replaced. It was too late, of course, at this time to remedy the evil, as the cartilage had become entirely ossified in its then fixed position. The patient also stated that she never was able to trust herself on that limb without an artificial support, and used a cane for the purpose all these years. The shortening in the fractured limb measured seven-eighths of an inch. It probably was a transverse fracture originally, judging from this single fact.

POST MORTEM.—Presuming it would be interesting to the diligent reader to learn the facts of the sequel, I will briefly state that nearly five years after this patient convalesced, she was found dead in her bed one morning. I was notified of the fact by my friend, Dr. H. We obtained the consent of the family, and together, made a post-mortem examination. The brain, thorax and abdomen, together with knee-joint and the fractured thigh, were all carefully examined. A general atheromatous condition of the valves of the left side of heart, the pulmonary vessels, aorta throughout, and the main arteries of the limbs were thus all implicated. The cerebral arteries were also included in the same condition.

The liver was considerably engorged and enlarged. The knee-joint presented, as has already been diagnosed, a complete ossification and displacement of the intra-articular cartilage. The articular surfaces being pasty and dry, also partially ankylosed, (fibrous), at the point where the seat of the fracture had been, the part presented a firm and complete bony union.

CASE VII.—In this instance, as in the last, I was called in by my friend and preceptor, Dr. J. G. Howard, during the month of March, 1866, to see another aged lady, æt. 84, who likewise broke her thigh in the act of turning over in bed, and also fell upon the floor. The old lady insisted upon it that the left limb broke while she was in the act of turning, and, rolling over towards the outer edge of the bed, she lost her balance and fell upon the floor.

The point of fracture was an oblique one, and much like Case VI, and was about the center of the upper third of the shaft. The fracture was reduced, and the double inclined plane used. The patient was put upon the use of *Calcareæ phosph.*³⁰, four times daily.

No outward symptoms occurred until the fifth day ensuing the accident. Pupils of the eyes contracted. Twitching in the muscles of the injured limb, together with trismus and difficult deglutition. The muscles in the back also showed a disposition to contract, causing some opisthotonus. Calabar Bean, 1st dilution, in water, was given in repeated doses every hour while awake. Gradually, but slowly, these symptoms yielded, and on the seventh day, following their appearance, subsided entirely. The *Calcareæ phosph.*³⁰ was now resumed. At the close of the eighth week the bone was sufficiently firm to allow of the removal of the splint, and the limb was restored to its former usefulness.

CASE VIII.—A boy, æt. 14, of slender form, pale and apparently ill-nourished system, in April, 1878, while running at a rapid rate, stepped into an aperture in a board side-walk, and broke his right thigh in two separate places. The upper fracture was oblique, and located about two inches below the great trochanter. The lower one was in the lower third, some three inches above the knee-joint, being more of a transverse fracture. The injured parts were somewhat contused and swollen, for which the usual dressing, hot arnicated water, was applied, and the limb put up in the inclined plane, before spoken of. *Calcareæ phosph.*, 30th trit., was given four times daily. The patient passed on to a speedy recovery. No outward symptoms occurred worth reporting. On the twentieth day the dressings were removed, having been changed and renewed several times during the time elapsing since the accident, and the union was found firm at the former fractured points.

The boys' general health was much improved during the administration of the *Calcareæ phosph.* He gained weight while confined to bed, and ate more heartily than ever before. The shortening in this case did not exceed more than three-eighths of an inch.

Cases VI and VII illustrate the possibility of obtaining satisfactory results, and, as may be noticed in the final case of this report, that it is possible, aye, highly probable, that there is scarcely any limit to the reproductive powers in the osseous system, which has been stated by some in authorities, and who still regard this and similar results as perfectly impracticable at such an age.

It was the writer's privilege to develop the efficacy of the remedy *Calcareo phosph.* as the leading remedy, and superior to any other, yet known, in the reformation and reproduction of entire shafts of bone, when the loss has been caused either by fracture or any bone disease, ending in necrosis, as was here indicated and prevented.

This may seem incredible to many of our benighted brethren, yet the facts cannot be controverted.

ARTICLE XXII.—*Daphne Mezereum*. A Study.

BY DR. ADOLPH GERSTEL, IN VIENNA.

(Continued from page 192.)

THE MUCOUS MEMBRANES.

THE mucous membranes consist of a fine, structureless, at most slightly granulated base (a cellular layer). This is connected on its external surface with a differently thick layer of formed connective tissue (*textus cellularis submucosus*), attached either to osseous walls or to a muscular stratum, and on its internal surface, towards the cavity of the mucous membrane, it is connected with an epithelial layer, forming the free surface of the mucous membrane. The nerves form in them very subtle plexus, so-called endplexus, and the blood-vessels form a close capillary network, all of which is connected by connective tissue fibres.

Dr. Bruno Link, one of the chief provers of the Lausitz Society, speaks thus in relation to the buccal mucous membrane: The sensations, mentioned by the provers, on the lips,

corners of the mouth, adjoining internal cheeks, the tongue, as biting, burning, heat, withered dryness, desquamation of the epidermis, aphthæ and small ulcers, are everywhere the sequelæ of intensive chemical irritation of the pure substance or of the undiluted tincture, and belong to the action of acrid drugs in general.

Hartlaub (*l. c.*, 10) thus describes its immediate action on the buccal mucous membrane: To get its taste he chewed at 7 P.M. five to seven small pieces of the fresh bark and spit out the leavings. In the beginning of the chewing hardly any burning or biting is felt, it only becomes painful after a while, is most severe after a few hours, and towards morning the epithelium is cast off with swelling, etc. The severe pain, the burning and biting was especially felt in the fauces (not on the spot of contact), and spread from there forward to the lips. The fauces felt swollen, sore, scratchy, and towards 8 P.M. even empty swallowing felt very painful at the uvula and velum.

Lembke took gradually up to sixty drops tincture without water, and only felt the burning in the fauces a long time after taking the drug; and we may, therefore, conclude that one of its first manifestations, after its internal use, is a *catarrhal and finally phlegmonous inflammation of the mucous membrane of the mouth and fauces*.

Espanet (*A. H. Z.*, 68, 140) says: Mezereum deeply affects the tissues, and its inflammation of mucous membranes show the character of subacuteness and chronicity, the underlying cellular tissue being slightly swollen. It is an inflammation of the interstitial tissue, caused by serous exudation, by which the loosened epithelium falls off, and excoriations are left. The burning, which some compare to that caused by pepper, has the peculiarity to be preceded by a sensation of coolness. The sensory nerves of the mucous membranes, with their tender epithelium, are less protected against external chemical influences than the external skin; the effect is, therefore, more rapid and penetrating. The epithelium also desquamates more rapidly than on the external skin, where the interstitial process of exudation must priorly separate them from their base by the formation of the vesicles; and, analogous to the cuta-

neous vesicles, we also find here "painful burning vesicles on tongue and gums," though these manifestations are not the immediate sequelæ of its local action, as they appear later and at points distant from the parts with which it was in contact.

In one of my experiments with Mezereum³, of which I took a few drops in the evening, I also felt a slight burning and a sensation of soreness on the tongue; but what struck me, was a sensitiveness on a distant part of the tongue, which I had bitten accidentally some time ago, and a hard nodule appeared at the spot, which remained visible for a day and then disappeared. In all my provings I also felt sensation of heat in the mouth with accumulation of water; burning as from pepper down to the fauces, with tickling irritation to cough in the larynx and short cough; biting burning on the tongue, as if it were swollen; the tip of the tongue especially sensitive; simultaneously burning and biting in gum, fauces and throat; stitches in the lower lip (tip of tongue and left ear) with sensation as if swollen; bleeding of the gums when rubbing it with the toothbrush (never happened before); sensitiveness of the anterior upper gums, with simultaneous pressure in left zygoma and itching on left side of chin. A dull sensation deep in left ear as if in the tympanum. Outward stitches in left eyelid; pressure in right eye, as in upper eyelid; pain in right bulbus as from a pressure inward, more towards the external canthus; pressure in left temple towards the eyes; simultaneously pressure in the left eye; pressing stitches in the forehead, with dullness of head, like a tension in the frontal cavities, as if they would expand; itching at the opening of the right nostril, which he wants to rub; it feels as if coryza would set in; gurgling in abdomen; sensation of fullness in intestines, with simultaneous flying stitches in occiput and left forehead, which he likes to scratch; itching and stitches in anus and glans penis.

17. Rückert (*V. J. S.*, 8, 50) saw decided alleviation in a man who suffered for many years from considerable swelling of the upper lip, with indurations on the inside, and from discoloration on the skin (after scabies). Repeated doses of Mezereum.

We deal here with a focus of action, especially suitable to Mezereum, with an interstitial exudation in cellular tissue. Old authorities already mention favorably the external use of Mezereum in affections from suppressed cutaneous diseases; but we certainly can only expect a favorable issue where the remedy corresponds in its essence and form to the preceding cutaneous affection, and as such patients possess a disposition for the drug, the mode of application is only of secondary importance.

18. Dentist Guttman relates (*Arch.* 16, 1, 165), that he suffered from a ranula, the size of a pigeon's egg, under the right side of the tongue, which gradually increased and became of a bluish color, most probably from the dilatation of the blood-vessels. Though painless, it discharged continuously a watery fluid during speaking or chewing. Wahle prescribed Mercur.³⁰ for a week. The swelling opened and discharged all its contents, yet a biting, as of pepper, remained at the place of opening. A salty tasting fluid accumulated constantly in the mouth, so that he had to spit all the time, and after a week the ranula filled again to the size of a hazelnut. Under the use of Mezereum it discharged itself, and the process repeated itself several times at longer intervals. Three months passed before the spitting of the salty fluid ceased. It is well known that the chief cause of ranula consists in a swelling of the excretory ducts of the salivary glands, in a swelling of a mucous membrane, corresponding to the action of Mezereum, and the result ratified the selection of the remedy according to symptoms 330, 331, 364, 367, 378, 379.

19. Hofrichter (*A. H. Z.*, 35, 138) reports the case of a teacher, who had syphilis several times, and who suffered from an affection of the throat, aggravated by former mercurial treatment, so that he had to keep in doors during autumn and winter. Hofrichter found dark redness of the faucial mucous membrane, dryness and burning of the fauces, larynx and pharynx, extending into the chest, and somewhat relieved by eating: the voice hoarse, not clear, and failing during a continuous discourse. Cold air causes pains in the gums, but relieves the burning; expectoration of much mucus; hemorrhoids, with

stitching pains; tendency to diarrhoea. Mezereum², daily one dose, removed every symptom in three weeks; and a slight relapse the following spring gave way to the same drug, and since then unalloyed health.

The mucous membrane of the buccal cavity and of the throat receives its nerves mostly from the cerebro-spinal system, and are, therefore, more sensitive than those parts supplied by the sympatheticus. In the former slight stimuli suffice to cause alterations of sensation. The shoots of the second and third branch of the trigeminus and the ganglia connected with them keep up the consensus on one side with the salivary glands, and on the other side with the fauces and the cavity of the tympanum. Hence we meet in Mezereum increased watery discharge of the salivary glands, just as we met a serous discharge from the skin. It is more than probable than the pancreas is also stimulated to increased secretion.

The organ of hearing combines in a small space all three cutaneous systems, the external, the mucous and the fibrous, and possesses in its tympanum a means of connection between the two former, a stratum proprium formed of sinewy fibres. We saw that the external ear is prone to take on prurigo, and that the itching and stitching often extends to the inner ear, with a feeling of dryness from the swelling and aggravation from fresh air. We also know that those parts, devoid of fat, are easily affected by Mezereum, or those where the external and fibrous skin are in contact; and this certainly takes place in the parts forming the meatus auditorius internus.

20. Dr. Dunham (*A. H. Z.*, 69, 71) reports the case of a healthy boy, *æt.* 17, who was deaf from his fourth year. When three years old he had an eruption on the head, which was removed by a pitch-plaster and touching the sore with nitrate of silver. Examination revealed the tympanum thickened, of an opaque whiteness, slightly convex only by inflation, and it is impossible to recognize the blood-vessels; eustachian tube clear. The mother describes the former eruption as consisting of whitish, hard, nearly horny incrustations and scales, fissured, and through these cracks oozing of thick, yellow, foul-smelling pus, severely itching, especially at night, so that the child

scratched off the crusts. As the description of the eruption strongly hinted to Mezereum, Dunham considered the same remedy still indicated, and necessarily a cure followed.

We found so far that for the indication of Mezereum a sensation of swelling, tension and pressure must prevail, and that the stagnation and extravasation of blood, caused by the atoms of Mezereum, produces in the epithelial layer sensitively alienated sensation of scratching, soreness and burning. The co-affectation of the colliding cerebral nerves, to which a part of the vagus also belongs, explains to us also that this morbid process may extend to a part of the œsophagus (even to the stomach), producing similar sensations, in connection with a feeling of constriction, based on a congestive foundation, and emanating from the mucous membrane.

Hence we might *a priori* conclude, that we deal with similar inflammatory exudative processes in the mucous membrane of the intestinal canal, as long as Mezereum is only given in moderate doses; but the symptoms differ in cases of poisoning. In relation to the stomach we find that moderate doses cause a kind of gastric catarrh, a simple malaise, which may increase to nausea, accompanied by a sensation of hunger (which might be compared to the itching of the skin), beginning in the lower part of the œsophagus, but without any desire for food; still eating relieves for the moment, just as the itching is momentarily relieved by scratching. This sensation of hunger is caused by an increased irritability of the sensitive gastric branches of the vagus, which also has cardiac and pulmonary fibres; and thus we understand also other symptoms, as the anguish found in connection with these gastric and abdominal troubles. And just as we found in the buccal and faucial cavity consensual salivation and watery discharge with the itching, the same will be the case in the stomach, where we find empty eructations and regurgitation of food. Large doses, especially the use of the berries, may produce severe, even fatal gastritis and enteritis, as shown in the cases cited by Hahne-mann; a phlegmonous inflammation of the submucous tissue, and, in consequence thereof, corresponding exudations, even to induration and degeneration, as

21. Hofrichter (*A. H. Z.*, 45, 207). A man, æt. 40, complains of burning in the whole mouth, as from pepper, especially in the afternoon after eating; in the morning nausea and faintishness; slight thirst, hardly any appetite, stool every third day; pressure in the stomach and intestines; hot urine. Mezereum¹² removed the whole within a week. The symptoms of the mouth were here so characteristic as to lead to the selection of the remedy, which also removed the gastric catarrh.

22. Hartmann (*II.*, 435) says, in relation of Mezereum to scirrhus ventriculi, that it will be indicated where the gastric pains are of a burning, corroding character, and as if the internal surface of the gastric mucous membrane were raw, with a sensation as if the food remained for a long time undigested in the stomach and causes there pressure and sometimes bloody vomiting; great hypochondry. Though all such symptoms are also found in chronic gastritis, still we may expect some alleviation even in carcinoma, according to a case related by Kallenbach (*A. H. Z.*, 37, 39):

24. An old lady had complained for years of gastric troubles and had been treated allopathically for carcinoma ventriculi. Kallenbach found: Great emaciation; cachectic features; total loss of appetite; disgust to all animal food; daily vomiting of chocolate-colored masses, with hot burning in the throat; vomituration, with excessive anguish and uninterrupted nausea from morning until night. All food is immediately thrown up; a stool only every eight or ten days; constant sleeplessness; and the touch clearly reveals two tumors of the size of an orange, one in the right hypochondrium, the other in the scrobiculum; the latter moveable and sensitive to pressure. After comparing all the symptoms he stood between Helleborus and Mezereum, and after trying the former without any benefit, he gave Mezereum³, four drops in water, a teaspoonful every six hours. After the second dose the vomituration stopped, and since weeks for the first time a sleep for six hours; the next day only slight nausea, and after the sixth dose the stomach did tolerate some food. Mezereum was continued in different potencies up to her death. And in these twenty-four

days of homœopathic treatment the vomituration returned slightly several times; there was no nausea, and every night she enjoyed several hours' sleep.

25. An old lady, æt. 72, suffered from scirrhus mammæ dextræ, with lancinating stitches, and Kallenbach twice prevented its breaking out in open cancer. Four months later all the symptoms of carcinoma ventriculi set in, whereas, at the same time, the scirrhus of the breast had diminished to the size of a walnut. The symptoms were about the same as in case 24, and the cancer could be easily felt in the gastric region. Mezereum⁶, in pellets every six hours, moderated all the symptoms, and the stomach could tolerate again light soups and pure water. For eighteen days this amelioration lasted, until finally the patient died without suffering.

In both cases Mezereum acted only as a *palliative*, but as a *homœopathic palliative* acting favorably on the chronic gastritis accompanying the dyscratic proliferation of cellular tissue, thus truly relieving all suffering and leading to a veritable euthanasia; whereas morphine, internally or hypodermically, may bring a momentary relief, but certainly aggravates all suffering and renders them more unbearable.

In considering other abdominal symptoms of Mezereum, we find that neither liver, spleen nor the abdominal walls are affected by it, even a catarrhal affection of the intestinal tract will only be cured by it, when the accompanying symptoms agree, as: The symptoms return at short intervals; the pains are accompanied by anguish; horizontal position and the passing of flatus relieves; the acute sensations are especially: Stitches or burning and sensation of heat, sometimes cutting and tearing; chilly sensations with the hard stool and flatulency; only small tracts of the intestinal canal are affected; all symptoms hint to a slightly inflammatory character, and the intestinal secretion is therefore rarely increased, rather diminished. We already mentioned that the hypogastric region is chiefly affected, and from the symptoms of the rectum and anus we expect to see an analogous process in the intestines; the stools are mostly dry, lumpy, a thick pultaceous mass, which passes only with difficulty, but without pain.

Where the intestinal secretion is increased, it will be as acrid as we met it on the external skin. Such somewhat diarrhoic stools have an acrid, foul odor, cause tenesmus and bloody discharge per anum, with pain in the bowels, anguish in the pit of the stomach, and a sensation of chilliness, extending from the hypogastrium to the rectum. We may also find protrusion of the rectum, incarcerated by the anus, sore and painful to the touch, with pruritus ani.

A peculiar symptom is: "Small, white, shining bodies in the brown feces," which Bute confirmed by a splendid cure. Hering (*A. H. Z.*, 80, 35) recommends Mezereum in pregnancy, when we meet diarrhœa with prolapsus recti; the anus after stool contracts around the prolapsed rectum, which becomes constricted and sensitive to the touch, painful like a sore. Also painful constriction, tearing and drawing in the anus, perineum and from there in the urethra; and, according to Wesselhœft, summer-diarrhœa of children, in alternation with Belladonna.

27. Hirsch reports (*A. H. Z.*, 7, 136): Mrs. B., æt. 32, was delivered with forceps four weeks ago. Two days afterwards she feels, when defecating, a painful burning in rectum, passing over into a kind of sore tenesmus after the discharge of a small quantity of pultaceous feces. Gradually these stools increased and weakened her so much that she had to take to her bed. Hirsch found his patient pale, complaining of general malaise and chilliness; the abdomen is tympanitic, sensitive to the touch; over the whole abdomen sensation of heat with burning, cutting, gurgling and borborygmus, as when fluids pass from one part of the intestines into another one; constant severe tenesmus, and still she passes, notwithstanding the severity of the pains, only small quantities of fluid or pultaceous masses. After the stool prolapsus recti, which is sore and burning until the constriction has gradually passed away. General chilliness before and after stool, with desire for acid drinks; no appetite; regurgitation of food; sleep only late at night; is restless and throws herself about; morose and irritable. After taking two doses Mezereum⁶ in four days all

symptoms disappeared, except some weakness and chilliness, which were removed by a few pellets of China⁴.

During pregnancy similar morbid processes, emanating from the rectum, partly from the pressure during pregnancy, partly, as in the case mentioned, from instrumental interference, may arise, having their original seat in the submucous tissue, and drawing other parts of the intestinal tract into co-affection. Perhaps one dose of *Arnica*, immediately taken, might have cut short the whole process.

It is well known that the kidneys are an organ for arterial excretion, and that the atoms of *Mezereum* act upon them, can be justly expected; and its primary action is diminution of the urinary secretion. The urinary canaliculi consist of a structureless base membrane and of an internal epithelial layer, which becomes loosened by *Mezereum*, and thus its lumen is diminished and the secretion and excretion of urine lessened, showing itself by stitching, pulling pain in the kidneys, and, perhaps, also by severe stitches in the left side over the *crista ilei*, more towards the back, taking his breath away. But as soon as this process passes off, its secondary action sets in, and we see that the formerly retained urine flows more profusely. It cannot be doubted that with the urine atoms of *Mezereum* are discharged, and that they affect the mucous membrane of the bladder and urethra; hence we find: Crampy sensation in the bladder; when walking, a drawing, cutting pain in the anterior part of the urethra and in the neck of the bladder; hematuria; after having taken the drug for a while, loose flocculi in the urine and a deposit of reddish sediment.

Hartmann (II., 190) considers in hematuria *Mezereum* standing next to *Cantharides*; but the quantity of blood is less, for the blood is yet fresh, not yet coagulated. The patient suffers from a crampy sensation before urinating, and after micturition some drops of blood may yet be discharged. Such a state corresponds exactly to the erosions of the mucous membranes, as we witnessed them in other places, and as they may appear also in the rectum.

We also find that the more copiously discharged urine is pale and watery, whereas the scanty urine, corresponding to a state of irritation in the kidneys, is of wine-color, turbid, hot, and deposits a reddish sediment.

In the male urethra we meet as constant symptoms: Itching and sensation of soreness, separately or combined, when passing urine, or at other times aroused or increased by touch or pressure. These sensations are especially felt at the glans and tip of urethra, for here the sensitive spinal fibres of the nerv. pudendi runs their course, which also in his division as nervus perinealis and nervus penidorsalis, and as companion of the art. pudenda communis also acts on the perineum and anus; hence the symptom: Intensely painful tenesmus, tearing and drawing in the anus and perineum, from which it extends through the whole urethra.

This hyperæsthesia and irritation in the urethra and scrotum causes secondarily irritation in the sexual organs, though there is also a synergia between the renal and spermatic nerves; the arteria spermatica also arises in the renal region immediately from the abdominal aorta, and the tubuli seminiferi and the vas deferens possess an internal mucous membrane.

Hartlaub made his first proving by chewing at 5 P.M. the fresh bark: Copious perspiration at night, frequent waking and energetic erections with sexual desire; in the morning a soft, brown stool, of an acid odor; diminished urination; tongue and fauces dry and burnt. In a second proving, a year afterwards, the same symptoms were felt. Pain on pressure on the testicles is also felt, and the pressing, drawing pains in the seminal cords may be explained by its relation to the fibrous cutaneous system, which forms the special and common covering.

28. Attomyr, in his treatise on gonorrhœa (*Arch.* 18, 3, 26), remarks: That in our habit of generalizing we too often pass by Mezereum, although Kimmel used it beneficially, and Hering (*V. J. S.*, 8, 48) recommends it in gleet; whitish painless discharge, more towards morning; gouty pains through the body. The sensation of itching and of soreness might lead us to this drug, especially in cases maltreated by Mercurius

or Zincum. Where the testicles are affected, benefit may arise, as in case

29. C., æt. 23, for a whole year suffering from gonorrhœa, chancre, ulcers in throat and swollen testicles, which showed itself at the very beginning of the disease, disappeared and for the last six weeks reappeared. All symptoms were removed by a mercurial inunction treatment, except the swollen testicles; a decoctum Mezerei was prescribed, and after taking it for three weeks, the affected testicle was as small as the other one. (*A. H. Z.*, 14, 153).

In relation to the female sexual organs, we again meet consensual sexual irritations, though in a less degree; for the nerve for the clitoris and labia minora is far weaker than the nerv. penis dorsalis, and we find, therefore, only simple catarrhal processes, as blenorrhœa from the vagina and urethra, having an albuminous character. Hahnemann, in the chronic diseases, mentions chronic leucorrhœa, of many years' standing, as cured by Mezereum; and Rothermel records the cure of a malignant leucorrhœa by the same remedy. Guernsey, in his "Obstetrics," gives it in uterine and vaginal ulcers, with fissures and corroding, burning, sometimes prickling pains, and albuminous leucorrhœa mixed with blood, corresponding to a deep-seated affection of the mucous membrane; and also during pregnancy, where there is painful constriction, tearing and drawing in ano, perineum, and from there in the urethra. It may be also indicated for polypi and other excrescences, when the accompanying symptoms hint to it, as where there is a pruritus vaginalis.

We come now to the mucous membrane of the pulmonary tract.

In the case of poisoning, by the application of the fresh leaves to the face, related by Pluscal, we found severe, painful, continuous sneezing; deliria; dull, unbearable, pressing pains in the frontal region; disgusting dryness in the throat, and an irritation to dry, exhausting cough. Pluscal concluded that

through inhalation the acrid poison enters the nose, the frontal cavities, and may even reach the cerebral membranes and the respiratory tract. Hartmann, by olfaction, felt a discharge from the choanes down the throat, lachrymation and a hoarse voice. All these mucous membranes are swollen and sore, and where it is attacked to a bone and cartilage, there is a sensation of fullness and pressure; its function is disturbed, or mere nervous hyperæsthesia, where otherwise attacked; mucous and fibrous membranes are here simultaneously affected, as in the eyes and frontal cavities.

32. Hahnemann mentions ophthalmia, without giving particulars, and a chronic catarrh of the lids, as cured by Mezereum, is also mentioned.

33. Habitual and obstinate ophthalmia, even beginning catarracts and amaurosis are mentioned as cured by the external application of the bark, even to the thighs and where other external derivantia had entirely failed. A pterygium in a boy of 12 disappeared also by its external use. A delicate woman of 40 passed through a catarrhal fever, and after its suppression she suffered from an ophthalmia serosa, with great photophobia and dimness of sight. Mezereum was applied to the arm, and in two weeks the threatening iritis was gone. (*A. H. Z.*, 14, 146).

In the nose the acrid, irritating Mezereum causes dryness, and thus prevents the olfactorius from receiving sensations: hence diminution of smell; the sensation of burning and smarting causes severe sneezing, and, in consequence of the soreness, hemorrhages and acrid, bloody, foul-smelling, excoriating discharges. This morbid process necessarily extends to the respiratory tract, causing there a catarrhal swelling, and drawing the sensitive vagus into co-affection. We find this to be especially the case in the larynx, a continuation of the affected fauces, and whose mucous membrane rests upon a cartilaginous stratum. The same happens in the larger bronchi, diminishing their lumen, and causing thereby dyspnoea, hoarseness and a heavy speech. In the same proportion, as the cartilaginous rings gradually become lost in the bronchi and only

membranous vesicles, provided with an internal epithelium and vascular net, remain, the same primary Mezereum-process appears, which, in the external skin, manifests itself by prickling and itching, and as irritating spasmodic cough in the ends of the sensitive fibres of the *vagus*. Practically we meet: a) In the larynx, the character of the faucial mucous membrane. Hofrichter leads our attention to a state, as found in phthisical women. In an advanced state of this disease aphonia sets in, even with the utmost exertion they cannot utter a loud word; they complain of stitches at the root of the tongue and larynx, and, by depressing the former, ulceration can be detected. These ulcers continually extend; creep forwards over the edges of the tongue, spread all over it; over the mucous membrane of the cheeks; over the lips; but hardly ever touch the gums; cause burning, drawing pains; dryness of the mouth, and prevent motions of the tongue. They hardly ever reach the size of a pea; remain round and covered with a dirty pus, without being surrounded by an inflammatory areola. Mezereum, 1st and 3d, and Cantharides always acted beneficially. A laryngoscopic examination would reveal the same ulcerating process in the larynx.

b) Bronchi. The dry, sometimes severe cough is mostly seated deep in the chest; is mostly of a nervous character; hence the consensual vomiting; and it is characteristic that the spasmodic cough and vomiting appears immediately in the provings, analogous to the cutaneous itching, appearing immediately after taking the drug; and it appears periodically; after midnight, or only between 6 and 7 A.M. On account of this nervous hyperæsthesia, Mezereum has been frequently recommended in whooping-cough.

Kreussler (*A. H. Z.*, 20, 122) relates improvement, but no cure from it; and Bönninghausen is of the same opinion.

A. R. (*A. H. Z.*, 55, 105) recommends it for spasmodic, violent whooping-cough, excited by an irritation from the larynx down into the chest; in the evening without, in the morning with expectoration of a yellow or albumen-like, tenacious mucus, tasting like an old catarrh, or somewhat saltish.

36. Kirsten (*A. H. Z.*, 14, 165) reports the case of a boy, æt.

4, who suffered for three days from severe, dry cough, with nightly aggravation; burning in throat; oppression; stitching pains in chest and great anguish; paleness of face; constant chilliness, even in bed; sometimes cold sweat, not followed by heat; constant thirst, without drinking much at once; white coated tongue; loss of appetite; pale urine; frequent small pulse. Dulcamara and Senega failed; but after taking Mezereum⁹, the cough became loose, and after taking another dose on the third day, he was entirely relieved. The chilliness, thirst and pale urine led Kirsten to prescribe the same remedy in thirty similar cases.

c) The sore, bruised sensation in the chest is also a characteristic symptom of Mezereum, causing sometimes traces of blood to appear in the loosening expectoration. Sometimes oppression and anguish may be felt with the soreness.

The difficulty of breathing, felt by the provers of this drug, consists especially in a sensation as if the larynx were too narrow, and enough air could not be inspired, although ascending stairs does not increase it. Speaking is rather difficult. Palpitation and anguish may be considered as concomitant symptoms of the vagus. The parenchyma of the lung is perfectly intact. Dr. Breyfogle (*A. H. Z.*, 82, 167) mention as characteristic, asthma during intermittent fever.

[To be continued.]

ARTICLE XXIII.—The Uses of Electricity in Diseases of the Uterus and its Appendages.

BY JOHN BUTLER, M.D.

THE design of this article is to give to the profession the result of my own clinical experience in the various uses of electricity in the treatment of diseases of the uterus and its appendages. As the paper is intended to be merely a practical one, I have purposely abstained from any discussion as to how electricity cures; and, leaving all theories out of the question, have dealt only with absolute facts, based on deductions made

from cases treated: the limits of these pages being such as to necessarily preclude the possibility of giving a history of such cases. It will be noticed that the most complete cures are made by the electric current (here as elsewhere) in those very diseases which are most intractable to ordinary medication; while the conditions, which most readily yield to the use of drugs, are either but slightly benefitted, or else do not improve at all under its action. In other words, Electricity has a sphere of action peculiar to itself, and often steps in to our assistance when every day remedies fail. The detail of operating I have accurately defined, as well as the kind of current used in each instance; having assumed only that the reader is sufficiently conversant with the rudiments of Electro-physics, to correctly interpret the technical terms used.

UTERINE CATARRH.

I include under this heading both chronic inflammation of the lining mucous membrane of the cervix uteri, (cervico-endometritis) and of the body of the uterus itself (corporeal-endometritis). A patient affected with the former, usually complains of more or less leucorrhœal discharge, dragging or burning pains in the back and loins, aggravated by motion, by sexual intercourse, and even by coughing. The slightest exertion fatigues her. There is usually considerable pain in menstruation, and the flow is often very profuse. When the disease has lasted sometime, the patient becomes irritable and peevish; she loses flesh. The digestion is impaired, and gradually the disease involves the surrounding textures, making the patient's life miserable. An examination, with the speculum, reveals the following condition of things: A thick, viscid, tenacious, ropy discharge hangs from the os uteri, which is removed with difficulty, exposing the turgid lining membrane of the cervix, which is everted and puffy, and frequently bleeds on being touched; there is also tenderness to the touch. When the catarrhal condition extends beyond the os internum and into the uterus itself, we have the symptoms, already mentioned, in an aggravated form; the pain is more severe, and of a bearing down character; the menorrhagia, or rather metrorrhagia,

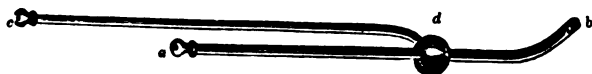
much more profuse and frequent; the leucorrhœa more abundant, and thinner in consistency; the dysmenorrhœa more acute, and sometimes even membranous.

The Old School Physicians treat these affections with applications of nitrate of silver, chromic acid, potassa fusa, acid nitrate of mercury, sulphate of copper, etc., indiscriminately: and even sometimes resort to the knife, for the purpose of scarifying the mucous membrane. When the cervix alone is involved, there is no doubt, that after a long treatment, they occasionally make a cure, or, at least, suppress the disease for a time, by destroying the cervical glands; but when the catarrhal trouble has ascended above the os internum, I doubt if they ever really entirely succeed in restoring the health of the patient. Our School does better. They certainly do not injure the patient; but the percentage of cures are not by any means what we would wish, and even those are only made after long and tedious medication. The method of treatment which I now propose, I have used for a number of years; and it having stood the test of time and done good service, I unhesitatingly bring it to the notice of the profession.

In a case where the cervix alone is involved, I operate as follows: The patient being placed upon the back, I introduce a Byrne's speculum, and carefully wipe away all discharge from the cervical canal; I then introduce an insulated cervical electrode, the uninsulated tip being of such a size as to completely cover the diseased surface, *but not so large as to distend the cervix*, nor to penetrate beyond the os internum. This done, I attach the electrode to the negative pole of a galvanic battery yielding a current of about four volts. *The quantity* of the current being as small as is absolutely practical. I complete the circuit by a large sponge electrode placed beneath the patient, upon the lumbar region. I also take the precaution not to throw a *dense* current upon the diseased surface; this I avoid by having an accurate rheostat in the circuit, by which the flow of the current can be adjusted to the most extreme nicety. This is absolutely necessary, as a dense current would electrolyze, and so destroy the mucous membrane, and, of course, spoil the operation; would set so much hydrogen free, that the bubbles

would be forced into the cavity of the uterus, which would cause severe uterine colic, and otherwise produce unnecessary pain and many unpleasant symptoms.* The operation, described is merely for a minute or two continued, until a slight whitish pellicle is observed at the os, and then discontinued. It is perfectly painless, and the patient usually feels more comfortable after it. In simple, uncomplicated cases I repeat the application every three or four days. The disease ordinarily commences to improve after four or five applications, and I generally have the satisfaction of making a complete cure. The only positive restriction I put upon the patient, is to totally abstain from sexual intercourse.

When the disease involves the mucous membrane lining the body of the uterus, I operate somewhat differently. Having



introduced the insulated rod, *a, b*, of figure I., through the os internum to the fundus of the womb; I slide the ball, *d*, on the end of the rod, *c, d*, over *a, b*, until it makes contact with the os externum; making *b* and *d* the terminal electrodes of a battery of about two, or, at the most, three volts, negative and positive respectively, and allowing a current to flow as in the first instance. The reason for using a current of less tension than that recommended for the former operation, is merely

* I would take occasion to say here, that bichromate of potash cells are not to be used in treating this trouble, as they are far too active, and also because the electromotive force per cell is too great to allow of the delicate adjustment necessary. I am latterly in the habit of using some very small Hill's cells, which I have had made for the purpose, and find they answer admirably; but any other modification of Daniell's elements will answer as well, provided they be sufficiently small. The Leclanché cell might be used instead, provided it was not kept too continuously at work.

[I take this opportunity of correcting an error on page 92 of my work on *Electro-Therapeutics*. The passage reads thus: "For this disease I use a few cells of large quantity." It should read: "A few cells of small quantity."]

that as there is less resistance in the circuit, the terminals being closer together, there is less intensity required. The bearing down pain is often aggravated for a little while after each of the first few applications, but really not more than it would be from the introduction of the sound. After a few treatments, the pains and uncomfortable feelings in the pelvis are much diminished; the patient feels in better spirits; appetite improves, and tenderness to double touch less, although the discharge is markedly increased. The increase of the leucorrhœa continues during the first two or three weeks of the treatment, and then begins to subside. Gradually the metrorrhagia becomes less and less, and the dysmenorrhœa less marked, and after a few months all the symptoms are relieved. I am speaking now of uncomplicated cases of uterine catarrh, and do not include those instances in which areolar hyperplasia and other conditions are present as well, although such cases are perfectly amenable to electrical treatment; the time required for such treatment is necessarily much greater, and the method of procedure somewhat different. I usually, at the commencement, repeat the applications twice a week, and afterwards at rarer intervals. In addition to these applications, I enjoin rest in the horizontal position, at first, as much as is practicable; the wearing of loose clothing, and of warm, woollen clothes on the lower extremities. It is quite unnecessary to give any directions as to the diet, for the appetite returns, and the dyspeptic symptoms disappear after a few operations.

VAGINAL CATARRH.

A common cause of this affection is the wearing of a badly adjusted pessary, or one made of an irritating substance. It occurs also as a consequence of too frequent sexual intercourse, pelvic engorgement, from the irritation produced by hemorrhoids, and I am of the opinion that it also occurs from a psoric taint in the constitution. The leucorrhœa, which is ordinarily very profuse, is frequently the only symptom the patient complains of. In some cases, however, the discharge is so acrid, that it produces excoriation of the vulva, and even of the

thighs; and the intolerable itching it causes is occasionally a marked symptom. After the affection has existed some time, the walls of the vagina become soft and flabby, and the passage much enlarged, and this condition if not relieved, may lead to prolapse. Here a much stronger galvanic current is tolerated and necessary, than in the conditions first mentioned, not only on account of the fact of the current having a larger amount of surface to expend itself upon, but also because the vaginal canal is less sensitive to the action of the galvanic current than the internal part of the uterus. The reverse is true of the induced current.

The method by which I have treated this disease is as follows: Having thoroughly cleansed the vagina, I introduce a cylindrical metal electrode, which not only fills, but also slightly distends the passage, so as to obliterate as far as possible all the rugæ, and so bring the action of the current in contact with all the diseased surface. When the urethra is sensitive, the electrode should be insulated on the part that comes in contact with it. This electrode I attach to the negative pole of the battery, making the circuit upon the lower part of the lumbar region. I only use the current strong enough to make the patient conscious that it is passing, and do not produce any unpleasant sensation whatever. It is well only to use it three or four minutes at the first treatment, and I think on the average repeat it twice a week. I find the hot douche, sepia, pulsatilla and the anti-psorics (especially Calcareæ and Sulphur) valuable auxiliaries. After the catarrhal condition is removed, the faradic current applied to restore the lost muscular tonicity may be necessary. This current should be applied daily. An intelligent patient may be taught in a few lessons how to apply it herself.

AREOLAR HYPERPLASIA OF UTERUS.

This difficulty seems to have had more names given it than any other that human flesh is heir to, and believing with Sancho Panza that one word is as good as another, as long as we understand what it means, I here use the name given it by Dr.

Thomas, merely as being the most modern and generally accepted one. Otherwise I do not know that it is any better name than any other of its aliases: Chronic metritis, hypertrophy of the uterus, diffuse proliferation of the connective tissue, sclerosis uteri, infraction of the womb, etc., etc. The following is about a typical history of the progress of the average case we meet with in practice.

Mrs. —, æt. twenty-four, has just weaned her first child. She goes to her family physician, and tells him that for the last few months she has had considerable dragging pains below the small of the back, and a sense of weight in the lower part of the bowels. She cannot move about with any comfort. Constipation and pain every time the bowels move. She is obliged to empty the bladder frequently, and has pain and straining after doing so. The doctor immediately recognizes the trouble as being in the uterus, and tells the patient that it is necessary to make an examination. She protests against this, and says she is certain that the difficulty is in the kidneys, for she never had any trouble with her womb in her life, and she could not think of submitting to an examination, and what makes her more certain that her kidneys are affected, is, that a cousin of a friend of hers was taken in the same way, and her doctor told her all the trouble was in the kidneys. The doctor does not feel inclined to argue against such logic as this, and prescribes as nearly as he can from the symptoms. Exit Mrs. —, with prescription. She takes her medicine faithfully for some time, and then abandons it, and postpones her next visit to the physician, dreading the examination. As time advances she notices she is getting worse, there is considerable uneasiness in the rectum, and perhaps hemorrhoids; pain in coition, her appetite fails, there is nausea, especially in the morning. She has terrible pain when she is unwell, and flows much more than she has been in the habit of doing. All of these symptoms she pours into the doctor's ears, when she sends for him to see the baby, who by the way is not at all sick, but is merely used as a scape-goat, so that the patient can tell the physician her own symptoms, as it were *en passant*, and so farther postpone the dreaded examination. The consequence of

this *en passant* consultation is an *en passant* prescription, which does her no more good than the previous one, and she finds she is gradually but surely growing worse. She cannot sleep, the least exertion fatigues her, her breasts become painful and tender, especially at the menstrual periods. She often vomits her meals. About this period some good, sympathetic friend, tells her she has tried that doctor long enough, and that she knows a physician who will surely cure her. She goes with this friend to that physician, and singularly enough does not make the slightest fuss about the examination, but on the contrary requests to have one made. The result of the examination is, that the uterus is found to be much enlarged, exquisitely tender to the double touch, and probably displaced; os patulous, and possibly there may be also a catarrhal condition of the lining membrane both of the cervix and body. The doctor tells her what her condition is, and physician No. 1 is immediately condemned for not having found out this before. Doctor No. 2, probably an allopathic specialist, proceeds to apply leeches to the cervix, or to scarify it, or else to make applications of strong tinct. of Iodine; orders her a cathartic to take every morning, and a tonic before meals, and a narcotic every night, and a vaginal douche between times, as well as hip baths, etc., etc. At each return of the menses she must use a morphia suppository, and so the treatment is continued. The patient feels better; why should she not? She has an anodyne to relieve her pain, a tonic to make her eat, a narcotic to make her sleep, depletion of the uterus to relieve the engorgement, and an astringent if necessary to lessen the menorrhagia. There is only one prescription the doctor has not given her—something to check the progress of the disease. Has the disease been checked in the least by this treatment? No. As soon as the unfortunate patient omits to take her drugs, she feels all the pains and troubles as badly as ever, she finally gets discouraged, and remains a confirmed invalid. I am convinced that every physician, who has been in practice ten years, can recall dozens of such cases to his recollection.* To Tripier, of

* Manuel d'Electro-thérapie, p. 548.

Paris, belongs the credit of first calling the attention of the profession to the electrical treatment of this affection, and to have treated successfully many cases of this disease by its means. In this he was imitated by a few French physicians of eminence, among whom I may mention Beauvain and Fano. It is certainly to be regretted that American physicians, especially those of our school have not given this matter the attention of which it is so deserving. The reason appears to be that so few gynecologists are expert electro-therapeutists, and *vice versa*. In my own practice I have treated many cases and find the following the most successful plan of operating. I insert a cylindrical rubber speculum of a sufficiently large size, and bring the os into the field, and if I find the cervix very tender and the os externum irritable, I raise the patients hips, and half fill the speculum with warm water, in which a little salt has been dissolved, and allow a mild faradic current to pass from the water to a sponge-covered electrode placed above the pubis. I repeat this treatment in some cases daily, but on an average about three or four times a week at first, afterwards more rarely, for several minutes each time, until considerable of the irritability is removed. I then modify the operation in this way: I insert the stem *a, b*, of the electrode described at figure I. to the fundus, and bring the ball of the bar *c, d*, in contact with the os externum and allow a mild faradic current to flow for from five to twenty minutes. The treatment must be commenced *every seance* with the very lowest intensities, and should never be increased beyond the painful point. I have never seen any good come from the use of strong currents. I do not believe that it makes any difference in which direction the faradic current is transmitted in this affection, but the size of the wire of which the coil is made, influences the treatment in a great measure. The uterus will not tolerate the current from a thick coil, and the curative action of the primary coil does not seem to be as strongly marked as that of the secondary. (On this point see *Duchenne's Localized Electrization*, page 108.) I therefore use a machine in which the secondary coil is made of as small a wire as is practicable, is wound to a high resistance, and is capable of having the current graduated

slowly from zero to the highest intensity required, and is furthermore run by a *constant* cell or pair of cells. When the uterus is so much displaced, as to seriously interfere with the treatment, I sometimes give it artificial support until the treatment so reduces the size and weight of the organ, that it is able to take care of itself. The measurement of the womb should be taken at the first examination, and at least every two weeks afterwards during the treatment, so that the amount of improvement, in this particular, may be accurately noted. From the very first the patient begins to show signs of returning health, and if at any time the improvement begins to flag, it is well to make one application of the galvanic current, after the manner described for the treatment of corporeal endometritis, and then omitting all local interference for a week, commence with the faradic current again. The worst case of this disease that I ever had under my care, is reported on page 90 and 91 of my recent work on Electro-therapeutics, under the heading *Menorrhagia*; she, however, was a shorter time under treatment than the average cases. I find the warm douche a decided adjuvant, also the glycerine tampon in the commencement, if the cervix is much swollen or œdematous. I never prescribe any other remedy with the view of reducing the size of the uterus, nor are they required; but if during the course of the treatment symptoms present themselves, that in my judgment are covered by any particular remedy, I invariably prescribe it, and continue the electrical treatment at the same time.

ULCERATION.

Complicating, or in consequence of chronic metritis or endometritis, we may have an ulcerated condition of the os and cervix which either presents itself as a mere abrasion, discharging a muco-purulent secretion just within the os externum or the whole mucous membrane lining the canal may be covered with large irritable granulations, which bleed readily on being touched. If the first form only exists, the treatment for the disease causing the ulcer needs not to be changed, as the abrasion will begin to heal as soon as the primary trouble abates; but

when these large redundant granulations exist, I think it is better to treat them first. I do so by electrolysis, puncturing them in pairs with platinum or gold needles, one from each pole of a battery, (two or three Störher's cells are best here, as we require a dense current) and keep the needles in the granulations until a decided eschar is formed around each needle, then proceed with another pair, and so on until all are treated. This is by no means a painful procedure, when performed slowly and carefully. Indeed, oftentimes the patient is not conscious that anything is being done.

After the little eschars separate, applications as for cervical catarrh become necessary. The patient should remain in bed for a few days after the first electrolytic operation. Another method of destroying these outgrowths is to touch them with the galvano-cautery electrode. It is a much quicker method, but not so readily graduated so as to include the disease only; and when a large surface has to be influenced, it is liable to cause a cicatricial contraction, and so may produce a stricture of the cervix. I used this latter procedure in three cases, and although it certainly cured the disease without any bad effects, still I prefer the first method, as being painless, just as certain, and there being no possibility of its injuring the cervix.

FOLLICULAR DISEASE OF CERVIX.

This is another disease that results from chronic inflammation of the womb, which is also one that should be treated before interfering with the primary trouble. Having only so far operated upon two cases (one of which got entirely well, and the other is still under treatment), I have no special method that I can recommend with any degree of confidence. The cysts may be punctured and electrolyzed, or they may be destroyed by the galvano-cautery. The treatment by electrolysis is very tedious and troublesome, especially if there are many follicles diseased, and I do not think in this condition that it has any advantage over the cautery. When the cervix is so involved that entire ablation of the part becomes necessary, of course galvano-cautery is infinitely the preferable method.

UTERINE DISPLACEMENTS.

Of the causes of uterine displacements Dr. Gaillard Thomas* has made four divisions, viz.: 1. Any influence which increases the weight of the uterus. 2. Any influence which enfeebles the support of the uterus. 3. Any influence which pushes the uterus out of place. 4. Any influence which displaces the uterus by traction." These influences he further subdivides into their actual causes,† and under the first division he mentions:

* "Congestion.

* Tumors in the walls or cavity.

Pregnancy.

* Excessive growth of any of the component parts of the uterus.

* Sub-involution.

Fluid retained in cavity.

* Masses of cancer or tubercle."

Under the second division he gives:—

"Rupture of the perinæum.

* Weakening of the vaginal-walls.

Stretching of uterine ligaments.

* Want of tone in uterine tissue.

* Degeneration of uterine tissue."

Under the third division:—

"Tight clothing.

Heavy clothing supported on the abdomen.

Muscular efforts.

Ascites.

* Abdominal tumors.

Repletion of the bladder."

Under the fourth:—

* "Lymph deposited in the pelvic areolar tissue.

* Lymph deposited on the peritoneum of pelvic viscera.

Cicatrices in the vaginal walls.

Shortening of uterine ligament.

* Diseases of Women, p. 325.

† Ibid, p. 326.

Natural shortness of vagina.

* Prolapse of vagina and bladder, or rectum."

The subdivisions to which an asterisk is prefixed, are those in which some form of electrical treatment is indicated and will generally be required to assist in the cure. These will be taken up under their proper headings. The commonest cause of uterine displacement is no doubt increase of weight of the organ, and the commonest causes of this increase of weight are (pregnancy excepted) congestion, followed by chronic metritis and sub-involution. The pioneer of electrical treatment of uterine displacement was Tripier; the detail of his method of operating on the different forms of flexions and versions is given at length in an article by him in the *Archives of Electrology and Neurology*, Vol, I., page 152, et seq. This method I have before alluded to,* criticized, and objected to, as being unnecessarily harsh, and otherwise disagreeable to the patient, and not nearly so scientific as the operation, which I suggested in place and fully described.†

PROLAPSE OF THE UTERUS.

When this is the result of chronic metritis, we have the subjective symptoms of the metritis in a more marked degree, the irritation of the bladder and rectum becoming more unbearable the more the uterus is prolapsed. If the procidentia is complete, or the uterus very low down, we have generally two things to combat besides the chronic metritis; viz: the enlarged, relaxed and partially prolapsed condition of the vagina, consequent upon the pressure, traction and distention exerted upon it by the heavy displaced uterus, and the weakened, and the stretched condition of the ligaments, by their being inadequate to sustain the additional weight brought to bear upon them. In treating a case of this kind, it is well to see if the womb is readily movable into its natural position, or into an approximation thereto. If it is, it is well either to support it in position, or to advise the patient to keep the reclining posi-

* Text Book of Electro-therapeutics, p. 86 and 114.

† Ibid, p. 145.

tion during the first few weeks of the treatment. This not only rests the stretched ligaments, but allows the vaginal canal to contract somewhat towards its natural dimensions. If the organ is not readily returnable, I commence the faradizing every day, after the manner spoken of under the head of chronic metritis, and every few days make some effort towards restoring the position of the organ. As the size of the uterus diminishes, and any adhesions that may have been formed, become broken up through the action of the current, the uterus begins to ascend, and gradually to return to its natural position. When this commences to take place, the relaxed vagina should be faradized every day after the method described when speaking of vaginal catarrh. This the patient can do herself, after being instructed, as it does not require much skill; but regularity and frequency of the treatment are absolutely essential. The galvanic current is rarely required, unless, indeed, there be complications, as endometritis, ulceration, etc., present.

For prolapse caused by tumors, etc., the proper course to pursue is obviously to get rid of the offending growth. Tumors of all kinds can be destroyed by electro-puncture, when they are in such a position that the necessary steps can be taken without endangering the life of the patient.*

RETROVERSION.

This mal-position is produced by the same causes as the last, indeed the uterus must be partially retroverted before it can be prolapsed. It is the commonest form of displacement we have to deal with, and at the same time the most readily restored by electrical treatment. Indeed as soon as the hypertrophy is removed, there is but little difficulty in making the uterus keep its position. In some cases, however, it is well to make use of an artificial support; not one of those horrible pessaries, however, which stretch the vagina, and invariably do more harm than good, but some mechanical means that any gynecologist moderately skilled in this line can readily improvise himself, to

* As the electrolytical treatment of tumors has been fully entered into in my work already quoted, I forbear repetition of it here.

suit any special case. It may be worn for a little while to rest the parts, and then removed, to be reinserted if the case requires it. The faradism assiduously applied after the manner described, is to my mind the best treatment. It must not be applied with such a force as to act on the sacral plexus, and give the patient pain down the legs, or produce cutting pain in the uterus, as recommended by Tripier; but at first a mild current should be used, merely sufficiently strong to have the patient cognizant that a current is being transmitted. After a few seances she will complain of a slight bearing down sensation, and after this is felt, improvement commences. In bad cases this sensation is not noticed until after ten or twelve treatments, especially when there are adhesions, and great engorgement. In recent cases it may be felt from the very first. I always consider it a sign of commencing improvement. No case of retroversion from metritis should be abandoned as hopeless until faradism has been faithfully and assiduously tried. I have a case now under my care in which the uterus was enlarged to once and a half its natural measurement, was *completely* retroverted, and bound down by adhesions, so as to be perfectly immovable. After twenty-five treatments I had the satisfaction of elevating the uterus easily almost to its natural position, and I expect after a little more perseverance to make a complete cure of her. This was a case complicated with stricture of the rectum which was cured by electrolysis before attempting any interference with the uterine condition. When the patient came to me last May, she was examined by my friend, Dr. Helmuth, in consultation with me, and neither one of us had the slightest expectation that she ever would be a particle better, and it was only at the earnest solicitation of the patient and her friends that I persevered in the case.

FLEXIONS OF THE UTERUS—RETROFLEXION AND ANTEFLEXION.

Of the first I have little to say. Those cases I have seen, were caused by tumors, which were in such a position that they could not be relieved. Of the second I have had varying success. One case in which there was metritis and endometritis

with severe dysmenorrhœa, got well. Another case partially or nearly recovered, and abandoned treatment. Another improved, dysmenorrhœa left after a few seances; patient was satisfied with improvement and left my care. Dysmenorrhœa returned after a few months, the patient fell into other hands and I lost sight of her.

In a case sent me by my friend, Dr. T. F. Allen, I made a signal failure. It was a case, I think, of congenital ante-flexion, with chronic metritis and dysmenorrhœa. The metritis was the result probably of the dysmenorrhœa and abnormal position of the organ. I treated the case with a great deal of care and precision, and had every opportunity to carry out my applications as I wished, but after four months attendance there was not the least improvement. It might have been otherwise, and I think it would have been, had the metritis been the cause of the flexion. On the whole, I am not quite satisfied with faradism in flexions.

ANTERVERSION.

Is slight antversion the natural position of the uterus with some women? Or else to what extent can it exist without interfering with the general health? I am led to ask these questions, not from the extreme frequency of this abnormality, for it certainly is not as frequently met with as retroversion, nor do I wish to be understood to say that it exists in the majority of cases without producing grave symptoms, but I have seen it caused by a tumor, have removed the tumor by electrolysis, and then treated the uterus. All the symptoms were removed except the position of the uterus. This then was supported by a pessary, but as soon as the pessary was removed, the womb would return to its anteverted position. In other cases I have treated it as a consequence of metritis, cured the metritis, dysmenorrhœa, bladder symptoms, etc., and otherwise improved the patient's health, still the antversion would persistently remain to some extent, without producing the slightest unpleasant symptoms whatever. I would be glad if some of my readers would throw some light on the subject. In concluding the subject of displacements of the uterus, it may not be out of

place to remark, that when malpositions are the consequence of the mechanical forcing of a healthy organ out of its natural position, as by lifting heavy weights, wearing tight clothes, etc., etc., they are scarcely conditions calling for an electricity. I think such cases are best cared for, by returning the organ to its place and enjoining complete rest, and such general attention as dislocations of other parts require.

DYSMENORRHŒA.

Thomas divides this disease, or more properly this symptom, into five varieties, viz. :—

Neuralgic dysmenorrhœa.

Congestive or inflammatory.

Obstructive.

Membranous.

Ovarian.

In the first form, pure and simple, we can do so much to relieve the patient with such remedies, as Bellad., Calc. carb., Chamom., Cimicif., Sepia, Apiol., Pulsat., Sulphur, Viburnum, etc., that but in a small per centage of cases is electrical treatment resorted to, or required ; and in the inflammatory form, our Aconite, Bellad., and other remedies covering the symptoms stand by us and generally cure the trouble. In the few instances that resist careful medication, Electricity comes to our aid. The best mode of applying the current, so that it will do the greatest amount of good in the shortest time, is to use a sponge-covered electrode of sufficient size to cover the entire lumbar and sacral regions. This should be attached to the positive pole of a battery, yielding about ten or twelve volts, and the other electrode (also a large one) placed in alternation over each ovary. Long continued seances are necessary. A case may be treated both with the object of relieving the pain during the menstrual period, when one or two seances in the twenty-four hours are necessary ; or, with a view to ameliorate the cause of the pain between the attacks, when an application every second day will be sufficient. Dysmenorrhœa caused by obstruction calls for a remedy that will

overcome such obstructions in the shortest possible time, with the least amount of suffering to the patient, and that promises the most permanent cure. Let us for a moment consider what the most frequent causes of obstructions to the menstrual flow are. First of all in frequency comes cicatricial strictures of the cervix from powerful escharotics used by the disciples of Bennet; next, flexions, producing closure of the cervical canal; then fibroids, causing a like condition; congenital narrow cervix, and spasmodic contraction of os internum. Strictures of the cervix, whether congenital or acquired, yield to electrolytic treatment, as do strictures of the male urethra, œsophagus, etc. The mode of operating is the same, and as I have elsewhere fully entered into this subject, I shall not weary my readers with a useless repetition of it.

To show what can be done in such troubles, I will relate the following case. Some years ago, a lady, æt. 28, consulted me for sterility and dysmenorrhœa. She had been seven years married, and was very desirous of having a child. She was healthy looking and well formed. An examination with the speculum and sound revealed the true cause of both her complaints. The uterus was normal, except in one respect; the os tincæ was so small, that I had some difficulty in finding it; a very pin-hole in fact. Could only, after the expenditure of much time and considerable pains, succeed in introducing the smallest sized probe into the cavity of the uterus. I forget exactly how many treatments I gave her, but in less than three months the menses were normal, the os dilated to its natural size, and in thirteen months after I dismissed her cured, she gave birth to a child.

Obstructions caused by flexions and tumors need not here be spoken of, as the cure depends on freeing the patient of the causes, and as these have been already alluded to, we will leave them for the present. Dysmenorrhœa caused by spasm of the os internum is a common symptom in cervical ulceration, and also in hyperplasia. The treatment, which cures the one, will most commonly be sufficient to cure the other. A few seances will generally ameliorate the spasm, and in most cases we may expect a decided cure of the painful menstruation, even before the primary lesion is more than half relieved.

AMENORRHOEA.

The non-appearance of the menstrual flow cannot be considered as a disease per se, but rather as one of the results of pathological or physiological change, or of a neurotic disturbance in the system or else of a congenital malformation or absence of some one of the parts of the sexual apparatus. An example of the first is the amenorrhœa caused by atrophy of the uterus; of the second, pregnancy; of the third, chlorosis, and the fourth speaks for itself. Of the amenorrhœa caused by atrophy of the uterus, I have nothing to say that would be of the slightest value to the profession. Treatment by faradism and galvanism is recommended in the text-books, but there is as yet too great a lack of literature on the subject to base an opinion upon as to prognosis. I have now under my care a case sent to me by my friend Dr. Welch, of extreme atrophy of the uterus in a married lady, twenty-eight years of age, who has not menstruated since she was fifteen, but who previous to that time was quite regular. I watch the result of the faradization which I apply frequently, with a great deal of interest, and intend to publish the result. The amenorrhœa of pregnancy needs no physician, and in treating absence of the menses in which the cause is doubtful, and where *this cause* cannot with positive and absolute certainty be excluded, it is always desirable to postpone all treatment, and await developments rather than run the slightest possible risk of making a mistake.

Chlorosis, or green sickness as it is called, is the commonest cause of amenorrhœa, and one in which electrical treatment alone and unaided gives brilliant results. All the best authorities are agreed on this point. Onimus gives an account of a chlorotic girl who had not menstruated for five months, in whom the menses appeared after six electrical treatments. Such a case scarcely represents the average. They ordinarily take much longer, and the duration of the attendance necessary, is almost always proportional to the existence of the disease. Onimus says: "It is not only necessary to act locally by sending a current of ten to twelve millevebers (30 to 40 Daniell's

elements) from the lumbar region to the abdominal walls, but also, and chiefly, to galvanize the vasomotor centers at the upper part of the cord." This method I entirely agree with, and when it is regularly and carefully used, we can count on a satisfactory result. Amenorrhœa from grave constitutional disturbances, as from phthisis, Bright's disease, etc., I have purposely omitted, as I am of the opinion such cases do not call for any interference in this direction.

UTERINE HEMORRHAGE.

Under this general heading I include both metrorrhagia and menorrhagia. When excessive flowing is the result of chronic metritis, sub-involution, or displacement, it is curable by the same treatment that cures these affections. These we have already spoken of and dismissed. When it arises from polypi, fibroid tumors or cancer, the removal of these growths will cause it to cease; and these are in many instances removable, either by the galvano-cautery ecraseur, or by electrolysis. When excessive hemorrhage is in consequence of fungoid excrescences on the living mucous membrane, it may be relieved by destroying these by means of the cautery electrode, or else by electro-puncture. The former is the quickest and the easiest operation. When it occurs from a hemorrhagic diathesis, scurvy, or loss of fibrin in the blood, electrization avails us nothing, but we have in our pharmacopœia valuable remedies for this condition,—*Crotalus*, *Phosphorus*, *Rhus*, and the so called antipsorics, etc., leave nothing to be desired. Menorrhagia is sometimes one of the symptoms of chronic inflammation of the ovaries. We will presently discuss it under that heading.

NEURALGIA OF THE UTERUS.

We occasionally meet with a painful affection of the uterus, where there is no evidence of any pathological lesion whatever; and like similar pains occurring in other parts of the body of which we are ignorant of the cause, we put down under neuralgia, myalgia, or if the patient be of a rheumatic tendency,

under that heading; but be the cause of this painful affection what it may, it certainly yields to the action of the galvanic current. A moderately strong current is here admissible and even necessary, (say 20 volts), especially if the patient be fat and flabby. It had better be applied with the broad electrode placed upon the lumbo-sacral region (positive pole), and the negative above the pubes, or when practicable with a cylindrical rubber speculum inserted into the vagina, and half filled with salt and water as the negative pole. Under no circumstances should the intra-uterine rheophore be used. The irritable womb will not tolerate it without serious aggravation of the trouble. Neuralgia of the ovaries, when accurately diagnosed, may be treated in a similar manner, with this modification:—That the negative electrode be bifurcated and one head be placed over each ovary.

CHRONIC OVARITIS.

How often is this condition accurately diagnosed, and in what proportion of cases are other affections of the pelvic viscera mistaken for it? Have we any positive means whereby we can always with absolute certainty distinguish this disease from every other? It is true that no one of its symptoms defines it, and the totality do not always define it sharply enough to enable the physician to say, this is positively ovarian inflammation, for no other disease has this group of symptoms. There are two symptoms, however, generally present, which, when they both exist, remove any doubt regarding the true character of the difficulty. They are: 1st. Extreme tenderness of the ovary or ovaries when pressed upon by the double touch; this act also producing nausea, and even vomiting. 2d. Dysmenorrhœa, which precedes the catamenia many days, and often continues after the flow has ceased. When we also find that there is pain over either ovary, or both, pain on every attempt to move the bowels, and tendency to hysteria, we may feel convinced that we have a case of ovaritis to deal with.

When such remedies as Apis, Arsenicum, Cimicif., Conium,

Hamamelis, Iodine, Lachesis, Staphys., etc., etc., fail, we should then think of electricity. Some cases rapidly improve under careful electrical treatment, others, more slowly. I had a case about six years ago occurring in a young woman (widow) about twenty-eight years of age, in whom it was associated with epileptiform convulsions. Three months treatment removed all the irritation of the ovaries, as well as the convulsions.

In this disease a mild galvanic current is the only form of electricity that should be used. The sensitive inflamed ovaries should not be faradized. As regards the absolute strength of current to use, I should say that from seven to twelve volts is amply sufficient for most cases. When both ovaries are affected, the bifurcated electrode spoken of under ovarian neuralgia is the best one to use. When only one is diseased, this of course is unnecessary. The treatments must be frequently repeated, and it is well to commence immediately after the cessation of the menses, so as to have time to improve the patient as much as possible before the occurrence of the next menstrual period; the reason of this is obvious. Abscess of the ovary is not a disease in which any benefit can be expected from electrization.

The electrical treatment ovarian tumors I have written upon in the work already referred to.

VAGINISMUS.

Three cases count the sum total of my experience of electrization in this disease. One in which the hyperæsthesia was extreme, improved under galvanization considerably. As the amount of improvement was not what I expected, I advised her to go to Europe for four or five months. She did so and returned perfectly well. The entire object of sending her to Europe was, that she should live *absque marito* for a time.

Of the other two cases, I would say, that one got well, and the other is quite improved, and still under treatment. I greatly regret not having had more experience in this affection, for I feel convinced, that from its salutary influence on other hyperæsthetic conditions, attended with muscular spasm, that

the galvanism ought to be decidedly beneficial. Only the very mildest current should be used, and however small the quantity, a rheostat should be included in the circuit. In bad cases, where it is impossible to insert an electrode into the vagina, treatment may be commenced with an electrode attached to the negative pole, covered with moistened wash-leather, and placed between the labia: the circuit being completed by a large sponge-covered electrode on the lumbar region. Dr. Neftel, of this city, has published in pamphlet form a history of four cases of vaginismus, caused by lead poisoning, which were successfully treated by the galvanic current.

PRURITUS VULVÆ.

This intolerable itching of the vulva which often extends well into the vaginal canal and to the pubes externally, can often be controlled by electricity. Either the galvanic or faradic current may prove useful. If it be determined to first try faradization, the metallic electrode may be applied directly to the affected part, but if galvanism be the form used, the electrode should be covered with a piece of soft cloth, moistened with salt and water. Although the itching may in some cases be relieved immediately after the first seance, the applications should nevertheless be frequently repeated, until the cause of the trouble is entirely removed. Unless this point is attended to, the symptom is apt to recur again and again as soon as the electrization is discontinued.

As a supplement to this paper, I am about preparing a clinical history of the cases of uterine disease that I have treated by electricity, giving not only a detailed account of their progress and treatment while under my care, but as far as possible their previous history given to me by the physicians who attended them and referred them to me to carry out the local applications and other special treatment.

ARTICLE XXIV.—Similia Similibus Curantur.**ANOTHER ESSAY UPON THE SCIENCE OF HOMŒOPATHY.**

BY MARTIN DESCHERE, M.D.

(Vide NORTH AMERICAN JOURNAL OF HOMŒOPATHY, November, 1876).

INTRODUCTION.

"THE literature of a people is its history." Look at the periodical literature of homœopathy and you have a fair sketch of the history of the latter, which shows a constant retrogression. The earnest path of science, of investigation, of experience, even of truth-seeking has been violated. If we compare the majority of our homœopathic literature of to-day, with that of beginning homœopathy, we find sneering remarks, instead of logic reason; ridicule, instead of proof; let a man show a different opinion from another one, and he is called a "fool," "ignoramus," "know-nothing," "orthodox," "moonshiner," "liar;" indeed, the only weapon which certain learned contributors to our present literature seem to possess is abusive language. But all this proves a great historical truth, and that is, when the members of a family or a tribe always marry within this family or tribe the result at last will be the production of sterility, idiocy, monstrosity. Homœopathy wants to constantly produce out of itself; it constantly reproduces itself, there is no progress in any direction and *rest in science is retrogression*. You may say there is progress in the proving and application of new remedies. But this is only apparent, for the new remedies are proved rudimentarily and applied at the neglect of older ones which are more trustworthy, but the study of which had to be neglected on account of the constant increase of new material in our *Materia Medica*. These new remedies are also used empirically without a proving, and it is clear, that this apparent progression is in reality a retrogression. Again, there are others who proclaim progressive homœopathy by the negation of certain rules laid down by Hahnemann. They say that, had Hahnemann

lived to-day, he would have written a different "Organon." They speak of dividing therapeutics into hygienic, chemical, physical, mechanical, medical, etc., which no sensible man has ever denied; neither did Hahnemann, as his whole teachings apply to *drug therapeutics only*. He himself has written a book on *Arsenic Poisoning (chemical therapeutics)*; in his lesser writings you find excellent papers on *hygiene*, etc.

We see, therefore, that men only misrepresent the teachings of this great reformer in medicine, and their so-called progress is only a distortion of already existing facts. Others tell us that homœopathy is ready in itself, that no progress is possible nor necessary; they want us to strictly adhere to every word of the master without asking "*why*." They command us to be catholic, and even to believe in the infallibility of man. These also misrepresent and distort the teachings of their "Saint" when they say that Hahnemann wants *everything treated by drugs*. He certainly restrained the cruel mechanical treatment of a great many diseases to a mild, medical one, but it remains to the personal scrutiny of the attending physician to decide whether a case has to be treated medically or otherwise, and the strictest advocate of that so-called "orthodox" clique can not deny these facts, for they have nothing to do with homœopathy and Hahnemann's teachings. He himself says in the preface to the second edition of the "Organon," 1818: "*The MEDICAL art is my subject*," and in this whole preface he speaks of *internal medication only* and the administration of *drugs in disease*.

We see, therefore, that all these constant disputes and fights about trifles only tend to the final destruction of homœopathy, for history again teaches us that *the first but certain step to ruin is discord, disunion*.

Another great subject of quarrel is the "*dose*." Here again we find the utmost bitterness on both sides of the question, high or low. Both parties, instead of harmoniously investigating this very important subject (as it is becoming to scientific men), throw their beloved sarcasms at each other for the rejoicing of our opponents and the public at large, to the disgrace of our own sacred cause. Strangely enough this question,

which always has been, and is to-day believed by outsiders to be the centre of gravity of homœopathy, was made a trifling affair by homœopathsists themselves. There was a certain shyness toward its closer investigation, and it remained the weak point in its defence as well as the constant subject for attacks. The truth is, that it has never yet been understood, however explained.

Hahnemann, the discoverer of potentized drugs, did not know himself what he was doing by carrying a remedy up to the 30th potency. He wanted to dilute and weaken the strength of his crude tinctures. That was the object which he tried to obtain; but the result that he reached was "*the potency*." He then at once looked for explanations of the phenomenon, called it "dynamization," and thought that he had found a new way of dissolving insoluble substances; but all this was erroneous. Hahnemann finds here his exact analogy in other discoverers, who always looked for something, instead of which they found something else, marking with it an epoch in science. Remember only the alchemists of the middle ages who, in looking for a way for making gold, presented us with the most useful chemical discoveries, and laid the foundation to our grand modern chemistry. Columbus with the earnest intention of reaching India by sailing west, discovered America.

But indeed the most striking resemblance to the discovery of the potency by Hahnemann, as well as to the theory he advanced in favor of it, bears Galvani in his discovery of galvanism. This physician also built wrong theories upon his great observation when he reasoned that the twitchings of the frog-legs, which he had fastened upon his iron gate by copper wires, were due to electricity or life-force within the muscles. He wrote a book upon the subject and found many believers, who did not investigate the matter any further (just like the followers of Hahnemann left the potency untouched). But a young physicist, Volta, who paid more attention to the matter, found by experiment that the power of galvanism was not inherent in dead muscular fibres, but was produced by the contact of two different metals, connected by a damp conductor. He gave scientific basis and shape to a so-far wonderful and

miraculous power, and to-day we think no more of miracles when we see a muscle contract under the influence of the galvanic current; nor do we attribute it to life-force in the muscle itself. This, as well as other applications of galvanism, are our daily companions at present, and nobody thinks of ridiculing them because they have found their scientific explanation, and the day will not be far when "the potency" will be just as familiar to us in its so far miraculous action. It cannot be denied as for the fact of its existence and power, but we want the "Volta" to give it its place in science. Homœopathy is no matter of faith; whatever pertains to it must have its logical reason, and as long as it is a constantly repeating fact it must have its scientific basis which will be found at last; therefore we cannot and shall not rest until it has been found.

Homœopathy is a science, and as such it appears like a stainless maiden whom we will have neither besmeared nor prostituted by false friends. We do not want a smuggling of allopathic and antipathic licentiousness under the wrongly interpreted motto of "freedom of action;" but what we want is true investigation and earnest application of newly revealed facts in other branches of medical science, especially histophysiology and pathology, as far as these aid us in the understanding of homœopathy as the only science of *drug therapeutics* and its beneficial use in disease.

The subject of this essay is a step in that direction.

NEW OBSERVATIONS UPON CELL-DIVISION.

In the *Berl. Klin. Wochenschrift*," Vol. XV., p. 505, 1878, we find an article by Dr. L. Loewe, of Berlin, in which he speaks of "cell-division" by fission. The observations which Loewe relates are not original, as we find the same made by Auerbach (*Bericht ueber die Muenchener Naturforscherversammlung*, 1877), W. Mayzel (*Medical News-Gazeta Legarska*, Vol. XXIII, No. 26, Warschau, 1877) and others.

Loewe speaks of fecundation and the division of the ovum as well as of cells generally in the following manner.

It was taught that in cell-division the nucleolus at first redoubles, then the nucleus becomes biscuit-shaped, after which the cell-protoplasm takes on the same form until the nucleus divides and the protoplasm also, thus forming two new cells; see figures 1 to 4. But more recent investigations have given

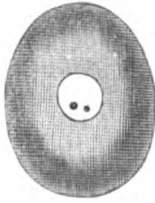


Fig 1.



Fig 2.



Fig. 3.

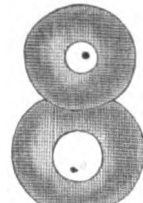


Fig. 4.

us quite different and much more precise information as to this fact: When a cell begins fission its *nucleus elongates* and becomes *spindle-shaped*, and we observe a number of *fine threads* upon its surface appearing a little thickened in the middle (this thickness is due, according to Auerbach, to the tough consistency of the germinal matter. D.); see figure 5.

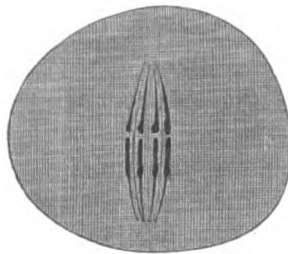


Fig. 5.

At the same time a light globule of cell-juice, which was given off by the protoplasm appears at each end of the spindle-shaped nucleus, and a peculiar change within the protoplasm is observed: *the granules which are suspended in the fluid of the protoplasm rush in regularly radiating lines around the juice-globules at the two ends of the spindle.* In this way two stars

appear, connected with their centres by the spindle-shaped nucleus; see figure 6.

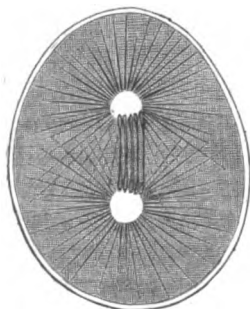


FIG. 6.

During the occurrence of these changes in the protoplasm the thicker middle parts of the lines on the nucleus have divided and advanced towards their respective ends; figure 6. Now the spindle-shaped nucleus gradually disappears, while the thicker ends of the lines enter the juice globules to form their nucleoli, the juice-globules becoming the new nuclei of the daughter cells. At the same time the protoplasm appears dumb-bell-shaped; at last the fissure cuts through and two new cells have been formed; see figures 7 and 8. Loewe observed

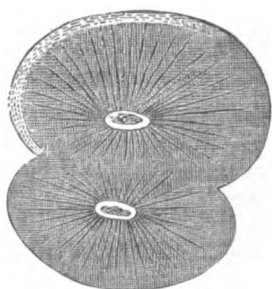


Fig. 7.

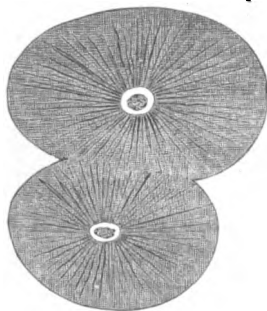


Fig. 8

one of the daughter cells to be smaller than the other, and argues that this act of fission is a purifying process. He very logically says, that the ovum (as well as any other cell) has to take up with its pabulum material unfit and useless for its development, and the only way for these simple organisms to get

rid of this, so to say, effete matter or excretion, is the process above described. The smaller daughter-cell of the ovum disappears or becomes lost by and by, while the larger one goes on in growth and development. Other cells must have a similar fate which is proved by the secretions and excretions of the different organs in the animal and vegetable economy.

If we study these observations a little more carefully, we find in them striking resemblances, nay, *identical copies* of well known *magnetic phenomena*. Every one of us, already when a child, has made the amusing experiment of dipping a little bar-magnet into iron filings and admired the arrangements of *thread-like radiations adhering to each pole of the magnet*. Look at figure 6, and *you have the same picture in miniature*. There the granules of the protoplasm have been attracted by the poles of the spindle-shaped nucleus. Afterwards the *Æquator* of the cell must be drawn in, and the dumb-bell-form appears, because all matter is attracted by the poles.

The next question is: What made the nucleus act as a magnet?

Tyndal gives us the answer by the following experiment: He had a tin tube packed full of fine iron filings. At one end of the tube he placed a bright light; at the other end, opposite to the light, a white plate. The tube with its contents naturally threw a black, round shadow upon the white surface of the plate. But when he touched the tube with a magnet, or when he led an electric current around the tube through a copper coil, a flash of light appeared upon the white surface, coming from the opposite flame through the tube. The reason of this was that every particle of iron which is filling the tube had become a little magnet as long as the electric current surrounded it; in that manner every north pole of the filing-particles attracted the south pole of its neighbor, and in this way *parallel lines were formed along the axial direction of the tube*, leaving enough space between them to allow the light to penetrate the tube. Look at figure 5, and *you see the parallel lines in the elongated nucleus*, which are nothing else than the *granules of the nucleus or the nucleoli*, arranged longitudinally by the attraction of their north and south poles.

It is evident that the protoplasmic granules being in excess, have a stronger action after having become magnetized by the attraction of the nucleus, and draw the nucleus-granules towards them, thus dividing the nucleus and the cell.

We may therefore call the *positive material* attracted by the negative nucleus pole, the *regenerating cell pole, forming healthy tissue*; the *negative material*, going to the positive nucleus pole, the *excreting cell pole, forming secretions and excretions*.

There is no doubt about the electric current surrounding the nucleus, for we know that they are always originated by the contact of chemically different bodies; and in this respect every cell is a little galvanic battery, being surrounded by material differing chemically from itself. *Therefore cell division must constantly go on in normal conditions.*

It follows naturally from these conclusions, that as cell division is at the same time purification, any cause which hinders the polar action of the nucleus, must prevent division, thus keeping effete matter in the cell, constituting disease. Here we meet another well known fact. *The first stage of all inflammation shows stopped or diminished secretion and excretion.*

We have dryness of mucous as well as of other membranes; want of perspiration; diminished saliva; concentrated urine; constipation, etc.; or, in other words, *the cells have been interrupted in their polar action*; one pole must be the stronger, holding the other one bound. *Therefore no division can take place; no purification; effete matter remains in the cell.* This can only be of short duration. Cell division *must go on during life*; and now only one of two conditions is possible: either we have the *regenerating cell pole getting in excess*, and then *healthy tissue will be formed again in excess*, and the *secretions and excretions will be in their normal minority*; that means: *health is restored in the organism.* The second condition is that the *excreting cell pole is in excess*; then there will be a *minority of formed healthy matter, with an excess of secretion and excretion.* Here you have a phenomenon of the *second stage of inflammation.* Abundant secretions and excretions; suppuration; ptyalism; profuse perspiration; diarrhœa, etc.

This picture, based on molecular changes in the cell, may

serve as one example of a great many diseased actions in the organism, and we therefore say, that *disease is anomalous polar action of the cell*. It is then our task as scientific physicians, to investigate how we do reinstate the polar equilibrium by *potentized drugs*, to be satisfied that we are thus doing the right thing.

POLAR ACTION OF POTENTIZED DRUGS.

The distinct meaning of *Potency* has been given already in the treatise alluded to in the heading of this article (*N. A. J.*, 1875, p. 149); and we can go further now, as we have proved there that *a potency of a drug is not the drug itself, but the medium by whose vibrating particles, the drug-molecules, may produce their specific properties on the organism* (*l. c.*, p. 150).

We have to go to Magnetism and Electricity again for explaining the following assertions, as the conception of polarity has become so identified with the former that any theory based upon polar action will be best understood in such comparison, although *the entire universe is harmoniously held together and governed by polar concord only*.

In potentizing a drug we do the same thing as in magnetizing a piece of steel with a magnet-stone or with an electric copper coil, or of one steel-magnet by another.

The point which we have to bear in mind in this operation is this: *A north pole will always produce a south pole*. The same thing happens with *induced electricity*; place a coil of insulated copper wire around an electric one and *the current induced in the surrounding coil will always run in the opposite direction from the inducing current, which produces a negative pole at its positive end, and vice versa*.

It will give us no difficulty now to understand that *the drug has produced its opposite pole in the potency*. The crude drug represents one pole in its action; call it as you please; for convenience sake we shall call it *negative*. (Critics cannot object here that the polar action of a body would be impossible with one pole only, the opposite being inactive; giving the apparent proof by saying that a magnet is not a magnet if one pole is absent, or you could not have positive electricity without at

the same time producing the negative, etc.). All this is only distorting arguments, for we fully grant the statement of the critic in its own sphere; but it must not be forgotten that *we speak of polar action as to its influence upon the animal organism only*, and there cannot be denied that one pole may act in one direction, *at the same time producing discord in the organism, which can only be neutralized by the action of the opposite pole.*

As proof: Place a person upon an insulator, and charge him with positive electricity, by putting him in contact with the conductor of a statical electric machine. His hair will stand on end; you may draw sparks from his body, etc., which are certainly *abnormal conditions produced by the influence of one pole*; which can only be remedied by putting the person in contact with the surrounding ground, or the friction-silk, which are negative-electric; thus constituting *the opposite pole*, by the influence of which the *normal condition is regained*. Hahnemann advises the action of the magnetic north pole to be antidoted by the south pole.

Again: Red color constitutes one pole of the spectrum. It is true that a color is always produced by a body which absorbs all the different colored rays of white light, only reflecting the one we see; but that is just what we want to prove, viz., that the reflected pole of the spectrum (here the red) can act upon our organism alone. Now we have again a striking example of one pole producing its opposite in the conducting medium (*l. c.*, p. 148); for after we have fixed our eye during a little while upon a bright red surface, everything else will appear green to us. *The red pole has produced a green pole on the retina*, which is one of the conducting media to the grey matter of the convolutions, as it belongs to the third division of the projection-system of the brain. If then, as we have said above, the drug has produced its opposite pole in the potency, *the action of the potency must be in opposite direction from the action of the drug*. Practice shows this to be true. We know that, for instance, Rhus poisoning can be cured easiest by giving a high potency of Rhus (30, 200, 1000).

This instance leads us directly into a field which until to-day has been dreaded by the Homœopath, and was treated only in

a repulsive manner, without an unprejudiced scientific exploration. This field is the so-called *Isopathy*. The term *Isopathy*, from *isos*, the equal, used for a *mode of cure*, is certainly a nonsense; for it is impossible to cure anything by its unchanged self, and Hahnemann gives some examples in the preface to the fifth edition of the *Organon*, 1833, where he proves that all this *apparent isopathic treatment was really homœopathic*; although they are not well chosen and represent more mechanical treatment. But there is the difference: *Homœopathy commands to cure by that remedy which produces similar symptoms*. This can only be done in a potency, the 1st or 10,000th, (all cures with crude drugs are palliative, and not homœopathic, but rather directly antipathic).

The above given example with *Rhus* shows, that a cure will be and is effected by the same drug which produced the symptoms, but highly potentized.

You cannot call this Homœopathy, because it does not act according to the laws given by Homœopathy. *Isopathy*, as to a mode of cure, is said to be a nonsense, and so it is; but we have to leave this term for the action of a remedy selected in that peculiar way, for in reality the term *Homœopathy*, as used for the mode of cure, is just as wrong. Both terms can only be applied to the mode of SELECTING the remedy, and there they are both correct; the CURE effected by the POTENCY of such a selected remedy, is neither HOMŒOPATHIC nor ISOPATHIC, for it can only be POLAR ANTIPATHIC.

Our foregoing assertions of the polarity of drug action proves the latter sufficiently. We must chose our remedy *homœopathically* to get the *similimum*; but this *similimum* will only aggravate the condition unless it is (not diluted, but) potentized. That means the *similimum* acts in the same direction as the disease producing cell-pole; else it could not produce the same or similar symptoms. To neutralize this polar action of the cell, I need then the opposite pole, which has been produced in the potency. Experience of every homœopathic physician coincides with this theory.

It is therefore evident that a potency of the disease producing factor itself must do the same thing as a potency of the *similimum*, and perhaps better. Experience of those physicians who have

tried this mode of selection, confirms this theory as well, we may therefore justly say, that *only the selection* of a remedy can be *homœopathic* or *isopathic*. *The mode of cure is in both cases polar antipathic*. We see here at the same time, that those men who speak of the infinite divisibility of matter must be wrong when they say that even high potencies act by the drug particles suspended in the preparation ; for if this was a question of quantity only, there would be no earthly reason why a small dose, be it ever so infinitely small, should not act in the same direction as a larger one, only in a smaller degree than the latter. This idea of *reducing the dose* has been inherited from Hahnemann, because that was the object he intended. We have seen in our introduction how wrong it would be to adhere to such a purely quantitative view any longer. *The truth is that Homœopaths do not give small doses at all, or any dose in the sense of the medical profession generally. We can speak as little of a quantitative dose of a potency, as we can of the quantitative dose of cold air that produced pneumonia, or measure the quantity of electricity, etc. ;* for all these are agents following the law of polarity. It is difficult to get rid of such an inherited idea, but if we look at the matter in the right light, we see how ridiculous it would be to constantly quarrel about a question which is no question. Give your patient as little in quantity of a potency as possible ; *you cannot give him too little nor too much of it*, for only that will be attracted by the supervening cell-pole which is needed for polar neutralization, and that is no subject of quantity but of quality and relation (Grauvogl). Therefore if the selection was not according to the law of similars, there will be no polar attraction and also no remedial action. You cannot give too much of the *potency*, but you can give too much *alcohol* or *sugar* at the same time with it. We know children to have swallowed whole vials full of medicated pellets, or drink the freshly prepared solution, without the least harm ensuing. If the remedy was well selected for their disease it cured them.

Potencies will produce symptoms in healthy persons in repeated doses, or exceptionally in a single dose, if the prover is very sensitive and has a predisposing centre for the drug he

proves. Now here again we have a proof for the polar antipathy of the action of a potency ; as we always see those symptoms which are produced early by the crude drug, appear late in the action of the potency of the same drug, and *vice versa*. This leads us directly to the very interesting question of the so-called primary and secondary symptoms, which we shall speak of at some other occasion. Calculating upon these primary and secondary symptoms of a remedy, physicians are in the habit of giving high and low in alternation. If this mode of prescribing remains in the domain of potencies no harm is done, as real potencies of the same drug act in the same direction ; but to give a low dilution or tincture in alternation with a potency, would be wasting time, as the one will antidote the other, by neutralizing their own poles. Just as unscientific and unsustained by any logic or fact is the bold assumption of Dr. Skinner, that, if low potencies or even dilutions of a remedy are mixed with a high potency, the action of the latter alone will prevail in the preparation. Such apothegms only tend to bring ridicule to our cause, for they cannot be proved, and remain hypothetical. We can excuse them, perhaps, from a *beginner*, but not to a *Skinner* (vide "The Organon," Vol. I., No. 4, October, p. 425).

So far we have seen that normal actions within the cell are polar in their entire course ; we have made the conclusion and proved it by daily observations, that disease in the organism is abnormal polar action in the cell. We have further demonstrated that remedial action is polar, and that it must be the produced, opposite pole, which acts in this way polar antipathic, only when the remedy has been homœopathically or isopathically selected, that this curative action can only be done by a potency ; that the "dose" must be given up as a subject for discussion. We have based all our assertions upon acknowledged scientific bases, and, in conclusion, we only repeat that we must all try our best in earnest research. If that is the motto of every true physician, there can be no room for disharmony.

ARTICLE XXV.—History of Scrofulosis and Tuberculosis.

BY DR. RAFAEL HAUSMANN.

WE meet already in the works of Hippocrates the words *χολιπιδες*, translated scrofulæ or struma, and *φυμα*, tuberculum. Waldenburg translates the former as slowly developing tumors, and the latter as such which quickly suppurate.

Franciscus Deleboe Sylvius (1614—1672) thought that normally the lungs, as well as other organs, contain very small invisible glands, which, in a certain (scrofulous) constitution of the body, grow, enlarge and pass into suppuration. It seems clear that Sylvius, in following up his little invisible glands, observed miliary tuberculosis in its development, and that he is the first to describe the connection of tubercles (the swelled-up glands) with scrofulosis, and thus showed the identity of pulmonary tuberculosis with scrofulosis. Morton (1780) accepted this view, but insisted on diverse forms of phthisis, as from occlusion of the lungs with serum, from suppression of old ulcers, from suppressed menstruation. Stark, in an essay published fifteen years after his death (1785), fully describes miliary tuberculosis, and, with Thomas Reid, separates tuberculosis from scrofulosis. Reid totally denies the existence of these invisible lymphatic glands. Cullen (1709—1790) mentions the acidity of the matter discharged from the ulcerated tubercles, similar to that emanating from scrofulous discharges (specific scrofulous poison). Kortum and Hufeland describe pulmonary phthisis (scrofulous glands being also found in the lungs) as a secondary scrofulous manifestation.

Baillie (1794) denies the identity of tubercles with glands; he considers the large pulmonary nodes arising from confluence of miliary tubercles and the so-called caseous substance as scrofulous matter, whose contents he considers identical with the substance of tubercles. To him the tubercle is a rounded-off tumor with scrofulous matter. Portal is the first who denominates the scrofulous matter of Baillie "tuberculous" identical with the contents of scrofulous glands, and not only

nodes and nodules, but also lymphatic exudation, lymphatic induration, scrofulous lymphatic glands,—all is tuberculous, a hereditary scrofulous affection. Vetter (Vienna, 1802) fails to acknowledge, notwithstanding the similarity of the scrofulous (cheesy) matter in the lungs with that in scrofulous glands, its scrofulous nature, nor does he designate them tuberculous. He calls them simply cheesy.

Boyle (1774—1816) introduces the name “miliary tubercle,” which may be found in most diverse organs, and introduces the designation “tuberculous diathesis;” every cheesy deposit is a tubercle, and, considering tuberculosis and scrofulosis identical, he prefers the designation tuberculosis to scrofulosis. Now Lænnec appears, and the words of this master carried great weight. He takes his starting-point from the miliary tubercle, follows its changes to the cheesification (softening), and considers scrofulosis tuberculous degenerated glands; whereas Meckel, at the same time, considers miliary tubercles as scrofulous nodes, scrofulous matter. Schœnlein opposes this mixing up of scrofulous matter and tubercle. To him the former is a cheesy matter, without preceding neoplastic; the latter a true neoplasma, a node or nodules, surrounded by a membrane, and thus tuberculosis and scrofulosis are for the first time decisively separated.

Lebert (1844) tried to show that tuberculosis differs in its course from scrofulosis; described tuberculous corpuscles, and he and Reinhard (1847) found these non-specific corpuscles, emanating also from shrunken pus-cells, in cheesy masses, and they denied, therefore, scrofulous matter and scrofulous glands, and accepted only glandular tubercles. Anatomically, they said, there is no scrofulosis, but there may be one clinically, having a predilection to superficial parts of the body, to the skin, senses, bones or joints.

Thus the battle raged when Virchow appeared on the battleground. He had proved already with Reinhard that tuberculous (cheesy) matter is often nothing else but simple inspissated pus, and that the tuberculous process of the lungs is frequently based on an inflammatory procedure, though he does not deny that Lænnec’s idea is correct, that there is also a

neoplastic primary (grey) miliary tuberculosis, passing over into a cheesy metamorphosis (tyrosis, according to Craigie). Cheesification is a retrograde metamorphosis, destroying the tissues, coordinate to the fatty, waxy metamorphosis, to calcification. He designates as tubercle exclusively the miliary tubercle appearing as a neoplasma, and differentiates a heteroplasia ending in cheesification (tubercle) from a hyperplasia ending in cheesification (glandular scrofulosis). Thus Virchow not only separates definitively tuberculosis from scrofulosis, but he also gives as a characteristic, defining the so-called scrofulous diathesis, reduced power of resistance of the tissues against disturbances, increased vulnerability of the parts and their pertinacity, based on debility of single parts or regions, especially of the lymphatic organs, imperfectness in the construction of the glands. Scrofulous inflammation excels in abundant cell-proliferation.

The period of inoculation now follows. Buhl calls the acute miliary tuberculosis a specific disease of resorption and infection, and puts down as his first axiom: the basis for the development of miliary tuberculosis is a cheesy focus, and the proof that cheesy foci are the starting point, is found in the nearly constant presence of one or more cheesy foci in the body (of 84 cases [1859] only seven times no cheesy foci were detected). C. E. Hoffmann even asserts that the anamnesis renders their existence probable, though they may not be found in the autopsy; he denies their specificity, though he adopts the theory of resorption. Niemeyer also acknowledges a cheesy focus as the primary for most cases, but considers its action merely local, and denies the specific character of the tubercle, and of a peculiar virus of the cheesy focus.

In relation to inoculation must be mentioned that Kortum failed to get results from inoculating "scrofulous poison," and Hebréard, 1802; Salmade, 1805; Lepelletier, 1816; Goodlad, 1829, were equally unsuccessful. Laennec injured himself in dissecting tuberculous vertebræ, and a small, yellow, raw tubercle developed itself on the injured index-finger. Albers, 1834, records five cases of inoculation of tuberculosis on the hand, during an autopsy. Malin, 1839, reports two cases of

dogs belonging to a phthisical woman, who ate up her purulent sputa, and the post-mortem examination revealed both lungs destroyed by suppuration, and large cavities in the right lung. Cruveilhier's experiments with mechanical irritation, division of the trachea and injection of Mercury in the respiratory organs (1826), showed that every purulent inflammation causes the formation of a tubercle. Klenke, 1848, considers tuberculosis inoculable. Buhl experimented on rabbits, 1856 and 1859, but feels dissatisfied with his trials to inoculate tuberculosis. Panum, 1862, found nodules, simulating tubercles, in his experiments on embolism. Villemin, 1865, must be considered as the real discoverer of the inoculability of tuberculosis. He took the matter to be inoculated from miliary tubercles and cheesy pneumonic foci, injected also subcutaneously the sputa and blood of phthisical patients, and always found tuberculosis. He considers everything tuberculosis; what produces tuberculosis, so-called scrofulous glands, must therefore be also mostly tuberculous. Of great importance are the experiments of Lebert and Wyss, mostly made on dogs, which as a class are not so easily affected with tuberculosis. He injected masses of miliary tubercles, of pneumonic or peribronchitic foci, of pus into the blood, mercury in the trachea, and concluded therefrom: tubercles are neither pathologically nor anatomically specific, they are products of inflammation; and Wyss characterizes their mechanical basis, and considers the capillary embolus from changed products of inflammation, as the only essential for the origin of tubercles. Waldenburg experimented then with fresh grey and with softened tubercles, with cheesy pneumonic products, the contents of cavities, with non-tuberculous cheesy products (scrofulous matter), inspissated pus, catarrhal sputa, with alcoholic preparations of tubercles, and of cheesy lymphatic glands, and concluded therefrom: inoculation with non-tuberculous, non cheesy substances, with chemically changed catarrhal sputa, is just as successful as when performed with genuine tubercle and cheesy material; inoculation of indifferent substances causes more rarely tuberculosis than inoculation with tubercles, cheesy substance, sputa or pus. Hence, miliary tuberculosis is a disease of resorption, caused by im-

portation of very finely divided corpuscular elements into the circulation, and their deposition under the formation of nodules, in numerous dispersed points of different organs.

We have now gained a causal nexus between scrofulosis and tuberculosis (cheesy lymphatic glands), and scrofulosis is shown not to be based on a specific poison, but may be called a disease based on a constitutional anomaly (Virchow).

Passing by other experimenters, it is worth while to mention that Wilson Fox, 1868, inoculated 117 Guinea pigs and 12 rabbits with tubercles and diverse substances (cotton thread) and tuberculosis resulted in nearly all cases.

Experiments continue to be made in order to prove that it is possible to cause tuberculosis by inoculating the most diverse substances, and Cohnheim and Fraenkel showed that the mere excitation of an inflammatory or suppurative process suffices to produce tuberculosis in Guinea pigs and rabbits. Tappeiner even discovered that the mere inhalation of finely divided cavernous sputa may produce tubercles in dogs.

Rindfleisch says on this point: Morbid states of the lymphatic glands. We deal here with the well-known cheesy intumescences of the lymphatic glands, designated by ancient writers as the pathognomonic product of scrofulosis. Virchow accepted this in so far, as he considers the essence of this alteration still as a purely hyperplastic state, belonging yet to inflammation and decidedly denies the tuberculous quality of the tyromata. Rindfleisch, on the contrary, agrees with Schüppel, and considers the scrofulous gland in all cases a genuine tuberculous gland, and he bases his opposition not on the giant-cells, as he is not convinced of the pathognomonic value of these cells; but especially on the result of his studies, where he found that the freshly charged, not yet cheesy, but already grey transparent parenchyma of a scrofulous lymph-gland contains not only some giant-cells, but is permeated by a large number of genuine tubercles. Schüppel even considers the simply hyperplastic process of the lymphatic glands as a precedent to the development of tubercles. He even mentions a case where only hyperplasia was found, neither tubercles nor cheesification, only the first stage of swelling of scrofulous glands of a hyper-

plastic nature. Friedlander even goes still farther, and considers all important scrofulous diseases proceeding with development of tubercles.

Passing again into review the different historical stages of scrofulosis, we see that Virchow adopts as its basis a pathological constitution, debility of some parts or regions, especially of the lymphatic organs, an imperfect state of the glands. Waldenburg considers it a constitutional anomaly, whereby the lymphatic glands, prone to take on disease, possess a local disposition to cheesification. According to Birch-Hirschfeld, the cheesification of the so-called scrofulous lymph-glands does not exclusively take place by tuberculosis; there are also exquisite hyperplastic morbid states of the glands, and the scrofulous diseases of the superficial skin and mucous membrane never possess a specific anatomical character.

The essence of scrofulosis, as a constitutional anomaly, has had different explanations. Some put it in acidity of the lymph, in hyperplasia, weakness of the lymphatic system, abnormal composition of the blood, in a specific virus, in dilatation of the canaliculi and entering therein of monads (Hueter), in a disproportion of the quantity of the blood to the solid parts of the blood, in heredity.

The predisposing constitutional anomaly may become active by: malnutrition, foul air (prison-scrofulosis), moist climate, moist dwellings, etc. Kuehle is right, when he says: by extinguishing scrofulosis, we remove the bane of consumption.

B. K. W.

Many physicians of our school take in everything, coming from allopathic sources, as gospel truth, and still sneer at the psora-theory of Hahnemann, which is the very thing around which the battle still rages, and whose origin still remains unknown. Let all of such doubters read § 80 of the *Organon*, where our Master says: "Psora, (a rose by any other name is just as sweet) after complete infection of the entire organism, indicates its origin from an internal and monstrous chronic miasm, by a peculiar cutaneous eruption, sometimes consisting

merely in a few pimples combined with intolerable tickling, voluptuous itching (how this itching already differentiates scrofula [psora] from syphilis) and specific odor. Psora is the only real fundamental cause and source of countless forms of disease, as nervous delirium, hysteria, hypochondriasis, mania, melancholy, idiocy, madness, epilepsy and convulsions of all kinds, softening of bones (rachitis), scoliosis and kyphosis, caries, cancer, varices, pseudoplasms, gout, hemorrhoids, icterus and cyanosis, dropsy, amenorrhœa, hemorrhages, asthma and suppuration of the lungs; impotence and sterility; hemicrania; deafness; cataract and glaucoma; renal calculus; paralysis; deficiency of the special senses and pains of every variety." In § 77 we find the same causes named as aiding in bringing into view the former latent psora, as enumerated by allopathic authors as causing scrofulosis.

Considering that Hahnemann wrote the *Organon* sixty or seventy years ago, we will not be astonished at the jumbling together of so many different morbid states; and, still, by analysing them in the spirit of our progressive studies, we find every word proved by the light that recent investigations have thrown around it. No physician of any school considers now-a-days insanity a disease of the soul; of something what the human mind cannot grasp. To us insanity with its modalities is a brain-disease; some nerve-cells are out of order; and all alienists agree that insanity allows only a favorable prognosis during the first years of its existence. Might not that same psora, or scrofulosis (tuberculosis), be the cause of this obstinacy? for we find on one side many an insane dying from tuberculosis pulmonum, and on the other side miliary tubercles are often found in the brain in the autopsies of insane, if diligently looked for. How neurotic diseases interchange, is too well known, and their inveterate character, one of the opprobria of medical art. To suppress them by narcotica or bromides cannot be considered a cure, and we must look to our antipsorics for the eradication of a disease which, by heredity, faulty education and hygienic mismanagement, becomes a second nature of the patient. The same holds good of all the blood-diseases; a malnutrition and malassimilation, mentioned by

our Master; and if Hahnemann uses the words infection and miasma for psora, we must blame the time, when he wrote, for it; and a stricter individualisation of these expressions confines them now to narrower limits than formerly. Grauvogl improves already on them, when he defines it as a process of retention of matter which ought to be excreted; and Løwe and Deschere show us in this number that this retention takes place in the cell itself. Thus Psora, says Gastier, prevents the full action of all vital functions in all the organs and systems affected by it.

Even the mistaken idea of Hahnemann, to connect psora with scabies, may be pardoned, if we consider how the external and internal skin becomes affected by this specific, and still unknown virus. What He called psora, the French named "dartre," and the Scrofuladermata of the German writers are just the same under another name. Involuntarily we are drawn into the idea that there is something in us which tries to expel by the most natural ways the germs which destroy the harmony of our being; for we know too well the effects they produce when remaining lodged within us; and if a Hueter speaks of Monads, how near does it come to the idea, promulgated by Hahnemann, but only wrongly expressed? May we not be allowed to surmise that the father of Homœopathy did not mean expressly the *acarus scabiei* when he wrote about psora, but prophetically, as it were, foretold the very zymotic theory which now intrudes itself into every branch of medical art and science, and which finds such valiant defenders among the heroes of the allopathic school?

What Virchow calls a constitutional anomaly, predisposing to debility in some parts or regions, and thus less able to resist the attacks from an outside world; what Rindfleisch considers genuine tuberculosis, with its giant-cells (formerly considered a characteristic of carcinoma), is accepted as logical and true by many of our school, who pride themselves in deriding the psora-theory of Hahnemann. Let all those study and digest it in a true and honest spirit, and they will find it of at least equal value to the discoveries of our own days.

Dr. Lewi in his "*Homœopathische Klinik*, October, 1878," pub-

lishes extracts from Corvisart's "*Nouvelle Methode pour reconnoitre les maladies internes de la poitrine*, Paris, 1808, where this great physician raises his voice against the mere external treatment of scabies (gale) as well as of herpetic eruptions (dartres) and confirms what Hahnemann (also Autenrieth) taught about the danger of mere external treatment of itch as well as of other cutaneous diseases. Corvisart is right when he advises constitutional internal treatment combined with external treatment. In fact, there are now only a minority even in the allopathic school who consider cutaneous affections mere local diseases, as still taught by the Vienna school; most writers regard this outward state as an expression of an inward affection, hence no need neither for a specific virus nor for specific treatment; every constitutional anomaly must be treated with constitutional remedies, strictly individualizing every case in regard to hygienic measures, drug action and local mechanical application. Only thus can we hope, with a plentiful dose of tincture of time, to change this malnutrition into healthy nutrition and restore health in toto. S. L.

ARTICLE XXVI.—Causticum.

By DR. A. LOEBACHER, LEIPZIG.

Translated by A. Berghaus, M.D.

I. WHAT IS CAUSTICUM?

CHEMISTS agree in regard to this drug, that the Causticum of Hahnemann is a chemically indifferent matter, i. e. an article which cannot be demonstrated chemically, of a peculiar pungent smell and taste, in which by most chemists traces of ammonia and sulphuric acid have been discovered, but not in such quantities as to consider them indispensable ingredients of the preparation in regard to its action. Carbon, which Lappe had found in it, and to which he ascribes its chief action, has not been found in it by other chemists.

Based upon their experiments most chemists, among whom principally Griesselich, Rau in Giessen and other physicians, assert, that Hahnemann's *peculiar* caustic drug did not exist at all, and ascribed the action of it, which cannot be denied, to the Ammonia and Sulphuric acid, which most of them had found in this preparation, and even identified it with the Tinctura Kalina of the ancients, or even with Kali causticum. Segin even identified a preparation of his own, Tinctura Calc. caustic. with it. Starke thought he found the peculiarity of this new drug in the close combination of its organic ingredients with the Ammonia and probably with a minute part of anhydrous lime.

If we consider their objections to Hahnemann's Causticum we shall find them altogether untenable.

The fact, that it cannot as yet be demonstrated chemically as a peculiar substance, is no reason whatever to doubt its existence. It would prove at the utmost, that chemistry has not yet found a test for it, or previous to the discovery of spectral analysis, chemistry was not able to demonstrate the existence of quite a number of metals. Did not chemists consider quite a number of bodies as elements, which were afterwards proved to be compounds? Has chemistry succeeded in showing with certainty the active principles of the Gastein mineral water, which is so eminently medicinal? That similar circumstances prevail with Causticum is highly probable. For, even if it has not been chemically demonstrated, two recognized facts surely exist: the peculiar pungent lime-like smell in a liquid containing no lime, as well as the slightly burning puckery taste of the preparation. If we add to this some qualities mentioned by Piper, which cannot be demonstrated chemically, that the presence of Sulph. acid allows this phenomenon, perceptible by smell, of a free alkali, and that Sulph. acid can remain free instead of combining with the great amount of lime surrounding it, we are perfectly justified to admit the existence of a peculiar tincture of caustic matter, and with Goullon, sen., to believe it to be an *ens sui generis*, even if it be as yet a chemical problem. The exact evidence for it could, however, only be given by physiological proving of all the various drugs, identi-

fied with it, as has been recognized already by Griesselich. We are sorry to say that only one essay in this direction exists, namely, the proving by Dr. Koch in Stuttgart of Calc. caustic. prepared after Segin's method, which the latter identified with Causticum. This proving showed the fallacy of this theory, causing Trinks to give it a separate place in his *Materia Medica*.

The assertion of the chemist, Professor Ludwig, in Jena, who, instigated by Goullon, tried to prepare Hahnemann's Causticum, that it was nothing but caustic Ammonia, which assertion he based upon his chemical proofs, is disproved by the fact that neither Goullon nor any other chemist saw the coloring of litmus paper, which he claimed to have observed, nor the clouding of a solution of sublimate and a white foggy deposit by contact with a glass rod dipped into non-fuming nitric acid. This I have experienced by my own observation.

In short, no chemist has as yet succeeded to prove without doubt the non-existence of Hahnemann's Causticum, and as little as we are entitled to ascribe the highly medicinal properties of Gastein water to its minute ingredients of Silicea, Aurum or Arsenicum, so little are we justified to consider as active principles of Causticum the small particles of ammonia and sulph. acid, found in it by chemists. On the contrary, we are induced to consider it, as mentioned above, as an "*ens sui generis*," and we must hope that chemistry will be able, some future time, to shed light on its real nature.

We mention as a conclusive remark, that the active principle of Causticum is not very volatile, as it retains, according to Goullon's and my own experience, its medicinal power for years, when well kept.

II. PHYSIOLOGY OF THE DRUG.

A. *Provings.*

If we first consider the physiological provings of the drug, as we find them in Volume II, second edition of the *Materia Medica Pura*, in Volume IV of *Chronic Diseases*, Edition of

1830, and in Volume III of Chronic Diseases, Edition of 1837, we are sorry that we have neither the minutes, which certainly have been very concise, as Hahnemann used to question his Leipzig pupils afterwards about them, in order to enable them to revise them and to make sure that they had only used their own terms in writing them down, nor that we have the characteristics of each individual prover, in order to form our own opinion of the value of each single symptom, in order to make sure which symptoms have been observed in the healthy, and which in the sick. Although we are not inclined to doubt the value of symptoms observed after the use of the remedy in the sick, and although we are convinced that as accurate an observer as Hahnemann, has only those symptoms taken into the *Materia Medica Pura*, which he has recognized as being peculiar to the drug, it still remains a fault that we have to accept this *bona fide*, without being certain to which class they belong. We shall as much as possible try to sift them out.

At present we shall scrutinize the three provings in regard to the experimenters and the result obtained therefrom.

The first of them in Volume II, second edition of *Materia Medica Pura*, contains besides the contributions of Hahnemann, some of Franz, Hartmann, Langhammer and Stapf, and although the characteristics of the drug are discoverable in them, it is too fragmentary and even by Hahnemann pronounced to be too incomplete, in order to give us a sure guide in the selection of the remedy. Besides the historical value it is only of interest to us, as it shows us in comparing with the two other provings, what new symptoms have been added, and what old ones have been verified. Of much more importance is the second. Our most valuable and experienced provers have taken part in it, as Franz, Hartmann, Rummel, Hornburg, Langhammer, Becker and Herrmann, men of acute observation, sharp diagnosticians, whose statements demand at once full credibility. I might except probably Langhammer, whom his contemporaries describe as hypochondrical, moody and sexually

easily excitable, so much so, that we have to accept with caution his symptoms in the physical and sexual sphere. Besides we have to mention, that Hornburg sometimes liked spirits more, than was good for him, which might be of importance in weighing some of his symptoms. Of all the rest I am inclined to put Franz at the head of the list, who has immortalized himself in Homœopathy by his proving of Zincum, and who has proved himself to be an accurate and reliable observer. Those symptoms of this proving without initials are mostly either by Hahnemann himself, or by persons employed by him as provers, and we must therefore take them for granted on Hahnemann's responsibility. This proving comprises 1014 symptoms, four of which we have to deduct at once as clinical symptoms. It furnishes us with a pretty good picture of the sphere of action of this drug, although we cannot call it a complete one, on account of the relatively small number of provers.

In the proving in Volume III, *Chronic Diseases*, edition of 1837, we find in addition to the above named another prover under the cipher Ng. (Nenning). His proving was very successful, increasing the number of pathogenetic symptoms to 1505. We would be better pleased by this increase, augmenting our knowledge of this drug decidedly and verifying the symptoms of the other provers in many instances, if it was not for the rather mythic nature of the prover's person. Nobody has ever learned with certainty whether he was physician or layman. In addition, he has in proving of other so-called antipsoric remedies, produced as many rich lists of symptoms. This has excited from the beginning doubts in the minds of homœopathic physicians as to his reliability, and it will therefore be advisable to give full confidence to only those of his symptoms which correspond with those of other provers, or which are at least not out of the physiological sphere of action of the drug, which is already recognized as such.

If I shall make a comparison, I am inclined to call the first of these provings a well conceived sketch; the second a distinct characteristic picture, executed by masterhand, which makes a decided impression upon the spectator; while the third one

shows the effort to produce finer effects by adding some shades, without depriving the picture of its original clearness.

After these necessary preliminary remarks we proceed to the sifting of those symptoms observed in the healthy prover from those observed in the sick-room, in order to gain as much of a summary of what is useful for our therapeutical purposes. We use therefore as our basis the compilation given in Volume III, of *Chronic Diseases*, edition of 1837, which contains everything offered in the two former ones. It contains 1505, of which Langhammer has furnished 24, Franz 61, Hornburg 32, Hartmann 13, Nenning 288, Stapf 52, Rummel 84, Becker 6, Hermann 5, Hahnemann 941. Here we meet first the symptoms of the mind and emotion, which form the conclusion in the former editions, and which are 63 in number. Of them 38 are by Hahnemann and his anonymous provers, 5 by Langhammer, 4 by Rummel, 6 by Franz, 2 by Stapf, 3 by Hornburg, 1 by Becker, 5 by Nenning. We have to deduct 3 symptoms as observed to all probability on the sick-bed, and 51, 52, 53 and 54 as clinical observations. As regards the symptoms of Langhammer and Nenning, they have been verified by the other provers, and can be considered pathogenetic in opposition to symptoms only based upon certain individuality.

B. Character and Sphere of Action of the Drug.

If we look over the host of symptoms, arranged according to the various parts of the body, we find this rather impracticable. I therefore shall try to connect some of the groups apparently disconnected, by introducing them in single divisions.

At the first glance the prominent symptoms of depression, lameness, the diminished activity of the brain and spinal cord appear to us like a red tape permeating as characteristics through most of the symptoms, forming the basis of the majority of the pathological symptoms. The expressions of anxiety, fear, depression and apathy, which most of the provers noticed, can only be explained in the same way. Even the symptoms which indicate a certain exultation, like inclination

to quarrel and scold, stubborn cavilling, disposition to dispute, oversensitiveness and irritability, coincide with this character resulting from want of energy. The same holds good with other mental symptoms, like indisposition to mental work, slow flow of ideas, weak memory, thoughtlessness and absent-mindedness. The symptoms produced by this drug, like fullness in the head, giddiness bordering on stupor, feeling of intoxication and vertigo, with characteristic secondary symptoms, can be of the same origin. The pressing headache of various shades, the eye symptoms indicating weakness of eyes, and those in various organs and parts of the body appearing symptoms of lassitude, lameness, unsteadiness, trembling and vibrating feeling, heaviness and fatigue, belong to the same category.

At the same time, we find together with these symptoms of depression and lameness, a series of spasmodic phenomena, from the simple spasm, from the slight jerking to fully developed epileptic convulsions. Although these symptoms appear at the first glance antagonistic to each other, by close inspection their close affinity becomes apparent like the so-called alternative action, which is observed in the proving of the various drugs in one and the same person in the sphere of the nervous system. Considering the sudden change of nervous phenomena, the alternating of morbid affections from the motor to the sensory nerves, the so-called reflex symptoms; considering also, that according to the law of proportional oscillation, the various processes in the human organism can only go on undisturbed by observing a certain equilibrium, *i. e.* that reaction must follow the action and relaxation after contraction, and *vice versa*, and that a point of balance exists, like the point of rest in the pendulum; considering all this it appears that a drug action affecting the motor nerves in a relaxing manner, must naturally produce in its reaction in nervous persons, a contraction of the muscular fibres, which may even be increased to spasms. We have a striking example in the opium which produces as well the greatest depression as the highest exaltation, relaxation and spasm.

A second group, which is apparently contradictory to the character of the drug as pointed out above, are the symptoms

of congestion. These, however, show a more or less passive character, and have their origin in a decidedly diminished influence of the motor nerves over the muscular tissues of the blood-vessels, which is produced by dilatation of the vessels in all congestions.

This characteristic of depression classifies Causticum as a decidedly functional remedy. The symptom: "Aggravation in the open air" would, according to Grauvogl, give the drug its place as a remedy for hydrogenoid constitutions, although the characteristic symptom of this constitution is wanting, namely, symptoms appearing at regular periods. After this attempt to settle the character of the drug, we shall now try to fix its sphere of action, which comprises the following varieties:

1. Its action on the motor nerves shows itself *a)* In symptoms of lameness. *b)* In spasms.
2. On the vascular system in certain forms of congestion.
3. Its action on the epidermis. *a)* Itching without eruption. *b)* Redness of skin like scarlatina. *c)* Nodules. *d)* Vesicles. *e)* Pimples.
4. Its action on the mucous membrane in the form of *a)* Nasal. *b)* Pharyngeal. *c)* Laryngeal. *d)* Bronchial catarrh. *e)* Affections of the mucosa of the mouth and stomach.
5. On tendons and bones in the form of symptoms resembling gout and rheumatism.

Besides these its sphere comprises some minor groups, which are of rather secondary importance.

From this schedule we learn that principally the cerebellum, and the nerves originating from it and the medulla oblongata, in their motor fibres are affected by the drug. In second order we have the superior spinal nerves, and thirdly, the sympathetic nerves. On account of the numerous connections of these nerves with each other, the part which each nerve takes in the production of the various symptoms cannot be fixed with any certainty. As proof of that, the cerebellum is the central point of the sphere of action of Causticum; we have the characteristic symptom, *vertigo*, which is prominent with all provers. A certain

unsteadiness is also noticed in the action of the motor nerves, originating in the cerebellum and in the medulla oblongata; namely, in the oculo-motor, trochlear, supraorbital, subcutaneous, the superior branch of the inferior maxillary nerve, in the external and internal laryngeal, and in the cardiac nerve, in the plexus pulmonalis, and in the pneumogastric nerve, as shown by the symptoms: 91, 97, 99, 105, 111, 116-19, 162, 168-72, 223-4, 226-30, 231-2, 245, 259, 360-61, 520-21, 530-2, 558-72, 590, 610-11, 617, 643, 703, 722-29, 733-34, 846, 888, 890-94, 896-910, 934-35, 945-48. Then we have symptoms in the neck, throat, upper extremities and thorax, which are supplied by the superior spinal nerves. Furthermore we have the symptoms of the lower extremities, which point to the motor nerves, originating in the plexus ischiadicus. The congestions belong to the sphere of the sympathetic nerve. The eruptive symptoms produced by Causticum are, to all probability, based upon capillary congestion, occasioned by diminished influence of the final branches or loops of the vasomotor nerves. The part taken by the nerves in eruptions we notice in the nervous itching in hysterical women; in herpes, after severe emotions in certain persons; in zoster, and in the imaginary itching in persons who have come in contact with people affected with the itch. All that is said about the skin is equally true of the mucous membranes, which are extensively affected by Causticum. Symptoms of congestion and irritation alternate, though the character of congestion seems to be more prominent.

At the same time we have a series of symptoms, the origin of which can neither directly nor indirectly be deduced from those nerve centres, like the bone and tendon symptoms in the fifth group, as well as several others. We shall, however, take occasion to point out the participation of the various nerves in the clinical part of this essay.

C. Differential Diagnosis of the Drug.

We cannot here compare all the proved drugs; only those will be taken into consideration whose general character has some relation to Causticum, and whose symptoms have been

also verified by clinical experience. This task is facilitated by the use of Dr. H. Gross's Comparative materia medica, the fruit of German assiduity, which publishers in Germany refused, but which was translated into English by one of our best therapeutists, Constantine Hering, who had it printed, with valuable additions and remarks. Based upon this work, we let follow the comparison with *Ars.*, *Calc. carb.*, *Clematis*, *Graphit.*, *Kali carb.*, *Lachesis*, *Phosphor.*, *Pulsatilla*, *Rhus tox.*, *Sepia* and *Sulphur*.

CAUSTICUM.

Above on the right, below on the left side.

Ailments particularly in external parts.

Itching increased or relieved by scratching.

Discharge of abscess insufficient.

In fistulous or gangrenous affections hammering or burning pain, watery discharge.

Pulse often unchanged, quicker evenings, slower in the morning, agitation of the blood.

First chill, then perspiration.

Chill relieved in bed and when drinking.

Perspiration increased in the open air by exercise and walking.

Decided absence of thirst.

Paralysis particularly of the flexors. Painful, sometimes bilateral.

Taciturn. Mistrust, pride, absent-mindedness, imaginations, depression of spirits.

Sensitiveness in internal parts.

Vertigo with tendency to fall forward or sideways.

Eruption in the eyebrows.

Perpendicular hemiopia.

Thirst easily satisfied; thirst with aversion to drink.

ARSENICUM.

Above on the left, below on the right side.

Ailments in internal parts.

Itching increased by scratching.

Discharge too copious.

Pulse quick, small, weak, intermittent, quicker mornings, slower evenings.

First heat, then perspiration.

Chill increased by drinking and in bed.

Perspiration diminished in the open air and by motion.

Chill the least during chill, most in perspiring; besides before and during the fever, between heat and perspiration.

Paralysis particularly of the extensors.

Want of reservedness; malice, irritability, delirium, dullness, imbecility and insanity.

Insensibility in internal parts.

Vertigo with tendency to fall backward or sideways.

Eruption around the eyes.

Horizontal hemiopia.

Insatiable thirst; inclination to drink without thirst.

CAUSTICUM.

Urination frequent but scanty.

Sexual appetite decreased.

Menses too late and scanty. Only during the day, ceasing at night.

Cough very often dry.

Expectoration loose from evening to morning, rarely in daytime; is mostly swallowed down.

Complains about the forearm and the dorsum of the foot.

Warts on the points of the fingers.

Aggravation evenings, during the night and morning and at new moon.

Amelioration during the day.

Better from drinking of cold water, in the open air, from running and exercise, in some cases worse from exercise.

Rather better, then worse from eating bread.

Worse from warm food and from hunger.

Worse from standing and squatting down.

Worse by light; better in the dark.

Ailments from Asafoetida, Euphrasia or Colocynth.

Burning in forehead, eyes, eyelids, anus, urethra, penis and chest.

Beating in the head, behind the ears, in teeth and scrobiculum cordis.

Weakness and *trembling* in all the limbs, sensation of internal trembling.

ARSENICUM.

Scanty urine in diarrhoea or copious during the cold stage of fever.

Sexual appetite increased.

Menses too early and too copious.

Cough very frequent with expectoration.

Expectoration only during the day.

Complains of the lower part of arm and the sole of the foot.

Vesicles containing blood on the points of the fingers; festers under the finger-nails.

Aggravation coming *after midnight* and mornings.

Amelioration during the day and before midnight.

Worse from drinking of cold water, generally also in the open cold air, from running and exercise.

Worse from eating bread.

Better from warm food.

Better from standing and squatting down.

Worse by light or in the dark.

Ailments from Veratrum, Strychnia, Ipecac, Lachesis, Carbo veg., Graphit., Phosph., Digitalis, Iodine or contagious Anthrax.

Burning in all parts of the body; feeling of an internal all-consuming fire; *burning gnawing* pain.

Beating pains.

Trembling of the extremities. *Trembling* all over the body.

CAUSTICUM.

Faint-like sinking of strength.

Spasms of the muscles in various parts of the body; jactitation of the extremities.

Laming and trembling weakness of all the extremities.

Unsteadiness of the limbs like in intoxication. Tingling in arms and legs like asleep. Numbness and coldness of all soft parts of the entire left side of the body, also in the foot and head, as if all the blood had left the skin. Great weakness and heaviness in the arms and hands. Numbness of the hands with tingling, dullness and anæsthesia and dead feeling of the finger with feeling of tightness in them.

Stiffening of the arm in lifting it above the head, letting it remain awhile in that position, with pain in the corresponding side of the chest like of shortening of the muscles.

Feeling of numbness in the muscles in the back of the head. Heaviness of the eyelids, lame pain in the shoulder-joint, in the forearm, in the ulna and in the hand. Want of strength, almost paralysis of the right arm with feeling of stiffness, especially in writing.

ARSENICUM.

Anxious weakness and *fainting*, inclination to *faint*. Often and frequent deep *fainting fits*, sometimes with vertigo and swelling of the face.

Picking the air and subsultus tendinum. Spasmodic shuddering of the whole body. Slight spasms of the muscles. Jactitation over the whole body. Uninterrupted spasmodic moving of the hands and the whole body.

Numbness and dead feeling in the extremities.

Dull pain in the costal left side of the body. Anæsthesia. Severe crawling sensation in the hands, particularly at night. Numbness of the ends of the fingers with peculiar jerking sensation. Crawling in the legs like the feeling of being asleep. Dull pains in the right foot, which, when sitting, can only be lifted by the aid of the hands.

Lameness of the voluntary and involuntary muscles and of the whole spinal cord. Lameness of the extremities. Stiffness of the tongue.

Extraordinary weakness and lameness of the extremities. Pain and heaviness of the limbs leading to paralysis. Laming weakness of arms and hands. Heaviness of the right hand, leading to lameness. Lameness of lower extremities with loss of sensitiveness, sometimes with vomiting. Lameness of legs, hardly enabling to walk. Lameness in both knees.

In spite of a certain similarity of character this comparison shows a number of differential points, which will enable us to select the corresponding remedy. If we look a little closer at the symptoms of Arsenious acid, we will find, that it has in common with Causticum the depression and lameness, but whereas Causticum prominently affects the motor nerves, originating in the medulla oblongata and the cerebellum, in Arsenicum the effect is above all in the spinal cord, and in the ganglia and their branches, manifesting itself in organic changes, great prostration, general collapsus, disorganization of matter, cessation of organic continuity, tendency to destruction and organic death, disturbance of nutrition and stoppage of proliferation of cells. This difference between the two drugs, given here in a general sketch, can be easily proved by their comparison.

Considering the symptoms of the skin, we perceive the greater intensity of disturbed nutrition produced by Arsenicum. While Causticum is only able to produce some superficial eruptions without destruction of deeper seated tissues: like nodules, single blisters, pimples like varicellæ, red, burning, painful spots, etc., and while only once ulcer and abscess are mentioned, we find under Arsenicum almost all forms of eruptions represented. We find a skin, diseased in its totality, designated by the symptoms: "Dry, parchment-like skin; cold, livid skin;" desquamation of the whole skin of the body, sometimes with exception of the head; discoloration and swelling of the whole body; eruptions over the whole body, especially in the head, face and neck; the epidermis is raised in large blisters with severe pain like fire or needles; ecchymosis and petechiæ over the whole body. We find: Lichen, psoriasis, papulæ, red scorbutic eruption; erysipelas pustulosum and bullosum; black burning pustules on the skin; corrosive ulcers in the scalp; ugly, bad smelling ulcers secreting little pus, but great quantities of bloody matter, with elevated edges, with biting burning pains in and around them; cancerous ulcers; discoloration of the nails; falling out of the hair and nails; dropsical swelling of the skin. Taking all this into consideration, we find a deep-seated disturbance of nutrition showing a septic alteration of the blood, which nowhere exists in Causticum.

A prominent symptom common to either is the *burning* pain, but in *Arsenicum* it is much more intense, as we find here: "Burning in *all* parts of the body;" "feeling of an internal, all-consuming fire;" "burning, eating pains." While we have only in *Causticum*: "Burning in forehead, eyes, eyelids, anus, urethra, penis and chest," without mentioning that the pain is insupportable. We know also that severe burning pain accompanies all serious degenerations, proliferations and ailments caused by degeneration of the blood for instance in *Carcinoma*, *Fungus* and *Cholera*.

CAUSTICUM.	CALCANHA.	CLAMATIS.	KALI CARBON.
Above right, below left.		Right side.	
Allments predominant in external parts.	Allments in internal parts.		In internal parts cracking, creptating.
Dark hair, skin and muscles tense.	Light hair, skin and muscles relaxed.	Light hair, skin and muscles relaxed.	Dark hair, tense muscles.
Itching increased or diminished by scratching.		Itching unchanged by scratching.	Itching diminished by scratching.
Secretion of ulcers too scanty. In fistulous or gangrenous ulcers beating or burning pain, watery secretions.			Ulcers secrete freely.
Pulse often unchanged, quicker evenings, slower mornings. Agitation of the blood.	Pulse full and accelerated, often trembling.	Pulse agitated with beating in the blood-vessels.	Pulse varying; often quicker mornings slower evenings, rarely the reverse; often unsteady, irregular and trembling; often slow and soft, often quick and hard.
First chill, then perspiration.			
Chill diminished in bed and by drinking.	Chill increased in bed.	Chill increased in a warm room.	
Perspiration increased in the open air by exercise and walking.	Perspiration decreased in the open air.		Perspiration increased in the open air.
Predominating want of thirst.	Thirst during fever.	Thirst.	Thirst predominating, except during the chill.
If during fever thirst exist, a small quantity of water will easily satisfy it.	Thirst increased by drinking of cold water.		
Paralysis particularly of the flexors. Painful, often bilateral.		Paralysis not yet observed.	Paralysis, no apoplexis.
Hæmorrhage dark.	Hæmorrhage light colored.		

CAUSTICUM.	CALCARA.	CLEMATIS.	KALI CARBON.
Lying on one side during sleep.			
Anxious dreams.			
Taciturn, mistrusting, pride, absent mindedness, imaginations, depression of spirits.	Safety or depression, amorosity, imbecility more frequent than insanity.	Excitability, depression of spirits, homesickness.	Absent mindedness low spirits, grief about the condition of health.
Ailments from fright, vexation, grief or love-sickness.	Ailments from vexation with fear or fright.	Ailments after homesickness or depression. Difficult thinking.	Ailments after bad news and from suppressed anger.
Vertigo with tendency to fall forward or sideways.	Vertigo with tendency to fall backward or sideways.		
Emaciation of feet.	Emaciation of face.		
Long-sightedness.			
Eruption in the eyebrows.			
Ailments of the external nose more frequent than the internal.	The reverse.		
Perpendicular hemiplegia.			
Ailments predominating in the lower jaw, lower teeth and lower chest.	Ailments predominating in upper jaw, upper teeth and upper chest.		
Thirst easily satisfied; thirst with disinclination to drink.			
Sour vomiting of food.	Watery vomiting.		
Urine frequent, but scanty.	Urine too often.		
Sexual desire diminished.	Sexual desire increased.		
Menses too late and scanty. Only in daytime, stopping nights.	Menses too early and often too profuse. Day and night.	Menses too early.	
Acrid leucorrhœa.	Bland leucorrhœa.		
Watery nasal discharge.	Thick nasal discharge often of bad odor.		
Cough, frequently dry.			
Expectoration loose from evening till morning, rarely in day time; mostly swallowed.	Expectoration, especially morning, and in day time.	Expectoration very rare.	Expectoration is swallowed down.
Complaints about the forearm and dorsum of the foot.		Complaints about the sole of the foot.	
Warts on the ends of the fingers.			
Pain in chest, when bending the arms backward.	Pain in back, when bending the arms backward.		
Aggravation evenings, during the night and morning, and at new moon.	Aggravation after midnight and morning, also at full moon.	Aggravation nights and mornings.	

CAUSTICUM.

Amelioration in day time.

Better from drinking of cold water, in the open air, running and exercise, in some cases worse from bodily exertion.

More frequently better, then worse from eating bread.

Worse from warm food or drink.

From hunger.

Worse when standing or squatting.

Worse by light, better in the dark.

Complaints from Asa foet., Euphrasia or Colocynth.

CALCAREA.

Amelioration before midnight.

Worse from exertion.

Worse after a large meal.

Burning in the palms and soles of the feet, twitching, stinging and numbness in the arms, severe in point of great toe. Burning itching of the skin.

Beating and *hammering*, forehead, brains, ears.

Trembling of the body especially in the open air.

Attacks of fainting with darkness before the eyes, or with chilliness and indistinct vision, or large drops of perspiration in face.

Twitching of muscles in various parts of the body; twitching in all the limbs.

CLEMATIS.

Amelioration during the day and evening.

Worse from the warmth of the bed, though sometimes better in bed. Better when opening or closing the eyes. Worse from washing or moistening the affected parts.

Worse from eating bread.

Better or worse after stool.

Complaints after the excessive use of Mercury.

Clematis does not have the feeling of numbness in the affected parts, peculiar to Causticum.

KALI CARBON.

Amelioration during the day and before midnight.

Worse from exertion, walking fast, etc., while taking a long breath and after stool. Better or worse from warmth of the bed. Worse when opening or closing the eyes.

Better or worse from touch.

Burning (eyes, nose, face, lips, tongue, fauces, stomach, abdomen, anus, genitals, chest) severe partly *burning* itching over whole body,

Beating in various parts of the body. *Beating* of the pulse through the whole body down to the ends of the toes.

Trembling and convulsions of the limbs. Severe trembling fatigue after walking, first in legs, then trembling in abdominal muscles arms and hands.

Attacks of fainting with the slightest motion. Faint feeling every morning like real *fainting*.

Twitching in all the limbs. Continuous *twitching* in the muscles.

CAUSTICUM.

Lame and trembling weakness of all limbs.

Unsteadiness of the limbs like in drunkenness. Tingling like being asleep of both arms and legs. Numbness and coldness of all soft parts on the whole left side, also in the foot and head, as if the skin was bloodless. Great weakness and heaviness in arms and hands, with tingling, numbness and anaesthesia of fingers. Benumbing of the arm when raising it above the head and holding it in that position for some time, with pain in the corresponding side of the chest like from shortening of the muscles.

CAUSTICUM.

Above on the right, below on the left.

Complaints, particularly in external parts.

Dark hair, skin and muscles tense.

Pulse often unchanged, quicker evenings, slower mornings.

Perspiration increased in the open air by exercise and walking.

Prevalent want of thirst.

Paralysis, particularly of the flexors. Painful, often bilateral.

CALCARFA.

OLEMATIS.

KALI CARBON.

Tension and pressing drawing in the shoulder with *feeling of lameness* in the arm. Lame tension and drawing in the arm from the shoulder down to the lower part of the arm, with tendency to going to sleep of the same.

Going to sleep and numbness of both arms with sensation of internal pressure and anaesthesia of the hands for half an hour, in cold air or after violent motion, even mornings in bed. Numbness and anaesthesia of the thumb for several weeks. Tingling of the ends of the fingers, mostly mornings in bed. Numbness and tendency to going to sleep in the whole right lower extremity.

LACHESIS.

Above on the left, below on the right.

In internal parts.

Light hair, muscles flabby.

Pulse changed in regard to strength and quality; in general small, weak, accelerated and irregular, sometimes intermitting and trembling.

Perspiration diminishing by eating, increased by getting out of bed.

No thirst during, but after the chill, during the fever stage not constantly.

Paralysis generally only one-sided.

CAUSTICUM.

Lying on one side during sleep.
Anxious dreams.

Taciturnity. Mistrust, pride, absent-mindedness, imaginations, depression.

Complaints from fright, vexation, or unsuccessful love.

Far-sightedness.

Complaints, more frequently of the external nose, than of the internal.

Urination frequent, but scanty.

Sexual desire diminished.

Menses too late and scanty. Only in day-time, discontinuing during the night.

Expectoration loose, from evening until morning, rarely in day-time; is mostly swallowed.

Worse in the evening, during the night and in the morning during new moon.

Better in day-time.

Better from drinking cold water, in the open air, from running and bodily exercise, in some cases worse from bodily exercise.

Worse when standing or squatting.

Burning, forehead, eyes, eyelids, anus, urethra, penis, chest.

Beating, head, behind the ears, teeth, scrobiculum cordis.

Weakness and trembling in all limbs; sensation of internal trembling.

LACHESIS.

Lying on the back during sleep.
Pleasant Dreams.

Cheerful mind. Loquacity, exultation, amorousness.

Complaints from fright or jealousy.

Near-sightedness.

Complaints of the internal nose.

Urination too frequent.

Sexual desire increased.

Menses too short—at the same time too soon or too late.

Expectoration not frequent. In the morning and during the day loose, and in some cases it is swallowed.

Worse from noon until midnight.

Better from midnight until noon, with exception of waking in the morning.

Worse before a thunder-storm, from exposure to hot sun. Better from inspiration. *Worse* or better after sleep. When eating and swallowing sometimes better than worse. Better or worse after a meal, after drinking or after liquor.

Worse when lying on the painful side, better when lying on the good side.

With Lachesis there is, contrary to Causticum, tenderness of the affected parts when touched.

Burning, head, face, eyes, lips, mouth, neck, stomach, anus, urethra, chest and back.

Beating, hammering, pulsating head, neck, anus, chest.

Trembling sensation through the whole body, like from anxiety without real anxiety. *Trembling* of

CAUSTICUM.

Faint-like sinking of strength.

Twitching of muscles in various parts of the body ; twitching in the limbs.

LACHESIS.

the body, like from weariness. Trembling during fever, from pain in the dorsum of the foot. *Trembling* of all limbs during the whole evening, then internal trembling, fever and faint-like sensation.

Faint feeling, cramp-like feeling while waiting for a meal. At breakfast short fainting fit, with nausea and vertigo. Vanishing of sight for two or three minutes during frequent sensations as from a renewal of the attack. Faint feeling from aching in the stomach.

Twitching of the left hand in the afternoon during sitting. Twitching in hands and feet. Sudden shuddering of the whole body, starting from below during sitting.

Although a clear and distinct picture of the drug Lachesis, akin to Causticum, cannot be observed from the mixture of symptoms taken from the sick and the healthy and from clinical observations, which we find in the proving published by Hering, it shows us a number of comparative and differential points. We find that Lachesis is nearer related to Arsenicum than to Causticum, and that it occupies among the animal poisons the same position which Arsenicum holds among the minerals: affections of the spinal cord and ganglionic system, sudden organic degeneration, intense action on the vital fluids. In Lachesis however the *burning* is not so characteristic, the convulsive phenomena exceed evidently the paralytic ones; the latter are like in Causticum, prominently left-sided. In Causticum we have the paralytic condition of the muscles of the larynx, while Lachesis has them in the muscles of the pharynx and palate. A chief difference is evinced in the mental symptoms; while Causticum gives us a distinct picture of the hypochondriac, Lachesis is the prototype of the sanguineous temperament.

[To be continued.]

Reviews and Bibliographical Notices.

The Laws of Therapeutics, by Joseph Kidd, M.D., London, 1878.

The Science of Therapeutics in Outline, by J. P. Dake, M.D., Nashville, 1878.

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The Genesis of the Homœopathic Healing Art, by S. Hahnemann, translated by A. Lippe, M.D., 1878.

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On Sterility, by E. M. Hale, M.D., Chicago, 1878.

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Uterine and Vaginal Diseases, by W. Eggert, M.D., Indianapolis, 1878.

Homœopathic Therapeutics, by S. Lilienthal, M.D., New York, 1878.

1878. In toto a peaceful year; no great wars, no great upheavals politically or in the sectarian world; everywhere the tendency to settle disputes amicably, only in our ranks the battle waxed hotter; two camps stand in fierce battle array opposed to each other, and those who try to settle the vexed questions run danger to be crushed from the fiery contestants. Still we may be allowed to ask whether there is any need of such a sectarian spirit or even of threatened ostracism; we rather believe that there is great need for harmonious action, and finally truth will prevail in spite of all factious spirits.

In all the works and pamphlets just cited, the axiom of "Similia similibus curantur" is fully acknowledged, and to those of other schools, who still, from mere inward cussedness, as friend Jones would say, deny its applicability to most ailments of this frail human body, we would say in the words of one of their oldest and best writers, Stahl: "It is foolish to make that a matter of discussion which any one may decide by experiments"—only "mach's nach, aber mach's recht nach," which means, in plain U. S. language: Be sure you are right and then go ahead. This same remark of Stahl, so beautifully amended by Hahnemann, needs also the consideration of many of our own school, and let us also remember that consistency and obstinacy are just as different as liberty and licentiousness. Let us be consistent in finding out truth, and let us acknowledge freely and frankly our errors. Let us hold fast to freedom of thought and liberty of action, but let our thoughts and our deeds never degenerate into licentiousness.

Homœopathy is the only law of therapeutics; Homœopathy, pure and simple, the only reliable guide in healing the sick, is the battle-cry of a powerful array of talented men in our ranks. We are the *healers*, and he who does not follow us thoroughly ought to be cast out; let him take up the name of *Eclectic*, and let them not any longer disgrace Homœopathy, the Master and his work.

Joseph Kidd, M.D., a good authority in Old England on everything appertaining to medical art and science, objects to being cast off so unceremoniously. He fully endorses Hahnemann's sober law of similars, as founded in nature; he has done good work for Homœopathy, but this does not make him a sectarian, and he practices whatever he believes right and true. Our own Dake also acknowledges other laws of therapeutics besides those based on drug action, and divides these laws into pathogenetic and physiological therapeutics.

But, says the strictly orthodox Hahnemanian: your physiological division, its chemical, mechanical and hygienic department is outside of therapeutics; we also use antidotes, and disinfectants, and Listering, surgery and Kinesis, climatology and ventilation are common property. We acknowledge that prevention of disease is of more importance *pro bono publico*, than the healing of solitary patients; but such and any healing can only be done by strictly obeying the principles as given in Hahnemann's immortal *Organon*.

The question is thus narrowed down to Dake's pathogenetic therapeutics, to the understanding what is meant by Homœopathy, and whether palliative (allopathic) treatment can ever be admissible in the practice of any physician, who claims to belong to the Homœopathic school.

"Be strict to yourself, but gentle and forgiving to your brother—let him who is without guilt, and who never lost a patient by carelessness or by obstinacy—let him throw the first stone upon his erring brother."

In regard to all palliative treatment it can only be said in excuse (and who excuses also accuses himself), that its abuse ought not to debar any one from using it in exceptional cases, and being exceptional, we ought to try to the best of our abilities to remain within the homœopathic law. This question must be forever left to the judgment of each individual physician. Not every one who honestly practices homœopathy, has this ever increasing *materia medica* at his fingers' ends, and it may well be said that of him to whom much is given, much can be required; but those who possess less must also bring relief, temporary, perhaps, but relief is experienced, and it ought not be considered a wrong, what even a fallacious experience has shown in so many cases that it has aided in restoring health.

Leaving thus palliative Eclecticism to the judgment of each individual practitioner, we come now to the real question: "What is Homœopathy?"

Hahnemanians have only one reply: "*Study the Organon*." The *Organon* with all its just vituperations on the antiquated pathology of the last century, and with all its dreamy speculations, is their only shibboleth. The labors of a Beale, of a Tyndall, or Drysdale, are to them of no value; they consider mere speculative theories the experimental researches of a Leyden and Charcot, the germ theory is all moonshine; they are satisfied to be the healers, but they fail in advancing one iota the science of physiological and therefore also of pathogenetic medicine. They are exclusive—wish to remain exclusive—a sect outside of the general medical brotherhood.

Though a majority of physicians believing in the great law of Hahnemann, belong to the other party, still the blame of disunion rests as much also on their shoulders. We acknowledge with pleasure the assertions of a Hughes, that the likeness must be specific and not generic, that only the totality of symptoms indicates the remedy, but in their teachings they become rather generic, and in looking over the works of Jousset, Hughes, Ludlam, Hale and others, that strict indi-

vidualization is missing, which is just the beauty of Homœopathic practice. No wonder that a Ludlam says, when reviewing Lillenthal's therapeutics, that "the indications given under the head of leucorrhœa, are many of them of no more practical use than are half of those which are arranged for intermittent fever," and Jousset will coincide, for in his *Clinique Medicale* we see him constantly flying to the much abused Quinine. No wonder that *Eggert's Uterine and Vaginal Diseases*, just as it was said of *Hering's Analytical Therapeutics*, remains a terra incognita; it is too much labor, and it is so much easier to use palliatives and mechanical treatment. No wonder that Kidd "casts aside in toto the globules as untrustworthy and unjust to the sick, whose diseases remain stationary under treatment by globules, but were most quickly and effectually cured by tangible doses of the same medicines which failed to cure when given in infinitesimal doses." No wonder when Sherman thunders against the high potencies, and fallaciously clings to the idea that a perfectly healthy body is as sensitive to the action of a drug than when that equilibrium needs only a mild regulator to become itself again.

We would request all those physicians who decry the high dilutions, to remember the words of the allopath Stahl, that it is foolish to make that a matter of discussion which any one may decide by experiment—but such experiments must be made religiously, the simillimum carefully sought for, and failures are, with those whose heart is in it, an exception. We might well say to even a Dr. Kidd, that he never fully tried to select the simillimum, that he felt satisfied with palliative treatment, and hence the necessity of giving material doses.

We will not delve in the dispute between high and low dilutions, but we cannot shut our eyes to the fact that those physicians who believe in and apply material doses, are also prone to take refuge in palliative treatment. It is their misfortune that they fail to apply in therapeutics the very strict differentiation which is so much now in vogue in pathological studies, a result of which our century may well be proud. Just as Klebs said of Virchow: we revere our great teacher, but we cannot adopt at this late day his cellular physiology and pathology; so also we may say, without being considered out of the pale of Homœopathy: we revere our Master, but we cannot adopt at this late day all the theories advanced fifty years ago. Hahnemann may well be satisfied with the practical results gained by the resuscitation of the law of similars, and it is our duty to render its applicability more easy. Many physicians, for their own personal benefit, found it necessary to prepare repertories. Thus arose the British cypher-repertory, which friend Heyward kindly sent to us, and I trust our British colleagues will make frequent use of it. (The names alone of the different remedies which may be indicated, fill, in double columns, six pages); thus Eggert and Lillenthal, in America, and Ber-ridge, in England, tried to prepare the way of finding more easily the indicated remedy; and the rapid sale of such works shows that it is a step in the right direction.

Passing into review again the works mentioned at the head of this article, we must confess that we would not know how to get along without Hughes' Pharmacodynamics and Therapeutics. They are just the works for the young student, initiating him into the mysteries of Homœopathy, without frightening him off by its immensity. The same may be said of Jousset and Espanet, and either works will also be of benefit to the seeker after truth, who graduated from other schools, and who has to eradicate the prejudices taught him by arrogant lecturers of the

dominant and domineering school. As the student advances higher, Burt's characteristics, Horney's, Hering's and Lippe's Condensed Materia Medica's come well into play, and most cases can be treated and are treated understandingly with the use of these works.

Alas! a good many physicians rest here without going any further, and thus the simillimum is never reached by them. Their patients get well, though palliatives may be used once in a while. If Jahr's Symptom-codex was already too much for them, how they fear Allen's ten volumes! As the goal has been reached by a few, why should it be impossible to the many? And even if all diseases can be cured by strict application of the law of similars, we would feel ashamed to be nothing more than a healer; the duties of a physician are higher and more honorable; we must not only prevent and cure diseases, we must teach the people how to live, in order to remain hale and hearty; we must inculcate into the masses the principles of physiological as well as of psychological morality, and thus only can we show ourselves worthy of the most extended liberties. Many a thing may yet be hard to explain, perhaps mysterious, but our age is progressive, let us condemn nothing, though we may not understand its working; no restraint to thought, and thus gradually the light will shine brighter unto us all, and strife and bickering banished forever from our midst.

S. L.

The Guiding Symptoms of our Materia Medica, by C. Hering, M.D., Vol. I., Philadelphia. The American Homoeopathic Publishing Society, 1879. Even the M.D. was unnecessary. C. Hg. has such a good ring, that nothing could be added, which could increase our admiration for every line, coming from this Veteran of Homoeopathy. Numerous titles, such as we find appended to the names of authors of diverse works, may not only be considered bubbles, but they are so in reality, and their omission shows the good taste of an author.

"GUIDING SYMPTOMS, *cured symptoms*, hints characteristic of the drug, and therefore of great importance in the selection of a remedy, and after its beneficial action in a certain case is proved, it becomes a *verification*, and thus entitled to admission. (Preface)"—and we may add, entitled to the confidence of the seeker after the simillimum.

As Allen in his glorious ten volumes of *Materia Medica* gives us strictly only the symptoms, as experienced by provers, and conscientiously excluded every cured symptom, we opened our first volume (may the others follow in quick succession, Amen! Amen!! Selah!!!) and struck Anacardium.

Now for the tug of war, Allen on one side, Hering on the other, let us compare:

The arrangement in Hering is a great improvement, as thus every symptom stands on his own legs and strikes thus the beholder more easily. We also prefer the mode in which the headings are printed in different type. Looking then at the symptoms of the mind, as given by Allen, we find in *outline* all the pathological states given, which Hering found verified by the affidavits of many practitioners. Another benefit for the busy physician arises in the use of the Guiding Symptoms, that he finds also these mental symptoms of reflex origin, hints of the utmost value in looking for the remedy. The pressive constricting headache, relieved by rest, sleep and food, shows that we do not deal here with a genuine plethora, but with a weakened state of the vasomotors as well as of the other nerves,

a state of depression on one side with sensory hyperæsthesia on the other side. If Allen says under "stool and anus," tenesmus, he cannot expel anything, the rectum seems to be plugged up. Hering explains it, in as much as the rectum seems powerless, there is inactivity of the rectum, and hence even a soft stool is passed with difficulty (may not these symptoms be caused by a paresis of the internal sphincter)? etc., etc.

Apis mel. must be a great favorite with C. Hg., for he devotes seventy immortal pages to it whereas Allen gives us only twenty-two, but closely printed pages. Here again I must repeatedly assert, that just these pathological hints, so despised by the Orthodox leaders on account of their apparent misleading tendencies, will be the very thing looked for by the busy practitioner.

When Allen gives us "complete loss of consciousness, perfect insensibility with vomiting, desire for rest and sleep, slow beat of the heart, scarcely perceptible radial pulse," we see well enough hints for its application in typhoid states; but when Hering verifies the hint and enlarges the symptom to its full meaning, we certainly prescribe the remedy with a greater hope of success.

EXPLURIBUS UNUM. Hering and Allen form a harmonious whole, and we may hail with gladness both works as the proof, that Homœopathy may claim America as its chief seat of learning. Here, in this free country, Homœopathy will yet be acknowledged as the only science of drug-therapeutics, and when our success is achieved, let us gratefully remember the men through whose exertions such a success was gained.

Constantine Hering was born January 1st, 1800. 1879 he publishes this first volume of the Guiding Symptoms, and nine volumes will follow in quick succession. Drones in our profession, will not such an example wake you up from your laziness and urge you on to do also your share to benefit humanity? Not every one can be a Hering, but every one can contribute his mite, and though you are blessed in receiving such gifts from this treasury, still do not forget, that an ancient book teaches us: it is more blessed to give than to receive.

The Guiding Symptoms is the first volume ever published by the American Homœopathic Publishing Society, and the press-work does them honor. It is printed on heavy paper, the types clear and large enough for weak eyes, and leaves very little to be desired.

S. L.

Diseases of Infants and Children, with their Homœopathic Treatment, by T. C. Duncan, M.D., Chicago.—Germany issues now an Encyclopædia in six large volumes on the diseases of infants and children, and their best writers feel honored to contribute to such an undertaking. Why cannot the same spirit pervade our physicians? Our good friend Duncan requests such contributions, and how few have responded to his kind invitations. If therefore the book is not all that he would have wished, still this Easy-chair finds enough to praise, and to recommend it. We feel glad that Duncan gives such prominence to physiological therapeutics, a branch too much neglected in many otherwise fair text-book. How and when to feed a child is at least of equal importance as to heal it, when from sheer ignorance it is made sick. As old a practitioner as I am, I thank Dr. Duncan for this instruction, and I promise him to investigate his other volumes with equal zeal. May others do the same.

The United States Homœopathic Pharmacopœia, 1st Edition, Chicago, Duncan Bros., 1878.—Chicago, ever-growing, boastful Chicago, always considers itself the United States and no less; and thus the command is given: you must adopt this Pharmacopœia as that of the U. S. The British Pharmacopœia was the work of the British Homœopathic Society, and published with their sanction; Schwabe's polyglott Pharmacopœia came out under the sanction of the German Institute of Homœopathy; but who is the responsible editor of this edition? Publishers are not held responsible for the contents of their books, and we have therefore a right to ask why he withholds his name? We have to acknowledge that the little we knew of chemistry and pharmacy, in the days of Auld Lang Syne, when this reviewer was a student at Munich, will not hold good any more now-a-days, and we learned to rely on our pharmacies for all we wanted in their line. Hence our praise or our rebukes are of no value whatever, still a responsible editor gives confidence, and we trust that a second edition will supply this important omission.

The Constituents of Climate, by F. D. Lente, A.M., M.D., Louisville.—*Fresh air and out-door exercise*, that is the whole secret of climatology, says Lente, and wherever your patient can enjoy it the most the whole year round, that is the climate for your patient. There is a great deal of wisdom in this remark, as it proves that scrofulosis, tuberculosis, and even all the different species of consumption are preventable diseases. Here again the physician can be more than a mere healer, he must teach the lower strata of our population the great benefit of ventilation—that pure air, day and night, is their best and cheapest medicine. And oh! women! learn what and how to cook! Give them hygiene, and there will be less need of the doctor.

Coughs and their Cure, by E. W. Shulldham, M.D., London, 1878.—As a book for the public and not for the medical profession, we can only recommend this little book. Without confusing the reader with the minutiae of our *Materia Medica*, and there is hardly a remedy which could not produce some cough, Shulldham shows the difference between idiopathic and reflex cough, and prescribes suitable treatment. The chapters on consumption are mainly devoted to the subject of hygiene, for prevention is possible, a cure after the first stage a rarity. *Keep well*; herein lies our strength, herein our union with all medical men is possible.

A Test of the Efficacy of High Dilutions, by Lewis Sherman, M.D., Milwaukee.—Dr. Schlœmilch, the Secretary of the Milwaukee Academy of Medicine, sends us a request to reprint this pamphlet in toto. As our space is limited, we may be allowed to give only extracts.

After an introductory of three pages, Sherman comes to the point and says: A difficulty in this second method (proving on the healthy) consists in translating pathogenetic symptoms into therapeutic indications. There is no doubt that there are fixed and ascertainable relations between the effects of a drug on a healthy animal organ or tissue, and the effects of the same drug on a diseased organ or tissue. If the law, S. S. C., is of a general applicability, then there can be but little error in using the results of experiments on the healthy as a guide in the selection of remedies for the sick. Another difficulty is in excluding those symptoms which

may occur in a healthy person after taking the drug, but which are not produced by the drug.

Hahnemann and many of his followers made provings with the thirtieth centesimal dilutions, and the symptoms observed by the provers have been incorporated into our standard works on *Materia Medica* in such a way that it is difficult if not impossible for a student to determine whether the symptoms were produced by the drug or not. In view of the *à priori* improbability of the truth of this claim, and of its importance, if true, I propose a scientific test of the pathogenetic and therapeutic action of the 30th Hahnemannian dilution :

If a hundred physicians engage in making the test, and all or nearly all single out the drug, the inference will be that the thirtieth dilution represents the medicinal properties of the drug. If only about ten of the hundred succeed, the inference will be that the 30th dilution of a drug possesses no medicinal properties; according to the law of probabilities about one in ten would guess right WITHOUT MAKING ANY TRIAL.

According to this law of probability, physicians of acknowledged ability would guess right without making any trial, or in other words, they would not prove the drug and guess only what it might be. Hahnemann and his disciples were honest provers, and no guesswork with them. It is Sherman who ought to be ashamed of himself to insinuate that any physician, or any one even who claims to be one, could lend himself to such an imposture.

It is an old and acknowledged truism that one positive fact is of more value than hundreds of negative facts. Our late Dunham, with his immense office practice, hardly ever used any other potency than his own two-hundredth; Allen, Bayard, Burdick, Houghton and others, of New York; Farrington, McFarlan, Korndorfer and others, in Philadelphia; Eggert, Hoyne, and of Western physicians quite a host, are in the daily habit of using potencies, and we leave it to Dr. Sherman to decide whether they are impostors, foisting their cures on a gullible public, or whether they deceive themselves by seeing their patients get well under the use of, according to Sherman, fictitious nullity. We know very well, that *post hoc non est propter hoc*; it is the old allopathic howl, but does it not also suit your own cases, worthy physicians of the Milwaukee Academy, and if you belong to the Vienna school of expectative treatment, then put yourselves under the banner of that school, but do not impose yourselves as homœopathic physicians on a trusting public.

We cannot see why Dr. Sherman just selected the thirtieth potency for that grand trial? Why, the third centesimal would have done equally well, for how much material drug can be in the third, and if the millionth of a drop of some drug fails in some persons to show any symptoms, might not Dr. Sherman & Co. be convinced, that to get material effects on our patients, we must use material doses in the prover as well as in the patient. Let Dr. Sherman and all the members of the Milwaukee Academy read and ponder over the essays of Dunham, as published in his "*Homœopathy, the Science of Therapeutics.*" To show the difference between a proving and the effect of a drug, we take up an article just published in *L'Art Medical*, December, 1878:

"An intense electrical current produces analgesia in a healthy person; an infinitesimal electric current destroys analgesia in a hysterical patient. Similia similibus curantur.

"When a truth is contested, the demonstration must be repeated *ad nauseam*. The law of similarity proves, with an evidence capable of opening the eyes, clinical facts witnessed at the *Salpêtrière*. Notwithstanding this evidence, the prejudiced (for we never suppose bad faith in our adversaries) majority refuses to admit this *great* law (we do not say this *only* law), but this does not discourage us, we continue to accumulate proof after proof, and thus render it incontestable.

We give here the experiences on electricity which certainly were made without being preoccupied with our theme, and they demonstrate that a strong current of electricity produces analgesia in a healthy person, and on the other side the experiences made in the *Salpêtrière*, in the service of Dr. Charcot (an allopathic physician), demonstrates that excessively weak electrical currents, applied according to Burq's manner, cure analgesia in hysterical persons, and thus give us a new application of the law of similars."

Our space is limited, and we must refer the reader for the cases to the article itself. Will not Dr. Sherman insist upon it that Dr. Guyot ought to have made his experiments with an infinitesimal current, so that the test may be fair and honorable? We might well say: Beware of our friends, we can cope well enough with our adversaries.

S. L.

The Principles of Light and Color, by Edwin D. Babbitt, New York, 1878.—A work fully worth a close study and an exhaustive review, which we intend to give it in our next number. To the alienist it is of the utmost importance, as *Chromotherapeutics* play now such an important part in the treatment of insane people, perhaps it also works on the principle of S. S. C., but we leave that question undecided; we accept at the present moment *Chromotherapeutics* as another law of healing, and we may be permitted to give in abstract Babbitt's Resume on this point (page 374.)

1. Chromo-chemistry gives us the basis of an exact and exquisite *Materia Medica*.

2. Chromopathy deals with more refined and penetrating elements than Allopathy, Hydropathy or Electropathy.

3. The power of red to stimulate the arterial blood and arouse the system is shown not only in drugs, but in cases of healing by red light.

4. The red is injurious in over-excited conditions.

5. The yellow, aided by some orange and red, is the central principle of nervous excitement.

6. The yellow is injurious in all over-action, nervous conditions, such as delirium, diarrhoea, sleeplessness, etc., and is the most decided principle in poisons.

7. The violet, indigo and blue are refrigerant, astringent, nervine, soothing, anti-inflammatory, etc., the violet being more directly soothing to excited nerves, and the blue to excited blood.

8. Blue and violet are contra-indicated in dormant, cold conditions, such as paralysis and many chronic diseases.

9. Substances charged with the different colors of light possess the same kind of potency as the direct rays themselves.

10. Pure sunlight is vitalizing to the general system, and in warm seasons is particularly stimulating and healing. Tremors, colds, and many other diseases have been cured by it.

11. The lack of sunlight induces a long catalogue of diseases, such as scrofula, impoverished blood, consumption, paleness, mental imbecility, etc.

12. Strong and hot sunlight is injurious to hot brains, weak and oversensitive eyes, etc.

14. Blue and violet light are best for inducing sleep in nervous conditions; but narcotics have both thermal and electrical colors, which first excite and then depress the system.

18. Every color has its own peculiar power.

These facts have been verified many a time in the lunatic asylums of England and Germany. Certainly chromo-therapeutics deserve a more extended study, especially by the members of our school. We would like to pass into review the beautiful chapters on the brain, but, as we said already, we reserve this and the whole book for another review, and recommend it to the study of every earnest physicist and physician.

Uterine and Vaginal Discharges, by W. Eggert, M.D., New York, B. & T., 1878.

On Sterility, by E. M. Hale, M.D. New York, B. & T., 1878.—Two works on gynecological subjects, and how differently are they treated. Of the one, by plain and simple W. Eggert, M.D., an allopathic physician, well inclined towards the law of S. S. C., exclaimed in despair: if that is Homœopathy, then — what then, my friend, it just shows you that there is no royal road to cure your cases by homœopathic remedies; but you will succeed nearly in every case, if you only labor hard for such success. Yes, the totality of symptoms, there is the rule—especially those concomitants; how much easier is it to sail with Hale, and to rely on local application as well as on material doses.

Thus the sphere of both works is given, and both are needed. A minority will rejoice to be in possession of Eggert, as thus they will find it more safe to discharge their whole duty to their patients, others hail Hale, the father of the new remedies, with double pleasure, for they have now a more reliable guide, and a high authority for their mechanical treatment.

May not the truth be on both sides? Here also the education of women must be brought about. It is too well known that women think they cannot be cured without mechanical treatment, and women have left their strict Hahnemannian lady-physician and sought aid where the mechanical treatment was combined with internal treatment. May it not sometimes be necessary to give this mechanical innocent placebo, to keep them from falling into hands where injury will be done.

After all, even to the strict Hahnemannian, Hale is not so bad as he looks in the preface. All through the work, and especially in the second part, the indications for the remedies are well given, and if you are in doubt, open your Eggert and become doubly sure.

The work is dedicated to S. L., perhaps on account of his sterility; if so, my hearty thanks, most noble duke. Let us keep up uninterrupted friendly sympathy all around, and we all will be the better for it.

The Hahnemannian Monthly, January, 1879, edited by W. H. Winslow, M.D.—Indeed, a most hearty welcome did we vouchsafe to our old and trusty companion,

the *Hahnemannian Monthly*, and though we felt sorry that circumstances forced its former hard-working and earnest editor to resign, we feel rejoiced that his mantle fell on worthy shoulders, and we are sure that under the leadership of Winslow, this noble Monthly will not only keep its own, but by the aid of Pittsburg physicians and surgeons, take the front rank in our monthly literature.

We did not glance at its contents, we read it through, word for word, and it was a great relief to this Easy chair, that New York is not Excelsior in the quarrels of its physicians. The old Keystone State takes the palm, and we gladly acknowledge our defeat. A little more calmness would not hurt our exclusives. Do not flare up, Brother Guernsey, and threaten with your absence, if others differ from you. Teach your younger brethren that there is no necessity for local treatment, and prove it by cases from your own extensive practice. By-the-by you never answered my question yet, why *you* use mechanical treatment, the forceps, in deficient labor-pains from *inertia uteri*, though there is in such cases no immediate danger, and hurl the ire of your soul against those benighted men, who, frightened by the loss of blood from that same *inertia uteri*, still cling to mechanical aid. If only such men as Guernsey, Lippe, Swan, Skinner, Eggert and others, bright lights on the homœopathic firmament, would show more patience, more forbearance, harmony could be more easily restored in our ranks, for truth is mighty and will prevail. Crusades are harmful, and throw us back into mediæval times.

Hoyne's Clinical Therapeutics, Vol. II., Part VI., 1879.—Natr. carb., Plat., Spig., Stram., Asaf., Camph., Circut., Dros., Ipec., Led., Nux. mosch., Ruta, Spong., Amm. carb., Chel., Graph.

A regular olla podrida, here a piece and there a piece. It seems as if Prof. Hoyne delights in showing his disgust to all classification, and that he insists that every drug shall stand on its own individuality. Still we acknowledge to look forward with eagerness to the lectures of the late Carroll Dunham, whose greatness just consisted in grouping different drugs together, and showing to the class their similars and their differences. It just shows that our *Materia Medica* may be worked out on different plans, and still one be as valuable as the other. Those who have studied the first volume, will gladly welcome every forthcoming number, and we only hope that Hoyne will give us the whole *Materia Medica* according to his plan.

General Record of Medical Science.

Ingrowing Toe-nail.—Vanzetti and Gætano use in onyxis successfully pulvis plumbi nitrici. The ingrowing nail is cut out, then a few drops of a concentrated solution of Morphium applied, and finally the powder sprinkled over it (without the Morphine the application of the powder would be too painful). In a scrofulous person the treatment was not quite satisfactory, as after a prolonged suppuration a horny, black, hypertrophic nail was formed.—*Ann. de la Soc. de Gand.*, 2, 1878.

Vaginal Tumors, by Dr. Adolph Neugebauer.—1. Solid tumors of not carcinomatous nature, as independent affections of the vagina, are rarely observed. 2. According to their structure they are especially fibromata, myomata or fibromyomata; a pure sarcoma is a rarity. 3. They may occupy any part of the vaginæ, and 4. are observed at any age, in young girls, in young women, in sterile women, but most frequently during the time of childbearing. 5. They grow slowly, though their size may become enormous, ten pounds or over. 6. Their size and weight incommodes the patient, disturbs urination, or they excoriate and ulcerate, where they protrude from the vagina. 7. Their large size may become an obstacle during labor, and in most cases extirpation becomes necessary. In rare cases the forceps may aid us in extracting the head by the side of the tumor; in other cases the tumor advanced before the head and was torn away, and where the forceps fail, embryotomy may become indicated. 8. Extirpation can be performed by enucleation, or by excision, or by the ecraseur or electrocautery, according to the size, form and base of the tumor. Enucleation is to be preferred in large tumors with a broad base; small, pedunculated tumors may be excised; in larger ones, with pedicles, the electrocautery is to be preferred, and the possibility of a large hemorrhage must be always taken into account. 9. Especial caution is necessary during pregnancy and labor, as fatal cases are on record.—*Med. Neuigk., Nov., 1878.*

Puerperal Fever in Prussia.—Statistical records show that during the last sixty years 363,624 women died from puerperal fever in Prussia, whereas in seventeen cholera years only 360,000 succumbed to cholera. An average of nine thousand women die yearly in Prussia from puerperal fever, and whereas the death rate from cholera takes in both sexes and all ages, that from puerperal fever deals only with one sex, and only during the state of childbearing. As it is clearly a disease which can be prevented, it is the duty not only of the different sanitary commissions, but also of every single physician, to spread the knowledge of antiseptics and to act conscientiously upon it in every case of labor. Where midwives are in vogue, they must be made acquainted with the means of prevention, and a strict surveillance kept over their practice.—*Med. Neuigk., Nov., 1878.*

Nerve Stretching, by Prof. Nussbaum.—Nerve stretching is indicated in affections of central origin, and sometimes it succeeds where excision of cicatrices, secondary operations, entirely failed. As the nerve must sometimes be stretched in the neighborhood of large vessels, secondary hemorrhage may possibly take place. We often find in neuralgic the nerves of abnormal thickness, and at other times of abnormal thinness. Slight and tender stretching may even aggravate, where a careful, but rough handling of the nerve will succeed.—*Centr. Blatt der Nervenheilk., Nov., 1878.*

Carbolic Acid for Intermittens.—Dr. Eisenstein prescribed carbolic acid in twenty-eight cases of intermittens, twenty-four tertian and four quartan, and in all cases (0, 05 C. A. to 100 aq. with spir. Cinna. as corrigens) only one or two paroxysms followed. Only in one case, which already lasted six weeks, the acid was also used subcutaneously. The spleen decreased in size after the fever left.—*Hirschel's Hom. Klin., 21, 1878.*

On the Influence of Syphilis on Traumata received in battle (Kriegsverletzungen).— From the study of the literature in this branch of surgery, Dr. Dusterhoff came to the following conclusions:

1. The contagious forms of syphilis show no influence on the course of the wounds.
2. During the contagious period of syphilis contusions on the surface of the body, continued irritation of the wounds may cause syphilitic efflorescences at the seat of the irritation; but they hardly ever influence injuriously the healing of the wound.
3. Continued irritation of the wound, irregular mode of life, severe antisyphilitic treatment, debilitating influences before and after being wounded, or an irrational treatment of the wound act more injuriously on the course of the wound than constitutional syphilis.
4. It is well known that during primary syphilis, wounds in the immediate neighborhood of the primary induration do heal per primam intentionem.
5. Latent syphilis in its early forms shows no influence on the course of the wound.
6. The accelerated tissue change, during the process of healing of severe wounds, favors the latency of syphilis, but when the cicatrix has formed and the tissue change becomes again normal, syphilis may appear at the wounded place or in other parts of the body.
7. Latent syphilis even in its later forms does not prevent the wound to heal per primam intentionem.
8. Plastic operations on places, which usually are the seat of syphilitic products, may fail and detrition of the tissues may set in in the wound.
9. Where remaining glandular swellings hint to a still existing syphilis, a suitable antisyphilitic treatment may be recommended before the operation.
10. The not contagious tertiary forms, when progressive, act unfavorably; when retrogressive and cured, the course of the wound runs smoothly.
11. Chronic ulcers in tertiary syphilis are sometimes difficult to heal up according to their seat.
12. Osseous syphilis favors the disposition to fractures, and may retard or prevent the union of the fractured ends.
13. Mercurialismus has been falsely accused of increasing a disposition to fractures; only an excess of Mercury can be blamed for it.
14. Old cases of syphilis, especially in used-up persons, may cause a specific form of gangrene, removable by suitable antisyphilitic treatment.
15. Syphilis and pyæmia stand in no relation to each other.—*Arch. f. Klin. Chir.*, 1878.

Sudden Death from Cardiac Embolism.—The idea prevails that emboli in the right heart, on account of its size, are hardly ever observed, and that the emboli, torn away from the venous system, pass rapidly the heart and plug up a branch of the pulmonary artery. It was considered probable that an embolus may be caught in the chordæ tendinæ or trabeculæ carneæ; but neither Virchow nor others had ever observed it.

Terrilon publishes the following two cases in the *Archives gen.*, June, 1878:

1. A woman, suffering from bilateral uncomplicated fracture of the malleoli, suddenly complained on the forty-third day, after a perfectly normal course, of blackness before the eyes, unconsciousness, cadaverous face, stoppage of respiration and of the action of the heart quickly followed. After one to two minutes, consciousness returned and she felt apparently better, but after half an hour another attack set in, to which she succumbed. Autopsy revealed the venæ popliteæ and crurales full of thrombi; in the right heart, between the trabeculæ carneæ, an embolus two ctm. long. Arteria pulmonalis and lungs perfectly normal.

2. A young man, æt. 18, with caries of the coccyx and os sacrum, became suddenly unconscious just when the surgeon wished to turn him over, in order to irrigate the sore. His eyes were half opened, the face cyanotic, he did not move, breathed slowly and quickly, pulse filiform. After a few seconds he was dead. Post-mortem examination showed numerous veins in the neighborhood of the carious focus full of thrombi in suppurative disintegration; in the chordæ tendinæ of the right heart an embolus ten to twelve ctm. long, of the size of a goose quill, of a grey color, and branching off dichotomically.

Cardiac embolism differs, therefore, essentially from that of the art. pulm.; in the latter high graded orthopnœa, oppression of the chest, terrible anguish and restlessness are observed; in the former sudden unconsciousness, motionless deliria, rare and weak respiration, and sudden death without any struggle.—*H. H. K.*, 21, 1878.

What causes Hallucinations?—Stricker questioned grown-up blind men, who had their sight in youth, on this account, and they replied that the conception of colors and of figures continued in their dreams for about ten to twenty years after losing their sight; after that conceptions of hearing and of touch prevailed; finally all dreaming about seeing something passed away, although the remembrance of what they had seen in their youth may remain intact. This shows us, that that part of the central organs of the senses which mediates remembrance, does not suffice to produce hallucinations. Something else must be added to the pictures remembered to produce hallucinations. We may surmise that this is the well-known atrophy of the optici, ascending to the chiasma. Experience also teaches that healthy persons hallucinate before falling asleep, at a time, therefore, when the cerebral functions go to rest, and the origin of vivid memorial pictures becomes improbable. Dreams also appear during sleep, where also the brain is in greater quiescence. Hallucinations of maniacs also appear when consciousness is depressed. Hence, concludes Stricker, the appearance of hallucinations requires the coaction of the nerves of the senses. Hallucination differs from real perception, that in the latter the peripheral ends of the sensory nerves are irritated by stimuli from the outer world. The same process, but caused by internal stimuli, takes place in hallucinations, and thus they acquire the full impression of objectivity.—*Wien. med. Blätter*, 1878.

On the Action of Blatta Orientalis, by Dr. Koehler.—After Bogomolow published his successful results in the treatment of dropsy with this drug, and when Unterberger (*St. Petersburg Med. Wochenschrift*, 34, 1877,) reaffirmed this success, Koehler tried it in the following cases: Atherosclerosis cum angina pectoris, nephritis (4) post partum, pleuritic exudativa, anæmia perniciosa, insufficiencia mitralis, pericarditis exudativa, Morbus Brightii four cases, and others, in all of which œdema, ascites and the other different forms of dropsy were fully developed, and lost only three cases. Every time urine and perspiration were increased, defecation pultaceous, the swelling decreased, even those patients who succumbed to their incurable diseases, felt relieved. The drug did not irritate the abdominal organs, and the albumen disappeared in every case from the urine.—*Berl. Klin. Wochenschrift*, Sept., 1878.

On Operations with the Inverted Head of the Patient, by Dr. Julius Wolff.—Dr. Wolff operated in this manner for diseases of the soft and hard palate (uranoplastic, staphyloplastic, staphyloraphy), of the nasal cavity and in five cases of tracheotomy. Its inventor, Dr. Rose, denies that the hemorrhage is fearfully increased by this position, and though the unusual position of the patient might lead to some errors in complicated operations, he considers it the duty of the surgeon to make himself well acquainted with the inverted position of the parts before operating. Its advantages are, that long lasting narcosis is only possible in this position; the field of operation is clearly before us, and the head of the patient is easily kept immovable. Bardeleben operated sixty times on the inverted head, and is convinced that the increased hemorrhage is only venous; in resections of the upper jaw he never witnessed great hemorrhage, as he operates according to Dieffenbach's method; where the incision is made in the median line, the whole nose and upper lip divided, the soft parts removed from the bone (the only bleeding artery being the arteria infraorbitalis and the bleeding from the large flaps compressed by assistants.) Lesi recommended long ago anæsthesia with inverted head, as thus hardly any stage of excitation will be noticed, and the brain accommodates itself easily after a few minutes to the hyperemic state. Wolff also considers the hemorrhage only relatively large, for whereas in the usual method of operating on the head, a great deal of blood may be swallowed, or is lost on the table, here every drop lost runs down over the face and is collected.—*B. K. W.*, 33, 1878.

Balsamum Peruvianum in Surgery, by Dr. E. Wiss.—Its three characteristic qualities are: *It diminishes all pain, excites a healthy plastic, and is antiseptic.* By pouring it in its pure state into the wound and covering it with compresses soaked with it, we lister, as it were, the wound, which thus heals per primam intentionem. The balsam causes at first a slight burning which soon passes away, and the patient feels comfortable and is not troubled with cold, wet compresses, as formerly. By using Peru balsam we never see foul wounds or too luxurious granulations; the restitution takes place without suppuration or inflammation, and contraction of the parts by cicatrization is unknown. As it also acts as an antiseptic, (may not many a time sepsis be produced by moisture?) forming a resinous, dry covering over the wound, it will be found applicable wherever Lister's complicated apparatus is not at hand. It ought to be more frequently used in capital operations, and it will be found of immense benefit in military surgery.—*Zeitschr. f. pract. Med.*, 34, 1878.

Inhalations of Oil of Turpentine in Diphtheria, by Dr. Taube.—Dr. Edel published in the *Medical Record*, January 19th, 1878, successful results with oil of turpentine in the treatment of diphtheria and croup. Any apparatus for inhalation suffices, but we must be careful, to anoint the face with oil and to cover the eyes with a cloth. In severe cases the inhalations (fifteen drops to a bowl of hot water) ought to be repeated every hour night and day. Taube tries to explain the action of the turpentine as a kind of massage on the morbidly infiltrated tissues, and taken into the circulation it increases arterial tension, and, by developing ozone, acts as a disinfectant.—*Zeitschr. f. pract. Med.*, 36, 1878.

Semilateral Anæsthesia a Sequel of Lesions in the Central Brain.—Dr. Conty collected cases of semilateral anæsthesia, of anæsthesia alternans, generalis, circumscripta, of hyperæsthesia generalis and hemihyperæsthesia, caused by hemorrhage and thus producing morbid alterations in the central brain. Tumors cause only anæsthesia universalis hemiplegica or circumscripta; symptoms of hyperæsthesia are mostly observed in embolic or thrombotic states. The seat of the lesion in disturbances of sensibility were mostly the posterior regions of the pons; when the floor of the fourth ventricle was also affected, general hyperæsthesia may set in. Where the lesion is in the external layers of the pons or of the processus cerebelli ad pontem, we mostly meet anæsthesia of the opposite half of the body (face included); if it is somewhat lower down and takes in nearly half of the pons, we find hemianæsthesia alternans (anæsthesia of the face of the same side, and of the extremities of the opposite side); circumscript lesions of the pons and medulla oblongata may cause anæsthesia of the face on the same side or simultaneously disturbances in hearing. Where the lesion is towards the middle crus cerebelli, extending into the external layers of the pons, semilateral hyperæsthesia of the other side of the body may be the consequence. According to the higher or lower position of a lesion, sensory disturbances (especially of hearing, sometimes also of taste) may be found. Affection of the visual organ or of smell appear only through disturbances of accommodation or from affection of the trigeminus. Motory disturbances may be manifold; bilateral paralysis, simple hemiplegia, paralysis alternans, etc., and diverse combinations may take place between the motory and sensory disturbances. In parts, which lost their sensibility, the temperature is often lessened.—*Gaz. hebdomadaire*, 4, 1878. *Med. Neuigk.*, 36, 1878.

A Successful Treatment for Eradication of Tapeworm.—Dr. Bettelheim introduces an œsophageal tube and throws through it at once the entire medicine, 200 to 400 grm. of a very concentrated decoction of cortex radice Granati, into the stomach, the patient having fasted the day previous and emptied his bowels with Ol. Ricini. Thus the worm is, as it were, overwhelmed and narcotised, and passes, head and all, in less than two hours after having taken the medicine. Even in children of a few years this treatment succeeded after the failure of other methods. In all cases the worm passed in one piece and with the first alvine discharge.—*Med. Central Zeitung*, Sept., 1878.

Pathogeny of Pneumonia, by Dr. Ch. Fernot.—Acute fibrinous pneumonia is herpes of the lungs, and this herpes is a trophic disturbance in consequence of a neuritis of the nervus vagus. 1. Pneumonia is a herpes: the usual cause of pneumonia is a cold, just as in herpes labialis and faucium. The course of a pneumonia is a typical one, causing a deposit of a fibrinous exudation in the alveolæ of the lungs. We often meet herpes labialis in pneumonia as well as in angina herpetica, and their skin manifestations are the same. 2. The herpes of the lungs is a trophoneurosis of the vagus. The intermediate branch between the cold and this herpes is the neurosis, arising from the cold and causing the herpes and other trophic lesions. Just so we also meet neuritis of the ischiaticus after colds, the neuritis of the facialis and the hemiplegia facialis under similar occasions, the herpes facialis and the zona ophthalmica where cold affected the trigeminus. We

see thus the same cause—cold—producing everywhere the same effect—neuritis; the difference in the symptoms depends only on the function of the respective nerve. For the same reason he also considers the angina herpetica a neuritis of the trigeminus. In three cases of acute fibrinous pneumonia Fernot could prove the neuritis of the vagus, which on the affected side was painful to the touch, the nerve fibres were injected and showed a greyish-red color. Microscopical examination of the affected nerves gave a negative result, there was no histological change in the nerve fibres nor in the perineurium.—*France medicale*, 23, 1878.

Phthisis from Hæmoptoe.—Sokolowsky, assistant physician to the "Home for Consumptives," in Gierbersdorf, agrees with Niemeyer and accepts a phthisis ab hæmoptoe, though denied by other authorities. After giving the history of about a dozen cases he comes to the conclusion: 1. Hæmoptoe was the first morbid symptom in all cases, appearing in persons of robust health and without any trace of heredity, and was never preceded by cough or by any other symptom hinting to phthisis. 2. The age of the patients did not correspond to phthisis, the youngest patient was 27, the oldest 40. 3. In all cases a mechanical cause preceded the bleeding, as lifting heavy weight, a fall from the horse or on ice, etc., and the hemorrhage followed quickly after the cause. 4. A few days after the hemorrhage fever, cough, dyspnoea and expectoration set in, symptoms usually accompanying active pulmonary processes. In all cases these symptoms soon lost their intensity and became chronic. A repeated hemorrhage always increased the severity of the symptoms. 5. Cough appeared immediately after the hemorrhage and was the last symptom to disappear. 6. Such patients need mountain air and rest for recuperation; lighter work must follow, as the hemorrhagic tendency may remain.—*B. K. W.*, 39, 1878.

Migration of Oxyuris and Discharge through the Mouth.—A girl, æt. 10, was brought into the polyclinic of Prof. Seligsohn, because she discharged every evening at a certain hour worms from her mouth, the salivary secretion being increased at the same time, which has to be wiped away constantly with the creeping out worms. The procedure lasted several hours. During the day she felt perfectly well. The affection already lasted several months; the worms were the females of oxyuris. Several physicians passed evenings at the house of the patient, to convince themselves of the truth of it. Injections of garlic were ordered and the same remedy internally prescribed, and success crowned this simple treatment.—*B. K. W.*, 40, 1878.

Treatment of Epilepsy with Curare.—Kunze remarks, that Bromide of Potash as well as Bromide of Ammonium, though they may stop the paroxysms for some months, never cure, and after they are left off the paroxysms return with double strength. In perfect despair he began to try Curare, and found that without any danger 0.03 may be given in subcutaneous injection. Symptoms of intoxications are a dimness of vision, so that close objects appear only in general outlines, with slight obfuscation of the sensorium. Of eighty cases, thus treated, six were permanently cured. Injections were made for three weeks every fifth day, and then he waited for the next paroxysm. The interval between the last injection and

the new attack gave the hint for the intervals between the injections. Aqua dest., 5.0, to Curare, 0.3, suffices for eight to ten injections. Binz recommends Curare for fatal spasmodic affections. A case of lyssa humana was treated with Curare. It is of the utmost necessity to work with a reliable preparation.—*Central Blatt f. Nervenheilk.*, 10, 1878.

Differential Diagnosis between Amaurosis from Nicotin and from Alcohol:—

1. Nicotin-amaurosis always begins on one eye, and is never at first on both eyes.

2. The right eye is mostly the first affected, although Hutchinson and Apertoli think otherwise.

3. The patient perceives immediately everything in a fog, which gradually thickens.

4. There exists a central skotoma with the fog.

5. At first the weakness shows itself centrally, whereas peripheric perception remains still normal.

6. Guéniot never observed pains or headache.

7. With the appearance of the fog the patients sometimes see everything yellow.

8. The sight of the patient is worse in the evening.

9. The pupils are always contracted and immovable.

10. The disease, running a rapid course, may end with atrophy of the papilla.

On the contrary :

1. The Alcohol-amaurosis always attacks both eyes.

2. Though central scotoma are observed in both diseases, mouches volantes are only seen in Nicotin-amaurosis.

3. Alcohol-amaurosis is painful.

4. The Alcoholic sees better evenings; in Nicotin-poisoning the reverse takes place.—*L'Abeille médicale*, April, 1878.

Laryngoscopy in Sclerosis Disseminata Cerebro-spinalis.—Prof. Luschekewitch observed a case of disseminated sclerosis of the central organs with nystagmus, paresis of the Mm. recti interni and a vox anserina, i. e., an impossibility to keep the vocal chords long enough at the same degree of tension. During longer intonation of E and I, especially of the latter vowel, the laryngoscope revealed a continuous irregular vibrating of the vocal chords, caused by a disturbance of co-ordination in the laryngeal muscles, which again takes its origin in an affection of the medulla oblongata.—*Centralbl. f. Nervenheilkunde*, 10, 1878.

On Abortive Treatment of Syphilis, by Dr. Weisflog.—We must prevent that the local poisoning develops itself in a general one. Experiment has shown that Mercurous nitrate (Salpetersaures Quecksilberoxydul) possesses the peculiarity to cause abscesses in inflamed parts, but never in parts, which are not already inflamed. We are thus enabled to prevent the progress of the chancre-poison on its road from the local focus of infection to the inguinal glands and mons veneris. We make a hypodermic injection of this drug in all suspicious cases between the external genitals and the inguinal region looking towards the affected side. Where these glands with their lymphatics are not already in a state of inflammatory irri-

tation, no abscess follows, and hence no general infection, if the subcutaneous injections are repeated for ten to twelve days, until the local infection is healed and all induration passed off. In cases where after the injections on account of already present inflammation an abscess followed, syphilis was also prevented. Weisflog tried this abortive treatment in thirty-two cases of undoubted indurated and mixed chancres; in twenty cases abscesses followed. Twenty-eight cases he met repeatedly, and they as well as their children remained free from general infection. He remarks that Mercury can only develop its full power as antisypilitic by coming in close contact with the chancre-poison in the tissues affected by it. Such tissues, which carry this poison into the general circulation, must be fully impregnated with the Hg.—*Schmidt's Jahrb.*, 4, 1878.

The Cooling Process and Elevation in Operations, the Means to save Blood, by Dr. Julius Wolff.—Rose's successful experiments in operating in the fauces with head hanging down, led several surgeons to make further experiments in that direction, showing that elevation depresses the temperature as much as Esmarck's constriction. They also observed that cooling the parts operated upon with water of 15 to 20° C., contraction of the blood-vessels of the hand can be produced, so that it remains cold and pale for a long time, even if we allow the hand to hang down. By combining both methods, cooling the part for fifteen to thirty minutes by irrigation, ice-bladder (Richardson's ether spray?) so that the part to be operated upon remains pale and cold, and holding the part during the narcosis and during the whole time occupied by the operation in an elevated position, we will find that such operations are performed with hardly any loss of blood. Another advantage over constriction is, that neither vasomotory paralysis nor secondary hemorrhages have so far been observed. Bardeleben, Rose and Wolff have thus extirpated in children a carious metacarpus, calcaneus, removed sequestra from carious bones, made resections, and so far no untoward event has marred their most sanguine expectations.—*Allg. Med. Centr. Zeitung*, Sept., 1878.

Action of Caffein.—Dr. Kelp prescribed to a nervous lady Caffein citr., 0.24, pro dosi, twice a day. After taking the second powder she became very restless, complained of vertigo, could not keep the erect position and had to lie down. Severe precordial anguish, palpitation, abdominal pulsation, distressing trembling of the extremities, audible gnashing of teeth, anxious dullness of the head, constricting sensation in the throat and neck set in periodically about every quarter of an hour; pulse very frequent. This state lasted about three hours and gradually declined; after twenty-four hours the patient was herself again.—*Centralblatt f. Nervenheilkunde*, 4, 1878.

Listering in Burns.—Prof. Busch recommends Lister's antiseptic treatment for burns. The burnt part is thoroughly disinfected, covered with linen, on which boric ointment was spread, and the whole covered with tarbol-gauze or salicylic batting. Granulation remains exceedingly moderate, no cicatrix rises above the surface, the surrounding tissues are not drawn into the process of cicatrization, we get a smooth scar, which remains elastic, and contractions are thus never observed.—*Langenbeck's Archiv*, 22, p. 151.

The Skull and Brain of Criminals.—Prof. Benedict presented to the Anthropological Congress in Paris his studies on the brains of nineteen criminals, and found them all abnormal, the connections of the furrows far more frequent than in the normal brain. Bodier observed thirty-six skulls of murderers, and always found abnormalities or defects. Broca considers criminals as abnormal beings, in moral as well as in its physical sense.—*Oestr. Ver. Z.*, 19, 1878.

Correspondence and Editorial.

In Europe the college (or university) diploma of M. D. does not confer the right to practice medicine. This right is granted by the State after an examination made by the State Examiners. The elevation of the standard of ability and educational acquirements, exacted of students of medicine, can never be effected in this country by the colleges alone. The profession must demand it, and the State must exact it. There must be a State examination, and the State must give its protection only to those who pass *its* examination. To this conclusion the community in general as well as the profession are gradually being forced.

This State already grants a State degree of M. D. to candidates having passed an examination before Boards of Examiners appointed by the Board of Regents of the University of the State.

Under the law the first Board of Examiners was constituted of homœopathic physicians, and they hold two meetings annually for the examination of candidates—one in March and one in October—and prizes in money are given to candidates passing the best examinations. A higher inducement is the nature of the diploma, which, given by the State, the State is bound to protect.

In short the State of New York has created a State Diploma, has provided its Examining Board, has passed laws compelling those pretending to practice medicine, to make it evident that they have some recognized diploma. What we still need is that the State shall allow only well-ordered and well-officered colleges to grant the title of M. D., and shall refuse its protection to all *new* practitioners within its limits, except those who have passed the State Examination.

CHAS. A. BACON, M.D.,

Secretary first Board of State Medical Examiners,

104 E. 35th Street.

With all due respect to the Board of Homœopathic Examiners, and with all due reverence to the law as enacted by the State of New York, every candid observer must acknowledge that neither the law nor their exponents enjoy the confidence of the profession; and the reason is plain, there is no benefit connected with the diploma of the State of New York, which cannot be enjoyed by the holder of any diploma from whatever lawful source it may have emanated.

Drs. Gray and Bacon are right when they say that in Europe the diploma of M. D. does not confer the right to practice Medicine, and it ought to be so in this country. Why not follow the plan so successfully carried out by the U. S. Army

and Navy, where yearly boards of examiners are appointed to examine candidates willing to enter the medical department of our army and navy? It is not another diploma which they grant to the successful competitor, but a license to practice in the army and navy.

In Germany every year the Secretary of Education appoints physicians of eminence and of long practice as *examiners for the year*, and before that board the candidates, be they M. D's or not, have to appear for examination, and to receive through them the license to practice the different branches of Medical Art and Science. Just so in Great Britain and its colonies; their physicians and surgeons must be licentiates, and nobody cares a straw about it whether they hold a diploma or not. In France the same practical examinations take place, and just the practical character of such examinations gives them their great value. *A similar practical, yearly changing board of examiners*, appointed from the best men of all schools, will be of more benefit than the law, as it now stands, and I, for one, fear not partiality or exclusiveness from such a board. Such a composite board of examiners exists in Illinois, and our friend, Prof. Reuben Ludlam, assures us that they work harmoniously for the welfare of the profession. The benefit of yearly changes consists that the examiners, being practical men, ask practical questions, and do not trouble the aspirants for practice with hair-splitting questions. As the law and the examination now stand, we really doubt whether the majority of our present board of examiners could come out with flying colors in every department. A law for licensing medical practice we need; a law to confer the degree of M. D. we do not need, for there are mills enough already to grind them out.

We need rather another law, for I would prefer to see the horse before the cart, and not the cart before the horse. We want more general knowledge before a student should be permitted to enter a medical college. It may reduce the number of medical students for several years, but a better class of physicians would leave the colleges at the end of their terms. Would such a preparatory course prevent poor young men to choose the medical profession? for even here in New York we hear too often that our free College benefits only the well-to-do citizens, and not the real laboring classes. Granting even all such objections, this need not deter the State from making statutes, which benefit, in the end, all citizens. To make a good physician, the foundation must be solid, and it is the duty of the State to see to it that such a foundation is not built on sand. A classical education may be desirable, but it is not necessary. Something more than a common school education is needed; how much more, there is the rub; and this can only be settled by a commission appointed by the State. Whatever they decide, must be the law for all colleges, without exception; and *the board of examiners for admission into a medical college* must consist of men outside of the medical profession. Let us lay a good foundation, and there is no fear that quackery will ever reign supreme.

A board of State examiners for admission into a medical college.

A board of State examiners for granting license to practice.

A frequent change in such boards, and strict impartiality to all candidates, and the millenium will surely be near at hand. As matters now stand, let us be grateful that we, in this great State of New York, are no worse off than any of our neighbors.

S. L.

- 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.*

Collection of serum in the tunica vaginalis (hydrocele);
also *Calc. phosph.*

- ²⁵ **Sexual Organs, Female.** Leucorrhœa of acrid, irritating mucus.

Corroding leucorrhœa of transparent mucus.

- ²⁶ **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.

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.*

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.

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.

⁶ **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.

- ⁴⁰ **Chill. Fever. Sweat.** Intermittent fever; sour taste; vomiting of sour masses.—Sch.
- ⁴¹ **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.

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.

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.

- 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 rheumatritis 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.
- ³⁵ **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.

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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ARTICLE XXVII.—A New Form of Nervous Disease.

A THESIS FOR FELLOWSHIP IN THE MEDICO-CHIRURGICAL
SOCIETY OF NEW YORK.

By W. S. SEARLE, M.D.

WITHIN the past five years the writer has met with a number of cases of nervous disease which he has been unable to classify. Detailing these to his colleagues, he also learns that some of them have had a similar experience. And, finding no description of such a malady in the works of those ancient or modern authors which are accessible to him, he attempts it here.

Discarding any attempt at nosology, the disease referred to may be said to be characterized by a sensation of sudden shock or blow or explosion, usually located in the occipital region, which is sometimes preceded by an aura, similar to that of epilepsy, and is always followed by passive congestion of the cerebellum. In some cases no aura is felt, and the shock may occur in other portions of the body.

The congestion may precede the shock, often by months, and may extend on the one side to the cerebrum, or on the other

to the upper portion, at least, of the spinal cord; but always follows, and, if pre-existent, is aggravated by the shock. It is very protracted—frequently persisting for months. Often, too, it is almost the sole phenomenon—shock being never experienced.

There are no convulsions of any kind; no frothing at the mouth; no biting of the tongue; no palor followed by flushing or lividity of the face; no drowsiness nor mania follow the attacks; and, in most instances, although the shock may be so severe as to cause the patient to fall, there is no loss of consciousness.

So far as the writer is aware, this is a new disease—a proposition which may be questioned both as a matter of fact and of theory.

As to the fact, he would be obliged to anyone who will point out his error.

As a matter of theory, it may, perhaps, not be profitless if we pause here briefly to discuss the question whether there is any such thing as a new disease.

“The wise man” said “there is nothing new under the sun.” The thing that is, has been.

This will do as an aphorism—a general conclusion, but, specifically, its falsity is apparent. For, in this instance, it cannot be for a moment believed that all the woes and pains, which to-day afflict humanity, were emptied like a flood upon Adam or Noah and their immediate descendants, nor (accepting the multiple origin of man) upon any of our progenitors. Surely, all diseases must have had their beginning. So that, counting probabilities only, it seems quite likely that new forms of disease may from time to time appear.

I think this can be shown to be true even of acute disease. And, though a full discussion of that branch of the subject would be foreign to our present purpose, it may be remarked, *en passant*, that some basis for such an opinion can be gathered from the undoubted fact that whenever large masses of men have been herded together for a sufficient time, as in pilgrimages, fairs, prisons, etc., epidemic forms of disease have been sure to occur. And it is to be noted that, while such epi-

demics may, with a little elasticity perhaps, be included within settled nosological boundaries, yet variation from typical forms is often so marked as to render classification matter for hesitation and doubt.

Those of us who recall our experience with fevers contracted by visitors to the Exposition at Philadelphia, last year, cannot fail to remember how very embarrassing the question of nosology was to us. In fact, so universally was this felt, that many abandoned all attempts at classification, and called the prevailing disease "the Centennial fever." When we reflect that a similar variation in the types of acute disease is the rule, and not the exception; that nosological lines are arbitrary, and drawn for convenience; that frequently the shadings between groups or single diseases are so gradual as practically to obscure or wholly blot out all boundaries; it cannot be matter for surprise (whether it can be proven or not) that many find ground for the belief that new forms of even acute disease may and do occur. There is, at least, one inconstant factor in the problem, viz., man, who varies as his environment varies, and whose conditions in civilized life and in this age of rapid changes, are anything but permanent.

In confirmation of this view, we may remark that the descriptions of acute diseases recorded by ancient or even comparatively modern masters of our art can, in some instances, with difficulty be made to fit the types of the same diseases occurring in our midst to-day. Who of us now sees the typhoid of Louis or the scarlet fever of Sydenham? Even if we accept the current theory of zymotic disease, and could prove that germs are incapable of spontaneous generation, variation or extinction, the changes constantly occurring in the conditions of human life, and their well known effects in modifying the organism, render it not only possible, but probable, that the forms of old, recognized classes of disease—even zymotic disease—may so vary as to render them virtually new, or even sometimes to produce entirely new maladies.

When we extend our view beyond the fields where germs are recognized as an etiological factor, the probabilities grow stronger. Strongest of all when we consider chronic disease, for here the factors are still more variable.

The "*omnis cellula e cellula*" of Virchow has become an aphorism. But a still broader proposition may be maintained, viz., *omnis cellula e simili cellula*—every cell produces progeny similar to itself in form, constituents and vitality. And the degree of similarity varies as the environment of cell-life varies. Not more certainly does a child resemble some one of its ancestors in face and form—in mental and moral peculiarities and tendencies, as well as in general vitality, than does each cell its parent. Indeed the latter fact includes and postulates the former. And as environment is undoubtedly capable of modifying the entire individual, so also does it modify cell-life.

What we may call the doctrine of habit in disease, is by no means fully comprehended. It is a common remark, that "we are creatures of habit;" but it does not seem to be appreciated that not only is every individual organ in the body susceptible of habits of its own, but that the same may and must be predicated of the cells which compose these organs, and these habits (as the very word implies) are capable of variation and of education.

In the whole range of functional disease this law of habit is far-reaching in its consequences, and, when fully understood, has a wide bearing upon the treatment of such disorders.

But of this at another time.

We are now concerned with the operation of this law as it relates to cell-life, and, through it, to organic disease. That it has a decided influence here cannot for a moment be doubted. The habitual use of opium alters the vitality, if not the constituents, of every cell in the body—thus furnishing a reason why the eradication of the habit and its consequences is so difficult. Measurably, the same is true of tobacco and arsenic and other substances. In this way only can the heredity of drunkenness, insanity, cancer and a multitude of other diseases be explained.

The cure of a large number of chronic maladies by radical changes in climate and employments points in the same direction, and affords us a clue to rational and efficient treatment.

This principle lies at the base of the efficacy of vaccination, and, if I mistake not, of the origin of venereal and other forms of disease.

The cell-life of every person differs from that of his neighbor, and, if brought within a certain range, will modify it. Not only is this true, but, while contact with a single individual may not cause variation wide enough to constitute disease—though even this is not uncommon—contact with a multitude of even fairly healthy persons, in successive intercourse, is often productive of very virulent disorders.

Thus every man's cell-life may be either sanative or poisonous to his intimate.

There was sound philosophy in searching for a vigorous maiden to lie in the arms of old king David.—There is truth in the notion that a healthy child or even adult may become infected by sleeping with a consumptive.—It is true, that wherever large masses of men are so collected together that the individual is exposed to the influence of the many, there disease will originate, and often disease in new and peculiar forms.

If it be claimed that only effete and decaying cells are thus productive of disease, such an assumption simply goes to prove that the vitality of one cell affects another—the very proposition we are maintaining. And we may pertinently demand of the objector why the effete cells of every healthy man's body are poisonous to others only and not to himself.

I firmly believe that the contact of even normal vitalities tends to assimilate each to the other. Husband and wife thus tend to approach a common life, not only in mind and morals, but in physique. So these numerous facts testify. According to Dr. Ogilvie, a woman at Aberdeen had married twice, and borne children both times. All of them were scrofulous, as her first husband had been, although both, she and her second husband, were perfectly free from that taint.

Dr. Nott gives cases of negro women who, after having borne children for a white man, continued to have mulatto children by a negro husband.

According to Dr. Simpson, of Edinburgh, a young woman, born of white parents, and who had a mulatto half-brother born before marriage, had undoubted traces of black blood.

Dr. Dyce says, he knew a half caste woman who had fair children by a European, and, who, on being afterward married

to a mulatto, gave birth to children resembling her first husband in features and complexion.

Similar facts respecting animals are well known to all naturalists.

Whether we suppose, in explanation of these occurrences, an impression made upon the generative organs only or whether it extend to the entire body, they equally confirm the theories here advanced.

Certainly the blood of a syphilized person, brought into contact with the absorbents of a healthy man never so briefly—never so slightly, is competent so to change the cell-life of the latter that he shall feel it, in every tissue of his body, till his life's end. And I feel confident that if healthy women were subjected to the embraces of a series of ordinarily healthy men for years in succession, the cell-life of both sexes would be so modified that, were syphilis blotted out of the world, it would again, in time, make its appearance.

If then cell-life is thus subject to the law of habit: if it is capable of modification by the voluntary or involuntary habits of each individual, and tends to propagate itself as thus modified: if also new modes of life and changing habits are constantly altering the environment of our bodies, surely there is foundation for the belief that new forms of chronic disease, at least, may arise. So that our answer to the query whether there be such a thing as a new disease ought to be—not affirmatively proven, but highly probably.

But to return from this too long digression.

So far as the writers experience extends, the disease, we are about to consider, has existed during the past five or six years only. Of late comparatively large numbers in various ranks and conditions in life have suffered from it. Professional and business men, ladies of varying temperaments and position, as well as robust house servants have been attacked.

Of its prevalence in other countries I can only say that an American gentleman who had it, and was traveling in Germany, was informed by eminent physicians that the disease was epidemic there. And while that epithet would hardly apply here, or perhaps anywhere, the affection certainly is becoming wide-spread amongst us, in city life, at least.

Without further preliminary I will now detail some of the instances, which have fallen under my notice.

CASE I.—Mr. A., æt. 45. Father dead at sixty-eight years of age; mother living at seventy-seven. No hereditary tendency to nervous disease, except that the father once had *angina pectoris* in a mild form. The disease first made its appearance suddenly in September, 1874, after a vacation of a month, which was spent at a watering place. During this month his health had been good, but exercise had been limited, and food of a richer quality than customary had been indulged in. On September first he reached home, and, after a light supper, retired. About daylight on the following morning he was aroused from profound sleep by a sudden shock with vertigo like a blow in the occiput. He sprang up and fell over upon the bed, not losing consciousness, however. Again lying down he fell asleep, only to be again aroused by a similar shock. This experience repeated itself five or six times before rising for the day, and it was then found that a sense of great weight and dullness oppressed the head, especially in the occipital region. The hands and feet were cold, and the head was hot. The cerebrum also seemed somewhat involved, as the whole head felt badly, and the conjunctivæ were suffused.

The ingestion of food at this and all subsequent times afforded temporary relief from the pressure, fullness, constriction and dull, leaden weight in the occiput. With the return of night there was a disposition to elevate the head more than usual. By morning the symptoms had disappeared from every part of the head except the occiput, and there was no recurrence of shock at that time, but the other symptoms mentioned persisted without intermission, though with variable severity. Shock did, however, return at irregular intervals, occurring only when upon the point of falling asleep or during the early morning hours, and it seemed most likely to come when lying upon the back. These shocks have, in this case, always been preceded by a kind of aura, which began somewhere in the spine, and if the patient could wake soon enough to exert his will before it reached the occiput, it was possible thus to extinguish the aura and prevent a shock.

With occasional intervals of a few days or weeks, when the entire trouble seemed to vanish, the above symptoms continued for over three years. During a small portion of this time, when overworked, it became so troublesome as occasionally to prohibit writing. Reading was never difficult, and indeed was usually a relief. During one of these periods of intense aggravation, the ophthalmoscope showed a slight hyperæmia of the retinal veins, but, for the most part, no disturbance of the functions of the brain, nor congestion of the retina could be detected.

The recurrence of shock, and of the sensations in the occiput which invariably followed them, were often excited by derangements of digestion, but more especially by anger. Other emotions, when profound, were quite as likely to afford relief as the contrary.

On the whole the shocks were infrequent, often not occurring at all for months—the exciting causes named serving only to produce congestion in the cerebellum. Alleviation, temporary but complete, was always obtained by eating or by drinking wine or ale, and by active exercise. During the entire three years the usual good functional condition was maintained. The bowels were regular; the appetite good; and digestion was performed commonly well. Sexual intercourse had little or no effect. As a rule, when indulged in regularly, it appeared to be beneficial. Real vertigo was felt only with the shock, but sudden motion or sudden cessation from it, as in the starting and stopping of cars, or their rapid swinging around curves, or the rise and fall of a boat upon the waves gave an unpleasant, unstable sensation in the occiput as if vertigo were impending.

This patient regularly smoked about six cigars daily. At one time, for a short period, they were omitted, but were resumed on account of indigestion which was sure to come without their use after meals, and which they as surely prevented. Aside from this they seemed to have no effect. The shocks in this case have now ceased for several months, but there is a slight recurrence at distant intervals of the unpleasant occipital sensations.

As this was my first case, and as I had not at that time worked out the pathology of the disease nor its treatment, many abortive attempts at cure were made with inappropriate remedies. Those which were finally selected and which proved curative were *Digitalis*¹⁻², *Carbo. veg.*³ and the fluid extract of *Hamamelis*, in doses of twenty drops once or twice daily. The former seemed to control the shocks, and the two latter subdued the congestion.

CASE II.—Mr. B., æt. 48, a manufacturer, of unexceptionable habits, is married. He has always had a delicate stomach, and this disease seemed to make its *debut* in that organ, in the form of sharp attacks of *gastrodynia*, during the summer of 1874. These attacks were not induced by errors in diet, were very severe and were accompanied by vertigo, vomiting and cold sweat. Recurrences came at long intervals but with increasing frequency. Until about July, 1876, he had only his usual occasional headaches which apparently arose from indigestion. But near that date, while engaged in light exercise in the open air, he experienced a shock, like a sudden blow upon the occiput with vertigo, which instantly felled him to the ground. He was not unconscious during this or any subsequent attack. This shock was followed at once and persistently by a sense of weight and fullness in the occiput. Similar explosions and occasional returns of the *gastrodynia* followed during the summer. The latter attacks lasted from one to three hours, and with the usual distress in the stomach, flatulence, etc., severe vertigo was always present, and prostration was extreme. The eyeballs were afflicted by *nystagmus*, and the patient closely approached collapse. In the intervals, the occipital sensations were intense, and sudden motion of any kind threatened such imminent return of vertigo that the head was rigidly held in a bent position almost constantly. Considerable dull pain was felt in the nape of the neck and between the shoulders. From insufficient control of the recti muscles, the eyes were always unstable, so that reading, except for brief intervals, and writing at all times, became impossible. No hyperæmia of the retina was ever found, though it was carefully looked for on several occasions. Respiration was

rapid, and became panting upon slight exercise. The power of coordination in the lower extremities was decidedly affected. The gait was straddling and shuffling, and a cane was necessary. Sleep was good, and only excessive from lack of any other employment. The hands and feet were cold, and a desire to lie with the head much elevated was marked.

With all these distressing symptoms the mind did not seem at all impaired. Often when feeling very badly, a game of whist was played, and well played. No mental faculty in this patient has at any time shown signs of failure.

The sexual organs were not disturbed, nor could the patient distinguish any change in their functions, nor any connection between the exercise of them and the phenomena of the disease. The bowels were regular, and the excretions from the kidneys unaffected, except when bilious complications occurred.

Under treatment the violence of the symptoms abated, so that, by the fall of 1876, he was much better. From neglect of his own, a relapse took place in the winter, which was soon brought under control. The succeeding summer was spent in the Adirondack woods with great benefit. But the return of winter brought another relapse—to a less degree, however, and, by careful management, great improvement was manifest by spring. The summer of 1878 was again passed in the forest, and in comparative comfort, until toward the close of August, when, without cause of any known kind, he awoke one night and found his left arm entirely paralyzed. Electrical examination proved this to be peripheral in character, and, under this variety of treatment, at the skillful hands of a fellow of this society, together with remedies carefully applied by another, the arm has now fully regained its functions and nearly all its pristine vigor, while the attacks of gastrodynia are rare, the shocks never felt, and the vertigo and congestion have nearly disappeared. Co-ordination is perfect, and entire cure is confidently expected.

Careful regulation of the diet, with Carb. veg.^{1 and 3}, Digit.¹⁻⁵, Kalmia¹, Argent. met.¹, and, later, galvanism, have been the most efficient remedies.

CASE III.—Mrs. C., a dressmaker, æt. 42, enjoyed good health

until about two years ago, when she began to suffer more or less from headache. One year since, her husband died, and she was much exhausted by nursing him. She then experienced an increase of headache, which located itself in the occiput. It was a cold sensation, as if a piece of ice were in the cerebellum. About this time disturbances of vision began to manifest themselves. She noticed a red halo around the light, which would change to yellow, and then disappear. Reflected light seemed to be composed of red or purple rays. On first opening the eyes in the morning, all objects appeared red—the color fading slowly away. When walking the street, in the evening, the light seemed to stream from the gas-posts in rays, which appeared so solid that she felt impelled to try to step over them.

Nine months ago she had occasional diplopia, and, at times, was so amblyopic that she could not see persons sitting on the opposite side of the table. She is now emmetropic, with V. $\frac{2}{3}$ on each side. Nothing abnormal can be discerned in the *fundi oculorum*, although many of the above subjective symptoms still persist.

The first shock occurred six months ago. Since then she has had them nearly every week. More commonly she experiences a sensation as of a thread breaking or of a bubble bursting in the occiput. She sleeps heavily, but, when wakened, it is difficult to get to sleep again. The sense of hearing is hyperacute, and illusions of vision, such as spectres of animals, etc., are not uncommon.

Under treatment this patient manifested about the same symptoms until May, 1878, when, while feeling uncommonly well, she had a sudden and severe shock in the occiput, which caused her to fall. She became unconscious, and remained so for an hour. There was no outcry; no convulsion; no frothing; and no drowsiness followed. The face was pale throughout, and the pupils unaffected. After this shock the occipital sensations were much worse, and the entire head felt badly for days. The hands and feet were cold, she could not lie down, and she saw many illusory objects. After five days came another shock, even more severe, in which the same symptoms

were manifested. They continued to recur about once a week, until the treatment indicated below was entered upon.

On several occasions the eyes were carefully examined, but no congestion of the retina has ever been detected, even when the head was at its worst. All the shocks were accompanied by a thrill, which spread like a flash from the occiput to every extremity, and was associated with vertigo. Aside from this, vertigo was slight, and only excited by rising quickly. The bowels were regular; appetite and digestion good, and the menstrual function perfect.

At the date of writing all of the symptoms have yielded to Argent. met.⁶, and Calc. carb.⁵. Those which still persist, are slight and not characteristic.

CASE IV.—D., æt. 21, is a married woman of English birth. Her parents are living and in good health. Three months after the birth of her only child, about two years ago, she was attacked by sudden shocks in the head. They were first felt in the vertex. She describes them as like a quick contraction of the brain, from the eyes to the top of the head. For the first two months she had no vertigo, but, since the shocks have located in the occiput, it has become a very prominent feature.

She now complains of explosions in the occiput. They are preceded by a thrill, which begins in the spine or in one foot, spreading rapidly to the back of the head, and ending in a crash, as if that part of the skull had been blown off. At times she falls, but is never unconscious, nor convulsed; does not froth at the mouth; and is not drowsy. On the contrary, she is frightened and trembling with cold perspiration. The shock is always accompanied by vertigo, and the latter is now almost constant. When walking, it seems as if the pavement or floor rose to meet the foot. When in bed, the couch seems to rock, like a boat upon waves. There is a confused feeling in the occiput, and reading is impossible; but no mental faculty is obscured. Vision is indistinct, objects being seen as through a mist, and the eyes ache when used. She is emmetropic, and the retina appears anæmic, as does the entire body; but otherwise the *fundus* is normal. She has never desired to lie with the head elevated. Sleep is not good, and she feels

constantly weary. She is poor, and cannot obtain proper food. The bowels are regular, the appetite good, and all her functions are performed regularly. All of her symptoms are temporarily relieved by eating and stimulus.

She was an unsatisfactory dispensary patient, and, after some amelioration of her disease, by the use of Digit.¹ and ³⁰, and Carbo veg.³ and ³⁰, she drifted away. It is my present opinion that Argent. should have been prescribed for her.

CASE V.—E., æt. 19, is an unmarried German house-servant. She is very robust looking. Indeed, she is the very picture of health. Three years ago she had typhoid fever, and has since suffered more or less from ordinary headache. About one year ago she began to experience sudden shocks in the occiput, with vertigo. The sensation is preceded by no aura, and is like a sudden blow upon that part of the head. These sometimes occur in the forenoon, more often in the afternoon, but most frequently after going to bed. Often they arouse her from sleep, causing her to spring up with fright, and they are accompanied by a thrust as from a knife through the occiput from side to side. They are followed by an exacerbation of the sense of fullness and weight, which is constant in the back of the head, and which is also made worse by lying down. The extremities are very cold. Latterly shocks have occurred frequently, several attacks coming within a week. Each paroxysm includes several shocks, repeated at brief intervals, and sometimes continuing for an hour. During them she is obliged to keep the head bent forward and immovable, to prevent their return. She has never fallen, but feels sure she would, if she could not grasp some firm object. She has never lost consciousness; the face does not change in color; there is no convulsion or spasm of any kind; no frothing; no subsequent drowsiness. After the shocks have ceased, vertigo often continues for some hours, and is palliated by closing the eyes. Stooping or lying down at once increases the fullness in the occiput, while soaking the feet in hot water diminishes it. She has no dyspepsia; appetite is good; the bowels are regular, and menstruation is normal in every respect.

This case is the most thoroughly typical one I have ever

seen. And her perfect health in every other respect eliminates all suspicion of any reflex cause for the disease.

She was under treatment for two months, and has entirely recovered. Argent. met.³ was the curative agent.

The following brief sketches of three cases of this kind, have been kindly furnished to me by my friend, Dr. H. B. Millard, a Fellow of this Society :

CASE VI.—Mr. X., a lawyer, during the summer of 1876, after having been exhausted by hard work, was exposed to the sun at a period of intense heat. Partial syncope and great debility were the direct results. Soon afterward he began to experience frequent shocks in the occipital region, which produced faintness and coldness of the extremities. They were followed by a sensation of intense and painful fullness in the back of the head. He was quite dyspeptic, and was in the habit of indulging in incomplete sexual intercourse. He was cured by full doses of Secale, Tincture of Digitalis, and Bromide of Zinc. Hypodermic injections of Strychnia, with Electricity, were also exhibited in the region of the nucha.

CASE VII.—Y., a hotel clerk, æt. 35, had suffered for two months from shocks in the occiput, followed by congestion of the cerebellum. The attacks were attributed to excessive sexual intercourse. This habit was corrected, and the disease yielded to Bromide of Zinc grs. ii, *ter in die*.

CASE VIII.—Z., æt. 32, of slight form and nervous temperament, until six years ago was addicted to onanism. He now has involuntary emissions with erections twice a week. Occasionally, and without premonition, he suffers from a shock extending from the occiput to the end of the spine, with momentary unconsciousness. He has also sudden attacks of vertigo, almost violent enough to make him fall. Both forms of attack are followed by congestion and throbbing in the occiput. In this region the scalp and muscles of the neck are sensitive to the touch. The shocks are followed by great debility. They seem to be especially induced by prolonged mental effort. Cure of this case was effected in about eight months, by the use of Digit., $\frac{1}{60}$, Agar., $\frac{1}{60}$, Kalima, $\frac{1}{60}$, Bellad., $\frac{1}{60}$, the Bromides Secale, Argent. nit. and Nux vom.

These are all the fully developed cases of this peculiar disease of which I have noted. I have treated others, of which, unfortunately, I have preserved no records, and I have casually met with several persons who had suffered or were suffering from the same malady. In still more instances I have been consulted by patients who complained only of the congestive symptoms—the disease having, apparently, not progressed far enough for the development of shock. These latter have always yielded more or less readily to the treatment hereinafter detailed. And from the similarity of the symptoms complained of, from the presence of the same conditions of aggravation and alleviation, as well as from the fact that several of the more complete cases exhibited the same class of sensations often for months before any shock occurred, I feel justified in regarding them as incipient forms of the disease under consideration.

I will detail but one of this class of cases. It is one of the severer of them.

CASE IX.—A maiden lady, æt. 37, enjoyed good health until the Fall of 1876. After parting with some dear friends about this time, she experienced a sensation in the occiput which was entirely new to her. She describes it as a sense of fullness or pressure—a numb, wooden feeling. With seldom an interval of a few days, these symptoms persisted for nearly two years. She never experienced shock, but, on sudden emotion, a grasping sensation, as if some one were squeezing the cerebellum, would be felt, and this would be followed by decided aggravation of the customary occipital distress. The emotion of anger was especially effective in this way. On moving the head, the upper cervical vertebræ would creak like a rusty hinge. With the advent of the disease came the necessity for sleeping with the head greatly elevated, and also unusual coldness of the extremities. Vertigo was occasional and slight. All the bodily and mental functions remained perfect throughout the entire course of the disorder. Eating or drinking wine or ale always gave temporary relief. Several examinations were made with the ophthalmoscope, but retinal congestion was never found.

She was cured by Petrol.^s, and Carb. veg.^s, and remains well

at this date, although she has taken no medicine for over six months, and has lately been much excited and exhausted by nursing and bereavement.

ETIOLOGY.

The predisposing causes of this disease, like those of many chronic affections, are involved in much obscurity. In fact little is certainly known concerning the predisposing causes of most diseases. Far too many variable factors enter into problems of this sort to permit constant and positive conclusions. The old and well known theory that the cerebellum is the nerve-centre of the sexual organs, together with the fact that some of the victims to this disease have confessed to irregular and improper use of these organs, have led some to believe that such aberrations were the efficient cause of this malady. But it may be remarked, first, that no reputable physiologist of the present day is willing to affirm that the generative organs derive their nervous force from the cerebellum. This theory is opposed by too many insurmountable facts. Time and space forbid their discussion here, but they may be found in most physiological works.

And, secondly, mankind long ago exhausted the possibilities of sexual abuse. How then can a new form of disease be consistently attributed to such a cause? And, granting the theory, why is not the disease vastly more prevalent than it is?

To me physicians seem to be possessed by what may be termed the *mania causationis*. Such philosophers find in vaccination the cause of every modern disease. Others, meeting a few scattered instances of atrophy of the optic nerve, for the existence of which no evident cause can be found, straightway label them "tobacco amaurosis." They forget that for every man, woman and child on the face of the earth four and one-half pounds of tobacco are annually consumed, while, in some countries, the average rises to fourteen and a half pounds. Did tobacco cause amaurosis, one-half the adult males, at least, in the latter countries, ought to exhibit white atrophy of the optic nerve. Why do they not discover a tea and coffee amaurosis?

So, too, with those who find a mare's nest in masturbation, sexual excess, incomplete sexual intercourse, etc. While I would not go so far as a late distinguished author in Ziemssen's cyclopedia, and affirm, with him, that no greater evils result from onanism than from as frequent normal intercourse—while I feel well assured that excess in any direction tends to break down nervous tone, and predispose to diseases of many varieties, still one cannot justly place his finger upon any single disorder, and say that sexual abuse is its cause. In the present instance, two facts are quite sufficient to convince me that such aberrations are not the efficient cause of this disease, viz., first, its comparative rarity and recent appearance; and, secondly, its development in some who are free from blame in this regard.

What, then, are the predisposing causes? I frankly confess that I do not know. Neither can I offer a rational supposition.

It appears to be a disease of middle age. The youngest person afflicted, among those recorded above, was nineteen years of age, and I have not seen it in those who have passed fifty. Between those ages, both sexes, married and single, robust and feeble, plethoric and anæmic, persons of good habits and bad, in all ranks of life are its victims. And, where the environment is so various, who will be hardy enough to attempt to determine the *causatio morbis*?

Among those already afflicted with the malady, the exciting causes of fresh attacks are various. Of these, indigestion is prominent. Mental anxiety and overwork may also be mentioned. But the emotion of anger seems to sustain a very peculiar relation to the attacks. Other emotions, such as joy or sorrow, fear, etc., may be experienced with comparative impunity, but that of anger is sure to precipitate a relapse. Nor can I explain why this should be so.

ANALYSIS OF SYMPTOMS.

In considering the symptoms of the cases above recorded, two central phenomena at once arrest the attention. One is that of a so-called discharging lesion, and the other that of venous con-

gestion of the cerebellum. Apparently either of these may antedate, and, perhaps, postulate the other. In case I, the shock stood at the very threshold, bursting upon the patient without previous congestion of any part of the head. Others seem to have endured a variety of forms of headache, not clearly defined in nature, but did not complain of the peculiar occipital sensations until after shock occurred. Others, again, suffered from symptoms referred to this region, previous to development or shock. These facts tend to show an interdependence of the two phenomena, and, therefore, to localize the disturbance in the vaso-motor system.

As is well known, the centres of this system are many in number, and widely scattered—some physiologists holding that they exist in the coats of the blood-vessels themselves, as well as elsewhere.

As to the nature of the discharging lesion, we cannot enquire with more hope of success than those who, with every modern appliance, and with great skill and patience, have sought for the lesion of epilepsy. Nor is it necessary to say how completely they have been baffled.

Regarding its location, however, we may say that Case IV seems to prove that it may exist in the cerebrum—certainly it was first felt there. And Case II appears to bear evidence that something very like it may attack the solar plexus. For the most part, however, and finally in every case, it has located itself most persistently in the cerebellum. Here, too, the congestion centres. I have carefully examined with the ophthalmoscope, every case which has fallen into my hands, whether congestive only, or fully developed, and in but one could any degree of retinal congestion be found. In that instance it was very temporary, and was never seen again. I take it for granted (although I do not know that it has been proven) that venous congestion of the base of the brain, at least, cannot exist without producing a like hyperæmia of the retina.

We surely know that such is usually the case. And from the entirely normal appearance of the fundus of the eye, even in exquisite instances of this disease, like Case V, I think we are justified in concluding that the congestion is mostly confined to the cerebellum.

In those cases where myalgia of the nucha occurs, it is probable that the blood-vessels near the root of the cervical plexus are involved. And, from the occurrence of paralysis of the arm, in Case II (which is otherwise inexplicable to me), I am inclined to think that the congestion may extend some distance down the spinal cord, and seriously interfere with its nutrition. At times, on the other hand, it seems to involve the cerebrum. The phenomena of chromopsia, illusory vision, and of unconsciousness after shock, presented in Case III, cannot be explained upon any other hypothesis.

In Case II we find the only marked instance of loss of the power of coördination, unless we regard the trembling of the extremities following shocks, in Cases III and IV, as a slighter form of disturbance of this function. But this is a symptom which we should naturally expect to find in any instance of cerebellar lesion which was sufficiently protracted and profound.

In the lack of functional derangement of the sexual organs we have the converse of the proposition discussed under the head of Etiology. If the cerebellum be the nervous centre of these organs, how is it that their physiological *status* was not influenced in some way?

And yet the fact remains that, in neither sex was any change of functional regularity manifested.

PATHOLOGY.

The discussion, as thus far conducted, leaves but little to be said under this rubric.

It is proper here, however, to define what is meant by the term "discharging lesion." Professor Hughlings Jackson is, I believe, responsible for this expression. And by it he means a tendency in the gray matter, anywhere in the body, to generate force in an explosive manner, instead of quietly and regularly. He assumed this phenomenon as the basic fact of epilepsy. Whether the explosion of this disease and that of epilepsy are identical in nature, we shall discuss farther on. I do not believe that they are. But certainly they are similar. Both are sometimes preceded by an aura, and sometimes not. Both are

followed by venous congestion; but that of epilepsy is located in the cerebrum, is manifest in the red or livid face, is very temporary, and does not precede the explosion.

By common consent the epileptic lesion is located in the pons, or medulla, or both. Now, as we shall see, the difference between these disorders are so marked, that separate anatomical seats must be assigned to them. And, in the absence of all opportunity for research in the cadaver—which, by the way, would probably prove futile, if it could be had—and as all the symptoms point in that direction, I have located the lesion of this disease in the cerebellum.

The best physiologists of the day are united in the opinion that this part of the encephalon is the organ of equilibration and coördination. The experiments of Flourens, confirmed by many others, leave no doubt upon this point. Hence the severe vertigo which accompanies the shocks, and which in most cases attends the congestion, precedent or subsequent. The only other organs concerned in equilibration are the semicircular canals, the clear involvement of which in Meniere's disease, and the symptoms and course of that affection, as will be shown, exclude these organs from participation in this. It is to be remarked that the absence of convulsion in every form, in all cases of the disease we are considering, leads us decidedly away from the medulla—that great motor centre. So that by all the evidence we possess, both positive and negative, we are shut up to the conclusion that the *locale* of this malady is somewhere in the gray matter of the cerebellum. Respecting the probability of organic change in this organ, I can only say that, judging from its absence in pure cases of epilepsy, we should not expect to find it here. We should remember, however, that the congestion is much more protracted in this disease, and must, therefore interfere more decidedly with nutrition. So that the probability of final organic change must be regarded as greater than in epilepsy.

PROGNOSIS.

Of the ultimate cure of cases of this kind I think there can be little doubt.

The course of the malady, however, is essentially a chronic one, and entire eradication, at least by drugs alone, must be a process covering months of time.

Were it possible to combine medical treatment with a radical and entire change of scene, diet and habits, cure could, doubtless, be much more speedily attained. Indeed, the latter alone may prove sufficient in some instances, although I have known of cases in which the experiment has failed, and do not know of one in which it has succeeded.

DIAGNOSIS.

There can be no difficulty in distinguishing this disease from cerebral anæmia.

The drowsiness, somnolence and even complete coma; the irritability, fretfulness and restlessness, extending sometimes to delirium or insanity; the palor of the retina; the relief in a recumbent posture, etc., so characteristic of anæmia, form a picture very different from that we have been regarding.

From hyperæmia of the cerebrum we may find more difficulty in separating it; but still the distinction is a broad one. In both affections we have vertigo, and a desire to keep the head elevated when lying down. The extremities are cold in both, while the head is hot. But sleeplessness is a marked feature of cerebral congestion, and seldom or never occurs in this disease—certainly not persistently. The suffusion of the face and conjunctiva; the fulness of the retinal veins; the general headache and confusion of mental faculties; the loss of speech, convulsion, mania and disturbance of the various senses, are not found.

In cerebral hyperæmia there is no constant reference to the occiput as the affected part. Pain and discomfort are located in the vertex, sinciput, or entire head. And no matter how protracted the congestion may be, no shock of any kind is produced.

Can we distinguish this disease from epilepsy?

I have given this question very careful consideration, and am of clear opinion that we may answer affirmatively.

If we accept the views of the very large majority of writers upon epilepsy, there is no difficulty. Kussmaul and Tenner, Schröder Van-der-Kolk, Brown-Sequard, and a host of others, hold that the one constant and uniform symptom presented by all epileptics, is loss of consciousness. This may be very brief, as in *petit mal*, but it never fails to occur.

Nothnagel, the author of the monograph on epilepsy in Ziemssen's Cyclopaedia, says:—"Two symptoms are to be regarded as *essential* in the seizure; first, loss of consciousness, and, second, more or less extensive convulsions."

But one very distinguished writer—Hughlings Jackson—takes the ground that the presence of a "discharging lesion" is the sole distinctive feature, and that all cases presenting this, are, *au fond*, epilepsy. In his opinion, a sudden and temporary stench in the nose, with transient unconsciousness, a "sudden and temporary development of blue vision, spasm of the face, with stoppage of speech, tingling of the finger, followed by spasm of the hand, and certain vertiginous attacks," are all epilepsies. All these seizures are, in his view, alike in that each results from occasional and excessive discharges of gray matter. I, myself, have seen a child in whom for several months sudden and temporary convulsions occurred in the lower limbs, which were repeated several times daily. During their progress the child would converse intelligently. I diagnosed epilepsy, and my opinion was confirmed by the development soon afterward, of unmistakable epileptic paroxysms. Now, here was a discharging lesion with no loss of consciousness. But we should note well that there *was* spasm, sudden and temporary.

That the disease under consideration has, among its phenomena, a discharging lesion, cannot be denied. Certainly we regard such lesion as a distinctive characteristic of all fully developed cases. But is this sufficient proof that the cases described are essentially epilepsy? I think not. If we are to include within this title all cases of sudden and temporary nervous affection, then migraine, angina pectoris, gastrodynia and a host of other complaints, for the outbreak of which no more rational theory can be constructed than that of a dis-

charging lesion, must be classed as forms of epilepsy. Perhaps if we should claim that in order to constitute epilepsy, *either* a sudden and temporary loss of consciousness, *or* a sudden and temporary manifestation of spasm must occur, we should be nearer the truth.

But in the diagnosis of this, as well as of all other diseases, it will not do to select single symptoms, and depend wholly upon them for a nosological basis. The *tout ensemble* of a malady, its history, course, concomitants and terminations must govern our opinions. With this rule as our guide, we shall find little difficulty in deciding that the cases above narrated are not epilepsy.

The protracted congestion of the cerebellum, which may precede the occurrence of shock for months or even years, or never develop them at all; the same hyperæmia which is sure to follow shock, and persist for weeks and months, are not found in epilepsy. In that disease the paroxysms either have no prodromæ, or, comparatively, very brief ones, while the attack once passed, the patient often feels better than before. Certainly he does not often experience unpleasant sequelæ for more than a few hours.

The fact, that in the cases detailed, the disease continued for several years, and did not blossom out into unmistakable epilepsy is also very significant.

Quite as conclusive is the almost uniform testimony that no deterioration of mental power has been experienced, whereas repeated attacks of even *petit mal*, soon leave their marks upon the memory and other cerebral functions.

The shock itself is quite different from the corresponding occurrence in epilepsy. Sufferers from that disease, as a rule, do not speak of shock at all. Where there is no aura, they are conscious of nothing at the time of attack. They fall instantly into stupor and convulsion. Where aura does exist, the instant it reaches the head, unconsciousness follows. If attacked during sleep, they pass at once into that state, and are even unaware that a fit has happened at all. But in our cases the shock is always felt, and, if the patient is asleep he is instantly aroused by it to the most vivid consciousness. In *petit mal*

patients do not speak of shock. They experience only a sudden vertigo. In case IV it will be remembered, that at first the shocks were felt in the cerebrum, and yet were not accompanied nor followed by epileptic symptoms.

As might be expected, however, there is, at times, some difficulty in the diagnosis.

Case three is an instance in point. Here the shocks were sometimes followed by even protracted unconsciousness. The retinal symptoms, too, are suspicious as well as the fact that the patient thought her memory was slightly impaired.

It must be remembered, however, that this case has continued for more than two years, and that the attacks have been severe. I have seen this patient frequently, and, in spite of her opinion that she does not recollect quite as well as she once did, I have never detected any failure in that respect nor in any other mental process. To this also her intimates testify. In fact she presents a very different psychological picture from that afforded by any epileptic I have ever seen, especially one whose malady was of like duration and severity. Still there can be no doubt that, in this case, the cerebral hemispheres are involved in the congestion.

According to Charcot and Clarke, the presence of visual illusions must be accepted as proof that the angular gyri on the cerebral exterior, or the corpora quadrigemina are in fault, and surely we cannot refer the hyperacute hearing to any disturbance of the cerebellum. And yet, the long durations of the occipital sensations before the shocks began; their decided aggravation by the shock; (the distinct consciousness of the shock): (the length of time through which these persist); and the absence of all epileptic phenomena except unconsciousness, incline me to class her case with those recorded here.

Still, we must not deny an epileptiform character to this disease. Not epileptiform in the sense, that is a rare or unusual form of epilepsy which will, one day stand in its true colors, but epileptiform in that it is characterized by that unknown state of gray nerve matter which renders it liable to generate force in an explosive manner. I do not believe that instances of obscure epilepsy or true epileptiform disease can

be cited which have existed for several years, and have been as severe as those herein narrated, and yet, have not within that time shown decisive signs of the fully fledged affection. In view, then, of all the facts, I feel warranted in expressing a decided opinion that the cases above given, are not, and will not become true epilepsy.

The diagnosis from Meniere's disease is easy. In that malady the sudden and complete loss of hearing and the peculiar vertigo, which always causes staggering toward the affected side, are characteristic, and leave us in no doubt that the disease is an entirely different one both in nature and location.

TREATMENT.

Of course, our attention should first be directed to the removal of all exciting causes. We should regulate, as carefully as may be, the diet, employments, and sleep of the patient. Very frequently indigestion, constipation, lack of sleep, exposure to violent emotions, excessive business anxieties or unhappy social relations interfere seriously with the recovery. Upon the especial remedies for each of these it is useless to dilate here. They must be adopted to each individual case. I may remark, however, my want of faith in any sweeping rules of diet in this and similar diseases.

The only rule worthy of adoption is that dictated by common sense, viz.: the patient should eat what he knows agrees with him, and avoid what he knows does not. If in addition, he will refrain from rapid and over-eating, little more need be enjoined upon him in this respect.

With regard to the use of stimulants, tobacco, tea and coffee, etc., I may say, that in my opinion, the temperate use of them ought to be allowed, unless there is evidence that either of them is hurtful in any particular case. To give my reasons for such an opinion would be impracticable here.

As to stimulants, I am confident that those which contain much alcohol should be entirely avoided. The reaction from their primary effect invariably increases the congestion which they at first relieve. Only the lightest wines should be used,

and these at suitable times and in moderation. Sleep, sexual intercourse and eating should be regular, sufficient and not excessive.

As regards employment, there is room for the exercise of much good judgment.

In the case of patients whose business or professions demand much anxious thought and care, an entire change of scene with rest will often materially aid recovery. I have found the Turkish baths of considerable service in relieving congestion. They cool the hot head, warm the cold extremities, and, by thus equalizing the circulation, prove very useful adjuvants. They may safely and profitably be taken every two or three days.

SPECIFIC TREATMENT.

Under this head I place the drugs which are homœopathically indicated, and, in enumerating them, it is unnecessary to say that there will of course be cases in which other remedies than those named below will be appropriate, and in the selection of which the peculiar symptoms of each alone can decide. I shall briefly sketch those which have seemed best adapted to the cases which have fallen under my notice, and also a few others which, on the basis of the homœopathic law of cure, I judge may prove useful. I shall avoid a mere detail of symptoms, which would be tiresome, and repetitions, only quoting enough to exhibit the basis of my selection, and can only express the hope that more accomplished therapeutists than myself may largely increase the list.

ARGENTUM MET.

This drug and its nitrate have been much used—and abused—in the treatment of epilepsy, and there can be no doubt that they have sometimes cured that disease. The nitrate has been most prescribed, but, so far at least as our pathogenesis goes, the pure metal is best indicated for the malady under consideration. I think, indeed, that, by many homœopathists, the two substances have been used as if their effect upon the body

was identical. And I believe a mistake has been made here. Certainly, most of the symptoms which render the metal especially appropriate in this disease are not to be found in the *schema* of the nitrate. While the abundant disturbances in the cerebrum and other organs, produced by the latter lead us to doubt the homœopathicity of that remedy even to epilepsy, except in a very limited number of instances. It must be allowed that, in many cases the salts of a metal are very close analogues of the metal itself. But not seldom, there is a decided difference; and, in the present instance, we find it so. I would, therefore, advise the use of the metal in this disease. The most distinctive symptoms in the pathogenesis are as follows: "Electric shock of the trunk terminating in an explosion near the foramen magnum. When half asleep the prover was seized with vertigo, and a violent shock of the body, after which vertigo and inclination to sleep disappeared. The nape of the neck feels stiff, with drawing and tension. There seems to be something foreign in the occiput—a kind of drawing and pressing on it."

There is evidence also, in the provings, of a decided influence upon the power of coordination. Weakness, trembling, and incertitude in the lower extremities are recorded. Dyspeptic symptoms are also in abundant variety.

CALCAREA CARB.

So profound and sweeping are the effects of this drug upon the human system, that it seems as if one could find in its interminable symptomatology every ill to which flesh is heir. But a scientific analysis of its influence upon nutrition in nearly every tissue of the body, lessens our wonder, and fills us with respect for an agent so far-reaching.

My attention, however, would hardly have been called to it as applicable in this disease, had not Case III exhibited one of its peculiar characteristics, viz: a sensation of cold in the cerebellum. And it certainly did heroic service in this instance. The malady which had resisted all other medicines, gave way at once to the thirtieth dilution of Calcarea. Very few drugs produce this sensation of cold in the brain. And, so far as my

researches extend, this is the only one which also includes in its pathogenesis attacks of an epileptiform nature without any motor disturbance. Among its symptoms are difficulty of thought and expression, with a sensation as if the cerebellum were paralyzed. Sudden falling, with loss of consciousness, but without convulsion. There is confusion and stupefaction in the entire head, but especially in the occiput. Crackling is felt in the upper cervical vertebræ, a symptom which is often complained of by this class of patients. There is tension and stiffness in the neck, and a lack of power of coordination in the limbs. The derangements of digestion are also very marked, and the whole drift of the pathogenesis exhibits a depraved nutrition of the nervous system, as well as of the vegetative sphere in general.

CARBO VEG. AND CARBO ANIMALIS.

I confess myself unable to discriminate between these drugs so far as they apply to the conditions before us. I have used both indifferently, with equally good results. As I read their pathogenesis, they will be found useful only as alternating remedies, covering the passive congestion alone, and having no developed relation, at least, to the phenomenon of shock. It is true that sudden vertigo with a tendency to fall, is given as one of their effects, but that symptom exists under many other drugs which have no bearing upon this affection. The symptoms of venous congestion of the entire encephalon, but especially of the cerebellum are very marked. Here they show a princely power, and both have been of the greatest service to me. Under their benign influence the dull tension disappears from the occiput, and the patient feels a cloud lifted from his intellect and emotions. The desire or necessity to sit with the head bent forward for fear of returning vertigo is clearly paralleled in the provings of these drugs.

DIGITALIS.

From the occurrence of sudden though slight shock in the occiput, when upon the point of falling asleep, which was a symptom in case I, I was led to prescribe this drug. And it

has proved one of the most useful remedies for this malady which I have found in the *Materia Medica*. As given in the text, the symptoms read thus—"a sudden cracking in the head during the siesta, causing the prover to start up with fright." Whether the two sensations are really alike, and simply stated in different language or not, it is quite certain that *Digitalis* greatly benefitted this patient. And as this sensation was only a minor expression of the severer shocks, the drug should be, and in this instance was curative of these also.

Among its symptoms we find occipital pressure and vertigo; disturbance of vision, even to the production of illusions; myalgia of the nucha; staggering gait; cold hands and feet, and many other indications of passive congestion. I have never met with the peculiar slow pulse of *Digitalis*, in this disease, but it is a little singular that the remedy of all others which most closely approximates *Digitalis* in this particular, (*viz.*: *Kalmia*) is also a drug which is unmistakably indicated in this affection by other symptoms.

FERRUM MET.

The tendency of this metal to produce congestion of the head, is well known to all who have used it in massive doses. Among its provings we find—momentary giddy shock in the head, with great weight, pressure and dullness in the occiput, which is especially aggravated by stooping. Vertigo is excessive and is made worse by descending stairs or by looking at running water.

The prover staggers as if drunk. There is much throbbing in the head and flushing of the face, while the neck feels stiff and extremities are cold.

Of course this remedy will be best adapted to plethoric persons.

GINSENG.

I have never used this drug, and its mention here is a pure induction from its recorded pathogenesis, based upon the law of *similia*. In a more marked manner than in *Digitalis* is the symptom of shock here set forth, as witness the following

excerpts. "Sudden blow upon the occiput followed by a bruised pain. Pressure and drawing in the occiput, so that the head inclines backward. Sensation in this region as if the head were swaying to one side." The head is dull and confused, with indistinct vision and vertigo. Frequent cracking in the neck is felt with heaviness and stiffness. The hands and feet are cold, and the gait is uncertain and tottering. I have never met with a case of this disease in which the head inclined backward or to one side, and am disposed to regard that as the distinctive peculiarity of this drug.

KALMIA.

The explosive condition which this drug produces is distinctly referred to the occiput, and is described as passing toward it from the spine. We also find among its symptoms many with which we are now familiar. The same dull feeling oppresses the occiput with confusion and vertigo, while the myalgic neck and weary limbs, which seem beyond control, give us a picture of some cases of the disease under discussion.

Kalmia will be all the more appropriate when neuralgic conditions predominate and a slow pulse is found.

LYCOPODIUM.

Somewhat to my surprise, I find ground in the pathogenesis of this drug to warrant its consideration here.

"The Master" has declared it curative in some cases of epilepsy, but the instances in which it is appropriate must be rare, and reflex in their nature. For the whole pathogenesis bears evidence that the main effects of this drug are felt in the vegetative sphere. And even in this regard, it has little or no direct effect upon the nutrition of the cerebro-spinal nervous system. The character of the urinary excretions gives strong testimony to this fact. These remarks apply with equal force to its use in this disease. The symptoms which most plainly show the relation of Lycopodium here, are, in brief, as follows. Violent shock extending from the spine to the vertex, so that he was obliged to hold on to the head. Dull, heavy pressure or pinching in the occiput, aggravated by stooping. Vertigo,

with staggering gait. Tension in the neck and occiput while writing. Unsteadiness in the legs, which seem insensible and beyond control. The head symptoms are aggravated by lying down, and relieved by eating. If then we should meet with a lymphatic person suffering from this disease, whose urine is surcharged with urates or uric acid, whose stomach and chylo-poëtic system is disturbed, as we well know this drug affects them, and whose hour of depression is late in the afternoon, we may well prescribe *Lycopodium*, and do it with confidence.

PETROLEUM.

The most destructive head symptoms of this oil are located in the cerebellar region. It produces heaviness like lead, pinching and throbbing in the occiput. Its vertigo is also referred to the same region. The latter is aggravated by motion of all kinds, but especially by raising the eyes, and by lying with the head low. The numb, wooden feeling in the occiput which this remedy produces, is often complained of by those who suffer from congestion of the cerebellum. As no account is given of any sensation like that of shock in the head, we must classify this drug with the *Carbo veg.* and *animalis*. In the same category we may rank *Sepia*, which may sometimes be appropriate in this disease.

SILICEA

Two considerations incline me to mention this remedy here. *Ex usu in morbis*, it is said to have cured a few cases of epilepsy, thus manifesting a power over discharging lesions; and secondly, in its pathogenesis are to be found many of the symptoms of this disease. Of course the well known peculiarities of this drug should be present in order to make it appropriate in any individual case. Such are the alleviation from wrapping the head up warmly, and the characteristic tendency to spasmodic excess of nervous effort, with corresponding collapse.

Upon the whole, it appears to me that *Silica* is more applicable to conditions of nervous exhaustion than to those which usually prevail in this disease.

ZINCUM MET.

I allude here to zinc, because a partial similimum of this disease is seen in its provings, and because it is a favorite remedy among antipathic prescribers for similar disorders. But I must say, that, after a somewhat protracted trial of it: in the forms of oxide, bromide and phosphide, I have obtained no decisive nor even palliative results. Others seem to have had better success, and, doubtless, cases will be found to which it is exactly adapted. The headaches of zinc are said to be mostly semilateral, and always aggravated by wine. The reverse of this condition has been the fact in every case of this disease which has come under my observation.

To me it seems better indicated in cases of spinal exhaustion; with myalgic pains of the entire back, and a peculiar fidgety feeling in the feet.

ANTIPATHIC TREATMENT.

When we regard the problem of cure from this standpoint, we have first to consider the remedies, which especially have proved useful in other discharging lesions, and secondly those which have shown themselves capable of stimulating the vaso-motor nerves, so as to bring about contraction in paretic blood-vessels, and thus control congestion.

Among the former stand the Bromides of Soda, Potash and Zinc, Belladonna, and perhaps, maximum doses of the Nitrate of silver. In the second list may be ranked Ergot, Hamamelis, Strychnia and the galvanic current.

The writer has had little experience in the use of most of these drugs in this disease.

In Case I, before I had been able to satisfy myself as to the nature of the malady, and regarding its treatment, so far as the homœopathic remedies are concerned, I gave a trial of about four months to the following prescription of Dr. W. Hammond:

R.—Sodii Bromidi.....	3i.
Pepsin Sach.....	3iii.
Digitalis Tinct.....	3ss.
Ergotæ fl. ex.,	aa
Hydro-chlor., Phos. calc.,	℥
	3ii.

Sig.—One teaspoonful three times daily.

The result was palliative only, while the general health became so much impaired that I then desisted.

In Case II, the Bromide and Phosphide of Zinc with Ergot and Bromides of soda were used for a considerable time, in full doses, with temporary results only.

Our esteemed colleague, Dr. H. B. Millard, has obtained permanent cures of his cases, above reported, partly by the aid of this class of remedies. He also makes use of hypodermic injections into the nucha of sclerotinic acid or strychnia. Of the use of the fluid extract of Hammamelis for the control of the congestion, I must, however, speak with enthusiasm. In doses of twenty drops, three times daily, it has acted with magic power, and it so far exceeds all remedies I have used for this purpose, that I now rarely prescribe anything else for the congestion alone. But in general, and for the cure of the shocks, I have obtained quicker and more permanent results from the homœopathic remedies.

To the intelligent and judicious use of the constant current I think we may look for brilliant results in the treatment of this malady. That it has power over that mysterious condition of the gray matter, which results in discharging lesions, is shown by the cure of epilepsy by this method.

Hammond reports having cured fifty-nine out of one hundred and thirty cases, by galvanization of the brain and cervical sympathetic. Certainly it should also be very efficient in removing the passive congestion which is such a prominent factor in this disease. As yet I have made little use of this method, but am prepared to do so upon occasion, and anticipate good results.

ARTICLE XXVIII.—Origin of the Theory of Primary and Secondary Symptoms.

BY C. HERING.

HAHNEMANN'S first views on primary and secondary action are found in the Latin preface to his "Fragments." This had

never been translated, and at our special request, Dr. John F. Gray undertook the task and accomplished it in a masterly, correct and elegant manner.

Hahnemann says the following in this preface (which we give in its entirety), in 1805, then only about fifteen years after commencing his "world redeeming" explorations:

"Substances which only nourish the body, are called *Aliments*; those which truly have the power (even when introduced into the system in small quantity) to change its healthy into a diseased state, and on that account can also convert a diseased into a healthy state, are called *Medicaments*.

To have the most perfect knowledge possible of the implements of his art, is the first business of an artist; and yet, alas, no one thinks that this obligation attaches to a minister of the healing art. For, so far as I know, no physician has up to the present time cared to investigate what effects drugs may produce of themselves, what changes they may bring about in the healthy organism, in order that from these investigations their appropriate application in the treatment of disease may be deduced.

The powers of drugs so long as we use them in the contest with disease, do not appear just as they are in themselves, but are transformed by the symptoms of the disease; are phenomena thoroughly mixed and complicated in their nature, which cannot but render the practice of those physicians who depend upon them empirical, and can do little to advance the true art. These I may be allowed to call *relative* powers.

Indeed, it has seemed to me better to administer to an ailing body only those medicaments whose powers over the sound organism (and these I may call *absolute* or *positive*), I might previously have proved—if possible, most thoroughly proved and investigated. In fact, I have made my principal trials, partly on myself, partly indeed on others also, whom I had known to be in perfect health, and as free as possible from any evidence of disease.

Simple medicaments exhibit powers over the sound organism peculiar each to itself, and yet not all of these simultaneously, nor in one unvarying series; nor do all of them appear in the

same individual, but to-day perhaps these, to-morrow those ; this first one in Caius, that third one in Titius, yet in such wise that there would from its use occur to Titius also at some time what Caius had experienced therefrom yesterday.

Each medicine puts forth some of its powers earlier, others later ; and in any case these two classes are opposed and unequal, or more correctly, diametrically opposed to each other. The former I denominate *primary* powers, or powers of the first order, the latter, *secondary*, or of the second order.

Every medicine, in its suitable dose, has a time of operation in the human body peculiar to itself and nearly immutable, which, shorter or longer, being fulfilled, all the symptoms from this drug cease together.

Consequently the primary powers of those medicines whose effect by reason of their natural peculiarities is run through in a short time, appear and disappear within a few hours. After these, the secondary appear and disappear no less quickly. The very hour at which any one power of a drug may be accustomed to exhibit itself cannot it is true be precisely fixed, partly on account of diversities in the constitution of man, partly on account of variation in the dose.

Every symptom printed in large type I have observed very frequently, more seldom what has been stricken off in smaller letters.

I bring forward with hesitation what has been included in brackets as not having been observed by me more than once, nor in a case sufficiently free from the influence of disease and uncertainty. Sometimes lack of established veracity in the prover has caused these brackets to be added, or the intellect of the prover was not of a high enough order, or his habits had not been free from vice.

I have observed some drugs, the course of whose operation comprised two, three, or more paroxysms, including forces of both kinds, the primary as well as the secondary. The former, according to the general rule which I have stated, appear first, the others later.

I am persuaded that I have sometimes noted powers even of a kind of third order.

Those symptoms which I have called after-results (*reliquias*) do not occur except an immoderate dose has roused unusual commotions, and then at a later period, as might be expected, there remain some powers either of the first or second class, as the natural peculiarities of the individual incline him most powerfully toward one or another indisposition.

By moderate or small doses scarcely any powers except of the first order are brought to notice, those of the second order less prominently. The former I have preserved with especial care, as most fitted for application in medical practice, and most worthy of being known.

As far as my observations have extended, I have most scrupulously and religiously adhered to truth. Let us make use of the results such as we find them; no one knows better than I do, how imperfect and meagre they are.

I have added at the close of each drug what medical writers have recorded apparently with another purpose of the positive powers of medicaments.

The second part will include an index."

This index prevented the sale of the book, because it was too voluminous, three times the size of the work itself. But it proved the strictness of Hahnemann's method in individualizing the symptoms of the prover, as well as the symptoms of the sick. There was no one who had the remotest idea of inductive method; and of the discoveries in all natural sciences, from astronomy down to botany and mineralogy. Physicians were complete fanatics with their generalizing. Hence they were ready and willing to adopt theories the most absurd, as, for instance, that of John Brown.

And fanatical generalizers they have remained ever since; not only in the old school, but also many among such as have adopted Hahnemann's rule.

This explains why the "Fragments" were completely rejected; and also why when, six years later, Hahnemann was enabled by a grateful patient to publish the first edition of his *Organon*, he was over-anxious to prove to the reader his new rule of cure.

His most wonderful instructions, entirely new in the whole

history of the healing art, first how to examine the sick, and secondly how to prove drugs on the healthy, were sneered at and treated by them with contempt, because their idol was generalization; what they called science.

After giving in the introduction of his *Organon* a large number of quotations, the fruit of the daily researches of ten years, he tried to explain the probability of his new rule.

One of the attempts to explain how a medicine of similar operation could cure a disease, was the assertion that drug diseases were more powerful than natural ones. At the same time, he mentions repeatedly that the dose cannot be made too small. This was enough for the materialists on one side, and the specialists on the other, to condemn the whole doctrine. Hahnemann says further, in the first edition of the *Organon*, Sec. 20, page 22, that his rule rests on the axiom that never more than a single disease could exist in the body; hence, one must give way to another. This exposed him to many other objections.

He calls all drugs disease-opposing forces; but in order to prove that they act against the disease, he appeals to the principle of earlier and later symptoms already mentioned in the preface to the "Fragments."

He says, *Organon*, 1st edition, § 90, page 86: "Among the effects of massive doses, we observe symptoms which did not appear at the beginning, but near the end, and were altogether opposite to the first."

§ 91. "Such *secondary symptoms* were also at first observed by me, but far less frequently, because I do not give such immoderate doses. The smaller the doses I subsequently used in these experiments, the less numerous were these secondary symptoms, and the primary symptoms appeared all the same, no matter how small the dose."

§ 92. "The circumstance that the after-effects, which may be termed *negative* or *secondary* most frequently appear after very large doses, and become less numerous the smaller the dose, shows that the secondary symptoms are a kind of *after-complaint*, which arises *after* the first, positive or *primary symptoms*."

NOTE.—“Like sadness following excessive merriment; diarrhoea following constipation; wakefulness after drowsiness; heat after chill, and vice versa.”

§ 93. “Every powerful drug is followed by a goodly number of symptoms, which are all primary, even if the dose was not excessive. The principal results of drug provings are these primary symptoms.”

§ 94. Among these there are not a few which in regard to certain collateral circumstances, are wholly or in part opposite to symptoms which appeared at an earlier or later period, but are not on this account secondary, for they constitute but the correlative state of the different waves of action of a positive or primary character.

NOTE BY C. HERING.—“The adoption of such reciprocal effect is one of the strongest points in Hahnemann’s strict method. He adopts what experience teaches him, even against his theory, as we shall soon see.”

After an excessively large dose, not only the secondary symptoms play a prominent part, but the primary ones appear with such confused haste and turbulency that no exact observation can be made.

In the second edition of the Organon, § 23, Hahnemann says:

“Inasmuch as this law of cure bears the test of careful investigation in all cases, and is verified by every genuine observation, very little depends upon the scientific explanation *how it does it*, and I attach very little importance to that.”

Moreover, Hahnemann adhered to his first views, particularly to that relating to the opposite secondary effect.

§ 75. “During the primary action of a drug, the healthy body appears to remain passive or receptive, compelled, as it were, to receive the impressions made by the external force, but later it rallies and opposes the primary with a secondary action of like intensity, or in proportion to its vital power.”

In § 76 he cites examples, and even goes so far as to say, following the primary effect of any large dose of a drug on the healthy organism comes always the direct opposite, *if such thing positively exists*, brought about in the secondary effect by the vital force.”

Also after small doses, he says, in § 77. "The living organism exerts sufficient reaction (secondary effect), for the restoration of the normal condition."

This was Hahnemann's explanation of how similars cured; the more similar the symptoms of primary effect, the more surely the opposite (which must follow as a necessary consequence), will extinguish the disease. Therefore he exerted himself to the utmost to obtain from the provings the primary symptoms as may be seen in the introductions to Opium, Camphor and Conium, and to this he faithfully adhered.

The sixth from the last fifth edition of his Organon is in the hands of every one, but contains nothing essentially different.

ARTICLE XXIX.—Daphne Mezereum. A Study.

BY DR. ADOLPH GERSTEL, IN VIENNA.

(Continued from page 302.)

SERO-FIBROUS CUTANEOUS SYSTEM.

STAFF remarks: The lower spheres of the organism, as *bones*, external skin, mucous membranes (of the mouth, chest, stomach, intestines, uro-genital organs) are especially affected by this drug. We have now only the study of the bones remaining, and it is easy to prove that it is not the osseous substance itself which becomes affected by primary changes in its parts, but that it is only the periosteum as a fibrous formation to which Mezereum stands in immediate relation.

Theile (*l. c.*, 122) remarks: Mezereum acts beautifully on fibrous formations, the muscular fasciæ, synovial membranes and periost, producing pains similar to rheumatic ones; *e. g.*, tensive, lancinating; among others in the neck, in the thoracic muscles; drawing, tearing in extremities; benumbing, drawing in the joints; stitches and formication in fingers and toes—and in the periost and bones itself (of the skull as well as of the extremities, pressing, burning pains. Lembke's proving

showed especially boring pains prevailing, a variety of pain not expressly mentioned in former provings.

Fibrous membranes, especially the periost, are not as vascular by far as the mucous membranes or the external skin. The vascular nets of fibrous membranes consist of wide meshes with quadratic and rhomboid intervals, and send, especially in the long bones, continuations even to the central marrow cavity of the tubular bones, where they anastomose with the vascular nets of the bone marrow, the latter of which are formed by the larger trophic vessels reaching the bone marrow through the foramina nutritia, and we understand now easily how the bones may suffer secondarily. But not only the periost must be considered, we must also study the sheaths of the muscles and nerves belonging to the fibrous membranes; for though muscles are rich in blood-vessels, they still show very little tendency to inflammation, and where present, often remains limited to the sheaths; thus also we must contemplate the apparent *ostitis* ascribed to *Mezereum*. The serous membranes, possessing only a scanty supply of blood-vessels and nerves, are relatively very little affected by this drug. In *Lembke's* proving the pains were clearly in the bones and muscles. In the evening, in bed, deep seated pains, as in the bones, sometimes preceded by stitches in the thumb; at night, when awaking, pressing, boring pains in the left forearm, on the external left maleolus, left zygoma (here and there, at intervals, stitching, prickling in the skin). Such pressing pains, which appeared nearly at every proving, appeared partly in the thigh, patella, tarsus, planta pedis, olecranon and in the middle phalanx of the thumb, with boring pains in the zygoma. He felt in the muscles, as it were, deep seated burning stitches in the tip of the fingers, as if they would swell up; also in the ball of left thumb. Pressure in both upper arms, in the forearm (always very deep), in the thumb and index fingers, right and left. These pains appear simultaneously with the skin symptoms, and both appear often at the same time in distant places.

37. A man, æt. 43, of *nervo-bilious* constitution, *cachectic* habitus, leaden colored face, had lived the life of a tramp, and had been several times *syphilitic*. For a long time already he

complained of unbearable pains in all parts of his body (greatly aggravated by motion), and of nocturnal pains, depriving him of sleep, in both tibiæ, which show some swellings; of anorexia and constant chilliness, so that he cannot stand the least draft. After Mezereum⁹, gutt. i, he could sleep again, and the pains very greatly diminished; after two weeks appetite had returned, and he did not feel chilly any more. (One dose Rhus, V⁹⁹⁹, was given for some slight pain in the shoulder during motion, and after two years the man enjoyed still good health. Kirsten (*A. H. Z.*, 14, 165).

The seat of the pain on the tibia and its swelling are found in symptoms 975—984, also their nocturnal appearance, accompanied by chilliness, the general rheumatic pains (1051), and the sensitiveness to drafts (1181). The cachectic look is found in 168. It cannot be doubted that the periost of the tibia and in other parts of the body the fibrous membranes were the affected parts; but we must also remember the syphilis of the patient, and perhaps also its mercurial treatment. Mezereum offers great similarity to Mercur., and is, therefore, considered an essential antidote. Kirsten mentions only syphilis; but we wish to know whether Mezereum is only indicated in syphilis complicated with Mercurialism or also in pure syphilis.

Secondary syphilis discloses itself by tearing pains in the fibrous membranes of those bones which are the least covered by flesh, and they swerve, like rheumatic pains, from one ligamentous formation, from one bone to another, become finally fixed at some spot, more rarely at several, and boring, a stasis originates and in its consequence an exanthema on the fibrous membrane of the bone, forming a tubercle or vesicle and containing a fluid or pultaceous mass. The bone itself becomes secondarily affected by the deliquescence of the tubercle and the continued increased vascular activity. (Dietrich. Syphilis, I., p. 164).—The most of these symptoms are exquisitely found in Mezereum. We mentioned already, when speaking of exanthemata, that Mezereum attacks with preference such places which show no substratum of adipose tissue and which rest on bones (tibia, maxillæ, cheeks, hairy scalp); the same holds good in the mucous membranes, and we find it alike in

the periosteum, especially in the long bones, and here again more in the tibia, galea aponeurotica, periost of the facial bones, tarsus and carpus. 1053: the boring pains appear simultaneously in different parts and at different times, principally on knees, tibia, carpus, ears and maxilla inf.

Grauvogl mentions as a characteristic symptom of the consequences of syphilis with difficult motility of the crepitating joints and continued sleeplessness: chilliness during defecation. Symptom 600 of Mezereum reads: After stool shuddering over the whole body. 559, before and after stool chilliness, lassitude and great sensitiveness to fresh air.

In the old school, especially with old physicians, the bark of the root of Mezereum was well known in several sequelæ of rooted syphilis, especially of the periost and bones. A decoction of the root and bark was often prescribed for nocturnal pains of the bones, for syphilitic and gouty tumors of bones, and especially for hard tumors of the periosteum (*A. H. Z.*, 14, 136).

Hufeland (*Journal*, 27, p. 164) says: That he witnessed the most striking effects in that painful and obstinate affection of the bones, remaining after venereal diseases, from Mezereum. Even in such cases, where Mercurial treatment failed, Mezereum acted well and exostoses and tophi disappeared under its use.

38. A large and well developed widow, æt. 50, of sanguine temperament, suffered since her confinement, fifteen years ago, from an ulcer on the right thigh, which only closed lately, leaving only a small opening oozing a slight quantity of clear fluid. Even then she had already the most excruciating pains in the tibia of the same limb, especially at night. The skin at the ulcerated part was brown, dry, with bluish-red spots around the opening. The slightest pressure of the finger caused severe burning pain, and still she tried to alleviate the deep seated pains by constricting the limb with a handkerchief. The periost was swollen and stepping on the foot prevented by the severity of the pains. The nights were passed without sleep, on account of the pains and cramps in the calves of the legs. Mezereum, 1st, gutt. i, aggravated the pains at first, with vertigo, dimness of sight, nausea and severe flatulent colic.

The second night the cramps did not return and the bone-pains were more bearable. After two weeks all pains were gone, opening closed and patient could step firmly on her foot. Noack (*A. H. Z.*, 14, 166).

40. A boy, æt. 15, suffered from a scrofulous ulcer of the leg, with thickening of the periost and a similar swelling on the bone of the forearm. After using for three weeks a decoction of Mezereum, the swelling decreased. Six weeks after beginning the treatment, ulcer and swelling were gone. Russel (*A. H. Z.*, 14, 153).

Hering (*V. J. S.*, 8, 46) mentions among others as clinical indications: Swelling of bones, caries; nightly bone-pains, going from above downwards, stitching pains in the bony tumors of the frontal and malar bones; bony tumors become cartilagenous and soften from inside out.

Most of such cases are cases of acute or chronic periostitis on a rheumatic basis, characterized by nightly exacerbations, which decided the choice for Mezereum, as they are also found in the provings:

874. Wakes up at night with bone-pains, especially in the left carpus and knees (Hlb).

976. Pain in periost of long bones, especially in both tibiæ, worse at night in bed, then the least touch is unbearable (Whl).

980. Severe pain after midnight in tibia, as if bruised, or as if the periost were torn off, disturbing sleep and causing chill through the whole body, with continued great thirst (Hn).

180 gives us nocturnal faceache and toothache.

Lembke (*l. c.*, 51) proved Mezereum twice, using up two drachms of the tincture in sixteen days. On the evening of the first day, after twenty drops of the tincture, he felt pain in moving the neck and right shoulder above the right clavicle, some glands became painful near these spots and some thirty nodules appeared there, causing a dull burning pain when touched. In the course of the proving the burning increased and the eruption pained at every touch of the linen, and after using up a drachm of the tincture, the eruption burned and

itched. An itching, tingling sensation also on the skin of the back and cheeks. After a while the nodules turned brown, as if dried up and covered with a scurf, of the size of a pepper kernel, the same burning itching is felt on the chest and left shoulder, although no eruption can be seen there. Especially in the evening and at night the itching is unbearable. Gradually the glands softened and were less painful, and the eruption desiccated under continued burning and itching.

Lembke made his provings of Mezereum at an interval of ten years, though always at the same season, February, and as the symptoms did not entirely correspond, it clearly shows that in the course of these ten years the constitution of the prover had somewhat changed, and it teaches us that the appearance of characteristic symptoms depends not only from the one factor—the drug,—but also from the other factor—the prover.

The glandular swellings, which appeared here in connection with the hard nodules seated on the skin, are also based on interstitial exudation in fibrous tissue, and it would be wrong to consider Mezereum an anti-scrofulosum, though Espanet and Hofrichter leaned to such an opinion.

Mezereum may be frequently indicated in dental affections. Theile (*l. c.* 122): as an affection of fibrous tissue we must also consider the toothache of Mezereum, with the sensation as if the tooth were blunted and too long, and torn forcibly from the maxilla. Most probably this pain may be ascribed to the inflamed and loosened alveolar periost.

Cases 42 and 43 are cases of rheumatic toothache on the left side, in one case with the characteristic chilliness, and it is characteristic of Mezereum that it affects more the left side. The seat in both cases was not only the periost of the maxilla and the left aponeurosis of the head, but especially the membrane covering the root of the tooth, consisting of a tender vascular and innervated connective tissue, and closely connected with the submucous layer of the gum, and with the periost of the alveolar process. The rheumatic inflammation of this membrane is either primary and remains fixed, or extends in a general rheumatism also to the maxillary periost, especially where there are one or more carious teeth; or it is secondary, emanating

from the periost, passing to the root-membranes of a whole series of teeth. In Mezereum such a secondary process seems more prevalent, as the accompanying or simultaneously appearing rheumatic pains in the second and third branch of the trigeminus show. The first stage of the inflammation sets in with swelling, hyperæmia and beginning proliferation in parenchyma of the root-membrane, as well as in the connective tissue-sheaths of its blood-vessels and nerves, causing the sensation of looseness and elongation, with sensitiveness of the root. A characteristic symptom is: increase of pain by touch or chewing, by heat, by all movements in horizontal position (therefore more at night). The sensation of being "raised up" may be neuralgic; analogous to the peculiar boring pains of the drug, and Espanet (*l. c.*) truly remarks: where the pain attacks carious teeth, the seat of the pain is not as much in the carious teeth, as in those whose alveolar covering is affected and inflamed.

Lembke says, in his first proving: "in the teeth, though I have many carious ones, not a symptom appeared," and it is remarkable that this prover, except burning and biting on the lips and tongue showed no symptom of an affection of the buccal mucous membrane, though they abound in other provers; especially Hartlaub, Sympt. 374. Much saliva in the mouth, with nausea, may be rather considered in consensus with the pancreas.

Hartlaub chewed the fresh bark, or prepared fresh essences. On the second day of proving (March, 1850), the pains in the mouth (less in the throat) were worse than on the first day. Mouth painful the whole day (304, 305, 326, 327, 366), a destruction as after mercurial abuse. A great deal of toothache and the gums bleed easily; teeth painful during mastication and when drawing in fresh air, continuing the whole day, worse in some teeth than in others, especially in the upper left teeth; after dinner sensitive, twitching pains in the posterior molars of the right side. On the third day less suffering in the mouth, no toothache, but the carious teeth show points, and the tartar of the teeth is more rough. Even after three weeks the gums behind the upper front teeth were swollen and blistered, the

upper incisors painfully dull, retraction of the gum, so that the carious teeth looked bare.

According to Wedl (*Pathologie der Zähne*, 1873, p. 343), dental caries is a process originating in abnormal secretions of the gums, of the buccal membrane and salivary glands, marching from the dental surface towards the cavity of the pulp. The decomposition of these secretions produce acids, which extract the calcareous salts of the hard dental substances, and induce a detrition of these tissues, when no inflammatory reaction appears. By the accumulation of these secreta and remnants of food the destructive process gains ground, whereby *Leptothrix buccalis* becomes seated in the softened dental bone, decayed already by the detrition of the dental pulp. We see here plainly why, in Hartlaub's proving, where such abnormal secretions on the buccal mucous membrane were produced by Meze-reum, the destructive process made rapid progress in the carious teeth, whereas in Lembke, notwithstanding his carious teeth, the other factor remained absent. That the mucous membranes may produce an acid secretion, Wedl finds proof for it in the acidly reacting sputa, in the increased acid reaction of the vaginal and vesical mucous membrane. In the provings of Meze-reum we read: 348. Dullness of the teeth as from acids (C. Hg). 429. Sweetish salty taste in the mouth, especially when the body becomes heated (Gff). 430. Flat, sourish taste of the mouth, although food tastes natural (Tth). 377. Increased sweetish salivation (Gr).

This shows us also that even opposite results of provings are of equal value, and that the history of the proving explains to us the physiological action of a drug, and even where this may be impossible, it is of importance to compare together all the symptoms of the same prover.

Hering (*A. H. Z.* 80, 35), mentions as indication for Meze-reum: during pregnancy toothache, the pains extend to the facial bones and temples, especially on left side. The accompanying facial pains hint to an affection of the trigeminus. Guernsey (*l. c.*) also considers pains in the left malar bone, extending to the ear, as an indication for Meze-reum.

Of the same character are the headaches caused by Meze-

reum, which have their seat in the galea aponeurotica, in the dura mater, in the frontal cavities, or appear as a migraine, sometimes semilateral, and especially on the temples. The pains arising from the galea aponeurotica are mostly of a boring character, like all bone pains. The internal pains over the whole head, or especially in the temples, are mostly on the right side. Reisig (*A. H. Z.*, 68, 139) considers it specific for right-sided migraine. The pains are mostly pressing and constrictive, seated in the meninges and of congestive nature, aggravated by motion, accompanied by a dull sensation over the whole head, whereas the pains in the forehead emanate most frequently in the frontal cavities.

In the fasciæ of the muscles (extended surfaces of fibrous membranes) the pains are of a rheumatic character, changing from one place to another, similar to the itching of the external skin. Many such pains are followed by weakness, a bruised and lame sensation, and are felt as such or as a trembling (822-963). Guernsey hints to burning shooting sensation in the muscles, running through them like fire (1025). All such sensations are most probably caused by a slight exudative process; hence also the sensation of swelling, and sometimes real swellings arise (810-998). Espanet (*l. c.* 139) found it very efficacious in severe pains with jumping of the leg and cramp in the fibres, shortening them by swelling them up. A similar pain in the right temporal muscle also ceased after Mezereum.

Just like the muscles, the glands also have similar fibrous sheaths, which may become affected, though the parenchyma of the gland may be healthy, are sensitive to pressure with stitching pains in them (282, 283, 776).

In a similar manner the articular capsules and ligaments are attacked by this drug, causing in them a sensation of lameness and bruisedness (825, 876, 960, 1048), and Hering (*l. c.*) remarks: the joints feel bruised, tired, as if they had to give way, especially the axilla and hip. In the axilla there is also the sensation as if it had enlarged, probably a consequence of exudation, and Hahnemann already mentions a shortening of the

leg as a kind of coxalgia. 973. In the hip-joint a twitching pain down to the knee. Wolf (*A. H. Z.*, 53, 48), mentions a case of luxatio spontanea of the mandibula with cracking in the joint and movements of the cond. max. inf., which he removed in several weeks (?) with Mezereum.

In relation to S. 167, "paleness of the face, especially collapse of the face and extremities," Noack remarks: it must be caused by a peculiar limitation of the peripheric activity of the blood-vessels, and let us remember that the Fins use Mezereum for atrophy." The chilliness of Mezereum arises from a spasmodic state in the motory fibres of the capillaries, hence inhibition of nutrition and collapse. This depressing effect also extends to the sensitive fibres of the sympathicus, and causes in the limbs the sensation of lameness and tiredness, even to syncope, and we meet the same mental depression as irritability, moroseness, carelessness and disgust to any occupation.

Mezereum causes no decided febrile state, and the circulatory system remains nearly intact, hence the spasmodic chilliness is not followed by heat, but dissolves itself in sweat. Krause (*A. H. Z.*, 5, 273), applied Mezereum in a case of intermittens, where there were chills and chilliness of the whole body, icy coldness of the extremities with thirst. With the cessation of the chill the patient falls asleep for several hours and sweats. During the apyrexia great paleness of the face, dull pressing headache, loss of appetite, the spleen hard and enlarged, painful, sensitiveness to fresh air, general debility. It may be possible, that the splenetic affection was rather a primary affection of its fibrous covering.

ARTICLE XXX.—A Report of Seven Cases of Diphtheria, occurring in November and December, 1878.

(Read before the New York Medico-Chirurgical Society.)

By HENRY B. MILLARD, M.D., A.M.

THE group of cases of diphtheria which came under my care within the months of November and December, 1878, seem to

me to be of interest and importance for (especially,) the following reasons:

1. As exemplifying the mode of contraction.
2. As being accompanied by some unusual conditions.
3. As throwing some light upon the diagnosis of doubtful cases.

Finally, as being in many respects unusual, both in their course and progress, and one of them at least presenting a series of diseases of a gravity and character seldom presented by one patient in a lifetime.

The first case was that of K.M.—, a girl, æt. 10. I was called to see her October 24th. Her complaint appeared to be an ordinary ulcerated sore throat, the result of cold. The attack had been ushered in by a severe chill and fever, the pain in the throat and difficulty of swallowing manifesting themselves soon after. The next day there was a subsidence of the fever, but no improvement in the throat; on the contrary, though not greatly changed in appearance, the ulcerations had lost somewhat their healthy yellow look, and had assumed a slightly grayish tinge. The surrounding parts, too, were somewhat crimson or dark red, and had a slightly glistening or glazed appearance.

This condition continued unchanged for four days, the treatment with Kali. bich., Stibium and Biniodide of Merc. producing no effect. I informed the parents that the case was undoubtedly one of diphtheria, though of a very mild and harmless character. Administration of Mercurius solubilis and Phytolacca brought about a rapid cure, the entire duration of the disease being about eight or nine days.

My assumption that the case was one of diphtheria, rested upon the facts:

1. Of its intractability—an ordinary acute ulcerated throat generally recovering in from three to five days.
2. Upon the crimson coloration of the soft tissues.
3. Upon the ash-colored, unhealthy appearance of the ulcers, and

Lastly, upon the dry, glazed appearance of the affected tissues. I regard this appearance often as pathognomonic of

diphtheria, believing it to be protein or albuminous in its character; in a word, to be a genuine exudation.

The premises in which the patient resided were, I believe, perfectly healthful as regards sewage and ventilation.

On the 3d of November, ten days after the appearance of the disease in this patient, her sister, A. M——, æt. 8 years, was attacked in a similar manner.

The inception and characteristics of the attack were for forty-eight hours apparently identical with the first case. On the third day, however, small patches of membrane were manifest, which rapidly became confluent, and in a short time the uvula, velum palati, tonsils and posterior wall of the pharynx became covered with a thick, buff-colored membrane. The nares were soon after invaded throughout their entire extent, and became almost, if not completely, occluded.

On the night of the fifth day of the disease, at 4 A. M., I was aroused by a message that the air passages were becoming affected. I found, indeed, that there was a complete aphonia and a croupy cough, with some difficulty in breathing, and tenderness of the larynx to pressure.

In view of the danger of asphyxia, the expediency of tracheotomy was considered, and Dr. J. C. Minor was called in at 8 A. M. Neither of us regarded the danger of suffocation thus far, as so imminent as to justify the operation, and we agreed to defer it until worse symptoms should arise.

The treatment of the child for forty-eight hours previous had consisted in the administration of Salicylate of Soda, and the Sulphite of Soda, two grains and a half of each, in alternation with Biniiodide of Mercury, 1st. trit., an hour apart.

As the child's strength was remarkably good, and indeed but little impaired in proportion to the severity of the illness, I determined, if possible, to reduce the laryngeal hyperæmia, or rather inflammation, by the administration of Stibium¹, in full doses.

I regard this remedy as of value in all hyperæmic conditions of the laryngeal and tracheal mucous membrane of an acute character, and I argued that as it is a palladium in croup, in reducing inflammation and preventing the fibrinous formation,

it should also be in the inflammation preceding the formation of the diphtheritic membrane in the air passages, for after all, the pathological conditions of the formation of the membrane in the larynx are similar in croup and diphtheria.*

The remedy was therefore administered in conjunction with the remedies just mentioned, in as strong doses as the stomach and bowels would tolerate, and the result was that in twenty-four hours, the breathing had become quite free, and the hoarse cough had given way to an ordinary one.

The Stibium was however continued for two days longer, with the other remedies, as the croupous conditions returned, though in a milder form.

I have accepted the theory that diphtheria is primarily a local disease. The constitutional symptoms are secondary, and the result of blood-poisoning from the exposed absorbents in the throat. The constitutional disorders invariably follow the throat affection, as do lesions of the kidneys, heart, brain, etc. In the language of Dr. Jacobi:

“Although finally a constitutional disease, it is at the beginning nearly always local, or in other words, infection enters the blood at a limited portal, which is the same in the great majority of cases. From this point of view, diphtheria is analogous to the septicæmia of wounded men or of puerpural women, and the local disinfective, which has been accepted as the sheet anchor in the treatment of these affections must be also the main reliance in that under consideration. We may congratulate ourselves upon this fact, since we do possess some positive knowledge in regard to the disinfection of accessible putrid fluids, while it is safe to say that as yet we have no proof of our ability to disinfect the blood of the living body.”†

According to Virchow, the bronchial tubes and lungs are covered with an unusually abundant network of lymphatics, and these, with the bronchial glands, constitute the greatest accumulation of lymphatic gland substance possessed by any

* Dr. Morel Mackenzie, of London, in his recent monograph on Diphtheria, considers diphtheria and croup incidental, and calls the latter *laryngo-tracheal*.

† *American Journal of Obstetrics*, February, 1875.

organs in the whole body. The lymphatics of the pharynx and larynx are also quite numerous, while the tonsils are composed almost entirely of compound follicular glands, the follicles of the tonsils possessing the same structure, only less complex than is to be found in a lymphatic gland. The follicles are abundantly supplied with vessels.

Thus we see that the *habitat* of the poisonous matter where it first occurs, is in a portion of the body full of approaches to the circulatory system and blood. With especial facility may the poisonous matter, held in solution by the fluids of the throat be absorbed into the circulation of the pharyngeal, laryngeal, and bronchial lymphatics, and by the open blood-vessels; for beneath the soft, loose membrane many of them are patulous and bleeding.

In view of this theory, except where the age of the patient renders it unwise or too difficult, I uniformly resort to local treatment of a character to destroy the local growth and septicæmic ulceration. In this case, I made occasional applications of Sulphurous acid and Glycerine, equal parts, touching the affected surface lightly with a camel's hair pencil, and used in the form of a spray by an atomizer, a solution of Carbolic acid and Lime-water, and Salicylic acid and Lime-water, using the two kinds on alternate days. Occasionally, I used the Chloride of iron of the strength of fifteen drops to the ounce in the same manner. The spray was also thrown from the anterior nares through the nasal canals.

After the laryngeal congestion had wholly subsided, I gave the Muriate of iron with Glycerine, three-drop doses in alternation with the Salicylate and Sulphite of soda, suspending the Biniodide of Mercury. The iron was administered on account of its suitability to the lesions of the throat, and because the strength was becoming considerably impaired and the blood impoverished.

The condition of the throat and nasal canal was certainly very bad. The membrane was thick, abundant, sanious, and so putrid that its offensive odor made it absolutely nauseating to remain in the room. The difficulty of deglutition was fortunately at no time great, as the sub-maxillary and parotid

glands were but little affected, and the child's strength was well maintained by large quantities of cold milk and animal broths. Of stimulants or Quinine, I gave none.

Under the above treatment the membrane diminished in amount, peeling off every day or two, and re-appearing in smaller quantities, and on November the 17th, the fourteenth day of the disease, had almost disappeared. About this time, however, I detected albumen—for which I had been anxiously on the watch—in the urine. It first made its appearance in small quantities, but rapidly increased, Dr. Dillow estimating that the urine contained 50 per cent. of albumen. This was soon accompanied by severe nausea, the result of uræmic poisoning and partial anuria. Some blood-cells were found in the urine, which was of high specific gravity. I considered that it was a case of acute interstitial nephritis, and in order to relieve the kidneys as much as possible from their work of excretion, necessitating increased plethora of the renal vessels, I resorted to Ronchetti's hot air bath, which produced profuse sweating. This was used two nights in succession. Internally I administered the 2d trit. of Merc. corrosivus, in alternation with Cantharidis, half an hour apart, continuing the local treatment of the throat.

In about a week the albumen had wholly disappeared, and the urine had become quite normal.

The child's convalescence now proceeded with great rapidity. On November 26th she was removed to another chamber, which seemed to me, from the arrangement of the doors and windows, to admit draughts. I remarked this to the mother, and the situation of the bed was changed. The next day I found my patient very restless and impatient, and with occasional labored breathing; a sort of whiffing respiration. The pulse was irregular, and somewhat tense. The heart was intermittent, its action labored, and occasionally there was a *pulsus dicrotus*. I could not regard these conditions as the result of debility, and I argued, from the tense, labored action of the heart, that it was owing to the obstruction of the renal circulation, and that albuminous symptoms would again manifest themselves; and indeed, the next day the secretion of urine

became suddenly arrested. I attribute these untoward events to "catching cold," as while in its new room, the weather suddenly became very cold.

Nausea once more set in, with violent retching, and at 1 A. M., November 29th, a message was brought me that the child was very low. On arriving, I found my patient cold, livid and gasping for breath. An examination of the heart disclosed the existence of pericardial effusion, the area of dullness was increased, the valvular sounds muffled, and the pulse feeble, intermitting and dicrotic.

No urine had been passed for thirty-four hours. I had, upon the supervention of the new conditions of November 28th, commenced the administration of Digitalis, and Merc. dulcis, 1st. trit., half an hour apart.

I now proceeded to give every hour a mixture, each dose of which contained Spirits Nitric Ether, gtt. xv; Wine of Squills, gtt. xii., and Tinct. Digitalis, gtt. iij½.*

The Wine of Squills I hesitated to give as its effect upon the kidney is irritating, and I considered that acute hyperæmia already existed, but thought the necessity of obtaining relief from the dropsical effusion by diuresis to predominate over this objection. The condition of the heart precluded the employment of the hot-air bath.

To relieve the sinking energies and intense prostration, I administered in addition to the above remedies, from time to time, the Compound Spirits of Ether, Brandy, and Ammonia. The effect of the diuretic mixture was beneficial, as in two or three hours the child passed about six ounces of urine, the first she had voided for thirty-six hours. The mixture of Squills, Digitalis and Nitre was continued in alternation with Merc. dulcis. the remainder of the day. At 8 P. M. she passed about four ounces more of urine. The action of the heart remained about the same, though there was less exhaustion. This last condition became alarming at night, however, and so

* R. Spiritus ætheris nitrici, ℥ij.
Vini Scillæ, ℥iss.
Tinct. Digitalis, ℥ss.
Dose, 30 drops.

critical was the child's condition, that Dr. Dillow remained with her a considerable portion of the night. The next morning she passed again about six ounces of urine, which, like that of the day previous, was highly albuminous, and in the evening four ounces more.

The action of the heart was better, but still very bad; the water in the pericardial sac had, however, disappeared. The extremities were cold, but the dyspnœa was somewhat better. I was anxious, in some manner, to relieve the system of the aqueous elements which the kidneys were unable to separate, and determined to try the effects of *Jaborandi*, hoping to obtain copious diaphoresis. I commenced giving ten-drop doses of the fluid extract in alternation with *Merc. dulcis*¹, an hour apart, gradually increasing the dose to from fifteen to twenty drops, until the child took in twenty-four hours nearly half an ounce.

I did not administer these massive doses without thoroughly taking into consideration the tendency of the drug to produce prostration; and Dr. Dillow, who gave me valuable assistance in the treatment of this exacting case, watched narrowly with myself for any manifestation of depression. I gave it with more impunity from its not being cumulative in its action. Not only did it produce no poisonous or depressing symptoms, but to my disappointment and surprise, produced not the slightest diaphoretic or sialogogue effect. The inertness of the drug in this case is to me still unaccountable, as I believe the preparation used to have been perfectly reliable, having been prepared by Reichardt. Keeping in mind these two cardinal points, to relieve what was undoubtedly an inflammation of the interstitial tissue of the kidney, and to support the muscular power of the heart, I determined to administer *Merc. corr.* 2d. trit. and *Digitalis* half an hour apart. My course was rewarded by an increased flow of urine, in which Dr. Dillow and myself found for the first time an excess of urates over the albumen, which was still abundant.

My diagnosis of the kidney affection as interstitial was based mainly upon the circumstance, that in neither attack was there œdema or dropsy, which is usually absent in this form; and upon the fact that this is the form which usually supervenes after scarlatina; also upon the absence of fatty casts.

Finally, from the moment of the profuse deposit of urates the albumen began to diminish, and in a short time had quite disappeared, and there was an abundant secretion of urine.

On December 5th the condition of the child was in every way improved. The albumen had disappeared, though the frequently recurring sighing and whiffling respiration, and the still very irregular action of the heart, made me extremely distrustful of the future. My forebodings were not groundless, for at 8 P.M. I was sent for. I found that some cerebral disturbance had existed for three hours, manifested by pain in the occiput, and convulsive action (constant kicking) of the lower extremities. The pulse was full and tense. I gave Belladonna and Veratrum viride. By midnight the child was comfortable and slept; but on making my visit at 8 A.M. the next day, I found the child quite free from pain, but the right arm was helpless, and the left eye completely blind and insensible to the strongest light. The left leg was also partially paralyzed. Undoubtedly the pain of the evening before was the accompaniment of cerebral congestion, which was relieved by effusion of the *liquor sanguinis*, probably occurring in the region of the *thalamus nervi optici* and the *corpora striata*. At all events effusion in these parts would explain all the symptoms. The tongue and left *angula oris* were turned to the left.

From the moment of the event of the paralytic stroke the action of the heart began to improve, and in a day or two had become normal. The blowing respiration also soon disappeared. I should state that during the whole course of the disease the temperature was never greatly elevated, never exceeding 101° F. The bowels were always constipated, movements being produced only by enemata, but after the paralysis, as the strength returned, they became regular.

My treatment consisted in giving Belladonna, the 2d, 6th, and 12th triturations, one dose of each daily. At the end of ten days, I gave fifteen drops, three times daily, of the muricated solution of tribasic phosphates of lime, of the strength of gr. v. to 3j. and five drops (equal to gr. ss.) of the Ferrum Potassium of the German Pharmacopia, and the 1st trituration of Nux vomica, four times daily. Dr. John Butler saw the pa-

tient with me on the tenth day, after the paralytic seizure, with a view to the application of electricity, but as the child had recovered some prehensile power of the right hand, and could even distinguish a strong light from darkness, we concluded to defer and perhaps dispense with its use.

At the present time of writing—six weeks and four days from the time of the paralysis—the arm has become quite strong, and the vision of the affected eye is so much improved that many objects can be distinguished.

For the last four weeks, in addition to the remedies last mentioned, which have been continued, I have given twice daily one hundredth of a grain of Phosphorus, and used every fourth day a hypodermic injection of Strychnia, gr. $\frac{1}{16}$ to $\frac{1}{8}$.

So much space have the details of this case already taken, that I make no more comments upon it, except to say that I do not believe my patient would have survived so many vicissitudes, had I adhered throughout the whole exclusively to the Homœopathic or the Allopathic system of treatment. Certainly, altogether the treatment was mostly allopathic.

The third case occurred in the same family, making its appearance on the sixth day of the illness of the little girl, whose case I have just narrated.

The subject was a fine athletic boy, three and a half years old. It commenced with a sore throat, without much pain but with considerable fever. On the second day large patches of membrane covered each tonsil, which were distinctly isolated and showed no tendency to coalesce or spread. They became, however, in a day or two, sanious, buff-colored and thick. The difficulty in swallowing was not great. There was, however, a good deal of nausea, which was obstinate and severe. Urine not albuminous. The treatment consisted in the administration principally of the Biniodide of Mercury and Cantharides, with the same local treatment as in the sister's case. On the fourth day the disease showed no tendency to spread, and I was hopeful, though not over confident of recovery. I omitted to add that the diphtheritic inflammation on the second day affected the nasal mucous membrane. The feature of the case which seemed to me most unfavorable, was the high tempera-

ture— $102\frac{1}{2}^{\circ}$ to 103° . On the morning of the fifth day, at 8 A.M., the temperature was perfectly normal, and I left my patient feeling much encouraged. At 2 P.M. I received a message to call and see the child at once. I found that within an hour brain symptoms—manifested by violent loquacious delirium—hard, full pulse, suffused countenance and conjunctiva, had set in. I gave Verat. vir. and Belladonna, to be given twenty minutes apart, and left, promising to call at 9 P.M., which I did. I found that death had occurred at 8 P.M. Coma had set in about two hours previous, from which the child could not be roused. There had been also much convulsive action of the legs. The child had in the morning and afternoon occasionally put his hands to his head, complaining of pain, and screaming.

It is a matter of interest and importance to mention that an eczematous sore, back of the ear, a sort of fissure, exuding a glutinous discharge, became covered on the fourth day of the attack by a dense diphtheritic membrane.

Trousseau, *Archiv. Gen. de Médecine*, 1830, in an article on Cutaneous Diphtheria, describes numerous cases of a similar character. Dr. G. C. Peterson, in the *American Homœopathic Observer*, Feb., 1866, gives an extremely interesting account of a case of an extensive eczematous inflammation of the neck, in a child, becoming affected by diphtheritic inflammation and terminating fatally, the throat not being at all involved. The case is well authenticated.

The mother thought that shortly after my visit at 2 P. M., there was a loss of power of the left arm.

I considered the cause of death in this case to be embolism of some of the cerebral arteries, an embolus being easily formed from the patulous condition of the absorbents of the throat, and the semi-organized exudation and blood.

One of my patients, a young gentleman, æt. 17, died eleven years ago, from sudden supervention of head symptoms, occurring during a severe attack of secondary syphilis. The headache became all at once intense, and the third day of its duration an apoplectic attack occurred at 8 A. M., followed by death at 2 P. M. A post mortem examination was made with the assistance of Dr. William O. McDonald and F. E. Doughty.

A fibrinous clot was found in the middle cerebral artery, the result of syphilitic inflammation.

The second group of three cases also occurred in one family. The mother, a strong young woman, was attacked in November with a painful sore throat. The parotid and sub-maxillary glands were much enlarged, and there was great difficulty of deglutition. There was considerable fever, though not high, and great prostration. The tonsils of each side were ulcerated, œdematous, and mahogany-colored, the ulceration being grayish or ash-colored, but not elevated above the surface.

Was this diphtheria? Diphtheria means a membrane, and there was none. I agree with Dr. Billington that there must be some one distinctive sign of diphtheria, and that sign is the existence of a membrane. Nevertheless some fibrinous or albuminous exudation may commingle itself with the patch of ordinary ulceration, changing the appearance of the ulcer.*

In this case the borders of the ulcers were sanious. I pronounced the case to be one of diphtheritic sore throat, partaking sufficiently of the nature of diphtheria to be contagious. A cure was effected after ten days treatment; the remedies I found most efficacious being *Phytolacca* and *Merc. sol.*¹. I also employed a spray of *Salicylate* and *Sulphite of soda* together, and of a solution of *Carbolic acid*, with *Lime-water*.

Ten days after the mother's throat became affected, her infant daughter, about three years old, showed indications of throat trouble. The glands of the neck became enlarged; in two or three days the throat was filled with a profuse deposit of buff-colored membrane, covering all the soft parts, and extending through the nares. The child was delicate, and treatment did not seem to have much influence in staying the progress of the disease. The family were new patients, and as I had at that moment so many seriously ill patients that I could take no more, I informed the mother that with her consent I would give Dr. Dillow charge of the child's case, seeing it with him in consultation daily. The child, however, died on the seventh day of the disease, apparently from exhaustion, and from extension of the membrane into the larynx and trachea.

* Bretonneau, third memoir, describes this condition of the throat as diphtheritic angina.

The most important feature of the lesions in this case, was an abundant formation of membrane upon the vulva of the child. This occurred in isolated patches, the whole of the membrane of the vulva being, however, inflamed and painful. EMPIS, of the Hospital Neckar, Paris, gives an account of a child in the hospital, in whose case the membrane and inflammation in the vulva were so abundant as to produce gangrene. He has known many similar cases. The urine (in my patient, last mentioned) was at no time albuminous.

During the illness of the child, the mother's sister, a healthy young lady, twenty years of age, commenced to suffer with her throat. Its condition proved upon examination to be similar to that of her married sister, though not quite so severe. It yielded to treatment without difficulty.

Aside from the individual histories of these cases, there are some points of practical importance, as showing the causation and apparently contagious character in these six cases. I should say seven, because I had omitted to state that the nurse, who passed five weeks in the noxious atmosphere of the sick room where the child lay who suffered from such a variety of complications, was seized two days after leaving the house with an attack of diphtheria of considerable severity. I did not see her, but that it was genuine diphtheria there is no doubt, because it was so entered upon the books of the New York Hospital, where she had a private room.

I believe that in the first series of cases, the second and third children attacked contracted it from the one first attacked.

The house was well drained, several examinations were made of it by the Inspectors of the Board of Health, and no defects in the sewage or pipes were discoverable.

I do not regard diphtheria as a contagious disease in the sense in which the word is ordinarily used ; that is to say, the poison is not an unsubstantial emanation like that which produces the poisoning in scarlatina, whooping-cough, and measles. I believe it, however, to be contagious in the literal sense of the word, that is, by actual contact of the poisonous *substance*. The poison is simply a violent epispastic. The saliva which holds any of the dissolved or decomposed membrane in solution,

brought in contact with healthy epithelium, or an open sore or wound, produces promptly an inflammation accompanied by the formation of a blister or membrane. A remarkable instance of its epispastic properties is mentioned by Bretonneau. In 1826 sixty pupils of the *École Militaire* were attacked with diphtheritic angina; at a period when those whose cases had been mistaken were dying of the disease, one of their comrades who was kept in the Infirmary for excoriated chilblains, wetted one of his feet in a pool of sputa, which moistened the brick flooring at the bedside of one of the patients. A painful ulceration was the consequence of the contact. It was established between the toes, and was covered with a false membrane.

There are abundant cases on record where the inspiration of bits of membrane by the physicians, while examining diphtheritic throats, or performing the operation of tracheotomy, has produced the gravest forms of diphtheritic disease. One of the most interesting of these cases is that of Mr. Herpin (related by Bretonneau), Surgeon at the Hospital of Tours. He was treating a child suffering from pharyngeal and croupous diphtheria. The child, in coughing, threw out some of the sputa; the left nostril received some of this excretion, but the physician had no time to cleanse the parts. The result was that in a few days there was snuffling on the left side of the nose, pharyngitis, and in a short time the whole of the tonsil and soft palate were covered with false membrane. The attack was of long duration and followed by great prostration.

I believe that in many cases enough of the membrane is dissolved sufficiently to become pulverulent, though in a moist state, and may easily be diffused in the immediate neighborhood of the patient. I judge this to be the manner in which the fissure, back of the ear of the child that died, became covered with a dense coating of the membrane, and as explaining the affection of the delicate membrane of the vulva in the female child. It might, however, in each case have been produced by carelessness on the part of the attendants, allowing their hands or napkins, which had become moistened with poisonous saliva, to come in contact with the parts which became affected.

There are not many cases that I am aware of where the disease seems to have been distinctly carried from diphtheritic cases to a distance, leading there to its reproduction. Bretonneau mentions a case, and I have known one, but these are greatly exceptional.

Dr. Thursfield (*London Lancet*, August, 1878) endeavors, by the citation of several cases, to show that diphtheria is infectious in precisely the same manner as scarlatina, measles, etc. Among others he cites the following: "I have known it taken to a house by a person living in an infected house, but not at any time suffering herself, but who went to visit a person a mile or two off, involving a considerable walk and a passage by ferry across a river, and only remained a short time in the house, but sufficiently long to leave the germ of diphtheria, which broke out a day or two afterwards." This fine specimen of English, by an "S.Sc.C., Camb.," proves too much, if it prove anything, inasmuch as diphtheria would hardly manifest itself after exposure such as has just been described, within the short space of a day or two, although the period of incubation of this disease is much shorter than of other contagious diseases.

Dr. T. mentions several other instances, very much resembling the above. None of them satisfactorily prove, however, that the disease was conveyed by a person in health to another well person at a distance. The whole phenomena are explicable upon the theory that the disease was epidemic or endemic.

I believe, however, with Dr. Thursfield, that the infectious substance (which probably consists of fine particles of pulverulent matter) will attach itself to articles of clothing and furniture, and to wall facings.

I think diphtheria to be communicable and contagious only in a similar manner to that which most English writers—among whom I may cite Dr. William Budd—believe that typhoid fever is so: the theory of these writers being that it is the dissemination of the dried or moist particles of the alvine dejections in the atmosphere which produce it. So it is, I believe, the dry or moist particles of the irritant membrane, coming in contact with healthy mucous membrane, which give it its contagious character.

At the same time certain atmospheric influences, of which we know very little, may produce it; cold, cantharides, poisonous sewer emanations may produce croupous or membranous exudations, as may also the poison of *scarlatina anginosa*.

The house in which the second group of three cases was, seemed to me to be healthful so far as the sanitary arrangements were concerned. The mother being the first to take it, I think her infant child, who occupied her bed, took it from her, and the aunt from the child.

These cases remind me of another group of three cases which occurred nine years ago in a family under my care in Morton street. An infant child being first taken, the affection terminated fatally, and the sister and father contracted it apparently from the child, but recovering. I think sporadic emanations and vegetable growths, proceeding from defective sewerage, coming in contact with the epithelium of the throat, may excite diphtheritic inflammation.

Instances of apparent cause and effect in connection of bad sewage and diphtheria are so numerous as to make it almost superfluous to enumerate any. I will, however, mention one case of this kind. In February, 1876, the only three children of the family and their nurse died, all within a period of ten days, from diphtheria. The house in which the family resided was in a fashionable part of Murray Hill. One of my regular families, whom I was visiting at the time, resided two doors below the infected house, and from them I learned that the sewage of the entire block (which was comparatively new) had been in every way defective; but in each house, with the exception of the infected one, it had been with great trouble and expense corrected. In this house it remained faulty. No cases of diphtheria occurred in any other houses in the block.

One of my own patients, four years ago, a lady distinguished in the literary world, occupied the extension room of a boarding house, in which nearly all the occupants complained of the defects in the soil pipe. This lady's room was especially affected with bad odors; but though I warned her of the danger, she thought she could keep the atmosphere of her room pure by disinfectants. In the latter part of March she was

seized with a low fever, with stupor and diarrhœa, rather remittent than typhoid; and in about ten days, malignant angina, or diphtheritic angina became developed, of a very severe character. Her recovery was for some time doubtful; her convalescence greatly protracted. I attribute all this to defective soil pipes.

The last case is that of a young married lady, residing in Union Square. On the 17th of December her throat commenced to be very painful, and on the 18th she called at my office. I perceived it to be a sore throat of unusual severity. The ulceration was extensive, and the soft tissues were much swollen.

I called at her house the next day and found the œdema and swelling of the soft tissues had greatly increased, the glands of the neck, on one side particularly, were much enlarged. The color of the *velum palati* and tonsils was a dark crimson, and a small patch of ulceration had made its appearance upon the soft palate of one side. The most important manifestation, however, was the appearance of the ulcers, which had become of a dark gray color, with a fibrillated appearance. I told Dr. Dilow, who assisted me in the treatment of the case, that I regarded it as diphtheria, though I had not found these conditions exactly described as diphtheria in medical authors.

Bretonneau, in his first memoir, in his description of *malignant angina*, depicts this peculiar coloration of the ulcers and appearance of the soft parts. That this species of sore throat is of a diphtheritic character is evinced by the instances I have mentioned of the saliva from it producing a membrane on the foot. An important point of diagnosis, and which I have not seen anywhere mentioned, is the appearance of the gray, ulcerated patches upon the soft palate or uvula: these seldom occur except in diphtheritic sore throat, or in syphilis.

However, on the 20th of December, as if to verify my diagnosis, in addition to the ulcers there was a slight deposit upon the uvula. There were two or three small patches having a flaky appearance; had they been a little more consistent or abundant, they would have made a genuine membrane. They were not the color of aphthæ and remained several days.

On the morning of the 21st I found the urine to contain some

albumen, the result of my examination being confirmed by Dr. Dillow. By evening the amount of albumen had greatly increased, and there was considerable nausea. I resorted at once to the internal administration of Merc. corrosivus and Cantharides, and employed Ronchetti's hot air bath, which produced profuse sweating. In forty-eight hours the albumen had entirely disappeared. The throat affection was very painful, and the temperature averaged $101\frac{1}{2}^{\circ}$ during the disease. The treatment of the throat consisted in the internal administration of Cantharides, Phytolacca, and Biniodide of Merc., and the local use of the spray and gargles, as in the other cases. As the throat began to improve, purpuric spots (true *purpura hæmorrhagica*) made their appearance upon the legs, and which have not yet—two months since their appearance—entirely disappeared.

The recovery has been complete, though convalescence and restoration of strength have been extremely slow.

As regards the etiology of this attack, I can find no cause, except the patient said that the plumbing in the house where she resided had always been considered defective, and the existence of noxious gases was frequently perceptible.

This lady, who was an artist, had been in daily attendance upon an art class, in a room, the odors from the pipes of which had, it was claimed, made others of the class very ill.

That local treatment in genuine diphtheria of the throat is in many cases extremely valuable, is incontrovertible: that is, it is valuable if we are ever justified in ignoring the homœopathic law, and resorting to local measures.

I regard it as valuable, because I think in the beginning we have to deal with an affection as purely local as a chancroid, and like it, often capable of being promptly destroyed.

Bretonneau, whose observations and researches in this disease are probably fuller than those of any other writer, was able to cure many serious cases by the local application of Hydrochloric acid and the Nitrate of silver. His explanation of the *modus operandi* of Hydrochloric acid is, however, almost a perfect illustration of the homœopathic law of cure. It whitens the epithelium, and increases at first the exudation; in short,

produces thick and extensive exudations, and a condition of the surrounding parts not at all unlike the diphtheritic sore. The details of the action of this remedy upon the throat may be found in his second memoir.*

That the success of local treatment is sometimes very great, is shown by the fact that Bretonneau, in an epidemic of *malignant angina*, which broke out in *l'École Militaire*, 1826, says that sixty pupils were found to be attacked at a more or less advanced stage of malignant angina, but all were immediately treated and cured. He usually made from two to three applications, at intervals of twenty-four to thirty-six hours.

According to some authorities great benefit may be derived from the local use of *Sulphurous acid* with Glycerine, or from pure Sulphurous acid. I have used it only in the second case I have narrated, and then with advantage.

Dr. Bell, of Glasgow (*British Medical Journal*, May, 1878), seems to have had remarkable results from the application of a mixture of equal parts of Glycerine, Carbolic acid, Perchloride of iron, and Sulphurous acid.

Its application is not painful. These topical applications should always be applied with excessive care, and by means of a small camel's hair pencil, firmly fixed to a holder. Undoubtedly much of their disrepute and injury arises from their being made too freely, both to the inflamed and healthy tissues.

The application should be limited to the focus of the membranous inflammation. There are two reasons, especially, why topical treatment cannot be employed so as to arrest in many cases where it might otherwise be done, the diffusion of the membranous growth. The first is, that it is not always the case that the membranous spots are seen in time to insure their destruction. After the membranous patches are fully formed, the underlying tissues are highly inflamed and sanious when they are first seen. This was the case with the two adult patients whose cases I have described. There is always a pos-

* Allen, *Encyclop. Mat. Med. Pura*, article *Muriatic acid*, gives a graphic description of diphtheritic membrane and appearances of the throat, produced by muriatic acid.

sibility, under such circumstances, of the abundant lymphatic glands and open vessels having conveyed the soluble poisonous matter into the surrounding tissues, as in the air passages and nasal mucous membrane, or even the remoter parts of the system.

The second is the extreme difficulty, not to say violence, sometimes used in making the applications to the throats of young and sensitive children.

Much harm may be done by the operation. The struggling and convulsive efforts produce constitutional exhaustion and increased local turgesence, while the screaming and violent inspiratory efforts may easily favor the loosening and drawing into the windpipe particles of membrane.

Undoubtedly the advocacy of judicious local treatment may not commend itself to Hahnemannist's or to pure Homœopaths. Still, I regard the action of escharotics as described by Bretonneau, as showing a clear example of Homœopathic cure.

In Allen's *Encyclopedia of Materia Medica Pura*, in the article on Hydrochloric acid, the following remarkable symptoms of the effects of this acid upon the healthy throat occur:

"Mucous lining of the throat red and swollen. Grayish white deposits on the mucous membrane of the throat succeeded by ulcers. Well-defined dead white patches, varying in size over the velum and pillars of the palate, the tonsils and posterior portion of the pharynx, so precisely similar to the false membrane in diphtheretic angina, that if we had not known their cause, we might have been doubtful as to their real character."

Still, be the action of local treatment in diphtheria Homœopathic or not, I have cured by it many obstinate cases of throat disease, which I believe could not otherwise have been cured. I am certain that the able physicians who have charge of the throat department of the New York Homœopathic Ophthalmic Hospital can confirm, by abundant experience, the absolute necessity which often exists of such treatment, and the frequent insufficiency of purely internal medication.

I should state that I have not as yet employed the Muriatic acid locally. I only mention it as illustrative of its beneficial effects as employed by Bretonneau. I consider that the local

treatment most beneficial because applicable with comparative ease, is by means of the atomizer.

Carbolic acid with Lime-water, the Salicylates, the Chloride of iron, Hamamelis, may all be thus applied with ease and thoroughness. They should be used very often. Once an hour in bad cases, *ceteris paribus*, is not too often. They can be easily brought in contact with the greater part of the nasal mucous membrane, by means of a suitable tube being thrown through the anterior nares.

I am not indifferent to, nor unappreciative of the value of many much lauded Homœopathic remedies. Those which have been of the greatest practical value to me—and in a practice of twenty-one years I have treated a large number of cases of these diseases—have been Cantharides, the Protoiodide and Biniodide of mercury, Phytolacca, Stibium, Lachesis and Mercurius solubilis. From the Bichromate of potash, which is such a favorite with many, I have in genuine diphtheria had no satisfactory results. The same has been true of Neidhard's favorite remedy, the *Liquor Calcis Chlor.* Cantharides should be, according to its effects upon healthy tissues and its constitutional effects, the most Homœopathic of all. From Apis I have derived no benefit, neither have I from Belladonna. Bretonneau and many practitioners, particularly Dr. Billington, the visiting physician of the Demilt Dispensary, have found calomel of great value in the croupous inflammation of the larynx and trachea, occurring in diphtheria. I have not myself employed it in these cases.

I am convinced that in both schools stimulating treatment is too indiscriminately resorted to. Many physicians employ from the outset alcoholic beverages and Quinine. If it be borne in mind that at the very beginning of the disease the prostration is not very greatly marked, the inappropriateness of stimulation will become apparent. Certainly in asthenic conditions, with great feebleness and a tendency to collapse, the use of alcohol may be indispensable. Like every other remedy, however, it should be selected with reference to the conditions and symptoms of its case.

Milk, animal broth, fruit, are the best articles of diet.

Too much watchfulness cannot be accorded the healthfulness of the urinary functions.

In the advanced stages of the disease, an examination of the urine with reference to the presence of albumen should be made daily. Next to scarlatina, albumen is found with more frequency in the urine in diphtheria than in any other disease. I am certain that I have found it in one-half of all the cases I have treated. The management of this disturbance is the same as when it occurs after scarlet fever.

As but few cases are to be despaired of, so should the prognosis in genuine diphtheria in children be always guarded, even after the lesions of the throat have been almost entirely relieved. The poison may be at work in some unseen region, producing inflammation and perhaps membranous formation, or the kidneys may be irritated, or as late as three weeks after the throat symptoms have disappeared, paralysis may ensue.

In adults, in my own experience, the prognosis is almost always favorable.

ARTICLE XXXI.—Causticum.

By DR. A. LOEBACHER, LEIPZIG.

Translated by A. Berghaus, M.D.

(Continued from page 384).

THE greatest similarity with Causticum of all drugs of the same nature has

KALI CARBONICUM.

Even a superficial comparison shows a whole series of anomalous symptoms.

CAUSTICUM.

Above on the right, below left.
Complaints prominent in external parts.
Dark hair, skin and muscles tense.

RHUS TOXICODENDRON.

Above left, below right.
Gnawing pain or tenderness in internal parts.
Light hair.

CAUSTICUM.

Itching increased or diminished by scratching.

Secretion in ulcers too scanty. In fistulous or gangrenous ulcers beating or burning pain, watery secretion.

Pulse often unchanged, quicker in the evening, slower in the morning, agitation of blood.

Chill diminished in bed and when drinking.

Taciturnity, mistrust, pride, absent-mindedness, imaginations, depression.

Vertigo with tendency to falling forward or sideways.

Urine frequent, but scanty.

Sexual appetite diminished.

Menses too late and scanty. Only in daytime, ceasing during the night.

Watery nasal discharge.

Expectoration is loose from evening till morning, rarely in daytime, is mostly swallowed.

Worse from want of food or drink. From hunger.

RHUS TOXICODENDRON.

Itching diminished by scratching.

Painless ulcers. Moist eruptions.

Pulse quick, small, soft, sometimes trembling, irregular and intermitting.

Chill increased by drinking.

Cold on right side.

Expansion of the veins of the hands (Caustic. in the hands).

Heat increased by drinking.

Heat in the anterior, cold in the posterior part of the body (Caustic. in the posterior). Congestion towards the eyes (Caustic. towards the ears).

Perspiration of the affected parts (Caustic. chill in the affected parts).

Sadness, indifference, delirium, complaints from vexation with fear.

Vertigo with tendency to falling forward or backward.

Aversion to spiritous drinks. Desire for sweets (Caustic. aversion to sweets).

Urine frequent and copious.

Erections.

Menses too soon and profuse.

Nasal discharge thick.

Expectoration in the morning.

Worse with increasing moon (Caustic. with new moon).

Worse or better in bed. Worse or better after meals. Rather better than worse after stool.

Worse from looking down (Caustic. from looking upward).

CAUSTICUM.

Worse when standing or squatting.

Unsteadiness of the limbs, like drunk. Tingling in arms and legs. Numbness and coldness of all soft parts on the whole left side of the body, also in the foot and head, as if the skin was bloodless. Great weakness and heaviness in the arms and hands. Benumbing of the hand with tingling, numbness and anesthesia and dead feeling of the fingers, with tightness in them. Benumbing of the arm, when lifting it above the head and keeping it in that position for some time, with pain in corresponding side of chest, like from shortening of the muscles. Numbness in the muscles on the back of the head. Sensation of heaviness in the eyelids. Laming pain in the shoulder, in the forearm, in the ulna and hand. Loss of power, almost lameness of the right arm, with feeling of stiffness, particularly when writing.

RHUS TOXICODENDRON.

Worse after exercise. Better, rather than worse when moving the parts. Worse or better when sitting. Worse or better when rising from a seat, or after rising. Worse when inspiring, better when expiring.

Tingling. Head, ears, arms, extremities. *Feeling of benumbing.* Extremities. *Benumbing* of the limbs, especially the arm upon which he lies. Severe *tingling* in the paralyzed parts. Pain in the muscles of the neck as if the parts were *benumbed*, and as if the head had been kept erect too long. Sensation in the left finger like benumbed. In the morning early, the index and middle finger of one hand, are like benumbed.

Lameness of lower extremities lasting three days. Walking with the greatest difficulty, dragging and slow.

Lameness in the whole body, in all joints, worst after sitting, when rising again, and towards evening. The left shoulder is like *paralyzed*. Like *paralyzed* in the legs. In the bend of the knees and calves, always very heavy, with difficulty of dragging the legs along. Dead feeling and numbness of the right foot, with feeling as if it were made of wood.

From all vegetable drugs the Poisonous Sumac very closely resembles Causticum as shown by the symptoms of the mind, skin, tendons and of the lameness. The character of depression, which we have designated above as being peculiar to Causticum; we hardly find in any vegetable drug of our Materia Medica as clearly expressed in the whole sphere of the cerebro-spinal nervous system; none acts so disintegrating on the vital fluids. It exceeds Causticum in this respect in extent and intensity. Its

action is much quicker. The objective symptoms are more defined. We find for instance the *itching* in all parts of the body, partly with, partly without distinct forms of eruption; we find predominating the affections of the cutis in the form of erythema, erysipelas, papulæ, lichen, pityriasis, eczema and pemphigus in such a degree as no other drug presents.

CAUSTICUM.

Complaints predominating in external parts.

Itching increased or diminished by scratching.

Secretion of ulcers too scanty. In fistulous or gangrenous ulcers beating or burning pain, watery secretion.

Pulse often unchanged, quicker in the evening, slower mornings.

Chill diminished in bed and when drinking.

Perspiration increased in the open air by exercise and walking.

Paralysis, particularly of the flexors, painful, often bilateral.

Hemorrhage dark-colored.

Taciturn, mistrust, pride, absent-mindedness, imaginations, depressions.

PHOSPHORUS.

Pinching pain predominating in internal parts, gnawing pain in external parts (Caustic. in internal parts). Feeling of torpidity in the affected or in remote parts. (Caustic. in affected parts).

Itching oftener diminished than increased by scratching.

Eruptions mostly dry. Ulcers painless or penetrating pain, with tenacious pus. Diseases of the bones, especially of the Dyaphyses (Caustic. Epiphyses).

Pulse accelerated, intermitting and irregular.

Chill increased in bed and in a warm room, diminished in open air.

Perspiration diminished when eating.

Chill on right side. Beating in veins. Enlargement of veins. Congestion (Caustic. left-sided. Net-like appearance of the capillaries).

Rising heat (Caustic. the reverse).

Epilepsy with full consciousness, (Caustic. with loss of consciousness).

Paralysis painless.

Hemorrhage of bright red blood. Sanguine—choleric temperament. (Caustic. phlegmatic).

Irritability or indifference. Changeability of mood. Indifference, excitable, amiable. Despondent. Very seldom suspicious. Amorosity. Excitable irritability. Ecstasis. Predominating vivid memory. Weakness of mind (Caustic. weak memory).

CAUSTICUM.

Complaints from fright, vexation, grief or unsuccessful love.

Perpendicular hemiopia.

Thirst easily satisfied, thirst with aversion to drink.

Sexual appetite diminished.

Menses too late and scanty. Only in daytime, ceasing during the night.

Watery nasal discharge.

Expectoration loose from evening till morning, rarely during the day, is mostly swallowed.

Complaints about the forearm or the dorsum of the foot.

Better during the day.

Better from drinking cold water, in the open air, from running and bodily exercise, in some cases worse from bodily exercise.

Burning, forehead, eyes, eyelids, arms, urethra, penis, chest.

Beating, head, behind the ears, teeth, scrobiculum.

Faint-like sinking of strength. Jerking of muscles in various parts of the body; jerking in all limbs.

Lame and trembling weakness of all limbs.

PHOSPHORUS.

Complaints from anger or vexation, with fear or violence.

Near-sightedness.

Aversion to beer (Caustic. desire for beer).

Desire for drink without thirst.

Strong sexual desire.

Menses increased or scanty.

Nasal secretion thick.

Expectoration with salty, sour or sweetish taste. Mornings and during the day loose.

Complaints very frequent about the external ear and the sole of the foot.

Better after midnight.

Worse more frequently in wet than in dry weather. Washing aggravates in the most cases. Worse before a thunder-storm. Worse from bodily exertion.

Burning (head, eyes, ears, nose, face, lips, neck, throat, stomach, abdomen, rectum, urethra, chest, small of the back, arms, hands, thighs).

Trembling of Limbs early when rising. *Trembling* in chest and hands like after excessive use of coffee. *Trembling* of hands preventing from writing. *Trembling sensation* like pulsating in the whole body with chattering of teeth. Early when rising with distinct jerking in the limbs.

Inclined to fainting. Fainting. Convulsions.

Like lame and sick through the whole body or over the right side, early after rising, during the whole day, or early only in bed, ceasing after rising; like paralyzed in the

CAUSTICUM.

Unsteadiness of the limbs like intoxicated. Tingling like the arms and legs being asleep. Numbness and coldness of all the soft parts on the whole left side of the body, also in the foot and head, as if there was no blood in the skin. Going to sleep of the hands with tingling, numbness, anæsthesia and dead feeling of the fingers with tightness in them. Numbness of the arm when raising it above the head and holding it in that position with pain in the chest like from shortening of the muscles.

Feeling of numbness in the muscles of the back of the head. Feeling of heaviness in the eyelids. Lame pain in the axilla, in the forearm, in the ulna and hand. Want of power, almost lameness of the right arm with feeling of stiffness, especially when writing.

PHOSPHORUS.

back and in the back after sleep at noon; like lame after sitting for several minutes.

Sleepy feeling of both hands or only of the right hand with anæsthesia in the fingers, early on awaking.

Lameness of the fingers, though they are sensitive, they can hardly be moved. Numbness and anæsthesia of the fingers of one hand with sleepy feeling in the other hand. Weakness and lameness in the small of the back and when rising from a seat.

The proving of Phosphorus by numerous cases of poisoning, as well as Sørge's able essay on this drug, furnishes us a clear and complete picture of the sphere of its action. It belongs to the heroes of our *Materia Medica*, and exceeds like *Rhus tox.* the *Causticum* in intensity of action. While for instance the effects of *Causticum* in altered activity of the cerebellum can only be concluded from the symptoms of the provings, we know exactly the organic changes which are produced by Phosphorus in the brain and spinal column, for we know most of the motory phenomena produced by Phosphorus are due to fatty degeneration. The symptoms of degeneration of the blood almost entirely wanting in *Causticum*, are present in Phosphorus in such a quantity and so well marked, as scarcely in any other drug of the *Materia Medica*. Neurosis well marked in Phosphorus is only slightly indicated in *Causticum*. Gastric symptoms predominate in Phosphorus.

PULSATILLA AND SEPIA,

two remedies similar to each other, have on the whole only a few points of similarity with Causticum. The character of passive stasis is prominent in both, and a great number of the pathogenetic symptoms can be traced to it.

CAUSTICUM.

Above on the right, below on the left side.

Complaints predominating in external parts.

Itching increased or diminished by scratching.

Pulse often unchanged, quicker in the evening, slower in the morning.

Chill diminished in bed and while drinking.

Perspiration increased in the open air by motion and walking.

Want of thirst predominates.

Chilliness or perspiration in the affected parts.

Paralysis, especially of the flexors, painful, often bilateral.

Taciturn, mistrust, pride, absent-minded, imaginations, lowness of spirits.

Complaints from fright, vexation, grief, or unsuccessful love.

Vertigo, with inclination to fall forward or sideways.

Perpendicular hemiopia.

Sour vomiting of food.

Urine frequent but scanty.

Sexual appetite diminished.

Menses too late and scanty. Only in daytime, remitting at night.

Expectoration is loose from even-

PULSATILLA.

Below on the left, above on the right side.

Pain predominant in internal parts. Sensitiveness to touch in external parts (Caustic. in internal parts).

Itching increased or unchanged by scratching.

Pulse unchanged, sometimes intermitting, in general quick, small and weak.

Chill increased in bed and in the warm room, diminished in the open air.

Perspiration diminished when walking in the open air.

Chill predominates on the right side (Caustic. on the left).

Thirst rarely during the chill.

Heat in the affected parts.

Paralysis rare and painless.

Changeable disposition. Indifferent, bold, greedy, amorous. Quiet sadness of a noble character.

Complaints from vexation or excessive joy.

Vertigo with inclination to fall backward.

Nearsightedness. Optical illusions with bright red colors (Caustic. with dark color).

Bitter vomiting oftener than sour.

Urine seldom and scanty.

Sexual desire increased.

Menses of short duration.

Cough generally with expectora-

CAUSTICUM.

ing till morning, rarely in daytime; is mostly swallowed.

Complains about the forearm and dorsum of the foot.

Worse in the evening, during the night and in the morning, and with new moon.

Better from drinking cold water, in the open air, from moving and bodily exercise, in some cases worse from bodily exercise.

Often better than worse from eating bread.

Worse from warm food or drink.

From hunger.

Worse when standing and squatting.

CAUSTICUM.

Ailments predominating in external parts.

Itching increased or diminished by scratching.

Secretion in the ulcers too scanty. In fistulous or gangrenous ulcers pulsating or burning pain, watery secretion.

Pulse often unchanged, faster evenings, slower in the morning. Agitation of the blood.

Want of thirst predominating.

PULSATILLA.

tion. Expectoration in the morning and during the day.

Complains particularly of the upper arm and sole of the foot.

Worse from midday till midnight.

Worse before a thunder-storm, generally worse in bed. Worse from warmth of the bed. *Worse* or better after sleep. Worse or better after meals.

Worse from eating bread.

Better or worse after stool.

Worse from mental exertion oftener than from bodily exercise. *Better* or worse when moving the affected limb. *Worse* or better when sitting. Worse or better when rising from a seat as well as after rising from a seat. Worse during expiration, better during inspiration.

SEPIA.

Sensitiveness predominating in external parts (Caustic. in internal). Pain extending downward (Caustic. upward). Lancinating pains from within outward (Caustic. from without inward.)

Itching always increased by scratching.

After itching, spreading blisters full of turbid pus, confluent usually moist with bad odor. After these blisters break, they leave a dirty ulcer.

Pulse quick and full at night, slow in daytime.

Thirst constant only during chill Rising heat.

CAUSTICUM.

Paralysis particularly of the flexors, painful, often bilateral.

Taciturn. Mistrust, pride, absent-mindedness, imaginations, low spir-its.

Ailments from fright, vexation, grief or unsuccessful love.

Urine frequent, but scanty.

Sexual desire diminished.

Menstruation too late and scanty. Only in daytime, discontinuing at night.

Expectoration is loose from even-
ing till morning, rarely in daytime;
is mostly swallowed.

Amelioration in daytime.

Worse from warm food or drink.
From hunger.

Burning, forehead, eyes, eyelids,
anus, urethra, penis, chest.

Beating, head, behind the ears,
teeth, scrobiculum cordis.

Weakness and *trembling* in the
extremities, internal trembling.

Faintlike sinking of strength.

Twitching of muscles in various
parts of the body. Twitching in
the extremities.

Lame and trembling weakness of
all the limbs.

SEPIA.

Apoplexia.

Loquacity, chilliness, indiffer-
ence, timidity, perverseness, weak-
mindedness.

Ailments from vexation with fear.

Flow of blood from the ears (Caus-
tic. fetid pus).

Urine too seldom.

Sexual desire alternating with di-
minished ability.

Menses too profuse or too scanty.

Cough particularly in the fore-
noon and evening till midnight;
generally with expectoration, which
is loose at night and in the morn-
ing, and is mostly swallowed.

Ailments less in the afternoon.

Worse after a copious meal.

Ailments predominate at the point
of the elbow (Caustic. at the patella).

Burning (eye-teeth, neck, mouth,
stomach, belly, anus, urinary organs,
genitals, chest, extremities). *Tick-
lish burning* of the upper extremities.

Beating (head), pulsating (head,
teeth, belly). Throbbing (teeth).
Pulsating (stomach).

Frequent *trembling* through the
whole body. Trembling motion
through the whole body.

Sensation like fainting in the fore-
noon, for two hours with shortness
of breath. Fainting early when ris-
ing, ready to sink down with dull-
ness of mind. Fainting during or-
dinary riding.

Clonic convulsions of the right leg
and twitching in it; twitching of the
right arm, when the leg is held.

Numbness in all the nerves, also
of the tongue with dullness of the
head and inattention.

CAUSTICUM.

Unsteadiness of the limbs like in drunkenness. Tingling in arms and legs like being asleep. Sensation of being asleep and coldness of all the soft parts on the whole left side of the body, also in the foot and head, as if there was no blood in the skin. Great weakness and heaviness in the arms and legs and hands. Sleeping of the hands and arms. Sleeping of the hand with tingling in it, numbness, insensibility and deadness of the fingers with drawing in them. Torpidity of the arm when lifting it above the head and keeping it in that position for some time, with pain in the corresponding side of the chest like from shortening of the muscles.

Sensation of numbness in the muscles of the occiput. Sensation of weight in the eyelids. Lame pain in the axilla, in the forearm, in the ulna, in the hand. Weakness and almost lameness of the right arm, with sensation of stiffness, especially when writing.

SEPIA.

Easy going to sleep of the limbs. The eyelids pain when awaking like too heavy, as if he could not keep them open. Two successive mornings when awaking, the eyelids are drawn thus together, as if pressed down by lead, without being glued together. Lamelike sensation in the arm, afterwards beating in it. Lame feeling in the left arm, though motion is perfect. Sleepiness and numbness of the right hand, when anything is held or carried in it. Numbness of the right fingers evening. Sleeping of the legs when sitting. Numbness and sudden sensation of lameness of one leg, when standing. Sleeping of the right foot, tingling of the feet, often when sitting, especially early in the morning.

Sudden lameness of one leg for several hours. She becomes lame from anger.

C. *Differential Diagnosis of the Remedy.*

The following comparison between Causticum and Sulphur will show that the sphere of action of Sulphur is of wider range than that of Causticum, as there is hardly any tissue or organ in the human system, in the diseased condition of which it does not come into consideration. In comparing the various symptoms of Sulphur we find the characteristics of the carbo-nitrogenous constitution of v. Grauvogl predominating, while Causticum presents more of the hydrogenoid. While in Sulphur a great number of symptoms can be deduced from the slow circulation of blood and from stagnation produced by it, on account of its peculiar condition peculiar to the carbo-nitro-

genous constitution, in Causticum the reason lies in the diminished tone of the motor nerves, which causes a great many of the irregularities. In regard to the skin symptoms produced by Sulphur, besides their greater number, they almost all point to a disturbance in the excretory function of this organ, corresponding to the carbo-nitrogenous constitution. For the stagnation and accumulation of the blood in the capillaries must necessarily produce a greater exudation and more destruction of the skin, as in the formation of furuncles, pustules, abscesses with much suppuration and destruction of the cutis. In Causticum, on the other hand, we find small pustules, dry pimples, flat ulcers with scanty and watery secretion. In Sulphur diminution of itching after scratching, while in Causticum the itching is increased. In Sulphur the itching stimulates the capillaries and enables them to carry off the stagnating blood, the cause of the itching, while in Causticum an increased itching takes place on account of the increased irritation of the cutaneous nerves. In regard to the symptoms of lameness it is evident, that those produced by Sulphur are caused by the pressure of the stagnating blood upon the motor nerves, while they originate in Causticum from the nerve centres, the spinal cord, especially from the *cauda equina*, therefore, complete paralysis is very rare after Sulphur, while it occurs frequently after Causticum. The chief quality of Sulphur is its tendency to promote absorption, making it one of our most valuable polychrests.

CAUSTICUM.

Above on the right, below on the left side.

Ailments predominating in external parts.

Itching increased or diminished by scratching.

Secretion of ulcers too scanty. In fistulous or gangrenous ulcers, beating or burning pain, watery secretion.

Pulse often unchanged, faster in the evening, slower in the morning,

SULPHUR.

Above on the left, below on the right side.

Pain radiating downward.

Lancinating pains from within outward.

Itching almost always diminished by scratching.

Ulcer painless.

Pulse generally full, quick and hard, accelerated especially night

CAUSTICUM.

agitation of the blood.

First chill, then perspiration.

Chill diminished in bed and when drinking.

Want of thirst predominating.

Taciturn, mistrust, pride, absent-mindedness, imaginations, depression of spirits.

Ailments from fright, vexation, grief, or unsuccessful love.

Eruption in the eyebrows.

Far sighted.

Aversion to beer.

Urine frequent but scanty.

Menses too late and scanty. Only in daytime, discontinuing at night. Labor-pains spasmodic.

Expectoration loose from evening till morning, rarely during the day; is mostly swallowed.

Aggravation in the evening, during the night, and at new moon.

Cessation of ailments during the day.

Better from drinking cold water, in the open air, from running, bodily exercise, in some cases, worse from exercise.

Worse from warm food or drink; from hunger.

SULPHUR.

and morning; slower during the day and evening.

Coldness in painful parts (Caustic heat).

Internal chill predominating with external heat.

Chill increased in bed. Rising heat.

Thirst only during heat.

Changing disposition, serious, solemn, noble, indifferent.

Ailments from shame or vexation, with terror, fright, or fear. Delirium, weakness of mind or sickness.

Ailments predominate in outer corner of the eye (Caustic. internal).

Near sighted.

Secretion of saliva generally diminished (Caustic. increased).

Desire for or aversion to beer or spirituous drinks.

Urine frequent and scanty; sometimes after large doses copious.

Menses generally of short duration.

Labor-pains weak or stopping.

Expectoration in the morning and during the day; less frequent during the day.

Worse during full moon. Worse or better in bed. Generally worse by the heat of the bed.

Cessing of ailments in the afternoon and before midnight.

Often worse than better by touching. Mostly always worse by washing. Worse or better from moving the affected parts. Worse from exercise. Worse from looking down. Better or worse from getting cold, and in cold weather.

Worse after a copious meal. Better or worse after stool.

CAUSTICUM.

Better before breakfast, afterwards worse.

Worse when standing or squatting.

Burning, forehead, eyes, eyelids, arms, urethra, penis, chest.

Beating, head, behind the ears, teeth, scrobiculum cordis.

Weakness and *trembling* in all extremities, sensation of internal trembling.

Faintlike sinking of strength.

Twitching of the muscles in different parts of the body. Twitching in the extremities.

Lame-like and trembling weakness of all the extremities.

Unsteadiness of the limbs like from intoxication. Tingling like asleep in arms and legs. Sleepiness and coldness of all the soft parts of the entire left side of the

SULPHUR.

Worse or better with an empty stomach, respectively after breakfast.

Worse while lying on one side or on the back. *Worse* or better when turning in bed.

Burning (eyes, nose, face, teeth, mouth, neck, stomach, abdomen, arms, urinary organs, genitals, chest, back, extremities). Itching, pricking, burning, (upper extremities). Stinging burning (lower extremities).

Beating, pulsating, (head). *Pulsating* (back, head). *Throbbing* (teeth, chest, lower extremities). *Throbbing* (crackling).

Trembling of the extremities, especially the hands. *Trembling*, severe, in the forenoon, of the left shoulder-blade, the arm and hand. *Sensation of trembling* through the whole body, early though with warmth.

Faintlike failing of strength in the arm and leg. *Fainting* for half an hour. *Fainting* and vertigo, with much vomiting and perspiration in the afternoon. Shaking of the whole body in the evening in bed, like shuddering through the skin.

Twitching of one hand and one foot during the day. *Twitching of muscles* here and there, as from electricity. Frequent spasmodic twitching through the whole body after supper, with pain in the back, then in the left side of the abdomen.

Lameness in the knee, when ascending the stairs, like sprained.

Sensation in the upper arm as if something heavy was hung on to it. Heaviness and sensation of sleep of the right forearm. Sleepiness of the arm for twenty-four

CAUSTICUM.

body, also in the foot and head, as if there was no blood in the skin. Great weakness and heaviness in the arms and heaviness, with tingling, numbness and deadness of the fingers, with drawing in them. Numbness of the arm when raising it above the head and after holding it in that position, with pain in the corresponding side of the chest like from shortening of the muscles.

Feeling of numbness of the muscles of the back of the head. Sensation of heaviness in the eyelids. Lame pain in the shoulder, forearm, ulna, in the hand. Weakness and almost paralysis of the right arm, with feeling of stiffness especially when writing.

Although v. Grauvogl classifies Graphite among the oxygenoid and Causticum among the hydrogenoid remedies, they show in their symptoms a great many points which point to a certain relationship, demonstrating the fact that such classification of remedies after general principles cannot always be carried out practically, and that we have to individualize in such cases. While Causticum has its sphere of action in the medulla oblongata and the motor nerves proceeding from the upper part of the spinal cord, Graphite predominates in the sympathetic nerve and in the reproduction. The following comparison will serve as illustration:

CAUSTICUM.

Ailments predominate in external parts.

Itching increased or diminished by scratching.

SULPHUR.

hours. Frequent sleeping of the arms for fifteen minutes, especially after labor; they have to be kept still. Sleeping of the hands, with tingling, immediately after dipping them into cold or warm water. Sleeping of the two last fingers in the evening in bed. Numbness and sleepiness of the two last fingers. He often does not feel his legs while sitting, a kind of numbness. Sleeping of the left leg for half an hour, two evenings in succession. Sleeping of both legs, early in bed, with great heaviness. Sleeping of the sole of the left foot. The right leg is like numb, even in lying.

In the thigh a kind of lameness, in the hip above the nates.

GRAPHITE.

Sensitiveness of internal parts. Tingling sensation in internal parts. Pains radiating downward.

Itching of moist eruptions.

CAUSTICUM.

Secretion in ulcers too scanty. In fistulous or gangrenous ulcers beating or burning pain, watery secretion.

Pulse often unchanged, faster evenings, slower mornings. Agitation of blood.

Chill diminished in bed and while drinking.

Perspiration increased in the open air by motion and walking

Want of thirst predominating.

Paralysis of flexors painful, often bilateral.

Taciturn, mistrust, pride, absent-mindedness, imaginations, lowness of spirits.

Ailments from fright, vexation, grief, or unsuccessful love.

Vertigo with inclination to fall forward or sideways.

Eruption in the eyebrows.

Perpendicular hemiopia.

Sour vomiting of ingesta.

Urine frequent but scanty.

Menses too late and scanty. Only in daytime, discontinued at night.

Watery coryza.

Expectoration is loose from evening till morning, rarely in daytime; is mostly swallowed.

Remission during the day.

Better from drinking cold water, in the open air, from running, bodily exercise, in some cases, worse from bodily exercise.

Often better than worse from eating bread.

Worse from warm food or drink; from hunger.

Worse when standing or squatting.

GRAPHITE.

Secretion in ulcers copious or scanty.

Pulse full and hard, although not perceptible, accelerated, with exception in the morning.

Chill diminished in the open air.

Perspiration often confined to the anterior portion of the body.

Thirst predominating during hot stage.

Dilatation of the veins of the feet.

Changing disposition, sad and despairing.

Complaints from grief. Neither imaginations, involuntary actions, nor delirium.

Vertigo with inclination to fall forward.

Ailments predominating in the inner corner of the eye.

Deception with bright colors.

Sour vomiting.

Urine scanty.

Menses too scanty, of short duration and scanty.

Watery coryza.

Expectoration mostly steady during the day or in the evening.

Remission of ailments during the day.

Worse or better from warmth of the bed. Generally better from drinking. Worse from washing or getting wet. Worse from perspiring.

Worse from hunger.

Worse from cold, better from warm food or drink.

Worse from looking up.

CAUSTICUM.

Worse from light, better in the dark.

GRAPHITE.

Worse from light, better in the dark.

Worse from sneezing.

The relationship between *Cocculus* and *Causticum* are most apparent in the paralytic symptoms, while the characteristic differential points will be evident by even superficial inspection of the following comparison :

CAUSTICUM.

Unsteadiness of the limbs, like intoxicated. Tingling like asleep in arms and legs. Sleeping and coldness of all the soft parts on the left side of the body, also in the foot and head as if there was no blood in the skin. Great weakness and heaviness in the arms and hands. Sleeping of the hand with tingling in it, numbness and anæsthesia and dyeing of the fingers, with drawing in them. Benumbing of the arm when lifting it above the head, and after holding it in that position; with pain in the corresponding side of the chest, like from shortening of the muscles.

COCCULUS.

Sleeping of hands and feet alternating in passing paroxysms. Sensation of lame numbness in the legs. Painful stiffness of all the joints. Paralytic stiffness of the joints with drawing pains in the bones. Lame weakness with backache. Lame pressing pain in the loins. Lame pain in the small of the back with cramplike drawing above the hips, preventing walking, or with anxious apprehensive mood. Sensitive lame pain in the arms, as if the bones were shattered, when moving (even during writing) or in the bend of the elbow (appearing suddenly). Shattered lame pain in the arm which has been lying in bed. Heaviness and sensation of fatigue when lifting the arm, especially in the upper arm, pain as if they were broken in two. Want of feeling and sleeping of the hands. Lameness or lame drawing in the thighs, with weakness in the knees and intermitting; pressing pain like shattered in the middle of the thigh. Lamelike sensation of numbness travelling in paroxysms through the leg, from the middle of the thigh, above the knee or descending below it.

ARTICLE XXXII.—The Medical and Surgical Diseases of Women.

By R. LUDLAM, M.D., OF CHICAGO.

(Continued from page 274).

XXVIII.—*Contribution a l'histoire de la Dysménorrhée membraneuse*, par G. BERNUTZ, médecin de l'hôpital de la Charité.

The *Archives of Tokology*, etc., for January and February, 1879, published in Paris, contain a very remarkable paper on membranous dysmenorrhœa, by our old master, Bernutz. This paper is based upon the detailed report of three cases, and discusses the subject of menstrual exfoliation with and without dysmenorrhœa. After considering the theories which are most generally received, *id est*, the *mechanical* theory of Oldham and of Simpson: that of *ovarian influence*, as set forth by Oldham and Tilt; the *exfoliative endometritis* of Montgomery, Ashwell, Copland, Churchill, Mandl, Tyler Smith, Huchard and Labadie Lagrave; that of *an excess of uterine fibrous tissue*, advocated by Williams; the *excessive menstrual congestion* of Siebold; and of a species of *ichthyosis of the uterine mucous membrane*, as argued by Gautier, in the Geneva Congress last year; the *interstitial capillary apoplexy* of Coste, Christo and Courty, Bernutz insists upon the importance of a *special constitutional pre-disposition* to this disease, which, hitherto, has not been carefully studied. A few of the author's sentences are worthy of record and of remembrance:

The constancy of the lesions which characterize uterine inflammation, in the autopsy of those who have had membranous dysmenorrhœa during life, as cited by Tilt, and confirmed by Williams, should not tempt us to conclude that endo-metritis is the essential element in this form of painful menstruation.

* * * *

It is certainly true that in a part of the cases only does endo-metritis precede membranous dysmenorrhœa * * * Indeed, the exceeding rarity of membranous dysmenorrhœa complicated with this form of metritis, compels us to admit that there must be a special predisposition in order to their co-existence, and consequently that it is this peculiar predisposing cause, and not the endo-metritis, which is the first factor in the case.

Concerning the comparative thickness of the uterine mucous membrane during menstruation and of the exfoliated product in dysmenorrhœa, Dr. B. says :

It is known that immediately preceding menstruation, the uterine mucous membrane measures one-fourth of an inch, and even more than that in its thickest portion. With a single exception, none of the specimens of dysmenorrhœal membrane that I have examined exceeded the one-eighth of an inch in thickness. In Case No. 2, in which an autopsy was made, there certainly was no hypertrophy. The same fact was noted in Hausmann's case, and hypertrophy of the mucous membrane is therefore not the rule.

No mention is made of the possibility, in exceptional cases, of this form of dysmenorrhœa being due to a repercussion of the exanthemata;* neither of its connection in other cases with rheumatism. The paper concludes with the following tabulated observations :

The analytical table of 28 cases appended to the monograph of M. M. Huchard and Labadie Lagrave, in 20 of which the patient's constitution has been noted, show the following results: 5 were of good constitution, 2 of a bad general state, 8 were scrofulous, 4 chlorotic or anæmic, and 1 was hysterical.

In William's 14 cases 1 had a good constitution, 4 had a bad constitution (one of them had had nine or ten attacks of hæmoptysis, and another died of acute pleurisy), 1 was anæmic, 5 were hysterical (3 of them being of bad constitution), one had a fibroma, and in 2 cases the general condition was not stated.

I find in the notes which I have preserved of 6 cases of true membranous dysmenorrhœa, that 2 were of good constitution, (both were sterile, the dysmenorrhœa seeming to have begun with the first menstruation); 2 were scrofulous, and both sterile; 1 had phthisis from the first period, the dysmenorrhœa making its *début* after labor; 1 who was a very fleshy person, had a nephew and a niece (children of different sisters), both of whom had tuberculosis. * * *

The cause to which I attribute the membranous exfoliation proves that, in this class of cases, it is the patient's general condition that must furnish the therapeutical indications, especially in the matter of deciding whether or not the arsenical treatment is best.

I would dissent with saying that we should abstain from all surgical interference, for which there is no indication in

* Transactions of the American Institute of Homœopathy, for 1876.

membranous exfoliation without dysmenorrhœa, if Tyler Smith had not advised dilatation by means of a metallic sound as adapted to the treatment of membranous dysmenorrhœa, and if it had not been resorted to in my second case. In that case, as it most frequently happens, it was harmful. I go farther and recommend that, as far as possible, we desist from this form of catheterism which, from personal observation in the case just cited, I am led to believe was the cause of the first attack of dysmenorrhœa; and because one paroxysm of this disease tends to produce another and so to complicate it very seriously.

XXIX.—*Warm Fomentations to the Head in Uterine Hemorrhage*.—Dr. Koehler (*Allg. Med. Central-Zeitung*, No. 1, 1879) states that he has for the last seven years, in cases of uterine hemorrhage, applied warm fomentations to the head to prevent anæmia of the brain, and also to the heart. Hot sand-bags are also very efficient, and the patients will oftener bear sand which is so hot that it can scarcely be touched by the hand. As soon as the fomentations or bag has been applied, consciousness is restored; the pulse grows stronger; the patient herself states that she feels better, that the ringing in the ears has ceased, and that she likes the appliance. As soon as it becomes cooler, she wishes it to be renewed. Dr. Koehler has, he says, saved patients even in most dangerous cases of hemorrhage by this proceeding, by which the physician never loses time, as the fomentation may be watched and renewed by any one. This method has been found equally efficient in anæmia caused by epistaxis, hemorrhages produced by wounds, etc.

XXX.—*Clinical Gynecology*.—The *U. S. Medical Investigator* for March 15th, gives an account of the February meeting of the Clinical Society of the Hahnemann Hospital, of Chicago. The bureau of Gynecology reported the following papers:

1. *The Microscope in Uterine Diagnosis*.—By A. E. ROCKEY, M.D., Corresponding Member.

Case 1. Mrs. S., æt. 30, of dark complexion and medium stature, has had two children at term. In April, 1876, the menses ceased, and she supposed herself pregnant. In the latter part of July following, she was taken with symptoms of abortion. The attack which was slight, passed off in a few hours, and for several weeks she felt perfectly well. At this time a discharge

of bloody serum, varying in redness at different times, made its appearance. About four months after this the menses came on regularly, at which time the flow changed to a bright red. During the entire menstrual period it had a very offensive odor. This drain continued without intermission until July of the present year, when she came under my charge. Her strength has been greatly reduced, her flesh wasted, and her life rendered miserable by this obnoxious discharge. She has been treated by the customary number of doctors, who have examined, probed and sounded—arrived at all manner of conclusions, and prescribed numerous forms of applications and nostrums without giving relief. Her trouble has been diagnosed at various times in its history as molar pregnancy, bleeding polypus, cancer of the uterus, etc. At the time she first consulted me, I elicited a history of the case substantially as given above. She states that no solid substance has been discharged. These symptoms presenting features common to several uterine troubles, the diagnosis was not to be easily made. Upon examination the cervix was found to be of normal size and position. The sound entered to a depth of nearly four inches. The curve turned to the left seemed to indicate latero-flexion to that side. Excepting this apparent deviation of position, physical examination revealed nothing abnormal in the structure or contents of the uterus. A tenacious, sanguinolent substance adhered to the sound which I touched to a glass slide and subjected it to microscopical examination by both high and low powers. Among a *debris* of decomposed animal tissues were distinctly seen several bone-cells and flocculi of disintegrated bone. Their appearance was diagnostic and unmistakable, and the conclusion that they had their origin in a fœtus that perished at the time of the threatened abortion, seemed a proper diagnosis. Here then was a dead child in a living tomb where it had been slowly decaying for nearly two years.

The os was dilated with sponge tents of a gradually increasing size to a sufficient diameter for the removal of the supposed contents. Examination by the touch within the cervix revealed a mass of bony spicula. A large pair of curved polypus forceps was introduced, and the first object seized was a part

of the cranium which was soon followed by the removal of the entire skeleton in fragments and masses enveloped by the jelly-like substance that adhered to the sound at the time of the first examination. The ends of the long and the borders of the flat bones were somewhat softened, but in a great measure they retained their form and consistency. The inner walls of the uterus presented a roughened surface to the touch, as though it had been caused by the sharp ends of bone. Nearly four months have elapsed since the removal of the fœtus. The discharge ceased promptly, the menses appeared regularly, and the health of the patient has improved rapidly.

This case is one of the many that illustrate the importance of the microscope in diagnosis, for without it in this case certainly it would have been difficult to arrive at so satisfactory a conclusion.

It may seem strange that the crepitation of the bones should not have been detected by the sound, but the fact that several other physicians had introduced the sound and had not discovered the contents, shows that it was not easily done in this way.

Case 2.—Eczema of the Genitals with Diabetes Mellitus.—Dr. Ludlam gave a verbal report of a case of chronic eczema of the female genitals, in a patient aged forty-three, which had resisted all kinds of treatment for more than ten years. The patient was well-to-do, intelligent, of good habits and cleanly, of good constitution, the mother of three grown-up children, had menstruated regularly and looked well. The eruption, which spread over the genitals and the nates, and sometimes invaded the anus and vagina, would almost disappear and then break out again without any apparent cause. There was no incontinence of urine and no vaginitis. Having found the record of a similar case (*Clinique Medicale de l'Hotel Dieu de Paris*, par Trousseau, tome II., p. 674), that was complicated with diabetes mellitus, Dr. Ludlam had the urine of this patient carefully tested, and it was found to contain a considerable quantity of sugar.

In response to an enquiry, Dr. L. said that his patient had been subject to an intractable neuralgia, that she had lived in

an old house, embowered in trees, by reason of which the sunlight was almost entirely excluded. He was aware that different cutaneous disorders, such as zona, pemphigus and erythema are sometimes due to trophic affections of the nerves; and also that a certain proportion of cases of diabetes are of nervous origin; but he had never before met with a case in which a victim of neuralgia was suffering from eczema and diabetes at the same time.

Dr. A. E. Small thought such cases were very rare, and that not one case of eczema in ten thousand is of this kind. He had, however, had one patient, a woman about forty years of age, who had diabetes mellitus complicated with eczema. The eruption was on the inside of the right thigh and extended over the groin to the vulva. When Dr. S. first saw her she had been passing eighteen quarts of urine daily, but under the use of Phosphoric acid², the quantity diminished to two quarts. The eruption and the saccharine urine seemed to alternate, when one was better the other was worse. The case subsequently proved fatal, the poor woman dying as from consumption.

Dr. G. A. Hall was also confident that such cases as that cited by Dr. Ludlam were extremely rare, for he had never seen one.

Dr. T. S. Hoynes could not understand why they should be so very infrequent, when neither diabetes nor eczema were rare affections; and said that in cases of this kind the result might be due to a mere lack of personal cleanliness.

Drs. Small and Ludlam insisted that in the cases which they had reported, the eruption could not possibly have originated or been kept up in that way; and Dr. Ludlam called upon Dr. Jessen, as a man of large reading in dermatology, to inform the society whether any author whose work he had read had spoken of this particular complication.

Dr. Jessen said that the case just reported was one of very great interest, and that, so far as his memory served him, no prominent author upon skin diseases had either mentioned a similar one, or spoken upon this subject. He thought it would not be difficult to explain the occurrence of eczema as a com-

plication of some other diseases. Such authorities as F. Hebra, Wilson, Hardy, Tilbury Fox and McCall Anderson are agreed that one of the chief causes of eczema is debility. Thus Hebra speaks of "faulty nervous nutrition," and Wilson says in substance that careful observation has shown that the essential cause of eczema is debility, debility of constitution, or general debility, and debility of tissue, or local debility.

Few diseases are more debilitating, and more apt to induce a nutritive, as well as a nervous debility, than diabetes: and it would be very strange if eczema did not sometimes result. Still the secondary occurrence of this form of skin affection in diabetes mellitus is certainly very rare.

Moreover, in diabetes, the well-known relation between the functions of the skin and the kidneys is deranged. Dr. Smith, of Sheffield, England, has written a very interesting and instructive paper upon this subject, and shown how the various disorders of the kidneys involve the skin, and are especially apt to cause eczema.

The German pathologists consider that diabetes arises from, or is connected with, a functional disorder of the liver. And dermatologists, acknowledging the close physiological relation between the liver and the skin, are free to say that their mutual derangement may, and does cause eczema, especially on the lower parts of the body, as on the extremities, the genitals, etc.

Cases 3 and 4.—Two Cases of Ovariectomy.—Dr. Ludlam concluded the report of his bureau with the relation of two more successful cases of ovariectomy which he had recently made. The first of these was made upon a patient of Dr. C. W. Crary, of Lake City, Minn. The patient was a young lady of eighteen years. She made a good recovery. The second was one upon which he had operated in the Hahnemann Hospital. The patient came from the country, was the mother of four children, and the tumor was multilocular. This patient, whose case was watched and visited by several of the sub-classes in Dr. Ludlam's clinic, was now nearly well, and would be discharged in a few days.

XXXI.—*A Treatise on the Medical and Surgical Diseases of*

Women, by A. L. CLARK, A.M., M.D., Professor of Obstetrics and Diseases of Women and Clinical Gynæcology in the Bennett Medical College, Etc., Etc. Chicago. Jansen, McClurg & Co., 1879. pp. 410.

This is the work of one of the leading members of his school of medical practice, and, like its author, is modest and unpretentious to the last degree. It is a model of conciseness in expression, and of practical directness, such as one does not meet with every day. There is no display of learning, and no show of familiarity with the by-paths of this specialty; but a straight-forward consideration of the clinical history of the diseases of women, and a conscientious and careful unfolding of the resources, both medical and surgical, for their relief and cure. These means are sometimes very different from those which we could approve, and which we are in the daily habit of applying; but we would not attempt to set another man's sun-dial by our watch, nor, in consideration of Dr. Clark's skill and fame as a gynæcologist, would we be justified in claiming that ours is in all respects the better way. Those of our readers who are interested in this subject should buy this book and read it; and some of our bumptious young scribes should be compelled to commit it to memory.

XXXII.—*The Mechanical System of Uterine Pathology*, being the Harveian Lectures delivered before the Harveian Society of London, December, 1877, by GRAILLY HEWITT, M.D., etc., etc., London, Longmans, Green & Co., 1878.

No one who has collected a special library in medicine, and made himself thoroughly familiar with the contents of his books, has failed to observe that each author has laid more stress upon one subject, or class of subjects than upon another, and has developed it more fully than he has the rest. Thus we have Tilt and Boinet on Ovarian Disease; McClintock on Pelvic Cellulitis; Bernutz and Goupil on Pelvic Hæmatocele; Scanzoni and Gallard on Chronic Metritis; Thomas on Gynæcic Surgery; Gooch and Hodge on the Irritable Uterus, etc., etc. And no matter what these men have written, or accomplished in other directions, these are the papers by which they are known to the profession.

Sixteen years ago, the author of these three lectures published a very readable and acceptable book upon the Diagnosis and Treatment of the Diseases of Women. But the main, central idea of the work, that which has carried it through several editions, and kept it alive in the minds of practitioners, was the care and thought bestowed by Dr. Hewitt upon the vexed and vexatious question of uterine displacements.

And now that the cream of his study and experience has come to the surface in this monograph, it really looks as if we should be able in the near future to decide how far the "mechanics of the uterus" have to do with the lesions of structure and of function that we are expected to cure. Those who declaim against the possibility of uterine deviation as a cause of certain untractable diseases of women, are perhaps as far wrong as those who attribute all the troubles of this class of patients to a physical cause of this kind. And those who would have us throw our pessaries to the—dogs, might perhaps conclude upon reflection that we should sometimes need these crutches, if we knew just how to use them. Both these extremes of theory and practice are undoubtedly wrong, and the only sensible way out of the difficulty (at least in our judgment), is to study both sides of the subject, and afterwards to act intelligently.

We recommend this monograph for the clearness and directness of its style, the entire absence of anything like a narrow or partisan view of the subject, its practical character, and for its graphic and extremely instructive life-size illustrations.

XXXIII.—*Diseases of the Female Reproductive Organs*, in Reynolds' System of Medicine, Vol. V., 1879.

The portion of this work, devoted to our branch, includes something over two hundred pages, and is divided into eight separate papers, as follows:

1. *Changes in the Shape and Position of the Uterus*, by Grailly Hewitt, M.D., etc.
2. *Disorders of the Uterine Functions*, by the same author.
3. *Metritis*, by W. O. Priestly, M.D., etc.
4. *Growths in the Uterus*, by John Williams, M.D.,
5. *Pelvic Hæmatocele*, by William O. Priestly, M.D., etc.

6. *Pelvic Cellulitis—Pelvic Peritonitis*, by the same.
7. *Inflammation of the Ovary*, by John Williams, M.D.
8. *Ovarian Tumors*, by the same.

We have space for an item or two only. Concerning the *Prognosis* in Pelvic Hæmatocele, Dr. Priestly says:

The prognosis is always more or less an anxious one. When vascular rupture has taken place into the pelvis, it is impossible to foresee to what extent the hemorrhage may extend, or when once checked, what amount of exertion and how slight a movement may bring a renewal of such extravasation as may prove fatal. The tendency to aggravation at the catamenial periods, and the liability to low forms of peritonitis creeping on in patients apparently not in immediate peril, or even where the cyst is contracting and convalescence seems progressing, are additional sources of anxiety.

To these may be added the feebleness and exhaustion, sometimes produced when the cyst suppurates and discharges through the bowel or vagina, and the not infrequent supervention of general blood-poisoning from absorption of morbid materials into the general system. With these detractions, the prognosis may as a rule be stated to be favorable. In the larger number of cases hæmatocele is not fatal, and by judicious management an untoward result may often be avoided, even when the symptoms are severe.

Dr. F. Weber, of Berlin, one of the most recent writers on the subject, considers the prognosis very favorable. Of twenty-three cases observed by him, none were fatal—a result he ascribes to his method of treatment,—ice bladder—perchloride of iron internally, and avoidance of puncture. In three of his cases the broken-up extravasation burst through the rectum.

Of the *Diagnosis* of Pelvic Cellulitis from Pelvic Peritonitis, Dr. Priestly says at page 832:

M. Bernutz and Dr. Thomas have attempted to discriminate between the signs, both general and local, of pelvic cellulitis and pelvic peritonitis. Dr. Thomas indeed has published an ingeniously drawn up table of differences. Practically, however, it will be found that only in some few typical and rare cases are the symptoms and physical signs so dissociated as to enable the practitioner to say this is pure peritonitis and that pure cellulitis. The signs of one affection may predominate over the other, and give a type to the case, but in most instances the same symptoms answer for both, and rarely does the one form of inflammation occur without being complicated with, and merging more or less into the other.

ARTICLE XXXIII.—On Molecular Attraction and Molecular Repulsion.

BY DR. BUCHMAN.

MICROSCOPY proves that the essence of all diseases consists in changes of molecules brought about by molecular attraction, so that the general idea, according to which all forces are molecular movements, and everything alive keeps itself alive by atomic movement, also has its full value in pathology (Perls' General Pathology, 1877, p. 7).

Our readers know full well that the molecular force by which two simple bodies combine themselves in solid unchangeable atomic weights, is called chemical affinity.

But there are also molecular combinations by molecular attraction of lifeless bodies, where this combination, though forming apparently a single body, is not determined by standing unchangeable weights, though there are also limits to such relations.

Dr. Carl Jacob, in Stuttgart, grouped systematically these molecular combinations (Cannstadt Bosheuer, 1878). He calls these molecular combinations, in contradistinction to the chemical ones, physical molecular combinations, considering thus mutual permeations, volatilizations, solutions and absorptions.

That mutual permeation of different fluids is based on molecular attraction, can be shown with sulphuric acid. When we fill a cylinder made of clay with water, the outer surface will become moist, though nothing trickled through. Let us put the same cylinder, filled with water, in a vessel with sulphuric acid, water penetrates through the cylinder to the acid, because the molecules of H_2SO_4 attract the water. Here the shifting of the molecules is clear, as *e. g.*, a litre H_2SO_4 and a litre water mixed together give considerably less than two litres fluid. The molecules have mutually permeated in the solution one another, and contracted with development of heat.

Finely divided Platina shows the remarkable quality to swallow up by molecular attraction large quantity of oxygen gas.

Chloride kobalt becomes red by molecular attraction of

water and then blue when the dry air takes up again the water.

That there may be between two bodies strong physical attraction and chemical repulsion, we see in platina, which cannot be oxydized by oxygen.

We witness a molecular repulsion by putting tallow on water, when the latter withdraws itself all around the tallow.

Living bodies also possess vital molecular forces, inasmuch as only the living cell can be in possession of them, corresponding to the chemical and physical molecular attractions and repulsions.

A power of attraction belonging to all living cell-molecules exists, for carbon in the plants and for finished organic carbon-combinations in the animal body, so that no organic-chemical combination is possible without it. The molecular attraction is so powerful in plants, that the chemical combination of carbon with oxygen is thereby dissolved. These carbon-combinations ensue like all other organo-chemical combinations, in firm, unchangeable atomic weights, and I would call this attraction "nutritive molecular attraction," to differentiate it from the anorganic chemical one.

Outside of this nutritive molecular attraction the living cell has also a special attraction, corresponding to the physical one, for particles which, by their physical combination with the cell-molecules, change them in such a manner that the nutritive molecular attraction is disturbed, and for such an attraction I would propose the name "pathogenetic molecular attraction."

We have, therefore, the following parallelismus:

1. Not living bodies.

- a) Molecular combinations in firm, unchangeable atomic weights, by chemical molecular attraction.
- b) Molecular combinations in changeable infinitesimal atomic weights, by physical molecular attraction.

2. Living bodies.

- a) Molecular combinations in firm, unchangeable atomic weights, by nutritive molecular attraction.
- b) Molecular combinations in changeable infinitesimal atomic weights, by pathogenetic molecular attraction.

The pathogenetic molecular combinations cause in the vegetable as well as in animal organism local circulatory disturbances with active and passive changes of tissue and functional disturbances. The pathological neoplasmata are, according to the special difference of the noxa, more manifold in the vegetable than in the animal kingdom, and the noxa is also more obvious in plants. The sporules of a microscopic fungus, *exoascus pruni*, causes in young prunes a sort of pod with large airy pot, whereby the pit becomes stunted, the so-called pocket.

In our oaks the maggots of about forty different kinds of cynips, which show in their construction no essential differences, form forty different kinds of gall-nuts. Such a constant difference of formation and contents from cell-proliferation is only possible through a pathogenetic molecular attraction of noxious material in the ovum, differing with every particular species of gall-wasp. Plants do not only become diseased from parasites, but also by other noxæ, where force of attraction exists in the protoplasma. If we put the sprout of a young pea-plant or of a *tradescantia* under a glass-bell, under which also lies a small saucer filled with chloroform, the leaves of the sprout will droop and take on a brownish color. The chlorophyll-granules have contracted with the protoplasma surrounding it (Grundlinien, Benecke, p. 420). I have observed a similar contraction with discoloration of the leaves in celery, by spreading guano all around the humus of the plant. The leaves kept their brown color, without dying, whereas later-growing leaves were green. A *Ricinus purpureus* developed itself beautifully by manuring it with Chilian Salpeter. But when I doubled the quantity of salpêtre in the solution, chlorophyll-discoloration set in in the centre of several leaves, they shrunk and the affected parts of the leaves died. By carrying a surfeit of nutritive matter we caused a pathogenetic molecular attraction instead of a nutritive one, showing, without doubt, a special predisposition of some cellular territories for this combination.

A similar circulatory disturbance of the blastema by molecular attraction of a noxious matter, as mentioned in the oak,

we also find in the inflammation of an animal organism, although rarely pathological neoplasiae follow, on account of the rapid detrition of the products of inflammation.

The paralytic theory of Henle and Stilling, whereby through sensible nutrition a paralytic vascular dilatation forms the beginning of inflammation, and the spasmodic theory of Cullen and Benecke, whereby in the contraction of the small arteries the cause of the inflammation might be detected, gave way by the aid of the experiments of Cohnheim and Samuel to the theory of molecular attraction, as demonstrated by Virchow.

The nutritive molecular attraction between tissue and blood is changed by pathogenetic molecular combination. The white blood-cells, as primary visible change, are attracted by the inflammation; they adhere closely to the walls of the veins and migrate in large quantities through them into the affected tissue, whose cell-contents swell up and muddle by albuminous excretions from the blood-capillaries, which does not take place in usual nutritive attractions.

We see still more convincingly, the special pathogenetic molecular attraction of certain tissues for certain infectious matter and poisons, and such an attraction may express itself by desires; thus the house-fly loves to feed on strong solutions of arsenious acid, or on a decoction of quassia. The cows of Colorado show a preference to a poisonous leguminose, *Oxytropis Lamberti*, which grows there wild, though it makes them sick and they emaciate (*Nature*, 1878, p. 260).

If therefore we have before us as disease such a molecular change produced by molecular attraction, it seems clear that such a change can only be abrogated by molecular repulsion. Let us study now how an analagous physical molecular dislocation may be removed by molecular repulsion: in a solution of sugar of milk in water the molecules of the sugar of milk have changed position by being pressed asunder by molecules of water, whereby the sugar of milk took up the aggregate of water. By adding alcohol, which has a stronger physical molecular attraction to water than to the sugar of milk, the water molecules repulse those of the sugar of milk, in order to combine themselves with those of the alcohol, and the sugar separates itself in crystals from the solution.

Just as in this case the molecular repulsion emanates from the water, so also we witness a similar process in the physical molecular combination of water with sulphuric acid, by adding chalk, which combines chemically with sulphuric acid to gypsum, because the chemical attraction is stronger than the physical one; but not all the water is thus repulsed by the acid which only happens when a high degree of heat is kept acting on the gypsum.

To the therapist the means are thus given how to act for the natural solution of pathogenetic molecular combinations. Either the matter must be brought in contact with the noxa, which exerts a stronger attraction towards it than the tissue-molecule, or we must carry something to the tissue-molecules to which they have a stronger power of attraction than to the pathogenetic matter, whereby it is repulsed from the tissue-molecules.

Different modes were tried with more or less success to remove the pathogenetic matter, directly or indirectly by the first process. Thus Rademacher recommended Soda and Magnesia to annul the bad effects of acid gastric juice. Thus we give ferrum oxydatum hydratum to solve molecular combinations of arsenic. Easily soluble pathogenetic combinations are removed by removing mechanically the *causa morbis*, and thus preventing its further influence, as, by removal of a fever patient from a malarious region, by abandoning bad habits, by the restoration of excretions whose suppression carried a pathogenetic substance into the circulation (footsweats), etc., etc.

To remove indirectly the pathogenetic substance, drugs were tried which, according to experience, increase the excretions from the skin, kidneys, intestines. Substances are even given which are considered a direct contrarium of the pathogenetic matter, though nobody could ever explain the why and wherefore. On account of this very unsatisfactory knowledge of therapeutics, many physicians were satisfied with mere symptomatic treatment, injecting morphia for pains and sleeplessness, or withdrawing in fever the superabundant heat by cold water, giving laxantia for constipation, etc., humbugging their patients, but not curing them, and acknowledging their own dissatisfaction to such treatment.

Naturally we lean therefore to the other process, to connect substances with the tissue-molecules, to which they possess a greater pathogenetic power of attraction, in order to cause a repulsion of the pathogenetic substance, which so far was the cause of the molecular change. Experiment shows that our armamentarium here is very rich. When we do not succeed with one drug, as in the molecular combination of the water with the sulphuric acid by chalk, we look out for a similarly acting substance, to which also exists, according to experience, a stronger molecular attraction. Let us acknowledge that some pathogenetic combinations are of such strength that their solution is only imperfectly possible; but where this happens we have no more fitting expression for such a curative process than *similia similibus*.

If our teachers of general pathology who may consider themselves *molecular pathologists* would only try to study the kinetic energy of the tissue-molecule in such a direction, they would be forced to acknowledge Hahnemann as the founder of the *molecular therapy*. So far they failed to do it, will they ever reform? (*A. H. Z.*, 9, 1879).

ARTICLE XXXIV.—Microscope and Potency, with a Review of the Modes of Potentizing Drugs, and the Introduction of a New Potentizer.

BY MARTIN DESCHERE, M.D.

MOTTO: "Macht's nach, aber macht's genau nach!"—*Hahnemann*.

WE must certainly welcome most heartily any labor, like that of Dr. C. Wesselhæft in Boston, which tends to throw light upon a dark subject, in whatever way this may have been done. The manner, how it was accomplished, and the results obtained, are certainly open to a liberal criticism. It is not our aim, however, to inquire into the capacity of Dr. Wesselhæft as a microscopist, or into the motives which led him to his investigation (as one of his critics did); for if he is

not an expert in microscopy, so much the worse for him, and his motive could only be pure, as his whole article shows the *seeking for truth* ; if he *did not find truth*, so much the worse for him again. We, therefore, have to investigate his labor only as far as *he* went to get an unprejudiced view of *his* results.

Following the request of Hahnemann, which we took for our motto also in Wesselhœft's matter, we made the experiment with the triturations of metals, etc., exactly as he describes having done it himself. The result was and certainly must have been as unsatisfactory to us as it was to Wesselhœft. We then did it our own way, and found this to be a great deal easier and much better. The difference is simply this : Wesselhœft found the *sugar of milk* to be the great obstacle in his method of investigation, and so it is if anybody wants to go to the tedious and insufficient manipulations which Wesselhœft demands and employed. But if the *sugar of milk* is *dissolved in Potassium hydrate, of which a few drops may be added to as many grains of the trituration in question, the obstacle at once disappears, for it is dissolved readily and entirely*. A drop of this preparation put under the microscope will show the drug particles most beautifully without interference of sugar of milk. For examination, we took purposely triturations prepared by Messrs. Boericke & Tafel, for the reason that hundreds of physicians daily use them in their practice, and we can say with pleasure that we were able to discover many particles of the triturated drug evenly dispersed through all the triturations up to the 6x. That was as far as we went, as Dr. Wesselhœft did not go any further. Regarding the division of particles in the different triturations, we noticed with the magnifying power employed, the same points as Wesselhœft, that is, that the particles after the 2x became *less*, but not *smaller*.

And if they would become smaller, a million times as small as the microscope could make them, what then ? Would we be any wiser ?

We did not make any further microscopical investigations on this subject, as we feel convinced that *the microscope is by no means the instrument to solve the question of potentized drugs* ; but we felt indebted to Dr. Wesselhœft, if we intended to

speaking about his work at all, not to do so from mere theorizing about it.

A good deal more might be said about the manipulations, in order to arrive at satisfactory results in microscopical examinations of drug triturations; but for the above reason it would be "much ado about nothing."

So far as the objective microscopical research is concerned, Dr. Wesselhœft's endeavor is praiseworthy with all its insufficiencies, for he gives us the plain *facts* which *he observed*, and which hold good as far as they go, *but no further*. Why then did he go further? Why did he attempt to calculate from the presence of carbon particles and their size their effect on the living organism? Does Dr. Wesselhœft *not yet* know that *other questions* than that of *quantity only* have to be solved here? Has it always to be repeated over and over again that also *Quality, Modality and Relation* have to be investigated? That the law of *Polarity* has to be observed (vide NORTH AMERICAN JOURNAL OF HOMŒOPATHY, February, 1879, page 325) and perhaps *other laws* which are unknown to us as yet? How can Dr. Wesselhœft have the courage *to-day*, after *almost a century of experience to the contrary*, to say the same thing which Hahnemann's opponents said to the latter at his days, that *an effect can not be possible because the so-called "scientific" measures fail to see any substance that produces it?*"

Such an argument is precisely like that which a man would have made two hundred years ago, when some one would have told him of the possibility of holding a conversation with a person at a distance of fifty miles, as if he was sitting on a sofa together with him. Would Dr. Wesselhœft have the courage to deny this because he will not be able to see with a microscope the particles of air at one station of the telephone, which produce the sound by the vocal cords of the speaker at the other station?

What right have we to deny a thing because we do not understand its mode of action? *But if all the Wesselhœfts and Shermans and Milwaukee Academies or any other "scientists or scientific bodies" tried to compel us to declare the inefficacy of potencies, because THEY CANNOT SEE IT, we should exclaim with Galileo Galilei: "E PUR SI MUOVE!"*

According to his article, Dr. Wesselhœft found Carbon particles just as finely divided in the first centesimal trituration as in the second and third, only *more* of them in the first. According to his own argument, about the presence of Carbon particles, the medicinal effect of the first should be stronger than that of the second or third ; for if there are more particles, just as small in the first as in the third, in which they are barely perceptible, this is reason enough, from the standpoint of mere quantity, to vouch for the surer and stronger action of the first trituration.

Will Dr. Wesselhœft then explain to us why in his own proving of Carbo., 85 SYMPTOMS ONLY WERE PRODUCED BY THE FIRST AND 242 BY THE SECOND AND THIRD TRITURATIONS ?

It would be useless to fill these pages with proofs of the effect of potencies ; our whole literature is proof enough, and we shall only refer to Carol Dunham's report of the experiments of Drs. Caspar, Wurmb and Eidherr, at the Leopoldstadt Hospital, at Vienna, which showed in a most classic manner *the action of the 15th centesimal above the 7th, and of the 7th above the 3d.* (Dunham's *Homœopathy, the science of Therapeutics*, pp. 227-256). But if we come to the question, why it is that "Potencies" are so much looked upon with suspicion, only one reason seems to be probable, and that is *the carrying of this matter to extremes.* If we compare the results of the early Homœopaths, who operated mostly with preparations not above the 30th centesimal (with few exceptions, like Boenninghausen, Korsakoff, etc.), with the results of our present "High-dilutionists," like Swan, Berridge, Finke, etc., we may justly ask, *whether the result of the latter ones really surpasses that of the former in proportion to the scale of their potencies, or if at all ?* We have never heard that any cures had been made to-day by these men which were not and could not have been made by Hahnemann and his early followers. But in a meeting of the "Hahnemann Academy," in New York, about a year ago, Dr. T. F. Allen spoke of the failure of a remedy in the 1000th potency, recommended by Dr. Swan, when this latter gentleman replied : "*The failure was not due to the selection of the drug, but you did not go high enough in the potency.*"

Everybody who did not know anything of the mode of preparation of Dr. Swan's potencies, was shocked by this assertion; but Dr. Swan was right in his way, for his so-called "1,000000" is in reality a low potency, according to Hahnemann's scale about the 10th or 12th.

It is certainly on account of this introduced confusion in the numbering of Potencies (for the clearing-up of which we are very much indebted to the genial experiments of Dr. S. P. Burdick,) that suspicion was rightly raised against "high potencies."

But it is the physician's own fault that potencies became discredited, because they had preparations made by other people instead of making them themselves, as Hahnemann desired them to do. The time and trouble involved in the process of Hahnemann was the excuse for leaving this most important process to others. Korsakoff was the first one to simplify the process of potentizing, by using the same glass, which was emptied to a drop and refilled again, repeating this process until the desired potency had been reached. The substance used for diluting was *rain-water* or *spring-water*, only the potency to be kept was made by alcohol. Hahnemann himself says in a letter to Dr. Stapf about this procedure: "Zur Bereitung so ungeheuer hoch potenzirter Verdünnungen der Arznei-Substanzen ist das Verfahren des edlen Korsakoff so sinnreich als zweckmässig; man wird beim Nachversuchen mittelst sehr empfindlicher Waagen finden, dass ein Fläschchen von angegebener Form beim kräftigen Ausspritzen von 100 Gran darin enthaltenen Wassers fast ziemlich genau nur einen Gran Wasser an seinen Wänden zurückbehält, was die ferneren Verdünnungen sehr sicher und zuverlässig macht, so dass man nichts dagegen einwenden kann und so die Operation unglaublich vereinfacht und erleichtert wird." (*Archiv*, Vol. XI, Heft 3, p. 106).

This shows that Hahnemann declares *Korsakoff's process of making high potencies as a genial and practical one; that it can be proved by accurate scales, that after a forcible throwing out of 100 grains of water out of a suitable flask, one grain adheres to the walls, which makes the following dilutions safe and trustworthy, so that nothing can be said against the operation.*

But also this mode of potentizing takes much time in measuring the correct quantity of water for each successive potency. Therefore other means were sought for to facilitate the matter. Partly those means were kept secret, which is at once sufficient to rouse suspicion, even if certain of those "secret high potencies" gave satisfaction. Partly potencies were made by taking larger proportions: as 1—1000, in that way reaching at each successive potency a higher point of dilution, and thus apparently saving time.

The process which however gained ground in later years, and the result of which was and is highly praised by its advocates, is the "*Fluxion Process*," a method by which the crude drug is placed in a bottle, into which water is made to run in jets, and to constantly overflow. The theory is, fresh water constantly replacing that which was used in diluting the former contents of the potentizing bottle. We see at once that the bottle is in reality never emptied, and that the theory of replacing a certain amount by constant overflow is rather hypothetical, which it proves to be in fact. The amount of water which has been passed through the glass is then indicated by a meter or calculated by the time and pressure to give the potency arrived at. In this way, with some modifications as to the apparatus required, the High Potencies of Swan, Finke, and some of Bœricke's have been manufactured. The apparatus to this aim may have been varying and fanciful, the ground-theory is the same in all. *It is evident that such a mode of "potentizing" is bare of all possible approximation, and that potencies arrived at by such means are something entirely different from what Hahnemann and Korsakoff made by their simple and reliable processes.* Still the "fluxion potencies" were numbered (without regard to or inquiry into a comparison with Hahnemann's or Korsakoff's preparations,) exactly like the latter ones, after an arbitrary calculation without any scientific basis whatever.

Thus it was possible to bring into practice the 1.000.000, 100.000.000, 500.000.000 and 1.000.000.000 potencies, *which have all been made in the space of a few minutes or hours.*

It is at once obvious that such things are at least to be

called ridiculous and degrading to our profession. *But the worst of it is that they brought into discredit a discovery which is full of blessings in itself, the practice with potentized drugs.*

Every honest mind must naturally shrink from such extreme assertions as millionth potencies; but the truth is that potencies of the height mentioned above were never made, nor will they ever be made. After the experiments of Dr. S. P. Burdick, the 1.000.000 of Swan's is about Hahnemann's 10th, and if a calculation might be possible, which however it is not, we suppose that none of Swan's or Finke's, or any "fluxion potency" was ever carried above the 30th, if as high.

Therefore Dr. Swan could say 1000 is not a high potency, because he had certainly found HIS 1000 not of much medicinal action, and thus by *his* experience (which was certainly quite correct) had to go *much higher in his scale to find useful potencies.* *We, therefore, clearly see that it is only due to the mixing-in of these "fluxion-potencies" with a deceiving numeration, that mistrust was thrown on the "high potencies."*

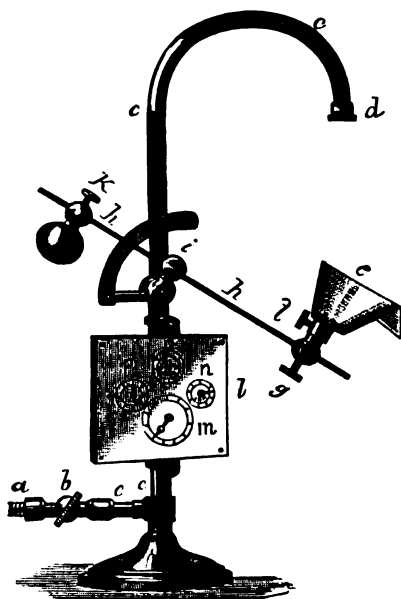
Men who were, however, convinced of the excellent action of "high potencies," prepared à la Korsakoff, speculated to invent an apparatus to do the work correctly, and Dr. Boericke built a complex potentizing machine, the description of which can be found in "The Organon, Vol. I, page 420; but which did not work satisfactorily, and was again abandoned. Dr. Skinner, of Liverpool, made a machine which has to be worked by a water-wheel, and which imitates the process of Korsakoff very well; but it labors under grave difficulties as to the correctness of the potencies produced, as have been pointed out in the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, 1878, page 504 (Vol. VIII New Series), and, although Dr. Skinner tried to ridicule our criticism, we cannot depend upon the *purity* of his potencies, however well they may work practically*. The practical value can neither be denied of the "fluxion potencies;" they also do the work excellently as far as curing the sick is

* In his defence Dr. Skinner doubts our knowledge about hydraulics, saying that *high water pressure* is not necessary to move his machine, *any tap* would do it. He there forgets that *every tap has the entire high pressure of a city reservoir.*

concerned, but they are *uncertain* preparations and have to be abandoned as long as we can produce *certain* ones.

The *first correct and truly centesimal potentizer* was made by Dr. S. P. Burdick. His apparatus is also very complex and large, but of a beautiful and exact mechanism.

Going out from the idea of Hahnemann, that *every physician should prepare his own potencies*, we calculated to make an instrument which would do the work correctly and at the same time be cheap enough that it could be procured by every physician. Knowing all the faults of former inventions of this kind, we experimented a long time how best to avoid them, and at last were fortunate enough to finish a little machine which answers the purpose admirably.



The instrument, made of brass, is about twenty inches high, and its base measures four inches in diameter; it weighs only a few pounds, and can therefore easily be placed upon any wash-stand, or bath-tub, or any place having running water, and after it has been used may be carried out of the way, and secured from dust or injury. "A" is a screw-coupling, by

which the instrument is connected to a hydrant or an intermediate rubber tube. "B" is the regulating cock, "C" the supply-tube; "D" a nozzle, with three fine holes, giving three slightly diverging jets. "E" represents the receiving or potentizing-cup.* This is made of glass, and so shaped that by a slight inclination it will empty its contents; at the same time provisions have been made by a projection, *that not a drop once having left the cup may re-enter* (which is unavoidable with straight-edged vessels, as in Skinner's). "F" is a screw holding the glass cup, which is thus easily changed; "G" another screw, by which the cup can be moved in or out on "H" the balance. "I" is a pivot, making an easy motion possible. "K" is the regulating weight, which counterbalances the potentizing-cup. "L" is the indicator, with four dials, "M" "N" "O" "P." "M" indicating each single potency up to 100, "N" to 1,000, "O" to 10,000, and "P" to 100,000.

With this instrument the 100th potency can be made in $2\frac{1}{2}$ to 3 minutes, in the following manner: After having "A" connected to the hydrant or tap, the cup "E" is so fastened on the balance, "H" that having the balance on a level, the jets coming from "D" on opening the hydrant, will reach the straight bottom of the glass in its centre, and not play upon the back edges or outside of the cup while letting the balance down entirely. Then the weight, so fastened that it allows the balance to swing easily, and remain about in the position shown in the wood-cut. Next the regulating cock, "B" is entirely opened, and a very slight turning of the hydrant will give sufficient pressure to the jets to make the balance move up and down evenly, without jerking; but at each downward motion of the cup the balance must strike the spring behind the indicator, to move the hand on dial "M" one number at each stroke. When that point of pressure has been reached, the regulating cock "B" is closed, and all the dials placed on zero.

Now from 10 to 50 drops of tincture, according to its medicinal strength, are placed in the cup, and the regulating cock "B"

* The cut does not give a correct picture of the cup, the lower right angle of which is a great deal larger, and the projection is directed at right angles with the bottom.

entirely opened. At once the work begins, and the white foam produced at each re-filling of the cup, shows the intense mixture and succession of its contents.

It is not necessary to stop the apparatus in its work for the purpose of catching any required potency; for the potentized fluid is thrown out at about 1 to 2 inches from the jets, and as soon as the required number has been reached, and is indicated on the dial, a common vial is held in a position so as to catch some of the contents of the cup while this empties itself. More than sufficient will thus be received to make the next potency for preservation, with one hundred times as much alcohol.

If a potency is made from a trituration, f. e. the 3d, so many strokes are given to the spring as to make the dial "M" indicate the number.

Careful measurement has shown about six drops to remain in the cup each time after it threw out its contents, and six hundred drops to enter it again at each filling; thus assuring as accurate a centesimal potentiation as it is possible to secure. The accuracy of the same amount leaving and entering each time is warranted by the clock-like regularity of the balance motion.

It has to be observed that the potentizing cup is never fastened parallel with the balance, but in an angle of about forty-five degrees, the point directed forward; for if this caution is not taken, the cup will never get away from under the jets, and it will thus be impossible for the weight "K" to balance correctly. A new glass must be taken for each drug and labeled. Thus we have an instrument to secure correct preparations at the disposal of every practitioner, and in thus preparing reliable potencies himself, he may convince himself of the value of any potency; or make while the patient is waiting any preparation, which he should prefer to give in a certain case, but which he did not possess. In using this apparatus, *it will soon be found that it is not at all necessary to go to such extreme potencies as have been erroneously claimed by the "Fluxion" method*, and the real value of high potencies may be for once tested by close and comparative observation; thus bringing more light upon a dark subject, which the microscope cannot reach.

ARTICLE XXXV.—Berberis Vulgare.

BY H. V. MILLER, M D.

BARBERRY acts chiefly upon the gall-bladder and the genito-urinary organs, for all of which it manifests a remarkable affinity. This is an old remedy, yet it is seldom used, and is almost unknown to the profession. Recent provings and clinical application have developed its curative sphere in a remarkable degree. It is found, for example, to be a splendid remedy in gravel and in gall-stone colic. In these diseases our previous resources were comparatively limited. In gall-stone colic, Raue says Belladonna *seems* to be the most important remedy, while China was Dr. Thayer's favorite. I find no other remedy whose pathogenesis so well corresponds to either of these diseases as Berberis. Hughes states that it is indicated when there are pain, soreness and burning in the urinary and biliary tracts, with a tendency to gall-stones and gravel.

In Allen's *Encyclopedia*, the following pathogenetic symptoms have been repeatedly verified : *sticking pains and sticking pressive pains in a small spot, in the region of the gall-bladder, increased by pressure, and coming on spasmodically. Sticking, pulsating and digging, tearing pains in one or other of the kidneys, as if it were suppurating, aggravated by deep pressure. These pains may extend to the lumbar region, to the groins, the liver, the spleen, or the stomach.*

In renal colic, it is indicated by pain in the small of the back and copious red sediment in the urine. (Lycop).

In gravel, sarsaparilla and uva ursi are among the chief remedies generally used, but these drugs will not compare with Berberis in its adaptation to this disease.

In gravel, a most excruciating pain extends along the ureter into the bladder, and in males into the testicle, which on the afflicted side is generally drawn up. Among other similar symptoms, which have been repeatedly verified, Berberis gives: *Drawing-sticking pain in one or the other side of the bladder, extending down into the female urethra, often arising in the lumbar region, and extending along the course of the ureters. Painful cuttings in the left*

side of the region of the bladder, extending into the urethra, coming from the left kidney along the course of the ureter. And pathogenetically, we find the following: Constrictive pain in the testicles and in the spermatic cord, with contraction of the scrotum, as if it would be drawn up against the abdomen; the scrotum is shrivelled and cold, with pressive pain in the testicles. Drawing-pressive pain in one or the other testicle, seldom in both at the same time, sometimes extending up the spermatic cord. It gives burning pain in the bladder, and burning and cutting in the urethra after micturition. Momentary constrictive pains in the posterior portion of the urethra. Pressure to urinate. Excessive urgency, especially in the morning, etc. In diseased conditions of the vesiculæ seminales, and especially of the ejaculatory ducts, it is often curative, causing too speedy ejaculation of semen; the desire is weak and passes soon away. (Conium for painful emission of semen, instead of the normal pleasurable thrill. Allen). It should often be indicated in neuralgia and inflammation of the spermatic cord, testicles, and epididymis. It has both caused and cured swelling and stitching tearing, and drawing pains in the spermatic cords, the pains extending down into the testicles, and especially the epididymis.

It causes the menses to appear too soon, the discharge being *grayish, mucous*, and then bloody and scanty, with severe pain in the back, in the lumbar region, in the kidneys, and with smarting pain in the vagina, and violent burning pain and soreness in the anus.

It is indicated by *pale or yellow urine, with copious mucus*, and bright red *mealy sediment*. (Lycop.) The mucous deposit suggests irritation of the mucous membranes, and the mealy sediment suggests the urates and rheumatic complications. During and after micturition there are *burning in the urethra* and pressure on the bladder. (Cautharis is distinguished by its *violent, burning and cutting pains* at the neck of the bladder and in the urethra, and by violent tenesmus vesicæ. Its urinary symptoms are more violent, and it produces a violent inflammation of the urinary organs.

Pathogenetically, the pains in the loins and kidneys, pecu-

liar to Berberis, frequently, though not always, accompany the morbid urine. According to Lippe, the symptoms of the urinary organs (in general), are accompanied with pain in the *loins* and *hips*. In renal calculi he has often successfully administered Berberis when the urinary symptoms were accompanied with pain in the hips. (Pareira is curative when the urinary symptoms are accompanied with pain in the thighs).

Berberis has repeatedly cured fistulæ recti, when attended with bilious symptoms, or with dry, troublesome cough. But I do not find it indicated pathogenetically, in any form of cough.

Neidhard used it in many nephritic affections, characterized by burning and soreness in the region of the kidneys. According to Guernsey, it is especially indicated in diseases of the genito-urinary organs, when there is an aggravation of the complaints *from slight fatigue, the aggravation increasing as the fatigue increases*.

And finally, the provings indicate that Berberis is a first-class remedy in muscular rheumatism of the chest, lumbar region, and upper and lower extremities, especially when accompanying diseases of the urinary organs. The muscular pains are sore, lame, stitching, etc. Berberis has special affinity for the lumbar muscles, giving pressive or tensive pains in the region of the loins and kidneys, with a feeling of stiffness and lameness or swelling in the back and lower extremities. (Kali carb does not have this stiffness and lameness). The bruised, tearing, or tearing-sticking pain in the loins, usually more on one side, with a feeling of stiffness, makes it difficult for one to rise from a sitting posture. And sometimes the hip, the nates and the upper and posterior portion of the extremities are involved.

ARTICLE XXXVI.—Two Cases of Double Vaginæ et Uteri, in one of which Pregnancy and Delivery Occurred.

By DR. EMMA SCOTT WRIGHT.

CASE I.—Was requested by a physician to examine and treat a young lady suffering with uterine and ovarian trouble, especially aggravated at the menstrual period.

Patient æt. 23, blonde, mild and agreeable temperament. Menses irregular as to time, usually behind time; flow *very* profuse and protracted. During the catamenia patient completely exhausted and unable to leave her bed. *Before* and during the flow suffered with persistent nausea. *During* the flow the ovarian pains, with bearing down in uterine region and intense aching in sacral region, were very much worse, also severe labor-like pains in hypogastrium *before* and *during* the flow. Cocculus³⁰ was administered with relief of the nausea and prostration.

On making a digital examination, the index finger being introduced without much inconvenience to the patient, I found there was a difference in her conformation from the woman I had before examined.

At first I thought there was a tubercle on the uterus, but on a second examination to make my diagnosis more clear, could scarcely introduce my finger into the ostium vaginæ.

As this was the first case of the kind which had come under my observation, I could not account for this excessive contraction, unless it was spasm of the sphincter vaginæ; and yet, this conclusion was not satisfactory, owing to the first examination having been made with no unusual difficulty.

I then proceeded to make ocular inspection of the external parts to discern, if possible, the cause of the obstruction, which proved to be a septum, extending antero-posteriorly across the ostium vaginæ.

The introduction of the speculum, in the larger side of the vagina, was accomplished with somewhat more difficulty than usual in vaginas.

The speculum revealed a highly congested condition of both segments of uterine cervix, with a thick, yellow, purulent discharge exuding therefrom.

One uterus was much lower (or the cervix was longer) than the other; this accounts for the supposed tubercle on my first examination.

The septum extended the whole length of the vagina. After my final examination I adopted the plan of introducing a blade on either side of the septum.

I requested an examination during menstruation to ascertain if the profuse and protracted menses could be accounted for. My supposition being that the flow proceeded first from one side of the uterus and then from the other, but the lady could never make up her mind to allow an examination at such time.

CASE II.—In the Spring of 1875 I was engaged to attend a lady somewhat advanced in years in her first confinement, which was then near at hand.

The patient took excellent care of herself, and was unusually inactive during the latter months of gestation, and progressed to full term with comparative comfort; the only disorder complained of being constipation.

In due time I was summoned to deliver my patient.

An examination per vaginam found os uteri *well* dilated; a vertex presentation; membranes intact, and everything favoring a satisfactory termination.

The labor-pains were rather tearing in character; the patient very irritable and not at all inclined to assist matters.

Labor progressed very slowly.

In making a second examination was surprised to find os uteri and cervix in the virgin state, and no foetal head to be felt. For a moment I could hardly believe my sense of touch, knowing positively that I had previously felt the head in a well dilated os uteri. Somewhat chagrined at thinking I had mistaken the uterine walls for the distended bag of waters, I concluded I had a *rigid* os uteri to contend with and gave Gelsem. accordingly.

A third examination showed no progress under the administration of Gelsem.

At this juncture the idea suggested itself that here was an anomalous case, and this supposition lost no strength in view of the fact that, a few weeks before the subject of the case above mentioned had come under my observation with double vaginæ et uteri.

A fourth examination revealed that my present patient had also double vaginæ et uteri, and the walls of the uterus involved, were exceedingly thin. I then awaited the result of her labor with increased interest and anxiety, fearing rupture

of the uterine walls. Fortunately, however, after a somewhat tedious labor (the patient continuing to the end irritable and unwilling to assist herself in the least,) a safe delivery was accomplished.

Nothing unusual occurred in the after-treatment, except a slight ulceration of the umbilicus, which was treated and cured by appropriate homœopathic remedies.

Abscess of the breast threatened subsequently, but this was cut short by the timely administration of *Bryonia*³⁰, a remedy which has *never* failed me in the *first* stage of mammary abscess.

It is my habit to examine women after confinement; accordingly I requested my patient to allow a thorough examination of the genitalia after she was up and around. But as her health was good she refused to permit it, which did not surprise me, as my experience has taught me that the majority of women reluctantly consent to uterine examinations, even when absolutely necessary.

A few days ago I heard from this patient. Both mother and child up to date, December 19th, 1878, are doing well.

To an extremely meagre literature on this subject Klob furnishes a chapter entitled "Anomalies of the Uterus," in which he speaks of this unusual formation of the female genital organs, and explains the theory of it. He asserts, however, that should conception occur, the uterus is liable to rupture before or during labor, as the uterine walls are generally incomplete in development in this malformation.

Taking this statement for granted, my second case assumes unusual interest, as gestation progressed to full term and delivery was accomplished without the least unfavorable symptom occurring.

And indeed in the few cases that I have found reported, none have progressed to full term.

In the *American Journal of Obstetrics* there are two cases reported, in one of which there were two vaginæ and one uterus. The woman having had a miscarriage at the sixth month.

In the other the woman became pregnant and miscarried between the sixth and seventh months of gestation. Delivery taking place per rectum.

Other cases are reported in the same journal where pregnancy had not taken place and others who had been pregnant several times and always aborted.

The septum may be divided by electricity, thus making one vagina; but the query arises in my mind whether after this operation it would be deemed advisable for a woman to conceive with two uteri? And then, again, if labor might not be induced at the seventh month, and thus save mother and, perhaps, the child?

This subject forms a very interesting and important study for gynæcologists; and yet in most works on women's diseases and obstetrics the subject is scarcely broached, if mentioned at all.

ARTICLE XXXVII. — Clinical Studies on Hysterical Palsy.*

By DR. CHEVALIER.

Paralysis of all extremities is rarely observed in hysterical persons, and we must differentiate between such a paralysis and hysterical palsy. The latter attacks all extremities at once or gradatim, but neither are all extremities paralyzed in the same degree, nor all parts of the same extremity. The left side is mostly more affected, and facial paralysis rare or only semi-lateral; more frequently we find paralysis of the bladder and of the pharyngeal muscles; rare again that of the œsophagus. Even with complete aphony and dysphagia the respiratory muscles are never found affected, and this intact state of the muscles of the neck and chest may be considered one of the most important symptoms of hysterical palsy, nor is the symptom-complex of bulbar paralysis, observed after diphtheria or lead-poisoning, ever seen in hysterical paralysis. The more extensive the paralysis, the more severe it will show itself, but some movements can always be performed, and a total, absolute

* Etude clinique sur les paralysies hysteriques de quatre membres. Paris, Delahaye, 1877.

immobility is exceptional. In most cases we deal only with a paresis, whose intensity can be measured by the dynamometer. The lower extremities are mostly more affected than the upper ones, but the intensity of the paralysis remains always the same, there is no gradual increase, as in spinal paralyses, and only where the accompanying anæmia rapidly increases or decreases will the intensity of the paralysis go, *pari passu*. Hemiplegia is more rare than paraplegia. After hysterical paroxysms the state of the paralysis may change, a hemiplegia may change to a paraplegia, or to paralysis of all four extremities, or the palsy may disappear, and in its stead other hysterical symptoms set in. After severe emotional effects the paralysis may also disappear, but usually it returns again. A paralysis attacking all four extremities shows the least changes. Sometimes the temperature of the paralyzed limb sinks in consequence of a retardation of the capillary circulation. Reflex movements are rather diminished. According to Duchenne, electro-muscular contractility is preserved, sensibility diminished, but exceptions have been noted. Muscular nutrition remains intact, notwithstanding the chronicity of the case we meet neither emaciation nor atrophy. The paralysis is never the sole symptom of hysteria; usually we also meet anæsthesia, which may even precede it, showing the same extent as the paralysis, or it appears as hemi-anæsthesia, or it alternates with analgesia, though the patient can pretty well differentiate the temperature. The anæsthesia does not remain limited to the skin, it also attacks the muscles, bones, etc., giving us the picture of hysterical ataxia. Sometimes the contrary happens; hyperæsthesia of the paralyzed limbs with simultaneous ovarian pains or other sensory disturbances, globus, clavus, thoracic pains, etc. The large nerve-trunks of the paralyzed limbs hardly ever suffer from pains. The paralyzed limbs contract before or simultaneously with the palsy, or the contraction sets in at a later period, attacking either all the palsied limbs or it may remain unilateral. Trembling of the limbs or convulsions are not witnessed in this form of paralysis, but a tremor may be produced artificially by forced stretching of the paralyzed and contracted limbs, which look very similar to epilepsia spi-

nal, or sclerosis of the spinal cord. Simultaneously with these palsies we meet disturbances of menstruation, meteorismus, paralysis of the bladder, etc. Persons suffering from hysterical palsy are only rarely attacked by other hysterical phenomena, it seems as if there were an antagonism between spasm and palsy. Lethargy, catalepsy, etc., are rare complications. The palsies mostly set in without fever, are usually accompanied by manifestations of chlorosis; headache, sleeplessness, disturbed digestion, sugar in the urine were also observed. Hysterical paralysis may last for years or a cure may happen suddenly, by a mental impression, by a surgical manipulation (once from the introduction of the uterine sound), or gradually from suitable treatment, still a tendency to relapses remains. Prognosis is in paralysis of all four limbs more unfavorable than in other forms of hysterical palsies; high-graded anæmia, heredity, simultaneous paralysis of the œsophagus and diaphragm aggravate the prognosis. The hysterical diathesis aids us in forming our diagnosis, as also the absence of all symptoms hinting to an affection of the central nervous system.

The only rational therapy consists in giving tonics and electricity. Of the former Quinine, iron, amara, hydrotherapy, careful hygienic treatment, country air, substantial but easily digestible food, raw meat, red wines, etc., and a corresponding physical treatment might be mentioned. According to Onimus and Legros, hysterical paralysis is of central origin, and the constant current is to be preferred to the induced one. The positive pole may be applied to the upper part of the medulla, the negative one is carried into a foot-bath, in which the feet of the patient are immersed. Batteries with numerous elements and weak tensions ought to be used. Only in very limited palsies, existing already for a length of time, and in cases of contractions the induced current is preferable, and in contractions it ought to be applied to the antagonists of the muscles in a state of contraction. Where electricity is useful, it will show it after a few applications. Duchenne witnessed a cure after the first seance. Where no amelioration follows, it is advisable, after an interval of a few days, to change the current. The physician must have perfect confidence in his treat-

ment, for only then will it benefit such patients. *Gueneau de Mussy* acts only on the imagination, in order to cure the patient. He declares that energetic, though dangerous, treatment is necessary, and after a close and lengthy consultation with the lights of the profession, he orders daily three pilules fulminantes in intervals of half an hour. The physician must be present in order to give immediately the antidote, should the symptoms endanger life. The pills consist of breadcrumbs and the antidote is water, still the imagination of the patient is often so powerful, that they complain of severe symptoms of toxication, which rapidly disappear after the application of the antidote. *Mundus vult decipi, ergo decipiatur.*

Charcot, in his practical treatise, "*Clinical Lectures on Nervous Diseases*," considers the hemianæsthesia in connection with disturbances of the special senses, a strong differential point from other palsies (Briquet), although there are cases of cerebral palsies recorded, where sensibility suffered severely and remained intact even after the removal of the paralytic symptoms (affections of the thalamus opticus). He also impresses on his hearers the opinion that the hemianæsthesia, the paresis and the contracture of the limbs always correspond to the side, where the ovary is affected (hyperkinesis of the ovary or ovaries, ovaralgia), and although compression of the affected ovary may cut short a hysterical fit, such a procedure has no influence whatever on the permanent symptoms of hysteria. The contraction may appear only in one extremity, as paraplegia, or as hemiplegia, and although the upper extremity may be found in semi-flexion, the lower extremity is always in strong extension. Here permanent extension of the thigh and leg, and the foot in pes-varo-equinus position is the rule; a position hardly ever observed in hemiplegia from cerebral focal disease, and of such permanence that only chloroform-narcosis evinces any influence over it. Such a permanent contraction may last for years, and still nutrition of the muscles does not suffer, nor does electrical irritability become diminished. Facial paralysis and the loss of the power to protrude the tongue straightforward, are as a rule absent in hysterical palsy, and nearly always present in hemiplegia, from focal diseases of the brain. Such hysterical

contractions may pass off spontaneously, especially through the action of a powerful emotion, as long as there is a functional disturbance only, but as soon as atrophy of certain groups of muscles sets in with fibrillary muscular twitchings, or a decided diminution of faradic contractility, we have a right to suspect extensive disease of the lateral column, and of the anterior horns of the gray substance.

Jolly (*Ziemssen's Encyclopedia*, XII., 2, p. 527, g. e). remarks in relation to the differential diagnosis between hysterical paralysis and material affection of the vertebræ and of the spinal cord, that pain and sensitiveness in the vertebræ, so often present in hysteria, are relatively rare manifestations in spinal diseases. Some cases of hysterical paraplegia, with sensory disturbances, increased reflex irritability, and contractions look nearly alike to those where myelitis or sclerosis in certain parts of the cord is present, so that the diagnosis must be made from antecedentia, from the course of the disease, and other manifestations. Cases of so-called paralysis ascendens acuta are well known, running a very favorable course, and which are therefore hard to differentiate from hysterical paralysis. There are also cases of multiple cerebral and spinal sclerosis, which only can be differentiated from hysteria in later stages, and by their exitus; such cases show frequent changes in the parts paralysed, sudden aggravations and ameliorations set in, and spasms and disturbances of consciousness are observed here as well as in hysteria. Even the disturbances of deglutition, as well as of articulation, are as characteristic of the one as well as of the other. Some authors affirm that hysterical hemiplegia usually distinguishes itself by exquisite disturbances of sensibility and by the absence of facial and lingual paralysis, from those palsies caused by apoplexy and encephalitis, but in certain localizations of the cerebral foci, the same symptoms appear as in hysterical hemiplegia, and sometimes the characteristic sensory disturbances may be absent in hysterical hemiplegia. Only the appearance of secondary trophic disturbances in the paralyzed limbs tells clearly of the material character of the disease.

Wilks in his "*Lectures on Nervous Diseases*," remarks on "hysterical hemiplegia," that it is a temporary absence of voluntary power, whereby the patient *cannot will* to move one side of the body. It is evident that this form cannot resemble the ordinary variety of hemiplegia, which depends upon an organic lesion at the summit of the motor tract, for in the latter there is an absolute falling of the muscles on one side of the face, with thickness of speech, and, at the same time, the patient's will is good to open the mouth, the eyes, and other parts which are not affected by the paralysis. In hysterical hemiplegia there is no falling of the face, as no want of will could produce such a condition, and the active drawing up of the face on the other side would be but a poor imitation of palsy of the opposite seventh nerve. There is, however, very often an inability to open the eye, or rather the eyelid falls; at the same time, there may be an inability to open the mouth, thrust out the tongue, or swallow; all of which are scarcely due to a want of voluntary power. As regards the helpless limbs, it will be found by raising them, and by a little manœuvring, that they are not absolutely dead and powerless, as in a truly paralyzed part; but some resistance is made, especially when the arm is placed in an awkward position. Very often there is a want of forcing power over the rectum and bladder. *Such ideal paralysis can be often cured by moral treatment.* In hysterical paraplegia the functions of the spinal cord are simply in abeyance, or acting independently of the will. We find a loss of motion, of sensation, and even of the vaso-motor function. The very completeness of the paralysis is an argument against its importance, since in actual disease particular tracts only are generally affected, productive of special symptoms. A case of this kind must, therefore, imply nothing less than a complete destruction of the cord, or an unimportant temporary arrest of its function, since, to use the technical expressions, we have anæsthesia, akinesia, thermo-anæsthesia and analgesia. The legs are usually stretched out, as in a corpse, the feet taking the position they naturally would in a suspended dead body, whilst the arms are drawn across the chest and tightly flexed. It may be observed in the hysterical form, the girl remains plump,

and she has no weakness of the bladder ; at all events, she does not wet the bed, she merely has retention. The rectum is not paralyzed, but the bowels are confined, and there is not that distension of the abdomen sometimes seen in diseases of the cord. The feet are often livid and cold ; electro-motility may be normal, but electro-sensibility is often quite gone both in the muscle and skin. Electricity may some day teach us to distinguish between an ideal and a real one, since the muscular tension is probably different in the two cases.

We studied so far the pathology of hysterical paralysis from French, English and German standpoint, and become convinced that, though the symptoms in some cases are clear enough, in others it may be difficult to decide whether the paralysis is ideal or material. Ludlam, in his lectures on the diseases of women, extols with the physicians of the old school moral treatment, which in all hysterical cases is perfectly homœopathic, for as the disease is emotional, so also should the treatment be. The same author also is a stout believer in "tolle causam," for after removing the many ills woman is heir to, her excited fancy may return in its normal channel, and thus peace and happiness be restored in the disturbed family circle. Still homœopathy can do better, especially in doubtful cases, where a close study of the symptoms may reveal us the right remedy, and by its beneficial action also decide the pathology of the case. We do not think that in hysterical palsy we will find often indications for the deeply penetrating metals, although Burcq and Charcot strongly believe in the efficacy of their external application for anæsthesia, especially with that curious symptom of transfer, i. e. in the same degree that the anæsthetic side recovers sensation, it is lost temporarily on the same places on the sound side, but so far this metalotherapy has failed to be of permanent benefit, and we are forced to return to the old and well tried internal medication.

Kafka, in his "*Therapeutics*," though giving us no remedies for the palsies, mentioned several for the anæsthesia and anodynia ; thus Conium and Phosphorus for the amblyopia, Bellad.

and Hyosc., Calcar. and Silic. for hard hearing, Pulsat. and Calcar. for hysterical anæmia, and Pulsat. and Silic. for loss of taste. The anæsthesia of the upper extremities may require Secal. or Plumbum; of the fingers, Arsen. and Laches.; of the lower extremities, Arsen. or Lycopod.; of the vagina during an embrace, Phosphor.

Granier advises for special hysteria: Arsen., Bellad., Carb. veg., Caustic., Cicut., Cuprum, Digit., Dulcam., Ignat., Mercur., Pulsat., Rhus, Stannum, Squilla, Sulphur, Thuya; and as paralyzing remedies he mentions: Aurum, Capsic., Carb. veg., Chamom., Chin., Cin., Coccul., Colchic., Nux vom., Pulsat., Rhus, Sabad., Sabina, Staphis.—2) Acon., Bellad., Bryon., Caustic., Ignat. Natr. mur., Phosphor., Rhod., Silic., Veratr.

Jousset reduces this array of medicines to a few, and acknowledges that he witnessed more benefit from *Ignat.* and *Coccul.* in hysterical paralysis than from any other drug. The latter also gives us the slow scanting speech and incomplete paralysis of deglutition. The action of *Platin.* on the ovaries is very marked; its characteristic symptoms are: torpor and paralysis mixed with contractures, tonic convulsions without loss of consciousness, headache gradually increasing and gradually decreasing; sensation of strangling in throat, of contraction in chest, stomach and abdomen; excessive sexual desires; menorrhagia, aphony, palpitations; melancholy, anguish, fear, weeping, instability, overexcitement, alternation of the physical and moral symptoms. *Brom. of potash* produces anæsthesia and analgesia, causes insensibility of the pharynx and loss of reflex nausea, it also diminishes the sexual appetite and muscular contractions, and deserves therefore our closest attention in hysterical palsy.

Hughes also raises his voice in favor of *Ignat.*, as favoring that morbid impressionability—emotional, sensory and reflex, in which so much of hysteria consists.

This leads us to *Cann. ind.*, which Hughes recommends rather for catalepsy, but Hale (Therapeutics), favors its employment in functional palsy and in hysteria. Dr. Gray used it in alternation with Nux vom. in paraplegia, which spoils the value of his report. Hale also finds in Gelsem. a remedy for

hysterical palsy, general or partial, while the mind is clear and the involuntary motions intact, with dimness of sight, and dropping of the eyelids; but we miss the sensory paresis or paralysis, so outspoken in hysterical complaints; we find the paralysis rather only one of motion, the muscles will not obey the will.

Guernsey in his classical obstetrics, gives us a good chapter on hysteria, but fails to mention hysterical paralysis. The only hint towards it he gives in that grand antiparalytic, *Caustic.*, where we find the symptom: she cannot keep her upper eyelids up, they are paralyzed or nearly so, and will fall down over her eyes. Let us follow the advice he gives us, when speaking of diphtheritic paralysis, to select the remedy with the greatest accuracy, especially as the disease oftentimes yields only slowly to appropriate treatment.

The same may be said of Leadam, though in his chapter on hysteria (*Female Diseases*, page 81), he mentions the paralytic conditions incidental to it, and advises: *Dulcam.*, *Rhus tox.*, *Plumbum*, *Stannum*, *Squilla* or *Pulsat.*, *Ignat.*, *Arsen.*, *Moschus*, *Caustic.* or *Cicut.* The first five remedies are certainly good anti-paralytics, but we fail to see the hysterical character in them; there is no ideality about them, and we certainly have more confidence in his other remedies, as the key-note of hysteria prevails in all of them. As remedies which may extinguish the predisposition to hysteria, he mentions: *Natr. mur.*, *Calc. carb.*, *Asaf.*, *Sepia*, *Magn. mur.*, *Nitr. ac.*; whether they will do it is questionable, but certainly the symptoms given are clear, and such antipsorics deserve our fullest confidence, for there is something wrong in hysteria, which scalpel and chemistry fail to touch, nor can the microscope reveal to us the cause of these everlasting kaleidoscopic changes.

Ruddock recommends for hysterical palsy, *Ignat.* (especially from fright), *Bellad.* and *Hyosc.*, and in his chapter on hysteria he prescribes *Ignatia* for that exalted impressionability of the whole nervous system with predominant pensive, tearful mood of frequent changes, from high spirits to dejection. *Platina* for hysteria with depression of spirits, anxiety, contemptuousness; irritability and nervous weakness, especially if associ-

ated with uterine congestion ; early, excessive, or too prolonged menstruation, sexual excitement. *Coccul.* : hysteria with menstrual colic, irritability, dejection and copious discharge of pale urine. *Nux vom.*, *Pulsat.*, *Aurum*, *Cimic.*, *Moschus* and *Asaf.*, pro re nata. Burt thinks highly of valerianate of zinc in all cases of hysteria.

All authors speak highly of electricity as accessory to drug-treatment ; the old school even considers it the treatment par excellence. Butler (*Electro-therapeutics*, 123) thinks so much of it that he says: "If anybody wanted me to show them a brilliant cure made by electricity, I should certainly choose a case of this kind to exhibit its action." This curious affection sometimes shows itself in hemiplegia and paraplegia, but more generally is restricted to one limb, one group of muscles, or even to a single muscle. It is not uncommon to have one leg paralyzed, or the affection may be confined to one finger, or may be concentrated exclusively in the levator palpebræ muscle ; but perhaps the most favorite location is the vocal cords, producing the trouble known as hysterical aphonia.

Moritz Mayer (*Electricity in its Relation to Medicine*) gives as characteristic signs of hysterical palsy : 1. The coincidence of the actual paralysis with anæsthesia of the skin, muscles and bones. 2. The frequent transition, as the case proceeds, from anæsthesia to hyperæsthesia, and from a low to a high degree of motor irritability. 3. The insignificance of the operating cause compared with the frequently serious nature of the effects. As respects the prognosis of hysterical paralysis, with a view to curative processes in general, and to the use, in particular, of faradization, no fixed data can be given ; for many paralysis, and those apparently of the most severe character, disappear with astonishing quickness under the influence of electricity, while others, frequently seeming to be light cases, defy this as well as every other remedial agent. It is the paraplegic form of hysterical paralysis, in which electricity has shown the least favorable results.

Electricity and strict Homœopathy combined ought to show more favorable results, and let us hope that the time is not far distant, when not only hysterical, but also every other functional paralysis may be considered a perfectly curable disease.

General Record of Medical Science.

Hot Applications to the Head in Uterine Hemorrhages.—The anæmia of the brain is one of the most dangerous symptoms in acute hemorrhages; hence Schroeder recommends to put the head of the patient low. Others recommend transfusion, some Esmarch's apparatus on the extremities (Moeller), and Nitrate of Amyl has also been highly spoken of, in order to force more blood in the anæmic brain.

Koehler used for the last seven years hot applications to the head, in order to remove anæmia from the brain, especially as the brain is considered the chief factor of life. At the same time hot applications may be put over the cardiac region. As sand is nearly always handy, he prefers hot sandbags. The patient bears well sand of such high temperature that the hand can hardly hold it. The sandbags are hardly applied, when consciousness returns, the pulse returns and becomes stronger, the patient acknowledges to feel better, the dimness before the eyes and the surring in the ears disappear, and as the heat in the bag declines, she requests another hot one. Even in most desperate cases Dr. Koehler saved thus the life of his patient. There is no time lost, inasmuch as any person can attend to it. In acute anæmia, in consequence of epistaxis, the same treatment succeeds. Let us discard the ancient horrible ice-bag in anæmia from acute hemorrhages. The patient wants heat, it feels agreeable to him, let us respond to this call of nature.—*Allg. Med. Centr. Zeitung*, 2, 1879.

Auscultatory Manifestations of the Arteries, especially in relation to Cardiac Diseases.—Matterstock examined in many cases of respiratory and cardiac affections the arteries and veins by auscultation, and came to the following result:

1. In most affections of the mitral valves he observed in the carotis and subclavia a diastolic murmur, mostly of a soft blowing character, originating either in irregular movement of the blood in consequence of slight arterial filling or an intermitting pressure in the vein, which the tightly filled vein experiences by the expansion of the artery.

2. The systolic murmur present in the pulmonary artery in many diseases (pulmonary stenosis, affections of the mitral valve, pulmonary emphysema, cirrhosis pulmonum, anæmia, etc.,) extends often with great intensity into the left subclavia and even into the axillaris. The same may be said of the second pulmonary sound. In the same manner the phenomena of auscultation in the aortic valves stand in close relation to the arteries of the right side.

3. Cases of high-graded stenosis of arteries show no double murmur, nor the sound of pressure.

4. The arteries of patients poisoned by lead show at an early stage the same auscultatory phenomena as the arteries of persons with insufficiency of the aortic valves.

5. There are no pathognomonic symptoms in the arteries for insufficiency of the aorta.—*Deutsch. Archiv*, Vol. 22, 1878.

Locomotor Ataxia, by Dr. Andreas Takacs.—1. The gray degeneration of the posterior columns is a secondary process, anatomically it can be shown that its pri-

mary affection is an atrophy of the posterior roots and an atrophy of the posterior cornua or a meningitis posterior.

2. As constant disturbance of sensibility we find a retarded conducting power.

3. The posterior columns contain centripetal fibres, serving only to the sensation of touch. The gray substance in its normal state carries painful impressions, but after pathological changes in the posterior columns, it may act vicariously for the latter, which can only be explained by a retarded conducting power.

4. During a normal movement the muscles contract—not with a jerk—but in constantly changing phases corresponding to the purpose. In accordance with this continually changing contraction, the centres of co-ordination must send through the motory nerves to the muscles also constantly changing stimuli. All such stimuli are controlled by the sensory nerves, roused to action by the motion.

5. But when this controlling sensory power is retarded, the stimulation also becomes retarded, hence the muscular movement must become atactic.

6. In *tubes dorsalis* the retardation of the sensory conducting power may be thus explained, that the functions of the degenerating—normally quickly conducting—posterior columns is conducted by the less rapidly conducting grey substance. Where the posterior columns are alone degenerated, ataxy only sets in, where with it the posterior cornua and posterior roots are affected, we may find with the ataxy anaesthesia or hyperaesthesia, according to the severity of the affection.—*Med. Neuigkeiten*, January, 1879.

The Relation of Syphilis Pulmonum to Phthisis Pulmonum.—Dr. Schnitzler, of Vienna, remarks: 1. Syphilis pulmonum is more frequent than hitherto considered. It always appears at a very late, far progressed stage of lues. The lungs are never the only organ affected; we find also syphilis in other organs, especially fauces, larynx, trachea, bronchi. 2. The symptoms of syphilis pulmonum are generally those of phthisis pulmonum, and it is often difficult to differentiate between them. Even in an autopsy one is not always sure to recognize syphilis pulmonum, especially when it appears diffusely where it shows the greatest similarity on one side to interstitial, on the other side to catarrhal pneumonia; but even the most exquisite gummata may, during a superficial examination, be taken for tubercles. 3. The diagnosis of syphilis pulmonum is partly based on the subjective statements of the patient, partly on the objective state of the lungs, on the course of the disease and especially on the influence of an antisiphilitic treatment; the most important for the diagnose is the simultaneous presence of syphilis in other organs, especially in the larynx, which can be easily shown by the laryngoscope. 4. The prognosis, when recognized early, is not unfavorable, and even when the disease has progressed, the possibility of a cure is not excluded. 5. Antisyphilitic treatment with Jodine and Mercurials, energetic but cautious. 6. If not recognized or wrongly treated, the disease leads to phthisis pulmonum, and thus to death.—*W. M. W.*, 2, 1879.

Colomiatti, of Turin, considers pneumonia interstitialis as the most common form of syphilis pulmonum, whose symptoms are: The connective-tissued vascular septa between the infundibuli and alveoli appear defective or reduced to a smaller size. Its form-elements are round or oval cells, poor in protoplasm. In

the indurated tissues are also found spindle and star-shaped cells, connected with giant-cells infiltrated with pigment or fat. The not indurated part of the peribronchial tissue is similar to young connective tissue or to granulation-tissue. This process does not remain interstitial, gradually it also attacks the inner surface of the infundibula and alveoli; the epithelia of the latter pass into fatty degeneration. As long as the peribronchial tissue is alone diseased, the secreta, *i. e.*, the expectoration, are scanty, although clinically percussive, reveals a change in the pulmonary parenchyma, and great oppression is present.—The second type of syphilis pulmonum is that of pneumonia catarrhalis. The infundibula and alveoli appear full of epithelial cells; they also contain giant-cells, which mostly fill up the alveoli. Migrating cells are also not wanting.—The vessels of the infundibular and alveolar septa are, at a time when the cells are not yet degenerated, full of blood; when fatty degeneration of the cellular elements has taken place, cheesy foci and obliterated vessels are found. That we deal in such cases with lues and not with tuberculosis, is clear from the fact that miliary tuberculosis of the peritoneum is never present.—*W. M. W.*, 51, 1878.

Five Cases of Erysipelas Catamenialis.—Greletti published not long ago two cases, and now Wagner gives us three. A young woman, who first menstruated at the age of fourteen, always suffered four to five days before the appearance of the menses from facial erysipelas, which ran its course in about a week. In later years the erysipelas extended to the scalp, so that the hair fell out. In another anæmic girl erysipelas set in as long as her menses were irregular, and disappeared as soon as they became regular. The third case was a woman in her climaxis, who, as soon as her flow became irregular, suffered then from slight attacks of facial erysipelas, and even after the menses had entirely stopped, she still passed through several such erysipelatos attacks.—*B. K. W.*, 3, 1879.

All such cases are curable by *Apis mellifica*, which has among its symptoms: Erysipelas of the face, extending to the scalp; hair falls out; bald places; menses irregular, accompanied by weakness; suppressed menses; chronic erysipelas, recurring periodically (*C. Hg.*, *Guiding Symptoms*, Vol. I).

The Exhibitionist.—Laségue calls thus persons with the morbid affections to expose their genitals at certain occasions in the presence of females. All seven patients belonged to the higher grades of society, civil and military officers, men of learning, whose whole life contradicted this anomaly. Several of them died sooner or later from cerebral disease, and all felt ashamed of their actions. Laségue calls this an intellectual concentration, showing itself externally by this untoward exposition.—*A. H. Z.*, 5, 1879.

Stretching of Intercostal Nerves, by Professor Nussbaum.—L. suffered for twenty years from a severe intercostal neuralgia, and all treatment, even electricity and moxa, had so far failed to give him the least relief. The chief seat of the pain was the regio epigastrica between processus xiphoideus sterni and umbilicus, and the most painful points were on both sides about the breadth of the hand distant

from the linea alba, just in the centre between sternum and navel. After studying the position of these nerves on the cadaver, Nussbaum began his operation by a longitudinal incision, parallel with the external edge of the left musculus rectus abdominis, about the breadth of the hand distant from it, between sternum and navel, worked carefully his way downward, dividing one layer after another and pushing them aside, till he felt closely to the peritoneum three parallel horizontally running intercostal nerves of the size of a knitting pin, coming out of the muscles, and at that point each of them divided into three branches. Each of these three intercostal nerves was now separately caught between thumb and index finger, and in the usual manner at first slowly and then quicker and gradually stronger centrifugally and centripetally stretched, a carbol-compress put over the wound and a similar incision made on the right side. Here the author experienced just what he feared, that such an operation comes near to be a laparotomy, for with thin persons these nerves lie close to the peritoneum. On the right side the surgeon experienced more difficulty to find the nerves, and during stretching the patient felt nauseous, and by that exertion to vomit the peritoneum prolapsed and tore at an attempt of reduction. Through this hole some omentum escaped, which was also returned and then the peritoneum sewed up with fine cat-gut. When the stretching was finished the wounds were again cleanly washed out with a five per cent. carbolic solution, two fine drainage tubes inserted, and the wound closed according to the rules laid down by Lister. The wounds healed per primum intentionem, without the least trace of a fever. Twenty-five days afterwards the patient returned home, perfectly satisfied with the result, and Nussbaum considers it more than probable that no relapse will take place and that his patient will remain freed from his tormentor.—*Med. Neuigkeiten*, January, 1879.

Amblyopia and Paralysis of the Musculi Oculomotorii in Diabetes Mellitus.—1. The urine ought to be examined in every amblyopia and oculomotor-paralysis.

2. The features of the patient may have changed yet very little, though a diabetic amblyopia may already be present.

3. In all cases of amblyopia the disease has entered already a later stage.

4. In all cases the amblyopia is bilateral, though not in the same degree in each eye, and arose gradually.

5. The field of vision is in most cases not limited.

6. Diabetic oculomotor palsy is curable; the supposition that hemorrhages in the nerve-sheaths may cause it, is probable, but we must remember, that the central origin of the oculomotorii lies in the cerebral substance, forming the base of the aqueductus Sylvii of the fourth ventricle and the parts surrounding it.—*Centralblatt für Psychiatrie*, January, 1879.

Fatty Degeneration of the Diaphragm as a Cause of Death.—Professor Zahn found that in autopsies of relatively young men, where all organs, with the exception of lungs and heart, show only slight alterations or none at all, even the affections of the lungs and heart often fail to elucidate the cause of death; in one case, with high-graded emphysema pulmonum and severe bronchial catarrh, he found the somewhat thickened diaphragm very pale, and microscopical examination revealed an extensive fatty degeneration of the muscular fibres. Consequently he exam-

ined the diaphragms at every autopsy, and often discovered degenerative changes of the muscular fibres: simple brown atrophy with cell and nuclei proliferation, granular dulness with fatty degeneration and glassy detrition of the muscular fibres. The fact is the more frequent, as all cases suffered during life from chronic marasmus and were mostly patients over fifty years of age. The granular dulness and fatty degeneration Zahn found in nine cases. All of them had suffered during life from great dyspnoea, in most cases the lungs had been severely affected and in seven cases fatty degeneration of the heart was found. The waxy or glassy degeneration he observed once in a strong man of 39 years, who succumbed to a croupous pneumonia of the left side with epileptic manifestations and deliria inebrietas. The changes in diaphragm and heart are nearly alike and Zahn supposes that the same cause brings on these alterations, atrophy and chronic marasmus, howsoever it may have originated; the fatty degeneration also emanates from a nutritive disturbance, probably from an increase of carbonic acid in the blood.—*Virchow's Archiv*, 73, 2.

Reviews and Bibliographical Notices.

Lectures on Materia Medica, by Carroll Dunham, M.D.—We read in ancient mythology that when one of their great men passed away, the people made a god of him, and adored him in his works. A feeling akin to it awakes in my heart when I read the writings of my, too soon, departed friend and master. Praise he does not need any more, and in his lifetime he asked only for justice. May these lectures be an incentive to our young men to emulate such a bright example; may they learn the truth of homœopathy from his essays, which free from all vituperations, still hold high the banner of *Similia*, and may they become as successful in the application of its principles, as Dunham's large clientel is proud to acknowledge that he was during his short, but useful life.

Every page in these two volumes gives us the answer why he was successful. *He was a thinking mind*; he traced symptoms to their causes, and a drug thus became a picture with all its softer and brighter shades. Thus the contradictory statements, found nearly in every pathogenesis, become plain, easily understood, and the drug is prescribed, not only because it covered the symptoms, but also because the nature of the disease demanded this, and no other remedy. Oh that we knew the *Materia Medica* as *he* did, superficial symptom-covering would not disappoint us so often.

Let me give you just one example, and let us take up a remedy not too often used, *Cyclamen Europeanum*. Among the symptoms of the female sexual organs we read: menses profuse and frequent; and also menses suppressed or scanty, and painful, and we might well ask, which is which? We have only to look at the chlorotic state of the patient, and we see clearly that either state is characteristic to chlorosis and to *Cyclamen*; hence the vertigo, the semilateral headache, the blindness. So similar in everything to *Pulsatilla*, and still how clearly shows Dunham to us its differential points.

In speaking of this remedy, Dunham speaks also to women and their sphere of duty as homœopathic practitioners. May they well ponder this advice; may they follow it out in spirit and in truth, and his good works will continue, through your aid, to bless mankind and to relieve the sufferings of your sisters.

Dunham's Lectures on *Materia Medica* is a *good* book in more than one sense. Not only are its instructions valuable to us as physicians, but the humane spirit which it breathes will make us better fitted for the trials which surround us, will elevate us to a higher standard of ethical culture, and thus *his* spirit will be kept alive and acting through us. May we always show us worthy of the bright example *he* has set before us.

Special Report of the Homœopathic Yellow Fever Commission, 1879, New Orleans, La.—Congress has adjourned and the extra session drags its slow length. Nothing has been done, nothing will be done just now. The fight over the loaves and fishes keeps our most noble Senators and the most honorable members of the House of Representatives too busy. Alas! to our Congress the “in’s and out’s” is the only important question; it is not only a pity that it is true, but it is also a disgrace to the Republic that it is true.

And we are ordered to keep mum, till this special and valuable report is laid before Congress and acted upon. We may wait a long time. Perhaps these physicians and laymen, who deserve the gratitude of our school for their victory over the dreaded enemy, can afford to wait, in as much as they have the inward satisfaction of having saved many a life; but our school dare not wait, and I trust that the members of that Commission will send their report broadcast over the land, so that humanity may reap the benefit of their doings.

With an average death-rate of 6 per cent. during the late epidemic of yellow fever, we may go openly before the whole scientific world and invite them to show a better record. The heroic treatment of the physiological school finds no foothold among the practitioners of our schools, though adjuvantia were not entirely rejected. Page 21 we read: “When we examine the homœopathic records, we are struck at once with the great similarity of practice among all the physicians, as if they worked together and kept step to the music of some great guiding law. Aconite, Bell., Bryon. for the first stage, Ars., Carb. veg. and Crotal. for the second, etc., etc.”

“The science of public hygiene is still yet a babe.” May it grow and prosper! for if by the unfailing law of *Similia Similibus Curantur* we are able to cure every curable case, it is still of far more importance to prevent disease. On this field all physicians should unite and could write. Will the American Academy of Medicine drop its bigotry and accept the proffered hand?

Clinical Lectures upon Inflammation and other Diseases of the Ear, by Robert T. Cooper, A.M., M.D., London Homœopathic Publishing Society, 1878.—*Vita brevis, ars longa*. Alas! that not every one has time during the short space of life, hardly even three score and ten, to delve into the labyrinthine marvels of the human economy. But thanks to Hahnemann, who taught us, that there is hardly ever such a thing as a local disease, and by strict attention to the totality of the symptoms, we may be able to overcome the local trouble, though we are no specialist in

that line. How else could the poor country-doctor administer to all the ills human flesh is heir to, and no counsellor perhaps in miles around him.

Cooper's lectures are practical, and though believing and enforcing sometimes surgical interference, we are glad to see drug-treatment put in the foremost rank. My friend, Dr. Farrington, led my attention to Terebinthina (p. 93), especially in relation to earache in children, and I may be allowed to call Dr. Cooper's attention to that excellent article on this drug by C. Hg. in the *NORTH AMERICAN JOURNAL OF HOMŒOPATHY*, Vol. VIII, new series, where he will find confirmation to his indication. In fact through the whole work the indications for the drugs are clearly given, and we are happy to recommend these lectures to the study, not only of the specialist, but to every physician, as it will aid him in subduing one of the most painful affections.

Diphtheria, by W. Morgan, M.D., London Homœopathic Publishing Society, 1879.—It is an old and true saying that the death of great and good people may even benefit mankind, and thus the departure of a true woman inspired Morgan to publish this treatise.

Morgan considers "Diphtheria a peculiar blood-poison, and that there exists in nature a specific remedy for every specific disease." With all due respect to Dr. Morgan we differ from this author, and rather side with Jenner, when he says there exists no specific remedy to counteract diphtheria, but that it must be treated on the same general principles (physiological school; homœopathy teaches according to the totality of the symptoms) as other acute specific diseases, and the very prophylactics mentioned are proof of the falsity of the Doctor's assertion, for Belladonna suits only the smooth variety of scarlatina, Pulsatilla fails often in measles, and thus we may go through the whole catalogue and wind up that mercurials may cure syphilis, but they do not prevent it.

Morgan gives well the differential diagnosis between scarlatina and diphtheria, thrush and diphtheria, croup and diphtheria, though the question, whether the diphtheritic membrane is a fibrinous exudation, is still doubted by many good authorities.

The prophylactic treatment is well given, but we miss the promised specific for the eradication of the specific poison. Aconite, the powerful antiphlogistic, always indicated as long as the disease has not yet localized itself or for an intercurrent febrile attack, has certainly no place in an affection whose very essence is depression of vitality through blood-poisoning. Which of the mercurials is preferable the author fails to say, and we agree with Villers who, on account of this very depression, prefers the Cyanide of Mercury, and physicians of the alternating type give the Biniodide of Mercury in alternation with Kali bichrom. Lachesis is only mentioned with one symptom, though we on this side of the water consider it one of our sheet-anchors (Lac. caninum is only mentioned *sub rosa*, still it won its spurs in many a hard case of diphtheria). Carbolic acid is only referred to as a disinfectant, but the provings, as given in Allen's *Cyclopædia*, show that it may be indicated also for internal use, not in pro centum, but in potency.

Diphtheria, a dangerous thing to meddle with by a layman (and we think this monogram was only written for non-professionals), yet we thank Dr. Morgan for this contribution, for there are alas! too many places still vacant in the British

dominions where a well-educated homœopathic physician could earn a reputation and wealth.

Lectures on Bright's Disease, by Prof. Charcot, translated by H. B. Millard, M.D., New York, W. Wood & Co., New York.—The thanks of the profession are due to our friend, Dr. Millard, for this contribution to our medical literature. Whatever Charcot writes has a good ring, and whether we agree with him or not, the study of this little work will prove beneficial to the reader. After some preliminary lectures on the formation and function of the kidney, he expounds his three forms of morbus Brightii, interstitial, parenchymatous and amyloid. How well such a classification agrees with similar diseases as found in other glandular organs, especially of the liver. He does not touch on the question of treatment, a branch rather neglected in La Belle France. It should be read by every one who desires to be informed on the pathology of Bright's disease.

A Tabular Handbook of Auscultation and Percussion, by H. C. Clapp, M.D., etc. Boston: Houghton, Osgood & Co.—We agree with the author that partial knowledge has to some extent brought auscultation and percussion in disrepute in certain places, and we hailed, therefore, this little book with pleasure, as it will aid us, even us old fossils, in making out more scientifically our diagnosis, and to the younger members of the profession it brings certainty, where without it they would grope in the mist.

The book is divided into two parts. Part I gives us the different sounds and where they may be found. Part II the diseases and what sounds accompany each, thus supplementing one another, and making assurance doubly sure. It is sold at such a reasonable price that no physician ought to be without such a guide. Twelve domestic Reina Victorias less puffed away and the book will adorn your shelves.

Charcot's Localization in Diseases of the Brain, translated by E. P. Fowler, M.D., Charcot on Bright's Disease, translated by H. B. Millard, M.D. New York: W. Wood & Co., 1878.—This same enterprising publishing house gave us lately a treatise on Rest and Pain by Hilton. A most readable book; and as it is the first of the dollar series, most probably read by the thousands of subscribers. But will the advice given therein be followed out? We have our misgivings! Who ever knew a physician to be at rest? Why, it would be against his nature. Thus two of our most busy practitioners go to Europe for rest; do they take it? These translations give the reply: they could not rest if they would, and they would not rest if they could. Still it is other work; the drudgery of daily practice is at rest, and the mind takes fresh nourishment in from higher sources. New ideas are developed, and they return, strengthened in mind and body, to their daily avocations.

Charcot is a name well-known wherever neuropathology is studied, and he is one of the few French physicians to whom science is universal, and does not know nationality. All through the work we see German authorities quoted and favorably acted upon. Liberality pays, and only thus could Charcot deliver and edit a course of lectures, which will give a new impulse to this, his favorite study, the localization of brain diseases. No student of physiology and pathology can afford to be without the book.

A System of Surgery, by Wm. Tod Helmuth, M.D., Professor of Surgery in the N. Y. Homœopathic Medical College, etc., etc., etc. Third Edition, Revised and Corrected. New York, Boericke & Tafel, 1879. 1000 pp., with 581 wood-cuts.

It is to us no small pleasure to be able to announce to our friends and the profession, the appearance of another edition of Prof. Helmuth's work upon Surgery, an edition which, by orderly arrangement and compact printing, places nearly twice as much reading matter in a much smaller compass than did the preceding edition. Indeed, the publishers, Messrs. Boericke & Tafel, are entitled to great credit for presenting the volume in its present admirable form.

The favorable manner in which the plain, distinct print, the clearly cut engravings, and the neat, compact binding, compare with the edition of 1873, together with the systematic arrangement of the subjects treated, and the scientific and practical handling of the same, can hardly fail to recommend the book.

A late distinguished medical editor has said, that if he desired to ascertain the status of a work, either in medicine or surgery, he turned to the chapter upon inflammation.

With this chapter does the author of the work before us introduce his subject and surely a most critical inspection of it can leave but a favorable impression.

It thoroughly reviews the theories which are adduced to explain the pathology of the inflammatory process, and then adopts that of Cohnheim and Billroth, viz., the migration theory, which certainly is most dominant in the minds of modern surgeons.

From no other source have we been able to derive as lucid an explanation of this theory, and the author has most assuredly removed a stumbling-block from the path of the medical student, by the plain and concise definitions and descriptions of certain terms and processes pertaining to recent pathology, necessarily occurring in a treatise upon the inflammatory process.

The process of repair is adopted as illustrating what is termed "the normal inflammatory process," while the diseased results of inflammation are treated of in their appropriate places in ensuing chapters.

We are particularly pleased with the chapter upon tumors, which has been entirely re-written, and gives evidence of much study and original thought. Yet, while we admire the author's originality, we cannot agree with him when he states his lack of appreciation for Virchow's classification of morbid growths. The well-known bias, however, of Prof. Helmuth's mind, toward the practical in medicine and surgery, may probably account for this leaning rather to the clinical than microscopical classification of neoplasms.

This leaning is certainly well sustained when he writes: "I am therefore disposed to agree with Mr. Savage, in the introduction to the third edition of his work, when he says: 'The question of malignancy is not to be determined histologically,' and further, when he writes: 'In regard to the question of malignancy, attended or not by recurrens in loco eodem alioque, the experienced surgeon decides without much reference to histology, and is generally right where the pure histologist is generally wrong. The greatest benignity and the greatest malignancy may be united in the sarcomata group. I can assure you, that two sarcomata of the most similar histological qualities may differ entirely in course.'"—(Billroth).

Though the author depreciates Virchow's classification, yet he himself does not fail to minutely describe the histological construction of each variety of tumor.

The remarks upon cysts and malignant growths are most complete, and indeed the entire consideration of the subject of tumors cannot fail to meet the approbation of the *practical* surgeon.

The chapter upon the dressing of wounds has been written for the author by Dr. John H. Thompson, lecturer upon minor surgery at the College. Dr. Thompson is a surgeon of great experience, and the chapter is most creditable to him. The subject is well and thoroughly handled, and the Doctor does not fail to give due space to the most recent developments pertaining to his subject, including Lister's antiseptic method, which is fully reviewed.

In the chapter upon hæmorrhage, the subject of acupressure receives especial attention, and the three methods which Pirrie proposed only should be adopted, a proposition endorsed by Sir James Simpson before his death, are very clearly illustrated by plates, viz.: circumclulsion, torsoclusion and retroclulsion. To the subject of artificial ischæmia, by Esmarch's method, are allotted some four pages of this chapter.

In these pages the later ideas concerning Esmarch's bandage are presented, and the advantages and alleged disadvantages of the method critically considered. Prof. Esmarch's own experience with the bandage is quoted, and his method of applying it described when amputations are to be performed at the hip or shoulder. The remarks upon the subject embody the experience of the best surgeons, and cannot fail to be of value.

The chapter upon aneurisms is concise and well written, considering all that is known of the pathology of the subject, together with the best and most recent methods of treatment.

We cannot fail to notice that the author has availed himself of Dr. Van Buren's valuable paper upon the subject, read before the World's Medical Congress of 1876.

In chapter xxiii, upon the nervous system after operation and injuries, shock, secondary shock, tetanus and wounds of nerves are thoroughly considered. The interesting feature of this chapter, however, is that portion relating to the newly developed question of nerve-stretching, with a description of the operation. There is but little upon this interesting subject accessible to the English student, and as Dr. Helmuth's remarks embrace the methods of operating, with the indications for operation, they will necessarily be of great practical value. The author has several times verified the success of this procedure, for the relief of obstinate neuralgia, notably in its application to the great sciatic.

In the chapter upon the lymphatics is to be noticed a most interesting article referring to Lymphadenoma. The author gives in brief all that is known of this peculiar form of disease, which has so vexed modern pathology.

Subcutaneous osteotomy is briefly treated in that portion of the work allotted to the diseases and injuries of bone. Considerable attention is now being given to this method of relieving rachitic deformity, and the student has here an opportunity of becoming familiar with it.

The remarks upon fractures are very complete, and under Colle's fracture we notice a full and precise rendering of the views of Dr. Pilcher, of Brooklyn, upon this fracture. Dr. Pilcher's method of treatment certainly has its simplicity to

recommend it, and if experience proves its efficacy, it will no doubt become the dominant method of practice.

Page 483 the author writes: "Dr. Pilcher claims, and I think proves clearly, that in the majority of cases it is the severe sprain which always occurs in Colle's fracture that demands the chief attention in the treatment." This assertion, we think, most surgeons of experience will accept, but the same cannot be said of Dr. Pilcher's ideas as to the *modus operandi* of the production of this injury. Efforts at its production upon the cadaver, as directed by Dr. Pilcher, the writer knows from experience will usually fail.

We can only say of the chapter upon dislocations: it is to be regretted that more space has not been given to the subject—although the student will no doubt find it sufficiently extended to meet all his requirements, it will hardly answer the wants of the practitioner.

The automatic method of reducing dorsal dislocations of the hip is duly noticed, and we recognize the remarks upon pelvic dislocations as being a portion of a paper upon the subject read by Dr. Helmuth before the American Institute. Those who heard this paper will remember its completeness.

Hernia is most thoroughly and practically presented, as is likewise the subject of genito-urinary diseases.

Under stone in the bladder the author writes: "It has been my belief for a number of years that the suprapubic, or, as it is termed, 'the old operation,' for the removal of stone, would not only be revived but would come into general favor, and that the objections which have been urged against it have been more apparent than real." This is a favorite subject with the author, and he has not hesitated to put his ideas into practice. His results have certainly justified the operation, and his ideas are coincident with those of several other eminent surgeons.

The chapters upon injuries and diseases of the female genital organs, ovarian and other abdominal tumors, are extended and up to date.

That portion of the book pertaining to minor surgery, electrolysis, anæsthesia, disinfectants and antiseptics, is included in the closing chapters, which are all that can be desired.

Dr. Butler has presented the subject of electrolysis, for the author, briefly but excellently.

Throughout the volume occur many new plates, noticeable among these are thermographs of the different fevers belonging to surgical practice.

Of the entire work we can but say it is complete, well and graphically written, and involving all the later advances in surgical science.

It may be looked upon as a valuable acquisition to homœopathic literature, which should occupy a place upon the book-shelves of every surgeon of our school, while its therapeutics render it invaluable to the physician.

B.

The Antagonism of Therapeutic Agents and What it Teaches. By J. M. Fothergill, M.D.—This book is an essay to which was awarded the gold medal of the Medical Society, of London, 1878.

Dr. F. is best known by his work on "Diseases of the Heart"—and "Essay on the Action of Digitalis." The latter work is one of the most valuable monographs ever issued in the department of Allopathic Materia Medica. It resembles Reil's

Essay on Aconite, especially in its pathological developments. This last work is one which should be read and studied by every physician, of whatever school he may adhere to. The antagonistic action of drugs has been but little understood until within the last decade, and is very imperfectly understood in the homœopathic school. Hahnemann had his "analogues" and his "antidotes." By analogues, he understood drugs having similar *symptoms*. By antidotes, drugs having also *similar* symptoms, because, he taught, one drug cannot antidote another unless its symptoms are *similar*. But his lists of analogues and antidotes are *not similar*. Why, I could never understand, for they *must* be, according to his teachings.

Many years ago I dismissed from my mind all belief in medicinal aggravations from the attenuations above the 3d, for I have never seen any. I know of no dogma that has been more prejudicial to our practice than this. It was this dogma of imagined aggravations which impelled Hahnemann to go higher and higher in his "potencies." I cannot understand, either, how Hahnemann could have been misled into this fantasy, for he was unusually well acquainted with the natural history of disease—unusually for his time, although the natural history of diseases was, compared with our present knowledge—very imperfectly known. The results of a belief in probable medicinal aggravations would be ridiculous, were it not pitiful. I have known a homœopathic practitioner, while treating a dysentery or diarrhœa, change the medicine several times a day, because new symptoms arose, which he imagined belonged to the drug which he was giving in the 6th! The new symptoms were simply due to the development and changing phases of the disorder—and would have appeared if the patient had taken no medicine at all. If they resembled those of the drug given, it simply indicating that the medicine should be continued. In such cases the disorder runs its natural course, uninfluenced by the medicine—for good or ill.

Another lamentable result of this belief in medicinal aggravations, or the pathogenetic power of drugs when given in attenuations in disease, has been the incorporation into many pathogeneses, especially those of the antipsorics—of symptoms which have appeared in the course of disease after the administration of a medicine, sometimes a single dose. Such a procedure has injured irreparably (I fear) the pathogeneses of many of our best remedies. Such symptom never should have been allowed in the *materia medica*, for no man has lived or is now living, who possesses the power to distinguish between the symptom which may arise during the course of a disease, and drug symptoms, even if the drug is administered in the lowest attenuations. Any assumption of such knowledge is as unscientific as it is unwarrantable.

It follows, then, that to give a medicine to *antidote* symptoms which arise after the administration of attenuated doses of a drug—given in disease, is unwarrantable, and has led to a kind of practice which has brought down upon our school merited criticism and ridicule. It is not necessary for us to know the *analogies* or antagonisms of drugs for any such purposes as I have named above.

But we should know, for many other reasons and purposes, what drugs have analogous effects, and what have antagonistic or opposite effects. We should not only know if they have *symptoms* analogous, or antagonistic, but we should ascertain if the pathological condition set up by them in the living organism, is similar or dissimilar, for it is well known to the close student of *materia medica*, and toxicology,

that two drugs may produce symptoms quite similar, yet cause diverse pathological conditions.

In the book under review an attempt is made to ascertain the antagonistic relations of medicines, as also their similarity of effects.

The principal facts shown by the experiments on animals and men, and by the cases of poisoning cured by other poisons acting in an opposite manner, are that the following poisons are mutually antagonistic:

<i>Aconite</i>	antagonizes	<i>Digitalis</i> ,	and vice versa.
<i>Aconite</i>	"	<i>Atropia</i> (<i>Bell</i>).	"
<i>Aconite</i>	"	<i>Strychnia</i> (<i>Nux</i>),	"
<i>Atropia</i>	"	<i>Morphia</i>	"
<i>Belladonna</i>	"	<i>Opium</i>	"
<i>Caffeine</i>	"	<i>Morphine</i>	"
<i>Chloral</i>	"	<i>Strychnia</i>	"
<i>Calabar</i>	"	<i>Belladonna</i>	"
<i>Calabar</i>	"	<i>Strychnia</i>	"
<i>Guanorine</i>	"	<i>Morphia</i>	"
<i>Jaborandi</i>	"	<i>Belladonna</i>	"
<i>Picrotoxin</i> (<i>Cocculus</i>)	"	<i>Chloral</i>	"
<i>Theine</i>	"	<i>Morphia</i>	"
<i>Verat. vir.*</i>	"	<i>Digitalis</i>	"

I have ventured to cull some of the chief facts relating to the action of the various drugs mentioned, and have placed them before the reader in the order that I found them in the work, and have added notes or observations of my own, as they occurred to me:

"The more convoluted the brain, the less Chloral it requires to cause sleep. Chloral is most dangerous and the most intellectual.

"Aconite kills by paralyzing the respiration—but Atropin and Strychnia prevented death.

"If non-poisonous doses of Strychnia and Nicotin are given mixed, death ensues rapidly.

"Calabar is the most potent remedy—next to Chloral in the violent paroxysms of excitement and muscular action, occurring in the general paralysis of the insane.

[Calabar and Chloral are indicated by their primary symptoms only, when the respiration and circulation are feeble (3x to 30th), and secondly, when respiration and circulation are abnormally active (1x of Calabar—10 to 20 grs. Chloral). Hah.].

"Chloral should not be used to cause sleep in vibrative diseases, or dilatation of the heart.

"In lung and heart-mischief combined—an ordinary dose will cause delirium and lividity for several days.

"Strychnia, Theine and Caffeine kill by obstructing respiration—by inducing tetanic spasm of the respiratory muscles, and Morphia by paralyzing them.

"Belladonna antidotes Morphia in its action on the brain, producing an opposite condition—but on the *bladder* their action is similar.

* Vide. Monograph on Digitalis.

"A combination of Morphia and Belladonna is the best *palliative* for the harassing and useless cough of advanced phthisis.

"Belladonna stimulates the respiratory nerve centres—and in any case of poisoning, when death is threatened from paralysis of such centre, it will save life (in appreciable doses). Belladonna also prevents cardiac paralysis (in medicinal doses).

"Strychnia is a cardiac tonic—the arterial blood-pressure is increased, the small arteries contract. In fatal cases the heart has been found rigidly contracted—(as from Digitalis).

"Digitalis does not avert death from Aconite, when given simultaneously, or after the Aconite, while Strychnia does. The Digitalis, though acting upon the heart, does not act speedily enough upon the respiratory centres, and so the animals die from failure of the respiration. If, however, Digitalis is given from 5 to 9 hours before the Aconite, it exercises a sufficient influence to avert death.

"If Strychnia is added to or alternated to cough medicines, in chronic bronchitis with emphysema, and dilated right heart, it eases the breathing and aids free expectoration."

Dr. F. narrates a very bad case in which Strychnia with Carbonate of Ammonia produced most unlooked for excellent results.

He quotes Dr. Thoroughgood, who says: "In cases of paralytic and emphysematous asthma, the real and permanent good that can be done with Nux vomica and Strychnia, is unmistakably great. Dose of Nux, from 3 to 10 drops; of the Strychnia, $\frac{1}{32}$ to $\frac{1}{16}$ grain. (This is prescribing Nux vomica for its secondary action. In *spasmodic* asthma—like the primary effects, Nux will cure—but must be given in the attenuations. H.)

Digitalis is *not* a cardiac sedative as was once taught, viz., by *depressing* its action. It is a cardiac tonic, i. e., it increases the energy of its ventricular contractions. It tends, as Niemeyer puts it, to fill the arteries by emptying the veins. Consequently, Digitalis is now administered in case of cardiac failure, when the heart is inadequate to the duty of propelling the blood forward in sufficient quantity. It does not matter what the state of the heart is so much, whether dilated or hypertrophied; the real question is this: Is the heart equal to the work? In a *weak*, hypertrophied heart, small doses are sufficient. In a dilated heart, larger doses are required.

When compensatory hypertrophy is required to keep up the circulation, Digitalis, by lengthening the diastole, allows the blood to flow into the coronary arteries, and thus nourish the heart, and thus prevent innutrition and molecular decay.

The supposed "cumulative" power of Digitalis is a myth. It is no more cumulative than Belladonna, Strychnia, Arsenic or Mercury. If any of these are given in excess of the eliminative powers of the system, they then *ac-cumulate* and produce toxic effects. But they do not "lie in wait."

In the palpitation of gout, and in those forms wherein it is truly neurosial, or of reflex origin, Digitalis does little good.

Digitalis acts not only on the cardiac ganglia, but on the vasomotor centre. If it did not possess this second action, it would be of little therapeutic use, for as fast as the ventricle threw blood into the arteries, it would escape by the open arterioles.

When Digitalis is doing the most good it increases the bulk of the urine.

Aconite is better borne by children than old people. Fothergill found that young rabbits required a larger quantity of Aconite to produce lethal effects than older ones. The same holds good in man. Dr. Ferguson recommends great caution in its use in the aged, and extols its utility in children.

[This fact may be of value to us even when using the attenuations in disease, and is worth remembering. I think the same holds good with Gelsemium, Verat. viride, and certainly does with Chloral, for in French hospitals for children they give it so freely as to startle our ideas—20 to 30 grs. to children a few years old! and without serious effects they claim. H.]

Antagonistic Action of Different Agents on the Respiration.

"In poisoning from large doses of Aconite, the respirations become slower and deeper, the movements are violent, and then convulsive, until the animal dies from exhaustion of its respiratory centres. After death, the heart is found contracting strongly, and is found in systole."

[This, because the very large dose simulates secondary effects on the heart. H.]

"If the dose is smaller and the act of dying is more prolonged, then the heart fails too, and is found in diastole.

"Aconite acts directly upon the respiratory centres; paralyzing them (Belladonna stimulates the same centres—primarily. H.)

"Calabar bean lowers the respirations and pulse beats until they become undistinguishable. It paralyzes the rhythmically discharging centres of circulation and respiration. (Atropine antidotes it).

"Chloral in toxic dose brings the respiration to a stand-still—the heart being found flaccid in diastole. In full but non-poisonous doses it makes the respirations fuller and deeper—and less in number—per minute. In toxic doses the slowness increases—until finally they become very irregular, and sometimes very rapid and shallow, or *slow* and shallow, till they finally cease, but without the convulsive and extensive efforts of Aconite.

Opium acts similarly to Chloral. "Death occurs from Opium," says Gochiellen, "in the great majority of cases, by the failure of the respiration, and that such failure is due to direct action of the poison upon the respiratory centres in the medulla, is proven by the fact that Morphia affects the breathing of dogs and rabbits whose pneumogastrics have been cut, as much as it does those whose veins are entire."

There is another class of agents having an opposite or stimulating effect on the respiratory centres, when given in large doses—i. e., primary. They are Strychnia, Atropia, Ammonia.

Strychnia, in its ultimate primary action stimulates the respiratory centre into tetanic spasm. Its victims die of "expiratory spasm," says Fothergill. Inspiration becomes no longer possible, because the thoracic muscles will not expand.

"The action of Atropia upon the respiratory centres is quite equal to that exercised by Strychnia and Ammonia. This it does when the vagi are cut. This is what makes it so valuable an antidote in Opium poisoning.

Atropia will at once restore the failing respiration in Calabar Bean poisoning. It acts in a similar antidotal manner in Aconite poisoning.

[The above facts are valuable in many ways. They teach the Allopath that he must never give the respiratory depressants in those diseases when the respiration is oppressed and severely taxed. Yet they often give Opium and Chloral in bronchitis and pneumonia, and their patients sleep the sleep of death.]

To the homœopath these facts are of importance. They teach us which are the agents which most profoundly depress the respiratory centres, and by this very action become homœopathic to threatened respiratory paralysis in pneumonia and allied diseases. This is homœopathic practice. Opium in minute doses has often warded off death when impending from paralysis of the respiratory centres.

Dr. Fothergill says nothing about the secondary action of these respiratory depressants. It is only by watching the secondary symptoms after their primary toxic effects that we can ascertain them, and this no allopathic experimenter ever did. In homœopathic provings, however, we find them enumerated. The secondary effects of Opium often show decided irritation of the respiratory centres, just as the primary cerebral anæmia is followed by cerebral hyperæmia.

In describing and discussing the effects of *Strychnia* (Nux), *Atropia* (Bell.) and *Ammonia*, nothing is said of their secondary effects. They primarily stimulate the respiratory centres, but they just as certainly cause secondary paresis and paralysis. By accepting the truth of this double action of drugs, we greatly enlarge our sphere of therapeutic usefulness. We can give *Atropia* (Bell.) in cases of hyperstimulated respiratory centres (in attenuated doses), and also in cases simulating its secondary effects, namely: paretic or paralytic conditions of the same centres.

There are many other remedies which are respiratory-centre stimulants, besides *Belladonna*, *Nux* and *Ammonia*. Many that we use in Asthma—empirically—such as *Grindelia*, *Silphium*, *Coca*, and others. But we now use them for conditions simulating their secondary effects. There is a peculiar condition of respiration which occurs during certain pulmonary or cardiac affections, or even in depressed conditions of the nervous system generally, when these remedies come in play. I allude to the sudden waking from sleep with apnœa, or a sensation as if one was losing one's breath. This symptom we cure with *Nux*, *Grindelia*, or *Phosphorus*, and probably we might cure it with *Belladonna*, if we would give larger doses than we ordinarily use.

Dr. Fothergill divides the so-called "expectorants" into two classes: (1.) The *stimulant-expectorants*; viz.: *Ammonia*, *Belladonna*, *Strychnia*, *Squill*, *Senega*. These enable the patient to breathe freely, and cough more efficiently."

These same remedies act as tonics to the cardiac nerve-centres—and as the heart is always weakened when the respiration is feeble, they have just the action which is required, i. e., provided they are administered in appreciable doses. Why in appreciable doses? Because they are prescribed for conditions simulating their secondary effects. Who has not read or observed that if massive doses of *Ammonia*, *Belladonna*, *Squills*, or *Senega* are administered, that the *respiration becomes embarrassed, and the cough dry!* or if there is much mucus in the bronchii, the patient cannot loosen and expectorate it? This is the secondary action of these drugs.

The *primary* action of these drugs when proven in repeated pathogenetic doses, is to cause free, loose expectoration, loading the bronchii with mucus having easy exit.

The primary action of these medicines on the heart is toning, like *Digitalis*, and on the kidneys like *Digitalis*—namely: causing free diuresis, by increasing the blood-pressure in the kidneys. Secondly they weaken the heart, embarrass the respiration, prevent free renal elimination, scanty, loaded urine, etc.

The successful therapeutic use of these medicines is certainly based on the homœopathic law of cure, explained as follows:

In cases of acute bronchitis, pneumonia or asthma, and much fever is present, first reduce the excessive action of the heart with *Aconite*, *Gelsemium*, *Bryonia*, or *Verat. vir.*; then, while the expectoration is free and easy, and the respiration easy, give the 3d or 6th of *Belladonna*, *Senega*, *Squill*, *Grindelia*, or *Asclepias tub.* But if the respiration becomes oppressed, the heart weak, and the urine scanty, and the cough dry or difficult, with rattling and *difficult* expectoration—give these same remedies in the 1x dil., or a few drops of the tincture.

Fothergill reports many cases of acute and chronic bronchitis, emphysema, or neglected pneumonia, and hence the patients were in a condition of great prostration, with dyspnoea, failing heart, difficult expectoration with loud rales, and uræmic poisoning, in which the administration of *Strychnia* and *Squill*, *Digitalis* and *Senega*, *Belladonna* and Iodide of Potassa, restored the patient from apparently impending death. The doses he prescribed were not large, i. e., not large enough to prevent a rational homœopath, who understands the scope of the law of *similia*, from adopting them.

I can recall many cases of acute pneumonia, in which I have prescribed the alternation of *Digitalis*, 1x. (10 drops every 2 hours), with Tartar emetic, 2x. (1 grain every 2 hours), with the happiest results. In children with capillary bronchitis, the heart soon fails, and the respiratory nerve-centres lose their tone. If we persist in the use of minute doses (high potencies) of *Belladonna*, Tartar emetic, *Bryonia* and *Phosphorus*, death will carry them off. But if we watch closely for the first signs of failing heart and respiration, or of uræmic poisoning, and prescribe *Digitalis*, 1x. alternate with *Squilla*, 1x., or *Belladonna*, 1x., with Tartar emetic, 2x., the results will prove the truth and value of our law when rationally applied. In chronic bronchitis in adults, we shall find these remedies signally successful applied in the same manner, but with doses more suitable to the adult age.

Fothergill alludes to certain instances wherein patients, suffering from chronic bronchitis, asthma and emphysema, have contracted the habit of taking large doses of Opium or Chloral to get sleep and relief. They continually grow worse of the dyspnoea and ineffectual cough, because their drugs weaken both the cardiac power and the respiration. But if we administer *Belladonna* and *Nux vomica* in appreciable doses (1 to 5 drops of the tincture, each twice or three times a day), the injurious effects of the Opium and Chloral are held in check, and after a time they can get along comfortably without them. This is certainly very gratifying, and no physician can surely be so bigoted as not to avail himself of such measures, even if he clings to his highest potencies on all other occasions.

The temptation is great to extend this notice of Dr. Fothergill's book, but the reader had better procure it and study it thoroughly, and I can assure him he will not regret it, if he is a seeker after facts, and not a blind routinist.

E. M. HALE.

Clinical and Didactic Lectures on the Diseases of Women, by R. Ludlam, M.D., etc., etc. Fourth Edition. Chicago: Duncan Brothers, 1879.

Leçons Cliniques et Didactiques, sur les Maladies des Femmes, par le Dr. R. Ludlam, etc., traduites par les Docteurs A. Claude et C. N. Dorion. Paris, 1879.—It is a rare gratification to an author to see his work in such a demand, that a fourth edition is needed for the home supply, and that the work is also found worthy to be translated in foreign tongues. This alone proves their intrinsic value; these lectures stood the test of time, and are read to-day with the same eagerness as they were ten years ago when they made their first appearance.

The old publishing house of the Didots in Paris has certainly deserved the thanks of a reading public for their many valuable publications; but why did you, Firmin Didot, ever invent that detestable stereotyping? Had you, most noble Earl Stanhope, nothing better to do than to bring that art to the perfection which it now justly claims. The mischief done by stereotyping is just past all calculation, except for Bibles, which stand on the same footing now as they did at the time when printing first was thought of. Now we know it for a dead certainty that our good friend Ludlam is a progressive spirit; the very articles with which he honors this quarterly prove that he reads to a good purpose; and still when we look to this fourth edition, we find it the same, page for page, as the first edition, plus two most excellent lectures on ovariotomy and puerperal metritis. Has Gynæcology made no progress during this decade? Oh! how we wish that this fourth edition may be speedily sold. How we wish that some earthquake may swallow up these stereotype plates, and that the fifth edition may be a revised and enlarged edition, just such a one as Ludlam is capable to give us.

Index Medicus, a Monthly Classified Record of the Current Medical Literature of the World, by Drs. Billings & Fletcher. New York: F. Leypoldt.—We cordially recommend this index to our readers, as such records save a great deal of unnecessary trouble in looking out just for the subject needed. All schools are here treated alike, and we thank compilers and publishers for this act of mere justice.

Correspondence and Editorial.

We read in the Berliner *Klinische Wochenschrift* that a Doctorus Medicinæ, Chirurgiæ et artis obstetriciæ, holding his Diploma from one of the Prussian Universities, was fined for practicing his profession. Being of wealthy parentage, he did not intend to practice, and, therefore, neglected to pass his Staatsexamen, an examination which alone, when successfully passed, makes the Doctor a licentiate to practice Medicine. An accident happened in the village he lived in, and as the licensed physician was not at home, he offered his services and attended the patient until he recovered. Though it was gratuitous service, he still was accused of practicing without having the right to do so, his diploma counting for nothing, and fined for this misdemeanor.

Now for another story. The different Colleges of New York City have sent during the last two months SIX HUNDRED GRADUATES out into the world, to make their bread and butter by attending to all cases of human ailments, to which they may be called. Are they ready for the question? Are they ready for the

sacred duties, which they undertook, perhaps without fully understanding the trust? What safeguards has the public the right to demand from the state, that these young Doctors are really and truly physicians?

There are many states in this blessed Union. Every state has its own government, every state its own rules and regulations, and every state is jealous of any infringement by the General Government on its assumed state-rights. But would it not be far better, if we had a Central Medical authority, before which every Candidate had to appear to pass that examination, which alone could grant him the right to practice? Now every little County Medical Society possesses that privilege, and it would be a step in the right direction, if this prerogative were delegated to a higher power. I acknowledge that any Centralization is abhorrent to republican ideas, but the *res publica* may need it *pro bono publico*, and where the life of its citizens is at stake, all other considerations sink into insignificance. As matters now stand, one state may be more strict than another, its regulations for practicing medicine more strict, its colleges under closer supervision, but the diploma of any regularly chartered college is binding all over these United States, and grants the right to practice in any state.

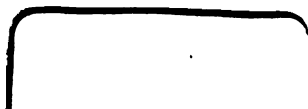
As I remarked in an editorial in the February number of this Quarterly, the restriction must begin at the beginning, and not at the end of a student's curriculum. It is all mere moonshine, to speak of a "plain english education," for I never saw a definition of what that means; it may mean a few months during the winter in a village school or in a country settlement, or it may mean a thorough knowledge of the three R's. But even if it means the latter, is that sufficient to stand the preliminary examination, which we ask for? Over the whole of Germany we see a similar battle going on, but on a higher ground. One party insists, that nothing short of a collegiate education with its long years of study of the ancient (Latin and Greek) languages should entitle a person to become a *studiosus Medicinæ*; the other party upholds the right of the "*Realschulen*," a sort of polytechnical academies where more stress is laid on mathematics and kindred subjects. Great authorities stand on either side, but we fear antiquity will remain victorious. At any rate we see that a high grade of education is asked by both parties, and why should we, in this free and (alas! only superficially!) enlightened country, stand behind Europe in such a requirement? Is it possible to gain such a point? I more than doubt it, as long as every state and every single college in the state remains the sole arbiter of what they require from their students on admission. It is nonsense to speak of Harvard College with its large endowments as an example; even our wealthy Columbia College (College of Physicians and Surgeons) could stand a drain and still pay its teachers handsomely. But how different it is, where half a dozen M. D.'s may band together, elect some dummies as trustees, and open a college under the general law, not always *pro bono publico*, but more for their sole advertising benefit and to eke out a miserable existence. What guarantee has the state, this great guardian of its citizens, that these self-elected professors have even that preliminary education, which we insist upon as necessary for a full medical education, let alone the aptitude for teaching and the necessary knowledge to teach it? Keep the ball rolling, perhaps gradually we will reach the high standard, now required in Great Britain and on the continent.

S. L.

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